

## Coronavirus Update 03012020:

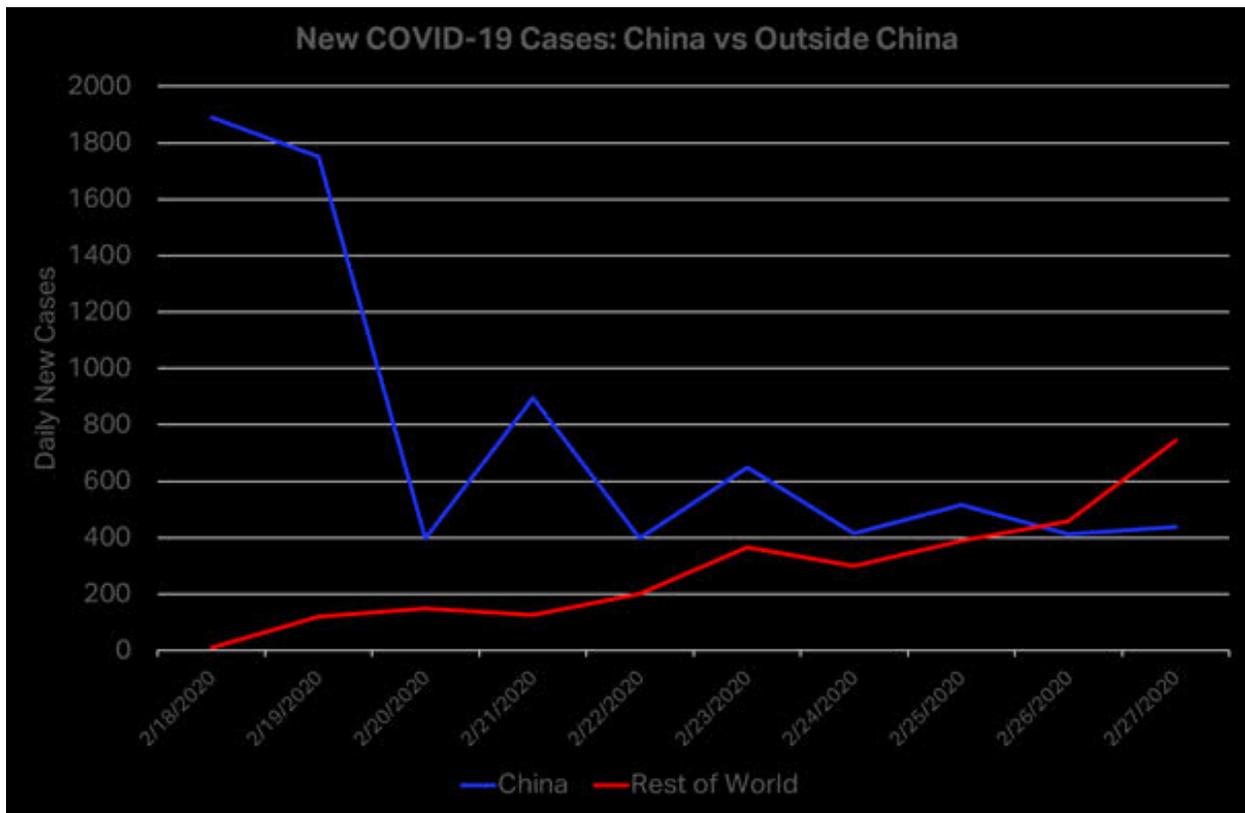
**BLUF:** WHO has raised its assessment of the risk of spread to “very high” at a global level and urges all Nations to accelerate their public health efforts along the established lines - Detect, isolate, care, trace. There are at least 20 vaccine preparation efforts under way.

Received Welcome aboard email from APFA President, Ms. Lori Bassini! What an honor to support APFA! I am headed to Singapore today to attend IATA Medical Advisory Group, representing APFA and will provide updates when available. We are working hard to ensure that FA's are adequately represented and that we receive the latest and highest-level of information.

IATA Medical Advisory Group: Now some 63 countries/territories have confirmed cases of COVID-19 and I won't list the additions to the list which are readily available through the Johns Hopkins site, WHO or Worldometer. One correction - an earlier update from me made reference to a first case in South Africa, which was reported prematurely by a source and has not subsequently been confirmed – apologies for this being included incorrectly. Of the regions with cases – 38 have less than 10, 21 have only one, and 8 have had no new cases for over two weeks. Another 20 regions have between 10 and 100 cases each, and just a few have more than 100 – all previously discussed, namely South Korea (3526), Italy (1128), Iran (593) and Japan (241 excluding the Diamond Princess cases); Singapore has 102. Worldwide (reflecting mainly the ongoing trends in China), the total recovered cases (just over 42,000) now exceed active cases worldwide (just under 42000, with 82% mild and 18% severe or critical). From China it is notes that “16 makeshift hospitals have been constructed in Wuhan so far with 13,000 beds available, 12,000 patients have been treated in these makeshift hospitals with zero re-infection, zero death and zero re-hospitalization. 1 fourth of patients were treated in these makeshift hospitals. Now there are 7,600 patients in these hospitals and 5,600 beds are available for new patients.”

Both WHO and China emphasize that the vast majority of transmission is through respiratory droplets and close contact. Both also discussed the fact that while some discharged patients have subsequently again teste positive, this does not seem to have result in people becoming contagious again. Advice to individuals from WHO is simple and practical, and essentially unchanged:

- Hand hygiene – frequent handwashing or sanitizing, avoid touching your face
- Clean surfaces regularly with disinfectant
- Educate yourself – know the COVID-19 symptoms -fever and dry cough initially
- Don't travel if sick-fever or cough, if sick, tell the crew immediately
- Cough/sneeze into sleeve or tissue, to be carefully disposed, then wash hands
- If > 60 or underlying disease, you're at higher risk
- Take extra precautions including avoiding crowded areas
- If you feel unwell, stay home and call doctor
- If short of breath, call a doctor
- Being anxious about COVID-19 is normal, If in doubt, seek medical advice



**By the numbers:** From JHU today: Total cases 85,700. 39,789 recovered. 2,933 deaths.

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. See attached Canada Air Disinfection announcement.

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](https://www.osha.gov/SLTC/novel_coronavirus/controlprevention.html)

1. 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.

2. 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.

3. 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.

4. Good prospects for vaccine, but will take 16-18 months.

5. Interim UPDATED Recommendations for Airlines and Airline Crew: Novel Coronavirus in China, Updated February 13, 2020 (see below).

6. **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 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:

New WHO guidance on international traffic, released on 29 February, introducing the concept of affected areas to that advice, is here: [https://www.who.int/ith/2019-nCoV\\_advice\\_for\\_international\\_traffic-rev/en/](https://www.who.int/ith/2019-nCoV_advice_for_international_traffic-rev/en/)

The report of the mission to China is here: <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

The document on use of PPE is here:

[https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf)

Latest SITREP is here: [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200229-sitrep-40-covid-19.pdf?sfvrsn=7203e653\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200229-sitrep-40-covid-19.pdf?sfvrsn=7203e653_2)

Document on preparing your workplace is here: <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>

WHO has now updated its advice on travel, introducing the concept of “affected areas” meaning those experiencing ongoing transmission of COVID-19, in contrast to areas reporting only imported cases. The subject of travel restrictions is addressed in the latest SITREP.

<https://www.who.int/ith/28-02-2020-update-COVID-19-outbreak-travel-advice/en/>

Further link to WHO FAQ’s (linking to IATA guidelines) is here: <https://www.epi-win.com/advice-and-information/travel-and-tourism/travel-and-tourism-faqs>

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

EASA updated advice is here and contains new information relating to layovers: <https://ad.easa.europa.eu/ad/2020-02R2>

FAA Airline guidance:

[https://www.faa.gov/other\\_visit/aviation\\_industry/airline\\_operators/airline\\_safety/safo/all\\_safo\\_s/media/2020/SAFO20001.pdf](https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safo_s/media/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&sd=ata=z%2BLokcrnsHSNGswNvB7GhPAJpzigKN1YXt%2FEq1REMI%3D&reserved=0>

Let me know if I may be of further assistance. All the best, Kris "Doc B"

Kris M. Belland  
DO, MPH, MBA, MSS, FAsMA  
APFA Aviation Medical Consultant  
[Kris.belland@gmail.com](mailto:Kris.belland@gmail.com)  
Work: (850) 516-8416