

Onderwerp: RE: Update of Annex 1 to SD 2020-01

Dear 5.1.2e

Thanks for sharing the draft update of Annex 1 for our review. We would like to share the following observations we received from KLM.

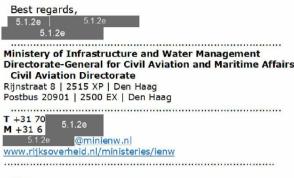
Our national health institute (RIVM) raised the following question: How should we deal with the lack of evidence in some countries with respect to the number of COVID-19 cases. We might have to consider to add some countries to the list for this reason. We hope to receive more reasoning from RIVM to share with you next week.

Observations we received from KLM:

- Ireland/Dublin: Dublin has around 5500 confirmed COVID-19 cases which is about half of the confirmed cases in Ireland (source:
- https://geohive.maps.arcgis.com/apps/opsdashboard/index.html#/29dc1fec79164c179d18d8e53df82e96). With a population of around 1.4mln people you'll end up with a total of approximately 390 confirmed cases/100K inhabitants. That is one of the higher numbers in the world.
- United Kingdom/Manchester: Manchester has around 700 confirmed COVID-19 cases (source: https://coronavirus.data.gov.uk/#local-authorities). When you compare both Dublin and Manchester based on the total number of confirmed cases/100K inhabitants you'll notice a large difference: 140/100K (Manchester) against 390/100K (Dublin). If you compare these cities against New York City (1270/100K) (source: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html) it is difficult to understand why all these 3 cities are classified as High Risk Area. The numbers are so far apart.
- South Korea/Seoul: When you extend the above mentioned comparison with Seoul and Daegu in South Korea, it is even more difficult to understand why these cities/areas are all classified as High Risk Area. Seoul has an incidence of 6 (6 confirmed cases per 100K inhabitants), Daegu has an incidence of 280 (source: <a href="http://ncov.mohw.go.kr/en/bdBoardList.do?brdId=16&brdGubun=162&dataGubun=&ncvContSeq=&contSeq=&board_id="http://ncov.mohw.go.kr/en/bdBoardList.do?brdId=16&brdGubun=162&dataGubun=&ncvContSeq=&contSeq=&board_id="http://ncov.mohw.go.kr/en/bdBoardList.do?brdId=16&brdGubun=162&dataGubun=&ncvContSeq=&contSeq=&board_id="http://ncov.mohw.go.kr/en/bdBoardList.do?brdId=16&brdGubun=162&dataGubun=&ncvContSeq=&contSeq=&board_id="http://ncov.mohw.go.kr/en/bdBoardList.do?brdId=16&brdGubun=162&dataGubun=&ncvContSeq=&contSeq=&board_id="http://ncov.mohw.go.kr/en/bdBoardList.do?brdId=16&brdGubun=162&dataGubun=&ncvContSeq=&contSeq=&board_id="http://ncov.mohw.go.kr/en/bdBoardList.do?brdId=16&brdGubun=162&dataGubun=&ncvContSeq=&contSeq=&board_id="http://ncov.mohw.go.kr/en/bdBoardList.do?brdId=16&brdGubun=162&dataGubun=&ncvContSeq=&contSeq=&board_id="http://ncov.mohw.go.kr/en/bdBoardList.do?brdId=16&brdGubun=162&dataGubun=&ncvContSeq=&cont
- Why are all these cities/areas: Seoul (6/100K), Manchester (140/100K), Daegu (280/100K), Dublin (390/100K) and New York city (1270/100K) all classified as High Risk when the numbers differ that greatly?
- One can draw up these incidence numbers for all High Risk Areas and come to the conclusion that there is no logic behind the classification of High Risk Area. Additionally, when you take a look at the rate in which the confirmed cases increase (or in some cases decrease) over the last 7 days, the list of High Risk Areas still doesn't seem logical. In Seoul the peek in confirmed cases is already behind us. 2 confirmed cases were added the last day, if you convert this to the increase in amount of total confirmed cases/100K inhabitants per day, you will end up with a number very close to "0". For New York city this number is around 60 cases/100K per day.
- For the classification of a High Risk Area it is import to only look at the number of confirmed cases and not to the numbers of hospitalization or even deaths. These last numbers provide an indication about the health status of the local inhabitants and the level of the Health Care System, it doesn't say a lot about the contagiousness of the area and the latter one is what we are interested in in the aviation world when defining an High Risk Area. As an airline we want to know what the level of contagiousness is of an area, city or airport when we send our crew out on flying duties. The number of local hospitalizations or deaths is not relevant for this analyses.
- To properly define a list of High Risk Areas of contagiousness requires comparing apples to apples and this is only possible when the same unit of measurement is used to define the contagiousness of an area. The data is available but scattered over many websites of local health authorities when you want to compare apples to apples

(confirmed cases/100K inhabitants).

• On top of that the list contains, airports, regions and country level. There again we do not compare apples with apples. Looking at the map for The Netherlands it looks like the main (high risk) issue is situated in the southern part of the country, https://www.rivm.nl/coronavirus-covid-19/actueel (see map) yet Amsterdam is considered to be a high risk airport. On top of that Amsterdam is mainly used for transfer.







Dear Focal Points,

I hope my email finds you all in good health and for those of your celebrating Easter in the past few days, I hope you have an enjoyable celebration.

I have attached for your review, the updated Annex 1 according to the current situation.

The overall situation in Europe looks promising, of course there are still exceptions where the natural evolution of the outbreak either started later or the relaxation started too early and we see a second peak. Consequently, we have added Dublin Airport in Ireland to the list, as well as the airports in the North West and North East and Yorkshire regions of UK.

Furthermore the outbreak in South Korea is slowing down and we have limited the number of high risk airports. On the other hand the evolution in Canada, Russia and Brazil is on an upward trend so we have added them also to the list.

I look forward to your comment and suggestions by tomorrow 13:00 CEST.

The updated Annex will be published tomorrow afternoon and will become effective as of 17 April.

Best Regards / Mit freundlichen Grüßen / Cordialement / Cele bune

5.1.2e

Aircrew & Medical Department
European Union Aviation Safety Agency

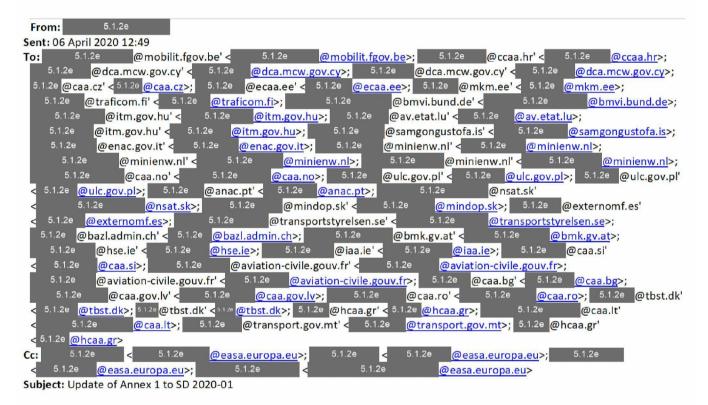


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Dear focal points,

Please find attached the draft Annex 1 incorporating the current evolution.

We have removed China from the list as now the number of active cases is of only 1299.

We have added Portugal on the list with 2 airports and added some more airports from UK to the list in accordance with the number of cases reported by the UK national health authorities including the main airports from Midlands region.

Please let me know by tomorrow 13:00 CEST if you have comments regarding the attached Annex 1.

On a more positive note we see that some Member States are improving their epidemiological situation and the curve of active cases is either starting to flatten or is already starting on a descendent curve, meaning the they have more daily cured cases than

new cases. I have attached for your information two examples – Austria and Italy to provide some hope for the future, but they are not the only ones.

In this context we have discussed with the medical colleagues and public health colleagues, based on the information available in various tools what we could say now as a criteria for removal from the high risk areas would be that the curve of active cases should be below half of the maximum number for the respective country, but not more than 2.000 active cases. I know this solution is not perfect because is at a state level, but is the best we have now based on the information reported. As the tools improve constantly and the situation is changing fast, this criteria for removal from the list may also change.

Best Regards / Mit freundlichen Grüßen / Cordialement / Cele bune

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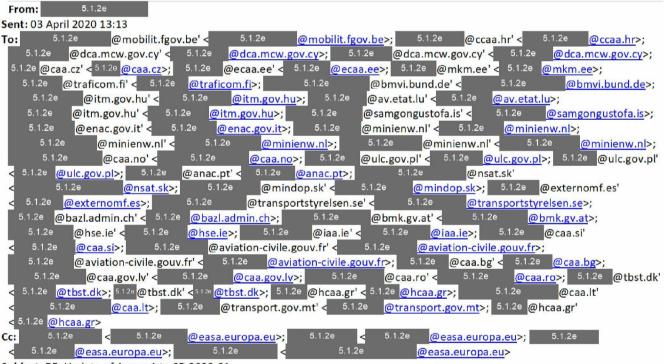


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Subject: RE: Update of Annex 1 to SD 2020-01

Dear Focal points,

I would like to inform you that EASA has decided to update the Annex 1 only once per week in order to allow the airlines

time to react and implement the changes. In this regard we aim to send you the new draft on Mondays after lunch incorporating the reports made by the public health authorities after the weekend and to consult with you until Tuesdays 13:00 CET. Depending on the number of comments received we aim to publish the updated Annex 1 on Tuesdays afternoon.

We have received several questions regarding the criteria used to put on and remove airports from the list. In this regard unfortunately we do not have an ideal tool available and because of this we use the information from multiple sources taking into consideration the numbers of active cases (where available even total reported vs active cases), daily new cases, rate per capita, urban vs. rural, number of deaths, number of recovered cases and the number/size of the airports. We try, as much as possible, to be evidence based and also to maintain a comparison with other states/regions. Placing airports or regions on the list of high risk is not intended to affect in any way the image of the region (as one MS representative said we are "punished"), but it is intended to have a humanitarian role by being used by the operators in the context of the SDs in order to put in place an extra layer of protection for the passengers and crew members, namely more frequent disinfection.

For many Member States we use the publications of their public health authorities, or dedicated dashboards, where available. For example see below some of the resources that we use in addition to the WHO reports:

https://www.worldometers.info/coronavirus/

https://gap.ecdc.europa.eu/public/extensions/COVID-19/COVID-19.html

https://interaktiv.morgenpost.de/corona-virus-karte-infektionen-deutschland-

weltweit/?fbclid=IwAR04HlqzakGaNssQzbz4d8o8R3gz0C910U8tvfYlBT6P0IVJJvHfk9uS2rc

https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4

https://www.arcgis.com/apps/opsdashboard/index.html#/f94c3c90da5b4e9f9a0b19484dd4bb14

http://opendatadpc.maps.arcgis.com/apps/opsdashboard/index.html#/b0c68bce2cce478eaac82fe38d4138b1

https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-

coronavirus/articles/infection-au-nouveau-coronavirus-sars-cov-2-covid-19-france-et-monde

https://www.trackcorona.live/map

https://www.rivm.nl/actuele-informatie-over-coronavirus

and others.

As mentioned above, we also try to use a more risk based approach rather than just the local transmission as the only criteria which is the basis of the WHO assessment in order to alleviate the operators a bit as these measures are mandatory.

On a more optimistic note we see already the early signs of improvement of the epidemiological situation is some Member States.

For any other clarifications please do not hesitate to contact us.

Wishing you all a nice weekend and good health!

Best Regards / Mit freundlichen Grüßen / Cordialement / Cele bune

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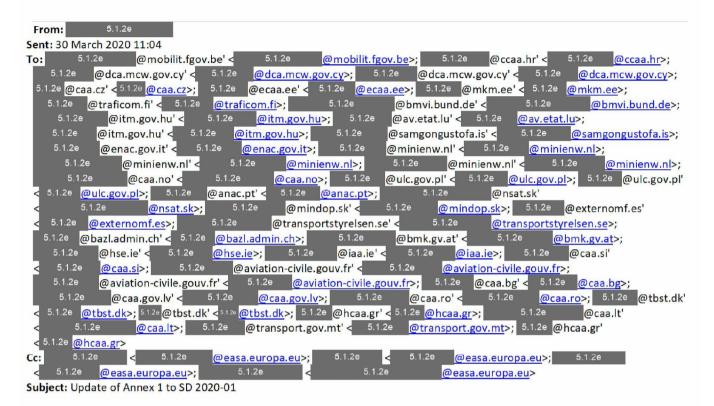
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Dear Focal Points,

The evolution of the SARS-CoV-2 outbreak in Europe and USA is still on an increasing curve. Based on the evolution of the outbreak and feedback received from some of you, some more European and third country airports/regions have been added to the list as you may see in the draft Annex 1 attached.

The new annex should become effective as of 2nd of April to allow for operational preparations.

Please let me know by 15:00 CET today if you have any suggestions/comments. We expect to have the list published this afternoon.

Best Regards / Mit freundlichen Grüßen / Cordialement / Cele bune

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