



Australian
Centre for
Disease
Control

CDNA infection prevention and control guidance for repatriating passengers en route to Australia

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Revision history

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Introduction

Key reassurance message

- The overall risk of in-flight transmission is low when these precautions are applied.
- Early identification, appropriate personal protective equipment (PPE), and good ventilation are effective risk-mitigation measures.
- There is no evidence that infected people without symptoms can transmit the virus.

Role of the onboard medical officer

While this guidance represents the minimum requirements, the medical officer attending the passengers will use clinical judgement on the best approach for individual clinical assessment. This includes a person's ability to tolerate the personal protective equipment.

On the chartered aircraft

This advice is primarily for passengers who are asymptomatic or become symptomatic en route to Australia.

Symptoms may include fever, headache, muscle aches, fatigue, gastrointestinal or respiratory symptoms.

Passengers with symptoms prior to departing Tenerife will be managed by the Dutch authorities.

Precautions for flight crew

General infection prevention and control principles¹

- Apply standard precautions² at all times for all passengers.
- This includes frequent hand hygiene using soap and water or alcohol-based hand rub if hands are visibly clean.
- Escalate to transmission-based precautions³ for any passenger who is symptomatic or a known high-risk close contact⁴.
- Minimise close, prolonged, face-to-face interactions where operationally possible.

Personal protective equipment

Routine cabin duties (asymptomatic passengers)

Flight crew should wear:

- Surgical mask (well-fitted).
- Avoid touching the face and the front of the mask.
- Attend hand hygiene with soap and water or alcohol-based hand rub.

¹ These principles align with the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

² Standard precautions are the basic infection prevention steps used for all people, all the time, regardless of whether infection is known or suspected.

They assume that blood and some body fluids may carry infection, and include simple measures such as hand hygiene, using gloves or other protective equipment when needed, safe handling of sharps, and cleaning equipment and surfaces.

The aim is to protect patients, staff and others by reducing the risk of infections spreading in healthcare and community settings.

³ Transmission-based precautions are extra infection control steps used when someone is known or suspected to have a contagious infection.

They are added on top of standard precautions and are chosen based on how the infection spreads (by contact, droplets, or through the air).

These precautions may include separate rooms, masks, gowns, gloves, eye protection, or limiting close contact, to stop infections spreading from one person to others.

⁴ A person who has had close, prolonged, or intimate exposure to a symptomatic hantavirus (Andes virus) case, particularly involving direct physical contact or exposure to respiratory secretions or bodily fluids.

This is consistent with Australian risk-based infection prevention and control (IPC) advice for respiratory pathogens when no symptoms are present.

When interacting with symptomatic passengers, the flight crew should wear:

- P2/N95 respirator (fit-checked at point of use).
- Eye protection (face shield or goggles).
- Disposable gloves.
- If direct physical contact is required, a long-sleeved fluid-resistant gown should be worn.

This PPE ensemble provides airborne-level respiratory protection as a precautionary control against pathogens with limited person-to-person respiratory transmission, consistent with ACSQHC and National IPC guidance.

Key PPE handling points:

- Don (put on) and doff (take off) PPE using the correct technique and perform hand hygiene at each step.
- Avoid touching the face, the front of the respirator, or eye protection during use.
- Dispose of PPE safely after use in designated waste bags.

Cabin environment and service procedures

- Ensure HEPA-filtered aircraft ventilation systems remain fully operational throughout flight, including when passengers are on board at the gate.
- Minimise non-essential cabin movement. Passengers should be allocated seating in the rear of the aircraft with maximum achievable separation between each passenger. Crew, when not attending to passengers, should remain in the forward cabin.
- Designate separate lavatories for repatriated passengers and crew. Forward lavatory for crew and aft lavatory for passengers.
- Modify in-flight service to minimise repeated close contact (e.g., pre-packed meals, limited-service rounds).
- Clean and disinfect high-touch surfaces (armrests, tray tables, lavatories) using aviation-approved disinfectants after passengers deplane.

Management of an unwell passenger in flight

- Seat any passenger who develops symptoms as far from others as feasible.
- Assign one crew member to the unwell passenger, where possible, to minimise exposure.
- Crew attending the unwell passenger must use a fit-checked P2/N95 respirator and eye protection at a minimum.
- Notify ground medical and border health authorities before arrival.

Management of flight crew following the flight

- The flight crew is recommended to self-monitor for symptoms for 6 weeks, but does not need to quarantine following the flight if:
 - None of the passengers was symptomatic during the flight, or
 - The flight crew were wearing appropriate PPE/there was no breach in PPE.
- If a passenger was symptomatic and the flight crew had a high-risk exposure to the suspected infected passenger while symptomatic (e.g. PPE breach), quarantine may be required. Further advice should be sought from the receiving public health authority regarding quarantine requirements.

Precautions for repatriated passengers

Measures for all repatriated passengers while on board a flight

Passengers should be advised to:

- Wear a surgical mask while on board, except when eating or drinking.
- The surgical mask **MUST** cover the mouth and nose.
- Masks should be replaced every four hours or if the mask becomes wet or soiled.
- Passengers should be screened regularly for symptoms, e.g., at the four-hour surgical mask change.
- Remain seated as directed and limit movement around the cabin.
- Perform frequent hand hygiene, especially before and after using the toilet and before eating.

- Practise respiratory hygiene and cough etiquette (cough/sneeze into tissue or elbow).
- Appropriately dispose of tissues, used cups, and other rubbish immediately after use.

Additional measures for passengers who are high-risk close contacts

Passengers identified as high-risk contacts⁵ of a confirmed or probable case should:

- Wear a surgical mask continuously during the flight, except while eating and drinking.
- Remain seated as directed and limit movement around the cabin.

Escalation beyond this (e.g. respirator use) is not required for passengers unless clinically indicated, consistent with proportional IPC principles.

Measures for symptomatic passengers

- Symptomatic passengers will not be permitted to travel on a commercial airline.
- Be provided with sufficient surgical masks for the journey⁶ and instructed to wear one at all times.
- Limit movement around the aircraft.
- Perform frequent hand hygiene, especially before and after using the toilet and before eating.
- Cooperate with seating separation and assessment by trained crew.

These measures reduce droplet exposure and align with WHO and Australian IPC advice for respiratory viral illness.

⁵ High-risk contacts include individuals who had close prolonged contact, direct physical contact, sharing a bathroom or sleeping space or providing care with unprotected exposure to a probable or confirmed case.

⁶ Masks should be replaced every four hours or if the mask becomes wet or soiled.

Arrival and post-flight considerations (for passenger awareness)

- Passengers will undergo a health assessment upon arrival at the receiving airport by the local health authority.
- Passengers will be followed up by the receiving medical personnel.
- All passengers should monitor for symptoms for up to 6 weeks post-exposure, reflecting the recognised incubation period of hantavirus infections.
- All passengers should quarantine for 6 weeks after disembarking from the ship, provided there has been no subsequent potential exposure to a confirmed case.
- Passengers should immediately notify the attending medical personnel if fever, myalgia, gastrointestinal, or respiratory symptoms develop, and disclose the exposure history. Follow the advice from the local public health authority.

Care after arrival in Australia

Movement from the international charter aircraft to the receiving quarantine centre

This advice relates to asymptomatic passengers. If a returning passenger has any symptoms, the receiving medical personnel must be informed.

Passengers who develop symptoms will not be permitted to continue travelling.

Advice for asymptomatic passengers

Asymptomatic passengers should:

- Be escorted directly from the aircraft with no contact with ground personnel.
 - Do not stop unless directed by an official.
 - If passport control is required, the preferred approach is non-touch. Border officials should, at a minimum, wear a surgical mask and face protection (e.g., a face shield). If any documents are handled, disposable gloves should be worn and disposed of. Border officials should practise hand hygiene before and after any interaction. If preferred, border officials can use a **fit-checked** P2/N95 respirator.
- The preference is to walk from the aircraft to the transport vehicle.

- The vehicle should be appropriately cleaned and disinfected after use.
- Wear a **surgical mask** at all times during the movement from the aircraft to the receiving quarantine centre. The surgical mask can be removed when directed by medical personnel when they enter their personal accommodation. The mask should be removed safely and disposed of in the dedicated waste receptacle provided by the medical personnel. Avoid touching the face and perform hand hygiene before and after removing the mask.
- Perform **hand hygiene** before exiting the first aircraft and then again on entering the receiving quarantine centre.

Advice for drivers or escorts

People who drive or accompany asymptomatic passengers should be advised to:

- Avoid physical contact with passengers.
- Wear a **surgical mask** or, if close or prolonged contact is unavoidable, use a fit-checked **P2/N95 respirator**.

Clean and disinfect **high-touch surfaces** in the vehicle after transport.