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Editorial

Andreas Gilsdorf, Robert Koch Institute, Germany

We all feel really relieved to recognize that the outbreak of Ebola virus disease in West Africa seems to have passed its peak, as the current data of the World Health Organization imply [<http://apps.who.int/ebola/en/current-situation>]. But the current outbreak of Ebola virus disease remains a topic of high interest, also amongst AIRSAN Partners and amongst AIRSAN Network Members.

In the present issue of the AIRSAN Newsletter, we report on a mission of officials from DG SANCO, ECDC, EU Member States and the WHO Regional Office for Europe to West Africa, that was conducted in order to review the exit screening measures at international airports in Conakry, Freetown and Monrovia.

Further, we report about two pilot exercises using the AIRSAN Training Tool at Malta International Airport and at Varna Airport, where a scenario built around a symptomatic traveller returning from a country highly affected with Ebola virus disease was tested.

News from the AIRSAN Coordination

Astrid Milde-Busch, Robert Koch Institute, Germany

The outbreak of Ebola virus disease in West Africa has a strong direct influence on the AIRSAN Project.

As many of the AIRSAN Partners have recently been heavily engaged into the preparedness activities related to the current epidemic of Ebola virus disease in West Africa, their availability for the AIRSAN Project was limited. We believe it would be inauspicious, if the AIRSAN Project and its sustainability would fail just as an effect of an event which it is intended to target.

Therefore, we have applied for a no-cost extension of the AIRSAN Project for 9 months until December 2015 that would be necessary to finish some of the project activities. This will lead to changes in the timeline of the deliverables and milestones of the last project months.

The decision of the EC is still pending whether the application will be granted.

Recent meetings

European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) on 5-7 November 2014 in Stockholm, Sweden

The European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) took place between 5 and 7 November 2014 in Stockholm, Sweden. Participants of the ESCAIDE mainly represent international, national, regional and local public health authorities from European and non-European countries.

Staff from the AIRSAN Team at RKI participated in the ESCAIDE and presented the AIRSAN Project with a stand to promote the AIRSAN Project. Our aim was to provide information and foster discussions about the AIRSAN Project as well as to invite new members to join the AIRSAN Network. Information material offered included an AIRSAN Flyer, several issues of the AIRSAN Newsletter and an AIRSAN Poster. Additionally, access to the AIRSAN Website was allowed through a laptop. Interested parties from many different countries and international organizations visited our stand and showed a substantial interest in the AIRSAN Project.

We were very happy that a stand from the related project SHIPSAN ACT ('The impact on maritime transport of health threats due to biological, chemical and radiological agents, including communicable diseases', www.shipsan.eu) was placed near our AIRSAN stand, not only allowing for discussion over 'project borders', but also illustrating the synergies between both projects.



The ESCAIDE provided an excellent opportunity to inform a wide audience of EU public health officials about the AIRSAN Project and specifically about the benefits of the AIRSAN Network.



Health Security Committee on 13-14 November 2014 in Brussels

On 13-14 November 2014 a regional workshop on health security took place in Brussels, organized by Belgian Federal Public Service, Health Food Chain safety and Environment and Health Unit of the Consumers, Health and Food Executive Agency (Chafea). It aimed to share the knowledge created through the Health Security Actions funded under the Health Programme 2008-2013, and at the same time to demonstrate how their results can be used to improve EU countries response capacities towards health treats and support the implementation of the Decision (1082/2013/EU) on serious cross border threats to health. The improvement of the risk assessment and risk management of cross-border health threats at the EU and Member States level was the main important topic of the event. AIRSAN was also invited and we had the opportunity to present the project and its outcomes to stakeholders from all over Europe. All information and the videos of the presentations are available here: <http://ec.europa.eu/chafea/news/news349.html>

Fifth CAPSCA Global and Fourth CAPSCA Middle East Meeting on 17 November 2014 in Cairo, Egypt

The AIRSAN Coordinator had been invited to participate in the Fifth CAPSCA Global and Fourth CAPSCA Middle East Meeting. This event gave us an excellent opportunity to present the AIRSAN Project and its products to wide auditorium of representatives from aviation and public health authorities from Middle Eastern and African countries. It could be pointed out

that AIRSAN is open not only for members of EU MS, but for interested authorities and companies world-wide.

Pre-/post-exercise meetings on 21 and 22 January 2015 in Malta (Work Packages 6 and 4)

On 22 January 2015, a pilot exercise using the AIRSAN Training Tool was conducted with the airport and public health authorities in Malta. AIRSAN Teams from RKI, RIVM and CAA UK participated as observers in this exercise. In the context of this exercise, several pre- and post-exercise meetings were conducted on 21 and 22 January 2015. These 2 days of intensive collaborative work gave us an excellent opportunity to discuss the structure and the content of the AIRSAN Training Tool and to agree on upcoming procedures.

Pre-/post-exercise meeting on 16-18 February 2015 in Varna Airport (Work Packages 6 and 4)

On 17 February 2015, the next pilot exercise using the AIRSAN Training Tool was conducted, this time at Varna Airport, Bulgaria, again with the participation of representatives of the AIRSAN Teams from RKI, RIVM and CAA UK. The pre- and post-exercise meetings held on 16-18 February 2015 in this context helped us to discuss specific details of the AIRSAN Training Tool.

Recent developments

Enlarging the AIRSAN Network for public health threats (Work Package 4)

One of the aims of the AIRSAN Project is to create a network of representatives of national public health (PHA) and civil aviation authorities (CAA), local PHAs at location of airports, airport management responsible for public health events and airlines across EU MS.

In order to implement this network, substantial effort was undertaken to make AIRSAN known and to motivate individuals to register as members of the AIRSAN Network.

As of 25 November 2014, a total of 63 persons were registered as members of the AIRSAN Network, representing 17 different countries and 4 international organisations. Amongst the AIRSAN Network Members, there are 25 staff members of the AIRSAN Partners, representing 16 different organisations of AIRSAN Partners, including subcontractors and the executive agency.

Taken together, the AIRSAN Network brings together a relatively large international group of colleagues from

both AIRSAN Partner institutions as well as other organisations. Nevertheless, there are other colleagues involved into preparedness and response to public health threats in the air in Europe who might benefit from the AIRSAN Network. There is a definite need to repeat and increase the efforts to disseminate information regarding the AIRSAN Project amongst the identified target groups.

Pilot exercise using the AIRSAN Training Tool to test the AIRSAN Guidance Documents at Malta International Airport (Work Packages 6 and 4)

On 22 January 2015, the AIRSAN Teams from RKI and RIVM together with the civil aviation, airport authorities and the public health authority (PHA) from Malta coordinated a conduct of a table-top exercise using the developed AIRSAN Training Tool. It was the second pilot exercise that has been held in the light of work package 6 from the AIRSAN Project.



The pilot table top exercise took place at invitation of the PHA and civil aviation authority in Malta. The Airport Health Office, Environment Health, Malta International Airport is a Collaborating Partner of the AIRSAN Project and Dr Martin Antony Williams has been actively contributing to the project activities.

Within the AIRSAN Project, 2 AIRSAN Guidance Documents on contact tracing and on remote rapid risk assessment and management of biological threats on board an aircraft or at the airport have been developed. To support public health and aviation authorities as well as airports and airlines with the implementation of these AIRSAN Guidance Documents, the AIRSAN Training Tool has been developed.

The exercise took place in a table-top setting, which is designed to test the theoretical ability of a group to respond to a situation. Participants discussed their roles and responsibilities, based on legal or procedural standards.

The overall objective of this exercise was to test the use of the AIRSAN Guidance Documents and the manual of the table top exercise, using a scenario of a passenger

suspect to have EVD coming from Ebola affected country. Less attention was given to the assessment and preparation phase of the table top exercise.



At the same day of the planned exercise a boat with migrants from North Africa was picked up by the Maltese coast guard. As some of the migrants were suspected to come from West Africa, quarantine measures needed to be undertaken. PHAs were busy with handling this case and some of the participants of the table top exercise needed to be replaced. An amazing job was done and the exercise could be carried out according to the plan with some infusions of news about the quarantine measures concerning the boat migrants.

It was very interesting to see that a country with such a great history with migrants and quarantine policies, dating from the times of British occupation, can be so experienced when dealing with public health threats through air or sea travel. Malta is extremely well prepared, especially as the communication line between the stakeholders is short (it is a small island), the participants are used to deal with potential infectious diseases among travellers (clear law, from the time that island a quarantine feature was the UK).

The overall feedback from the participants was positive, good suggestions were made to improve the AIRSAN Training Tool and the exercise. It provides further opportunity for different stakeholders to meet and discuss their procedures in place and improve them.

Although the present stakeholders regularly take part in the table-top exercises, most of these exercises are based on the aviation emergency (accident) scenarios. For the first time, the AIRSAN table top exercise offered an exercise with a public health scenario. The exercise also led to a number of concrete improvements for Malta which are described in an evaluation report.

During the exercise the participants gained insights into the tasks and responsibilities of all main actors and stakeholders involved into providing a response to cross-border threats occurring by air, ensuring better cooperation in the future and common understanding of the AIRSAN Guidance Documents.

We highly appreciated the opportunity to conduct the pilot exercise in Malta thanks to the support of the Malta Airport Health Office and Dr Williams and we were grateful for their positive response and enthusiasm.

Pilot exercise using the AIRSAN Training Tool to test the AIRSAN Guidance Documents at Varna Airport (Work Packages 6 and 4)

On 17 February 2015, the third pilot exercise was conducted, this time with representatives from the health and the aviation sector at Varna Airport, Bulgaria.



Aims of this exercise were to assess the extent to which the existing risk assessment procedures of the local authorities and the participating airline and airport operators were already compliant with the AIRSAN Guidance Document on remote risk assessment; and to discuss the initial views of the participants on the potential benefits of incorporating some or all of the guidance in the AIRSAN Guidance Document on remote risk assessment into their existing procedures. A number of recommendations on improvements of the AIRSAN Training Tool resulted from this exercise.



We are very grateful to Dr Artyun Nishanov Magardichyan, AIRSAN Collaborating Partner from Varna Airport, who not only had offered his support to host and conduct this exercise, but also moderated the exercise in a very professional and thoughtful manner. We hope that the colleagues from Varna benefitted as much from this exercise as the AIRSAN Project did.

No-cost extension of the AIRSAN Project (Work Package 1)

The funding period of the AIRSAN Project, as agreed between the European Commission and the beneficiaries, was originally planned to end in March 2015. Up to now, all milestones and deliverables have been achieved in time.

The ongoing epidemic of Ebola fever disease in West Africa causes implications for the preparedness planning in EU MS. As the AIRSAN Partners are comprised of representatives from competent authorities, companies and international organisations involved into preparedness and response activities in air travel in their countries or international organisations, their current capacities to support the AIRSAN Project are diminished.

At several occasions, the AIRSAN Coordinator has been contacted by AIRSAN Partners, including members of the Scientific Advisory Board, and by AIRSAN Network Members who pointed to the fact that because of the Ebola epidemic they could not contribute to the AIRSAN Project in such an extend as they had wished. However, the AIRSAN Project, its aims and objectives are still considered highly relevant by the AIRSAN Partners. It would be inauspicious, if the AIRSAN Project and its sustainability would fail just as an effect of an event which it is intended to target.

Hence, the epidemic of Ebola fever disease might be considered a “force majeure” that might justify the interruption or extension of some activities for few months. Therefore, despite originally planned termination of the project in March 2015, the AIRSAN Partners have expressed their wish to perpetuate the AIRSAN Project further using the available funds.

In this regard we have contacted the EC to request for a no-cost extension of the AIRSAN Project until December 2015. This additional time-period would allow us to avoid an interruption of well-rehearsed procedures and of the efficient exchange between stakeholders from the public health and the aviation sector. The decision of the EC is still pending.

Next steps

AIRSAN 24-Month Meeting (Work Package 1)

We are looking forward to meet the AIRSAN Partners on 25-26 March 2015 in Amsterdam for the AIRSAN 24-Month Meeting. This meeting takes place as a back-to-back event of the CAPSCA-EUR/04 Meeting and will provide a highly valued opportunity to discuss the AIRSAN Project, current achievements and future developments together with the partners.

Finalizing the AIRSAN Guidance Documents after the exercises (Work Package 4)

The pilot exercises described above provided an opportunity to collect comments on the AIRSAN Guidance Documents, particularly on the AIRSAN Guidance Document on remote risk assessment and management.

Following the exercises, the AIRSAN Guidance Documents will be finalized and made available at the AIRSAN Website.

Finalizing the AIRSAN Training Tool after the exercises (Work Package 6)

The pilot exercises described above using the AIRSAN Training Tool, i.e. the table-top exercises conducted in Malta and Varna, have resulted in significant and highly appreciated feedback from the local participants and from the AIRSAN Partners regarding the concept and details of the AIRSAN Training Tool, particularly of the manual.

By the AIRSAN 24-Month Meeting, an amended version of the manual should become available, allowing to discuss the document during the meeting with the AIRSAN Partners. After the AIRSAN 24-Month Meeting the current version of the manual should be distributed amongst AIRSAN Partners. It will be adapted according to the comments of the AIRSAN Partners.

After its finalization, the AIRSAN Training Tool will be made available at the AIRSAN Website.

We very much hope that time and budget will allow us to conduct another table-top exercise at a different international airport.

Other topics

Mission to West Africa in order to review the exit screening measures at international airports

On 8 August 2014, WHO declared the Ebola epidemic in West Africa a Public Health Event of International Concern (PHEIC) and recommended that affected countries should conduct exit screening of all persons leaving the affected countries at international airports, seaports and major land crossings for signs and symptoms of Ebola virus disease (EVD) and for history of exposure to EVD patients. WHO also recommended that known Ebola cases and people identified as contacts of EVD patients should be prohibited to leave an affected country unless the travel is part of an appropriate medical evacuation.

The aim of the mission was to review the current exit screening procedures at the international airports in the three West African countries with intense EVD transmission in order to give assurance on compliance with the existing guidelines, the effectiveness of their design and the level of implementation. Andreas Gilsdorf, leader of the AIRSAN Team at RKI, has participated as part of this EU mission.

The review teams found a very high level of implementation of the SOPs in all three airports. The national authorities have developed the SOPs in close consultation with experts from the US CDC, and the SOPs represent an effective implementation of the WHO interim guidance of 6 November 2014. While there are slight differences in the practices between the three airports, none of these are considered to impact the effectiveness of the screening process. The complete mission report is available here: http://ec.europa.eu/health/preparedness_response/docs/ebola_20141208_sum_technicalreport_screening_en.pdf.

Aircraft evacuation exercise at Hamburg Airport (by Lena Ehlers, intern at the Hamburg Port Health Service)

In the framework of a workshop on the implementation of the IHR (2005) of the Academy of Public Health Service in Dusseldorf (AfÖG; <http://www.akademie-ogw.de/>) in cooperation with the Hamburg Port Health Service (<http://www.hamburg.de/hphc/>), an aircraft evacuation exercise was conducted on 20 November 2014 at Hamburg Airport. Hamburg Port Health Service belongs to the Institute for Hygiene and Environment, a facility of the Ministry of Health and Consumer protection, Hamburg, Germany.

Aim of this exercise was to train procedures in the context of a reported suspected case of communicable

disease on board an aircraft, taking into account the current guidelines.



Participants of this exercise were the Airport Fire Brigade, Hamburg Municipal Fire Brigade, German Red Cross and the Port and Airport Medical Service. Task of the participants was to take care of a passenger who had developed fever during the flight from West Africa via Brussels to Hamburg. The anamnesis conducted by the Airport Medical Service pointed towards a reasonable suspicion of a viral haemorrhagic fever infection.

Quite early it became clear that apart from providing the service to the ill passenger by professionals of the Hamburg Municipal Fire Brigade, the care for the other travellers in the aircraft should not be neglected, e.g. by information and education.

After the evacuation of the ill passenger, all travellers who were defined as contact persons were brought to the Airport Medical Assessment Center (AMAC) in order to conduct the subsequent surveys. At this stage, the exercise was declared as finished.

This exercise has revealed helpful experiences and important findings and could be closed successfully. The exercise will be further analysed, in order to derive practical recommendations.



Staff from the AIRSAN Team at RKI had the chance to observe this exercise at Hamburg Airport. We are very grateful for this experience.

Furthermore, this workshop was used to promote the AIRSAN Project and its achievements amongst representatives from PHAs responsible for German designated airports.

German Medevac solution for patients with a highly infectious disease (by Ilan Neidhardt, RKI)

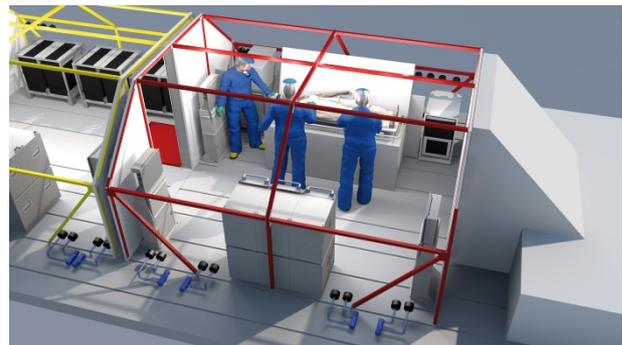
Like other countries the German government also called for experienced volunteers to aid in those West African countries affected by the Ebola outbreak. Because of this highly lethal disease volunteers that come in close contact to the disease risk their life in order to contain this outbreak. In an effort to encourage volunteers the government promised to bring everybody home if necessary to a German high isolation unit for treatment. So far the common air ambulance systems in place have not been designed to transport and treat patients with a highly infectious disease. Existing transport isolation units are not designed for long distance transport of an unstable and highly symptomatic patient including vomiting and diarrhoea. In these cases the opportunity of an airway management which requires an open access to the patient is mandatory. Therefore the German government decided to develop and subsequently implement a solution with following requirements:

- Safe transport;
- Non-stop flight from West-Africa to all major cities in Europe;
- Intensive care during flight.

With these basic conditions and a very short timeline it was necessary to use existing and previously evaluated items to build up this aircraft. The safety concept has been taken from the occupational health regulations for specialised isolation units, the stretcher from the German Army Medevac units and the waste management from the hospitals following ADR and IATA regulations respectively. The special isolation unit is divided into three sections: patient treatment room, inner and outer lock. Flight crew and medical staff were selected in accordance to their qualification. For the transport of the patient, the handling of the stretcher, the disinfection and as a rescue team a CBRN team of the ambulance services will accompany the flight. Responsible for treatment of the patient is a team of doctors and nurses from special isolation units with intensive care experience. Due to their high level qualification time for training efforts could be concentrated on special circumstances of intensive patient care in an aircraft.

Two issues of flight safety could not be solved by standard products. i) In case of rapid decompression the isolation unit would inflate. To avoid combustion of the isolation unit a large balloon has been added to the back of the unit to absorb pressure and air in order to keep it stable. ii) Due to the need of personal protective equipment (PPE) a suit with battery powered filtration

unit near the facial area has been chosen to reduce heat stress. Additionally an all-in-one suit solution including socks, gloves and hood reduces the possibility of errors during dressing and undressing of PPE. Further criteria for the selection of PPE have been implemented. E.g. suits must provide a good field of vision, an inside worn turbo not the common backside worn turbos due to the need to use flight attendant seats in the isolation unit during start, landing and turbulences. In addition the general design of filtering breathing protection and the isolation unit itself make it impossible to use standard oxygen systems in case of pressure drop. Therefore, a separate system is used in all protective suits to provide emergency oxygen if needed.



These technical solutions and the personal qualification have reduced the time for developing and for training significantly. The system has been licensed in accordance to the Ordinance on Safety and Health Protection at Workplaces Involving Biological Agents.

The plan to use a system based on a pallet for cargo aircrafts has been skipped due to missing licence for passenger transportation, emergency oxygen supply and oxygen discharge line for the medical oxygen at the patient transportation unit. Nevertheless a prospective solution based on a module system to build in suitable aircrafts should be considered.

Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA; www.CAPSCA.org; by Anthony Evans, ICAO)

The CAPSCA programme, now almost 10 years old, had a modest beginning. In 2006, some unspent funds donated to the International Civil Aviation Organization (ICAO) during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 were used to bring stakeholders together in the Asia-Pacific region to consider the impact of Influenza A(H5N1) on the aviation sector. At that time ICAO was receiving questions from its Member States concerning how they should prepare their airports and airlines for a possible flu pandemic and answers to such questions were not readily available from public health sources. A workshop kindly hosted by the Civil Aviation Authority of Singapore assembled the main players: ICAO, WHO, CDC, IATA, ACI and the output was the first set of public health preparedness guidelines written specifically for the aviation sector, although IATA had already developed guidelines for airlines.

A series of four grants from the UN Central Fund for Influenza Action (CFIA) enabled the CAPSCA Asia-Pacific project to be expanded into Africa, the Americas, Europe and finally, in 2011, the Middle East. In that year CAPSCA became a global programme consisting of five regional projects, managed by the ICAO Aviation Medicine Section from ICAO headquarters in Montreal, Canada, with regional coordinators in each of ICAO's seven regional offices. Over 100 States/Territories have joined one of the regional projects and about 55 Assistance Visits have been undertaken to States and their airports.

The aim is to help States implement, in the aviation sector, the WHO International Health Regulations (2005) and the associated ICAO public health related Standards and Recommended Practices (SARPs). Article 14 of the Convention on International Civil Aviation (written in Chicago in 1944, this Convention is signed by 191 States and underpins all ICAO's work) requires ICAO to work to this end, in collaboration with other agencies. CAPSCA addresses communicable diseases primarily, but also public health risks from radioactive and chemical sources.

Since aviation is a global industry, internationally acceptable procedures are essential to ensure flight safety and efficiency and this principle also applies to the management of public health events. Standard procedures are necessary so that, for example, the management of an arriving aircraft with a case of communicable disease can be achieved in a consistent manner across different airport operators and airlines.

Such an approach is similar in all areas of the civil aviation industry and has led to the current high level of flight safety and operational efficiency. ICAO, working with its 191 Member States, develops the international procedures which are given national legal force and then implemented by civil aviation authorities in each State.

The Chicago Convention has 19 Annexes which contain the SARPs and a number of them address public health Standards (mandatory) and Recommended Practices (desirable). Public health SARPs can be found in Annex 6 – Operations (universal precaution kit for cabin crew); Annex 9 – Facilitation (requirement for States to have a national aviation preparedness plan, Aircraft Declaration of Health, Passenger Locator Form); Annex 11 – Air Traffic Services (emergency contingency plan for air traffic control) and Annex 14 – Aerodromes (aerodrome emergency plan). Other requirements are found in: Procedures for Air Navigation Services – Air Traffic Management (communication procedures for notifying the destination and departure airport of a public health event on board) and the Technical Instructions for the Safe Transport of Dangerous Goods by Air (carriage of biological samples and radioactive material). Most of the recent additions to public health SARPs mentioned were introduced into the Annexes during 2007-2009, following the standard review (and consensus agreement) by ICAO member States.

During the outbreak of Ebola Virus Disease (EVD) many new and urgent questions were addressed to the aviation sector. Some of these concerned: air ambulance evacuation of Ebola patients and their contacts (delays in the issuance of landing and overflight permissions were causing operational difficulties); carriage of potentially infectious samples for laboratory analysis (sometimes refused by aircraft commanders or airlines); several airlines ceased operating to the most affected countries (a variety of reasons were given); exit screening in the most affected countries (required joint public health and aviation sector involvement and needed to be implemented rapidly).

Experience gained through CAPSCA enabled ICAO to work with other partners e.g. WHO, CDC, IATA, ACI (and also the AIRSAN Project) to provide input into the development of new guidelines, and cooperation between ICAO and WHO was strengthened. A joint ICAO/WHO Ebola Action Plan for Aviation was developed and a grant for its implementation over a two year period was awarded by the UN Multi-Partner Trust Fund, beginning in January 2015. The Plan is initially focused on Africa, with extension envisaged to the Middle East and beyond, and comprises a series of one week training events in different regions and Assistance Visits (AVs) to individual States/international

airports, based on already established CAPSCA principles of multi-sector communication, collaboration and harmonization of preparedness and response. The first AVs were undertaken in December, to Guinea Bissau and Cote d'Ivoire: at the time of writing Burkina Faso, Mali, Sierra Leone and Liberia AVs are planned for March 2015, plus a one week training event in Dakar during the same month. The Action Plan is available on the Ebola webpage of the CAPSCA website: <http://www.capsca.org/EbolaRefs.html>.

The main challenge for CAPSCA in the future is to establish a sustainable source of funding. When a severe outbreak or pandemic occurs, funding is forthcoming, but ongoing finance is needed to ensure regular regional CAPSCA meetings and AVs to States. In the past, public health preparedness has not necessarily been seen by the aviation sector as a priority and on the other hand the public health sector has not necessarily seen the aviation sector as one of its priorities. There are some positive signs however. The EVD outbreak has highlighted the importance of the aviation sector in supporting public health measures to minimize the risk of spread of disease by air transport and has also highlighted the challenges of managing cases that are identified when travelling by air. An ICAO High Level Safety conference in February 2015 supported the sustained continuation of CAPSCA and provision of financial resources. The upcoming global CAPSCA symposium, organized by ICAO in collaboration with WHO at ICAO headquarters in Montreal (28-30 April 2015), should also help to further develop the cooperative arrangements between the two UN agencies.

People from the AIRSAN Project

AIRSAN Team at Saniport, Belgium

Saniport is the port health authority, a division of the Belgian Federal Public Service of Public Health, Food Chain Safety and Environment. The agents of Saniport are present in the ports of Antwerp, Gent, Ostend, Zeebrugge, Newport, as well as at the Brussels National Airport, where a team of nine people is on duty 24/7. They are implementing the IHR (2005) in the designated points of entry, as well as the EU directives relating to health security on the EU territory.

The missions aim at providing the best sanitary conditions in the aircrafts, in close collaboration with all the local partners (airlines, airport authorities, police and customs, food safety agency). This includes the disinsectisation of aircrafts coming from areas affected by malaria, yellow fever, and West Nile Virus. It also includes dealing with any type of situation in an aircraft which would present a sanitary problem (cockroaches,

mice, wasted catering, or exploded coffin in the cargo of the plane).

The suspect luggage containing food is destroyed under the supervision of Saniport, and as Brussels National Airport has many direct connections with Africa, this is a demanding – and sometimes very surprising task (huge load of shrimps or dead monkey leaking blood everywhere).

Saniport is the front line in case of health crisis and is providing the first risk assessment elements to the Federal Health Watch of the crisis management team and to the National Focal Point. They are in charge of implementing the control measures at the airport, as currently with the Ebola outbreak. They are also in charge of delivering laissez-passer for the international transport of corpses. When a contact tracing is requested by some international authority, they help in providing the passengers list and data is a key asset.

Dominique Wagner is the head of Saniport. She graduated from Medical School, from the Institute of Tropical Medicine in Antwerp and much later, she attended a special degree in Environmental Sciences Management. She joined the Belgian Federal Public Health in 2007, in crisis management first, then for Saniport, implementing IHR in points of entry. She is also involved in the SHIPSAN ACT project.

Jean-Marie Risselin is the head of the airport team since 1993. He joined the Belgian Federal Public Health in 1969, which makes him the oldest employee of our federal public service. His 41 years of presence at the airport make him a most valuable experienced man in the field of health authority as he dealt with many crises, among which Lassa and Ebola fever, SARS and Influenza A(H1N1) pandemic. His networking with the local partners is an asset which is much appreciated by all, including at the international level.



AIRSAN Team at Saniport (left to right): Dominique Wagner, Jean-Marie Risselin.

Matthias Jeglitza, Federal Ministry of Transport and Digital Infrastructure, CAPSCA EUR 2012-15 Chair

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



After taking the school-leaving examination and performing my community service, I began to study politics in Berlin in the spring of 1989. In autumn, the Berlin Wall came down. You can imagine that this was one of the most exciting places to be at the time for a future political scientist. After completing my studies, I worked at a consulting firm for some time and gave lectures on political theory at university. A scholarship of the European Commission took me to Rotterdam and Varese where I studied for an MBA degree. With a Master's degree in European Environmental Management, I became Head of Office of the Chairman of the Committee on the Environment of the German Bundestag. Subsequently, I worked for a number of State Secretaries in several federal ministries.

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

My first professional contact with aviation was during my time as a consultant. As part of the plans for a new airport in Berlin, we had designed and conducted a public dialogue on airport planning. It was only several years later that I came again into contact with this sector by coincidence. After a switch of career I ended up in the aviation sector. Today, I work for the Federal Ministry of Transport and Digital Infrastructure where, inter alia, I am responsible for the implementation of the International Health Regulations (IHR) in the aviation industry.

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

The talks and discussions with the colleagues at AIRSAN and CAPSCA help a lot when you want to look at things from a different perspective and reflect on your own ideas. Sometimes you find something that is a hard nut to crack. Often, the question “How do you address this or that issue?” already provokes the first ideas for a solution.

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

With CAPSCA, the WHO and the ICAO have initiated a very good international platform. However, despite

CAPSCA's regional structure, I still see the need for a better coordination when it comes to implementing and applying the IHR in the aviation sector within Europe. I am convinced that the degree of political, legal and economic integration in Europe justifies a European approach.

- What motivates you to contribute to the AIRSAN Project?

While there may already be a considerable degree of integration in many areas of a European society, this does not necessarily hold true for the current IHR implementation practice. The mechanisms for responding to a crisis situation at a European level are sometimes complicated and, due to the many institutions involved, confusing. For this reason, it is all the more important to develop something like a Code of Good Practice, for example with regard to screenings or emergency planning.

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

1. Recently, Ebola has shown that, in order to deal with such situations of crisis in a coherent manner, a few things remain to be done. AIRSAN can and should make an important contribution here and help to develop genuine European capacities for the prevention of pandemics.
2. What we need are multi-sectorial networks with all relevant stakeholders on board. Projects like AIRSAN can serve as a kind of workshop where interdisciplinary thinking can be practised.
3. I expect that AIRSAN represents a major step on the way towards a pan-European concept for dealing appropriately with pandemics. In addition, I am confident that this concept will integrate reasonably well with international efforts and processes.

- Do you have some personal remarks?

AIRSAN has been designed as a project with a fixed lifetime. However, preparations for pandemics must be carried out in a sustainable manner and must be continuously updated. Therefore, we must raise and answer the question of AIRSAN 2.0.

Airports at a glance

Malta International Airport, Malta (by Marketing and Brand Development Team, Malta International Airport plc)

Statistics (2014)

- IATA code: MLA
- Passengers: 4.29 Mio.
- Cargo: 15,547 tons
- Aircraft movements: 32,295
- Employees: 295



© Malta International Airport

About the airport

Malta International Airport is the only airport connecting the island of Malta to the rest of the world. It is ideally situated in the Central South of Malta, allowing easy access to all parts of the country, with main entertainment and shopping areas and over 100 hotels being only a 15 minute drive away.

Malta International Airport is the third most internationally connected airport in its class (Group IV) and this year, 34 airlines will fly from MLA to 94 destinations across Europe and North Africa. 2014 saw 4,290,304 passengers, an all-time record for the island's sole airport. The 4 million passenger milestone was reached for the first time in the previous year, in 2013. Malta International Airport has a number of incentive schemes in place aimed to drive underserved markets, attract new airlines, develop new routes and grow passenger traffic.

The island's strategic location in the centre of the Mediterranean region presents an opportunity to further develop air cargo business using MLA as a hub. Moreover, the airport is located in close proximity to the Freeport Terminals, currently ranked as the 3rd largest transshipment and logistics centre in the Mediterranean region. Additionally, DHL have already set base at the dedicated cargo handling facility. These advantages have enabled MLA to invest in the development of a new cargo, envisaging expansion to further exploit the cargo throughput.

Malta Mediterranean Link Consortium Ltd (MML) owns 40% of Malta International Airport plc. MML is owned by Flughafen Wien AG (57%), SNC-Lavalin Inc. (39%) and Airport Investments Ltd, which is an associate company of the Maltese Bianchi Group of Companies. Another 40% are public shares, whereas the Government of Malta has the remaining 20% of the company's ownership. Since the company's privatisation in 2002, €83 million have been invested. Throughout 2015, the airport has €4 million worth of investments planned, most of which are already underway. These include improvements to the runway, apron and taxiway (€950,000), expansion of the terminal building in the non-Schengen arrivals section (€2 million), a new emergency operations centre (€100,000), a reorganisation of the high voltage network (€520,000) and investment in back-up standby power generators (€450,000).

As part of its Corporate Responsibility strategy, Malta International Airport is also investing in the industry and country where it successfully operates by adopting the concept of 'shared value'. This means, investing in cultural, touristic and environmental projects which improve Malta's tourism product and that both tourists and locals can enjoy. The Malta Airport Foundation was set up in 2014 as part of the company's new strategic decision to use its corporate responsibility funds to contribute more directly to the tourism industry by investing in Malta's heritage and environment.



© Malta International Airport

The company will also be the first Maltese company to adopt one of the world's most prevalent and respected standards when it comes to sustainability reporting; the Global Reporting Initiative (GRI). This brings with it the voluntary measure and reporting of both positive and negative economic, social and environmental impacts with a view to improving the performance every year.

Malta International Airport contributes to 9.2% of Malta's GDP, supporting the employment of 15,300 people and generating €660 million annually. MLA has consistently achieved outstanding results in airport service quality, ranking as one of the Top 5 European airports in each consecutive year for the past 5 years.



© Malta International Airport

This is crucial for Malta as a tourism product when one considers that the airport is the first and last impression of the island of Malta. Malta International Airport prides itself in the quality-driven approach, aiming for excellence in customer service and at enhancing the passenger experience. The airport won ACI Europe's 2010 Best Airport Award in the '1-5 million passenger' category and ranked Top Airport in Europe across all categories in the ASQ survey results for 2010 and 2011. MIA placed 2nd in 2012, 5th in 2013, and 4th in 2015, with an unprecedented over-all score in the last edition.

The airfield has two runways aligned nearly at right angles to each other. Runway 13/31(3.5 km) is served by a system of taxiways, enabling aircraft to turn round at each end of the runway and to gain access to and from Apron 9 (the aircraft Apron associated with the terminal building). Runway 05/23(2.4km) has a parallel taxiway to the north-west which is 18m wide. With 28 aircraft parking stands, the airfield is able to handle 4 wide body aircraft simultaneously.

The airport also operates Malta's only Meteorological Office, complete with an automated weather system (which includes VOLMET and ATIS), as well as a Doppler weather radar. The airport fire and emergency services are based in a building located north of the main runway. From this location the fire fighting vehicles can meet the response time criteria as laid down in the standards of the ICAO. The airport's fire category is 9 and the current fire tenders provide the required storage capacity to meet these requirements.

The air terminal is built over 74,000m² of land and can handle 5 million passengers a year. The terminal complex comprises split level Departure and Arrival Halls at either side of the main building with spacious Check-In, Baggage Reclaim and Welcomers' Halls. For

the business travellers, the airport has two executive lounges, as well as a separate, exclusive VIP terminal situated just off the main aircraft parking area, which is used for Heads of States and diplomats, and recently opened its doors to general aviation and commercial passengers. The core air terminal operations include general passenger services, and the operation of an extensive range of facilities at the airport, with 30 retail outlets, 14 catering establishments and over 1,500 vehicle parking spaces. Malta International Airport also leases office space to airlines and other travel related operators at the airport.

SkyParks Business Centre was the first phase implemented in a master plan for the landside areas, situated only two minutes away from the terminal building. The lifestyle complex is home to a number of top names in business, such as Microsoft and Vodafone, as well as a number of private jet operators and Malta's national airline Air Malta. The facilities being offered within the business centre compliment the retail offering available at the terminal, comprising a fitness and wellness centre, a medical and dental clinic, and the island's largest child care centre, amongst others. New, longer-term development will see the creation of increased office and retail space, parking facilities, and a hotel. These projects will give Malta International Airport a competitive advantage as it prepares to seize opportunities within a range of business activities.