July 22, 2010

Influenza Coordination Unit
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
Attn: Prevention Strategies for Seasonal Influenza in Healthcare Settings
1600 Clifton Road, NE, MS A-20
Atlanta, GA 30333

RE: Updated Guidance: Prevention Strategies for Seasonal Influenza in Healthcare Settings

The Association of Flight Attendants – Communications Workers of America, AFL-CIO (AFA-CWA) represents over 50,000 flight attendants at 22 airlines. AFA-CWA welcomes this opportunity to comment on the Centers for Disease Control and Prevention (CDC) proposed new guidance for prevention strategies against 2009 H1N1 Influenza in healthcare settings.1 Regarding this proposed new guidance:

- The current recommendations for use of respiratory protection at least as protective as a fit-tested N95 filtering facepiece device for healthcare personnel in close contact with patients with suspected or confirmed H1N1 influenza should be restored to the proposed new guidance.

- Flight attendants are trained to perform many healthcare tasks, and especially during periods of heightened communicable disease activity such as the H1N1 pandemic, are called upon to perform or support patient care giving activities; therefore, the cabins of commercial air transport airplanes should be explicitly identified in the proposed new guidance as part of the so-called “spectrum of healthcare settings.”2

The above two recommendations will help encourage commercial transport airline operators to provide their flight attendant employees appropriate types and quantities of personal protective equipment as well as associated education, information, training and fit testing for proper use of the equipment. It is hoped that this will contribute significantly to limiting the transmission of H1N1 influenza on board airplanes. The following comments include evidence and information to support these two recommendations.

**Maintain the Current Respiratory Protection Recommendations**

The AFL-CIO has submitted a comment letter concerning the proposed new guidance, which explains in detail why maintaining the current recommendations for use of N95 or better respirators to protect healthcare personnel in close contact with patients with suspected or confirmed H1N1 influenza is necessary. Two key elements discussed in the AFL-CIO letter concern efficacy of the H1N1 vaccine and importance of respiratory protection, which we summarize as follows:

- The CDC proposes to now treat H1N1 influenza as if it were seasonal influenza; thus, droplet protection (surgical masks) rather than respiratory protection (N95 or better respirators) is now recommended only during aerosol-generating procedures. The CDC states this is justified based on a claim that an effective vaccine for the 2009 H1N1 virus is widely available, and that the

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1 CDC; *Updated Guidance: Prevention Strategies for Seasonal Influenza in Healthcare Settings*; 75 FR 119; June 22, 2010; pp. 35497-35503.

2 CDC; 75 FR 119; p. 35497.
overall risks of hospitalizations and death among people infected with this strain of virus are now known to be substantially lower than pre-pandemic assumptions. The AFL-CIO comments that H1N1 vaccine effectiveness is grossly overstated, and that the claim of lower overall risks is irrelevant and misleading. We concur with the AFL-CIO.

- The CDC contends that influenza viruses are thought to spread primarily via large droplet transmission but also indicates that contact and airborne transmission may occur, and further admits that the relative contributions of the three influenza transmission routes is “unclear”. Nevertheless, the revised guidance protects healthcare workers from only large droplet and contact transmission routes, ignoring airborne transmission for all situations except aerosol-generating procedures. We concur with the AFL-CIO in its contention and supporting evidence that respiratory protection at least as effective as fit-tested disposable N95 respirators is required whenever healthcare workers come into contact with patients with suspected or confirmed 2009 H1N1 influenza, and that surgical masks are not designed to provide protection against inhaling airborne respirable particulates.

The Commercial Air Transport Airplane Cabin is a “Healthcare Setting”

Flight attendants are trained to act as healthcare providers for treatment of injuries, medical events and minor accidents that might occur during flight, and receive training in the use of the automated external defibrillators and in cardio-pulmonary resuscitation (CPR). They may operate defibrillators, perform CPR, or assist “Good Samaritan” doctors or nurses with caring for injured, ill or pregnant passengers. Furthermore, according to one airline’s flight attendant manual: “In the absence of a licensed medical professional, a [flight attendant] may be designated the emergency caregiver and may be authorized … to administer certain limited contents of the [Emergency Medical Kit] (e.g., Nitroglycerin tablet) while under the direction of a … physician.” The cabin of a commercial transport airplane is a low oxygen environment (cabin pressure altitudes may range from 0 to 8000 ft above sea level) and is typically fully loaded with passengers; these conditions can adversely affect the underlying health of cabin occupants and combine with other environmental stressors including immobility, vibration, noise, dryness and turbulence to increase risks for injuries and illnesses among passengers and crew. With the potential on some long haul routes for several hours of travel time to the nearest fully-equipped hospital facility, it is clear that an airplane cabin under certain conditions is in fact an “healthcare setting,” and should be identified as such in the CDC Updated Guidance.

3 14 CFR 121.417 and 14 CFR 121.805.
5 Lyznicki JM, Williams MA, Deitchman SD, Howe JP 3rd; Inflight medical emergencies; Aviat Space Environ Med; August 2000; 71(8):832-8.
6 Rayman RB; Passenger safety, health, and comfort: a review; Aviat Space Environ Med; May 1997; 68(5):432-40.
7 Rodenberg H; Medical emergencies aboard commercial aircraft; Ann Emerg Med; December 1987; 16(12):1373-7.
8 Gärdelöf B; In-flight medical emergencies. American and European viewpoints on the duties of health care personnel [Article in Swedish]; Lakartidningen; September 12, 2002; 99(37):3596-9.
9 Quoted from one airline flight attendant manual, portions redacted to de-identify the airline and associated contractor[s].
10 Rayman p. 432.
11 Silverman D, Gendreau M; Medical issues associated with commercial flights; Lancet; June 13, 2009; 373(9680):2067-77.
12 Brundrett G; Comfort and health in commercial aircraft: a literature review; J R Soc Promot Health; March 2001; 121(1):29-37.
13 Rayman p. 433.
14 Tvaryanas AP; Epidemiology of turbulence-related injuries in airline cabin crew, 1992-2001; Aviat Space Environ Med; September 2003; 74(9):970-6.
On April 27th, 2009, during the early days of the H1N1 virus outbreak, and again on September 11, 2009, AFA-CWA sent letters to the Federal Aviation Administration (FAA) requesting an emergency order be issued to all U.S. carriers requiring them to take certain specific steps to ensure uniform, effective responses to the pandemic, pursuant to Title 49 of the US Code. The FAA replied to these requests on May 8, 2009 and October 7, 2009, respectively, with expressions of concern about the situation. In the second response letter, the FAA Administrator cited the statutory authority of the CDC “for providing public health advice and guidance for the protection of the public” in deciding to “inform air carriers of recently developed guidance from the CDC,” rather than issue an emergency order requiring concrete actions.

According to the CDC, persons 65 years and older, pregnant women, asthmatics, and persons with weakened immune systems, among others, are at elevated risk for developing flu-related complications. Many active flight attendants fall into one or more of these categories: In particular, for economic and other reasons, flight attendants are working later in life and generally work while pregnant. In the absence of an FAA mandate requiring the airlines to take strong actions to protect the health of flight attendants and the traveling public, and especially those travelers at high risk from flu-related complications, it was essential that the CDC issue clear, comprehensive guidance to the aviation industry. During the 2009 H1N1 pandemic, the CDC did in fact develop Interim Guidance for the commercial aviation industry. With respect to prevention of transmission, this guidance recommends that “efforts to reduce the spread of influenza on commercial aircraft focus on encouraging air carrier employees and passengers who have an influenza-like illness (ILI) not to travel.” Sounds reasonable – unfortunately, the speed with which the pandemic traveled both domestically within the US and globally suggests, as does a recent news article, that this message was too often ignored. Furthermore, recent studies confirm that the H1N1 virus was not only spread rapidly from traveler origin to destination through air travel, it was also spread within airplanes with a risk that is appreciably greater when traveling in economy class on long-haul flights. Unfortunately from the perspective of line flight attendants, the CDC Interim Guidance did not specifically recommend use of face masks and respirators; concerned workers were instead referred to their company’s policies for voluntary use of these devices, as well as Appendix D of the OSHA respiratory protection standard (29 CFR 1910.134).

To estimate the extent of the industry’s adoption of the CDC Interim Guidance, AFA-CWA surveyed our flight attendant safety committee representatives at 18 airline operators (including 4 network/legacy, 2 15 49 U.S.C. 44701(a). 16 Copies of the second AFA-CWA request and the second FAA response are included with this letter as Attachments A and B, respectively. 17 CDC; People at High Risk of Developing Flu-Related Complications; last updated November 10, 2009, 6:00 PM ET; http://www.cdc.gov/h1n1flu/highrisk.htm. 18 According to unpublished, internal membership data, the percentage of AFA-CWA active flight attendant members aged 65 and over is nearly 21%; approximately 25 - 35% of active members are both female and of childbearing age (under 45 years old). 19 CDC; Interim Guidance for Management of Influenza-Like Illness aboard Commercial Aircraft during the 2009-10 Influenza Season; updated November 30, 2009 5:30 PM ET; http://www.cdc.gov/h1n1flu/guidance/air-crew-dom-intl.htm. 20 Young A; Reports of sick travelers climb; USA Today; July 21, 2010; http://www.usatoday.com/travel/2010-07-21-sicktravelers21_ST_N.htm. 21 Khan K, Arino J, Hu W, Raposo P, Sears J, Calderon F, Heidebrecht C, Macdonald M, Liauw J, Chan A, Gardam M; Spread of a Novel Influenza A (H1N1) Virus via Global Airline Transportation; N Engl J Med; 361:212; July 9, 2009; Correspondence. 22 Baker MG, Thornley CN, Mills C, Roberts S, Perera S, Peters J, Kelso A, Barr I, Wilson N; Transmission of pandemic A/H1N1 2009 influenza on passenger aircraft: retrospective cohort study; BMJ; 2010; 340:c2424. Published online 2010 May 21. 23 Wagner BG, Coburn BJ, Blower S; Calculating the potential for within-flight transmission of influenza A (H1N1); BMC Med; 2009; 7:81. Published online 2009 December 24.
low-cost, 9 regional and 3 niche/charter carriers) in September 2009 regarding employer policies. Most of the airlines in our survey (13 of 18) stock surgical masks on board for use by passengers who are sneezing or coughing; unfortunately, this also means that more than a quarter of AFA-CWA members’ employers, (including both of the low-cost carriers) were unwilling to provide even this low level of protection, a choice that puts their employees, customers and the public’s health at risk, presumably for the sake of minimal profits. Only 3 of the 18 airlines (1 network/legacy, 1 regional, 1 niche/charter carrier, and none of the low cost carriers) provide N95 or better respirators, or allow flight attendants to wear their own respirators. This is clearly unacceptable – if voluntary use is to be an effective tool for preventing airborne communicable disease transmission, it is essential that employers provide the necessary personal protective equipment, along with appropriate, comprehensive training and education. Only then will employees be in a position to make informed decisions and take appropriate steps to protect both their personal health and the health of the traveling public.

**Conclusion**

In conclusion, AFA-CWA disagrees with eliminating the respirator requirement for healthcare workers in the proposed new guidance. Furthermore, we strongly recommend that the proposed CDC Updated Guidance\(^\text{24}\) be revised to specifically identify airplane cabins during periods of pandemic alert as healthcare settings for the purposes of 1) recommending respirator use by airline employees and others who provide healthcare services on board airplanes; and 2) employer provisioning of appropriate amounts and types of personal protective equipment and associated education, information and training.

Thank you for considering our comments regarding these important occupational and public health issues.

Sincerely,

Christopher J. Witkowski
Director
Air Safety, Health and Security Department

Dinkar R. Mokadam, CIH
OSHA Specialist
Air Safety, Health and Security Department


\(^\text{24}\) CDC; 75 FR 119; p. 35497.
Attachment A
September 11, 2009

J. Randolph Babbitt  
Administrator  
Federal Aviation Administration  
800 Independence Avenue, SW  
Washington, DC 20591

RE: Second request for emergency order to address risk of Novel H1N1 Influenza transmission on aircraft.

Dear Administrator Babbitt:

The Association of Flight Attendants-CWA, AFL-CIO (AFA-CWA) is concerned by the health threat to all airline employees, passengers, and the public at-large from Novel H1N1 Influenza. We are particularly concerned for our members who are part of the significant group of people considered at higher risk for serious complications from influenza infection, including pregnant women, persons who live with or provide care for infants aged <6 months, children and young adults aged 6 months–24 years, and persons aged 25–64 years who have certain medical conditions that include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, and neurocognitive and neuromuscular disorders.

In a letter dated April 27, 2009 to the Federal Air Surgeon, AFA-CWA requested that the Federal Aviation Administration (FAA) issue an emergency order requiring the airlines to take certain steps to address the serious risks to airline employees and the public posed by the H1N1 influenza outbreak. In the subsequent response, dated May 8, 2009, the Federal Air Surgeon failed to address our request for an emergency order by stating:

"The Centers for Disease Control and Prevention (CDC) is charged with providing health advice and guidance for the protection of the public. The … [FAA] Flight Standards Service developed SAFO #09009 of April 29 to inform air carriers of recently developed guidance from the CDC. This document, with links to CDC websites, contains recommendations based on standard infection control and industrial hygiene practices, guidance for the management of crewmembers or passengers with symptoms of swine influenza and management of crew exposure after the completion of the flight. … I agree with these recommendations, and I believe that they will help to mitigate the potential transmission to other passengers and flight crewmembers."

On April 26, 2009 and subsequently renewed on July 24, 2009, the U.S. Department of Health and Human Services announced that a public health emergency exists nationwide involving “Swine Influenza A” (now Novel H1N1 Influenza) that “affects or has significant potential to affect national security.” On June 11, 2009, the World Health Organization (WHO) Director-General officially recognized the global nature of the influenza pandemic and raised the alert status to phase 6, the highest level. Given the serious nature of this pandemic and its potentially grave threat to the public’s health and national security, we continue to believe and insist that voluntary measures are inadequate.
Reports indicate that influenza can be spread in the following two ways: (1) Inhaling infected droplets or viral nuclei that are airborne; and (2) Touching infected objects (such as a cup, meal tray, or seatback) and then inadvertently transferring the infectious agents to one's mouth or eyes. In addition, flight attendants essentially assume the role of a caregiver by isolating sick passengers, as necessary. If flight attendants do assume this responsibility, then the degree of contact—and therefore the risk of disease transmission—increases.

To address these serious issues, we request that the FAA issue an emergency order to require that all U.S. passenger air carriers implement the following measures:

1. Develop, implement, and enforce passenger health screening policies and procedures as recommended by the WHO, the CDC, or other national health authorities; and

2. Inform all airline employees that certain groups of people are considered to be at higher risk of influenza-related complications. This includes pregnant women, persons who live with or provide care for infants aged <6 months, children and young adults aged 6 months–24 years, and persons aged 25–64 years who have medical conditions (including asthma, diabetes, suppressed immune systems, heart disease, kidney disease, and neurocognitive and neuromuscular disorders); and

3. To protect the sick and to control the spread of disease, the CDC recommends that anyone with flu-like illness stay home; therefore, any air carrier attendance policies or practices that discourage employees from calling in sick should be rescinded or ceased for the duration of the pandemic; and

4. Inform flight attendants that they should avoid close contact with passengers and with each other, as well as with potentially infected surfaces, all to the extent possible; and

5. Inform crewmembers and passengers that, while onboard, if they have to cough or sneeze, they should do so into their elbow or shoulder and wash their hands afterwards; and

6. Ensure that aircraft are equipped with proper and sufficient hand washing materials, and emphasize to crews the importance of regular and thorough hand washing, preferably with soap and water or with alcohol-based gels. All aircraft should have properly functioning potable water systems and an adequate supply of soap and paper towels. Hand washing is especially important before and after eating and serving food and drinks. Also, crewmembers must be informed of the need to avoid touching their own eyes, nose, and mouth; and

7. Train flight attendants to recognize and manage passengers who display symptoms of influenza-like illness (including fever, cough, sore throat, body aches, runny or stuffy nose, headache, chills and fatigue, and possibly diarrhea and vomiting.) This includes encouraging any passengers with flu-like illness to wear a face mask* and isolating them from other

* A surgical mask will provide limited protection to the wearer from large droplets only, but is more useful as a way to limit the spread of virus particles from someone who is known or suspected to be ill with Novel H1N1 influenza. The CDC has recommended that non-healthcare workers, under certain conditions, who are caring for persons with influenza-like illness wear an N95 (or better) disposable respirator, see http://www.cdc.gov/h1n1flu/masks.htm. The US National Institute for Occupational Safety and Health (NIOSH) has published standards for respirator masks, N/R/P 95/99/100; these are summarized at http://www.cdc.gov/niosh/respsumm.html. The European Union has two published standards, CE EN149:2001 (FFP 2/3) or EN143:2000 (P2), which are summarized in a document from a UK safety equipment distributor, http://www.sba.co.uk/content/doc_11.pdf. Masks should conform to these or comparable national/regional standards.
passengers to the extent possible. Train flight attendants who are in close contact with passengers who have influenza-like illness to wear properly fit-tested respirators and gloves and ensure that adequate supplies are readily available; and

8. Provide non-latex gloves and appropriate respiratory protection to flight attendants. Allow flight attendants to choose whether or not to wear these (or their own) gloves/respirators, without discipline. Information to flight attendants regarding use of these personal protective equipment items should include reminders that wearing gloves will prevent them from getting infected through any cuts on their hands, that they should not touch their faces when wearing gloves, should wash their hands after they take the gloves off, and that if the gloves get torn, they should remove the old gloves, wash their hands, and put on a new pair; and

9. Instruct pilots to turn up air conditioning packs to “high” whenever possible, as maximizing the airflow to the cabin can reduce the risk of exposure to airborne viruses. This is especially important during boarding, when risk of infection is highest because people are active and in closer contact with each other when stowing bags; and

10. Train flight attendants to inform passengers during the pre-flight safety briefing of appropriate means to reduce the spread of infection.

We believe that the FAA Administrator has the authority to issue such an order under 49 U.S.C. 44701(a) and in light of the serious threat that this pandemic poses to flight attendants and the public. Protecting flight attendants who must work in and around potentially infected passengers will reduce the risk of disease transmission to all aircraft occupants as well as the general public. To this end, we urge the FAA to work closely with the CDC, international authorities, the airlines and their employee unions to require, not simply recommend, effective proactive measures such as those outlined in our letter. Thank you for your consideration.

Sincerely,

Christopher J. Witkowski
Director, Air Safety, Health & Security Department

Cc: Ray LaHood, Secretary of Transportation
    Chairman James L. Oberstar
    Chairman John D. Rockefeller IV
    Chairman Jerry F. Costello
    Chairman Byron L. Dorgan
Attachment B
OCT  7 2009

Mr. Christopher Witkowski
Director, Air Safety, Health & Security Department
Association of Flight Attendants
501 3rd Street, NW.
Washington, DC 20001

Dear Mr. Witkowski:

Thank you for your September 11 letter requesting an emergency order to address the risk of Novel H1N1 Influenza transmission on aircraft. I share your concern about this new disease, and I realize that flight attendants work with passengers who could be disease carriers. This is true throughout the transportation industry. The Centers for Disease Control and Prevention (CDC) has the statutory authority for providing public health advice and guidance for the protection of the public, including those in the transportation industry. The Department of Transportation is following the CDC guidance in this area.

While the Federal Aviation Administration’s role in this public health issue is limited, the FAA’s Flight Standards Service published Safety Alert for Operators (SAFO) 090009 to inform air carriers of recently developed guidance from the CDC. This document, with links to CDC Web sites, which are updated on a regular basis, contains current recommendations for airlines, including guidance on clinical issues addressed in your letter. As stated in that SAFO, the FAA expects that airline industry directors of safety, directors of operations, and fractional ownership program managers will adopt the CDC recommendations, as appropriate, and distribute this CDC information to their crewmembers. I will send letters to executives at the airlines to reiterate my expectations that they will follow CDC guidance.

Again, thank you for your letter. I am very concerned about the health and well being of your members and that of the traveling public, and I believe SAFO 090009 addresses these concerns. I am confident that the CDC will find and inform the public of the best solutions to this most serious public health problem.

Sincerely,

J. Randolph Babbitt
Administrator