Implementation of the International Health Regulations (2005) (IHR) in Germany

Recommendation on the core capacities of airports designated in accordance with paragraph 1 of Article 20 of the IHR

Final draft
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Contents

List of abbreviations .................................................................................................................................4
Introduction ..............................................................................................................................................5
Preliminary remarks .................................................................................................................................5
1 Core capacities required at all times ........................................................................................................6
1.1 Communications ..................................................................................................................................6
1.2 Medical services including diagnostic facilities ..................................................................................6
  1.2.1 Key information ...........................................................................................................................6
  1.2.2 Person in charge of public health service (PHS) operations for medical emergencies ..........6
  1.2.3 Coordinating point of contact for the PHS at the airport .............................................................6
  1.2.4 Medical services at the airport .....................................................................................................6
  1.2.4.1 Medical staff ............................................................................................................................6
  1.2.4.2 Premises ....................................................................................................................................7
    a. Medical assessment on or near the aircraft .....................................................................................7
    b. Medical assessment within the airport ............................................................................................7
    c. Medical Assessment Centre (MAC) .................................................................................................7
    d. Premises for the storage of medical equipment ..........................................................................8
  1.2.4.3 Equipment ................................................................................................................................8
  1.2.5 Off-airport medical services ........................................................................................................8
    1.2.5.1 Medical care ..........................................................................................................................8
    1.2.5.2 Quarantine facility (preferably off-airport) ............................................................................8
1.3 Transport of ill persons .......................................................................................................................9
  1.3.1 Personnel .....................................................................................................................................9
  1.3.2 Equipment ..................................................................................................................................9
1.4 Ensuring a safe environment for persons at the airport ................................................................. 9
  1.4.1 Personnel .....................................................................................................................................9
  1.4.2 Equipment ..................................................................................................................................9
  1.4.3 Potable water supplies ..................................................................................................................9
  1.4.4 Eating establishments and flight catering facilities .......................................................................10
  1.4.5 Public washrooms .......................................................................................................................10
  1.4.6 Solid and liquid waste disposal ..................................................................................................10
  1.4.7 Fresh air supply and air conditioning .........................................................................................10
  1.4.8 Corpses .......................................................................................................................................10
  1.4.9 Carcasses ....................................................................................................................................10
1.5 Inspection of conveyances .............................................................................................................. 10
  1.5.1 Personnel ....................................................................................................................................10
1.5.2 Equipment ................................................................................................................................. 10
1.6 Control of vectors and reservoirs ................................................................................................... 11
1.6.1 Personnel .................................................................................................................................... 11
1.6.2 Equipment .................................................................................................................................... 11
1.6.3 Measures ...................................................................................................................................... 11
1.7 Implementation of recommended measures .................................................................................... 11
1.7.1 Personnel .................................................................................................................................... 11
1.7.2 Premises ....................................................................................................................................... 12
1.7.3 Equipment .................................................................................................................................... 12
1.8 Assessment of and care for affected animals ..................................................................................... 12
1.8.1 Personnel .................................................................................................................................... 12
1.8.2 Premises ....................................................................................................................................... 12
1.9 Contingency plan and standard operating procedures ........................................................................ 13
2 Core capacities for responding to events that may constitute a public health emergency of international concern (PHEIC) ...................................................................................................................................... 14
2.1 Response to events that may constitute a PHEIC ......................................................................... 14
2.1.1 Communications ........................................................................................................................ 14
2.1.2 Operations room for the PHS ...................................................................................................... 14
2.1.3 Contingency plan and standard operating procedures .................................................................. 14
2.2 Assessment and care ........................................................................................................................ 14
2.2.1 Medical services at the airport .................................................................................................... 15
2.2.1.1 Medical personnel .................................................................................................................. 15
2.2.1.2 Medical Assessment Centre (MAC) ....................................................................................... 15
2.3 Implementation of recommended measures ..................................................................................... 15
2.4 Medical entry and exit controls ........................................................................................................ 15
2.4.1 Personnel .................................................................................................................................... 15
2.4.2 Organizational management ....................................................................................................... 15
3 Passenger tracing .................................................................................................................................. 16
4 Training and drills .................................................................................................................................. 16
5 Exchange of experience and evolution of core capacities .................................................................... 16
6 Glossary ................................................................................................................................................ 17
7 IHR ....................................................................................................................................................... 19
8 Documents ............................................................................................................................................ 29
9 Expert working group ........................................................................................................................... 29

Recommendation on the core capacities of airports designated in accordance with paragraph 1 of Article 20 of the IHR (30.06.2010) 3/29
## List of abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFS</td>
<td>Deutsche Flugsicherung (German Air Navigation Services)</td>
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<tr>
<td>ICAO</td>
<td>International Civil Aviation Organization</td>
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<td>IHR</td>
<td>International Health Regulations</td>
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<td>MAC</td>
<td>Medical Assessment Center</td>
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<td>MS</td>
<td>Medical service</td>
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<td>PHEIC</td>
<td>Public health emergency of international concern</td>
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<td>PHS</td>
<td>Public health service</td>
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<td>UPLF</td>
<td>Universal passenger locator form</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</table>
Introduction


Subparagraph (a) of the first sentence of Article 19 of the IHR requires Germany, as a State Party, to ensure that the core capacities set forth in Annex 1 for, inter alia, designated airports are developed within five years of the entry into force of the IHR.

Paragraph 1 of Article 20 of the IHR requires States Parties to designate, inter alia, airports that are to develop and maintain the core capacities provided in Annex 1 of the IHR.

The aforementioned core capacities are designed to enable the States Parties to respond promptly and effectively to public health risks and public health emergencies of international concern (PHEIC), in accordance with the first sentence of paragraph 1 of Article 13 of the IHR.

In Germany – provided the coming into force of the law – the core capacities listed in Annex 1 B of the IHR must be available at the airports Düsseldorf, Frankfurt, Hamburg, Munich and Berlin Brandenburg (Section 8(1) of the act for the implementation of the International Health Regulations (2005)).

Annex 1 B of the IHR provides a general description of the core capacity requirements for, inter alia, designated airports (within the meaning of the IHR)1. The purpose of the present recommendation is to define in more detail the core capacity requirements for designated German airports.

Unless this recommendation contains different figures, the following assumes, for the quantitative assessment of the core capacities, that the number of passengers carried by the largest aircraft scheduled to land at the designated airport can be handled.

The scope of the IHR covers diseases “irrespective of origin or source”. Accordingly, the core capacity requirements relate not only to health risks posed by communicable diseases, but also to airport-related health risks posed by chemical and radio-nuclear agents.

However, the focus of this recommendation is on infectiological events rather than chemical or radioactive events. The use of terms corresponds to the definitions in the IHR and the Protection against Infection Act unless the Glossary (Section 6) specifically states otherwise.

NB: Terms relating to persons refer to both genders, even if the masculine form is used to improve readability.

Preliminary remarks

Annex 1 B of the IHR distinguishes between the following core capacities, which are required if a State Party is to be able to respond promptly and effectively to public health risks and public health emergencies of international concern, in accordance with Article 13 of the IHR:

- core capacities required at all times (paragraph 1 of Annex 1 B of the IHR; in the following under 1) and

- core capacities required additionally for responding to events that may constitute a public health emergency of international concern (paragraph 2 of Annex 1 B of the IHR; in the following under 2).

In the following, these requirements are systematically fleshed out.

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1 Annex 1 B of the IHR is - among other in this context relevant articles of the IHR - listed in section 7 of this recommendation.
1 Core capacities required at all times

1.1 Communications

Administrative arrangements and written agreements are in place for:

- A defined and documented procedure, familiar to and trained by all parties, for communication among all bodies involved in the operation of the airport, German Air Navigation Services (DFS), flight crews, airlines and other points of entry, health agencies and services relevant to contingency planning and other relevant agencies and services.

- A defined and documented procedure, familiar to and trained by all parties, for communication with travellers and persons waiting for them/relatives.

1.2 Medical services including diagnostic facilities

Paragraph 1(a) of Annex 1 B of the IHR requires the capacity to provide access at all times
1. to an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers and
2. adequate staff, equipment and premises.

Recommendation:

1.2.1 Key information

Key information relating to medical services, including diagnostic facilities, is in place at the airport:

- List of services and relevant facilities, including the names of the points of contact responsible and key information (address, telephone number, fax, email and, if appropriate, distance from airport and map with directions) prepared, maintained and updated, distributed and regularly reviewed for accuracy.

- This list is up to date at all times and accessible to all the relevant staff.

1.2.2 Person in charge of public health service (PHS) operations for medical emergencies

Administrative arrangements and written agreements are in place for:

- 24 hours a day / 7 days a week (24/7) availability of a person in charge of PHS operations for medical emergencies.

1.2.3 Coordinating point of contact for the PHS at the airport

Administrative arrangements and written agreements are in place for:

- 24/7 availability of a coordinating point of contact at the airport, who is familiar with the structures and operations of the airport, to implement the measures ordered by the person responsible for PHS operations (1.2.2). This coordinating point of contact is designated by the airport.

1.2.4 Medical services at the airport

1.2.4.1 Medical staff

Administrative arrangements and written agreements are in place for:

- 24/7 availability of a medical service (MS) (e.g. emergency physicians) at the airport which is familiar with the structures and operations of the airport.

  - Minimum qualification: physician trained in the evaluation of infectiological emergencies in accordance with the guidelines of the public health authorities.
- 24/7 access to trained and designated physicians and medical assistants for the prompt examination, questioning, medical care and, if necessary, isolation of affected persons.
  - Basic capacity: 1 physician and 1 medical assistant per 200 persons (cf. introduction, chapter 7).
  - Response time < 15 minutes (duty physician must be able to reach ill persons on or at the aircraft within 15 minutes of the medical service being informed by the appropriate body) [2].
- Permission for authorized access by the MS and PHS to restricted access areas and security restricted areas in the event of an emergency in accordance with sub-paragraph (4) of the first sentence of Section 8(1) of the Aviation Security Act [3].
- 24/7 accessibility of the appropriate public health office.
  - The public health office must be able to provide professional advice and/or take a decision on how to proceed < 30 minutes after being informed.

1.2.4.2 Premises

a. Medical assessment on or near the aircraft
Administrative arrangements and written agreements are in place for:
  - Ensuring unrestricted access to aircraft by the MS and PHS.
  - A defined position of the aircraft.
  - Ensuring restricted access to the aircraft for non-authorized persons.
  - Ensuring supply to and, if necessary, disposal of waste from aircraft systems (e.g. air conditioning, potable water, sewage, power).
  - Ensuring access to aircraft for ambulances, fire engines, buses, etc.

b. Medical assessment within the airport
Administrative arrangements and written agreements are in place for:
  - Appropriate premises for the examination of ill persons.
  - Appropriate premises for the personal interviewing of persons.

c. Medical Assessment Centre (MAC)
Administrative arrangements and written agreement are in place for the establishment of a medical assessment centre for affected persons:
  - Dedicated rooms with hygienic equipment for physical examination in consultation with the competent public health authority.
    - Examination and care area.
    - Area for the provision of emergency medical care.
  - Available < 1.5 hours after the decision has been taken to open the medical assessment centre.
  - Communications infrastructure.
    - Equipped with modern means of communication (including PC, telephone, fax and printer connections and terminals).
  - Adequately large waiting area.
  - Restricted access for non-authorized persons is ensured.
• Ventilation and air conditioning system that prevents the spread of an airborne disease.
• Technology and infrastructure for temporary (depending on the situation) isolation under barrier conditions (air conditioning, disposal and supply, sanitary facilities).
• Access for emergency vehicles, buses, vehicles for transporting travellers to be isolated.
• Removal of affected persons under secure conditions (protection against infection).

d. Premises for the storage of medical equipment
Administrative arrangements and written agreements are in place for:
• Appropriate premises for the storage of the equipment required.

1.2.4.3 Equipment
Administrative arrangements and written agreements are in place for:
• Protective equipment and aids for responding to a health risk.
• Availability (depending on the situation) of technical medical equipment for examination, initial treatment or therapy, prophylaxis (pre- and post-exposure, face masks), and the taking and transport of samples.
• Packaging for the transport of specimens or samples to appropriate diagnostic facilities or laboratories in accordance with the legal provisions.

1.2.5 Off-airport medical services

1.2.5.1 Medical care
Administrative arrangements and written agreements are in place for:
• 24/7 admission to appropriate medical facilities, if necessary an isolation ward for the immediate examination of and provision of care to ill persons.

1.2.5.2 Quarantine facility (preferably off-airport)
Administrative arrangements and written agreements are in place for:
• 24/7 access to trained and designated personnel who can be employed in the quarantine facility and, in particular, are qualified to identify symptoms of illness, and who are familiar with initial control measures for persons at risk of infection.
• Provision (depending on the epidemiological situation) of a quarantine facility for persons suspected of being infected within an appropriate period of time.
  o The duration for which the quarantine facility is available depends on the situation.
  o Geographical location: preferably off-airport.
• A defined and documented procedure for communication with the operators of the quarantine facility and for the assignment, transport and handover of persons.
1.3  Transport of ill persons

Paragraph 1(b) of Annex 1 B of the IHR requires the capacity to provide access at all times to equipment and personnel for the transport of ill travellers to an appropriate medical facility.

Recommendation:

1.3.1  Personnel
Administrative arrangements and written agreements are in place for:

- 24/7 access to trained and designated personnel to ensure the appropriate transport of ill persons to suitable medical facilities.

1.3.2  Equipment
Administrative arrangements and written agreements are in place for:

- Provision of the necessary personal protective equipment.
- 24/7 access to vehicles for the secure and hygienic transport of ill persons to appropriate medical facilities.

1.4  Ensuring a safe environment for persons at the airport

Paragraph 1(d) of Annex 1 B of the IHR requires the capacity to ensure, at all times, a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate.

Recommendation:
Administrative arrangements and written agreements are in place to ensure:

- 24/7 provision of non-medical support and care to the persons affected.
- Provision of general assistance and support to the persons affected and to persons waiting for them and relatives (including information, help with their onward journey, changing reservations, informing relatives, access to telecommunications).

1.4.1  Personnel
Administrative arrangements and written agreements are in place for:

- Access to trained and designated personnel for the conduct of inspection programmes (see [4] page 20 et sqq.).

1.4.2  Equipment
Administrative arrangements and written agreements are in place for:

- Provision of the necessary personal protective equipment.
- Access to the necessary equipment, which ensures compliance with sound engineering practice and legal provisions (including hygiene, potable water, sewage, waste disposal).

1.4.3  Potable water supplies

- A defined and documented procedure, familiar to and trained by all parties, for the provision of potable water, in accordance with legal provisions and sound engineering practice.
1.4.4 Eating establishments and flight catering facilities
• A defined and documented procedure, familiar to and trained by all parties, for ensuring a safe environment in eating establishments and flight catering facilities, in accordance with legal provisions and sound engineering practice.

1.4.5 Public washrooms
• A defined and documented procedure, familiar to and trained by all parties, for ensuring a safe environment in public washrooms, in accordance with legal provisions and sound engineering practice.

1.4.6 Solid and liquid waste disposal
• A defined and documented procedure, familiar to and trained by all parties, for the treatment and disposal of solid and liquid waste, especially with regard to waste that poses biological, chemical or radioactive health risks, in accordance with legal provisions and sound engineering practice.

1.4.7 Fresh air supply and air conditioning
• A defined and documented procedure, familiar to and trained by all parties, for the provision of fresh air and air conditioning, in accordance with legal provisions and sound engineering practice.

1.4.8 Corpses
• A defined and documented procedure, familiar to and trained by all parties, for handling corpses and body parts, in accordance with legal provisions and sound engineering practice.

1.4.9 Carcasses
• A defined and documented procedure, familiar to and trained by all parties, for handling dead animals, in accordance with legal provisions and sound engineering practice.

1.5 Inspection of conveyances
Paragraph 1(c) of Annex 1 B of the IHR requires the capacity to provide, at all times, trained personnel for the inspection of conveyances.

Recommendation:

1.5.1 Personnel
Administrative arrangements and written agreements are in place for:
• 24/7 access to trained and designated personnel for the inspection of conveyances (usually aircrafts), for instance to check for contamination (see [4] page 18 et seq.).

1.5.2 Equipment
Administrative arrangements and written agreements are in place for:
• Provision of the necessary personal protective equipment.
• Access to the equipment required for the inspection of conveyances.
1.6 Control of vectors and reservoirs

Paragraph 1(e) of Annex 1 B of the IHR requires the capacity to provide, at all times and as far as practicable, a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

Recommendation:

1.6.1 Personnel

Administrative arrangements and written agreements are in place for:

- 24/7 access to trained and qualified personnel for the control of vectors and reservoirs.

1.6.2 Equipment

Administrative arrangements and written agreements are in place for:

- Provision of the necessary personal protective equipment.
- Access to the equipment required for the control of vectors and reservoirs.
- Regular check of the equipment (including service life, stock).

1.6.3 Measures

Administrative arrangements and written agreements are in place for:

- Periodic measures for the prevention and control of vectors and reservoirs in buildings and on the airport grounds, depending on the epidemiological situation.
- Inspection of aircraft, baggage, cargo, containers, goods, mail, etc., depending on the epidemiological situation.

1.7 Implementation of recommended measures

Reference: Paragraph 2(e) of Annex 1 B of the IHR, as quoted below (see point 2.3)

NB: according to the IHR, this core capacity is required for events that may constitute a PHEIC. From a technical point of view, it is a core capacity that should be available “at all times”, and accordingly is described at this point.

Recommendation:

By order of the competent public health authority, the entity responsible in any given case (airline, airport operator or others as applicable) conducts, if appropriate, disinsection, deratting, disinfection, decontamination or any other necessary treatment, in accordance with legal provisions and sound engineering practice.

1.7.1 Personnel

Administrative arrangements and written agreements are in place for:

- Access to trained and qualified personnel for the appropriate and prompt implementation of recommended measures (cleaning, disinsection, deratting, disinfection, decontamination or any other necessary treatment), in consultation with the public health authorities.
- Response time < 30 minutes after being informed.
- Implementation of control measures:
  - On aircraft.
  - In vehicles.
  - In waiting and examination rooms.
1.7.2 Premises

Administrative arrangements and written agreements are in place for:

- Determination of premises for the safe storage, decontamination or destruction of objects, in consultation with the competent public health authority.

1.7.3 Equipment

Administrative arrangements and written agreements are in place for:

- Infrastructure, equipment and chemicals for the implementation of recommended measures (availability of aids for cleaning, disinfection, decontamination, disinsection, deratting and any other necessary treatments) by order of the competent authority, taking account of paragraph 1 of Section B of Annex 4 of the IHR (inter alia avoidance of damage to conveyances and goods).
  - In vehicles.
  - In waiting and examination rooms.
  - At the medical assessment centre.
  - On baggage, cargo, containers, conveyances, goods or postal parcels.
  - At the airport and within a radius of at least 400 metres.

1.8 Assessment of and care for affected animals

Reference: Paragraph 2(b) of Annex 1 B of the IHR, as quoted below (see point 2.2)

NB: according to the IHR, this core capacity is required for events that may constitute a PHEIC. From a technical point of view, it is a core capacity that should be available “at all times”, and accordingly is described at this point.

Recommendation:

1.8.1 Personnel

Administrative arrangements and written agreements are in place for:

- 24/7 accessibility of the competent veterinary authority.
- The veterinary authority provides professional advice and/or takes a decision on how to proceed.

1.8.2 Premises

Administrative arrangements and written agreements are in place for:

- Access to and provision of an isolation and examination room for affected animals.
- Access to a veterinary facility (usually a veterinary hospital).
- A defined and documented procedure for communication with the centres of veterinary excellence and for the assignment, transport and handover of affected animals.
1.9 Contingency plan and standard operating procedures

Reference: Paragraph 2(a) of Annex 1 B of the IHR, as quoted below (see point 2.1.3)

NB: according to the IHR, this core capacity is required for events that may constitute a PHEIC. From a technical point of view, it is a core capacity that should be available “at all times”, and accordingly is described at this point.

A contingency plan and standard operating procedures – coordinated with the competent public health authorities – are in place:

- A defined and documented procedure, familiar to and trained by all parties, for the identification of persons suspected of being infected or ill persons, for the provision of medical, social and organizational assistance to them and for their documentation.

- A defined and documented procedure, familiar to and trained by all parties, with regard to priority access by medical or veterinary personnel (in particular the public health authorities) to security restricted areas of the airport. It is recommended that the competent civil aviation authority enable the staff of the public health service regularly employed at the airport and the vehicles they bring with them to have priority access to the security restricted areas of the airport (case-by-case permission), taking account of legal provisions.

- A contingency plan that has been integrated into the airport’s overall contingency planning in accordance with ICAO rules.

- Contingency planning that is periodically evaluated (partial emergency exercise in the context of ICAO Annex 14, Chapter 9, e.g. table-top exercise).

- Contingency planning that is evolved in consultation with the public health and supervisory authorities in line with the most recent findings on health and legal issues.
2 Core capacities for responding to events that may constitute a public health emergency of international concern (PHEIC)

2.1 Response to events that may constitute a PHEIC

Paragraph 2(a) of Annex 1 B of the IHR requires the capacity to provide, for responding to events that may constitute a PHEIC, appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant points of entry, public health and other agencies and services.

Recommendation:

2.1.1 Communications

Administrative arrangements and written agreements are in place for a defined and documented procedure, familiar to and trained by all parties, for providing information to travellers:

- Depending on the situation, preparation of multi-lingual handouts and posters in consultation with the competent authorities (at least in German, English, French, Spanish and Russian – other languages depending on the situation).
- Provision of the situation-dependent information.
- Use of screens, information panels, stands for handouts.

2.1.2 Operations room for the PHS

Administrative arrangements and written agreements are in place for:

- An operations room for the PHS, equipped with modern means of communication.

2.1.3 Contingency plan and standard operating procedures

A contingency plan and standard operating procedures – coordinated with the competent public health authorities – are in place (see also point 1.9):

- A defined and documented procedure, familiar to and trained by all parties, for medical entry and exit controls, e.g. colour coding.

2.2 Assessment and care

Paragraphs 2(b), (c) and (d) of Annex 1 B to the IHR require the capacity, for responding to events that may constitute a PHEIC:

- (b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required,
- (c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons,
- (d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry.
Recommendation:

2.2.1 Medical services at the airport

2.2.1.1 Medical personnel
Administrative arrangements and written agreements are in place for:

- Adjusting the number of personnel employed, depending on the situation.

2.2.1.2 Medical Assessment Centre (MAC)
Reference: Paragraph 2(b) of Annex 1 B of the IHR, as quoted above (see point 2.2)
Administrative arrangements and written agreements are in place for (see also point 1.2.4.2 c.):

- 24/7 availability.
- Adjusting the amount of infection, contamination and radiation protection equipment, depending on the situation.

2.3 Implementation of recommended measures
Paragraph 2(e) of Annex 1 B of the IHR requires the capacity, for responding to events that may constitute a PHEIC, to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose.

Recommendation:
Administrative arrangements and written agreements are in place for:

- Adjustment of the recommended measures, depending on the situation (see point 1.7).

2.4 Medical entry and exit controls
Paragraph 2(f) of Annex 1 B of the IHR requires the capacity, for responding to events that may constitute a PHEIC, to apply entry or exit controls for arriving and departing travellers.

Recommendation:

2.4.1 Personnel
Administrative arrangements and written agreements are in place for:

- 24/7 access to designated personnel at the airport who take, coordinate, implement and, if necessary, enforce key decisions to implement orders issued by the competent authority.

2.4.2 Organizational management
Administrative arrangements and written agreements are in place for:

- The organizational management of medical entry and exit controls.
- A situation-dependent, defined and documented procedure, familiar to and trained by all parties, for medical entry and exit controls.
3 Passenger tracing

Paragraph 1 of Article 18 of the IHR states that the WHO may issue recommendations to States Parties with regard to tracing the contacts of suspect or affected persons.

Recommendation:

Administrative arrangements and written agreements are in place for:

- The prompt forwarding of passenger manifests by the airlines to the competent public health office, in accordance with legal provisions.
- The distribution of universal passenger locator forms (UPLFs), if appropriate by order of the public health office. Standardized passenger locator forms, based on the guidelines issued by the Federal Ministry of Health/ the WHO, must be kept by the airport operator.
- A defined and documented procedure, familiar to and trained by all parties, for tracing passengers.
- Designated, qualified personnel for processing, digitization, tracing and contacting.

NB: In accordance with Section 9(5) of the Protection against Infection Act, the public health office may only use the data collected under this Act for the performance of its duties set out in this Act, and is thus responsible for compliance with privacy laws [5].

4 Training and drills

Administrative arrangements and written agreements are in place for:

- A programme of basic and advanced training for all parties involved in operations.
- Familiarity of all designated persons with their area of operation, procedures, documentation requirements and regulations, to be demonstrated in practical drills.
- Proficiency of the personnel in the use of personal protective equipment.
- A defined and documented procedure, familiar to and trained by all parties, for precautionary vaccination and pre- and post-exposure prophylaxis.
- A defined and documented procedure, familiar to and trained by all parties, for the inspection, identification and monitoring of possible sources of risk (including airport grounds, buildings, aircraft, baggage, cargo, containers).
- A defined and documented procedure, familiar to and trained by all parties, for the control of possible sources of infection, reservoirs and vectors.

5 Exchange of experience and evolution of core capacities

For a regular exchange of experience and the continuous evolution of the core capacities that have to be available at all times and of the core capacities that are additionally required for responding to events that may constitute a public health emergencies of international concern at points of entry:

- Designation of an IHR person in charge at the airport for implementation of the core capacities.
- Designation of IHR persons in charge at the competent authorities (and, if appropriate, further persons from bodies and organizations that are involved in IHR contingency planning).
6 Glossary

The definitions of the IHR are valid for this recommendation, complemented by the definitions of the Protection against Infection Act:

"affected person" means every ill person, a person suspected of being infected or a contagious person at the airport, so as to constitute a public health risk.

"excretor" means a person that is contagious, thus constituting a source of infection without being ill [5].

"person suspected of being infected" means a person suspected to be infected with pathogens without being ill or being an excretor [5].

"relatives" means persons that are related to the person concerned (that means a close familial or personal relationship);

“affected” means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk [1].

“airport” means any airport where international flights arrive or depart [1].

“competent authority” means an authority responsible for the implementation and application of health measures under these Regulations [1].

“decontamination” means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk [1].

“disease” means an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans [1].

“goods” mean tangible products, including animals and plants, transported on an international voyage, including for utilization on board a conveyance

“ill person” means an individual suffering from or affected with a physical ailment that may pose a public health risk [1].

“infection” means the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk [1].

“isolation” means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination [1].

“pathogen” means a reproductive agent (virus, bacteria, fungus, parasite) or any other biological transmissible agent that can cause infections or communicable diseases in humans or animals [5].

“public health emergency of international concern” means an extraordinary event which is determined, as provided in these Regulations:(i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response [1].

“public health risk” means a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger [1].

“quarantine” means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination [1].
“reservoir” means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk [1].

“suspect” means those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease [1].

“traveller” means a natural person undertaking an international voyage [1].
7 IHR


Article 1: Definitions

1. For the purposes of the International Health Regulations (hereinafter the “IHR” or “Regulations”):

“affected” means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk;

“affected area” means a geographical location specifically for which health measures have been recommended by WHO under these Regulations;

“aircraft” means an aircraft making an international voyage;

“airport” means any airport where international flights arrive or depart;

“arrival” of a conveyance means:

(a) in the case of a seagoing vessel, arrival or anchoring in the defined area of a port;
(b) in the case of an aircraft, arrival at an airport;
(c) in the case of an inland navigation vessel on an international voyage, arrival at a point of entry;
(d) in the case of a train or road vehicle, arrival at a point of entry;

“baggage” means the personal effects of a traveller;

“cargo” means goods carried on a conveyance or in a container;

“competent authority” means an authority responsible for the implementation and application of health measures under these Regulations;

“container” means an article of transport equipment:

(a) of a permanent character and accordingly strong enough to be suitable for repeated use;
(b) specially designed to facilitate the carriage of goods by one or more modes of transport, without intermediate reloading;
(c) fitted with devices permitting its ready handling
(d) specially designed as to be easy to fill and empty;

“container loading area” means a place or facility set aside for containers used in international traffic;

“contamination” means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

“conveyance” means an aircraft, ship, train, road vehicle or other means of transport on an international voyage;

“conveyance operator” means a natural or legal person in charge of a conveyance or their agent;

“crew” means persons on board a conveyance who are not passengers;

“decontamination” means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;
“departure” means, for persons, baggage, cargo, conveyances or goods, the act of leaving a territory;

“deratting” means the procedure whereby health measures are taken to control or kill rodent vectors of human disease present in baggage, cargo, containers, conveyances, facilities, goods and postal parcels at the point of entry;

“Director-General” means the Director-General of the World Health Organization;

“disease” means an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans;

“disinfection” means the procedure whereby health measures are taken to control or kill infectious agents on a human or animal body surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents;

“disinsection” means the procedure whereby health measures are taken to control or kill the insect vectors of human diseases present in baggage, cargo, containers, conveyances, goods and postal parcels;

“event” means a manifestation of disease or an occurrence that creates a potential for disease;

“free pratique” means permission for a ship to enter a port, embark or disembark, discharge or load cargo or stores; permission for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores; and permission for a ground transport vehicle, upon arrival, to embark or disembark, discharge or load cargo or stores;

“goods” mean tangible products, including animals and plants, transported on an international voyage, including for utilization on board a conveyance;

“ground crossing” means a point of land entry in a State Party, including one utilized by road vehicles and trains;

“ground transport vehicle” means a motorized conveyance for overland transport on an international voyage, including trains, coaches, lorries and automobiles;

“health measure” means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures;

“ill person” means an individual suffering from or affected with a physical ailment that may pose a public health risk;

“infection” means the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk;

“inspection” means the examination, by the competent authority or under its supervision, of areas, baggage, containers, conveyances, facilities, goods or postal parcels, including relevant data and documentation, to determine if a public health risk exists;

“international traffic” means the movement of persons, baggage, cargo, containers, conveyances, goods or postal parcels across an international border, including international trade;

“international voyage” means:

(a) in the case of a conveyance, a voyage between points of entry in the territories of more than one State, or a voyage between points of entry in the territory or territories of the same State if the conveyance has contacts with the territory of any other State on its voyage but only as regards those contacts;

(b) in the case of a traveller, a voyage involving entry into the territory of a State other than the territory of the State in which that traveller commences the voyage; “intrusive” means possibly provoking discomfort through close or intimate contact or questioning;
“invasive” means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive;

“isolation” means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;

“medical examination” means the preliminary assessment of a person by an authorized health worker or by a person under the direct supervision of the competent authority, to determine the person’s health status and potential public health risk to others, and may include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case;

“National IHR Focal Point” means the national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations;

“Organization” or “WHO” means the World Health Organization;

“permanent residence” has the meaning as determined in the national law of the State Party concerned;

“personal data” means any information relating to an identified or identifiable natural person;

“point of entry” means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit;

“port” means a seaport or a port on an inland body of water where ships on an international voyage arrive or depart;

“postal parcel” means an addressed article or package carried internationally by postal or courier services;

“public health emergency of international concern” means an extraordinary event which is determined, as provided in these Regulations:

(i) to constitute a public health risk to other States through the international spread of disease and
(ii) to potentially require a coordinated international response;

“public health observation” means the monitoring of the health status of a traveller over time for the purpose of determining the risk of disease transmission;

“public health risk” means a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger;

“quarantine” means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

“recommendation” and “recommended” refer to temporary or standing recommendations issued under these Regulations;

“reservoir” means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk;

“road vehicle” means a ground transport vehicle other than a train;
“scientific evidence” means information furnishing a level of proof based on the established and accepted methods of science;

“scientific principles” means the accepted fundamental laws and facts of nature known through the methods of science;

“ship” means a seagoing or inland navigation vessel on an international voyage;

“standing recommendation” means non-binding advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

“surveillance” means the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary;

“suspect” means those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

“temporary recommendation” means non-binding advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

“temporary residence” has the meaning as determined in the national law of the State Party concerned;

“traveller” means a natural person undertaking an international voyage;

“vector” means an insect or other animal which normally transports an infectious agent that constitutes a public health risk;

“verification” means the provision of information by a State Party to WHO confirming the status of an event within the territory or territories of that State Party;

“WHO IHR Contact Point” means the unit within WHO which shall be accessible at all times for communications with the National IHR Focal Point.

2. Unless otherwise specified or determined by the context, reference to these Regulations includes the annexes thereto.
**Article 2: Purpose and scope**

The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

**Article 3: Principles**

1. The implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons.

2. The implementation of these Regulations shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization.

3. The implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease.

4. States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

**Article 4: Responsible authorities**

1. Each State Party shall designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations.

2. National IHR Focal Points shall be accessible at all times for communications with the WHO IHR Contact Points provided for in paragraph 3 of this Article. The functions of National IHR Focal Points shall include:

   (a) sending to WHO IHR Contact Points, on behalf of the State Party concerned, urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12; and

   (b) disseminating information to, and consolidating input from, relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.

3. WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points. WHO IHR Contact Points shall send urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12, to the National IHR Focal Point of the States Parties concerned. WHO IHR Contact Points may be designated by WHO at the headquarters or at the regional level of the Organization.

4. States Parties shall provide WHO with contact details of their National IHR Focal Point and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article.
Article 5: Surveillance

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances, and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Committee established under Article 50 (hereinafter the “Review Committee”). After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

3. WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article.

4. WHO shall collect information regarding events through its surveillance activities and assess their potential to cause international disease spread and possible interference with international traffic. Information received by WHO under this paragraph shall be handled in accordance with Articles 11 and 45 where appropriate.

Article 13: Public health response

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response capacities.

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Review Committee. After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

3. At the request of a State Party, WHO shall collaborate in the response to public health risks and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary.

4. If WHO, in consultation with the States Parties concerned as provided in Article 12, determines that a public health emergency of international concern is occurring, it may offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State Party, including an assessment of the severity of the international risk and the adequacy of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

5. When requested by WHO, States Parties should provide, to the extent possible, support to WHO-coordinated response activities.

6. When requested, WHO shall provide appropriate guidance and assistance to other States Parties affected or threatened by the public health emergency of international concern.
Article 18: Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:
   – no specific health measures are advised;
   – review travel history in affected areas;
   – review proof of medical examination and any laboratory analysis;
   – require medical examinations;
   – review proof of vaccination or other prophylaxis;
   – require vaccination or other prophylaxis;
   – place suspect persons under public health observation;
   – implement quarantine or other health measures for suspect persons;
   – implement isolation and treatment where necessary of affected persons;
   – implement tracing of contacts of suspect or affected persons;
   – refuse entry of suspect and affected persons;
   – refuse entry of unaffected persons to affected areas; and
   – implement exit screening and/or restrictions on persons from affected areas.

2. Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers, conveyances, goods and postal parcels may include the following advice:
   – no specific health measures are advised;
   – review manifest and routing;
   – implement inspections;
   – review proof of measures taken on departure or in transit to eliminate infection or contamination;
   – implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;
   – the use of specific health measures to ensure the safe handling and transport of human remains;
   – implement isolation or quarantine;
   – seizure and destruction of infected or contaminated or suspect baggage, cargo, containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; and
   – refuse departure or entry.
Article 19: General obligations

Each State Party shall, in addition to the other obligations provided for under these Regulations:

(a) ensure that the capacities set forth in Annex 1 for designated points of entry are developed within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;
(b) identify the competent authorities at each designated point of entry in its territory; and
(c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.

Article 20: Airports and ports

1. States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1.

2. States Parties shall ensure that Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates are issued in accordance with the requirements in Article 39 and the model provided in Annex 3.

3. Each State Party shall send to WHO a list of ports authorized to offer:

(a) the issuance of Ship Sanitation Control Certificates and the provision of the services referred to in Annexes 1 and 3; or
(b) the issuance of Ship Sanitation Control Exemption Certificates only; and
(c) extension of the Ship Sanitation Control Exemption Certificate for a period of one month until the arrival of the ship in the port at which the Certificate may be received. Each State Party shall inform WHO of any changes which may occur to the status of the listed ports. WHO shall publish the information received under this paragraph.

4. WHO may, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1 and 3 of this Article. These certifications may be subject to periodic review by WHO, in consultation with the State Party.

5. WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports and ports under this Article. WHO shall also publish a list of certified airports and ports.
Annex 1.B: Core capacity requirements for designated airports, ports and ground crossings

1. At all times

The capacities:

(a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;

(b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;

(c) to provide trained personnel for the inspection of conveyances;

(d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and

(e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

2. For responding to events that may constitute a public health emergency of international concern

The capacities:

(a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;

(b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;

(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;

(d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;

(e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose;

(f) to apply entry or exit controls for arriving and departing travellers; and

(g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.
Annex 4: Technical requirements pertaining to conveyances and conveyance operators

Section A Conveyance operators

1. Conveyance operators shall facilitate:
   (a) inspections of the cargo, containers and conveyance;
   (b) medical examinations of persons on board;
   (c) application of other health measures under these Regulations; and
   (d) provision of relevant public health information requested by the State Party.

2. Conveyance operators shall provide to the competent authority a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a Maritime Declaration of Health, or the Health Part of an Aircraft General Declaration, as required under these Regulations.

Section B Conveyances

1. Control measures applied to baggage, cargo, containers, conveyances and goods under these Regulations shall be carried out so as to avoid as far as possible injury or discomfort to persons or damage to the baggage, cargo, containers, conveyances and goods. Whenever possible and appropriate, control measures shall be applied when the conveyance and holds are empty.

2. States Parties shall indicate in writing the measures applied to cargo, containers or conveyances, the parts treated, the methods employed, and the reasons for their application. This information shall be provided in writing to the person in charge of an aircraft and, in case of a ship, on the Ship Sanitation Control Certificate. For other cargo, containers or conveyances, States Parties shall issue such information in writing to consignors, consignees, carriers, the person in charge of the conveyance or their respective agents.
8 Documents


9 Expert working group

To be completed in the final version.