

**CDC Swine Influenza Guidance**  
**Adaptation date April 26, 2009**

## **Interim Guidance for Airline Flight Crews Arriving from Areas Affected by Swine Influenza**

April 26, 2009 1400 EST

*This document provides interim guidance for domestic and international flights originating from areas affected by the swine influenza A (H1N1) and will be updated as needed.*

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### **BACKGROUND**

The swine influenza A (H1N1) virus that has infected humans in the U.S. and Mexico is a novel influenza A virus that has not previously been identified in North America. Not all details are known at this time, but CDC and HHS are currently investigating and taking appropriate actions to ensure the protection of port-based staff who may encounter ill individuals. Illness signs and symptoms have consisted of influenza-like illness - fever and respiratory tract illness (cough, sore throat, runny nose, pneumonia), headache, muscle aches - and some cases have had vomiting and diarrhea. Investigations of these cases suggest that on-going human-to-human swine influenza A (H1N1) virus is occurring.

### **INTERIM RECOMMENDATIONS**

Recommendations in this guidance document are based on standard infection control and industrial hygiene practices and should be implemented immediately in order to delay the spread of this newly emerged influenza virus via airline travel and to protect workers.

#### *Hand Hygiene*

Hand hygiene, cough etiquette and respiratory hygiene should be considered the principal means of interrupting transmission of influenza in the absence of influenza vaccine and given limited availability of antiviral medications. All airline personnel should follow basic hand hygiene, cough etiquette, and respiratory hygiene practices to prevent spreading infectious disease and becoming ill. Hand washing with soap and water removes potentially infectious material from the skin. This prevents the spread of infectious material, including nasal secretions, saliva or other body fluids, from soiled hands to the mouth, nose or eyes, where it can enter the body. Hands should be washed before preparing food, eating, drinking, smoking, or touching the face, and after handling soiled material (e.g., used tissues, lavatory surfaces), coughing or sneezing, using the toilet, or removing personal protective equipment (PPE) such as gloves, face masks, or respirators. Waterless, alcohol-based hand gels may be used when soap is not available and hands are not visibly soiled.

#### *Gloves*

Personnel should be trained to wear impermeable, disposable gloves if they have direct contact with potentially contaminated surfaces such as airplane seats, tray tables, and lavatories used by ill passengers. Personnel should avoid touching their face with gloved or unwashed hands. Improper use of such gloves may actually increase transmission, so training in the correct use of gloves is critical.

#### *Facemasks and Respirators*

People with influenza-like illness should not fly. However, if illness develops during flight, personnel assisting an ill person with symptoms of influenza should consider wearing a NIOSH-certified disposable particulate respirator, rated N-95 or better for which they have been fit-tested. Disposable respirators should not be reused; once removed they should be discarded. It may be difficult for some workers in certain situations, such as flight attendants on lengthy flights, to wear respirators for extended periods of time and during physically heavy work loads. The use of facemasks may be considered as an alternative to PPE. While facemasks provide barrier protection against droplet and contact transmission of the virus, they do not protect against inhalation of airborne particles. Droplets are considered to be the primary route of influenza virus transmission at this time, but airborne transmission can not be ruled out at this time.

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Proper training is recommended to maximize effectiveness. See OSHA Respiratory Protection Standard 29 CFR 1910.134, or [www.osha.gov/SLTC/respiratoryprotection/index.html](http://www.osha.gov/SLTC/respiratoryprotection/index.html) for more information.

### *Ill Crew Members*

During an influenza outbreak or pandemic, if a crew member or passenger is displaying signs and symptoms of an influenza-like illness prior to flight, they should not embark the aircraft. If passengers or crew develop symptoms enroute, they should cover their nose and mouth when coughing or sneezing, use tissues to contain respiratory secretions, dispose of used tissues in the nearest waste receptacle after use, and wear a facemask if tolerated. Hands should be washed after contact with respiratory secretions or contaminated objects or materials.

As the guidelines for swine influenza are being developed and new information is gained, more detailed guidelines will be published to the CDC website.

In the event of a widespread outbreak or pandemic, social distancing will play the primary role in preventing exposure of persons to the virus ([www.pandemic.flu.gov](http://www.pandemic.flu.gov)).

For additional updated information about this swine influenza outbreak, consult the CDC swine influenza web page (<http://www.cdc.gov/swineflu/>).

### **MANAGEMENT OF PASSENGERS OR CREW MEMBERS WITH SYMPTOMS OF INFLUENZA**

- Personnel should be trained to recognize the possible symptoms of influenza including fever and respiratory symptoms such as cough, sore throat, and/or shortness of breath. Visit CDC's website about swine flu ([http://www.cdc.gov/swineflu/key\\_facts.htm](http://www.cdc.gov/swineflu/key_facts.htm)).
- Minimize the number of personnel directly exposed to the ill person.
- Separate the ill person (6 feet) from others as much as possible.
- Have the ill person wear a facemask, if it can be tolerated, to reduce the number of droplets coughed or sneezed into the air.
- If a facemask can not be tolerated, provide tissues and ask the ill person to cover his or her mouth and nose when coughing or sneezing.
- Personnel should be provided with training to properly use impermeable, disposable gloves for direct contact with blood or body fluids or contaminated objects from any ill person. 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.
- Personnel having close contact with an ill person may wear a fit-tested, NIOSH-certified particulate respirator, rated N-95 or better.
- Dispose of soiled material, gloves, items contaminated with body fluids, and disposable respirators in a sturdy plastic bag that is tied shut and not reopened, and disposed of according to state solid waste regulations.
- If the person is ill while on an airliner, whether bound for the United States or on a domestic flight, the captain 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](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.
- The flight crew should ensure that the aircraft air conditioning / ventilation system stay on until all passengers and crew have disembarked in order to maximize continued removal of virus particles from the cabin air.

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- If the person is ill on arrival, Transportation Security Administration (TSA), Customs and Border Protection (CBP), or other involved personnel 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](http://www.cdc.gov/ncidod/dq/quarantine_stations.htm)) and Emergency Medical Services (EMS).

### MANAGEMENT OF CREW FOLLOWING EXPOSURE

Flight crew members and ground personnel who may have been exposed to a passenger or worker suspected of having influenza should monitor their health for 10 days after the exposure. If they become ill with a fever and a cough, sore throat, or trouble breathing, they should immediately take the following steps:

- Stay home; do not report to work.
- Notify their employer.
- Contact their occupational health service or personal physician.
- Inform the occupational health service, clinic, or emergency room before visiting about the possible exposure to influenza.
- Do not travel, unless it is critical to travel locally for healthcare.
- Limit contact with others as much as possible.
- When not alone or in a public place, wear a facemask to reduce the number of droplets coughed or sneezed into the air.
- If traveling away from home, notify their employer and request assistance in locating a healthcare provider.
- If illness onset occurs while outside the United States, contact the U. S. embassy or consulate or local airline office for the names and addresses of local physicians.

### For More Information

*Interim Guidance for Airline Flight Crews and Persons Meeting Passengers Arriving from Areas With Avian Influenza*

<http://wwwn.cdc.gov/travel/contentAvianFluArrivingFromAreas.aspx>

*Travel Industry Pandemic Influenza Planning Checklist*

<http://www.pandemicflu.gov/plan/workplaceplanning/travelchecklist.html>

*U.S. Department of Transportation Draft Pandemic Influenza Guidance for the Transportation Sector*

<http://www.dot.gov/pandemicflu>



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