MEDICAL OFFICER OF HEALTH (MOH) RESPONSE TO A COMMUNICABLE DISEASE INCIDENT ON AN AIRCRAFT V3.0

Background:

The relevant legislations which grant the Medical Officer of Health (MOH) powers in this scenario are:

- 1. S.I. No. 411/2009-Infectious Diseases (Aircraft) Regulations 2009¹
- 2. International Health Regulations (2005)3rd Edition WHO (reprinted 2016)²
- 3. S.I. No. 390/ 1981- Infectious Disease Regulations 1981⁸.

Please see Appendix A (page 5) for a summary and detailed explanation of these. Full legislation is available at http://www.hpsc.ie/A-Z/EmergencyPlanning/PortHealth/.

This data can be requested under S.I. No. 390/1981 Infectious Disease Regulations⁸ and use of this data by Public Health professionals must be in compliance with EU General Data Protection Regulations (EU GDPR).

STAGE 1: NOTIFICATION

Notification will occur via telephone call to the Specialist in Public Health Medicine (SPHM)/ MOH.

The phone call to SPHM/MOH may come from the Airport Duty Officer, National Ambulance Service Emergency Operation Centre (NEOC) or the Ambulance Officer on site.

This is part of the airport's Public Health Alert activation (Dublin, Shannon, Cork). The Public Health response will be part of a wider HSE response involving National Ambulance Service (NAS), Emergency Management, Public Health and Environmental Health.

STAGE 2: PUBLIC HEALTH RISK ASSESSMENT

A. PRELIMINARY DETAILS

Forms available at http://www.hpsc.ie/A-Z/EmergencyPlanning/PortHealth/

- Gather aggregate information on the incident for public health risk assessment. Use the Public Health
 Incident Risk Assessment Form (Appendix B, page 14). Informants may include the NAS or Airport
 Duty Manager.
- If necessary, record details on each ill person using the **Public Health Patient Form** (Appendix C, page 16).
- Consider asking well passengers and crew to fill out a Public Health Passenger Locator Form in case of need for contact tracing (Appendix D, page 17). The NAS has agreed to distribute these forms for Public Health.

- If appropriate, request from the pilot (via Duty Manager) the *Aircraft Declaration of Health Form*.

 This may only become available when the plane lands (Appendix E, page 18).
- Above steps will be performed in parallel rather than in sequence.

B. CLINICAL RISK ASSESSMENT

If indicated, request clinical assessment via one of the following methods:

- On-site clinical assessment:
 - Ambulance may already be on site, or SPHM may request NEOC (Tel: 0818-501999) to arrange for onsite clinical assessment by NAS paramedics. Paramedics can liaise with medical personnel from the Telemedicine Advisory Service (TMAS)*, SPHM on call as appropriate, and ambulance control in relation to clinical history and findings.
 - If emerging viral threat is suspected then remote risk assessment is to be arranged by NAS in conjunction with the Infectious Disease clinician on call at the National Isolation Unit, Mater Hospital; following relevant assessment algorithms.
- Assessment at local Emergency Department (ED):

NAS will transfer ill person(s) to local ED and SPHM should liaise with local hospital ED Consultant regarding clinical findings. Note that once called to the scene, ambulance personnel cannot discharge a patient from their care and will bring them to hospital, unless the patient declines to take up that service.

Primary care assessment:

This can be performed if such arrangements are in place at the airport for this.

C. DETERMINE RISK

- Consider whether there is likely to be an event/ illness on board of serious and significant international public health concern (biological, chemical or radiological) as per the <u>International</u>
 Health Regulations (2016)².(IHR) See Table 1 for a list of qualifying infections. Note that these are the same infections as in Schedule 1 of the Infectious Diseases (Aircraft) Regulations 2009¹.
- Consider whether there is likely to be an infection which may pose a significant risk of onward transmission as per the European Centre for Disease Control (ECDC) technical report <u>"Risk</u> assessment guidelines for infectious disease transmitted on aircraft (RAGIDA)"³. See Table 1.

^{*} TMAS, called Medico Cork, is the HSE National 24 hour Emergency Telemedical Support unit that provides free advice to the ambulance service, Dublin fire brigade and Irish navy.

Table 1 List of serious infectious diseases under Aircraft Regulations/IHR and list of ECDC priority infections

Aircraft Regulations 2009	ECDC RAGIDA group
Schedule 1	Priority infections
• Cholera	• TB
Plague	• Influenza
Yellow fever	• SARS
Viral haemorrhagic fevers	 Meningococcal disease
West Nile Fever	 Measles
• Smallpox	• Rubella
Polio myelitis due to wild type poliovirus	 Diphtheria
Human influenza caused by a new sub-type	• Ebola
Severe Acute Respiratory Syndrome (SARS)	Marburg virus
Dengue fever, Rift valley fever and	• Lassa
meningococcal disease and any other	• Smallpox
infectious disease in respect of a person on	• Anthrax
board a aircraft originating in, coming	
from, or having passed through an area	
where any of those infectious diseases are	
of special national concern or regional	
concern	
Any other infectious disease which is of public	
health concern and of international importance	

STAGE 3: PUBLIC HEALTH MANAGEMENT

The MOH is required to inform the "Person in Charge of the Airport" (*In practice the Airport Duty Officer or Director of Operations*) of any directions given under the Regulations.

Note see RAGIDA³ and RAGIDA PART 2: Operational guidelines for assisting in the evaluation of risk for transmission by disease⁴ for aircraft specific guidance for the public health management of certain infections. Following risk assessment, the SPHM should consider (a) the management of case/s, (b) contacts, (c) the plane and (d) any further management (including communication).

A. MANAGE CASE(S)

- Request the NAS to isolate the case/suspected case(s) as appropriate and transfer to hospital. Note if
 emerging viral threat, then follow relevant algorithm which, may necessitate transferring the patient
 to the National Isolation Unit at the Mater Hospital.
- SPHM should advise the ED of local hospital in advance.
- The ED may advise where patient is to be assessed.

B. MANAGE CONTACTS

- Consider likely differential diagnosis and from this, provide advice and information to passengers and
- Identify contacts of case/suspected case (passengers and staff) as appropriate. Details may be
 obtained via:
 - i. Public Health Passenger Locator Form:

This form captures contact details and details for onward travel from *well* passengers. The NAS has agreed to distribute locator forms with local arrangements for collection required.

ii. Passenger manifest[†]:

This can be requested from the airline via the airport duty manager.

Note the SPHM/MOH is legally entitled to seek this information under the *S.I. No. 390* of 1981⁸. Infectious Diseases Regulations 1981. The Data Protections Acts allow the data controller to legitimately release confidential information pursuant to sections 8 (d) and (e) to the relevant public entity. These sections state:

"8(d) required urgently to prevent injury or other damage to the health of a person or serious loss or damage to property,

8(e) required by or under any enactment or by the rule of law or order of a court,"

Consider need for surveillance of contacts as appropriate (as per ECDC technical report RAGIDA")³

[†] A **manifest** or ship's **manifest** is a document listing the cargo, **passengers**, and crew of a ship, aircraft, or vehicle, for the use of customs and other officials.

C. MANAGEMENT OF PLANE

Consider:

- Whether detention of passengers, cargo or plane is required, or whether clearance can be given verbally. This decision has to be made within 3 hours of notification as per the legislation (S.I. No. 411/2009 -Infectious Diseases (Aircraft) Regulations 2009²).
- Options for management of passengers who are well:
 - i. Well passengers can disembark, preferably as quickly as possible, and continue their journey

 OR
 - ii. Passengers may be disembarked to a holding area in the terminal while initial assessment is on-going. [Identification of holding area in terminal needs agreement with airport authorities in advance].
- Using the travel health alert announcement letter by asking the pilot/crew to read the announcement. (see Appendix F)
- Requesting ventilation is kept on if passengers are going to be detained in plane on ground.
- Stating that **baggage** can be offloaded if there is no reason to hold it on board.
- Advising disinfection of plane according to protocols. 5,6,7,9

Following detention, MOH has to indicate in writing that detention is no longer required.

D. FURTHER MANAGEMENT (DURING AND FOLLOWING THE INCIDENT)

- Brief GPs/ Hospitals as appropriate.
- Notify Director of Public Health.
- Notify I.H.R focal point if public health emergency of international concern (PHEIC). (See Appendix G)
- Activate HSE response to airport incident. (document in development)
- Notify HSE Communications Department.
- Brief Principal Environmental Officer as appropriate.
- If significant public health risk:
 - Notify Assistant National Director of Health Protection
 - Request activation of the Area Crisis Management Team as per local protocols
 - Identify surge capacity requirements (Additional Departmental Staff, Environmental Health, Clerical, other PH Departments, HPSC etc.)
- Further action as necessary.

APPENDIX A: KEY LEGISLATION SUMMARY

S.I. NO. 411/2009-INFECTIOUS DISEASES (AIRCRAFT) REGULATIONS 2009¹

These regulations are the legal basis for the MOH response to a serious infectious disease threat on an airplane. Some important points are summarised here but consult the full Regulations for the legal detail. Infectious diseases covered under the regulations are listed in the Regulations in Schedule 1.

A. INFECTIOUS DISEASES COVERED BY ABOVE REGULATIONS:

- Cholera
- Pneumonic Plague
- Yellow fever
- Viral haemorrhagic fevers
- West Nile fever
- Smallpox
- Poliomyelitis due to wild type poliovirus
- Human influenza caused by a new sub-type
- Severe acute respiratory syndrome (SARS)
- Dengue fever, Rift Valley fever and meningococcal disease and any other infectious disease in respect of a person on board an aircraft originating in, coming from, or having passed through an area where any of those infectious diseases are of special national or regional concern.
- Any other infectious disease which is of public health concern and of international importance.

B. COMMANDER RESPONSIBILITY

In the event of a person or persons becoming unwell on an incoming flight the commander (Pilot, person in charge) is required to report details by radio via Air Traffic Control who in turn shall report to the designated airport officer (Airport Duty Manager). The Commander shall not disembark or allow to board any persons, or discharge any cargo, unless cleared to do so by the MOH.

The commander is required to:

- provide the Aircraft Declaration of Health form if requested by the MOH
- answer all questions as to the health conditions on board put to him/her by the MOH, HSE
 Health Officer (HO, e.g. EHO), officer of Customs and Excise or the person in charge of the
 airport
- produce the journey log book if required
- provide information and assistance as is reasonably required for the purpose of the Regulations
- notify, as soon as practicable, the first person to visit the aircraft (MOH, HO or Customs and Excise Officer) of:
 - Death on board caused by, or suspected to be caused by an infectious disease
 - A case, or suspected case of infectious disease
 - o If there is a person on board who is liable to be placed under surveillance
 - o Circumstances on board likely to lead to an infectious disease or its spread

 take or assist in taking such steps as the MOH believes are necessary to prevent the spread of infection

C. DESIGNATED AIRPORT OFFICER RESPONSIBILITY

On receiving information that there are circumstances on the aircraft that require the attention of the MOH, the designated airport officer 'shall, as soon as practicable, notify the MOH and the appropriate health officer to that effect.'

D. POWERS AND DUTIES OF HEALTH OFFICERS

Based on information provided by the commander, if it appears that:

- There has been a death on board caused by, or suspected to be caused, by an infectious disease
- There is a case, or suspected case of infectious disease
- The aircraft is coming from an "affected area" i.e. a location of the world where the WHO has recommended health measures under IHR
- Death has occurred during the voyage of rats or mice on board, and this is not due to poisoning or other means of destruction

THEN, 'he/she shall detain the aircraft, its stores, equipment and cargo, passengers and crew, and shall report the matter as soon as practicable to the person in charge of the airport, the MOH and an officer of Customs and Excise.'

If the HO receives a notice in writing from the MOH of a requirement for inspection of the aircraft, continuation of detention, or other measures, then the HO (if he/she is the first to visit the aircraft) 'shall deliver this to the commander of the aircraft, and take all reasonable steps to ensure compliance with it.'

E. MEDICAL OFFICER OF HEALTH POWERS AND RESPONSIBILITIES

Medical Officer of Health should be contacted:

• if an inbound aircraft formally notifies the airport authority, as per the Infectious Diseases (Aircraft)

Regulations – cf Schedule 1, p13 - that they have a person or persons on board who they suspect has a serious infectious disease;

or

• if an inbound aircraft formally notifies the airport authority, as per the International Health Regulations (2005) – cf Annex 2, p43 - that there is an event/illness of serious and significant international public health concern (biological, chemical or radiological) on board.

Once a suspected case of infectious disease is reported to the Airport Duty Manager, no person shall be allowed to disembark or board the aircraft unless cleared to do so by the MOH.

Under **SI No 390 of 1981 Infectious disease regulations 1981** upon receiving notification of a case or a suspected case of an infectious disease the MOH 'shall make such enquiries and take such steps as are necessary or desirable for investigating the nature and source of such infection, for preventing the spread of such infection and for removing conditions favourable to such infection.'

Powers in relation to aircraft detention:

- The MOH may, where sufficient information has been provided to determine that a reported illness does not constitute a public health threat of international importance, without personally attending the aircraft, issue verbal clearance to the aircraft.
- The MOH 'may direct that an arriving aircraft shall be detained for medical examination and may deliver a notice in writing to this effect to a HO or Customs and Excise officer. The MOH is required to inform the person in charge of the airport of any directions given by him/her under this Regulation'.

AIRCRAFT DETENTION as per Infectious Diseases (Aircraft) Regulations 2009:

Where an inbound aircraft formally notifies under the Infectious Diseases (Aircraft) Regulations, the MOH or a designated health officer may issue instructions preventing disembarkation of passengers or cargo until allowed to do so by the MOH.

If the aircraft is liable to be subjected to further measures under the Regulations the MOH 'shall give notice in writing to the commander that the aircraft is being detained for a further period'

CESSATION OF DETENTION as per Infectious Diseases (Aircraft) Regulations 2009:

The detention of an aircraft by a designated officer under these Regulations shall cease as soon as the MOH indicates, in writing, that detention is no longer required. The detention will also cease if an inspection of the aircraft (crew and passengers) has not begun within three hours after the Health Officer gave direction for the detention of same, or if the MOH has given notice in writing to HO or Officer of Custom and Excise that he or she does not propose to inspect the aircraft.

On release of an aircraft from detention, the MOH shall

- Inform the appropriate HO or the Customs and Excise officer in writing of any measures taken, with reference to aircraft, stores, equipment, cargo, passengers or crew unless the MOH had already given notice in writing of these measures.
- Give notice in writing to the HO and Customs and Excise officer, the commander and the person
 in charge of the aircraft that the aircraft is free to proceed at or after a date and time stated in
 the notice.

Powers in relation to aircraft inspection:

The MOH may inspect, or cause to be inspected (and shall inspect, if required by the Minister)

- i. Any aircraft where there is a case or suspected case of infectious disease on board
- ii. Any aircraft on which rodent plague has occurred, or been suspected during the voyage
- iii. Any aircraft coming from an affected area (i.e. a location of the world where the WHO has recommended health measures under IHR)

Powers in relation to examination of passengers:

The MOH may (and shall, if required by the Minister)

- i. **examine** or cause to be examined, any person where there are reasonable grounds for believing or suspecting that infectious disease is present on the aircraft, or that persons on board the aircraft have been exposed to infection from an infectious disease during the voyage or in the 3 weeks immediately prior to the aircraft arrival
- ii. **detain** for the purpose of examination any person who the MOH is empowered or required under the Regulations to examine
- iii. **isolate** or prohibit him or her from leaving the airport, save upon such specified conditions as appear to the MOH to be reasonably necessary to prevent the spread of infection
- iv. require the commander to take steps, or assist in taking steps which are necessary for preventing spread of infection, for destruction of insects, rodents or mice, and for removal of conditions on the aircraft likely to convey infection.

The MOH, if he/she suspects that a person arriving is suffering from infectious TB, may

- i. Send information to the MOH of the area where the person is travelling to.
- ii. Require the commander to take or assist in taking such precautions as are necessary to prevent spread of infection on the aircraft.

Powers in relation to persons planning to depart an aircraft

The MOH may:

• examine or cause to be examined at an airport any person whom he suspects is suffering from an infectious disease (that is diseases in schedule 1 of the Regulations)

And

• if potentially a significant threat to international public health, may prohibit embarkation or may notify the commander to place the person under surveillance on the journey.

PLEASE CONSULT THE REGULATIONS FOR THE LEGAL DETAIL

Available at http://www.irishstatutebook.ie/2009/en/si/0411.html

F. RESPONSIBILITIES AND DUTIES OF PASSENGERS

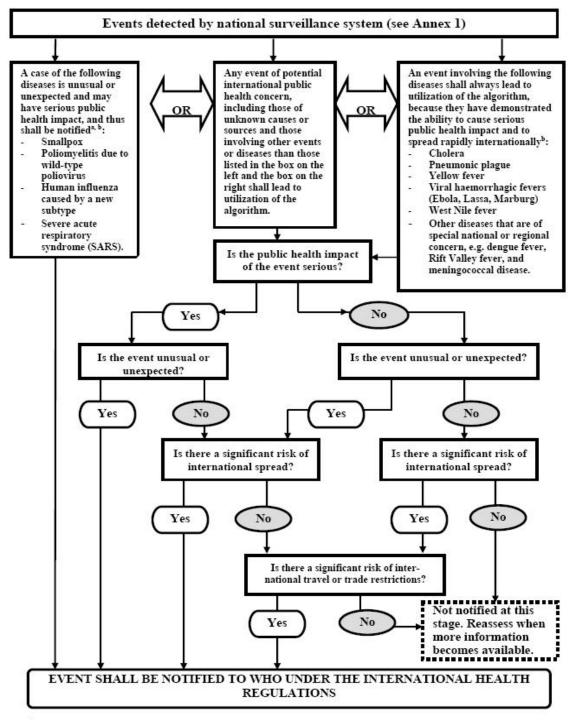
- A passenger, who is leaving the aircraft, is required to fill out a Passenger Declaration of Origin and Health Form (Schedule 2) if requested to do so by the MOH.
- The passenger is required to comply with all directions, requirements or conditions given, made or imposed by the MOH, HO or Customs and Excise Officer. He/she has to furnish information that is reasonably required, including name, address and destination.
- A passenger may be placed under surveillance. This means that 'the person is required to submit to
 medical examination and such enquiries as are necessary to ascertain his or her state of health and may
 include a requirement to report to a medical officer of health on arrival in his or her functional areas and
 periodically thereafter.'
- A passenger who is placed under surveillance shall:
 - i. Facilitate any examination required by the MOH in the functional area where the person is located during the period of surveillance
 - ii. Furnish all such information as any MOH may reasonably require with a view to ascertaining his/her state of health
 - iii. As soon as practicable, provide information to the MOH on any change of address from that stated in the Declaration of Health Form
 - iv. If instructed by the MOH at the airport, report to the MOH of the functional area where he/she is during period of surveillance and continue to do so as required by the MOH.

INTERNATIONAL HEALTH REGULATIONS (2005) 3rd EDITION WHO (REPRINTED 2016)²

The International Health Regulations (IHR) 2005 came into force on the 15th June 2007. 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.

- Each country is required to establish a National IHR Focal Point and corresponding contact persons or
 officials. The Health Protection Surveillance Centre has been established as Ireland's National focal
 Point, and currently Dr Kevin Kelleher is the named contact point. (Appendix G)
- The responsibility for dealing with a serious infectious disease rests with the relevant MOH and the local Department of Public Health.
- Where there is (or a strong suspicion of) an event/illness of serious and significant international
 public health concern (biological, chemical or radiological) covered by the International Health
 Regulations, then the National IHR Focal Point and corresponding contact persons should be notified
 immediately.
- Decision Instrument for the Assessment and Notification of Events that may constitute a Public Health Emergency of International Concern available below.

ANNEX 2
DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN



^a As per WHO case definitions.

Source: World Health Organisation. Fifty-Eight World Health assembly. Revisions of the International Health Regulations

^bThe disease list shall be used only for the purposes of these Regulations.

Is the public health impact of the event serious?

EXAMPLES FOR THE APPLICATION OF THE DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

The examples appearing in this Annex are not binding and are for indicative guidance purposes to assist in the interpretation of the decision instrument criteria.

DOES THE EVENT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?

I. Is the public health impact of the event serious?

- 1. Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?
- 2. Has the event the potential to have a high public health impact?

THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT:

- Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier).
- ✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure).
- ✓ Event represents a significant public health risk even if no or very few human cases have yet been identified.
- ✓ Cases reported among health staff.
- ✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.).
- ✓ Concomitant factors that may hinder or delay the public health response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the State Party).
- Event in an area with high population density.
- ✓ Spread of toxic, infectious or otherwise hazardous materials that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area.
- 3. Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?

THE FOLLOWING ARE EXAMPLES OF WHEN ASSISTANCE MAY BE REQUIRED:

- ✓ Inadequate human, financial, material or technical resources in particular:
 - Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources)
 - Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs
 - Existing surveillance system is inadequate to detect new cases in a timely manner.

IS THE PUBLIC HEALTH IMPACT OF THE EVENT SERIOUS?

Answer "yes" if you have answered "yes" to questions 1, 2 or 3 above.

Is the event unusual or unexpected?

II. Is the event unusual or unexpected?

4. Is the event unusual?

THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS:

- ✓ The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown.
- Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms.
- ✓ Occurrence of the event itself unusual for the area, season or population.
- 5. Is the event unexpected from a public health perspective?

THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS:

 Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported.

IS THE EVENT UNUSUAL OR UNEXPECTED?

Answer "yes" if you have answered "yes" to questions 4 or 5 above.

III. Is there a significant risk of international spread?

- 6. Is there evidence of an epidemiological link to similar events in other States?
- 7. Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?

THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT MAY PREDISPOSE TO INTERNATIONAL SPREAD:

- Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of:
 - international travel (or time equivalent to the incubation period if the pathogen is known)
 - participation in an international gathering (pilgrimage, sports event, conference, etc.)
 - close contact with an international traveller or a highly mobile population.
- Event caused by an environmental contamination that has the potential to spread across international borders.
- Event in an area of intense international traffic with limited capacity for sanitary control
 or environmental detection or decontamination.

IS THERE A SIGNIFICANT RISK OF INTERNATIONAL SPREAD?

Answer "yes" if you have answered "yes" to questions 6 or 7 above.

Is there a significant risk of international spread?

APPENDIX B PUBLIC HEALTH INCIDENT RISK ASSESSMENT FORM

Public Health Incident Risk Assessment Form (Airport) Aggregate Information to assist Medical Officer of Health (MOH) in initial Public Health Risk Assessment									
Date Port	Time								
Name and title of informant	Phone no.								
Name of Duty Officer (if different to above)	Phone no.								
AIRLINE FLIGHT NUMBER	JOURNEY								
Airport of Origin Nearest City/Town	Country								
1st stop on route Airport Nearest City/Town	Country								
2nd stop on route Airport Nearest City/Town	Country								
3rd stop on route Airport Nearest City/Town	Country								
4th stop on route Airport Nearest City/Town	Country								
DETAILS OF SYMPTOMS OF ILL PASSENGERS - AG	GREGATE INFORMATION								
Tick the symptoms associated with the illness Appearing obviously unwell Diarrhoea Blood: Headache Neck stiffness *Histor Runny nose Cough Myalg Jaundice Sneezing Rash	of ill passengers y diarrhoea								
(see www.hpsc.ie for list of endemic areas) If yes, and has fever, use VHF algorithm "VHF risk assessment for use by a	Yes No								
When and where did the first person become ill	,								
Country/ies of origin of ill persons									
Location on plane of ill persons - cabin section and seat numbers									
Details of any relevant incident on plane									
Any exposure of one person to another individual's body fluids on the plan	ne?								
Individual information can be recorded for each ill person on Patient Form: ILI	PASSENGER DETAILS								



Public Health Incident Risk Assessment Form (Airport)

Reidhmeannacht na Seirbhíse Sláinte Health Service Executive	ate Information to assist I in initial Public Healt	Medica h Risk	l Officer o Assessm	f Health ent	ı (MOH)
	PUBLIC HEALTH RISK	ASSESS	MENT		
Infectious		Yes		No	
Serious Infectious Disease (a	s per Aircraft Regulations)	Yes		No	
Possible Public Health Emerg	ency of International concern	Yes		No	
Likely Diagnosis:					
	PUBLIC HEALTH A	ACTIONS	3		
Signature		Da	ate		

PUBLIC HEALTH PATIENT FORM (ONE FORM FOR EACH ILL PASSENGER)
Date Name/title of informant
Phone no. of informant Port Duty Officer
Phone no of Duty Officer Airline Flight No
Date Flight Duration (include time on ground Hours Mins Please fill in more flight details on Incident Form
PATIENT/ILL PASSENGER
Information provided by ill passenger Yes No If No give name and title of source
Name of ill passenger DOB SEX Area of Plane/ Front Middle
Location on plane: Seat number Cabin section Rear Over wings
Date of start of travel Airport of Origin
Country of Origin
*Countries/area visited by passenger in last 21 days (including stop overs)
Permanent address
Mobile Number
Expected Location/Contact details for next 14 days
SYMPTOMS
Date of onset of symptoms Time of onset of symptoms
Place of onset of symptoms
Tick the symptoms associated with the illness Appearing obviously unwell *Temperature≥ 38° Diarrhoea Headache *History of fever Bloody diarrhoea Confusion of recent onset Myalgia Vomiting Neck stiffness Unexplained bruising Cough Dizziness Unexplained bleeding Breathing difficulties Loss of consciousness Jaundice Runny nose Rash Rash
Describe the rash
Any other symptoms
History of contact with a person known to be ill (when and where, contact details if known)
If yes to fever, and patient travelled to an endemic area for VHF within 21 days (see www.hpsc.ie for list of endemic areas) use VHF algorithm (Appendix D) Relevant incident on plane Yes No Details History of exposure to body fluids from another individual (details)

APPENDIX D PASSENGER LOCATOR FORM

3. 	suspe a com	c Heal ct a co munic Jance	mmu able	inicab disea	ble d ise. It	iseas t is in	e cni	ocard ant t	a fli	ght. out t	Your i	nform rm c	natio ompl	n wil	I help and a	pub	ic hea	Ith o	fficer	s to	contion	tact is in	you ten	if you led to	we be	re ex held	pose in	d to		
ne form sh			11.75	12,915					-		Z 22			_	THE SHARE	inn			3.73	_	_		_	·	100	÷	_	uiui.		
LIGHT INFO	78 M SW-57	S-50V	9.	1. Air	Carlon-		-021	IIDEI	oj e	acii j	Carrin		me n	-	2. Fligi		1 -000	00 To	3. Sea	0.7507	0.00763	4000					al (y	rvv/ı	nm/	dď
			T		T	T	1						T	1				i î	Γ	T		Ĭ			0		())	111		
0 3	9 9		22 5		_		16			9			2		- 10	9	3	ý	8	ł.		_	8		4	8		2.3		_
ERSONAL I	NFORM	MATIO	N: 5	5. Las	st (F	amil	y) Na	me	_		- 6	. Fir	st (G	iven)	Nam	e		-		_	7.1	Mide	dle I	nitia	1 8	3. Yo	ur se	×		
											8 E	73	- 1	9x 0		- 85	-8						-8			Male	· 🗆	Fen	nale	
HONE NUN	ABER(S	whe	re yo	u car	n be	read	hed	if nee	eded	. Inc	lude	cour	itry o	ode	and ci	ty c	ode.													
). Mobile			T		I								1	10. B	usines	5					12.		- 550.				0.00			
L1. Home	П	Ħ	T	1	T					Ť				12.0	ther		Ħ		T	Ť	T			T	T	Ħ	T	Ť	Ŧ	
3. Email ad	dress		\pm	Н	Н	$^{\perp}$		T	T	H		T	Ī	ř		ľ	T	T		†	T	1	Ť	18 0	T	Т			_	
CERTANEN	TARRE	FCC.	_	14	Name	bor	and	.tr.co	L IC	-	ata n		OF 61	nd et		iel	blank	hou	1		_	_			11	Δ.		ont.		har
PERMANEN	AUUI	1233.	1	14.	- suit	bei	antu	su ee	(36	pul	ute 11	41/10	ei ul	10 50	reet w	1011	Julik	LOX				Ť	7		1.	,. Ap	artm	citt	rulli	٦
C Cit-			\perp	Ш														_		47	06-	-1-	_			L				_
l6. City	\neg		$\overline{}$		\neg	\neg	\neg						Т				\top	П		17.	Sta	ie/f	rov	nce	_	\neg	\neg	\top	Т	
		J.	100	Щ				_	Ļ.								4			L	_	,_	_	Щ	_	-			d.	_
8. Country	(a) (a)	-	p) a		-	· 8	-				S (4)			1						19	. ZIP	Pos	stal	code	_	-		-		T
3 3 6			14. 3		_																	4.			ų	- 3	- 4		10	1
EMPORAR			If you	u are	a vi	sito	, wri																							
20. Hotel na	me (if	any)			\neg	-	-	21.	Num	ber	and s	tree	t (5e	para	te nur	nbe	rand	stre	et wi	th b	lank	bo	x)		2	2. Ap	artn	nent	num	bei
22 6/4	0 0		0 3	Ш							8			5 5		0									L	l L	- 82	100	0	
23. City	p) 24	100	8 3		-	- 0					\$ - {c}		8				-		et.		4. ST	ate/	Pro	vince		8 6		-		
r c	S			Ш			-					2		4				2.7	63		711	/n-		code						,
25. Country					\neg	1	-					7	_	1			7		(S) (S)	70). ZII	/PC	stal	coa	e	-		-	1	_
22.9	0 9	16	2.3		<u> </u>	2 83	-)				2 (9	3	3	9		4	4	is s	86	05		0. 1				3		- 22	8	_
MERGENCY			VFOR	MAT	TION	of	ome	one v	vho	can							days													
27. Last (Far	nily) N	ame	$\overline{}$	П	$\overline{}$	_		1			28	. Firs	st (G	ven)	Name	-	П	-		T	29.	Cit	Y				-	100	Ť	
			Ш	Ц	_	- 35	J.									L	Ш				_	_								L
0. Country	8 3		8 8		\neg	-	-				× 4			1	31.	Em	ail	- 12			6 S			8-8	-		(3)			8
				Ш			Į.					- 200		J	Ш									4						
2. Mobile p	hone		0	_		-	-	-	1		33.	Oth	er ph	one	$\overline{}$		8		8-0		1	- 8	1							
4			25				ale:	- N			10 14	:)		144		ş	N.	ļ.	25 5		la e	-								
A. TRAVEL			IS – F	VMII	LY:	Only	inch	ude a	ge if	you	nger	thar													1400			100	_	
ast (Family) Name	-				П			8 8			1	F	rst (C	oiven)	Na	me	-	-1			-			Sei	at nu	mbe	r I	Age	<18
1)		_		ightharpoonup	\dashv	4		+		L		4	Ļ	_	4	4		1				_	_		L	+		ļ	Ц	_
2)			Ĵ																											
3)		92 34		25		Ī		- 5 45	100 - 0	Ī			Γ			T	- 10	1		3 8		Ī	Ī		55		15 5	Ī		
		_	÷	H	\dashv	\dashv		+		H	-	╡	F	+		+	-					_	=		F	+		Ì	Ħ	_
4)			1	10. 10	Ц		7 73	J	Ŋ.		l.			y.	15 V	- 1	197				- 3		. 10		L			l ₃	0. 70	_
			5 - N	ION-	HAIV	ILY:	Also	incl	ude	nam	e of g	rou			ven) N	lare							6	rotur	11-	or 1.	ner !	un Ar-		16
5. IRAVEL	: ryame	9	- 0	П	$\overline{}$							1	FIFS	r lan	ven) N	dim	_	-					7	oup	ILU	ur, le	urn, b	USITIE	23, 00	ner
5. IRAVEL		- 1																		- 1	- 1		- 1			- 1			1	1
5. IRAVEL ast (Family				Щ	Щ	4		+				╛	Ł	_	4	1	-	_	-		4		4	Ш	× 15	, N	197			1

Source: WHO at http://www.who.int/ihr/PLC.pdf?ua=1

APPENDIX E DECLARATION OF HEALTH FORM

	(Outward/Inwar	RATION d)	
Operator			
Marks of Nationality and R	Registration Flight N	Vo	Date
Departure from	(Place) Arrival	at	(Place)
	FLIGHT ROUT ("Place" Column always to list crigin, every		destination)
PLACE	NAMES OF CREW*		NUMBER OF PASSENGERS ON THIS STAGE**
		Departure	
		Through or	n same flight
		Arrival Pla	The state of the s
			<i>ice:</i> ing
		Through o	n same flight
Declaration of Health		1	For official use only
disease (a fever — tempof the following signs	cts of accidents, who may be suffering from a perature 38 °C/100 °F or greater — associated wit s or symptoms, e.g. appearing obviously unw eathing; persistent diarrhoea; persistent vomiting the control of the co	th one or more vell; persistent	
bruising or bleeding wit likelihood that the perso illness disembarked duri Details of each dishn during the flight. If no of most recent disinsecti	teating, persistent traintoea, persistent volunt thout previous injury; or confusion of recent onse on is suffering a communicable disease) as well as ing a previous stop assecting or sanitary treatment (place, date, to distinsecting has been carried out during the flig- ing	t, increases the s such cases of time, method) ht, give details	
bruising or bleeding wit likelihood that the perso illness disembarked duri Details of each disin during the flight. If no of most recent disinsecti	thout previous injury; or confusion of recent onse on is suffering a communicable disease) as well as ing a previous stop	t, increases the s such cases of time, method) ht, give details	
bruising or bleeding wit likelihood that the perso illness disembarked duri Details of each disin during the flight. If no of most recent disinsecti	thout previous injury; or confusion of recent onse on is suffering a communicable disease) as well as ing a previous stop	t, increases the s such cases of time, method) ht, give details	
bruising or bleeding wit likelihood that the perso illness disembarked duri- Details of each disin during the flight. If no of most recent disinsections are considered with the construction of the construct	thout previous injury; or confusion of recent onse on is suffering a communicable disease) as well as ing a previous stop secting or sanitary treatment (place, date, or disinsecting has been carried out during the filg ing Crew member concerned ments and particulars contained in this General Da al Declaration, are complete, exact and true to the	t, increases the s such cases of	
bruising or bleeding wit likelihood that the perso illness disembarked duri Details of each disin during the flight. If no of most recent disinsection Signed, if required, w	thout previous injury; or confusion of recent onse on is suffering a communicable disease) as well as ing a previous stop	t, increases the s such cases of	dge and that all through passengers wil
bruising or bleeding wit likelihood that the perso illness disembarked duri. Details of each disin during the flight. If no of most recent disinsection with the continued of the continue of	thout previous injury; or confusion of recent onse on is suffering a communicable disease) as well as ing a previous stop assecting or sanitary treatment (place, date, or distinsecting has been carried out during the filgring. With time and date	t, increases the s such cases of	
bruising or bleeding wit likelihood that the perso illness disembarked during the flight. If no of most recent disinsection is signed, if required, we have continue/have continued of the flight of the flight of the flight. If no of most recent disinsection is signed, if required, we have continue/have continued of the flight of the flig	thout previous injury; or confusion of recent onse on is suffering a communicable disease) as well as ing a previous stop	t, increases the s such cases of	dge and that all through passengers wi Authorized Agent or Pilot-in-command
bruising or bleeding wit likelihood that the perso illness disembarked duri Details of each disin during the flight. If no of most recent disinsection with the second declare that all states presented with this General continue/have continued of the second declare that all states are continue/have continued of the second declared with this General continue/have continued of the second declared with this General continue of the second declared with this General continue of the second declared with this General continue of the second declared with the second declared with the second declared with the second declared with the second declared declared with the second declared declar	thout previous injury; or confusion of recent onse on is suffering a communicable disease) as well as ing a previous stop	t, increases the s such cases of	dge and that all through passengers wi Authorized Agent or Pilot-in-command

APPENDIX F TRAVEL HEALTH ANNOUNCEMENT



Suspect Event warranting further investigation ie passenger transferred to hospital for investigations of infectious disease

Form Announcement 1: Pilot/crew to announce to all passengers and crew when requested by Health Service Executive

(Start of announcement:)

ANNOUNCEMENT FOR PASSENGERS ON BEHALF OF THE Health Service Executive

The airline authorities and Health Service Executive National Ambulance Service have assessed the situation and attended to passenger(s) who are unwell on this aircraft. Public health advice has been obtained from the Health Service Executive Health Services Executive Dept of Public Health.

- » You are advised to seek medical attention if you feel ill over the next 14 days.
- » Please contact your local Department of Public Health if you have any concerns about your health over the next 14 days.
- » Some of you will be now be given a Passenger Locator Form. Please fill in the card giving your details so that someone from Public Health can contact you in the coming days to let you know if you need to take any further action. Please ensure that you include the following information: your first name, last name, contact phone number, email, seat number and address while in Ireland.

(End of announcement.)

Footnote: Your contact details and other relevant information will be collected using a World Health Organisation (WHO) Passenger Locator Form for the HSE Dept of Public Health for contact tracing purposes under national legislation of S.I. No. 411/2009 — Infectious Diseases (Aircraft) Regulations 2009. They will be held as confidential information and not disclosed to any third party.

If you are seated far away from the ill passenger(s) then you may not be requested to fill in the card.



No Risk: Incident stood down following Assessment by Health Service Executive

Form Announcement 2: Pilot/crew to announce to all passengers and crew when requested by Health Service Executive

(Start of announcement:)

ANNOUNCEMENT FOR PASSENGERS ON BEHALF OF THE Health Services Executive

The airline authorities, Health Service Executive National Ambulance Service and Public Health Doctors have reviewed the situation on this aircraft.

- » Based on this assessment there is <u>no</u> risk to any passengers or crew on this aircraft.
- » You are free to disembark and/or continue on your journey.

(End of announcement.)

APPENDIX G CONTACT DETAILS OF THE NATIONAL IHR FOCAL POINT

Named contact	National IHR Focal Point Address	IHR Mobile phone contact	Email address
Duty Specialist On Call	Health Protection Surveillance Centre(HPSC), 25-27 Middle Gardiner Street, Dublin 1. D01 A4A3.	+353 1 8765300 +353 86 7810393	healthprotectionhpsc@hpsc.ie

REFERENCES

1. S.I. No. 411/2009-Infectious disease Aircraft regulations 2009 available at: Available at http://www.irishstatutebook.ie/eli/2009/si/411/made/en/pdf

2. International Health Regulations (2005) 3rd Edition WHO (reprinted 2016) Available at: http://www.who.int/ihr/about/en

3. Risk assessment guidelines for diseases transmitted on aircraft
Available at: https://www.ecdc.europa.eu/sites/default/files/documents/infectious-diseases-transmitted-on-aircrafts-ragida-risk-assessment-guidelines.pdf

4. Risk assessment guidelines for infectious diseases transmitted on aircraft. PART 2: Operational guidelines for assisting in the evaluation of risk for transmission by disease Available at:

https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/1012 GUI RAGIDA_2.pdf

5. Cleaning crew guidelines

Available at https://www.iata.org/contentassets/f1163430bba94512a583eb6d6b24aa56/health-guidelines-cleaning-crew.pdf

6. Guide to hygiene sanitation in aviation 2009

Available at:

http://www.who.int/water sanitation health/hygiene/ships/guide hygiene sanitation aviation a edition.pdf

7. Travel and transport risk assessment: Interim guidance for public health authorities and the transport sector 2014

Available

at:http://apps.who.int/iris/bitstream/10665/132168/1/WHO_EVD_Guidance_TravelTransportRis k 14.1 eng.pdf

8. SI No 390 of 1981 Infectious disease regulations 1981

Available at: http://www.irishstatutebook.ie/eli/1981/si/390/made/en/print

9. INTERIM ADVICE FOR PREPAREDNESS AND RESPONSE TO CASES OF 2019-nCoV ACUTE RESPIRATORY DISEASE AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EEA MEMBER STATES (MS). Advice for aircraft operators for preparedness and response to the outbreak of 2019-nCoV acute respiratory disease. Version 2. February 2020 Available at:

https://www.healthygateways.eu/Portals/0/plcdocs/EU HEALTHY GATEWAYS 2019-nCoV EUMS 4 2 2020 F.pdf?ver=2020-02-05-102217-867