Border Health Management

Some of New Zealand’s Experiences
This Presentation

- Background - the New Zealand Public Health Context
- 3 case studies of border health incidents - some lessons learned
  - 1. The H1N1 Epidemic April 2009 – efficacy of screening inbound PAX
  - 2. Consequences of an inbound flight reporting suspected “Flu” on board 13 Feb 2012
  - 3. The “mis-handling” of ill PAX by two carriers
- A final “rant” on planning
It Must Be Understood

- The New Zealand circumstances differ from many other States, however our experiences in delivering responses to border health events may have some lessons for others.
- The strategies that New Zealand uses to meet its IHR obligations may therefore not be appropriate models for other jurisdictions.
- As a State with a major interest in the South Western Pacific New Zealand is committed to assisting smaller nations in that region in developing public health programs.
- Lastly what you will hear from me is my own opinion and does not necessarily reflect the Ministry’s views.
Underlying Premise

- Any international traveller visiting New Zealand must be confident of receiving the same level of public health support as every New Zealand citizen residing in an urban area is entitled to.
New Zealand’s Place in the World
New Zealand is a (very) small Country

- We do not have a dedicated Quarantine Service
- Public Health units provide border health management with “Generalist” staff
- We take a “Proportionality” approach and through risk management analysis try to determine the highest risks and then allocate resources appropriately
- We are very reliant on cross agency support with other agencies (Customs, Biosecurity, Immigration, Police)
NZ Public Health Strengths & Weaknesses

**Strengths**
- Effective Public Health delivery
- Strong cross Government agency cooperation
- Workable regulatory tools
- Science support is centralised
- Close Community networks

**Weaknesses**
- Decentralised Public Health management
- Limited technical knowledge of the frontline staff
- Limited staff experience in many areas of the aviation sector’s operations
Case Study 1 - H1N1 Screening

- On April 25, 2009 New Zealand was one of the first countries outside the Americas to confirm influenza A (H1N1) amongst arriving airline passengers
- New Zealand imposed border controls and screened all inbound PAX from North America
- Subsequently screening was extended to inbound flights from Asia and then Australia
- Exit controls were attempted at the request of one SW Pacific State
Findings

- 456,518 PAX arrived at Auckland Airport between April 27–June 22
- Some 2009 PAX were screened and 4 cases were detected which were later confirmed as H1N1
- The Auckland Border screening exercise gave an estimated sensitivity of 5.8%
- Border screening did not substantially delay local transmission of the H1N1 pandemic
- Lesson - to delay or prevent influenza entry at borders, influenza screening needs to be considerably more effective
Will New Zealand deploy PAX Screening in the future?

- Border screening could be conducted for reasons other than just detecting viremic PAX
- Even though the effort in 2009 detected very few cases of H1N1 it did-
  - Demonstrate New Zealand’s political will to attempt to manage the epidemic;
  - Provide an opportunity for concerned travellers to self identify and;
  - There is substantial anecdotal evidence that the aggressive screening program of PAX helped shape the public’s behaviour in regard to social distancing and enhanced personal hygiene
Case Study 2 – Response to a report of widespread Flu Like illness on an inbound flight

- ANZ Flight 90 ex Japan on 13 Feb 2012
- Inbound from Narita with an ETA of 0920
- At approximately 0815 the Pilot in Charge (PIC) notified ATC that there were 30(+) PAX with Flu like symptoms
- The Public Health Unit and the Ambulance services were notified at 0845
- Flt 90 landed at 0920 and held off the gate until medical staff boarded and screened the PAX
- PAX were released after 2+ hours
Who said any publicity is better than no publicity?

- The Media were scathing in their reports with comments such as:
  - “Passenger tells of 'awful' flu scare ordeal at Airport”
  - “Health officials admit they overreacted”
  - “No one told us anything, the officials seemed confused and contradicted one another”
  - “Airport flu scare slammed as over-reaction”
  - “It was really terrible. We didn't get any water, nothing. We were just sweating to death.”
  - “Air New Zealand passengers at Auckland International Airport were left furious and frustrated as a few sniffles on board became a full-scale health drama”
Key Issues

- PIC did not inform the Tower until the aircraft was on final descent – valuable response time lost
- Tower delayed notifying Public Health for 15 minutes – more time lost
- The ambulance service made a media release without consultation – broke protocols
- The Public Health unit didn’t run the correct risk profile and reacted to a “Worst Case” scenario
- PAX on board used “social media platforms” to increase the media “confusion”
- Poor command & control demonstrated
Corrective Action

- Review of the III PAX Protocol and new Draft produced for discussion
- Distributed to stakeholders for comment
- Draft to be war-gamed next month
- Draft to be confirmed as the new SOP
Case Study 3 – Handling of Ill PAX

- This is not a “big” event
- Only 3 PAX were involved
- But it shows how incidents can occur that demonstrate human failure
- On this occasion the operators appear to be culpable
Party of 3 PAX leave from Bangkok for Melbourne January 2012

PAX become VSI During Flight

At Melbourne PAX are held for 45 minutes in transit then transferred onto a another flight to Auckland. PIC informs AC and they met by ambulance services & admitted to intensive care

All 3 PAX confirmed as Shigellosis
Issues

- On first flight cabin crew didn’t recognise the seriousness of the situation (IHR 2005 Annex 9)
- Pilot in Charge did not report the incident as per IHR 2005 Annex 9 requirements
- Ground Staff at Melbourne were more concerned with expediting the transfer of the PAX than looking after their medical needs
- Only the PIC on the second flight followed IHR procedures
- Luckily the second flight was of short duration
Wake Up Call

- It is only 3 years since 2009 and the H1N1 event
- Yet in that short space of time our “Fitness” to respond to events has eroded
- Staff turbulence has seen the corporate “memory” dissipate
- Management focus becomes diluted as other more urgent issues displace the sharp focus we had on pandemic back in 2009
Planning

- Planning is the key element in preparing responses for contingency events.
- However, it 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 the plan remains current and delivers desired outcomes.
- Continual updating of plans and staff training 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 parties are conversant with event plans and are able to carry out their designated roles.
Comments on Planning

- Having a plan is like writing a musical composition, it looks fine in print, but:
- You need a trained orchestra to play it
- The players must know how to read the music
- And a good conductor is necessary to direct it
- A good plan should be a combination of classical music with a little bit of jazz and some salsa
- And you must rehearse, rehearse and rehearse
Take Home Message

You can plan as hard as you want to - but:

The key to the provision of effective public health responses to emergencies is the development and sustainment of RELATIONSHIPS
THANK YOU Kapai!
What We Kiwis do best!