



Preparing for the next global pandemic - we are not doing enough

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Health authorities, airlines and airports must act today to contain the pandemics of tomorrow

The debate over studying avian influenza - or H5N1 virus - transmissibility returns pandemic risk to the fore of public anxiety. Regardless of the specific agent, influenza or otherwise, a robust plan for preparedness and response must contend with multiple uncertainties. Containing transmission is key. The 1918 Spanish flu wiped out 30 per cent of the world's population at the advent of modern transportation that, by the start of the 20th century, offered global coverage. Infected passengers of ships and trains spread the flu; moreover, severe epidemics occurred in shipyards and among railway personnel.

Concerns about the emergence of a new pandemic are warranted, in light of the severe acute respiratory syndrome outbreak in 2002-3 and the swine flu – or H1N1 - pandemic in 2009. The diseases spread quickly because of the convenience and advancement of global air travel. Since the incubation of the average influenza virus lasts up to four days, there is ample time for an infected individual to journey from one end of the world to another without any symptoms.

In 2009, measures to restrict people's mobility included border closures and health screening at the airport. The World Bank estimated in 2006 that a severe pandemic could cost between 0.7 to 4.8 per cent of global gross domestic product, translating into trillions of dollars. How can authorities best manage global mobility of people and goods against the need to contain transmission? Protecting public health versus limiting people's mobility is a matter of dispute. Although even the World Health Organisation discourages travel-restriction measures during pandemics, some governments are still in favour of imposing limits.

Spurred by the H1N1 crisis, many countries and private companies have put together preparedness and business continuity plans. However, these plans inadequately address the specific complexity of the air transport sector in any crisis. Experts from airlines, transportation authorities and major airports agree that cooperation between officials and the private sector is indispensable. In any public health crisis affected by global mobility, airlines must liaise cooperatively with both health and civil aviation authorities. The WHO is the primary reference for international health regulations; in Europe, the European Centre for Disease Control surveillance system is also an important reference point for risk assessment. Airports and airlines would do well to adopt best practice and maintain a crisis management team on hand.

While we wait in dread until a new pandemic emerges, two very concrete actions can be feasibly implemented. Standards and regulations maintained by both companies and official entities should be cross-checked and

coordinated to comply with national and international regulations. Preparedness and response plans made by companies should be certified to ensure standardised measures are applied across countries, airports and airlines.

Authorities, airlines and airports can cooperate to manage coherent, passenger-driven surveillance and response mechanisms. This would entail a centralised reporting system and robust database on the movement of passengers for contact tracing. This system and database could be run by an independent and jointly public-private agency, with representation from consumer watchdogs and passenger rights' groups, to ensure independence and quality in information delivery.

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