Point of Entry Assessments

The NZ Experience
It Must Be Understood

• The New Zealand circumstances differ from what other States have to contend with, however our experiences in conducting POE assessments may have some lessons for others

• Therefore our model may not be appropriate for other jurisdictions

• As a State with a major interest in the South West Pacific New Zealand is committed to assisting smaller nations in that region in developing public health programs

• New Zealand has the worlds most robust biosecurity programs to exclude unwanted organisms
This Presentation

• Background
• The New Zealand Public Health Context
• The assessment of aviation POEs in New Zealand – some lessons learned
• ..and a quick comment on “screening”
Remember - New Zealand is a long way from anywhere.
Background

- The timeline for designation of points of entry is mid-2012.
- The national focal point was established in Ministry of Health and Public health units are competent authorities.
- We surveyed existing agencies on their roles and responsibilities.
- We identified the need for risk-based approach given the disparities between airports and extant risks.
- We briefed the sector & trained health officials.
- Piloted an assessment programme.
Underlying Premise

• Any international traveller can be confident of receiving the same level of public health support as every urban New Zealand citizen is entitled to.
New Zealand’s International Airports

- **Tier 1**: direct flights to Asia and/or the Americas; 40,000 TO 100,000 passenger movements per month: Auckland and Christchurch
- **Tier 2**: daily flights to/from the Australia/Pacific Region: Wellington and Queenstown
- **Tier 3**: limited numbers of flights to Australia/Pacific: Dunedin, Hamilton and Rotorua
- **Tier 4**: are the military ports of entry: Ohakea and Whenuapai
Risk-Based Approach

We considered

• Point(s) of origin of in-bound flights
• Frequency of flights
• Numbers of passengers, volume of risk goods
• Basic Core capacities: food, water, sanitary facilities, medical support, vector control
• Public health response plans
Risk-based Approach

- **Water supplies**: use extant water safety plans
- **Food** (including airline meals): use extant food control plans
- **Vector control**: assessment based on demography, climate, risk goods, international visitors, hosts
  - **high risk**: Auckland
  - **medium risk**: North Island + Christchurch
  - **low risk**: remainder of South Island
Pilot Programme

• April 2010 pilot assessment of core capacities at Christchurch International Airport
• Used WHO-mandated core capacities spread sheet and processes
• Engaged with border agencies and organisations
• Used multi-disciplinary team (health protection officers, medical officer of health, auditor), supported by Ministry of Health technical experts
• Delayed (by tectonic events) but best practice guidelines developed and distributed to all public health units in October 2010
Key Findings (1)

• Verification team
  – competencies: vector control, drinking water, waste management, food safety
  – suite of skills: health protection, audit, communication, internal peer review

• Systematic assessment process
  – understand the IHR core capacity assessment tool
  – staged approach with reasonable timeframes
  – develop and maintain a Compliance Register
Key findings (2)

Understanding the airport operating environment

- Organisations: airlines, airport operating companies, contractors, government agencies
- Physical environment and attributes
- Roles and infrastructure
- Recognise different perspectives: balance public health and commercial imperatives
- Up skill airport operators: PPE, sanitation verification, integrated pest control
- Learn the language
Key Findings (3)

- Relationships are critical
  - use existing committees and structures: don’t impose new structures
  - face to face contact is vital: meet people, confirm details, understand roles
  - use existing communication networks: tap into existing networks, respond promptly, use airport language (not public health jargon)
Key Findings (4)

- Develop the checklist of questions to ask
- Populate the spread sheet
- Don’t reinvent the wheel - reference existing documents (e.g. water safety plans, SOPs)
- Don’t assume that because something is documented that it is compliant
- Provide the draft spread sheet to stakeholders for comment/review
Key Findings (5)

• Develop plans to rectify any omissions/noncompliant items
  – Consult guidance documents from WHO etc.
  – Develop remediation plan with border stakeholders
  – Confirm deficiencies are remedied
  – Keep all stakeholders informed at all times

• Maintain contact with border stakeholders
  – Reviews and reassessments
Airport Core Capacities – at all times

- Same level of health support available as New Zealanders receive
- Access to medical services: pratique, paramedics, first aid, triage
- Transportation to healthcare: ambulance
- Inspection of conveyances: MAF, CAA, Ministry of Health
- Safe environment: washrooms, water, food, airline meals, seating areas
- Vector control: surveillance, responses
- Risk goods: MAF, Ministry of Health, Customs
Airport Core capacities - PHEICS

- Planning – airport and public health: according to WPRO guidance document
- Isolation, treatment and other support for affected travellers (and animals) available (when required)
- Interview space available (when required)
- Quarantine facilities (away from the airport)
- Disinsection, deratting, disinfection, decontamination of risk goods available
- Entry [and exit] measures - options developed for application (based on risk assessment)
- Trained staff, PPE and transport for infectious or contaminated travellers available
Comments on Planning

- Planning is one of the key elements in preparing a Point of Entry for coping with any public health event.
- However, the writing of a plan is only one step and a plan will be useless unless it is:
  1. Very well understood by all those who are affected.
  2. Agreed on by those who have roles in implementing the plan.
  3. Tested by exercise and/or review to ensure that the plan remains current and will deliver the desired outcomes.
- Continual updating of plans and continuation training of staff is necessary to ensure that staff, material, and equipment are prepared and available to be deployed.
- Maintenance of cross-sector networks is also necessary to ensure that all of the parties are conversant with event plans and are able to carry out their designated roles.
Questions
Study of H1N1 Screening at AIAL period 27th April – 22nd June 2009

- International arrivals during period - 456518
- Screening methodology - In flight announcements, completion of locator cards, travel advisory to self present on arrival at AIAL, Border agencies on alert for possible cases
- Health stations were located airside to process inbound PAX, (note thermal imaging not deployed)
- PAX identified as symptomatic and referred to Health Officials for medical assessment (406)
- Clinical assessment for ILI case definition, swab taken traveller isolated (109)
- Swab results obtained that were +ve 4 (4%)
Study of H1N1 Screening at AIAL

Conclusions

- The H1N1 screening program demonstrated low sensitivity
- Border Screening did not substantially delay local transmission
- Limitations include
  - High numbers asymptomatic PAX
  - Reliance on self identification
  - Limitations of case definition
- Note: To delay influenza spread border restrictions would need to reduce imported infections by 90%
We need some Superheroes!