Ebola: Global aviation and public health working together?

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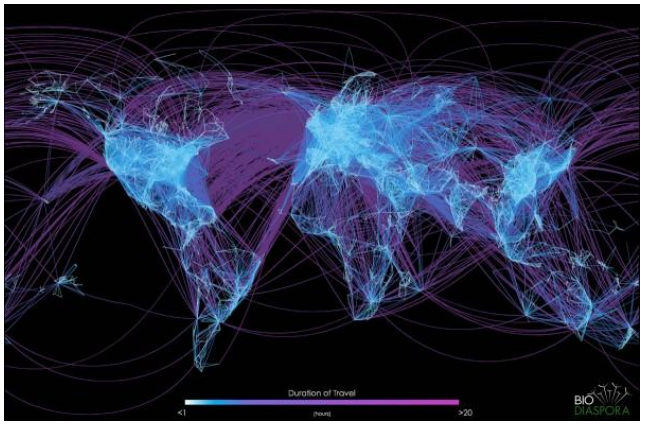
Disclaimer

- The opinions expressed in this presentation are my own and not necessarily representative of the views of the UK Civil Aviation Authority or the Department for Transport.

Commercial aviation – a global industry

Heathrow airport 2012:

- Average number of aircraft arriving / departing per day = 1,288
- Average number of passengers arriving / departing per day = 191,200
- Percentage of international passengers = 70%
- Percentage of transfer passengers = 37%



Public health issue:

- International air travel is an effective and efficient way of rapidly spreading contagious disease across the globe
- Few if any measures have been shown to be effective in preventing such spread

Preventing spread of contagious disease: why do people travel if they are sick?

- They want to get home
- The importance of the journey:
  - Business
  - Sick or dying relatives abroad
  - Returning to birthplace to die
  - Migrants
- Believe that they only have a minor illness
- Asymptomatic carriers
- Asymptomatic – incubating disease
- Travelling to obtain health care

Why is the aviation industry concerned?

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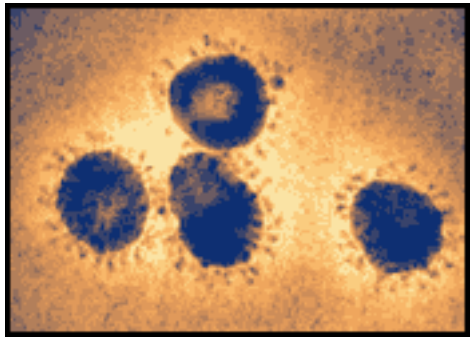
- Impact on passengers
- Impact on staff – flying crew and ground staff
- Impact on operations e.g. of government actions – travel restrictions / advisories, airport screening
- i.e. major operational and commercial impact on a global scale
- Impact on the bottom line!

Role of Ministries of Transport and Aviation Authorities

- Maintaining transport infrastructure and links
- Providing guidance and information to national industry
- Oversight of industry emergency planning – airports, airlines, air navigation services (plus maritime, rail, road transport)
- UK:
  - Department for Transport responsible for coordination with other Government departments and agencies – policy, planning, communication
  - UK CAA – interface between industry and Department for Transport, technical expert advice to Dept for Transport, liaison with industry on managing disruption
  - Aviation Health Unit – part of CAA, advice to CAA and Government on Aviation Health, liaison with IATA / ICAO medical advisers, airline medical advisers, public/port health nationally and at airports

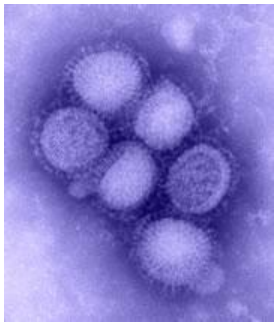


Source: CDC

Lessons from SARS

- Inadequate contingency planning led to national guidelines / requirements exceeding WHO requirements
- Inconsistency in airline approaches (in some cases cultural)
- Political expediency (or imperative) – need to be seen to be doing something
- Role of media and 'experts' in raising public fear
- Financial cost (source: IATA):
  - Asia-Pacific airlines – 8% annual traffic = USD 8 billion
  - N American airlines – 3.5% international traffic = USD 1 billion
- Key role of IATA working with WHO / ICAO – IATA Medical Adviser, plus airline representatives on IATA Medical Adviser Group

Impact of Swine Flu (H1N1)



Source: CDC

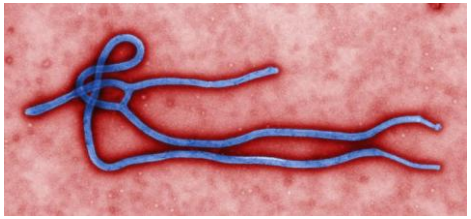
Many factors ticked 'worst case' for airline business:

- Rapid escalation – alert phase 3 to 5 in 3 days
- Existing global economic crisis and impact on airlines
- US was early focal point, wide geographical spread
- Inconsistent and inappropriate Government and airline responses - some states imposed entry screening, quarantine of suspect cases

Positive factors:

- Generally mild illness with few deaths outside Mexico
- Many Governments / organisations well-prepared
- Good cooperation / coordination between WHO, ICAO, IATA

Overall, level of disruption to air travel / demand relatively small



Source: CDC / Cynthia Goldsmith

Impact of Ebola?

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- Early coordination between WHO / ICAO / IATA
- ICAO's medical adviser an adviser to IHR Emergency Committee
- WHO Travel and transport risk assessment: guidance for public health authorities and the transport sector
- WHO guidance on exit and entry screening at Points of Entry
- RAGIDA risk assessment guidelines for Ebola

But in some ways we have gone backward since SARS / H1N1:

- Impact on direct flights to affected area – airline concerns (re staff), State restrictions
- Media pressure for action
- Political expedience and imperatives

'Who is clipboard man?': man without Hazmat suit helps Ebola patient onto plane

Man with no protective clothing, carrying only a clipboard, photographed helping second US Ebola patient board her plane

Source: telegraph.co.uk

7 October – No Ebola screening for arrivals to UK – Public Health England

5 August – BA suspends flights to Liberia and Sierra Leone due to the 'deteriorating public health situation'

Public health messages about Ebola could, and should, have been better

Politicians have contributed to confusion and anxiety about the virus. What the UK needs is a trusted voice on health matters

Source: theguardian .com 17 Oct 2014

US troops on Ebola duty in Africa to face 21-day quarantine despite low risk

US military not in direct contact with Ebola sufferers

CDC recommends 21-day isolation only for high-risk individuals

Sierra Leone's John Kamara banished by Greek club over Ebola

Kamara returned to Greece after playing for the Leone Stars in their Africa Cup of Nations ties in Cameroon. Lamia told him the decision was on advice from the Greek health ministry.

Source: bbc.co.uk

10 October - PM defends Ebola screening decision

Source: Press Association

Ebola impact on aviation industry - so far…….

Little direct impact on international aviation:

- Affected countries not key international markets
- Very few cases outside West Africa
- Limited entry screening has not disrupted operations
- Little impact on passenger numbers
- No cases of transmission on board aircraft
- Generally effective / efficient management of suspect cases who have travelled by air
- Media reporting has become more balanced

Liaison with UK public health authorities

Initially frustrating:

- Lack of documented policies and procedures for coordination – failure to build on learning of SARS & H1N1
- Impact of public health re-organisation on networks and contacts – starting almost from scratch
- Lack of awareness / use by both Department of Transport and Public Health England of available, if limited, aviation medical expertise (AHU and airline medical advisers)

Links established through Dept for Transport crisis cell

- Input to advisory information for airlines and airports, change of emphasis to follow routine procedures, IATA/WHO guidance
- Participation in Hazardous Area Response Team exercise
- Input to procedures for managing suspect case onboard / at airport

My main concern

Mixed messages and their impact on both aviation staff and public / passengers:

- SARS demonstrated importance of consistency of messages
- Importance of following information and guidance of trusted bodies e.g. WHO (though ?damaged by perceived over-reaction to H1N1)
- Actions taken as ‘precautionary’ that undermine key facts, e.g. difficulty of transmission
- Challenge for politicians of managing media and other expectations
- Challenge for medical experts working in Government advisory roles – supporting / explaining / challenging actions that they may not necessarily agree with

The question in my title - Ebola: Global aviation and public health working together?

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Conclusion:

- At many levels, both nationally and internationally, the answer is 'Yes'
- As technical experts in our fields, we largely agree on the risks and the best way to manage them
- However, we have not been able to influence either the media or political leaders sufficiently to ensure a consistent, evidence-based response
- How can we do better next time?
  - Make sure that the networks and working groups we have built in responding to Ebola are followed up, to become cross-departmental and cross-organisational policies and procedures
  - Work with experts in risk communication to ensure that our message is heard / listened to at all levels of both government and media
  - Find effective ways to challenge actions / decisions that threaten the consistent message

Communicating public health risk