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**AVIATION
DIRECTORATE**

**COMMUNICABLE DISEASE
CONTINGENCY PLAN**

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1. OVERVIEW

This document sets out how Aviation Directorate should respond to an outbreak of a communicable disease posing a public health risk or public health emergency of international concern.

This is a communicable disease plan but talks predominantly about what to do in the event of an influenza pandemic; currently the most likely communicable disease emergency to occur. If another type of communicable disease emergency occurs some adaptation to the specifics will be needed.

It differs from the Aviation Emergency Plan in that the likelihood is that an outbreak will begin overseas and hence not directly affect UK airports or airlines in the first instance. However actions will need to be taken and decisions made as soon as a potential pandemic has been identified, wherever in the world that may be.

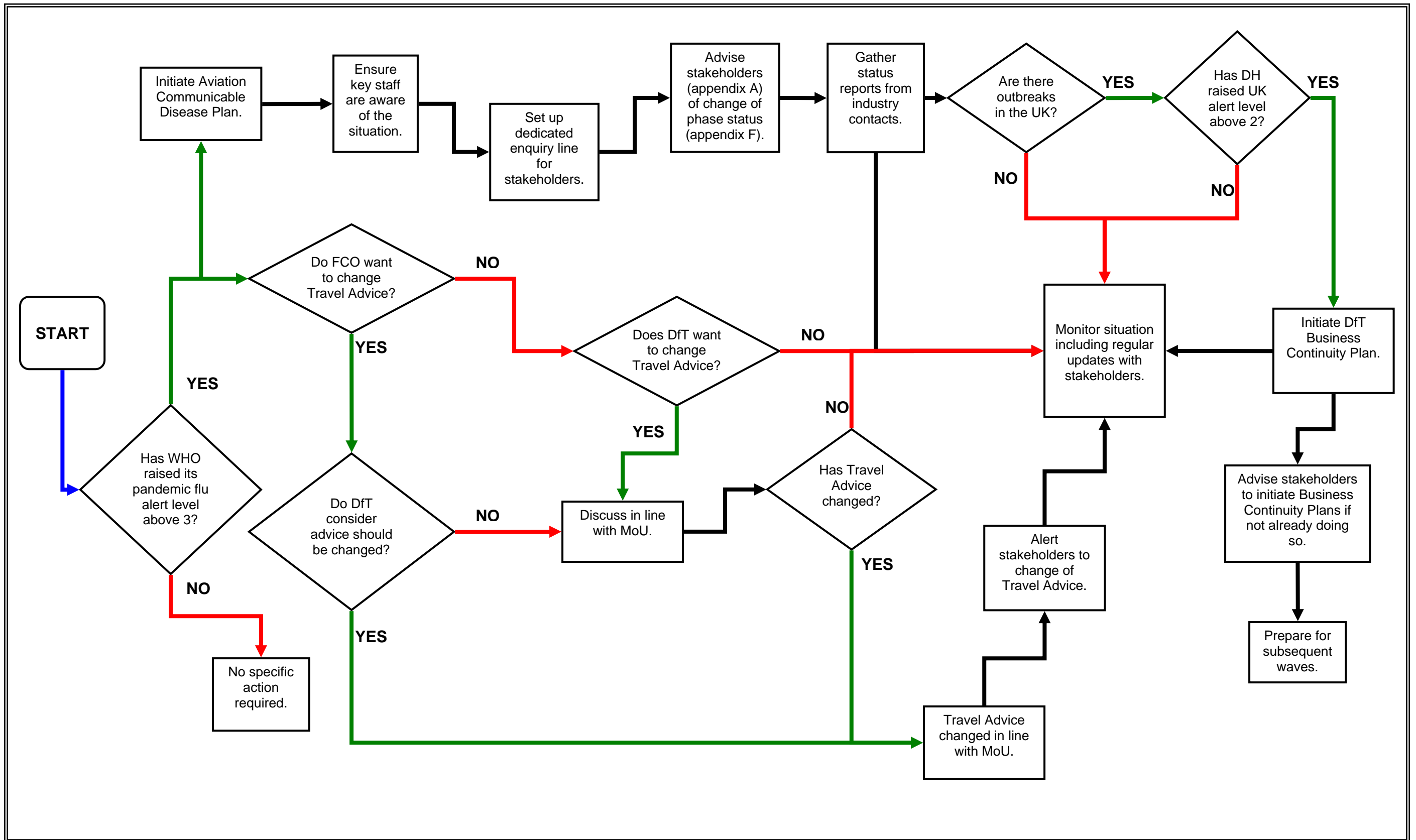
Section 2 is an easy reference one-page guide with a flow diagram showing the immediate steps that need to be taken. The rest of the document gives more detailed guidance and useful information.

This document is not a business continuity plan for how Aviation Directorate, airlines or airports should operate internally once an epidemic has taken hold in the UK (UK alert levels 3 & 4).

Links and further guidance on pandemic influenza can be found in appendix C, in particular the Department for Health's (DH) national framework for responding to an influenza pandemic.

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2. THE ONE PAGE GUIDE



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3. BACKGROUND

The International Health Regulations (2005) define their Purpose and Scope as: "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."

No country can expect to escape the impact of a pandemic entirely, and when it arrives most people are likely to be exposed to an increased risk of catching the disease at some point. Pandemics therefore pose a unique international and national challenge. As well as their potential to cause serious harm to human health, they threaten wider social and economic damage and disruption.

Given the probability of occurring and potential damage a pandemic would cause, it is prudent to have a plan which aims both to limit the spread of an outbreak, insofar that this is a realistic option, and which suggests contingency measures during a pandemic phase. The UK has a National Framework for responding to a flu pandemic; this is owned and maintained by the Department for Health. So why have an aviation specific plan?

Whilst a virus could emerge anywhere in the world – including the UK – South East Asia, the Middle East or Africa are widely considered to be the most likely potential source. It would initially spread to cause outbreaks and epidemics within the region before spreading globally to cause a pandemic. Some features of modern society, such as air travel, could accelerate the rate of spread and it is an ICAO standard that Contracting States establish national aviation plans in preparation for such a health emergency.

The government will, of course, be asked from the outset how it proposes business should be conducted during a pandemic phase overseas. The government's policy will be to maintain business as usual in the aviation sector as far as is possible whilst taking steps to limit spread of any virus. Any gain, in terms of slowing spread, from stopping international travel into the UK is likely to be outweighed by the economic benefits of maintaining the business. Only in very exceptional circumstances is the converse likely to be true.

The Department therefore needs a specific aviation plan, triggered by World Health Organization (WHO) phases 4 and above, to combat both the acceleration of spread and the potential economic damage it might cause. This plan gives guidance on what to do in these instances.

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4. ACTIONS

- **First Contact:**

The WHO has established communication procedures for alerting States to any change in the status of pandemic flu alert phase. They will contact both the Health Protection Agency and the Department for Health who will in turn inform Cabinet Office (CO).

Cabinet Office will then alert other government departments and work with the Department of Health to develop, update and circulate top-line briefings via the News Co-ordination Centre (NCC). Other government departments, including DfT, will arrange sector-specific briefings.

- Civil Contingencies Secretariat (CCS) in the Cabinet Office will call Defence & Civil Contingency Planning branch (DCCP) to advise of change of WHO's phase status.
- Once DCCP are aware they will alert all policy teams engaged in flu planning work, including Aviation.
- Once past the initial notification it is expected that Aviation will use direct contact links with DH and HPA about specific issues.
- Contact with FCO is likely to continue through DCCP however.

- **Alerting stakeholders:**

Given the likely scenario that the WHO has raised its pandemic alert level to level 4 or possibly even 5 following an outbreak overseas, Aviation Directorate will need to take various steps. These are:

- i. Ensure key internal staff are aware of the situation eg policy colleagues, press office, etc.
- ii. Establish a reactive single point of contact for industry enquiries.
 - Set up a discrete enquiry line to deal with general queries from industry.
 - Publicise telephone number.
 - Ensure enquiry line is staffed adequately (including out of hours).
- iii. Proactive contact with major stakeholders.
 - Tell stakeholders to "dust off" and read their flu plans.
 - These major stakeholders should include airports, airlines, CAA, NATS but it should be remembered that this list is not exhaustive.
 - The contact details of these stakeholders can be found at appendix A

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- **Monitoring Period:**

After the initial alert it is expected that there will then be a watching and waiting period during which our advice will be business as usual but with heightened vigilance.

- Regular contact with stakeholders should be maintained and information updated as necessary, especially if FCO travel advice changes.
- During this period be prepared to discuss with FCO Travel advice section whether any advice needs to be changed.
- A Memorandum of Understanding (MoU) exists with FCO on how decisions about changing Travel Advice should be reached; this can be found at appendix F.

During this monitoring period it is possible that the WHO will raise its pandemic alert level to phase 6, reflecting the fact that there is increased and sustained transmission in the general population. However there may be no instances reported in the UK. This will be reflected in the Department for Health's UK alert level of 1.

- **Outbreaks in the UK:**

If the virus spreads to the UK (UK Alert Levels 2 to 4), and the assumption is that it will, then the focus is likely to shift from international travel to maintaining business continuity across the UK.

The rationale being that the pandemic would already have spread across the world in general and so restricting people's movements would be of much less significance.

Airports and airlines have developed their own business continuity plans designed to deal with the disruption caused by a pandemic in the UK.

5. QUESTIONS & ANSWERS

A consistent message with the departmental (and national) communication strategy on pandemic flu needs to be maintained. The guidance you will need to give to transport operators will originate from DH and in many cases DH will be dealing directly with them.

The list of questions and answers below is a good initial guide to the sorts of questions you can expect to receive. However you should check they are still consistent with DH's current advice on the various topics. A link to their [website](#) can be found in appendix C (Links & Further Guidance).

Communications Directorate will monitor the media with great care and rebut rapidly any advice that is contrary to Government policy. Communications Directorate should also alert policy colleagues of any developing incidents.

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Q. Are we going to stop flights?

A. We have no plans to do so. Modelling and evidence from previous outbreaks of infectious diseases suggest that no practical level of travel restriction is likely to allow a country to avoid a pandemic altogether. The imposition of restrictions on all travel to the UK is only likely to delay arrival of the virus by one or two weeks if 90% effective and by some two months if 99.9% effective. The high economic cost of stopping flights would need to be outweighed by the benefits of delaying the arrival of the virus by this relatively short period of time.

Q. Why aren't we screening people?

A. Assuming that passengers were screened for clinical symptoms before travel (exit screening), modelling also suggests that there is no additional advantage in screening on arrival (entry screening) and that even preventing those with symptoms travelling by exit screening is only likely to delay spread of infection by one to two weeks.

Q. Why aren't we issuing facemasks?

A. Although the perception that wearing a face mask in public places may be beneficial is widely held, there is little actual evidence of proportionate benefit from widespread use. The Government will not therefore be stockpiling facemasks for general use. If individuals who are not symptomatic choose to purchase and wear facemasks in public places, they should be worn properly and disposed of safely to reduce infection spread.

Q. Why aren't you providing anti-virals?

A. The current UK strategy is to use antiviral drugs predominantly for treatment of people with pandemic influenza. Sustained use of antivirals for preventative treatment will not represent the best use of our resources, and would reduce the number of people who could be treated.

Q. Is there a vaccine and how can I get it?

A. It is not possible to develop a matching vaccine until the emerging influenza strain has been identified, and the Government is working actively with the international community and pharmaceutical industry to speed the development, testing and licensing of vaccines and secure the earliest possible supply. However, it may take four to six months before an effective vaccine is available and evaluated for safety, and considerably longer before it can be manufactured in sufficient quantities for the entire population, given that international demand will be high. Realistically, it is therefore unlikely that a specific vaccine will contribute much to dealing with the initial wave of a pandemic, unless its evolution, or the effectiveness of early control measures, result in a significantly slower developing pandemic than anticipated.

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APPENDIX A - CONTACT INFORMATION

The master contact lists are contained within the Aviation Emergency Plan folder on the G drive and can be found at - G:\AAA Contingency and Emergency WP 98\Aviation Directorate Emergency Plan

Appendix H of the [Aviation Emergency Plan](#) document is the internal contact list (G:\AAA Contingency and Emergency WP 98\Aviation Directorate Emergency Plan\070627 Aviation Directorate Emergency Plan v1.2.doc).

External stakeholder contact lists can be found at:

[Airlines](#) - G:\AAA Contingency and Emergency WP 98\Aviation Directorate Emergency Plan\070808 IASD External Emergency Contacts Airlines.doc

[Airports](#) - G:\AAA Contingency and Emergency WP 98\Aviation Directorate Emergency Plan\070809 APD External Emergency Contacts.doc

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APPENDIX B - EXPLANATORY TERMS & GLOSSARY

Seasonal Flu vs. Pandemic Flu

A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness and can sweep across the country and around the world in a very short time.

Seasonal flu refers to the viruses that circulate in the human population and cause widespread illness each winter.

World Health Organization Phases

The WHO have 6 phases of alert level which reflect increasing levels of the likelihood of a pandemic outbreak. These phases are:

Interpandemic period:

Phase 1 - No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase 2 - No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic alert period:

Phase 3 - Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 4 - Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5 - Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be transmissible (substantial pandemic risk).

Pandemic period:

Phase 6 - Pandemic: increased and sustained transmission in general population.

UK Alert Levels

There are 4 levels of alert in the UK.

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Alert Level 1 - No cases in the UK

Alert Level 2 - Isolated cases in the UK: This level is anticipated to last about two weeks, until cases are occurring in all major centres of population in the UK.

Alert Level 3 - Outbreak(s) in the UK: National and local response measures should be implemented proportionately as the pandemic spreads.

Alert Level 4 - Widespread activity across the UK: It is anticipated that activity will rise to a peak across the UK about seven weeks from the first recognition of cases.

Avian Influenza

Avian influenza or 'bird flu' is a highly contagious disease of birds, caused by influenza A viruses. In birds, the viruses can present with a range of symptoms from mild illness and low mortality to a highly contagious disease with a near 100% fatality rate. The bird flu virus currently affecting poultry and some people in Asia and other areas is the highly pathogenic H5N1 strain of the virus. As the virus can remain viable in contaminated droppings for long periods, it can be spread among birds, and from birds to other animals, through ingestion or inhalation. All bird species are thought to be susceptible to avian influenza. Migratory birds such as wild ducks and geese can carry the viruses, often without any symptoms of illness, and show the greatest resistance to infection. Domestic poultry flocks, however, are particularly vulnerable to epidemics of a rapid, severe and fatal form of the disease.

H5N1 is able to infect people because it is able to cross the species-barrier, although it does not do this easily. In human populations, where domestic pigs and wild and domestic birds live in close proximity with people, the mingling and exchange of human and animal viruses can more easily occur. Those who have become infected have had close direct contact with infected birds. Human infection with avian influenza viruses usually causes mild conditions such as conjunctivitis (eye infection) and mild flu-like symptoms, with one notable exception, the highly pathogenic H5N1 virus. More severe infection can lead to pneumonia, acute respiratory distress, viral pneumonia, and other severe and life-threatening complications.

There were no confirmed cases of person to person spread during the outbreak in 2005. While some instances of spread from one person directly to another have been reported, these have been isolated one-off occurrences with no further spread to people, and the route of transmission remains unconfirmed.

Vaccines

Vaccines are biological agents that stimulate the body to produce antibodies or other immunity. These antibodies are designed to protect the body from the strains of the virus contained in the vaccine. On exposure to the flu virus, the

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antibodies help prevent infection or reduce the severity of illness. Generally, vaccines reduce infection by around 70 to 80%, hospitalisations in high-risk individuals by around 60% and deaths by around 40%.

However, currently available flu vaccines are likely to provide little or no immunity in a pandemic situation. A new vaccine must be developed to match the pandemic strain of virus. This work can only begin once that strain has been identified.

Anti-Virals

Anti-virals prevent replication of the virus within the body reducing its spread through body tissues. Early treatment (within 48 hours of onset of illness) should shorten illness by around one day, reduce the severity of the symptoms, and reduce the need for hospitalisation. However, antiviral effectiveness in a pandemic, and particularly in reducing mortality in cases of severe disease, cannot be known until a new pandemic virus has emerged.

The current UK strategy is to use antiviral drugs predominantly for treatment of people with pandemic influenza. Sustained use of antivirals for preventative treatment will not represent the best use of our resources, and would reduce the number of people who could be treated.

Passenger Locator Card

To assist in passenger contact tracing, a public health passenger locator card has been developed by the World Health Organization. The passenger locator card provides a method of rapidly collecting passenger contact information and is recommended to be used when public health authorities suspect the potential for disease transmission on board an aircraft and a subsequent need for contact tracing. The information is intended to be held by public health authorities, in the UK's case the HPA, in accordance with applicable law and is to be used only for authorised public health purposes. ICAO has recommended that Contracting States use the model locator card published in Annex 9 of the Chicago Convention.

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APPENDIX C - LINKS & FURTHER GUIDANCE

- Department for Health's [Pandemic flu](#) section
- UK Resilience (Cabinet Office) - [Human Flu Pandemic](#) section
- CAA's [Aviation Health Unit](#)
- World Health Organization's [global influenza preparedness plan](#)
- International Civil Aviation Organization - [Aviation Medicine Section](#)
- FCO Travel Advice [Avian and Pandemic Flu](#) pages
- Explaining Pandemic Flu: [A Guide from the Chief Medical Officer](#)
- Health Protection Agency's [Pandemic Influenza](#) webpage

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APPENDIX D - LESSONS LEARNT LOG

It is likely that there will be subsequent waves of the pandemic after the initial outbreak. A lessons learnt log should therefore be kept so that changes can be made in preparation for these subsequent waves.

You should try to make a note of anything that could be improved as you react to the event. Once the response to the event is under control, don't forget to take some time to review what went well and what could have been improved.

Any useful feedback should be disseminated as widely as possible and as a minimum should be fed back into this document to make sure others can learn from past experience.

Areas to think about:

1. Did this guide give you the right information at the right time?
2. What was the most time consuming task - could the task have been done more efficiently?
3. Did everyone know what their role and responsibilities were?
4. Were actions logged and executed effectively?
5. Were communications used effectively both within DfT and externally?

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APPENDIX E - LEGAL POWERS

This section will give details of the legal powers available to ministers in the instance of a pandemic alert.

The options will not necessarily correspond with actions we would want to take on policy grounds however it is prudent to know what options, in legal terms, are and are not available.

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APPENDIX F - DRAFT ADVICE TO STAKEHOLDERS

Draft email text to be issued to aviation stakeholders, giving general advice, as soon as WHO phase 4 or 5 announced.

The World Health Organization (WHO) has recently raised its pandemic flu alert level to phase [4/5/6]. This means that there have been [isolated/some/widespread] outbreaks of human to human transmission of a new strain of flu virus in [insert country or countries]. There have, to date, been no reported incidences in the UK.

[Any further brief details about the nature of the outbreak.]

We are not [currently] proposing that you alter your day to day business services in response to this increase in alert level. Nor do we expect at this stage to impose any restrictions on air services. However the Foreign and Commonwealth Office, in consultation with DfT and other government departments, may take the decision to alter their travel advice to the affected region[s]. If they do take this decision it is most likely to advise against all but essential travel to the affected region[s] rather than advise against all travel to the region[s]. We shall of course notify you if they do alter their travel advice.

We now expect there to be a 'watching and waiting' period to see if these outbreaks spread further and the WHO deems it necessary to raise its alert level further.

You should of course take the opportunity during this monitoring period to review your business continuity plans in respect of pandemic flu and ensure that all staff are familiar with them. You should also remind check-in staff and air crew of the relevant procedures for dealing with passengers who a) present symptoms at check-in and b) present symptoms of illness in flight.

We have set up a dedicated enquiry line [020 7944 XXXX] for aviation industry stakeholders should you have any questions or you can email [... @dft.gsi.gov.uk]

Action: Draft webpage text for DfT website. To be drafted in conjunction with Communications Directorate but likely to direct to people to HPA and FCO websites.

Advice on:

- i. The general situation
- ii. People intending to travel
- iii. What to do if you feel unwell during your flight
- iv. What to do if you become unwell after flying

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APPENDIX G - MoU WITH FCO ON TRAVEL ADVICE

To be inserted once received from FCO.