



# REPUBLIC of SAN MARINO CIVIL AVIATION AUTHORITY

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## SAFETY NOTICE No. 02/2019

### EBOLA EPIDEMIC IN THE DEMOCRATIC REPUBLIC OF THE CONGO

This Safety Notice applies to operators of San Marino registered aircraft that operate into the Democratic Republic of the Congo.

#### 1. Introduction

Operators of San Marino registered aircraft are encouraged to be aware of the current outbreak of the Ebola epidemic currently confined to the Democratic Republic of the Congo but with the potential to be transmitted beyond the border by aircraft passengers/crew.

#### 2. CAA Policy

The safety of aircraft passengers and crew is the responsibility of the operator who is also responsible for allowing such operations in Ebola virus disease areas.

In line with ICAO recommendations (refer Attachment 1), the CAA has published this Safety Notice to ensure operators are made aware of this deadly disease and the need for screening and reporting should they operate into the Democratic Republic of the Congo. Please use the links on the ICAO attachment for further information.

#### 3. Recommendation

- 3.1 Exit screening is recommended at international airports in affected countries (currently only the Democratic Republic of the Congo). This includes non-invasive temperature screening, health checks and observations, risk communication and information sharing to travellers, conducted by suitably qualified and trained public health authorities.

Those that meet specified criteria of suspected Ebola virus disease, should be referred to specialist medical care with appropriate infection, prevention and control precautions, and only where appropriate, laboratory testing to confirm or exclude Ebola virus disease.

- 3.2 If a traveller or crew member presents with signs or symptoms related to Ebola virus disease or is considered to be a high-risk contact of an Ebola virus disease case (as determined by public health authorities conducting exit screening), the operator is advised to seek medical clearance from public health authorities prior to embarkation.



- 3.3 If a person who has been exposed to Ebola virus and developed signs/ symptoms while on board an aircraft, such patients should seek immediate medical attention upon arrival, and then be isolated to prevent further transmission. Although the risk to fellow travellers in such a situation is very low, contact tracing is recommended in such circumstances.
- 3.4 Guidelines for crew for managing a suspected case of communicable disease on board as stated in CAR OPS 0.270 (see extract at Attachment 2) or for cabin crew, as issued by the International Air Transport Association (see extract at Attachment 3), should be implemented.

In the interests of aviation safety,

Eng. Marco Conti  
Director General



12/08/2019



International Civil Aviation Organization

**ELECTRONIC BULLETIN**

For information only

EB 2019/30

29 July 2019

**EBOLA EPIDEMIC IN THE DEMOCRATIC REPUBLIC OF THE CONGO**

1. An outbreak of Ebola virus disease (EVD) was declared in the Democratic Republic of the Congo (DRC) on 8 May 2018. Despite interventions by the State and assistance from various international organizations, the outbreak could not be controlled to date. Following an Emergency Committee meeting convened by the World Health Organization (WHO) Director-General on 17 July 2019, he declared the current outbreak a public health emergency of international concern (PHEIC) as defined in the International Health Regulations (IHR). The statement on this meeting is available at: [www.who.int/news-room/detail/17-07-2019-ebola-outbreak-in-the-democratic-republic-of-the-congo-declared-a-public-health-emergency-of-international-concern](http://www.who.int/news-room/detail/17-07-2019-ebola-outbreak-in-the-democratic-republic-of-the-congo-declared-a-public-health-emergency-of-international-concern).

2. Ebola is a severe, often fatal illness in humans. The virus can be transmitted to humans through contact with infected animals (after slaughtering, cooking or eating) or through contact with the bodily fluids (blood, stool, urine, saliva, semen) of infected persons. Ebola can present with symptoms that include fever, diarrhoea, abdominal pain, muscle pain, joint pain and sometimes bleeding.

3. A total of 2592 cases has been reported as of 21 July 2019, of which 2498 were confirmed cases and 94 probable cases of Ebola. 1649 deaths were confirmed due to Ebola, with another 94 cases probably due to Ebola. Several factors have contributed to the ongoing outbreak including the high density of the population in some areas, high mobility of the population, distrust and reluctance in the formal medical processes from the community, ongoing security concerns, inadequate technical assistance and a lack of resources to respond effectively to the outbreak.

4. The experimental vaccine that is currently being used in the DRC to protect persons whom have had contact with infected persons (contacts), seems to be successful. Although some cases have been imported from DRC to Uganda, the current outbreak has been restricted to the DRC, with no outbreaks due to local transmission having been identified in neighbouring countries.

5. Nationally, DRC has activated exit screening measures at the international airport at Kinshasa. One case of Ebola has been reported in Goma, which raised concern due to its international airport and its close proximity to Rwanda. Currently exit screening is recommended only for international airports within the DRC. ICAO urges States to follow WHO recommendations regarding Ebola screening measures. More detailed information on entry, exit and cross-border screening can be found at <https://www.who.int/ith/who-recommendations-for-international-traffic-19July2019.pdf>.

6. ICAO urges States to ensure the implementation of WHO Ebola recommendations, encourage the collaboration between the aviation, health and tourism sectors, ensure the implementation of the ICAO Standards and Recommended Practices (SARPs) related to the management of infectious diseases; and to communicate to stakeholders the importance of consulting the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) guidance material and International Air Transport Association (IATA) guidelines on the management of an ill passenger in an airport terminal or on board.

## ATTACHMENT 1

States are further encouraged to assist WHO with contact tracing by providing passenger contact information to the WHO if requested by the WHO or IHR national focal point within a State.

7. In view of current available data, the WHO considers the overall risk for spreading of the disease at national and regional level to be very high, but at global level to be low.

8. Currently, WHO strongly advises against the closure of borders or implementing any restrictions on travel and trade, including general quarantine of travellers arriving from Ebola-affected countries (currently only the DRC). More detailed information regarding restrictions on travel or trade can be found at <https://www.who.int/ith/who-recommendations-for-international-traffic-19July2019.pdf>.

Issued under the authority of the Secretary General

## ATTACHMENT 2

### **Extract from CAR OPS 0.270**

*(identical to ICAO Annex 9, Chapter 8, and paragraph 8.15)*

#### **OPS 0.270 Communicable Diseases**

The pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

The report to air traffic control should include transmission of the following information;

- (a) Aircraft identification;
- (b) Departure aerodrome;
- (c) Destination aerodrome;
- (d) Estimated time of arrival;
- (e) Number of persons on board;
- (f) Number of suspected case(s) on board; and
- (g) Nature of the public health risk, if known.

*Note: A communicable disease could be suspected and require further evaluation if a person has a fever (temperature 38°C/100°F or greater) that is associated with certain 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.*

## ATTACHMENT 3



December 2017

### SUSPECTED COMMUNICABLE DISEASE

#### Guidelines for Cabin Crew

The following are guidelines for cabin crew when managing a suspected case of communicable disease on board.

During an outbreak of a specific communicable disease, the World Health Organization (WHO) or member States may, in collaboration with IATA, modify or add further procedures to these guidelines.

A communicable disease is suspected when a traveller (passenger or a crewmember) has a fever (temperature 38°C/100°F or greater) associated with one or more of the following signs or symptoms:

- Appearing obviously unwell
- Persistent coughing
- Impaired breathing
- Persistent diarrhea
- Persistent vomiting
- Skin rash
- Bruising or bleeding without previous injury
- Confusion of recent onset

**Note 1:** This list of signs and symptoms is identical to that listed in the Health part of the ICAO Aircraft General Declaration and in the World Health Organization International Health Regulations (2005) 2<sup>nd</sup> Edition.

**Note 2:** If food poisoning from in-flight catering is suspected, proceed as per company-established protocol. The pilot in command must follow the ICAO notification procedure in paragraph 14 below.

**Note 3:** If the temperature of the affected person is normal but several travellers have similar symptoms, think of other possible public health issues such as chemical exposure.

1. Ask the ill traveller where he/she has travelled in the last 21 days and if he/she has lived in the same household or has had contact with a person sick with a communicable disease
2. If medical support from the ground is available, contact them immediately *and/or* page for medical assistance on board (*as per company policy*).



### ATTACHMENT 3

3. If medical ground support and/or an on board health professional is available, crew should follow their medical advice accordingly.
4. If no medical support is available, and if possible, try to relocate the adjacent passengers leaving a space of two meters (6 feet) between the ill passenger and the other passengers. If no seats are available, consider giving PPE to the adjacent passengers.
5. Designate one cabin crew member to look after the ill traveller, preferably the crew member that has already been dealing with this traveller. More than one cabin crew member may be necessary if more care is required.
6. Designate a specific lavatory for the exclusive use of the ill traveller and use appropriate signage on the door.
7. If the ill traveller is coughing, ask him/her to follow respiratory etiquette:
  - i. Provide tissues and the advice to use the tissues to cover the mouth and nose when speaking, sneezing or coughing.
  - ii. Advise the ill traveller to practice proper hand hygiene. If the hands become visibly soiled, they must be washed with soap and water.
  - iii. Provide an airsickness bag to be used for the safe disposal of the tissues.
8. If a face mask is available and the traveller is coughing or sneezing, the ill traveller should be asked to wear it. As soon as it becomes damp/humid, it should be replaced by a new one. These masks should not be reused and must be disposed safely in a biohazard bag or equivalent after use. After touching the used mask (e.g., for disposal), proper hand hygiene must be practiced immediately.
9. If the ill traveller cannot tolerate a mask or refuses it, the designated cabin crew member(s) or any person in close contact (less than 1 meter) with the ill person should wear a mask. The airline should ensure that their cabin crewmembers have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or by mask adjustment, or by repeatedly putting it on and off.)
10. If touching the ill passenger is required (or their mask/contaminated clothes etc.) and/or if there is a risk of direct contact with body fluids, the designated cabin crew member should wear the personal protective equipment (PPE) found in the Universal Precaution Kit (UPK). UPKs are not intended to replace proper hand hygiene\*\*. The PPE in the UPK should be carefully removed as per training syllabus and discarded as per paragraph (11) and hands should be washed with soap and water. An alcohol-based hand rub can be used if the hands are not visibly soiled.

### ATTACHMENT 3

11. Store soiled items (used tissues, face masks, oxygen mask and tubing, linen, pillows, blankets, seat pocket items, etc.) in a biohazard bag if one is available. If not, place in an intact plastic bag, seal it, and label it "biohazard".
12. Ask accompanying traveller(s) (spouse, children, friends, etc.) if they have any similar symptoms.
13. Ensure hand carried cabin baggage follows the ill traveller and comply with public health authority requests.
14. **As soon as possible, advise the captain of the situation because he/she is required by the *International Civil Aviation Organization regulations (ICAO Annex 9, Chapter 8, and paragraph 8.15)* and the *World Health Organization International Health Regulations (WHO IHR 2005, Article 28(4))* to report the suspected case(s) to air traffic control. Also remind the captain to advise the destination station that specific cleaning and disinfection procedures may be required by local public health authorities.**
15. Unless stated otherwise by ground medical support or public health officials, ask all travellers seated in the same row, 2 rows in front and 2 rows behind the sick traveller to complete a passenger locator form if such forms are available on the aircraft or at the arrival station.

**\*\*** *A general term referring to any action of hand cleansing, performed by means of washing one's hands with soap and water for at least 20 seconds. An alcohol-based hand cleaner is an alternative to hand-washing but will not be effective if hands are visibly soiled. Touching the face with hands should be avoided. Hands should be washed frequently.*