Newsletter

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In this issue

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Editorial

Andreas Gilsdorf, Robert Koch Institute, Germany

Since March 2014, West Africa has been facing the largest outbreak of Ebola virus disease. Even though the likelihood that patients with Ebola virus disease board an aircraft is considered to be low, at least three cases have already been reported. These passengers left Liberia by air transport travelling to Nigeria and the USA. Thus, a scenario of a serious public health threat transmitted via air transport might come true.

This event led to a concrete discussion at the AIRSAN Communication Platform about specific measures to be applied at international airports targeting passengers coming from the outbreak areas. Much to the pleasure of the AIRSAN Coordinating Team, not only AIRSAN Partners contributed to this discussion, but also an AIRSAN Network Member from outside.

This event demonstrates that the AIRSAN Network and the AIRSAN Communication Platform might be beneficial and useful and it highlighted a need for the Platform optimization.

News from the AIRSAN Coordination

Astrid Milde-Busch, Robert Koch Institute, Germany

We are looking back at the first project year of the AIRSAN Project. Within this time period the AIRSAN Interim Report was delivered, the AIRSAN Interim Evaluation Report and drafts of the AIRSAN Guidance Documents were presented to the AIRSAN Partners and to the Executive Agency. Additionally, the AIRSAN Communication Platform was successfully piloted amongst AIRSAN Partners and is currently undergoing a process of its integration into routine.. Furthermore, the first pilot exercise of the AIRSAN Training Tool has been successfully conducted.

We are proud to be able to achieve the deliverables for this period and are looking forward to continue working intensively towards the upcoming deliverables and future development of the AIRSAN Project.

The AIRSAN Interim Meeting, hold in June 2014 in Berlin, was filled with fruitful discussions on ongoing work within the AIRSAN Project in the first project year and touched upon potential future development within the AIRSAN Project.

The AIRSAN Coordinator thanks all participating AIRSAN Partners for their helpful comments and recommendation. These will be taken into consideration while improving the collaboration and strengthening the success within the AIRSAN Project.

Recent meetings

AIRSAN Interim Meeting, 16-17th of June 2014 Berlin

The AIRSAN Interim Meeting took place on 16- 17th of June 2014 at the RKI in Berlin, Germany.

One aim of this meeting was to present an update on the activities of the AIRSAN Project as well as the results and recommendations of the AIRSAN Interim Evaluation. The meeting was an excellent opportunity for the Work Package leaders to get input and feedback from the AIRSAN Project Partners with their various expertise that could be incorporate into future work within the AIRSAN Project.

All Work Package leaders summarized their previous work. Together with all project partners, they discussed critical questions and elaborated on the next steps, namely the dissemination strategy and the opportunities for the expansion of the AIRSAN Network.

As important milestones of the AIRSAN Project the new AIRSAN Website and the AIRSAN Communication Platform including the open-access online AIRSAN Bibliography were demonstrated and explained to all project partners. One key benefit of the AIRSAN Website is an opportunity to register for the AIRSAN Network, where all members can use the AIRSAN Communication Platform to discuss topics concerning public health in the aviation sector.

One other major topic of the AIRSAN Interim Meeting was the discussion of the drafts for the AIRSAN Guidance Documents "Contact tracing – Collaboration between public health and aviation sector" and "Rapid assessment and management of biological threats on board of an aircraft or at the airport". These AIRSAN Guidance Documents will be a major output of the AIRSAN Project and will be incorporated in the to-be-developed AIRSAN Training Tool.

The Coordinators of the AIRSAN Project can conclude with satisfaction that the AIRSAN Project is on track and that all AIRSAN Project Partners are in line with the progress. Moreover, it is important to mention that after just one year of its project life, AIRSAN has developed into a solid concept, which extends over its project boundaries.

1st row: Tim Eckmanns (RKI), Janusz Janiec (NIH-NIPH), Birgit Arnold (RKI), Armin Schawe (EUROCONTROL), Matthias Jeglitza (Ministry of Transport, Germany), Nick Bitsolas (UTH-EL), Stefan Pump (Lufthansa)

2nd row: Anthony Evans (ICAO), Andreas Gilsdorf (RKI), Cinthia Menel Lemos (Chafea), Corien Swaan (RIVM), Juliane Seidel (RKI), Maria an der Heiden (RKI), Vincent Feuillie (Air France)

3rd row: Arjen Blom (KLM), Werner Schmitt (Fraport), Ofra Havkin (Ministry of Health, Israel), Laurence Perroud (BAG)

4th row: Birgitta de Jong (ECDC), Saskia van Egmond (RIVM), André Jacobi (RIVM)

Meeting on AIRSAN Guidance Documents on 3 September 2014 at Schiphol Airport

On 3 September 2014, a small working group meeting took place at the KLM offices at Amsterdam Airport Schiphol. The aim of this meeting was to continue the work on the AIRSAN Guidance Document "Rapid assessment and management of biological threats on board an aircraft or at the airport"; representatives from public health authorities, airline, airports and the EC took part in the meeting

Basis of this successful meeting was the intensive work conducted in work package (WP) 4 to prepare the material and the fruitful discussion during the AIRSAN Interim Meeting on 16 and 17 June 2014 and a telephone conference held on 22 August 2014.

The AIRSAN Team at RKI thanks all the partners who are actively taking part in the project work including formal AIRSAN Partners as well as Suzanne Acton-Gervais (IATA) and Ulla Blom (KLM) for their highly valued input to the drafted documents.

Furthermore, the AIRSAN Coordinator thanks the KLM colleagues for providing the venue for the meeting.

SHIPSAN General Assembly on 17th of October 2014 in Luxembourg

The excellently organised SHIPSAN General Assembly gave a chance for the AIRSAN Coordinator to present and promote AIRSAN. The AIRSAN Website and the AIRSAN Network were accepted well by the participants.

Recent developments

AIRSAN Interim Evaluation (Work Package 3)

At the first half of the AIRSAN Project, the AIRSAN Interim Evaluation was conducted, covering the period between 1 April 2013 and 31 March 2014. All AIRSAN Project Partners were invited to participate in a questionnaire survey and the AIRSAN Interim Report produced by the AIRSAN Coordinator was assessed.

The overall response rate in the survey was 61%. Responders were generally 'very satisfied' or 'somewhat satisfied' with the aims, objectives and progress of the project. Higher levels of non-participation and/or dissatisfaction were reported by the AIRSAN Collaborating Partners. Most responders have participated in the AIRSAN Guidance Document Survey, but only 57% have ever accessed the AIRSAN Website and 50% of those that had done so reported that they were only either 'somewhat satisfied' or 'neither satisfied nor dissatisfied'. This is likely to reflect the limited functionality and content of the AIRSAB Website at this stage of the project; these issues are planned to be addressed and optimized within the next project period and should not be a concern. Some doubts were expressed as to the likely successful outcome of the project, with concerns about issues such as sustainability, duplication and the working relationship between aviation and public health sectors.

The review of the AIRSAN Interim Report demonstrated that the AIRSAN Project is progressing as planned. No concerns were identified in regard to the coordination of the AIRSAN Project that presents a well-organised structure, clear procedures and reporting of activities.

Excellent progress has been made with the identification of 48 relevant existing documents in the area of response to public health threats in the field of air transport, the systematic review of these documents with the creation of an annotated bibliography, a gap analysis and the subsequent prioritisation to identify those topics which will be addressed in the second year of the project. Good progress has also been made in the development of the open-access AIRSAN Website (www.airsan.eu) and the AIRSAN Communication Platform accessible only to registered users with a password-protected logon. The website reporting tool indicates that the AIRSAN Website has already been accessed by over 300 individual users from 43 countries.

The development of the AIRSAN Training Tool is not scheduled to commence until after the new AIRSAN Guidance Documents have been developed. However, preparatory work has included a literature search aiming to identify current best practice.

The development of an AIRSAN Network addresses one of the main project objectives. This is an area where significant problems have been encountered, including difficulties in systematically identifying target organisations, such as key airports, and resistance to disclosure of information by some national public health authorities.

In summary, the project evaluation has found that the AIRSAN Project has been implemented as planned and all objectives, milestones and deliverables for the reporting period were achieved. However, although very good process has been made against most of the objectives, there are some concerns particularly with regard to the key objective of development of an AIRSAN Network.

The AIRSAN Coordinator thanks the evaluator and the participating AIRSAN Partners for their helpful comments and recommendation. These will be taken into consideration to improve the collaboration and to strengthen the success within the AIRSAN Project.

Development of AIRSAN Guidance Documents (Work Package 4)

Following the AIRSAN Guidance Documents Survey (September/October 2013) and the AIRSAN Prioritization Survey (January 2014), priority topics for AIRSAN Guidance Documents development were identified.

Draft versions of the AIRSAN Guidance Documents on "Remote risk assessment and management of communicable disease events on board an aircraft" and "Contact Tracing – Collaboration between public health and aviation sector" have been developed. AIRSAN Partners had an opportunity to discuss these drafts at the AIRSAN Interim Meeting, 16-17th of June 2014 in Berlin and at a separate workshop on 3rd of September 2014 at Amsterdam Airport Schiphol. AIRSAN Partners have been invited to submit further comments via e-mail and telephone.

Pilot of the table top exercise for the AIRSAN Training Tool (Work Package 6)

The first pilot of the table top exercise was held at Amsterdam Airport Schiphol on 1st of September 2014. The exercise used a scenario based on the Ebola outbreak in Africa. The main goal of the table top exercise was to obtain feedback on the scenario itself and to discuss the tasks and responsibilities of the participants.

The participants of the exercise were:

- The Airport Authority,
- Airport Medical Services,
- Public Health Services,
- KLM Royal Dutch Airlines, and
- The National Institute for Public Health and the Environment of the Netherlands.

At the start of the exercise participants were asked to present and explain their main responsibilities and elaborate on the operational procedures that they would be undertaking in case of an on-board risk assessment. The participants later mentioned that this introductory part of the exercise was very valuable as participants were not always aware of the tasks and responsibilities of the other actors within their network. By asking the participants to explain their tasks and responsibilities at the onset of the exercise, familiarisation with the other actors in the network was achieved.

A pleasant learning environment was established during the table top exercise; room for questions was provided and participants could easily respond to one another. Everyone believed it was very motivating and stimulating to analyse one's own tasks and responsibilities within the chain of processes taking place in a similar situation. The scenario was believed to be very realistic, which makes the table top exercise even more valuable.

The table top exercise resulted in the following insights:

- Provided information was not always shared equally or sufficiently among all actors in the network.
- Contact registration of passengers remains to be a point of concern. The Public Health Services have to discuss the safest and most efficient method of registration.
- Public Health Services, Airport Medical Services and Amsterdam Airport Schiphol should discuss a similar situation, as described in the scenario, at an early stage. When a collaboration of this sort is lacking, it is more difficult to respond and take necessary operational procedures.
- Information provided by the Public Health Services should be limited, relevant and clear.

The participants found the design of the exercise satisfactory without further changes needed. However, the participants mentioned that it might be relevant to ask the Royal Netherlands Marechaussee, cabin crew, and a representative of the air traffic control to participate in an upcoming exercise. Currently the AIRSAN Team at RIVM is working on the next pilot exercise.

Next steps

Reporting on public health points for public health threats (Work Package 4)

In addition to the development of AIRSAN Guidance Documents, WP 4 further aims to develop an AIRSAN Network of national and local public health authorities, national civil aviation authorities, airport management responsible for public health events and airlines serving EU airports.

The implementation of AIRSAN in EU Member States aims to actively engage these target groups in the AIRSAN Project. Implementation efforts, mostly performed via international organizations as multipliers, are ongoing to make AIRSAN known to these target groups and to invite them as members for the AIRSAN Network.

Final optimization of the AIRSAN Communication Platform (Work Package 5)

In August-September 2014, a pilot testing of the AIRSAN Communication Platform was conducted with an aim to trial and evaluate its procedures and functionalities.

According to the results of this pilot testing, the AIRSAN Communication Platform will be finally optimized.

Exercise for the AIRSAN Training Tool to test the AIRSAN Guidance Documents (Work Packages 6 and 4)

Another table top exercise of the AIRSAN Training Tool is scheduled to be conducted in Warsaw. The aim of this exercise is ensuring an efficient and coherent response at the airport level to serious cross-border public health threats on aircrafts. The newly developed AIRSAN Guidance Documents will be considered in this exercise.

The RIVM will guide and support the Polish colleagues with the preparation of the exercise. During the exercise, RIVM will guide the exercise leader as much as possible in the implementation of the exercise.

Other topics

Ebola virus disease in West Africa and its impact on air transport

The current epidemic of Ebola virus disease (EVD) in West Africa is the largest and most complex outbreak since the Ebola virus was first discovered in 1976 [1].

The current outbreak in West Africa has spread between countries starting in Guinea, then spreading across land borders to Sierra Leone and Liberia, by air to Nigeria and the USA and by land to Senegal and Mali. The most severely affected countries are Guinea, Sierra Leone and Liberia. On 8 August 2014 the Director General of the World Health Organization (WHO) declared this outbreak a Public Health Emergency of International Concern. The possible consequences of further international spread are particularly serious in view of the virulence of the virus, the intensive transmission patterns both within the community and in health-care facilities, and the weak health systems in the currently affected and most at-risk countries. As of 27 October 2014, a total of 13,703 confirmed, probable, and suspected cases of EVD have been reported in eight affected countries (Liberia, Sierra Leone, Guinea, Nigeria, United States of America, Senegal, Spain and Mali) [1-4].

Ebola virus cannot be spread by breathing air (and its airborne particles). A transmission requires direct human-to-human contact (through broken skin or mucous membranes) with blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. During the interval from infection to onset of symptoms (incubation period) humans are not infectious. The incubation period for EVD ranges from 2 to 21 days. Because of that and the way of transmission, the risk of transmission of EVD during air travel is low. The Travel and Transport Task Force, consisting of representatives of Airports Council International (ACI), International Air Transport Association (IATA), International Civil Aviation Organization (ICAO), World Tourism Organization (UNWTO), WHO and World Travel and Tourism Council (WTTC), is in charge to coordinate the international response for the travel and tourism sector, to monitor the situation and to provide timely information to the travel and tourism sector as well as to the travellers [1, 3, 4].

The epidemic of EVD in West Africa already has an impact on the global air transport. In the context of this outbreak, the airport services and responsible public health authorizations provide passenger information regarding EVD at international airports. Additionally WHO recommends that competent public health authorities should coordinate with aircraft and airport operators and ensure that passenger locator forms (PLFs) are available in flight and/or at destination airports [5]. Furthermore, travellers should be advised to avoid all contacts with blood, secretions, organs or other bodily fluids and routinely practice proper hand hygiene. Currently, WHO does not recommend travel restrictions and active screening of passengers on arrival at airports (as well sea ports or ground crossings) in non-affected countries that do not share borders with affected countries. But some countries suggest the implementation of extended Ebola fever screening measures of passengers, so the British and French government already announced these implementations for London Heathrow and London Gatwick and the Eurostar terminal. In the course of evacuation of diseased medical personnel from affected countries to treatment centres in Europe, some special isolation flights have taken place [3, 4].

At present stage, it did not occur that a clearly symptomatic traveller entered an aircraft. As part of the preparedness training, airport personnel and cabin crew should be appropriately trained for managing EVD cases and contacts and, according the ICAO guidelines, universal precaution kits (including personal protective equipment) should be available on board of an aircraft [1]. In case a passenger shows Ebola-like symptoms during flight, the operational procedures recommended by IATA [6] should be considered.

The current epidemic of EVD illustrates once again the need to be well prepared for cross-border public health threats. This requires sound cooperation between the public health and the aviation sector. The AIRSAN Communication Platform provides the possibility to exchange information, e.g. on information material, and to discuss topics concerning public health related issues in the aviation sector. To join discussions, please register here for the AIRSAN Network: http://www.airsan.eu/ContactUs/RegistertotheAirsanNetwork.aspx.

[1] WHO, Ebola virus disease, Fact sheet N°103, http://www.who.int/mediacentre/factsheets/fs103/en/ September 2014.

[2] WHO, Ebola response roadmap update, http://www.who.int/csr/disease/ebola/situation-reports/en/, 29 October 2014.

[3] WHO, Travel and transport risk assessment: Interim Guidance for public health authorities and the transport sector, http://www.who.int/csr/resources/publications/ebola/travel-guidance/en/, September 2014.

[4] WHO, Joint Statement on Travel and Transport in Relation to Ebola Virus Disease (EVD), http://www.who.int/mediacentre/news/statements/2014/ebola-travel-trasport/en/, August 2014.

[5] ICAO, Passenger Locator Forms, see: http://www.icao.int/safety/aviation-medicine/guidelines/AvInfluenza_guidelines_app.pdf

[6] IATA guidelines: http://www.iata.org/whatwedo/safety/health/Documents/health-guidelines-cabin-crew-2011.pdf

People from the AIRSAN Project

We will use this and the upcoming issues of the AIRSAN Newsletters to introduce you to the key team member from the Associated Partners organisations as well as to some individual persons who support the AIRSAN Project.

Arjen Blom, AIRSAN Team at KLM, the Netherlands

My name is Arjen Blom. I work for KLM since 1984 as a pilot. In 1989 I graduated at the Vrije Universiteit Amsterdam as a Master in Legislative Law. Soon after that I was asked to work part-time for the Dutch Pilot Union. In 2001 it was time for me to move on to explore new challenges. That resulted in a management pilot

position for KLM in 2002. Apart from a few short time jobs in between I have been Vice President of the B747 unit and Training facilities from 2002 up to 2005 and Head of Emergency Management from 2009 up till now.

In the mean time I have been flying B737 and B747. Since 1996 as Captain B747.

KLM employs around 35.000 people, is part of SkyTeam and has its hub in Schiphol Amsterdam. On 7 October 2014 KLM celebrated its 95th anniversary. KLM has strong ties with Kenya Airways with its hub in Nairobi in Eastern Africa. Together with Air France, Delta and other SkyTeam partners we perform 16,323 flights to 1,052 destinations in 177 countries around the world.

As head of Emergency Management I have been asked to participate in several projects of which AIRSAN is the most recent. Since I have no expertise or experience in health related issues I was very curious if I could be of added value in this project. Right from the start of the project/program the RKI staff made me feel welcome and encouraged me to participate in the discussions.

Soon I found out that the added value was to be found in my operational and training experience. It gives me great pleasure to see that for instance the guidance document is a product of teamwork. Although most credits need to go to the writers from RKI, they gave me the feeling that I did contribute in a positive way to the product.

Also in the development of the training material I was allowed to participate in a group of very enthusiastic people. Although this product is not yet completely finished I believe it will greatly help prepare (public health) authorities and (aircraft) crew around Europe to be ready to act properly when confronted with communicable diseases on board aircraft.

I am not doing this out of some sort of altruism. In the near future I will be retired from active duty as a pilot. From that moment on I will start travelling as a passenger together with my wife. So when a 'suspected case' is found on board the aircraft I am in, it is in my own interest that this handled as smooth as possible.

Claude Thibeault, IATA

- Could you, please, shortly describe your professional background?

Since I joined the Canadian Armed Forces during my medical training, I began my medical career in the military in general practice and occupational health. After a short course in aviation medicine, I developed a passion for aviation and aviation medicine, which took me to post graduate training in aviation medicine and occupation health. After leaving the military, I joined Air Canada as Regional Director of Occupational Health and I eventually became Senior Director of Occupational Health and Employee Assistance responsible for all occupational health, aviation medicine and employee assistance for the company. I then retired from Air Canada and formed a small company of Aviation Medicine and Occupational Health consultants. That is when I became the Medical Advisor of IATA and other companies. In my capacity as IATA Medical Advisor, I am involved in all medical aspects related to the aviation sector, which of course include elements of public health.

- How did you start to work in the area of public health and/or the aviation sector?

As mentioned earlier I began working in aviation and aviation medicine somewhat by chance because originally I wanted to be a surgeon. Today I know I made the right decision because after so many years of practice I still enjoy what I do very much. Since Public Health is closely associated with Aviation Medicine in training and in practice, that is how I became involved in public health. During my tenure as Medical Director of Air Canada, I had a lot of interaction with the public health sector and we proved that cooperation was not only possible but very beneficial.

- Which were your most important experiences in the field of public health and/or the aviation sector?

My most important experiences in the aviation sector was first learning to fly, which allow me to fully appreciate what all the jobs associated with flying actually entail. I love flying and I was lucky enough to fly (as a flight surgeon, not an operational pilot) most aircraft in the Canadian Military inventory. It was an extraordinary experience. I was also able to appreciate the benefits of team work in a different environment. My last assignment in the military was as Director, School of Aviation and Operational Medicine and a very high point in my career as I got to teach young flight surgeons and support all the flight surgeons in the field. In the field of public health, the Plague outbreak, the SARS outbreak, and the H1N1 outbreak are the highlights. Every time, we go through lessons learned in the post-mortem evaluation, but somehow we keep repeating some of the same mistakes in every outbreak.

- Why did you join the AIRSAN Network? What motivates you to contribute to the AIRSAN Project?

I was asked to join the AIRSAN Project and I accepted because the goal of the project 'Coordinated action in the aviation sector to control public health threats' is something I have been working on at the international level with the ICAO CAPSCA Project. We wanted to make sure efforts would not be duplicated and results would be complementary. Also, Europe is an important player on the world map, has a lot of resources, and can influence other nations.

- Which three benefits to you expect from the AIRSAN Project?

1. Better cooperation between the aviation sector and the public health sector: I said before that Public Health is closely associated with Aviation Medicine in training and in practice, which is true; unfortunately the cooperation between the 2 sectors has never been adequate and needs emphasis if we are going to better manage public health threats through better coordinated actions.
2. Closer cooperation between the regions and between regions and the international organizations: The world is getting smaller and smaller and everybody interact with everybody, like it or not. No cooperation and no coordination = chaos. We experience some of this at every outbreak, including the one we are going through currently. Hopefully, AIRSAN and CAPSCA will make a difference.
3. A working model that can be used in any regions of the planet

- Do you have some personal remarks?

Yes. I would like to sincerely thank RKI that is doing a great job at managing this difficult project with an open mind approach. Everybody always benefit from such an approach and it may lead to other useful and successful projects.

Invitation to join AIRSAN

The epidemic of Ebola virus disease in West Africa illustrates once again the need to be well prepared for cross-border public health threats. This requires sound cooperation between the public health and the aviation sector.

The AIRSAN Project aims to ensure an efficient, multi-sector, multi-stakeholder, coherent response at EU-level to public health threats in air transport. Project partners are public health authorities, airlines, airport managements and international organizations, e.g. the World Health Organization (WHO), the International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA).

The AIRSAN Project will support the involved authorities and companies to efficiently respond to a public health threat in air transport by the following means:

- AIRSAN Website: The open-access website provides information for public health and civil aviation authorities, airlines and airports. It can be accessed here: http://www.airsan.eu/.
- AIRSAN Network: One objective of the AIRSAN Project is to bring together competent public health authorities, civil aviation authorities, airport management and airlines across EU Member States in the form of a network. This AIRSAN Network will facilitate greater mutual understanding of the requirements, practicalities and impact of proposed measures in the management of public health threats in air transport. Interested authorities are invited to register here for the AIRSAN Network: http://www.airsan.eu/ContactUs/RegistertotheAirsanNetwork.aspx. Registered members can use the password-protected AIRSAN Communication Platform to share and exchange information as well as to discuss topics concerning public health in the aviation sector.
- AIRSAN Guidance Documents: Within the AIRSAN Project, guidance documents are developed that focus on managing public health threats in air transport. The finalized AIRSAN Guidance Documents will be made available at the AIRSAN Website. As an interim result, existing international documents, e.g. guidance documents and assessment tools, covering public health threats and air transport have been reviewed and systematized in form of an annotated bibliography. The AIRSAN Bibliography is accessible via the AIRSAN Website: http://www.airsan.eu/Resources/Bibliography/Search.aspx.
- AIRSAN Training Tool: Within the AIRSAN Project, a training tool is developed that will support authorities and companies with the implementation of the AIRSAN Guidance Documents. The AIRSAN Training Tool will also be made available on the AIRSAN Website.

National and competent public health authorities, national civil aviation authorities, management departments and medical services of international airports and airlines of EU Member States are invited to inform themselves about the AIRSAN Project and to join the AIRSAN Network at the above mentioned links.