Newsletter

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Editorial

Andreas Gilsdorf, Robert Koch Institute, Germany

The current development in transmission of Zika virus infection, particularly in South and Central American countries, is alarming. Given the high numbers of passengers travelling between Europe and America, the probability of European citizens getting infected is increasing.

We hope that AIRSAN can support the response to Zika virus infections similarly as it was possible during the time of the climax of the outbreak of Ebola Virus Disease in West Africa. We would like to reinforce the useof the AIRSAN Communication Platform (where there is currently a discussion ongoing regarding infection control measures at European airports) or the updated AIRSAN Bibliography, to get into exchange with each other and to have access to relevant guidance material on the response of public health threats in air tansport.

News from the AIRSAN Coordination

Astrid Milde-Busch, Robert Koch Institute, Germany

After almost 3 years of activities, the AIRSAN Project is now drawing to its close. The AIRSAN Coordinator wishes to thank all AIRSAN Partners as well as the members of the AIRSAN Network for their highly valuable contributions and support during the lifetime of the AIRSAN Project. In particular, we would like to thank all partners and members of the AIRSAN Network who supported us with the conduct of the table-top exercises at different airports in the framework of the development of the AIRSAN Training Tool and who supported us with the hosting and organisation of AIRSAN Meetings. We are convinced that the continuous discussion and feedback have contributed a lot to the improvement of the products of the AIRSAN Project. Further, we would thank all partners and institutions who helped us to make AIRSAN known amongst the relevant stakeholders.

If you are not quite sure, what you have learnt from the AIRSAN Project in the past 3 years, we heartily invite you to test your knowledge and solve the AIRSAN Crossword Puzzle on the second-to-last page of this newsletter. We hope that many of you will try and send us the solution word. The first 5 persons who send to correct solution word to AIRSAN@rki.de will win a prize!

Recent meetings

AIRSAN Final Meeting on 10-11 September 2015 in Berlin, Germany

The AIRSAN Final Meeting took place on 10 and 11 September 2015 at the Robert Koch Institute in Berlin, Germany. The scope and activities of each work package were briefly presented. It was demonstrated that deliverables and milestones were achieved.

The AIRSAN Partners expressed their satisfaction with the progress of the work. It was emphasized that a special and valuable feature of the AIRSAN Project was the creation of an informal network of representatives from the public health as well as from the aviation sector. The AIRSAN Network allows colleagues from all levels (including national, regional and local) to participate in the discussions and activities.

The AIRSAN Partners believe that the AIRSAN Project has evolved the way it was conceived and that the original ideas and objectives were followed through the project lifetime. However, there is a general feeling that to achieve the sustainability of the outcomes of the AIRSAN Project, future activities within a common framework are needed. Even in the absence of a formal consecutive project some of the activities, such as the AIRSAN Website and the AIRSAN Communication Platform, should be sustained at least for a certain period of time.

Symposium "Bridging epidemiology to public health security policy" on 10 November 2015 in Stockholm, Sweden

Chafea organised a satellite workshop to the ESCAIDE (European Scientific Conference on Applied Infectious Disease Epidemiology) on 10 November 2015, called "Bridging epidemiology to public health security policy" (http://ec.europa.eu/chafea/news/news416.html).

The aim of this satellite workshop was to offer experts, project partners and other conference participants an opportunity to exchange information related to their work in the field of preparedness and response and to demonstrate how the Health Programme actions' outputs have been taken-up at national and regional levels. Representative from EU and national authorities were invited to discuss the relevance of the presented projects and their achievements with the representatives of the funded projects.

Amongst other projects funded under the Health Programme, AIRSAN was invited to be presented at this workshop. We very much appreciated this opportunity to get in contact with other project coordinators and policy makers.

European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) on 11-13 November 2015 in Stockholm, Sweden

The European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) took place between 11 and 13 November 2015 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. Our aim was to provide information and to foster discussions about the AIRSAN Project as well as to invite new members to join the AIRSAN Network. Besides the usual information material offered (AIRSAN Flyer, AIRSAN Newsletter, AIRSAN Poster) the AIRSAN Guidance Documents and the AIRSAN Training Tool were made available to the interested participants of the conference. Additionally, the information provided on the AIRSAN Website was demonstrated. Interested parties from many different countries and international organizations visited our stand and showed a substantial interest in the AIRSAN Project.

The ESCAIDE provided an excellent opportunity to inform a wide audience of public health officials from EU MS and beyond about the AIRSAN Project.

Pre-/post-exercise meetings on 24 and 25 November2015 in Tel Aviv, Israel (Work Packages 6 and 4)

On 25 November 2015, a table-top exercise using the AIRSAN Training Tool was conducted with the airport and public health authorities in Israel. AIRSAN Teams from CAA UK and RKI and a colleague from GGD Kennemerland, Netherlands, participated as facilitators and observers in this exercise. Pre- and post-exercise meetings were conducted on 24 and 25 November 2015. These 2 days of intensive collaborative work gave us an excellent opportunity to discuss the final version

of the AIRSAN Training Tool and to agree on upcoming procedures.

Meeting on optimisation of the AIRSAN Website on 8 December 2015 in Larissa, Greece

On 8 December 2015, Astrid Milde-Busch from the AIRSAN Team at RKI and Nick Bitsolas from the AIRSAN Team at UTH-EL met in Larissa, Greece. Aim of this meeting was to discuss the content and the final layout of the AIRSAN Website. Final details were agreed in order to optimise and finalise the AIRSAN Website which should make information about the AIRSAN Project and its products available for some years even after the end of the project lifetime.

Recent developments

Table-top exercise using the AIRSAN Training Tool to test the AIRSAN Guidance Documents at Tel Aviv Ben Gurion International Airport (Work Package 6)

On 25 November 2015, a table-top exercise based on 2 scenarios took place at Tel Aviv Ben Gurion International Airport. The AIRSAN Training Tool was successfully tested in cooperation with the airport and public health authorities in Israel. This was the fifth exercise that had been held in the light of the AIRSAN Project. The AIRSAN Training Tool was used in two scenarios: The AIRSAN Guidance Document 'Remote risk assessment and management of communicable disease events on board an aircraft' was tested with a scenario of a suspect case suffering from Ebola-like symptoms, AIRSAN Guidance Document on contact tracing incorporated a scenario following the diagnosis of a communicable disease in a person who had recently travelled by air.

The main aim of the exercise was to improve the cooperation and communication between airlines, airport operational management and public health authorities in Israel, according to the International Health Regulations (IHR) (2005) capacity requirements.

Another aim was to test the implementation of the AIRSAN Guidance Documents and the possibility of their integration with Israeli guidelines:

1. The airport authority's guideline for managing a pandemic flu; and

2. The public health authority generic guideline for all international border crossings.

The exercise took place in the Ben Gurion International Airport of Israel.

The participants of the exercise were representatives of: airport authorities, airlines (El Al, Lufthansa and Delta) including a member from the cabin crew, civil aviation authorities, airport medical services, border police, customs, public health authorities including the National IHR Focal Point and the ministry of health.

Dr Nigel Dowdall from CAA UK and Dr Rolf Appels from the department of public health in charge of emergencies at Amsterdam Airport Schiphol (Netherlands) facilitated the table-top exercise. The exercise was observed by staff from the AIRSAN Team of the RKI. The exercise was evaluated by Dr Nigel Dowdall and two evaluators from public health authorities in Israel.

The table-top exercise went in a very interactive format. The participants demonstrated the existence of plans to respond to a situation of public health concern and excellent cooperation between the public health sector and the aviation sector. All participants agreed on the usefulness of the table-top exercise.

The table-top exercise was a great opportunity for different parties to get a common view of a situation, understand urgency of actions that need to be taken and work together to connect the processes within different organizations to ensure a timely, safe and effective operation with minimal disruption of airport operations.

Second review of guidance material and update of the AIRSAN Bibliography (Work Package 4)

In September 2013, the first survey amongst AIRSAN Partners was conducted in order to identify guidance material in the area of public health in air transport issued by international organisations. Following this survey, a review was conducted in order to make the contents of these documents quickly accessible. This AIRSAN Review resulted in the AIRSAN Bibliography covering 48 relevant documents. The AIRSAN Bibliography is accessible via the AIRSAN Website.

In order to keep the AIRSAN Bibliography updated, a second survey was conducted amongst AIRSAN Partners and members of the AIRSAN Network in March 2015. This second AIRSAN Guidance Documents Survey identified 25 additional documents, most of them developed in the context of the large outbreak of Ebola Virus Disease in West Africa.

These 25 documents were introduced into a second review process, conducted by 2-3 scientists, applying the same method as in the first review.

Following this second review, the AIRSAN Bibliography was updated. You can access the AIRSAN Bibliography via the AIRSAN Website under the following link: http://www.airsan.eu/Achievements/Bibliography.aspx.

This work was done within the no-cost extension period of the AIRSAN Project.

Finalisation of the AIRSAN Training Tool (Work Package 6)

Following the conduct of five exercises at four different airports, the AIRSAN Training Tool could be finalised. The final version of the AIRSAN Training Tool is available at the AIRSAN Website under the following link: http://www.airsan.eu/Achievements/TrainingTool.aspx.

During the discussion in the context of the exercises, it was recommended to develop another scenario for the AIRSAN Training Tool, incorporating a less threatening but rather likely event. Therefore, an additional scenario was created, simulating a massive outbreak of gastrointestinal disease on board an aircraft. The material of this scenario is available for download here: http://www.airsan.eu/Achievements/TrainingTool.aspx.

This work was done within the no-cost extension period of the AIRSAN Project.

Finalisation of the AIRSAN Website (Work Package 5)

During the last months of the AIRSAN Project, a number of updates appeared on the AIRSAN Website. Together with these updates, the final layout of the AIRSAN Website was adjusted and finalised.

At the end of the AIRSAN Project, all project outputs are now accessible at the AIRSAN Website. Most products are available at the open-access area, other material are accessible only in the Project, i.e. the restricted area which is only accessible for AIRSAN Partners. Hence, at the end of the AIRSAN Project the AIRSAN Website serves as a repository for all material produced during the project lifetime.

Finalisation of the dissemination activities of the AIRSAN Project (Work Package 2)

In order to support the dissemination of information about the AIRSAN Project in the future, an example PowerPoint presentation was developed. This presentation is available on the AIRSAN Website (http://www.airsan.eu/AboutTheProject/WorkPackages/Workpackage2.aspx) and can be used by the AIRSAN Partners.

As one further dissemination activity, this final issue of the AIRSAN Newsletter was compiled. All AIRSAN Partners were invited to send us their contributions to this final issue. The contributions of all partners, particularly the AIRSAN Collaborating Partners and the members of the AIRSAN Scientific Advisory Board, have always been highly appreciated.

Preparation of the AIRSAN Final Technical and Financial Report (Work Package 1)

In order to fulfil the obligations to Chafea, in the past months, the AIRSAN Final Technical and Financial Report were prepared.

In the context of the preparation of the final reports, important project documents have been made available on the AIRSAN Website. Some of these documents, which are of rather internal relevance, e.g. internal reports, have been made available in the Project Corner where they are accessible for AIRSAN Partners (http://www.airsan.eu/AIRSANNetwork/ProjectCorner.aspx).

Final evaluation of the AIRSAN Project (Work Package 3)

The finalisation of the AIRSAN Project also includes the final project evaluation. The AIRSAN Coordinator encourages all partners to participate in the evaluation.

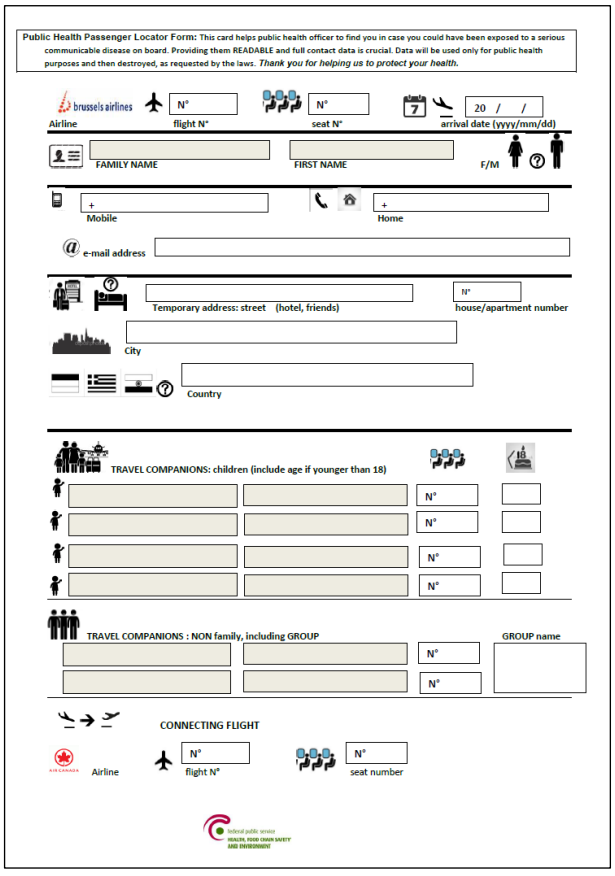
Other topics

Proposal for a user friendly version of the Passenger Locator Form (by Dominique Wagner, FPSPHFCSE, Belgium)

During the Ebola crisis which lasted more than a year (mainly 2015), Belgium implemented control measures for the direct flights arriving from the risk countries (7 flights/week). Two agents of Saniport at Brussels National Airport controlled 327 flights arriving between 2 and 4 CET, which makes 68.854 passengers, the vast majority (>80%) being in transit. Our staff checked and completed as many Passenger Locator Forms (PLFs). For some flights, 90% of the PLFs were not completed upon arrival, creating major delays for connecting flights.

One of the problems identified was that passengers could not understand English (language or alphabet), or that too much information had to be provided. The layout of the PLF was tedious, passengers would give up, not understanding the purpose of the document.

So with the advice of our field team, a draft of a PLF was elaborated made out of pictograms, to make it 'user friendly', knowing that but it would request some experts to find out which culture understand which symbol. PLF could be adapted by region (WHO regions) to deal with symbol understanding.



by courtesy of Dr Wagner, FPSPHCSE

Spaces were left for airlines and public health authorities' logos and for flight number: all could be filled up in advance, according to needs. A template (with logo) could be sent to every concerned stakeholder, eventually adapting the language (as little is left). In other word, it is a highly adaptable and manageable PLF, thanks to new technology.

And why not including a code bar, or having one for smartphones that could be scanned?

When IATA contacted us for a feed-back about our measures we mentioned the PLF problems, and the project was sent to Claude Thibeault who submitted it for discussion. The project of reviewing is now in the hands of the US Centers for Disease Control and Prevention (CDC).

A medical emergency landing and risk assessment challenge for public health threats (by Martin Anthony Williams, Airport Health Office, Malta)

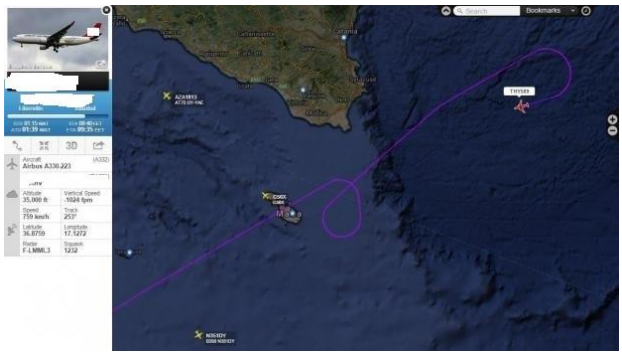
Introduction

The continued increase in the volume of trade and travel, in particular the rapid increase of air transport with new global routes, poses new and unique challenges to global health security. This was demonstrated in the recent outbreak of Ebola Virus Disease (EVD) in remote West Africa, the increased risk of serious cross-border public health threats posed by travellers from the affected countries to the EU. The AIRSAN Project through the implementation of several work packages has developed instruments and a platform to facilitate the implementation of International Health Regulation (IHR) (2005) [1] and EC Decision 1082/2013 on Serious Cross-border Threat to Health [2], within EU Member States that should mitigate such threats. These included AIRSAN Guidance Documents for Risk Assessment and Management of Communicable Disease during air travel [3], Contact tracing [4] and an online AIRSAN Bibliography [5] of existing useful aviation and public health documents amongst others which have been adopted by the participating EU Member States. These working documents are useful to airport health authorities and other stakeholders in events of medical emergencies where there is a risk of potential public health threat.

Event Initial Risk Assessment

A flight from a country in the Central Africa region bound for a non-EU European airport requested an emergency landing to Malta International Airport due to a seriously ill traveller who required emergency hospital care. The initial communication relayed from flight crew via Aerodrome Operation Unit, indicated an event of

cardiac arrest with no 'Ebola symptoms' reported. On landing and conducting initial risk assessment, it was found that the ill traveller was a 70 year old male, from a different country in the same region who presented with repeated episodes of seizures, altered consciousness, and loose stools with frothing from the mouth during the flight. Also, he was travelling unaccompanied.



The event started at about 6:00 CET and flight landed in Malta at approximately 7:30 CET. Initial physical assessment of the ill traveller on board reported stable vital signs, but no temperature check was recorded on in-flight event report. During the initial risk assessment, an event of a needle stick injury was reported by a medical doctor who assisted the ill traveller during flight. Some challenges faced during the process included; travellers' agitation about the delay to the flight due to diversion, and their reluctance to share contact information requested. Also, once the ill traveller was evacuated to hospital by emergency personnel, the flight and cabin crew were more concerned with rescheduling departure rather than cooperating with the airport health authority.

In spite of these challenges, the risk assessment revealed that considering the high prevalence of communicable diseases, such as HIV, hepatitis and syphilis amongst other tropical diseases in both the country of flight departure and an ongoing cholera outbreak in home country of ill traveller, an infectious cause could not be excluded at this point. The risk of exposure or public health threat was considered moderate to low depending on infection prevention and control measures. It was suggested that HIV, hepatitis, syphilis and other communicable diseases be screened for in view of the needle stick injury reported on board. On follow up of the event, it was revealed the ill traveller was known to suffer from epilepsy and made recovery in hospital. However, the infectious diseases screen revealed he was a carrier of hepatitis C virus.

Health Control Measures

Initial risk communication with attending hospital doctor on the potential risk of exposure to a public health threat was done. The need for isolation, strict adherence to infection prevention and control procedures, and screening for HIV, hepatitis, syphilis and other tropical disease was discussed. After feedback from hospital on case, a notification was sent to the National IHR Focal Point of the home country of airline and medical doctor at risk of potential exposure to hepatitis C virus during event on flight. A follow up consultation with an infectious diseases physician was advised. Further, the challenges encountered during risk assessment and findings were communicated to airport management.

Conclusion

This event highlights the need for awareness amongst stakeholders in the industry of the potential threats to public health that may be associated with such medical emergencies, and not only ongoing or recent global health emergencies like the EVD outbreak. Moreover, the importance of public health vigilance at international airports and the usefulness of tools developed in the AIRSAN Project cannot be more emphasized.

[1] World Health Organization. International Health Regulations (2005), Geneva, 2008, http://www.who.int/ihr/publications/9789241596664/en/

[2] European Parliament. Decision No 1082/2013/EU of the European Parliament and of the Council, 2013, http://ec.europa.eu/health/preparedness_response/docs/decision_serious_crossborder_threats_22102013_en.pdf

[3] AIRSAN Project. Remote Risk Assessment and Management of Communicable Disease Events on Board an Aircraft, 2015, http://www.airsan.eu/Achievements/GuidanceDocuments/RemoteRiskAssessmentandManagement.aspx

[4] AIRSAN Project. Contact Tracing – Collaboration between the Public Health and the Aviation Sector, 2015, http://www.airsan.eu/Achievements/GuidanceDocuments/ContactTracing.aspx

[5] AIRSAN Project, 2015, http://www.airsan.eu/Achievements/Bibliography.aspx

People from the AIRSAN Project

We have used this chapter of the AIRSAN Newsletter to introduce you to the key team members from the Associated Partners organisations as well as to some individual persons who support the AIRSAN Project.

Cinthia Menel Lemos, Chafea

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

I am a medical doctor, with specialisation in International Public Health (Catholic University of Louvain, 1995) and Applied Epidemiology (National School of Public Health, 2004). Before working at the Consumers, Health, Agriculture and Food executive Agency (Chafea), I have worked in international cooperation projects in South and Western Africa, with several international organisations, like Doctors without Borders (1991), WHO Global Programme against AIDS (GPA; 1991-1994), Dutch Ministry of Foreign Affairs - International cooperation division (1995-2002).

When returning to Europe, I became an EPIET fellow (2002-2004) cohort 8, having worked at the National Center of Epidemiology in Madrid (Spain). After that, I joined the Public Health Institute (IPH) Epidemiology unity in Belgium (2004-2006).

Since almost 10 years, I am working as Scientific Project officer, being responsible for the support to the health threats actions, those improving preparedness, crisis management and implementation of the International Health Regulations (2005).

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

I have started working with projects on public health related topics with the transport sector in 2008, following two projects dealing with the communicable diseases transmission risk during travel. The first was REACT project (Response to Emerging infectious disease: Assessment and development of Core capacities and Tools) that has developed a "Contact Tracing-Risk Assessment Profile" (CT-RAP) tool, used for contact tracing in public ground transport. At same time, I have ensured the support for the SHIPSAN TRAINET implementation, with focus on the capacity building of port health authorities to perform safety inspections and issuing the Maritime Declaration of Health (MDH) and the Ship Sanitation Certificate (SCC).

The experience of public health within the aviation sector started, when the AIRSAN Network was funded in 2013. The AIRSAN Partnership brought together public health experts, aviation authorities and medical services from different European airports, who work together to address important issues related to risk assessment and management of health threats crisis in the aviation sector.

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

One of the most important experiences in the field of public health, I have been involved recently was the mobilisation of the expertise of the EU Health Programme networks to contribute to the risk assessment and response to the recent Ebola outbreak (2015). During the Ebola outbreak in Western Africa and Europe, I have ensured the liaison between potential experts, which could provide support to the EC response. Tree main networks of experts were active on provision of support in risk assessment and response: AIRSAN, SHIPSAN ACT and QUANDHIP, they have provided scientific guidance for risk assessment and management at ports of entry (PoE), and support for the laboratory diagnostic of suspected cases returning to EU from Western Africa.

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

I have participated in the AIRSAN Network as the Chafea project officer and member of the advisory board. I was responsible for the monitoring and dissemination of results to the other EC services, like DG SANTE, DG HOME, EASA, ECDC, etc. I have participated in the AIRSAN Meetings and I have learned how important is for public health experts to work in close collaboration with the aviation sector.

- What motivates you to contribute to the AIRSAN Project?

Being an epidemiologist and public health expert, I recognise the importance of globalisation and link between person's movement and the risk of transmission of airborne and vector borne agents.

This major emergent challenge was taken by the AIRSAN Project Team, which was able to develop high quality tools, and at same time create trust and build bridges, finding a common ground for work between the aviation sector and public health experts.

- Which benefits do you expect from the AIRSAN Project?

AIRSAN directly contributes to Article 4 of the Decision 1082/2013/EC on serious cross-border health threats by improving the preparedness and response planning in airports, increasing the cooperation between PoEs and the national competent authorities. Further, AIRSAN has built confidence in a new intersectorial collaboration between public health authorities, aviation sector, airport and airline management.

AIRSAN was considered a pilot project by the European Commission; as such the creation of the AIRSAN Network was a valuable result. I expect that AIRSAN will continue growing in the future.

The EU and the AIRSAN Partnership was confronted with major public health threats, like the Ebola outbreak, this experience surely has increased the perception of value of an European network that can reinforce the airports capacities and preparedness as PoEs at national and at the EU level.

The AIRSAN Guidance Documents produced for remote risk assessment and management of communicable disease events on board an aircraft and contact tracing with collaboration between the public health and the aviation sector are crucial instruments to those professionals who are responsible for the management of communicable diseases cases occurring during air transportation. They should become an instrument available in all airports medical services, public health authorities and aviation sector actors.

Another value result of AIRSAN is the training package on risk assessment on board an airplane and contact tracing that created and adapted following the practical simulation exercises. The simulation exercises are a practical application that can improve the collaboration of the real actors affected by public health events in the EU and worldwide air transport sector.

- Do you have any personal remarks?

The AIRSAN Network should continue to expand to reach larger audiences, building on the evidence created and collaborative experience acquired. The AIRSAN Network should involve more countries, other airports and address new public health priority issues, and continue to increase the capacity of the airports to be prepared to respond to health threats.

Virgilijus Valentukevicius, EASA

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

I am a specialist in aviation medicine. Between 1995 and 2008, I was working as chief medical officer in the Civil Aviation Administration of Lithuania. Since 2008, I was working as a rulemaking officer and medical officer in European Aviation Safety Agency (EASA), where I am now the standardisation medical team leader.

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

I graduated from medical university studies in 1989. After medical university, I studied aviation medicine and received my diploma at London King's College in 1999.

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

Until 2006, I participated in the implementation of the Joint Aviation Requirements part 3 (Medical) in Lithuania. In EASA, my main tasks were the contribution to the development of the medical parts of the Aircrew Regulation.

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

I joined the AIRSAN Project in 2014, when I was appointed as the contact person at EASA. I am mainly contributing as an observer and member of the Scientific Advisory Board of the AIRSAN Project.

- What motivates you to contribute to the AIRSAN Project?

As a member of the Scientific Advisory Board of the AIRSAN Project, EASA aims to offer its assistance for the AIRSAN Project when needed.

- Which benefits do you expect from the AIRSAN Project?

I expect that the AIRSAN Project will contribute to the improvement of the medical and hygiene standards in commercial flying.

Airports at a glance

Fraport Twin Star Airport Management – Operator of Burgas Airport and Varna Airport (by Artyun Magardichyan)

Statistics (2015)

- IATA code: BOJ
- Passengers: 2.4 Mio.
- Aircraft movements: 18,200
- Destinations: 125 / 40 countries
- All-year-round destinations: Sofia, Moscow, London
- www.burgas-airport.bg

- IATA code: VAR
- Passengers: 1.4 Mio.
- Aircraft movements: 12,000
- Destinations: 90 / 39 countries
- All-year-round destinations: Sofia, Moscow, London, Istanbul, Vienna, Tel Aviv
- www.varna-airport.bg

© Fraport Twin Star Airport Management: Varna Airport

Varna Airport is situated on the northern Bulgarian Black Sea coast, about 8 km outside of the city of Varna - not only one of Bulgaria's major tourist destinations but also a gate to all resorts in the northern Black Sea coast such as Golden Sands, Albena, St. St. Constantine and Helena and the Bulgarian luxury golf resorts. Besides Varna's tourism potential, the city is one of Bulgaria's important business and university centres, seaport and headquarters of the Bulgarian Navy and merchant marine.

About the company

Fraport Twin Star Airport Management AD (www.fraport-bulgaria.com) is the German-Bulgarian company awarded the 35-year concession for operating Burgas (BOJ) and Varna (VAR) Airports. Fraport holds a majority 60 percent share in the joint company. In particular, Twin Star is responsible for operating, managing and developing the two Black Sea 24-hour gateways: VAR serving the northeast and BOJ the southeast of Bulgaria. Tasks of the concession are training and improving employee qualification and expertise, enhancing service quality and the overall passenger experience, upgrading airport equipment and introducing new technologies, as well as modernizing and expanding infrastructure. Together, VAR and BOJ welcomed nearly 4 million passengers and handled well over 30 000 flights in 2015 – served by some 100 airlines offering charter and scheduled services to some 140 destinations in Europe, Asia and Africa. Over 650 permanent employees and 1,000 seasonal employees work at Fraport Twin Star Airport Management in Varna and Burgas Airports.

© Fraport Twin Star Airport Management: Burgas Airport

Burgas Airport has established itself as the sunniest airport on the Balkans and warmly welcomes it guests all year long. The airport owes its reputation not only to its picturesque setting along the Burgas bay but also to its strategic location as the gate to all major internationally known and established tourist resorts along the Southern Black Sea coast. Sunny Beach, Nessebar, Elenite, Duny, Sozopol among many others, all situated within a radius of Burgas Airport less than 30 km from the airport, attract tourists as international magnets throughout the year.

© Fraport Twin Star Airport Management: Burgas Airport

In 2013, the company inaugurated two new modern passenger terminals at Varna Airport and Burgas Airport. The construction of the two new terminals is of

© Fraport Twin Star Airport Management: Varna Airport

utmost importance for the development of the two Black Sea coast cities and the tourism industry in the region. The new facilities offer spacious areas for arriving and departing passengers, modern passenger and baggage processing systems, attractive commercial zones, as well as comfortable open spaces. The terminals, work of world renowned designers, combine contemporary style with traditional elements of Bulgarian architecture and nature, and aim to keep the holiday mood of the passengers throughout their whole stay at the airport. In addition, a new customer oriented, so-called 'We Care' program was successfully launched, focusing on improving passenger service and experience at the airports.

© Fraport Twin Star Airport Management: Burgas Airport

To date, Fraport Twin Star invested more than 170 Mio. Euro in the development and upgrading of the two airports.

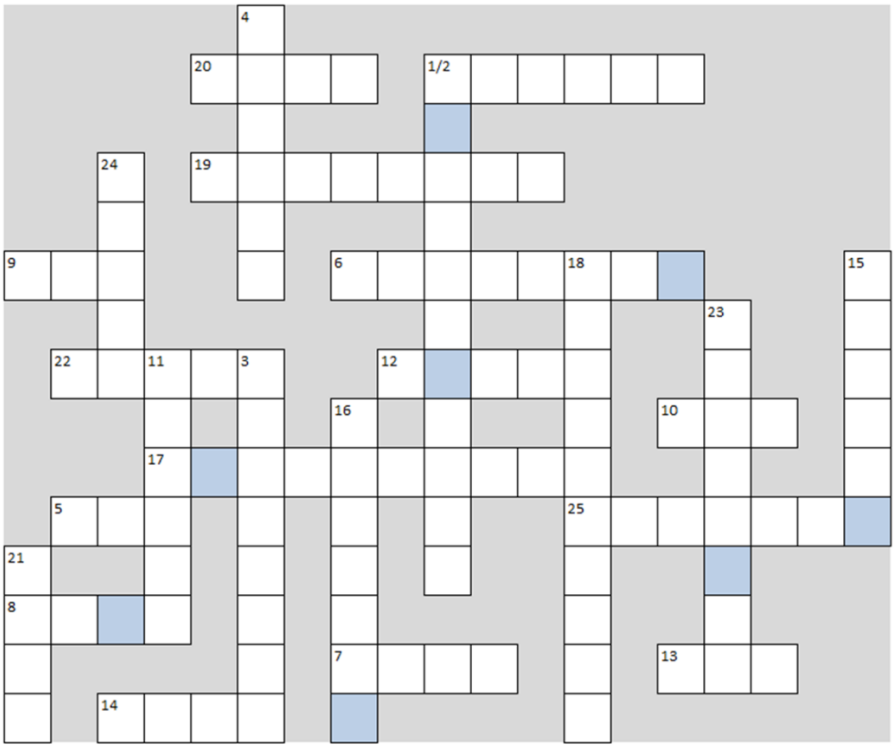
The investments of Fraport Twin Star Airport Management AD, brought several awards for the company and for Burgas and Varna Airports:

- "Investor of the Year 2013"
- "Biggest investment in Tourism 2013"
- "Building of the Year 2013", in the category Urban - transport infrastructure
- "Biggest Investor in Tourism 2013"
- "Event of the Year – Varna New Passenger Terminal Opening 2013"
- "Most significant event – Varna 2012 - Rehabilitation of Varna Airport Runway"
- "National Champion" in "Customer Focus" category in The European Business Awards
- First place in category "Career services for non-students" in Euroguidance National competition 2015

AIRSAN Crossword Puzzle

How much you have learnt about the AIRSAN Project? We have created a small AIRSAN Crossword Puzzle to test your knowledge. Try it! The past issues of the AIRSAN Newsletter might give you some support to answer the following questions. By solving the puzzle correctly you get eight letters for the solution word from the blue-shaded fields. Try to bring these letters in the correct order. The first 5 persons who send to correct solution word to AIRSAN@rki.de will win a prize! The names of the winners will be announced later via the AIRSAN Website.

1. What does AIRSAN aim to support?
2. Funding organisation of the AIRSAN Project (abbreviation)
3. Sector mainly targeted with the AIRSAN Project
4. Sector mainly targeted with the AIRSAN Project (last word)
5. Which institution was the coordinator of the AIRSAN Project?
6. Which institution was mainly responsible for the development of the AIRSAN Website (University of ...)?
7. Which institution was mainly responsible for the development of the AIRSAN Training Tool?
8. Key international organisation relevant for AIRSAN (abbreviation)
9. Key international organisation relevant for AIRSAN (abbreviation)
10. Treaty supporting the international surveillance of and response to infectious diseases (abbreviation)
11. Guidelines for the evaluation of disease transmission on aircraft developed by ECDC (abbreviation)
12. Technical specifications developed by ICAO (abbreviation)
13. Supporting document for contact tracing (abbreviation)
14. In which city did the AIRSAN Kick-of Meeting take place?
15. In which city did the AIRSAN Final Meeting take place?
16. One objective of the AIRSAN Project was to develop a …
17. What was evaluated in the AIRSAN Review (plural)?
18. One AIRSAN Guidance Document covers remote risk … and management.
19. Major component of the AIRSAN Website (last word)
20. One scenario of the AIRSAN Training Tool is embedded in a suspect case of … (first word, abbreviation).
21. How many AIRSAN Exercises have been conducted in 2014 and 2015?
22. One AIRSAN Exercise has been conducted in …?
23. Name of the airport in Amsterdam
24. Which disease outbreak overshadowed the lifetime of the AIRSAN Project?
25. Name of the corresponding project for maritime transport (first word, abbreviation)



Solution word: __ __ __ __ __ __ __ __ !

At the end

Dear AIRSAN Partners,

We would like to take this opportunity to thank all the colleagues who participated in the AIRSAN Project for your work and enthusiasm!

The project would have not been as successful, inspiring and as well-known if it was not for your extremely valuable input, expertise and knowledge that you have brought in. Our special thanks go to the members of the Scientific Advisory Board who always took their time to review the project products and to participate in the project meetings.

As a result of our enjoyable and fruitful collaboration AIRSAN became a "brand" name which is associated with the network of professionals who are actively engaged in the work related to the control of cross-border public health threats. The project allowed us to strengthen the links between public health institutions, aviation sector and the key international organisations, such as ICAO, WHO, ECDC and others, as well as to enhance a common understanding of relevant issues.

Despite the formal end of the AIRSAN Project we hope that the projects outputs such as the recently updated AIRSAN Bibliography, the AIRSAN Guidance Documents, and the AIRSAN Training Tool that includes an additional new scenario will continue to be used. Thanks to our colleagues from the University of Thessaly the AIRSAN Website will carry on functioning giving the members of the AIRSAN Network an opportunity to be part of the professional exchange via the AIRSAN Communication Platform.

We hope to extend our collaborative work beyond the official closure of the AIRSAN Project; we are open for questions, consultations, suggestions and initiatives. We invite the partners to host table-top exercises and use the expertise of the AIRSAN Partners. Should new funding options arise, we will be willing to apply as a consortium for future projects.

It has been a great pleasure to work with you and we wish you a lot of success.

AIRSAN Coordination Team at RKI

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AIRSAN Partners

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