Public Health Emergencies Preparedness Planning in the Aviation Sector: The CAPSCA - Asia Pacific Story

3rd CAPSCA Global Coordination Meeting & 4th CAPSCA – Americas Meeting
Santiago, Chile; 8 to 12 October 2012

Dr. Jarnail Singh
Mystery Disease

At least 52 children in Cambodia have died from an undiagnosed syndrome since mid-April.

Source: WHO

CHINA DAILY
WHO
Geneva, Switzerland
http://www.who.int

Hand, foot and mouth disease that is caused by enterovirus 71 (#EV71) can cause serious complications and lead to death #HFMD
7 minutes ago

Hand, foot and mouth disease is not a new disease in Cambodia and is seen in many countries across the world #HFMD #EV71
37 minutes ago

UPDATE: Illness in Cambodia: Steroid use has been shown to worsen condition of patient w/ hand, foot and mouth disease caused by #EV71 #HFMD
about one hour ago

UPDATE: Illness in Cambodia: Investigation concludes illness & deaths in majority cases due to severe form of hand, foot and mouth disease
about one hour ago
How did States in the Region / Globally react?

Was this a Public Health Emergency?

Some started doing screening at airports

?? Rationale ??

What are you going to screen for?

Passengers from which State / territory?
What is essentially required?

Simple hygiene measures!!
Novel Coronavirus infection in the United Kingdom

23 September 2012 - On 22 September 2012, the United Kingdom (UK) informed WHO of a case of acute respiratory syndrome with renal failure with travel history to the Kingdom of Saudi Arabia (KSA) and Qatar.

The case is a previously healthy, 49 year old male Qatari national that presented with symptoms on 3 September 2012 with travel history to the KSA prior to onset of illness. On 7 September he was admitted to an intensive care unit (ICU) in Doha, Qatar. On 11 September, he was transferred to the UK by air ambulance from Qatar. The Health Protection Agency of the UK (HPA) conducted laboratory testing and has confirmed the presence of a novel coronavirus.

The HPA has compared the sequencing of the virus isolate from the 49 year old Qatari national with that of a virus sequenced previously by the Erasmus University Medical Centre, Netherlands. This latter isolate was obtained from lung tissue of a fatal case earlier this year in a 60 year-old Saudi national. This comparison indicated 99.5% identity, with one nucleotide mismatch over the regions compared.

Coronaviruses are a large family of viruses which includes viruses that cause the common cold and SARS. Given that this is a novel coronavirus, WHO is currently in the process of obtaining further information to determine the public health implications of these two confirmed cases.

With respect to these findings, WHO does not recommend any travel restrictions.
Novel coronavirus infection - update - revised interim case definition

29 September 2012 - WHO has continued to monitor the situation. No additional confirmed cases have been reported and there is no evidence so far of person to person transmission of the novel coronavirus.

In order to ensure an appropriate and effective identification and investigation of patients who may be infected with the virus, without overburdening health care systems with unnecessary testing, a revised interim case definition has been issued by WHO (see related links to right of this page). It should be noted that this case definition was developed based on data from two confirmed cases and as such some degree of clinical judgment is required where individual cases are concerned.

WHO has been cooperating closely with the laboratories which were responsible for the confirmation of the presence of the novel coronavirus in the two confirmed cases. These laboratories have been working on the development of diagnostic reagents and protocols which can be provided to laboratories that are not in a position to develop their own, and these are now available. WHO is now seeking to broaden the number of laboratories that will be able to assist Member States with the detection or confirmation of this novel virus.

WHO has received offers of support from a number of major public health institutions around the world to assist with testing, should the need arise. The complete nucleic acid sequence of the virus has been uploaded to Genbank and the testing protocol, utilizing real-time PCR, has been published.

WHO does not advise special screening at points of entry with regard to this event nor does it recommend that any travel or trade restrictions are applied.

WHO continues to inform its Member States through the designated National Focal Points under the International Health Regulations (2005).
2 October 2012
All Registered Medical Practitioners

MOH CIRCULAR 12/2012
ALERT: SEVERE RESPIRATORY DISEASE ASSOCIATED WITH NOVEL CORONAVIRUS

We would like to provide an update on the World Health Organisation's (WHO) alert related to a severe respiratory disease associated with a novel coronavirus. As of 1 October, WHO has not received notification of additional cases of novel coronavirus. The number of confirmed cases thus remains at two - a fatal case involving a 60-year-old Saudi national who died on 20 June in Saudi Arabia after developing symptoms on 6 June, and another 49-year-old previously healthy Qatari national with a travel history to the Saudi Arabia and Qatar.

SITUATION IN SINGAPORE

2. There are currently no reported cases in Singapore associated with this novel coronavirus. Our current assessment is that the public health risk is low, but much remains unknown about this new virus. Hence, MOH is in contact with WHO and our overseas counterparts, and will continue to monitor the situation closely.

CRITERIA FOR REFERRING A SUSPECT CASE OF NOVEL CORONAVIRUS INFECTION WITH TRAVEL HISTORY

3. MOH would like all doctors to be vigilant in referring patients who may be infected with novel coronavirus to hospital for further management. Patients who fulfill the following criteria for a suspect case should be sent to TTSH ED for evaluation via 995 ambulance:
The Asia-Pacific region remains very sensitive to possible emergence of Novel Infectious agents.
2003: SARS

ISSUES:

• Panic reactions
• No preparedness plans
• No Harmonization
Deserted Airports
Empty aircraft
Singapore hosts an ICAO meeting ---- “Anti-SARS” measures developed for the aviation sector.

Restore confidence in the travelling public

? Pre-empting the IHR ?
2005 ----- H5N1 Avian Influenza

WHO holds global meeting: Timing & severity of next pandemic cannot be predicted

Take threat seriously
Take appropriate actions & mobilize resources
2005: Expectations

Spread to rest of world

Start of Pandemic

H5N1
ICAO: For The Aviation Sector:
Proactive approach to develop **Aviation** Pandemic Preparedness Plan

**Singapore hosts meetings at Changi Airport 2006:**
Output – “Preparedness Planning Guidelines (Aviation Aspects) for a Communicable Disease of Public Health Concern” – Applicable to any communicable disease (not just avian influenza)
To carry project forwards --- Harmonizing global aviation sector’s preparedness

Cooperative Arrangement for the Prevention of Spread of Communicable disease through Air travel

1. Implementation of ICAO Guidelines (State, Airport & Airline Guidelines)
2. Evaluation of international airports
3. Training of personnel

Launched Sept. 2006: Singapore Aviation Academy Seminar / Workshop / Table top exercise
2005: Expectations

Spread to rest of world

H5N1

Start of Pandemic
There is no evidence of increased illness in the pig population.

2009: What Actually Happened

Start of Pandemic

“Swine” flu

Spread to rest of world
CAPSCA Guidelines Development

- **WHO Pandemic Preparedness Guidelines**
- **ICAO Annex 9 Annexes 6, 11, 14**
- **ACI, IATA, CDC & Other expert agencies**

IHRs

WHO Rapid Containment Strategy

States

National Pandemic Aviation Pandemic Preparedness Plan

Preparedness Plan

Joint WHO-ICAO-IATA-ACI Guidelines
Guidance Material

Distilled into.....

State Guidelines : ICAO

Airline Guidelines : IATA

Airport Guidelines : ACI
New SARPs in force
From Nov 2007 & 2009...

Annex 6
Annex 9
Annex 11
Annex 14
PANS -ATM

IHR implementation
1. China P.R.
2. Hong Kong, China
3. Indonesia
4. Macao, China
5. Malaysia
6. Nepal
7. Philippines
8. Singapore
9. Solomon Islands
10. Thailand
11. Tonga
12. Vietnam
13. India
14. Mongolia
15. Afghanistan
16. Papua New Guinea
17. Myanmar
18. New Zealand

Airports Evaluated:
1. Singapore
2. Macao
3. Hong Kong
4. Malaysia
5. Thailand
6. Philippines
   *Manila
   *Cebu
7. Indonesia
   *Bali
   *Jakarta
8. Jinan Airport, China – With WHO
9. Bhutan – With WHO

- 4th SCM --- May 24 2010 Malaysia
- 5th SCM / RAMPHT 2012 --- Mongolia
- Tech Advisors Trg – RO BKK Dec 2012
In conjunction with the 4th SCM :-

Seminar / Workshop on Business Continuity Planning for Pandemic Preparedness
Kuala Lumpur, Malaysia, 25 – 26 May 2010

Airports
Airlines
ANS providers

Will be discussed & developed thru working groups
1st Global CAPSCA Meeting
15 – 16 October 2010
Singapore Aviation Academy
TWENTY-THIRD MEETING OF THE ASIA/PACIFIC AIR NAVIGATION PLANNING AND IMPLEMENTATION REGIONAL GROUP (APANPIRG/23)

Bangkok, Thailand, 10-14 September 2012
Conclusion 23/xx — ICAO Public Health Emergency related SARPs

That, States/Administrations:

a) should develop, update and test aviation public health emergency (PHE) preparedness plan in collaboration with public health authorities, in compliance with related ICAO SARPs and WHO IHR (2005), and prepare for the ICAO USOAP Continuous Monitoring Approach (CMA) audit which, from 2013, will include protocol questions concerning PHE related ICAO Standards and Recommended Practices; and

b) consider become participating members of the ICAO CAPSCA Asia Pacific project, if not yet members, and accept PHE Preparedness Assistance Visits by the ICAO CAPSCA Asia Pacific Project, by sending a letter to the ICAO APAC Regional Office.

MANAGEMENT OF PUBLIC HEALTH EMERGENCIES IN AVIATION:–
FUNDING THE CAPSCA PROGRAMME BEYOND 2012
December 2012:

CAPSCA Assistance visit to Kathmandu, Nepal

Technical Advisors Training: ICAO RO Bangkok
Thank you very much

Jarnail Singh

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