Subject: Child asthma and allergic diseases

A recent World Health Organisation Report has indicated that the number of European cases of child asthma and allergic diseases doubled between the 1970s and 1990s.

Does the Commission have its own analysis of the causes and does it include bad air quality and the impact of synthetic chemicals in water and food?

What is the Commission’s view on why in at least two EU countries — the UK and Italy — child asthma and allergic diseases are now ‘easing’, according to the WHO?

Answer given by Mr Byrne on behalf of the Commission

(19 June 2003)

Under the Action Programme on pollution-related diseases (1) in the context of the framework for action in the field of Public Health (1999/2001), the Commission funded several projects on asthma and respiratory allergies prevention. The list and the summary of these projects can be found on our web site at the following address: (http://europa.eu.int/comm/health).

According to numerous scientific studies, the origin of asthma and allergic diseases is multi-factorial and therefore highly difficult to tackle.

The Commission does not have any particular information on a decrease of the incidence of asthma and allergies in Italy and United Kingdom.

The reduction of the number of people affected by such diseases is one of the priorities of the new Public Health Programme adopted in 23 September 2002 (2). In addition, asthma and respiratory allergies prevention is also considered as a priority in the Commission Communication ‘A European Environment and Health Strategy’ adopted on 11 June 2003, which can be found on our web site at the following address: (http://europa.eu.int/comm/pressroom/presspacks/health/pphealthen.htm).


Subject: SARS and airline air recycling

What regulations apply to airlines operating in the EU concerning high efficiency particulate air (HEPA) filters? How often are such filters changed? How quickly does their efficiency deteriorate with use? Why do passengers have to breathe recycled air at all? What is the range of ventilation allowed (i.e. the number of minutes before air is fully changed in the cabin)? Once suspect cases of passengers are found, what procedure is in place to prevent other passengers from being infected by the same aircraft? Is the Commission satisfied that these procedures are now adequate to the risks involved?
Answer given by Mr Byrne on behalf of the Commission

(15 July 2003)

All aircraft designed after 1985 have standard high efficiency particulate air (HEPA) filters fitted in the recirculation system. HEPA filters are highly efficient in removing dust and airborne contaminants such as droplets, bacteria and large microbes. The normal life of such filters is one C-Check, i.e. between 12 and 18 months of operation. Efficiency will not deteriorate during service provided that elements are changed at the required intervals.

During flight, fresh air is introduced into the cabin continuously. Depending on the type of aircraft, the entire cabin air volume is exchanged every two minutes. Air recirculated helps reduce fuel consumption related to the air conditioning system. Measures carried out by European aircraft producers demonstrate that on the ground, recirculated air is cleaner than outside air.

The Network for the Epidemiological Surveillance and Control of Communicable Diseases in the Community endorsed the technical guidance document prepared by the EU Expert Group on SARS ‘Recommendation by the European Community for airlines, flight personnel and ground medical personnel for measures to be taken before and during flights from countries with local transmission of SARS’. The document reports recommendations on measures and procedures to be undertaken in case of SARS-suspect cases identified on board.

These guidelines include recommendations concerning action to be taken by flight attendants should a passenger show symptoms such as fever, cough or shortness of breath, or if he/she is obviously ill. The passenger should be asked to wear a surgical mask, and people serving him/her should wear a FFP2/3 mask. If possible, the passenger should be seated separately, i.e. as far as possible from other passengers. If the passenger is very symptomatic, e.g. has a severe cough, at least passengers within two-three meters (approximately two rows) of the ill passenger, as well as the entire crew, should use a mask.

They also recommend that airlines should ensure that information material be distributed to all passengers informing them of potential risks. Passengers sitting within two meters of the ill passenger, and the crew, should also receive a registration card (if they have not completed one at the time of departure) and an information sheet ‘Important health information for passengers concerning possible contact with the severe acute respiratory syndrome (SARS)’. It is also recommended that the airline should collect the registration cards and keep them available for the health authority for 14 days after landing.

Further information concerning measures to be undertaken in this situations are available on Europa web site at: (http://europa.eu.int/comm/health/ph_threats/com/sars/keydo_sars_en.htm).

The Commission is discussing with Member States, the international air transport organisations and the airport authorities on how to take forward these recommendations.

As reported by World Health Organisation (WHO), the risk of transmission of SARS on aircraft is very low. To date, symptomatic probable SARS cases on four flights have been associated with possible transmission on board. Two of these flights preceded WHO’s 15 March 2003 emergency travel advice. Since the introduction of exit screening on 23 March 2003, no further cases of SARS in-flight have been documented.