



*Sent via fax, e-mail and mail*

April 8, 2003

Dr. Jon Jordan  
Federal Air Surgeon  
Federal Aviation Administration  
Office of Aviation Medicine  
800 Independence Avenue, SW  
Washington, DC 20591

RE: Request for emergency order to address risk of SARS transmission on aircraft.

Dear Dr. Jordan:

Thank you for responding to our April 2 request that the Federal Aviation Administration issue an emergency order to reduce the risk of transmission of Severe Acute Respiratory Syndrome (SARS) on aircraft. Your recommendation to the Air Transport Association that its members implement U.S. Centers for Disease Control and Prevention (CDC) guidelines is a welcome first step. However, given the magnitude of the crisis, further steps must be taken. Therefore, we are writing to provide updated information, and to again formally request that the FAA issue an emergency order, as outlined in our previous letter, under 49 U.S.C. 44701(a) to all U.S. carriers.

The Association of Flight Attendants, AFL-CIO (AFA) is increasingly concerned by the threat to the health of airline crew, passengers and the public at-large that is posed by SARS. As of April 8, 2003, the World Health Organization (WHO) is reporting that a cumulative total of 2671 cases of SARS, with 103 deaths, have been reported from 17 countries<sup>1</sup>. Particularly troubling is the death in China on April 6 of a staff member of the International Labor Organization; he had traveled by air to Beijing from Thailand, where no local transmission had been reported.

In an effort to slow the SARS epidemic, the CDC, WHO and various domestic and international public health organizations and airlines are working to update and improve their infection control guidelines. In its most recent SARS fact sheet, the CDC states<sup>2</sup>:

Public health experts think that SARS is spread by close contact between people. SARS is most likely spread when someone sick with the disease coughs droplets into the air and someone else breathes them in. It is possible that SARS also can spread more broadly through the air or from touching objects that have become contaminated.

This statement acknowledges that airborne spread of the disease is possible. In fact, the CDC recommends for health care and other "institutional" settings<sup>3</sup>:

Personal protective equipment appropriate for standard, contact, and airborne precautions (e.g., hand hygiene, gown, gloves, and N95 respirator) in addition to eye protection, have been recommended for healthcare workers to prevent transmission of SARS.

<sup>1</sup> April 8, 2003, [http://www.who.int/csr/sarscountry/2003\\_04\\_08/en/](http://www.who.int/csr/sarscountry/2003_04_08/en/)

<sup>2</sup> April 2, 2003, <http://www.cdc.gov/ncidod/sars/factsheetcc.htm>

<sup>3</sup> March 27, 2003, <http://www.cdc.gov/ncidod/sars/exposureguidance.htm>



Given the obvious benefits to public health, it is somewhat troubling that the latest CDC guidelines do not include similar measures for flight crews<sup>4</sup>. In contrast, the WHO has taken a more aggressive stance. In its most recent guidelines<sup>5</sup>, the WHO defines potential contacts of an ill passenger as:

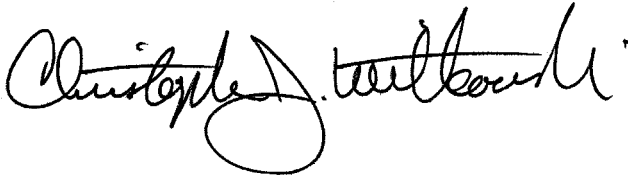
- passengers sitting in the same seat row or within at least 2 rows in front of or behind the ill passenger;
- all flight attendants on board;
- anyone having intimate contact, providing care or otherwise having contact with respiratory secretions of the ill passenger;
- anyone on the flight living in the same household as the ill passenger;
- if it is a flight attendant who is considered to be a suspect or probable SARS case, all the passengers are considered to be contacts.

The WHO report goes on to state that

... airlines will have to ensure that flights serving SARS-affected areas are provided with sufficient gloves, face masks and disinfectant, and that a seat in an isolated area can be made available when needed.

SARS transmission on aircraft – whether by air or touch – is not a theoretical risk. Protecting flight attendants who must work in and around potentially infected passengers will reduce the risk of disease transmission for all aircraft occupants. To this end, we urge the FAA to work closely with the WHO, CDC, the airlines and their employee unions to require – not recommend - effective proactive measures such as those outlined in our previous letter. Thank you again for your consideration.

Sincerely,



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

Cc: Norman Mineta  
Marion Blakey

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<sup>4</sup> April 4, 2003, [http://www.cdc.gov/ncidod/sars/flight\\_crew\\_guidelines.htm](http://www.cdc.gov/ncidod/sars/flight_crew_guidelines.htm)

<sup>5</sup> WHO Weekly epidemiological record, no. 14, 4 Apr 2003, vol. 78, p. 99, <http://www.who.int/wer/pdf/2003/wer7814.pdf>