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ROBERT KOCH INSTITUT

Core capacities of airports designated in accordance with paragraph 1 of Article 20 for the field of communicable diseases for implementation of the International Health Regulations (2005; IHR) in Germany

Recommendation by the Robert Koch Institute after consultation with the highest state health authorities

Contents

Glossary of abbreviations

24/7	24 hours a day / 7 days a week
DFS	Deutsche Flugsicherung (German Air Navigation Services)
ICAO	International Civil Aviation Organization
IHR	International Health Regulations (2005)
IGV-DG	IGV-Durchführungsgesetz (IHR Implementation Act)
MAC	Medical assessment centre
PHEIC	Public health emergency of international concern
PHS	Public health service
PLF	Passenger locator form
WHO	World Health Organization

Introduction

The *"Act on the International Health Regulations (2005) (IHR) of 23 May 2005"*, of 20 July 2007 (Federal Law Gazette II, p. 930) gave the International Health Regulations (2005) (IHR) the status of a federal act in Germany [1].

Paragraph 1 of Article 20 of the IHR requires Germany, as an IHR State Party, to designate, inter alia, airports that are to develop and maintain the core capacities provided in Annex 1 of the IHR. Subparagraph (a) of the first sentence of Article 19 of the IHR requires Germany, as a State Party, to ensure that the core capacities set forth in Annex 1 for designated airports are developed within 5 years of the entry into force of the IHR. The aforementioned core capacities are designed to enable the States Parties to respond promptly and effectively to public health risks and public health emergencies of international concern (PHEIC), in accordance with the first sentence of paragraph 1 of Article 13 of the IHR.

The *"Act Implementing the International Health Regulations (2005)"* (IG-DG) contains more detailed provisions for implementation [2]. Since 15 June 2012, the capacities for the protection of public health listed in Part B of Annex 1 to the IHR have had to be in place in Germany at Berlin-Brandenburg, Düsseldorf, Frankfurt am Main, Hamburg and Munich Airports (paragraph 8(1) of the IGV-DG). In addition, the competent highest state health authorities (the Senate or Ministry of Health in each federal state) may designate other airports (paragraph 8(2) of the IGV-DG).

The competent highest state health authority may – taking into consideration the regular volume of passengers and cargo – determine more precisely the nature and scope of the capacities referred to in Part B of Annex 1 to the IHR that have to be in place at any given airport. At the very least, the requirements set out in Part B of Annex 1 to the IHR must be met (paragraph 8(4) of the IGV-DG).

Since Part B of Annex 1 to the IHR merely describes in a general manner the core capacities that have to be in place at the airports, the Robert Koch Institute is responsible, under paragraph 8(3) of the IGV-DG, for making a recommendation regarding the capacities referred to in Part B of Annex 1 to the IHR for the field of communicable diseases. The present recommendation by the Robert Koch Institute is addressed to the highest state health authorities. As a recommendation, it is not of a binding nature. Its purpose is to systematically set out the core capacities and assist the highest state health authorities in their decision-making under paragraph 8(4) of the IGV-DG. The competent highest state health authorities were consulted on this recommendation.

Unless this recommendation contains different figures, the following assumes, for the quantitative assessment of the core capacities, that the number of passengers carried by the largest aircraft scheduled to land at the designated airport can be handled.

The scope of the IHR covers diseases “irrespective of origin or source”. Accordingly, the core capacity requirements relate not only to health risks posed by communicable diseases, but also to airport-related health risks posed by biological, chemical and radionuclear agents. The present recommendation relates only to the field of communicable diseases.

The use of terms corresponds to the definitions given in the IGV-DG and the IHR plus the Protection against Infection Act.

Preliminary remarks

Part B of Annex 1 of the IHR distinguishes between the following core capacities, which are required if a State Party is to be able to respond promptly and effectively to public health risks and public health emergencies of international concern, in accordance with Article 13 of the IHR:

- core capacities required *at all times* (paragraph 1 of Part B of Annex 1; in the following under 1); and
- core capacities required additionally *for responding to events that may constitute a public health emergency of international concern* (paragraph 2 of Part B of Annex 1 of the IHR; in the following under 2).

In the following, these requirements are systematically fleshed out.

1 Core capacities required at all times

The capacities required "at all times" are set out in paragraph 1 of Part B of Annex 1 of the IHR. These are core capacities that should be in place in routine operations.

1.1 Communication

Recommendation:

Administrative arrangements and agreements are in place for:

- a defined and documented procedure, familiar to and practised by all parties, for communication among all bodies involved in the operation of the airport, German Air Navigation Services (DFS), flight crews, airlines and other points of entry, health authorities and services relevant to contingency planning and other relevant authorities and services;
- a defined and documented procedure, familiar to and practised by all parties, for communication with travellers and with the persons/relatives waiting for them;
- a defined and documented procedure, familiar to and practised by all parties, for the publication of information, for instance the press.

1.2 Medical services including diagnostic facilities

Paragraph 1(a) of Annex 1 B of the IHR requires the capacity to provide access at all times
1. to an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers and
2. adequate staff, equipment and premises.

Recommendation:

1.2.1 Key information

Key information relating to medical services, including diagnostic facilities, is in place at the airport:

- a list of services and relevant facilities, including the names of the points of contact responsible and key information (address, telephone number, fax, email and, if appropriate, distance from airport and map with directions) has been prepared, and is maintained and updated, distributed and regularly reviewed for accuracy;
- this list is up to date at all times and accessible to all the relevant staff.

1.2.2 Deployment of the public health service (PHS) for infectiological events

Administrative arrangements and agreements are in place for:

- 24 hours a day / 7 days a week (24/7) availability of a person in charge of PHS operations for infectiological events;
- a plan for recruiting trained and designated physicians and medical assistants for the prompt examination, interviewing, medical care and, if necessary, isolation of affected persons;
- the provision of professional advice to the medical personnel and/or a decision on the next steps within an appropriate period of time after the alert has been given;
- an operations room for the PHS, equipped with modern means of communication

1.2.3 Coordinating point of contact for the PHS at the airport

Administrative arrangements and agreements are in place for

- 24/7 availability of a coordinating point of contact at the airport, who is familiar with the structures and operations of the airport, to implement the measures ordered by the person responsible for PHS operations (1.2.2). This coordinating point of contact is designated by the airport (second sentence of paragraph 8(9) of the IGV-DG).

1.2.4 Medical services at the airport

1.2.4.1 Medical personnel

Administrative arrangements and agreements are in place for:

- 24/7 availability of a medical service (e.g. emergency physicians) at the airport which is familiar with the structures and operations of the airport.
    - Minimum qualification: a physician with knowledge of emergency medicine and infectiology which, under the guidance provided by the health authorities, is required for examination, Interviewing, etc. within the context of the implementation of the International Health Regulations.
    - Personnel for the prompt examination, interviewing, medical care and, if necessary, isolation of affected persons.
    - Basic capacity: the competent local health authority shall ensure that physicians and medical assistants are available for examination, interviewing, etc. in the event of an emergency.
    - Response time: It must be ensured that a physician with knowledge of emergency medicine and infectiology required within the context of the implementation of the International Health Regulations reaches the ill persons in or on the aircraft as quickly as possible, ideally within 15 minutes and at the most within 30 minutes of the medical service being informed by the appropriate body.
- Permission for priority authorized access by the medical service and PHS as a security authority to restricted access areas and security restricted areas in the event of an emergency in accordance with paragraph (4) of the first sentence of paragraph 8(1) of the Aviation Security Act [3].

1.2.4.2 Medical assessment

a. Medical assessment in or on the aircraft

Administrative arrangements and agreements are in place for:

- ensuring unrestricted access to aircraft by the medical service and PHS;
- a defined position of the aircraft;
- ensuring access restrictions to the aircraft for non-authorized persons;
- ensuring supply to and, if necessary, disposal of waste from aircraft systems (e.g. air conditioning, potable water, sewage, power);
- ensuring access to aircraft for ambulances, fire engines, buses, etc.

b. Medical assessment within the airport

Administrative arrangements and agreements are in place for:

- Medical assessment centre (MAC)/interviewing centre;
  - suitable premises for the interviewing, examination and medical care of suspect or affected travellers with regard to the possible existence of a communicable disease or a suspicion of infection (see also paragraph (1) of the first sentence of paragraph 8(5) of the IGV-DG);
  - dedicated rooms with hygienic equipment for physical examination and the provision of emergency care in consultation with the competent public health authority;
  - available < 1.5 hours after the decision has been taken to open the MAC/interviewing centre;
  - communications infrastructure with modern means of communication (including PC, fax, internet, mobile telephony and printer connections plus appropriate software and terminals);
  - a suitably large waiting area with access restrictions for non-authorized persons is ensured;
  - facilities for temporary isolation depending on the situation;
  - access for emergency vehicles, buses, vehicles for transporting travellers to be isolated;
  - removal of affected persons under secure conditions (protection against infection).

c. Premises for the storage of medical equipment

Administrative arrangements and agreements are in place for

- suitable premises for storage of the necessary equipment (see also paragraph (1) of the first sentence of paragraph 8(5) of the IGV-DG).

1.2.4.3 Equipment

Administrative arrangements and agreements are in place for:

- personal protective equipment and aids for responding to a health risk;
- availability (depending on the situation) of technical medical equipment for examination, initial treatment or therapy, prophylaxis (pre- and post-exposure, face masks), and the taking and transport of samples;

- packaging for the transport of specimens or samples to appropriate diagnostic facilities or laboratories in accordance with the legal provisions.

1.2.5 Off-airport medical services

1.2.5.1 Medical care

Administrative arrangements and agreements are in place for:

- 24/7 admission to appropriate medical facilities, if necessary an isolation ward for the immediate examination of and provision of care to ill persons.

1.3 Transport of ill persons

Paragraph 1(b) of part B of Annex 1 of the IHR requires the capacity to provide access at all times to equipment and personnel for the transport of ill travellers to an appropriate medical facility.

Recommendation:

1.3.1 Personnel

Administrative arrangements and agreements are in place for

- 24/7 access to trained and designated personnel to ensure the appropriate transport of ill persons to an appropriate medical facility.

1.3.2 Equipment

Administrative arrangements and agreements are in place for:

- provision of the necessary personal protective equipment;
- 24/7 access to vehicles for the secure and hygienic transport of ill persons to an appropriate medical facility.

1.4 Ensuring a safe environment for persons at the airport

Paragraph 1(d) of Part B of Annex 1 of the IHR requires the capacity to ensure, at all times, a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal facilities and other potential risk areas, by conducting inspection programmes, as appropriate.

Recommendation:

Administrative arrangements and agreements are in place to ensure:

- the provision of non-medical support and care to affected persons at all times (see paragraph (3) of the first sentence of paragraph 8(5) of the IGV-DG);
- the provision of general assistance and support to the persons affected and to persons and relatives waiting for them (including information, help with their onward journey, changing reservations, informing relatives, access to telecommunications).

1.4.1 Personnel

Administrative arrangements and agreements are in place for:

- Access to trained and designated personnel for the conduct of inspection programmes (see [4], p. 20 ff).

1.4.2 Equipment

Administrative arrangements and agreements are in place for:

- the provision of the necessary personal protection equipment, including for non-medical personnel;
- access to the necessary equipment, which ensures compliance with sound engineering practice and legal provisions (including hygiene, potable water, sewage, waste disposal).

1.4.3 Potable water supplies

- A defined and documented procedure, familiar to and practised by all parties, for the provision of potable water, in accordance with legal provisions and sound engineering practice

1.4.4 Eating establishments and flight catering facilities

- A defined and documented procedure, familiar to and practised by all parties, for ensuring a safe environment in eating establishments and flight catering facilities, in accordance with legal provisions and sound engineering practice.

1.4.5 Public washrooms

- A defined and documented procedure, familiar to and practised by all parties, for ensuring a safe environment in public washrooms, in accordance with legal provisions and sound engineering practice.

1.4.6 Solid and liquid waste disposal

- A defined and documented procedure, familiar to and practised by all parties, for the treatment and disposal of solid and liquid waste, especially with regard to waste that poses biological health risks, in accordance with legal provisions and sound engineering practice.

1.4.7 Corpses

- A defined and documented procedure, familiar to and practised by all parties, for handling corpses and body parts, in accordance with legal provisions and sound engineering practice

1.4.8 Carcasses

- A defined and documented procedure, familiar to and practised by all parties, for handling dead animals, in accordance with legal provisions and sound engineering practice

1.5 Inspection of conveyances

Paragraph 1(c) of part B of Annex 1 of the IHR requires the capacity to provide, at all times, trained personnel for the inspection of conveyances.

Recommendation:

1.5.1 Personnel

Administrative arrangements and agreements are in place for

- 24/7 access to trained and designated personnel for the inspection of conveyances (usually aircraft), for instance to check for contamination (see pp. 18/19 for qualifications).

1.5.2 Equipment

Administrative arrangements and agreements are in place for:

- provision of the necessary personal protective equipment;
- access to the equipment required for the inspection of conveyances.

1.6 Control of vectors and reservoirs

Paragraph 1(e) of part B of Annex 1 of the IHR requires the capacity to provide, at all times and as far as practicable, a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

Recommendation (see also paragraph (6) of the first sentence of paragraph 8(5) of the IGV-DG:

1.6.1 Personnel

Administrative arrangements and agreements are in place for

- 24/7 access to trained and qualified personnel for the control of vectors and reservoirs.

1.6.2 Equipment

Administrative arrangements and agreements are in place for:

- provision of the necessary personal protective equipment;
- access to the equipment required for the control of vectors and reservoirs
- regular check of the equipment (including service life, stock);

1.6.3 Measures

Administrative arrangements and agreements are in place for:

- periodic measures for the prevention and control of vectors and reservoirs in buildings and on the airport grounds, depending on the epidemiological situation;
- inspection of aircraft, baggage, cargo, containers, goods, mail, etc., depending on the epidemiological situation.

1.7 Implementation of recommended measures

Reference Paragraph 2(e) of Part B of Annex 1 of the IHR, as quoted below (see point 2.3)

Note: according to the IHR, this core capacity is required for a potential PHEIC. From a technical point of view, it is a core capacity that should be available "at all times", and accordingly is described at this point.

Recommendation (see also paragraph (5) of the first sentence of paragraph 8(5) of the IGV-DG):

By order of the competent public health authority, the entity responsible in any given case (airline, airport operator or others as applicable) shall conduct, if appropriate, disinsection, deratting, disinfection, decontamination or any other necessary treatment, in accordance with legal provisions and sound engineering practice.

1.7.1 Personnel

Administrative arrangements and agreements are in place for:

- access to trained and qualified personnel for the appropriate and prompt implementation of recommended measures (cleaning, disinsection, deratting. disinfection, decontamination or any other necessary treatment), in consultation with the public health authorities;

- Implementation of control measures:
  - on aircraft;
  - in vehicles;
  - in waiting and examination rooms;
  - at the medical assessment centre;
  - on baggage, cargo, containers, conveyances, goods or postal parcels;
  - at the airport and within a radius of at least 400 metres.

1.7.2 Premises

Administrative arrangements and agreements are in place for:

- Determination of premises for the safe storage, decontamination or destruction of objects, in consultation with the competent public health authority.

1.7.3 Equipment

Administrative arrangements and agreements are in place for:

- Infrastructure, equipment and chemicals for the implementation of recommended measures (availability of aids for cleaning, disinfection, decontamination, disinsection, deratting and any other necessary treatments) by order of the competent authority, taking account of paragraph 1 of Section B of Annex 4 of the IHR (inter alia avoidance of damage to conveyances and goods):
  - on aircraft;
  - in vehicles;
  - in waiting and examination rooms;
  - at the medical assessment centre;
  - on baggage, cargo, containers, conveyances, goods or postal parcels;
  - at the airport and within a radius of at least 400 metres.

1.8 Assessment of and care for affected animals

Reference: Paragraph 2(b) of Part B of Annex 1 of the IHR, as quoted below (see point 2.2)

Note: according to the IHR, this core capacity is required for a potential PHEIC. From a technical point of view, it is a core capacity that should be available "at all times", and accordingly is described at this point.

Recommendation:

1.8.1 Personnel

Administrative arrangements and agreements are in place for:

- 24/7 accessibility of the competent veterinary authority;
- the veterinary authority to provide professional advice and/or take a decision on how to proceed.

1.8.2 Premises

Administrative arrangements and agreements are in place for:

- access to and provision of an isolation and examination room for affected animals;
- access to a veterinary facility (usually a veterinary hospital);
- a defined and documented procedure for communication with the centres of veterinary excellence and for the assignment, transport and handover of affected animals.

1.9 Contingency plan and standard operating procedures

Reference: Paragraph 2(a) of Part B of Annex 1 of the IHR, as quoted below (see point 2.1)

Note: according to the IHR, this core capacity is required for a potential PHEIC. From a technical point of view, it is a core capacity that should be available "at all times". Accordingly, it is described at this point.

Recommendation (see also paragraph (9) of the fourth sentence of paragraph 8(5) of the IGV-DG:

A contingency plan and standard operating procedures – coordinated with the competent public health authorities – are in place:

- a defined and documented procedure, familiar to and practised by all parties, for the identification of persons suspected of being infected or ill persons, for the provision of medical, social and organizational assistance to them and for their documentation;
- a defined and documented procedure, familiar to and practised by all parties, with regard to priority access by medical or veterinary personnel (in particular the public health authorities) to security restricted areas of the airport.
  It is recommended that the competent civil aviation authority enable the staff of the PHS regularly employed at the airport and the vehicles they bring with them to have priority access to the security restricted areas of the airport (case-by-case permission), taking account of legal provisions;
- a contingency plan that has been integrated into the airport's generic contingency planning in accordance with ICAO rules;
- contingency planning that is periodically evaluated (partial emergency exercise in the context of ICAO Annex 14, Chapter 9, e.g. table-top exercise); EU Regulation 139/2014, Annex IV, subpart A "aerodrome emergency planning" [5]);
- contingency planning that is evolved in consultation with the public health and supervisory authorities in line with the most recent findings on health and legal issues

2 Core capacities for responding to events that may constitute a public health emergency of international concern (PHEIC)

The core capacities required for "responding to events that may constitute a public health emergency of international concern" are set out in paragraph 2 of Part B of Annex 1 of the IHR. They are core capacities that are to be in place or can be activated in the event of the occurrence of public health emergencies.

2.1 Response to events that may constitute a PHEIC

Paragraph 2(a) of Part B of Annex 1 of the IHR requires the capacity to provide appropriate public health emergency response for responding to potential PHEIC events by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant points of entry, public health and other agencies and services.

Recommendation:

2.1.1 Communication

Administrative arrangements and agreements are in place for a defined and documented procedure, familiar to and practised by all parties, for providing information to travellers:

- depending on the situation, preparation of multi-lingual handouts and posters in consultation with the competent authorities;
- provision of the situation-dependent information;
- possibly use of screens, information panels, stands for handouts.

2.1.2 Contingency plan and standard operating procedures

A contingency plan and standard operating procedures – coordinated with the competent public health authorities – are in place for (see also point 1.9)

- possible medical entry and exit controls of air passengers.

2.2 Assessment and care

For responding to potential PHEIC events, paragraphs 2(b), (c) and (d) of Part B of Annex 1 B of the IHR require the capacity:

- (b): to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;
- (c): to provide appropriate space, separate from other travellers, to interview suspect or affected persons;
- (d): to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry.

Recommendation:

2.2.1 Medical services at the airport

2.2.1.1 Medical personnel

Administrative arrangements and agreements are in place for

- adjusting the number of personnel employed, depending on the situation.

2.2.1.2 Medical Assessment Center (MAC)

Reference: Paragraph 2(b) of Part B of Annex 1 of the IHR, as quoted above (see point 2.2)

Administrative arrangements and written agreements are in place for (see also point 1.2.4.2 c.):

- 24/7 availability
- adjusting the personal protective equipment, depending on the situation.

2.2.1.3 Quarantine facility

Administrative arrangements and agreements are in place for:

- access at all times to qualified personnel who can be employed in the quarantine facility and are qualified to identify symptoms of illness and who are familiar with initial control measures for persons at risk of infection;
- provision (depending on the epidemiological situation) of a quarantine facility for persons suspected of being infected within an appropriate period of time;
    - the duration for which the quarantine facility is available depends on the situation;
    - geographical location: preferably off-airport.
- a defined and documented procedure for communication with the operators of the quarantine facility and for the assignment, transport and handover of persons.

2.3 Implementation of recommended measures

For responding to potential PHEIC events, paragraph 2(e) of Part B of Annex 1 of the IHR requires the capacity to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose.

Recommendation:

Administrative arrangements and agreements are in place for

- adjusting the recommended measures, depending on the situation (see point 1.7).

2.4 Medical entry and exit controls

For responding to potential PHEIC events, paragraph 2(f) of Part B of Annex 1 of the IHR requires the capacity to apply entry or exit controls for arriving and departing travellers.

Recommendation:

The effectiveness of medical entry screening has not been apparent in the case of outbreaks in the past (see [6]) This must be taken into account in the event of possible implementation. However, medical entry control also includes information management, etc.

2.4.1 Personnel

Administrative arrangements and agreements are in place for:

- access at all times to designated personnel at the airport who take, coordinate, implement and, if necessary, enforce key decisions to implement orders issued by the competent authority

2.4.2 Organizational management

Administrative arrangements and agreements are in place for:

- suitable information by the PHS (active or passive) in the case of arriving and/or departing passengers on an infectious epidemiological situation in their country of origin and/or country of destination and necessary infection control measures;
- the organizational management of medical entry and exit controls;
- a situation-dependent, defined and documented procedure, familiar to and practised by all parties, for medical entry and exit controls.

3 Contact Tracing

Paragraph 1 of Article 18 of the IHR states that the WHO may issue recommendations to States Parties with regard to tracing the contacts of suspect or affected persons.

Recommendations (see also paragraph 12 of the IGV-DG)

Administrative arrangements and agreements are in place for:

- the prompt forwarding of passenger manifests by the airlines to the competent local health authority, in accordance with legal provisions;
- under paragraph 12(2) of the IGV-DG, the distribution of passenger locator forms (PLFs), possibly by order of the local health authority, is the responsibility of the air carrier. Passenger locator forms shall be kept available at the airport operator's premises (at least in electronic form). The passenger locator forms are to follow the model (German/English) in Annex 1 of the IGV-DG.[2, 7, 8] A defined and documented procedure, familiar to and practised by all parties, for tracing contacts;
- Designated, qualified personnel for processing, digitization, tracing and contacting;
- Note: The local health authority may only use the data collected under the Protection against Infection Act for the performance of its duties set out in this Act, and is thus responsible for compliance with privacy laws.[9]

4 Training and drills

Recommendation:

Administrative arrangements and agreements are in place for:

- a programme of basic and advanced training for all parties involved in operations;
- familiarity of all designated persons with their area of operation, procedures, documentation requirements and regulations, to be demonstrated in practical drills (for instance precautionary vaccinations, pre- and post-exposure prophylaxis);
- proficiency of the personnel in the use of personal protective equipment;
- a defined and documented procedure, familiar to and practised by all parties, for the inspection, identification and monitoring of possible sources of risk (including airport grounds, buildings, aircraft, baggage, cargo, containers);
- A defined and documented procedure, familiar to and practised by all parties, for the control of possible sources of infection, reservoirs and vectors.

5 Exchange of experience and evolution of core capacities

A regular exchange of experience and the continuous evolution of the core capacities that have to be available at all times and of the core capacities that are additionally required for responding to potential public health emergencies of international concern at points of entry are advisable.

6 References

1. **Extract from the Act on the International Health Regulations (2005) (IHR) of 23 May 2005, of 20. July 2007**. *Federal Law Gazette Part II* 2007, p. 930 (Articles 1- 6 of the Act requiring the consent of the Bundesrat, IHR Part 1 (Definitions, purpose and scope Articles 1-4), plus Articles 5, 13, 18, 19, 20 Annex 1. and B. plus Annex 4 of the IHR https://www.rki.de/DE/Content/Infekt/IGV/Gesetz_IGV_de-en.pdf?__blob=publicationFile).
2. **Act Implementing the International Health Regulations (2005) (IHR Implementation Act – IHR-IA) of 21 March 2013. (Federal Law Gazette I p. 566). www.gesetze-im-internet.de/igv-dg**
3. **Aviation Security Act of 11. January 2005 (Federal Law Gazette I p. 78), most recently amended by Article 7 of the Act of 29 July 2009 (Federal Law Gazette I p. 2424)** (http://www.gesetze-im-internet.de/luftsig/index.html).
4. WHO: **International Health Regulations (2005): Assessment tool for core capacity requirements at designated airports, ports and ground crossings**. 2009 (http://www.who.int/ihr/ports_airports/PoE_Core_capacity_assessment_tool.pdf
5. **Commission Regulation (EU) No 139/2014 of 12 February 2014 laying down requirements and administrative procedures related to aerodromes pursuant to Regulation (EC) No 216/2008 of the European Parliament and of the Council http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32014R0139**.
6. **Infection prevention and control measures for Ebola virus disease: Entry and exit screening measures, 12 October 2014. https://ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/Ebola-outbreak-technicalreport-exit-entry-screening-13Oct2014.pdf**.
7. **Model Passenger Locator Form (Aviation) www.rki.de/DE/Content/Infekt/IGV/Aussteigekarte_Fluggast.pdf?__blob=publicationFile**
8. **Public Health Passenger Locator Form. www.rki.de/DE/Content/Infekt/IGV/Aussteigekarte_Fluggast_EN.pdf?__blob=publicationFile**.
9. **Protection against Infection Act of 20. July 2000 (Federal Law Gazette I p. 1045), most recently amended by Article 2a of the Act of 17. July 2009 (Federal Law Gazette I p. 2091. www.gesetze-im-internet.de/ifsg/index.html**