



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Information & Guidance for Airport Authorities and Airlines on Viral Haemorrhagic Fevers (VHF)

June 2018

Contents

Section 1 - Overview of Viral Hemorrhagic Fever	2
Section 2 – The risk of importation.....	2
Section 3 – Advice for airline staff and cabin crew if a suspected VHF case presents on board a flight 2	
Section 4 – Advice for ground staff if suspect VHF case presents at airport.....	5
Section 5 – Advice for when a case of VHF is diagnosed after passengers have disembarked from an aircraft and dispersed from the airport.....	6
Section 6 – Advice for cleaning personnel.....	6
Section 7 - Guidance for air cargo personnel.....	7
Section 8 – Sources of additional information.....	8
Appendix A: Travel Health Alert Announcement (in the event of a suspected case on board).....	9
Appendix B: Passenger Locator Card	11
Appendix C: Aircraft General Declaration of Health form	12
Appendix D - General infection control advice for airline/airport cleaning staff when performing routine cleaning duties.	14

Section 1 - Overview of Viral Hemorrhagic Fever

For information on VHF see [other guidance documents](#).

Section 2 – The risk of importation

The risk of importation

Unplanned importation of the virus from an outbreak to a non-endemic country has historically been an exceptionally rare event.¹ In the rare event that a person infected with VHF was unknowingly transported by air, WHO advises that the risks to other passengers are low. Nonetheless, WHO does advise public health authorities to carry out contact tracing in such instances.

Screening at airports

Entry screening of passengers for VHF at point of entry is **not** recommended.² The use of thermal scanners that rely on the presence of fever in arriving passengers is costly and unlikely to detect any arriving person infected with Viral Haemorrhagic Fever.^{2,3}

Exit screening of travellers as they leave ports and airports *of countries affected by an extensive outbreak of VHF* may be advised by WHO (as was the case in the 2014 West African outbreak of Ebola Virus Disease (EVD) after a thorough risk assessment has been performed.

Detailed guidance on prevention of infection for travelers is available on the [HPSC website](#)

Advice regarding travel from affected areas

People are advised not to travel if they are unwell. Intending travelers who are ill should delay travel until cleared to travel by a doctor or public health authority.

Advice regarding travel to affected areas

[Ireland's Department of Foreign Affairs and Trade \(DAFT\)](#) issues advice based on international and national risk assessment. It is important to be aware of the latest guidance from DAFT, particularly during an unexpected outbreak in a country.

Section 3 – Advice for airline staff and cabin crew if a suspected VHF case presents on board a flight

VHF Preparedness

In relation to VHF prevention and control, airlines should ensure:

- Airline personnel receive training about the possible sources of Viral Haemorrhagic Fever and measures to prevent transmission

- Personal protective equipment (PPE) is readily available for staff performing tasks that could result in exposure to VHF e.g. cleaning up blood, vomit or other body fluids from a sick passenger or cleaning surfaces potentially contaminated with VHF.
- Airline personnel who are required to use PPE receive training on what equipment to use, when and how to use it, and how to dispose of the PPE safely.

Management of ill travellers during a flight if VHF is suspected

The early symptoms of VHF infection can be vague so, although some passengers may have travelled to a country with VHF, cabin crew will not know for certain what illness the passenger has without further evaluation and laboratory testing. Therefore, cabin crew should treat all body fluids as infectious, and follow **routine infection control precautions** including hand hygiene, when dealing with any ill travellers during a flight.

Routine infection control precautions for managing an ill passenger on board an aircraft

- Hand hygiene is the single most important infection control measure.
 - Wash hands with soap and water for about **40-60 seconds** after assisting an ill passenger or after contact with body fluids or surfaces that are contaminated
 - An alcohol based hand rub solution is a suitable alternative but will not be effective if hands are visibly soiled.
- If possible, try to seat the ill passenger away from the other passengers or relocate the adjacent passengers
- If the ill passenger has gastrointestinal symptoms e.g. diarrhoea or vomiting, seat the ill traveller near a toilet, dedicated for his/her exclusive use.
- If the ill passenger has nausea or vomiting, provide them with an air sickness bag and tissues and a plastic bag for disposing of used items.
- Limit the number of passengers and crew who have contact with the ill traveller.
- Designate one cabin crew member to look after the ill passenger, preferably the crew member who has already been dealing with this passenger. More than one crew member may be required if more care is needed.
- Wear disposable gloves (e.g. nitrile) when:
 - Providing direct assistance to an ill passenger
 - coming in contact with body fluids e.g. handling used tissues, cleaning up spills of blood, vomit or diarrhoea or touching potentially contaminated surfaces or toilets
- If direct contact with an ill passenger or contact with body fluids is necessary cabin crew should use the PPE available in the [Universal Precaution Kit](#).
- PPE should be removed (as per training protocol) and discarded appropriately and hands washed with soap and water. An alcohol based hand rub is a suitable alternative if hands are not visibly soiled. If hands are visibly soiled and soap and water is unavailable, use an alcohol based sanitiser with at least 60% alcohol.
- Cabin crew should wash their hands after any direct contact with the ill passenger or their immediate surroundings or belongings.
- Ill passengers should be encouraged to wash their hands after using the toilet, vomiting or wiping their nose.
- Notify airport authorities immediately at the destination airport, in accordance with the Infectious Disease Aircraft Regulations 2009.

- Notify the airlines ground and cleaning crew so that arrangements can be made to clean the aircraft after the passengers have disembarked.
- Soiled items including used tissues, air sickness bags, oxygen mask and tubing, seat pocket items etc. should be disposed of in a biohazard bag, or an intact plastic bag which is sealed and labelled with biohazard sticker.

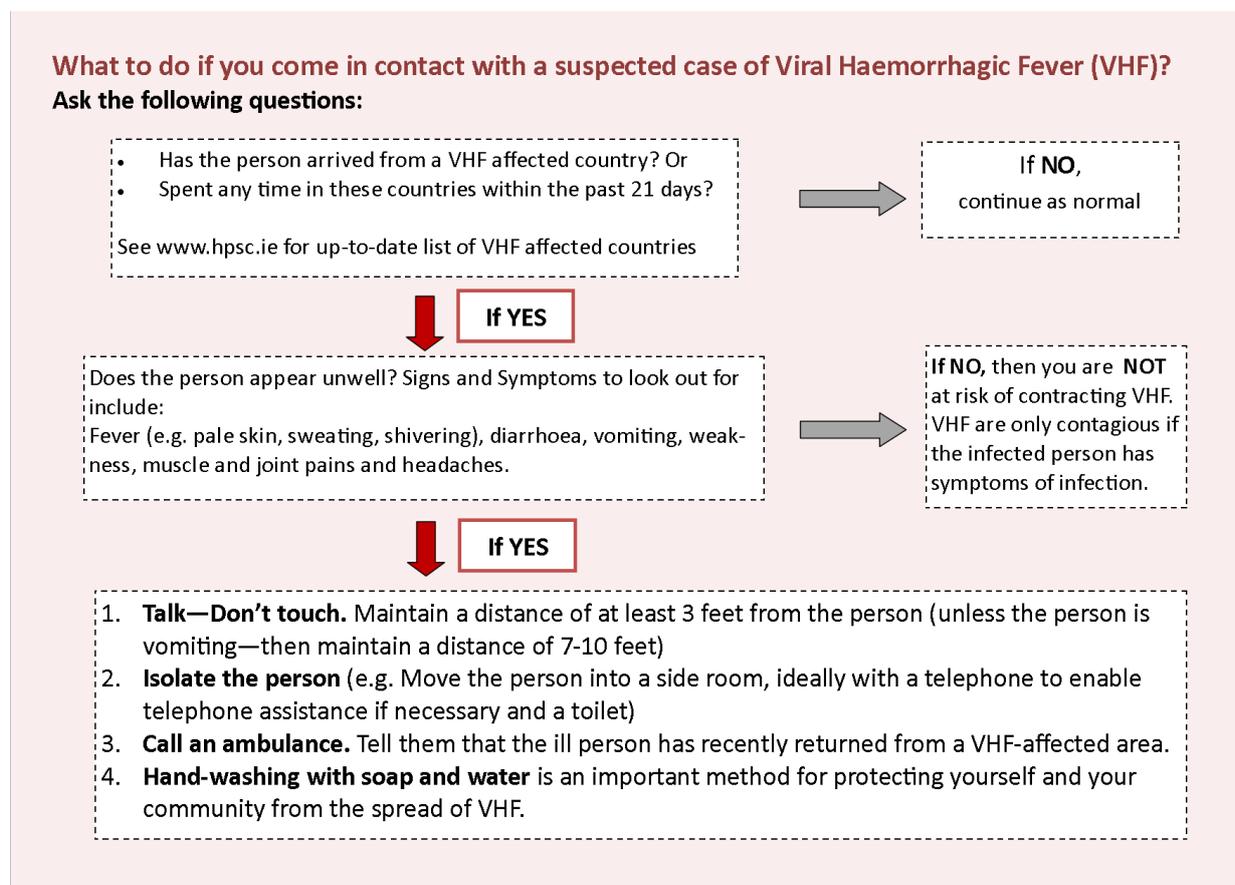
Specific Management if a suspected case of Viral Haemorrhagic Fever is identified on an aircraft – Public Health Alert

- **In addition** to the routine infection control precautions outlined above (section 3.3), isolate the sick passenger by creating space between the sick passenger and the other travellers or relocate the other travellers to empty seats.
- If the passenger has minimal symptoms e.g. fever only and no diarrhoea, vomiting or bleeding, cabin crew should keep interaction with the ill passenger as brief as possible, provide tissues and air sickness bags as necessary and a plastic bag for disposing of used tissues and air-sickness bags.
- Encourage the ill passenger to use alcohol based hand rub
- If the passenger has symptoms suggestive of Viral Haemorrhagic Fever and has diarrhoea, vomiting or is actively bleeding, PPE from [Universal Precautions Kit](#) should be worn by cabin crew members providing care. PPE includes: fluid resistant surgical face mask, disposable waterproof gloves, face shield or goggles and a disposable apron or fluid resistant gown
- As per the Infectious Disease Aircraft Regulations 2009, where VHF is suspected, the airport authority should
 - a) activate the appropriate National Ambulance Service response for the case/s **and**
 - b) activate an alert to the Department of Public Health through agreed channels.
- The Ambulance Service will assess the patient using [their risk assessment algorithm](#):
 - a) No risk – All passengers and crew can disembark without further investigation
 - b) Other (than no risk) - contact tracing of passengers and crew may be required. The Department of Public Health medical specialist may request that a Public Health Announcement be made on board to inform passengers and crew as to
 - what is happening
 - why contact details for all on board are required and
 - to relay the local Department of Public Health’s contact number.
- A copy of the [Travel Health Alert announcement](#) should be given to all passengers/crew.
- Ambulance Personnel should distribute and collect [Passenger Locator Cards](#) (Appendix B) for (i) passengers seated one seat in each direction from the ill person (ii) persons who reported direct contact with patient, (iii) crew serving that section.

- The Department of Public Health will request that details of all other staff/passengers should be gathered by the airline, using [Passenger Locator Cards](#). These should be distributed to cabin crew by the airline staff, given to all on board for completion, collected by cabin crew following completion and forwarded to the relevant Department of Public Health.
- The Department of Public Health may request the airline to furnish the passenger manifest urgently for contact follow up. Provision of this information to Departments of Public Health has been approved by the Data Protection Commissioner.
- Pilots are required to complete and deliver to the airport duty manager the health part of the [Aircraft General Declaration](#) concerning persons on board with communicable diseases or sources of infection (Appendix C). The airport duty manager should, in turn, forward this to the relevant Department Of Public Health.
- Local Departments of Public Health will subsequently advise and follow up any identified contacts (passengers, crew or airport staff) as necessary

Section 4 – Advice for ground staff if suspect VHF case presents at airport

Ground crew should follow the standard [HPSC advice for community non-healthcare settings](#).



The Ambulance Service will follow their [Risk Assessment Algorithm](#) with Public Health Assessment and assessment by the National Isolation Unit.

Subsequently, appropriate cleaning/ decontamination procedures will be informed by the outcome of the patient risk assessment. It may be necessary to quarantine the affected room for up to 24 hours until results are available to confirm or out rule VHF.

If the ill passenger has symptoms limited to fever with no vomiting or diarrhea the airline/airport can undertake cleaning of communal areas through which the patient may have passed (but not the room in which the patient was quarantined). In this situation, standard hygiene precautions are adequate and additional personal protective equipment is not required – see the guidance provided in appendix D ([General advice for airport cleaning when performing routine cleaning duties](#)).

Section 5 – Advice for when a case of VHF is diagnosed after passengers have disembarked from an aircraft and dispersed from the airport

- It may occur that a diagnosis of VHF is suspected after passengers have disembarked from the aircraft.
- In this instance, the Department of Public Health may request the airline to furnish the passenger manifest urgently for contact follow up. Provision of this information to Departments of Public Health has been approved by the Data Protection Commissioner.
- The Department of Public Health will then follow up airline crew, cleaning staff and passengers as appropriate.

Section 6 – Advice for cleaning personnel

VHF spreads by direct contact (e.g. touching) with blood or body fluids (including urine, faeces, vomit, saliva, sweat, breast milk and semen) from a person who is ill with VHF. Environmental surfaces that are contaminated with blood or body fluids may also spread the virus if they come in contact with your eyes, nose, and mouth or broken skin.

The airlines ground and cleaning crews should be notified when there is an ill traveller on board an aircraft, even if VHF is not considered, so that preparations can be made to clean the aircraft after the passengers have disembarked.

Advice for cleaning where a suspected case of VHF is identified on an aircraft

- The area should be cordoned off and access to the area should be prevented until the area has been appropriately decontaminated.
- There may be a time interval between initial suspicion of a case of VHF and a decision being taken regarding the need for specialist cleaning and waste management services.
- **Where VHF specific cleaning and waste management have been deemed to be necessary, it is recommended that airport authorities contact a quality-assured, trained contract**

cleaning agency. This is the responsibility of the airport/ airline and direct arrangements should be in place for this.*

Further information on the cleaning process in instances where VHF is suspected is detailed at <http://www.iata.org/whatwedo/safety/health/Documents/health-guidelines-cleaning-crew.pdf>.⁷

For further information on packaging and transport of suspected VHF waste is detailed in this [guidance note](#).

In preparation for a potential case of Viral Haemorrhagic Fever, airport authorities should maintain a stock of necessary materials including approved yellow thirty and sixty litre containers, and yellow UN approved healthcare risk waste bags and tags.

Section 7 - Guidance for air cargo personnel

Contact with luggage/cargo/parcels/freight

As VHF is only spread through direct contact with infected body fluids, luggage/cargo/parcels/freight should not pose a risk unless **visibly soiled** with blood or body fluids or if containing bush meat from affected countries.

Contact with luggage/cargo/parcels/freight belonging to a passenger with suspected VHF

The luggage belonging to a suspected case does not pose a risk if not visibly soiled. If not visibly soiled, the luggage may proceed to X-ray to check for the presence of bushmeat. If organic material is identified, full protective procedures should be followed as set out below.

- Luggage belonging to a passenger with suspected Viral Haemorrhagic Fever that is **visibly contaminated** with blood or body fluids or found to contain bushmeat, should be isolated in a locked secure area alongside waste from the suspected patient until the Viral Haemorrhagic Fever test results are available.
- If, when opened, luggage/cargo/parcels are found to contain such items that were not identified via x-ray, the examination should be discontinued immediately. The luggage/cargo/parcels should be isolated.

Further information [on customs procedures can be found](#) at HPSC website

* The HSE has had discussions regarding a contract with a specialist cleaning company who can perform environmental decontamination following a suspected case of Viral Haemorrhagic Fever. Derrycourt Cleaning Specialists, www.derrycourt.ie. Dublin Office, Unit 4B / 4C Century Business Park St. Margaret's Road Finglas, Dublin 11 Phone 01 8643000; Cork Office Acorn Business Campus, Mahon Industrial Estate, Blackrock, Cork (021) 461 4281. A contract has not been finalised.

The HSE has had discussions regarding a contract with a specialist waste management company. SRCL Ltd., Campus, Mahon Industrial Estate, Blackrock, Cork (021) 461 4281. Free Phone: 1800 937 628 ext 6906 Tel: 01 6166906 Mobile: 086 8376826 Web: www.srcl.ie. A contract has not been finalised.

Section 8 – Sources of additional information

- Situational updates about outbreaks:
- ECDC Updates on VHF:
- CDC Infection control on aircraft:
- International Civil Aviation Association:

Appendix A: Travel Health Alert Announcement (in the event of a suspected case on board)



Travel Health Alert Announcement
 Pilot / crew should:
 1. Announce when requested by HSE *and*
 2. Give a copy to all passengers and crew

START OF ANNOUNCEMENT

Travel Health Alert Announcement for Passengers & Crew on behalf of the Health Services Executive (HSE)

The Health Service Executive is assessing the risk of infectious disease on this aircraft following notification of a sick person on board. It will not be certain what illness the sick person has until test results become available.

As a precaution, the local HSE Department of Public Health is advising:

1. If you feel ill anytime over the next 21 days you should:
 Call a doctor *and*
 Call the local Department of Public Health *and*
 Mention this Travel Health Alert Announcement

The symptoms to look out for include unexplained bleeding or bruising.

2. A Passenger Locator Card may be circulated to everyone on board. The Department of Public Health asks you to complete the card and put in your contact details. This is very important. The Department of Public Health will then be able to make contact with you in the coming days if needed.

3. All passengers and crew will be given a written copy of this Travel Health Alert Announcement. Contact details for the local Department of Public Health are included.

END OF ANNOUNCEMENT

Department of Public Health		
Dublin, Kildare & Wicklow Kerry Tel 01 6352145 4927601	Meath, Louth, Cavan & Monaghan Tel 046 9076412	Cork and Tel 021
Laois, Offaly, Longford, & Westmeath Tel 057 9359891 775200	Sligo, Donegal, Leitrim, Mayo, & West Cavan & Roscommon Tel 071 9852900	Galway, Tel 091
Clare, Limerick, Tipperary North South	Carlow, Kilkenny, Waterford, Wexford, Tipperary South	

Tel 061 483338

Tel 056 7784142

Outside Office Hours: Your doctor will be able to contact Public Health through the Ambulance Service.

Footnote: Your contact details and other relevant information will be collected using a World Health Organization (WHO) Passenger Declaration of health 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. Your details will be held as confidential information and will not be disclosed to any third party.

Appendix B: Passenger Locator Card

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. *~Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes /or spaces.

FLIGHT INFORMATION: 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd) 2 0

PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex Male Female

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.
 9. Mobile 10. Business
 11. Home 12. Other
 13. Email address

PERMANENT ADDRESS: 14. Number and street (Separate number and street with blank box) 15. Apartment number
 16. City 17. State/Province
 18. Country 19. ZIP/Postal code

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.
 20. Hotel name (if any) 21. Number and street (Separate number and street with blank box) 22. Apartment number
 23. City 24. State/Province
 25. Country 26. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days
 27. Last (Family) Name 28. First (Given) Name 29. City
 30. Country 31. Email
 32. Mobile phone 33. Other phone

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

35. TRAVEL COMPANIONS – NON FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appendix C: Aircraft General Declaration of Health form

GENERAL DECLARATION

(Outward/Inward)

Operator.....

Marks of Nationality and Registration*.....

Flight No.

Date.....

Departure from..... (Place)

Arrival at..... (Place)

FLIGHT ROUTING

("Place" column always to list origin, every en-route stop and destination)

PLACE

NAMES OF CREW*

NUMBER OF PASSENGERS ON THIS STAGE**

Departure Place:

Embarking.....

Through on same flight.....

Arrival Place:

Disembarking.....

..

Through on same flight..... For official use only

*Declaration of Health**

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever-temperature 38°.5C/100°F or greater-associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop.....

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

.....
.....
.....

Signed, if required, with time and date

Crew member concerned

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

SIGNATURE _____ Authorised Agent or Pilot-in-command

** To be completed only when required by the State.

** Not to be completed when passenger manifests are presented and to be completed only when required by the State.

Appendix D - General infection control advice for airline/airport cleaning staff when performing routine cleaning duties.

- Treat any body fluid as infectious
- Hand hygiene is the single most important infection control measure. Wash your hands with soap and water for a minimum of 20 seconds after any contact with blood or body fluids or contaminated surfaces or objects. Alcohol based hand rubs are a suitable alternative but are not effective if hands are visibly soiled.
- Wear solid closed footwear and washable coveralls when performing cleaning duties.
- Avoid touching your eyes, nose or mouth with unwashed hands or gloved hands.
- Cover all cuts and abrasions with a waterproof dressing before starting work shift
- Wear appropriate personal protective equipment (PPE)
 - Gloves
 - Heavy duty waterproof gloves are adequate for general cleaning procedures
 - Disposable waterproof gloves (e.g. nitrile) are suitable for contact with body fluids including blood, urine, vomit, or items or surfaces contaminated with body fluids such as used tissues, contaminated surfaces or lavatories.
 - Remove gloves carefully to avoid contaminating yourself or your clothing
 - Discard soiled gloves into a plastic bag, do not reuse, and then wash your hands.
 - It is important to wash your hands (or use an alcohol hand rub) after gloves are removed, otherwise the benefits of wearing gloves are eliminated.
 - Additional PPE may be required in situations where there is extensive environmental contamination, for example when a passenger is vomiting, has diarrhoea or is bleeding and contact with skin or clothing is likely to occur e.g. working in small confined spaces. In these situations, consider the use of either a disposable waterproof plastic apron or a water impermeable gown. If splashing of blood/body fluids/chemicals to eyes, nose or mouth is likely, wear goggles or a face shield plus a disposable fluid resistant mask.

Adapted from the WHO Travel and transport risk assessment.