



May 9, 2018

Dear State/Territorial Epidemiologist:

This letter is to inform you of a new standing operating procedure (SOP) for conducting after-travel airplane contact investigations (CIs).

The 2011 CSTE Position Statement 11-CC-01 required that airlines notify CDC's Division of Global Migration and Quarantine (DGMQ) when foodborne diseases capable of fecal-oral spread occur in airplane crew members who handle food or beverages. In the context of several large US outbreaks of hepatitis A virus (HAV) infection during 2016-2017, airlines notified CDC of several cases of acute HAV infection in flight attendants. One case report resulted in an airplane CI for passengers potentially exposed to HAV infection in an ill flight attendant on two domestic flights.

Because of this experience, in 2017 DGMQ worked with subject matter experts in CDC's Division of Viral Hepatitis (DVH) to develop this SOP to ensure a consistent public health response to these incidents.

A case of acute hepatitis A infection in a crew member with food or beverage serving duties is confirmed in a crew member with all of the following attributes:

- had a laboratory-confirmed or epidemiologically-linked case of acute hepatitis A and served food or beverages on a commercial airline flight of any duration; AND
- was symptomatic during the airline flight(s) and *infectious* two weeks before to one week after symptom onset; AND
- reported having had diarrhea (any number of loose stools) during the relevant flight(s).

DGMQ and DVH will assess the circumstances surrounding each reported case that meets the case definition described above to determine the risk of transmission of HAV infection to passengers and other crew members and the need for a contact investigation.

The passenger contact zone includes areas within the airplane served by the sick crew member. A full-plane passenger contact investigation (excluding other crew members) may be warranted if the crew member cannot recall the areas served (e.g., first or business class versus main cabin).

Because post-exposure prophylaxis for HAV infection is effective up to 14 days after exposure, CDC

will work with state and local health departments and airlines to coordinate the CI urgently when a notification is received from the health department within 14 days of the flight. CIs will be conducted for the remainder of the 50-day HAV infection incubation period to allow for public health monitoring of exposed persons identified beyond the window for effective prophylaxis.

Hepatitis A is transmitted via the fecal-oral route. It is a vaccine-preventable disease, and most healthy individuals recover with minimal sequelae. However, in adults older than 64 years old with lowered immunity or other immunocompromised people, acute HAV infection can progress to a serious disease.

Airplane passenger CIs for hepatitis A are warranted because of the potential for spread on commercial flights, the serious health outcomes for some exposed passengers, and the wide availability of timely and effective post-exposure prophylaxis. However, because CDC and health department resources required to conduct these CIs are limited, the SOP recommends a CI only when strong evidence suggests a high risk for fecal-oral spread during the flight among those travelers at highest risk for transmission.

We encourage you to implement this new SOP and we thank you for your continued collaboration in the airplane contact investigation process. Your work makes it possible to notify travelers of potential exposures and provide prophylaxis and other public health prevention measures. Also, completing the outcome reporting forms will enable us to evaluate the effectiveness of the new CI procedures in detecting and preventing secondary cases.

Sincerely,

Aviation Activity, Division of Global Migration and Quarantine  
National Center for Emerging and Zoonotic Infectious Diseases  
Centers for Disease Control and Prevention

Division of Viral Hepatitis  
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention

Contact:  
Rebecca Hall, MPH  
Acting Lead, Aviation Activity  
Division of Global Migration and Quarantine  
[rhall4@cdc.gov](mailto:rhall4@cdc.gov)  
Tel: (404) 718-4772