

BLUF:

1. **First day when the number of: new confirmed cases was below 2,000 nationwide; new confirmed cases outside Hubei was below 100; and deaths dropped below 100 nationwide!**
2. **By the numbers: 75,280 confirmed cases (3% increase from yesterday), 2,014 deaths (7% increase), of which 101 of the deaths (5%) are from outside Hubei province, and 6 deaths are from outside mainland China (Hong Kong SAR x2, Philippines, Japan, France, China Taiwan). 15,090 recovered. Still 99% of cases and over 99% of deaths have occurred in mainland China. WHO figures (www.worldometers.info) based on large numbers analyzed give the severity spectrum as: 82% mild; 15% severe; 3% critical and we know approximately 2% fatalities. Along with a further increase in cases from the “Diamond Princess” cruise ship (to 542) the other “exported” cases (outside mainland China) rose to 471 (up from 443 yesterday, a 6% increase) in 28 regions outside mainland China. Singapore has the highest number of those regions at 81, followed by Japan 74 and Hong Kong SAR 62. And now 10 of those regions no longer have active cases.**
3. ***Still a long way to go! May take over a year to completely get through this. COVID-19 – Broader WHO case definition – now including clinical diagnosis (not laboratory confirmed). This has raised the overall numbers of cases tracked significantly. This is not a bad thing and reflects a broader picture of the disease and world-wide standardized tracking method. With the new trend-line we will continue to track progression. We are still cautiously optimistic that China is turning the corner on containment, but time will tell.***
4. WHO’s latest Sitrep no 29 is here: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200218-sitrep-29-covid-19.pdf?sfvrsn=6262de9e_2
5. **Putting risk into perspective: Aircrew are amazing in the work that they do each and every day. Unfortunately, there is risk in everything we do and exposure to passengers carrying disease is one of those risks. The good news is there are ways to minimize risk / exposure to all diseases (see below CDC recommendations for Aircrew). For comparison, MERS had a 33% death rate and SARS a 14% death rate, Avian Influenza around 60%. The common flu has approximately 0.2% death. So far this year, 54 children have died from the Flu in the United States and the CDC estimates there have been at least 15 million flu illnesses and more than 8,000 deaths in the US - so far this flu season. For comparison, every year it is estimated that, taking a mid-range estimate 400,000 people die (over 1000 per day) in the world due to complications from seasonal influenza (flu) viruses.**

6. **China public health officials believe they are turning the corner. Hubei, the population is 59 million and there are 48206 cases so that's less than 0.1% of the population who are positive cases (for Wuhan city itself the percentage is around 0.3%).**
7. **IATA will host an industry workshop in Singapore on 4-5 March. objectives of the event will be:**
 - a. Medical: To get a better understanding of the nature of the virus itself and what we could expect next in terms of its spread/containment
 - b. Regulatory: To urge states to take a much more coordinated approach to dealing with the crisis and to seek regulatory alleviation where needed (e.g. on slots/consumer rights)
 - c. Operational: To share facilitation best practices and to identify where we need more support from relevant border control authorities
 - d. Communications: To identify consistent messaging that could communicate accurately the safety of traveling by air
8. WHO has added a useful website page on the use of masks:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks> The advice opens with these points:
 - i. If you are healthy, you only need to wear a mask if you are taking care of a person with suspected 2019-nCoV infection.
 - ii. Wear a mask if you are coughing or sneezing.
 - iii. Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water.
 - iv. If you wear a mask, then you must know how to use it and dispose of it properly.
9. IATA Medical Director, Dr. David Powell excellent updates:
 - a. **At this time, there is no evidence that the COVID-19 is spread through environmental exposures, such as coming into contact with contaminated surfaces, so standard aircraft cleaning procedures already in place should be sufficient.** Please look to FAA / OSHA for any updates in this area.
 - b. There have been some queries about cargo flights returning from China – no extra measures are being advised above the normal, for dealing with cargo. I draw your attention to the advice from US OSHA relating to airport workers
https://www.osha.gov/SLTC/novel_coronavirus/controlprevention.html
 - c. Public statement by Taiwan's health minister that a recent pair of positive cases in Taiwan were believed to have contracted the virus in flight. Little information is presented to support this conclusion and investigation is ongoing, so we will update

when more is known. <https://www.straitstimes.com/asia/east-asia/taiwan-says-virus-couple-likely-infected-on-hong-kong-flight-to-italy> The Minister also advised everyone to wear masks on board aircraft, which rather contradicts WHO/CDC/IATA advice, and comes the next day after the Director-General of WHO stated that the global supplies of masks and gloves are running low.

- d. Cancellations in China/HK are running at huge levels – on the last available records, from a total of just over 31,000 flights scheduled to take off at domestic Chinese airports, almost 23,000 were cancelled. International flights similarly were greatly reduced.
10. Unless completely stopped, there is a chance this disease may become another seasonal type illness like Flu, or remain in the population like Measles, Mumps, Rubella, TB, etc. Time will tell.
 11. Good prospect for vaccine, but will take 16-18 months.
 12. Interim UPDATED Recommendations for Airlines and Airline Crew: Novel Coronavirus in China, Updated February 13, 2020 (attached in daily update).

Environmental Decontamination At this time, there is no evidence that the 2019-nCoV is spread through environmental exposures, such as coming into contact with contaminated surfaces. Because the transmissibility of 2019-nCoV from contaminated environmental surfaces and objects is not fully understood, employers should carefully evaluate whether or not work areas occupied by people suspected to have virus may have been contaminated and whether or not they need to be decontaminated in response. Outside of healthcare and deathcare facilities, there is typically no need to perform special cleaning or decontamination of work environments when a person suspected of having the virus has been present, unless those environments are visibly contaminated with blood or other body fluids. In limited cases where further cleaning and decontamination may be necessary, consult U.S. Centers for Disease Control and Prevention (CDC) guidance for [cleaning and disinfecting environments](#), including those [contaminated with other coronavirus](#). Workers who conduct cleaning tasks must be protected from exposure to blood, certain body fluids, and other potentially infectious materials covered by OSHA's Bloodborne Pathogens standard ([29 CFR 1910.1030](#)) and from hazardous chemicals used in these tasks. In these cases, the PPE ([29 CFR 1910 Subpart I](#)) and Hazard Communication ([29 CFR 1910.1200](#)) standards may also apply. Do not use compressed air or water sprays to clean potentially contaminated surfaces, as these techniques may aerosolize infectious material.

Interim Guidance for Airlines and Airline Crew: Coronavirus Disease 2019 (COVID-19)

Updated February 13, 2020

Purpose

This document provides interim recommendations for the commercial airline industry about the [Coronavirus Disease 2019 \(COVID-19\)](#) first identified in Wuhan, China. CDC reminds air carriers of the requirement under Title 42 Code of Federal Regulations section 71.21 to report ill travelers to CDC who have certain signs and symptoms during flight, and all deaths onboard, prior to arrival in the United States. This document also contains recommendations for managing ill travelers onboard if novel coronavirus infection is suspected.

Please also see [Safety Alert for Operators 20001: 2019 Novel Coronavirus: Interim Health Guidance for Air Carrier and Crews pdf icon](#)[PDF – 4 pages][external icon](#)

Situation summary

An outbreak of respiratory illness caused by COVID-19 first detected in Wuhan, Hubei Province, China is ongoing. Cases also have been identified in travelers from Wuhan to other parts of China and the world, including the United States. Early on, many of the patients in Wuhan reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. At this time, person-to-person spread is occurring. Some viruses are highly contagious (like measles), while other viruses are less so. It's not clear yet how easily this new coronavirus spreads from person-to-person

Symptoms include fever, cough, and difficulty breathing. These symptoms also can occur with many other common respiratory infections, such as flu.

Investigations are ongoing and these recommendations will be updated as more information becomes available.

Report to CDC travelers with specific symptoms arriving from China.

- Report travelers with
 - fever (person feels warm to the touch, gives a history of feeling feverish, or has an actual measured temperature of 100.4°F [38° C] or higher) that has persisted for more than 48 hours

OR

- fever AND one of the following:
 - persistent cough
 - difficulty breathing
 - appears obviously unwell

- Report, as soon as possible before arrival, by one of the methods described in the [Guidance for Air Travel Industry Reporting of Onboard Death or Illnesses to CDC](#).

Review CDC's [Infection Control Guidelines for Cabin Crew](#)

- CDC recommends that companies review and update, as needed, their personal protection policies and communicate and train employees on how to manage sick travelers.

CDC recommends the following measures for cabin crew to protect themselves, manage a sick traveler, clean contaminated areas, and take actions after a flight.

- Practice routine handwashing.
 - Wash hands often with soap and water for at least 20 seconds after assisting sick travelers or touching potentially contaminated body fluids or surfaces.
 - Use alcohol-based hand sanitizer (containing at least 60% alcohol) if soap and water are not available.
- Identify sick travelers who meet the above description.
 - Minimize contact between passengers and cabin crew and the sick person. If possible, separate the sick person from others (2 meters or 6 feet is ideal) and designate one crew member to serve the sick person.
 - Offer a facemask, if available and if the sick person can tolerate it. If a facemask is not available or cannot be tolerated, ask the sick person to cover their mouth and nose with tissues when coughing or sneezing.
- Treat all body fluids (such as respiratory secretions, diarrhea, vomit, or blood) as if they are infectious.
 - Wear disposable gloves when tending to a sick traveler or touching body fluids or potentially contaminated surfaces. [Remove gloves carefully pdf icon\[PDF – 1 page\]](#) to avoid contaminating yourself, then wash hands.
 - When tending to a sick traveler from China who has fever, persistent cough, or difficulty breathing, use additional protective equipment in the [Universal Precaution Kit pdf icon\[PDF – 1 page\]external icon](#): face mask, eye protection, and a gown to cover clothing.
 - Properly dispose of gloves and other disposable items that came in contact with the sick person or body fluids in biohazard bag or a secured plastic bag labeled as “biohazard.”
- Clean and disinfect contaminated surfaces according to airline protocol.

After arrival, CDC Quarantine Station staff will conduct a health assessment of the sick traveler’s symptoms and possible exposures. If necessary, CDC staff will coordinate transport to a health care facility for medical evaluation and testing. CDC will update the airline about the results of the testing and any need for follow-up of exposed crew members or passengers.

More information about COVID-19

- Situation Update: [Coronavirus Disease 2019 \(COVID-19\) Wuhan, China](#)
- CDC Travel Health Notice:
 - [Coronavirus Disease 2019 \(COVID-19\) in China](#)

- [Safety Alert for Operators 20001: 2019 Novel Coronavirus: Interim Health Guidance for Air Carrier and Crews.pdf icon](#)[PDF – 4 pages]external icon
- World Health Organization, [Coronavirus Disease 2019 \(COVID-19\)](#)external icon

References:

The latest WHO Sitrep is attached and here:

https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200215-sitrep-26-covid-19.pdf?sfvrsn=a4cc6787_2

WHO has also published guidance on preparing for, conducting, and managing (including quarantine) repatriation flights (also attached):

https://www.who.int/ith/Repatriation_Quarantine_nCoV-key-considerations_HQ-final11Feb.pdf?ua=1

FAA Airline guidance:

https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/meda/2020/SAFO20001.pdf

CDC COVID-19 airline Guidance available at:

<https://www.cdc.gov/quarantine/air/managing-sick-travelers/ncov-airlines.html>

Dr Carmen Dolea from the WHO IHR discussing risks and protection, focusing on the in-flight situation -

<https://www.facebook.com/WHO/videos/2642540335859084/>

IATA interview -

<https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2020%2F02%2F12%2Fhow-to-avoid-catching-coronavirus-on-an-airplane.html&data=02%7C01%7Cpowell%40iata.org%7C6fe6ce9adbd644711ad508d7afb87c85%7Cad22178472a84263ac860ccc6b152cd8%7C0%7C0%7C637171079209640015&data=z%2BLokcrnshSNGswNvB7GhPAJpzgKN1YXt%2FEq1REMI%3D&reserved=0>