



International Civil Aviation Organization

ELECTRONIC BULLETIN

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NOVEL CORONA VIRUS EPIDEMIC IN CHINA

1. A new virus, novel coronavirus (nCoV), was identified by the Chinese Center for Disease Control and Prevention (CCDC) on 12 January 2020. The World Health Organization (WHO) Director-General convened an Emergency Committee meeting on 22 and 23 January 2020 in accordance with the International Health Regulations (IHR). The statement on this meeting is available at: ([https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))).
2. As a new virus, the behavior of nCoV is **unpredictable, with many unknowns**. It is in the same family as the severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome coronavirus (Mers CoV) viruses. The virus causes mild to severe respiratory illness with symptoms of fever, cough and shortness of breath. In more severe cases the virus can cause pneumonia, organ failure, septic shock and death. Further information, including updates on reported cases, transmission, prevention and control, and situation reports, is available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
3. Currently WHO does not recommend any travel or trade restrictions. WHO travel advice recommends hygiene and self-protection measures for acute respiratory infections, as well as food hygiene practices, and avoidance of contact with wild or farm animals. States are advised to regularly monitor and refer to the WHO web site for updated travel advice.
4. China has adopted prevention and control measures for containment of nCoV which include shutting down the public transport systems in Wuhan, implementing travel restrictions and exit screening of passengers at some airports in China.
5. Entry screening has been implemented in 20 countries including Australia, Bangladesh, Canada, India, Indonesia, Italy, Kazakhstan, Japan, Malaysia, Mexico, Myanmar, Nepal, Philippines, Republic of Korea, Russian Federation, Singapore, Thailand, Viet Nam, United Kingdom and United States. States should also note that the current list is not a comprehensive list and that the situation could change. Evidence, however, has shown that entry screening may miss infected cases and States are reminded not to rely on exit or entry screening as a stand-alone mitigating measure. Screening should be part of a multilayer strategy to prevent the spread of disease.
6. Where a passenger with a suspected communicable disease has been identified on a flight, efforts to contain the spread of disease will be helped by completing the relevant annexes to Annex 9 — *Facilitation*, Appendix 1 (General Declaration) and Appendix 13 (Public Health Passenger Locator Form) — and submitting them to the public health authorities upon arrival.

7. States that are not yet members of the ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme are strongly encouraged to become members as per ICAO Assembly Resolution A40-14: *Mitigation of the spread of disease through, inter alia, aircraft disinsection and vector control methods, and the importance of CAPSCA (Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation) for implementation.*

8. States are also advised to implement multi-sector communication and to collaborate with all their relevant stakeholders, at national and international levels, to keep updated with recent developments in both the aviation and public health sectors.

9. Implementation of the Standards and Recommended Practices (SARPs) that relate to the preparedness and management of public health emergencies is essential. These are contained in Annex 6 – *Operation of Aircraft* (regarding universal precaution kits), Annex 9 (regarding compliance with the International Health Regulations and facilities required for public health measures at airports), Annex 11 – *Air Traffic Services* (regarding contingency plans in the event of potential disruption of services), Annex 14 – *Aerodromes* (regarding aerodrome emergency plan for public health emergencies), Annex 15 – *Aeronautical Information Services* (regarding requirements for AIPs and NOTAMs) and the PANS-ATM (regarding procedures for reporting suspected communicable diseases to ATS).

Issued under the authority of the Secretary General
