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OPERATION OF AIRCRAFT

RESEARCH AND MEDICAL MATTERS

SEVERE ACUTE RESPIRATORY SYNDROME

Δ Indicates changes.

Δ This AIC replaces AIC 24-3 dated 03-07-15.

INFORMATION SHEET FOR PORT HEALTH OFFICERS AND AIRLINE CREW

INTRODUCTION

Severe Acute Respiratory Syndrome (SARS) is a respiratory illness caused by a virus recently described in patients from Asia, North America and Europe. Cases have been reported from **seventeen** countries since 1 November 2002. As of **10 April 2003**, **2781 probable cases of SARS** including 111 deaths have been reported by the World Health Organisation (WHO). Local transmission have been confined to Canada, Hong Kong Special administrative Region of China (Hong Kong SAR), Singapore, Taiwan (China) and Vietnam. The first probable case of SARS in South Africa was reported on 07 April 2003.

HOW IS THE DISEASE SPREAD?

Based on current evidence, close contact with an infected person for the infective agent to spread from one person to another. The infective agent is spread via **droplet transmission**. Droplet transmission may occur when someone sick with SARS coughs or sneezes droplets into the air and someone else breathes them in or when droplets land on objects / surfaces.

SYMPTOMS AND SIGNS OF SARS

High fever (greater than 38 °C)
AND One or more respiratory symptoms including cough, shortness of breath, difficulty breathing.
AND one or more of the following Close contact with a person who has been diagnosed with SARS Recent history of travel to areas reporting cases of SARS
SARS may also be associated with other symptoms such as headache, muscular stiffness, loss of appetite, malaise, confusion, rash and diarrhoea.
The incubation period: 2-7 days but may be up to 10 days.

CURRENT DISTRIBUTION

To date, cases have been reported from 17 countries on three continents:

- Asia (China including Hong Kong and Taiwan), Singapore, Vietnam and Thailand.
- Europe: France, Germany, Italy, Ireland, Spain, Switzerland, UK
- North America: Canada and USA

GENERAL PRECAUTIONS

- The best precaution is a personal understanding of the disease. If someone is coughing, looks like they are sick, the best thing to do is to move away from them.
- When travelling to an affected area: Wash hands frequently, avoid touching the eyes, mouth or nose and wipe down with rubbing alcohol.
- A mask can be worn as long as the face is not touched when readjusted.
- The routine use of masks or other personal protective equipment for the flight crew or healthy passengers is not currently recommended.

N-95 MASK: The user must ensure the mask is the appropriate size and fits correctly. To test for fitting:

- Place both hands over the mask and exhale vigorously
- If air leaks around the nose adjust the nosepiece
- If air leaks at mask edges, reposition the straps for a better fit
- Recheck

The mask is not suitable for persons with beards.

The masks are re-usable – for up to about 8 hours in total.

ACTIONS TO BE TAKEN IF SUSPECT INFECTED

PATIENTS: Report to your nearest health facility and provide them with your latest travel history. All travel should be delayed until full recovery has been made.

DOCTORS: Contact the National Institute of Communicable Disease and the National Department of Health (012) 312-0104.

AIRCRAFT CREW, OPERATIONS AND PORT HEALTH

ACTION FOR AIRCRAFT CREW, OPERATIONS AND PORT HEALTH

- Should a passenger or crew member meet the criteria listed above on a flight, the aircraft pilot should alert the destination airport.
- Operations control are requested to alert the Port Health Officers of the possible SARS case on board of the flight.
- The person presenting with the symptoms **should be isolated**, designated a toilet for their personal use and be given a mask to wear. If a mask is not available the person should be given a tissue and asked to place the tissue over their mouth and nose. This will cut down risk of exposure.
- The flight crew member attending the patient should wear a mask, gloves and wash their hands regularly with an alcohol-based disinfectant.
- It is important to pay careful attention to hand washing after contact with the ill passenger.
- Re-assure passengers around that all possible precautions are being taken and not to panic. SARS information flyers should be handed out to them on arrival in South Africa.
- On arrival the sick passenger should be referred to airport health authorities for assessment and management.
- Isolation is **recommended** for travellers with suspected cases of SARS until appropriate medical treatment can be provided or until they are no longer infectious.
- The aircraft passengers and crew should be **informed** of the person's status as a suspect case of SARS.
- The passengers and crew should provide all contact details for the subsequent 14 days to the airport health authorities.
- There are currently no indications to restrict the onward travel of healthy passengers, but all passengers and crew should be advised to seek medical attention if they develop the symptoms listed above.
- The ground and cleaning crews of the airline should be notified at the same time so that preparations can be made for appropriate cleaning of the aircraft after passengers have disembarked

Please note that this information sheet is subject to change as more is learnt about this condition. Issued by the National Department of Health, 10 April 2003

OCCUPATIONAL HEALTH FOR CLEANING CREW

- Cleaning crew managers should be aware of the symptoms described and should direct cleaning personnel to report to their occupational health service if they develop symptoms within ten days of cleaning an aircraft after a flight that had a possible SARS patient on board.
- Clean-up crews do not need to wear masks and gowns to protect themselves against SARS.
- Safety measures already in use—washing hands, wearing gloves while working with cleaning fluids in lavatories—should be enough.
- Crews cleaning up after a flight that had a passenger suspected of having SARS should wear disposable gloves.

You should wash your hands frequently with soap and water. If soap and water are not available, you can use alcohol based hand rubs instead (<http://www.cdc.gov/ncidod/sars/airlinecleanupcrew.htm>).

When cleaning commercial passenger aircraft after a flight with a possible SARS patient:

- Compressed air that might re-aerosolize infectious material should not be used for cleaning the aircraft. There currently is no evidence to suggest that special vacuuming equipment or procedures are necessary.
- Cleaning personnel should wear non-sterile disposable gloves while cleaning the passenger cabin and lavatories.
- Gloves should be removed and discarded if they become soiled or damaged and after cleaning activities are concluded.
- Hands should be washed with soap and water or an alcohol-based hand sanitizer immediately after gloves are removed.
- Frequently touched surfaces in the passenger cabin (e.g., armrests, seatbacks, tray tables, light and air controls, and adjacent walls and windows) and passenger lavatory surfaces should be wiped down with an EPA-registered low- or intermediate-level chemical household germicide* and allowed to air dry if indicated.

A PERSONS TRAVELLING BY SHIPS

- Ships or cruise liners entering any of South African ports from the SARS transmission areas (Canada, Vietnam, China, China Taiwan, China Hong Kong SAR) should be issued with a travel alert notice.
- If any of crew or passengers report signs and symptoms of SARS they should be dealt with as procedures outline for aircraft passengers.

SARS OUTBREAK RESPONSE FLOWCHART 2

Scenaria 1: Suspected SARS case during flight to SA

1. DURING FLIGHT

- 1.1 Patient presents with suspected SARS symptoms during flight
- 1.2 Air hostess notifies the pilot
- 1.3 Pilot informs operations at destination port
- 1.4 Suspected SARS patient is moved to an isolated area on the plane, a facemask should be placed over mouth.
- 1.5 Operations informs port health officers of the ill passenger
- 1.6 Port Health officers notifies:
port doctor (name.....tel.....)
CDC officer (name.....tel.....)

2. ONCE THE PLANE HAS LANDED

- 2.1 Port Health officers board plane
- 2.2 Plane door is closed.
- 2.3 Following information obtained: no of cases, signs and symptoms and passenger list.
- 2.4 Passengers briefed that there is an ill person on board, calm them and inform them that they will be provided with the necessary contact health information. In the event of anyone experiencing fever of over 38 °C plus a cough and shortness of breath, they are requested to report to their nearest health facility and present the health alert card to the doctor.
- 2.5 Allow all passengers except the contacts¹ to depart.
- 2.6 Take the contacts to a room for briefing.
- 2.7 Hand out SARS information sheet and Health Alert Notice, request contact address for the next 14 days. Inform them of contact tracing procedure (forms 1 and 2).
- 2.8 Suspected SARS patient taken to medical room at port and examined by the doctor.
- 2.9 Contact NICD to confirm symptoms conform to SARS case definition.
- 2.10 Doctor contacts referral hospital to arrange admission and transfer of patient
- 2.11 National Department of Health, CDC informed of suspected case.
- 2.12 Port Health hand over passenger list and close contact details.
- 2.13 The ground and cleaning crews of the airline should be notified at the same time so that preparations can be made

for appropriate cleaning of the aircraft after passengers have disembarked.

3. AT HEALTH FACILITY

Medical personnel must contact NICD (Contact numbers Dr L Blumberg 082 807 6770, Prof BD Schoub 082 908 8049 and Dr A Puren 082 908 8048) BEFORE sending specimens.

Specimens required

- 3.1 Nasopharyngeal aspirates or bronchoalveolar lavage in viral transport medium. Procedure: pass a small catheter or feeding tube through the patient's nose into the nasopharynx, instil 2-3ml of saline, and aspirate and place the contents directly into viral transport medium
Infection control precautions must be followed during this procedure: gloves, gown, visor, and N95 mask. Nasopharyngeal swabs do not provide adequate material, and therefore the results may not be reliable and throat swabs are totally unsuitable.
- 3.2 5ml of clotted blood in a plain tube

Patients need to be isolated and barrier nursed with mask (N95 mask) gown and glove precautions.

NICD should provide feedback on all laboratory results conducted on suspected SARS cases

4. FOLLOW UP AND CONTACT TRACING

- 4.1 CDC officer conducts contact tracing of passengers for 14 days using attached form.
- 4.2 Any persons reporting SARS signs and symptoms should be referred to their nearest health facility.
- 4.3 The CDC officer should make arrangements for the patient to have further assessment. It is important the patient receives immediate attention, has minimum contact with routine patients, the doctor must contact NICD to obtain information on samples and confirm SARS case definition.
- 4.4 CDC officer updates National CDC daily.
- 4.5 CDC should obtain all (positive or negative) results from NICD and communicate them to CDC National.

5. PRESS RELEASES

In the event of a suspected or confirmed positive SARS case being reported, all statements to the press should be issued by the National Department of Health, CDC in conjunction with NICD.

6. UPDATES

Weekly updates will be issued by CDC National in conjunction with NICD to all PHO and CDC on Fridays unless there is breaking news.

7. COMMUNICATION

All port health officers are requested to keep in contact with their CDC officer regularly.

COMMISSIONER FOR CIVIL AVIATION