

Advisory for Airlines on Ebola Virus Disease (EVD):

Brief on Ebola Virus Disease (EVD):

- This virus is caused by most lethal strain in the family of Ebola Viruses.
- The outbreak has caused 1,323 confirmed cases and 729 deaths (mortality rate is about 50 to 60 %) have been reported till now in four countries.
- The incubation period (interval from infection to onset of symptoms) of disease varies from 2-21 days.
- The symptoms of disease are non-specific like fever, weakness, muscle pain, headache, sore throat, followed by vomiting, diarrhea, rash and in some cases bleeding also occurs.
- Disease transmits through close contact with the bodily fluids of an infected person. Transmission requires direct contact with blood, secretions, organs or other body fluids of infected living or dead person or animal.
- No vaccine or curative therapy available.
- Implementation of supportive therapy may increase the chances of survival.
- Early detection, isolation of cases, contact tracing and monitoring of contacts and rigorous procedures for infection can prevent further outbreak.
- The virus has ability to spread via air travel.
- Public awareness of the facts about this disease needs to increase dramatically

1. In flight announcement as below:

“In view of the current Threat of Ebola Virus Disease (EVD): which has high mortality and is currently reported in West African Countries, travelers who have any fever, weakness, muscle pain, headache, sore throat, vomiting, diarrhea, rash, bleeding should report immediately to the airlines crew and at the immigration/medical unit on arrival. This is important for early diagnosis for prompt management and preventing spread. In case any of these symptoms develop within 30 days of arrival in the country the traveler should seek medical assistance from the designated hospitals and also inform the airport health office.”

2. All airlines should keep
 - a. First aid kits, universal precaution kits as per the ICAO guidelines and
 - b. A stock of triple layer masks (25 Nos.), disposable hand gloves (around 25) hand sanitizer and disposal bags: these are to be used for any passenger reporting with symptoms of Ebola Virus Disease (EVD) and co-passengers who are likely to have contacted the disease.
3. Assist the staff of Health unit at the airport during disembarkation for Contact tracing of travelers identified as suspect by providing Public Health Passenger Locator cards (as requested by the Airport Health officer).

4. Follow aircraft disinsection / disinfection procedures (as recommended by WHO/ICAO).

Advisory for specific public health measures for travelers suspected of EVD:

- Distancing of other passengers if possible from the symptomatic passenger (re-seating); with the ill travellers preferably near a toilet, for his/her exclusive use.
- Covering nose and mouth of the patient with a surgical facemask (if tolerated).
- Limiting contacts to the passenger to the minimum necessary. More specifically, only one or two (if ill passenger requires more assistance) cabin crew should be taking care of the ill passenger and preferably seating the passenger in an isolated corner with dedicated toilet and only the cabin crew that have already been in contact with that passenger. This cabin crew should be using the Universal Precaution Kit (see below).
- Hand washing with soap after any direct or indirect contact with the passenger.
- Immediate notification of authorities at the destination airport in accordance with procedures promulgated by the International Civil Aviation Organization (ICAO).
- Immediate isolation of passenger upon arrival.

Dedicated crew member to assist the ill traveller, should be using suitable personal protection equipment (PPE) such as that recommended by ICAO Universal Precaution Kit (<http://www.capsca.org/CAPSCARefs.html>) for dealing with the traveler and for cleaning procedures on board as needed.

The possibility of transmission to other co-passengers and crew on board the aircraft should be assessed by health care providers on arrival. If the investigation concludes that the passenger has symptoms compatible with EVD and had a risk exposure in affected countries in the past 21 days, passengers as well as crew members may be at risk if they have been in direct contact with body fluids or heavily contaminated objects.

The following epidemiological measures based upon proximity to the index patient should be considered:

- **Passengers and crew with reported direct contact**
To gather this information, any records of significant events on the flight should be obtained from the airline. Co-travellers and crew members who report direct body contact with the index case should undergo contact tracing.
- **Passengers seated in an adjacent seat to the index patient**
As direct contact is the main route of transmission for Ebola virus, only passengers who were seated in an adjacent seat to the index case on the side, in front or behind, including across an aisle, should be included in contact tracing.
- **Cleaning staff of affected aircraft section**
If the case is suspected or diagnosed after leaving the aircraft, the staff who cleaned the section and seat where the index case was seated should also undergo contact tracing.

At the request of airport or port health authority, airlines may also ask some or all passengers to provide information on their itinerary and their contact details where there is a particular reason to believe they may have been exposed to infection on board of aircraft (e.g. per the ICAO public health passenger locator form)¹.