



GUIDELINES AND RECOMMENDATIONS

Interim Guidance for Airline Flight Crews and Persons Meeting Passengers Arriving from Areas with Avian Influenza A (H5N1)

This includes Airline Flight Crew, Transportation Security Administration (TSA), and Customs and Border Protection (CBP) personnel

This updated interim guidance is intended to inform airline flight crews and personnel meeting arriving passengers about recommended precautions in the event that they must interact with a person suspected of having H5N1 avian influenza. Recommendations are based on standard infection control practices used in health care settings and on available information about the virus that causes H5N1 avian influenza.

Background

Avian influenza A (H5N1) viruses usually affect wild birds but can infect and cause serious disease among poultry, such as chickens. Human infections with H5N1 viruses are rare, but have also occurred in several countries since 2003. For a current list of countries reporting outbreaks of H5N1 infection among poultry and other birds and countries reporting human infections with H5N1 viruses, see the Centers for Disease Control and Prevention (CDC) website: <http://www.cdc.gov/flu/avian/outbreaks/current.htm>

Most H5N1 infections in humans are thought to have occurred from direct contact with infected poultry. Evidence to date suggests that people infected with the current form of H5N1 viruses pose a low risk for transmission to close contacts. However, it is prudent to assume that individuals with H5N1 viruses are potentially infectious. Transmission of H5N1 viruses from infected individuals, if it does happen, could occur through the spread of large respiratory droplets, which usually requires close contact (<3 feet) with an infected person or contact with contaminated hands or inanimate objects (e.g., armrests). Therefore, Standard (http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet (http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) Precautions are appropriate, and hand hygiene remains the focus of infection control.

The CDC and WHO continue to carefully monitor the situation in all affected areas and remain in close communication about the evolving outbreak. CDC has not recommended that the general public avoid travel to any of the countries affected by H5N1 viruses.

For additional information on avian influenza, please consult the CDC web page at <http://www.cdc.gov/flu/avian/>.

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General Infection Control Measures

All airline personnel should always follow basic hygiene practices to prevent becoming ill.

Handwashing is an important and effective means of preventing the delivery of infectious material (e.g., nasal secretions, saliva or other body fluids that may contain viruses) from soiled hands to the mouth, nose or eyes, where it can enter the body. Cleaning one's hands with soap and water removes potentially infectious material from one's skin. Hands should be cleaned before preparing food, eating, or touching one's face and after handling soiled material (e.g., used tissues, lavatory surfaces), coughing or sneezing, and using the toilet. Waterless alcohol-based hand gels may be used when soap is not available and hands are not visibly soiled.

If airline personnel are ill, the following steps should be taken:

- Avoid traveling unless traveling locally for health care.
- Cover mouths and noses with a tissue or hands when coughing or sneezing.
- Put used tissue in a waste basket.
- Clean hands with soap and water or an alcohol-based hand gel immediately after coughing or sneezing.

CDC does not recommend the routine use of personal protective equipment (PPE), such as respirators, gloves, or surgical masks, for protection against avian influenza exposure, except in health care-related situations. However, gloves are recommended when cleaning potentially contaminated surfaces.

Passengers with Symptoms of Possible Avian Influenza: Management on a Conveyance

- Personnel should be aware of the symptoms of avian influenza (<http://www.cdc.gov/flu/avian/facts.htm>). Although experience with human infection is limited, persons infected with avian influenza would likely have fever and respiratory symptoms (cough, sore throat, shortness of breath). Persons who have traveled in areas where avian influenza is present should be evaluated by a healthcare provider if they develop a fever and respiratory symptoms, even though common respiratory illnesses would be the most likely cause.
- If flight crew members or other personnel are concerned that a passenger traveling from an area with avian influenza may be infected, they should try to keep the ill passenger separated from the other passengers as much as possible (3-6 feet).
- If the ill passenger can tolerate a mask, provide a paper or gauze surgical mask to reduce the number of droplets coughed into the air.
- If a surgical mask is not available, provide tissues and ask the ill person to cover his or her mouth and nose when coughing and to put the used tissues into a wastebasket or bag.
- If an ill passenger is unable to wear a surgical mask, personnel may wear surgical masks when working with the ill person.
- Personnel should wear disposable gloves for direct contact with blood or body fluids of any passenger. **However, gloves are not intended to replace proper hand hygiene.** Immediately after activities involving contact with body fluids, gloves should be carefully removed and discarded and hands should be cleaned. Gloves should not be washed or reused.

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- The captain of an airliner bound for the United States is required by law to report the illness to the nearest U. S. Quarantine Station prior to arrival or as soon as illness is noted (see http://www.cdc.gov/ncidod/dq/quarantine_stations.htm). Quarantine officials will arrange for appropriate medical assistance to be available when the airplane lands and will notify state and local health departments and the appropriate CDC officials. Quarantine officials will work with the airline and local and state health departments to assist with medical transportation of the patient upon arrival, disease control and containment measures, passenger and crew notification and surveillance activities, and airline disinfection procedures.

Management on Arrival

For Transportation Security Administration (TSA), Customs and Border Protection (CBP), and other personnel interacting with passengers arriving from areas with avian influenza, CDC does not recommend protective measures beyond those already in use for interacting with the general public.

- As with other infectious illnesses, one of the most important preventive practices is careful and frequent handwashing. Cleaning hands with soap and water removes potentially infectious material from one's skin. Hands should be cleaned before preparing food, eating or touching one's face, and after handling soiled material (e.g., used tissues, lavatory surfaces), coughing or sneezing, and using the toilet. Waterless alcohol-based hand gels may be used when soap is not available and hands are not visibly soiled.
- Personnel who have to detain or assist a passenger who appears to have a respiratory illness and who may have traveled from an area with avian influenza should try to keep the ill passenger separated from the other passengers as much as possible (3-6 feet) and should immediately contact the appropriate authorities, such as the U.S. Quarantine Station with local jurisdiction (http://www.cdc.gov/ncidod/dq/quarantine_stations.htm) and Emergency Medical Services (EMS).
- While waiting for EMS or authorities to respond, provide the ill passenger with a gauze or paper surgical mask to reduce the number of droplets coughed into the air.
- If a surgical mask is not available, provide tissues and ask the ill person to cover his or her mouth and nose when coughing and to put the used tissues into a waste basket or bag. If the ill passenger is unable to wear a surgical mask, personnel may wear surgical masks when in contact with the ill person (3 feet or closer).
- Personnel should wear disposable gloves if touching blood or body fluids. ***However, gloves are not intended to replace proper hand hygiene.*** Immediately after activities involving contact with body fluids, gloves should be carefully removed and discarded and hands should be cleaned with soap and water or an alcohol based hand gel (if hands are not visibly soiled). Gloves should not be washed or reused.

Management of Ill Crew

Flight crew members and ground personnel who become ill and who believe they have been exposed to avian influenza should take the following precautions:

- Do not travel while ill, unless traveling locally for health care. Limiting contact with others as much as possible can help prevent the spread of an infectious illness. If crew members and ground personnel must travel (e.g., to seek medical care), they should wear a paper or gauze surgical mask to decrease the possibility of transmitting the illness to others.

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- If crew members and ground personnel become ill while traveling away from home, their employer should be notified and assistance should be requested in locating a healthcare provider. Employees should let their employer know if they are concerned about possible exposure to avian influenza, and ask about all available healthcare options.
- If illness onset occurs while outside the United States, the U. S. embassy or consulate can provide names and addresses of local physicians.
- Before crew and personnel visit a doctor's office, clinic, or emergency room, the healthcare provider should be warned in advance about possible exposure.
- If illness onset occurs after return home, employees should contact a healthcare provider. Before going to the doctor's office or emergency room, the medical staff should be told about the employee's symptoms, the countries visited, and whether the employee had contact with poultry.

For more information, visit <http://www.cdc.gov/travel/>,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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