

MEDICAL OFFICER OF HEALTH (MOH) RESPONSE TO A COMMUNICABLE DISEASE INCIDENT ON A SHIP V3.0

Background:

The relevant legislations which grant the Medical Officer of Health (MOH) powers in this scenario are:

1. [S.I. No. 4/2008 -Infectious Diseases \(Shipping\) Regulations 2008](#) ¹
2. [International Health Regulations \(2005\) 3rd Edition WHO \(reprinted 2016\)](#) ²
3. [SI No 390 of 1981 Infectious disease regulations 1981](#) ⁵

Please see Appendix A (page 4) for a summary and detailed explanation of these. This memo is to aid decision-making and those responding should consult the full legislation, which is also available at: <http://www.hpsc.ie/A-Z/EmergencyPlanning/PortHealth>.

This data can be requested under S.I. No. 390/1981 Infectious Disease Regulations⁵ and use of this data by Public Health professionals must be in compliance with EU General Data Protection Regulations (EU GDPR). Please see our document on GDPR and how it pertains to port health at: [link to guidance document hosted on HPSC website](#).

STAGE 1: NOTIFICATION

The phone call to the Specialist in Public Health Medicine (SPHM)/ MOH may come from the Harbour Authority, the National Ambulance Service Emergency Operation Centre (NEOC), an Environmental Health Officer, an Officer of Customs and Excise, the Telemedicine Advisor Service (TMAS) ^{*}, or from the shipping agent.

Notification may also be through a Maritime Declaration of Health[†] which may come from Environmental Health or directly to MOH in certain circumstances.

The Public Health response will be part of a wider HSE response involving National Ambulance Service (NAS), Emergency Management, Public Health and Environmental Health.

STAGE 2: PUBLIC HEALTH RISK ASSESSMENT

Please see Appendix B (page 12) for event management flow chart which gives an overview of the response to a communicable disease event on board a ship. The handbook for management of Public Health events on board ships WHO 2016 ⁶ is a useful resource.

A. PRELIMINARY DETAILS

Forms within the appendix are available from the HPSC website, under [Seaport Forms](#).

^{*} TMAS called Medico Cork is the HSE National 24 hour Emergency Telemedical Support Unit that provides free advice to ill or injured seafarers in or adjacent to the Irish Search and Rescue Region and to Irish Ships worldwide as necessary.

[†] Maritime Declaration of Health. When a vessel arrives at a port to which International Health Regulations apply, the master may be required to make a report about the health conditions on board his vessel and also about any circumstances on board which are likely to cause the spread of infectious disease. He needs to make a report if his ship is not a “healthy ship”.

- Request the **Maritime Declaration of Health Form** (Appendix C, page 13).
- Complete the **Communicable Disease Incident Risk Assessment Form** (Appendix D, page 15).
- Depending on the type of ship (e.g. cruise ship), medically trained personnel may be on board. If they are, the MOH should consider contacting them for further clinical details.
- Consider asking all passengers and crew to fill out a **Public Health Passenger/ Crew Member Contact Card** in case of need for contact tracing (Appendix E, page 17).
- Consider announcing **Passenger Travel Announcement** (Appendix F, page 18).

B. CLINICAL RISK ASSESSMENT

If indicated, request clinical assessment via one of the following methods:

- On-site clinical assessment:

Ambulance may already be on site, or SPHM may request NEOC (tel. 0818- 501999) to arrange for on-site clinical assessment by NAS paramedics. Paramedics can liaise with medical personnel from the TMAS, SPHM on call as appropriate, and ambulance control in relation to clinical history and findings.

- If emerging viral threat is suspected then remote risk assessment is to be arranged by NAS in conjunction with the Infectious Disease clinician on call at the National Isolation Unit, Mater Hospital, following relevant assessment algorithms.
- Assessment at local Emergency Department (ED):
NAS will transfer ill persons to local ED and SPHM should liaise with local hospital ED Consultant regarding clinical findings. Note, once called to the scene, ambulance personnel cannot discharge a patient from their care and will bring them to hospital, unless the patient declines to take up that service.
- Primary care assessment:
This can be performed if such arrangements are in place at the port.

C. DETERMINE RISK

Consider whether:

- This is **a public health issue?** If no, then usual medical management arrangements should be put in place.
- This is **likely to be an infectious disease?**
- This is **likely to be a serious infectious disease within the scope of Infectious Disease (Shipping) Regulations 2008?** See Table 1, below.
- This is **likely to be a Public Health Emergency of International Concern (PHEIC) under International Health Regulations?** See page 8 & 9.

Table 1: List of serious infections covered by the Regulations

Infectious Disease (Shipping) Regulations 2008 and IHR	
<ul style="list-style-type: none"> • Cholera • Yellow fever • West Nile Fever • Poliomyelitis due to wild type poliovirus • Severe Acute Respiratory Syndrome (SARS) • Dengue fever, Rift valley fever and meningococcal disease and any other infectious disease in respect of a person on board a ship originating in, coming from, or having passed through an area where any of those infectious diseases are of special national concern or regional concern. 	<ul style="list-style-type: none"> • Plague • Viral haemorrhagic fevers • Smallpox • Human influenza caused by a new sub-type • Any other infectious disease which is of public health concern and of international importance

STAGE 3: PUBLIC HEALTH MANAGEMENT

The following actions need to be taken in parallel.

A. MANAGE CASE(S)

- Request the NAS to isolate the case/suspected case as appropriate and transfer to hospital. Note if emerging viral threat, then follow relevant algorithm which, may necessitate transferring the patient to the National Isolation Unit at the Mater Hospital. (Ph: 01 803 2563)
- SPHM should advise the ED of local hospital in advance.
- The ED may advise where patient is to be assessed.

B. MANAGE CONTACTS

- Consider likely differential diagnosis, and from this, provide advice and information to passengers and crew, including infection prevention and control advice.
 - Identify contacts of case/suspected case (passengers and crew) as appropriate. Details may be obtained via the Public Health Passenger/ Crew Member contact card (Appendix E). This form captures personal and contact details from passengers.
 - This data can be requested under S.I. No. 390/1981 Infectious Disease Regulations and use of this data by Public Health professionals must be in compliance with EU General Data Protection Regulations.
- Consider need for surveillance of contacts as appropriate.

C. MANAGEMENT OF SHIP

- Consider whether the ship needs to go to mooring station/remain at mooring station.
- If detained, the MOH is to board the ship within 12 hours, or as soon as possible thereafter, decide on measures and detain the ship or release it.
- Advise disinfection of ship according to relevant protocols and in conjunction with HSE response including Environmental Health:
 - i. [WHO Guide to Ship Sanitation, 3rd Edition](#)³
 - ii. [IHR \(2005\) Handbook for inspection of ships and issuance of ship sanitation certificates \(WHO\)](#)⁴

D. FURTHER MANAGEMENT

- Brief GPs/ Hospitals as appropriate.
- Notify Director of Public Health.
- Notify [I.H.R focal point](#) if public health emergency of international concern (See Appendix G).
- Activate HSE response to shipping incident (including Emergency management and Environmental Health).
- Brief Principal Environmental Officer as appropriate.
- Notify HSE Communications Department.
- If significant public health risk:
 - Notify Assistant National Director of Health Protection
 - Request activation of the Area Crisis Management Team as per local protocols
 - Identify surge capacity requirements (Additional Departmental Staff, Environmental Health, Clerical, other PH Departments, HPSC etc.)
- Further action as necessary.

APPENDIX A: KEY LEGISLATION SUMMARY

S.I. NO. 4/2008 -INFECTIOUS DISEASES (SHIPPING) REGULATIONS 2008¹

These Regulations are the legal basis for the MOH response to a serious infectious disease threat on a ship. **Some important points are summarised here but consult the full Regulations for the legal detail.**

A. INFECTIOUS DISEASES COVERED BY ABOVE REGULATIONS:

- Cholera
 - Pneumonic Plague
 - Yellow fever
 - Viral haemorrhagic fevers
 - West Nile fever
 - Smallpox
 - Poliomyelitis due to wild type poliovirus
 - Human influenza caused by a new sub-type
 - Severe acute respiratory syndrome (SARS)
 - Dengue fever, Rift Valley fever and meningococcal disease and any other infectious disease in respect of a person on board an aircraft originating in, coming from, or having passed through an area where any of those infectious diseases are of special national or regional concern.
 - Any other infectious disease which is of public health concern and of international importance.
-

B. MASTER OF SHIP RESPONSIBILITY

The master of a ship “*shall ascertain the health of all persons on board*”, and ...“*shall notify the Harbour Authority of any case or suspected case of infectious disease, or any death due to a case or suspected case of infectious disease*”. This must be done not more than 24 hours, but not less than 4 hours before arrival (unless journey time is < 4 hours, and in this case, as soon as possible). In this situation, he/she shall “*deliver to the MOH... a duly completed Maritime Declaration of Health form*”.

He/ She “*shall answer all questions as to the health conditions on board*”...and provide information and assistance. He/ She shall also comply with and directions or requirements of the HSE, the MOH or other Health Officer given or made under the Regulations.

C. HARBOUR AUTHORITY RESPONSIBILITY

The Harbour Authority “*shall immediately forward a copy of the notification to the Medical Officer of Health in whose district the port is situated*”. The Harbour Authority is the person or body with overall responsibility for the movement of ships in or out of the port.

D. CUSTOM AND EXCISE OFFICER RESPONSIBILITY

If it appears to an Officer of Customs and Excise that during the voyage there has been a case or death from a suspected infectious disease, or if plague has been suspected, or if there have been sickness or

death among rats and mice that are not attributable to poison or other measures for destruction, then he/she *“shall direct that the ship be taken to and detained at a mooring station, unless the MOH directs otherwise”*.

Detention of a ship by Officer of Customs and Excise *“shall cease as soon as the ship has been duly visited and inspected by a MOH or, if the inspection has not commenced within 12 hours after the ship has been moored”*.

E. MEDICAL OFFICER OF HEALTH AND HEALTH OFFICER RESPONSIBILITIES AND POWERS

Under *SI No 390 of 1981 Infectious disease regulations 1981⁵*, after receiving notification of a case or a suspected case of an infectious disease the MOH *“shall make such enquiries and take such steps as are necessary or desirable for investigating the nature and source of such infection, for preventing the spread of such infection and for removing conditions favourable to such infection”*.

Under *S.I. No. 4/2008 – Infectious Disease (Shipping) Regulations 2008¹*, the MOH may detain, or cause to be detained a person for the purposes of examination, either on the ship or at some appointed place on shore.

Mooring of the ship:

“If a ship arriving in a district has on board a case of an infectious disease then the master of the ship shall cause the ship-

(a) To be taken to a mooring station

OR

(b) The MOH allows the ship to be isolated at its place of mooring, discharge or loading or otherwise directs it to be taken to such place and be dealt in accordance with such direction”.

A mooring station is a location that allows the ship to be moored without coming into contact with other ships or with the shore.

The MOH and HO have the power to enter or board any ship in his/her district and may cause the ship to be brought to, and if necessary moored or anchored in a safe and convenient place while it is visited and inspected.

Detention:

The MOH *“may direct that a ship arriving from a foreign port shall be detained for medical inspection, and may give notice in writing to that effect, to the officer of Customs and Excise concerned who shall deliver the notice to the master”*.

“A medical officer of health or other health officer shall inspect, on arrival in the district, any ship which has come or called at any foreign port or seaboard which is included in the list kept under Regulation 29, and any other ship which has come from or called at a foreign port and on which plague (human or rodent), typhus, or other infectious disease has occurred or been suspected during the voyage”. The ship shall remain at the mooring station until it has been examined by the MOH or other health officer and any measures required have been carried out.

No person other than the Commander, an officer of Customs and Excise, an immigration officer or someone acting under the Regulations shall board or leave the ship without the permission of the MOH, or other HO eg EHO/NAS officer.

Examination of the passengers and crew:

A Medical officer of health may:

- *“Examine or cause to be examined any person who is suffering from an infectious disease on board a ship as per Regulations.*
- *Examine or cause to be examined any person who is on board such a ship, where there are reasonable grounds for believing or suspecting that infectious disease is or may be present on the ship, or that a person on board the ship has been exposed to infection from infectious disease during the voyage of the ship or during a period of 3 weeks immediately preceding the arrival of the ship in the district.*
- *Examine or cause to be examined any person who is on board a ship in the district and is reasonably believed to be carrying or infected with vermin.*
- *Prohibit any person to examine from leaving the ship, except on such specified conditions as appear to the MOH reasonably necessary to prevent the spread of infection”.*

“A medical officer of health may require any person who applies for permission to leave a ship which is not free from control under these Regulations as a preliminary condition to state his or her name, and his or her intended destination and address, and to give any other information which the medical officer of health may reasonably think necessary for transmission to the medical officer of health for the district within which the intended destination of the person is situated”.

The MOH may require a person to provide their name, intended destination and address for a period not exceeding 14 days.

As soon as the MOH is satisfied that such detention is no longer necessary, he/she shall notify the master of the ship and the officer of Customs and Excise accordingly and the detention shall cease.

Persons embarking:

In relation to persons embarking on ships, the MOH:

- *“May examine or cause to be examined any person proposing to embark on a ship, whom he or she suspects to be suffering from an infectious disease” as per Regulations.*
- *“May, if after examination, he or she is of the opinion that the person shows symptoms of an infectious disease, prohibit his or her embarkation”.*
- *“Shall notify the Master of the ship of any person embarking or continuing his or her voyage on the ship, who in the opinion of the MOH or other HO should be placed under surveillance”.*

Surveillance means being required to submit to medical examination and such enquiries as are necessary to ascertain the state of health, and may include a requirement to report to the MOH on arrival in his/her functional area, and periodically thereafter.

Powers in relation to ship sanitation:

A MOH or HO *“shall take such steps as he/she may consider necessary...that the ship is maintained in such a condition that it is not a danger to public health or the spread of infection”, UNLESS a valid Ship Sanitation Control Exemption Certificate or a valid Ship Sanitation Control Certificate is produced.*

If, after it has been inspected, the MOH or HO *“is of the opinion that the ship is a danger to public health or the spread of infection, then he/she shall give directions for the control measures necessary for the control of the danger to public health or the spread of infection to be carried out in a designated port”*.

Powers in relation to infected areas:

There are additional powers in the Regulations in relation to ships coming from an infected area. The Minister can declare any district or part thereof as infected, and the HPSC is to prepare a list of foreign ports that are infected.

NOTE:

Once a ship enters Irish waters, it is subject to Irish legislation. Therefore any medical practitioner on board a ship is required to notify any case of infectious disease, as specified in the Infectious Disease Regulations 1981 as amended, to the Medical Officer of Health.

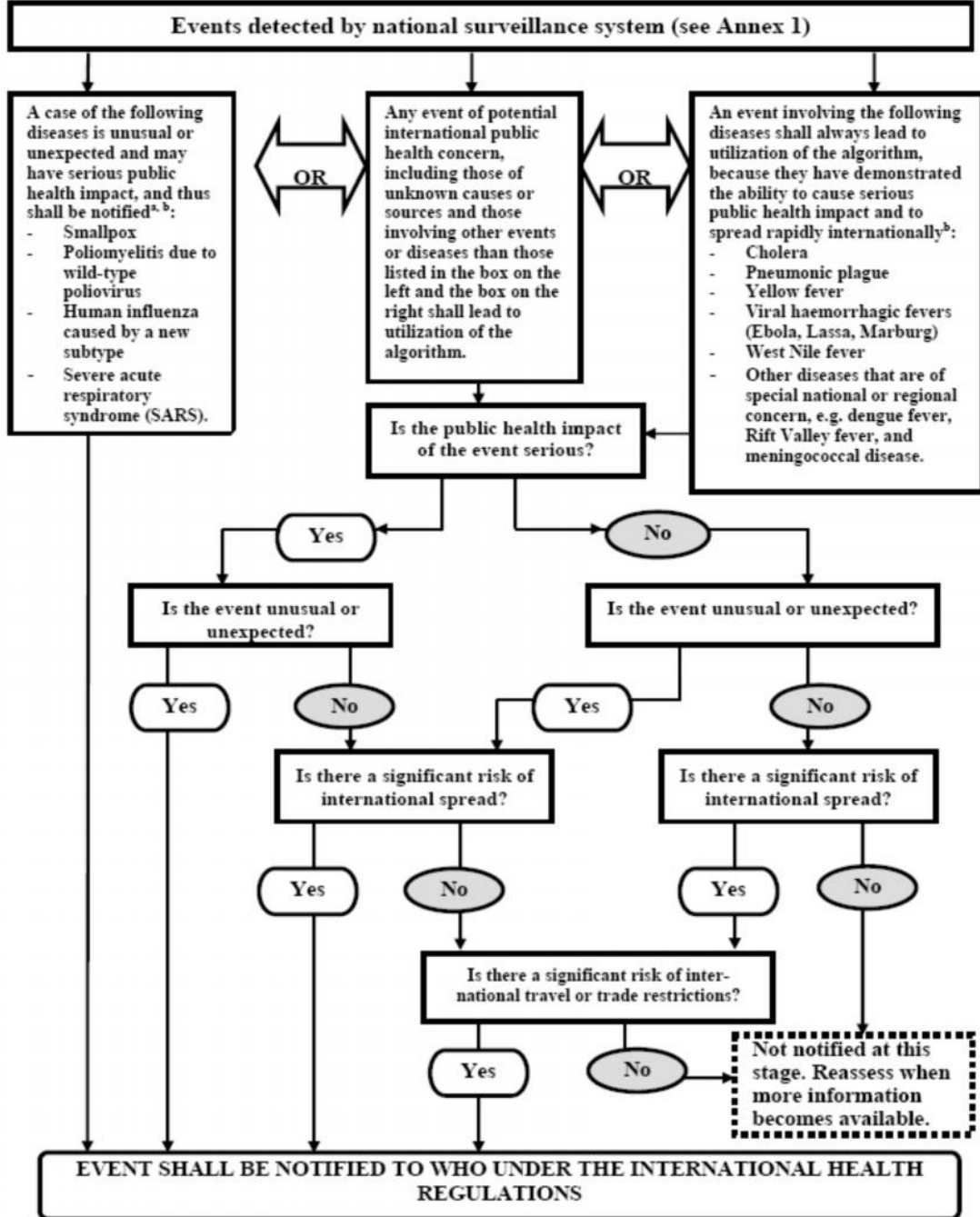
INTERNATIONAL HEALTH REGULATIONS (2005) 3rd EDITION WHO (REPRINTED 2016)²

The International Health Regulations (IHR) 2005 came into force on the 15th June 2007. The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

- Each country is required to establish a National IHR Focal Point and corresponding contact persons or officials. The Health Protection Surveillance Centre is established as Ireland’s NFP.
- The responsibility for dealing with a serious infectious disease rests with the relevant Medical MOH and the local Department of Public Health.
- However, where there is (or a strong suspicion of) an event/ illness of serious and significant international public health concern (biological, chemical or radiological) covered by the International Health Regulations, the National IHR Focal Point and corresponding contact persons should be notified immediately.
- Decision Instrument for the Assessment and Notification of Events that may constitute a Public Health Emergency of International Concern available below.

ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN



^a As per WHO case definitions.

^b The disease list shall be used only for the purposes of these Regulations.

Is the event unusual or unexpected?	II. Is the event unusual or unexpected?
	<p>4. <i>Is the event unusual?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS:</p> <ul style="list-style-type: none"> ✓ The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown. ✓ Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms. ✓ Occurrence of the event itself unusual for the area, season or population.
	<p>5. <i>Is the event unexpected from a public health perspective?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS:</p> <ul style="list-style-type: none"> ✓ Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported.
	<p style="text-align: center;">IS THE EVENT UNUSUAL OR UNEXPECTED?</p> <p style="text-align: center;">Answer "yes" if you have answered "yes" to questions 4 or 5 above.</p>

Is there a significant risk of international spread?	III. Is there a significant risk of international spread?
	<p>6. <i>Is there evidence of an epidemiological link to similar events in other States?</i></p>
	<p>7. <i>Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT MAY PREDISPOSE TO INTERNATIONAL SPREAD:</p> <ul style="list-style-type: none"> ✓ Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of: <ul style="list-style-type: none"> – international travel (or time equivalent to the incubation period if the pathogen is known) – participation in an international gathering (pilgrimage, sports event, conference, etc.) – close contact with an international traveller or a highly mobile population. ✓ Event caused by an environmental contamination that has the potential to spread across international borders. ✓ Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination.
	<p style="text-align: center;">IS THERE A SIGNIFICANT RISK OF INTERNATIONAL SPREAD?</p> <p style="text-align: center;">Answer "yes" if you have answered "yes" to questions 6 or 7 above.</p>

Is the event unusual or unexpected?	II. Is the event unusual or unexpected?
	<p>4. <i>Is the event unusual?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS:</p> <ul style="list-style-type: none"> ✓ The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown. ✓ Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms. ✓ Occurrence of the event itself unusual for the area, season or population.
	<p>5. <i>Is the event unexpected from a public health perspective?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS:</p> <ul style="list-style-type: none"> ✓ Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported.
	<p style="text-align: center;">IS THE EVENT UNUSUAL OR UNEXPECTED?</p> <p style="text-align: center;">Answer "yes" if you have answered "yes" to questions 4 or 5 above.</p>

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	<p style="text-align: center;">IS THERE A SIGNIFICANT RISK OF INTERNATIONAL SPREAD?</p> <p style="text-align: center;">Answer "yes" if you have answered "yes" to questions 6 or 7 above.</p>

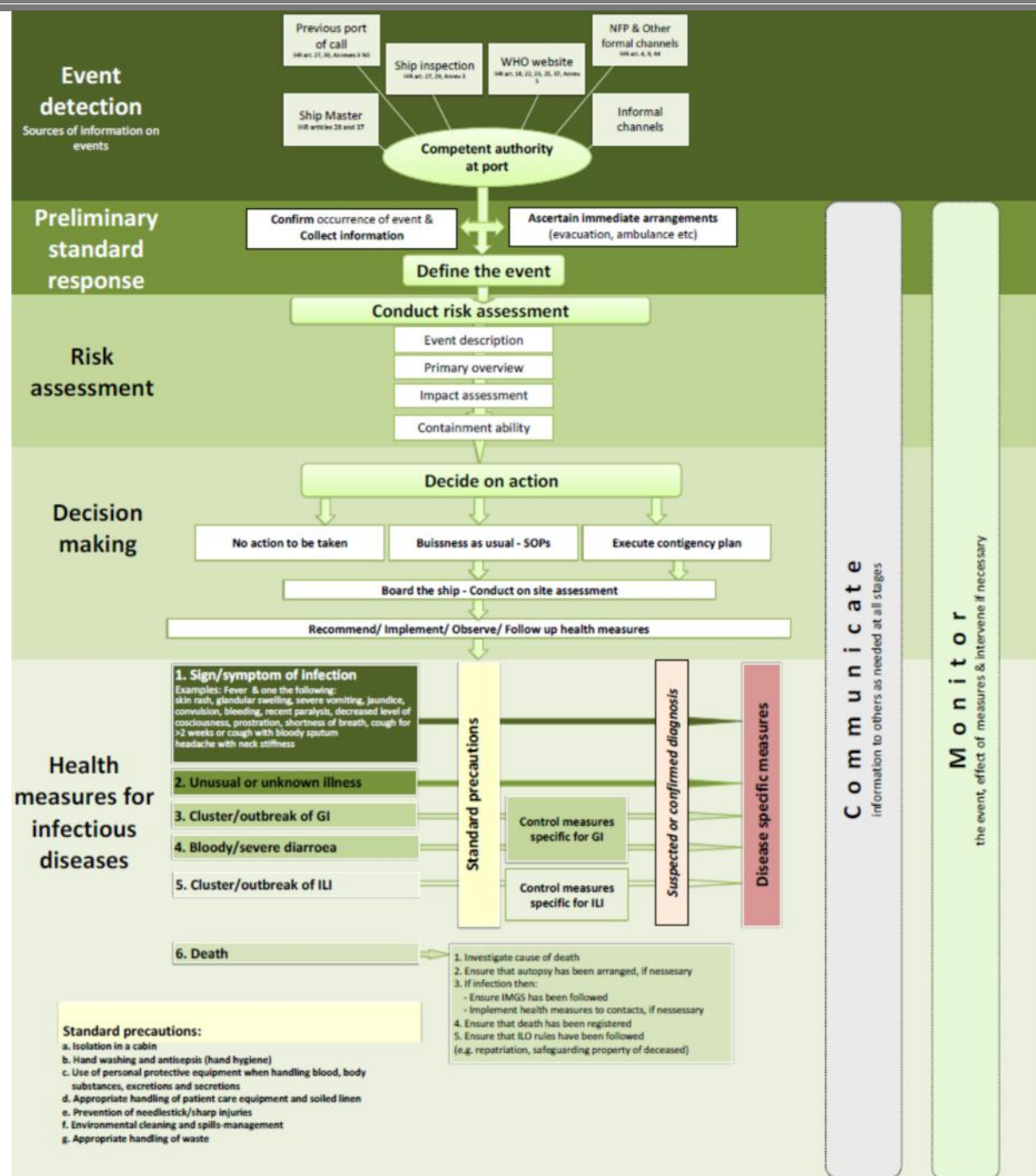
EXAMPLES FOR THE APPLICATION OF THE DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

The examples appearing in this Annex are not binding and are for indicative guidance purposes to assist in the interpretation of the decision instrument criteria.

DOES THE EVENT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?

Is the public health impact of the event serious?	I. Is the public health impact of the event serious?
	1. <i>Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?</i>
	2. <i>Has the event the potential to have a high public health impact?</i> THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT: <ul style="list-style-type: none"> ✓ Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier). ✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure). ✓ Event represents a significant public health risk even if no or very few human cases have yet been identified. ✓ Cases reported among health staff. ✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.). ✓ Concomitant factors that may hinder or delay the public health response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the State Party). ✓ Event in an area with high population density. ✓ Spread of toxic, infectious or otherwise hazardous materials that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area.
	3. <i>Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?</i> THE FOLLOWING ARE EXAMPLES OF WHEN ASSISTANCE MAY BE REQUIRED: <ul style="list-style-type: none"> ✓ Inadequate human, financial, material or technical resources – in particular: <ul style="list-style-type: none"> – Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources) – Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs – Existing surveillance system is inadequate to detect new cases in a timely manner.
IS THE PUBLIC HEALTH IMPACT OF THE EVENT SERIOUS? Answer “yes” if you have answered “yes” to questions 1, 2 or 3 above.	

APPENDIX B EVENT MANAGEMENT FLOW CHART



Source: WHO draft technical advice for management of public health events on ships 2015

APPENDIX C MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of _____ Date _____

Name of ship/inland navigation vessel _____ Registration/IMO No _____

Arriving from _____ Sailing to _____

(Nationality)(Flag of vessel) _____ Master's Name _____

Gross tonnage (ship) _____

Tonnage (inland navigation vessel) _____

Valid Sanitation Control Exemption/Control Certificate carried on board? YES / NO

Issued at _____ Date _____

Re-inspection required? YES / NO

Has ship/vessel visited an affected area identified by the World Health Organisation? YES / NO Port and date of visit _____

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter: _____

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

Name _____ joined from: (1) _____ (2) _____ (3) _____

Name _____ joined from: (1) _____ (2) _____ (3) _____

Name _____ joined from: (1) _____ (2) _____ (3) _____

Number of crew members on board _____

Number of passengers on board _____

Health Questions

Has any person died on board during the voyage otherwise than as a result of accident? YES / NO If yes, state particulars on attached schedule. Total no. of deaths.

Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? YES / NO If yes, state particulars in attached schedule.

Has the total number of ill passengers during the voyage been greater than normal/expected? YES / NO How many ill persons?

Is there any ill person on board now? YES / NO If yes, state particulars in attached schedule

Was a medical practitioner consulted? YES / NO If yes, state particulars of medical treatment or advice provided in attached schedule

Are you aware of any condition on board which may lead to infection or spread of disease? YES / NO If yes, state particulars in attached schedule.

Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? YES / NO If yes, specify type, place and date

Have any stowaways been found on board? YES / NO If yes, when did they join the ship (if known)?

Is there a sick animal or pet on board? YES / NO

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

With or without fever; (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed _____ Countersigned _____

Master _____ Ships Surgeon (if carried)


Date _____ Best that it be clear that this Declaration is from Regs – could be misinterpreted as being prepared by PHMCDG

ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case*	Drugs, medicines or other treatment given to patient	Comments

*State (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea

APPENDIX D COMMUNICABLE DISEASE INCIDENT RISK ASSESSMENT FORM

		Communicable Disease Risk Assessment Form (Sea Ports) 31/01/2013	
Date	<input type="text"/>	Port	<input type="text"/>
Time	<input type="text"/>	Berth Location	<input type="text"/>
Name and contact details of Harbour Master		<input type="text"/>	
INFORMANT			
JobTitle	<input type="text"/>	Surname	<input type="text"/>
Forename	<input type="text"/>		
Contact details	<input type="text"/>		
Has the Medical Declaration of Health Form (MDOH) been provided		Yes	<input type="checkbox"/>
If yes, some of the information below may be sourced from the MDOH form		No	<input type="checkbox"/>
Are there medical personnel on board		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If yes, please give name and contact details including phone number		<input type="text"/>	
SHIP INFORMATION			
Name of ship	<input type="text"/>	Ship contact details	<input type="text"/>
Where did the voyage originate:	<input type="text"/>		
What ports have been visited to date:	<input type="text"/>		
NUMBERS ILL			
When and where did the first person become ill		<input type="text"/>	
Countries where ill persons were exposed to in the past 21 days		<input type="text"/>	
Total number of passengers on board	<input type="text"/>	Total number of ill passengers	<input type="text"/>
Total number of crew on board	<input type="text"/>	Total number of ill crew	<input type="text"/>
SYMPTOMS IN THOSE ILL ON BOARD			
Tick the symptoms associated with the illness			
Headache	<input type="checkbox"/>	Temperature > 38°C	<input type="checkbox"/>
Confusion of recent onset	<input type="checkbox"/>	History of fever	<input type="checkbox"/>
Neck stiffness	<input type="checkbox"/>	Myalgia	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	Unexplained bruising	<input type="checkbox"/>
Loss of consciousness	<input type="checkbox"/>	Unexplained bleeding	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>
Rash	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>
Describe the rash		<input type="text"/>	
Other, please specify		<input type="text"/>	
Has any ill passenger travelled from an endemic area for VHF within the past 21 days? (see www.hpsc.ie for list of endemic areas and guidance on VHF risk assessment)			
Duration of illness	<input type="text"/>		
Current status of ill persons			
<input type="text"/>			



Communicable Disease Risk Assessment Form (Ports)
31/01/2013

What tests have been carried out

What is the current working diagnosis

PUBLIC HEALTH RISK ASSESSMENT

Infectious Yes No

Serious Infectious Disease (as per Shipping Regulations) Yes No

Possible Public Health Emergency of International concern Yes No

Likely Diagnosis:


PUBLIC HEALTH ACTIONS

Signature _____

Date

APPENDIX E PUBLIC HEALTH PASSENGER/CREW MEMBER CONTACT CARD

Public Health Passenger Contact Card: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a ship. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill this card out completely and accurately. Your information will be held in compliance with all applicable laws and used only for public health purposes

		
<p>Public Health Passenger Contact Card</p> <p>In accordance with Infectious disease (shipping) regulations, S.I. No 4, 2008, please complete the following:</p>		
<p>SHIP INFORMATION</p>		
Name of ship	<input type="text"/>	Date of arrival <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD/MM/YY
Port	<input type="text"/>	
<p>PERSONAL INFORMATION</p>		
Last name	<input type="text"/>	First name <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/> Sex M <input type="checkbox"/> F <input type="checkbox"/>
<p>CONTACT DETAILS</p>		
Mobile/cell	Country code	Prefix
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email:	<input type="text"/>	
Home address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Contact address(es) in Ireland (if different from above)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Suspect Event warranting further investigation ie passenger transferred to hospital for investigations of infectious disease

Form Announcement 1: Captain/crew to announce to all passengers and crew when requested by Health Service Executive

(Start of announcement:)

ANNOUNCEMENT FOR PASSENGERS ON BEHALF OF THE Health Service Executive

The ship authorities and Health Service Executive National Ambulance Service have assessed the situation and attended to passenger(s) who are unwell on this aircraft. Public health advice has been obtained from the Health Service Executive Health Services Executive Dept of Public Health.

- » You are advised to seek medical attention if you feel ill over the next 14 days.
- » Please contact your local Department of Public Health if you have any concerns about your health over the next 14 days.
- » Some of you will be now be given a Passenger Contact Card. Please fill in the card giving your details so that someone from Public Health can contact you in the coming days to let you know if you need to take any further action. Please ensure that you include the following information: your first name, last name, contact phone number, email, seat number and address while in Ireland.

(End of announcement.)



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

No Risk: Incident stood down following Assessment by Health Service Executive

Form Announcement 2: Captain/crew to announce to all passengers and crew when requested by Health Service Executive

(Start of announcement:)

ANNOUNCEMENT FOR PASSENGERS ON BEHALF OF THE Health Services Executive

The ship authorities, Health Service Executive National Ambulance Service and Public Health Doctors have reviewed the situation on this aircraft.

- » Based on this assessment there is no risk to any passengers or crew on this aircraft.
- » You are free to disembark and/or continue on your journey.

(End of announcement.)

APPENDIX G CONTACT DETAILS OF THE NATIONAL IHR FOCAL POINT

Named contact	National IHR Focal Point Address	IHR Mobile phone contact	Email address
Duty Specialist on Call	Health Protection Surveillance Centre(HPSC), 25-27 Middle Gardiner Street, Dublin 1. D01 A4A3.	+353 1 8765300 +353 86 7810393	healthprotectionhpsc@hpsc.ie

REFERENCES

1. S.I. No. 4/2008 -Infectious Diseases (Shipping) Regulations 2008
Available at: <http://www.irishstatutebook.ie/2008/en/si/0004.html>
2. International Health Regulations (2005) 3rd Edition WHO (reprinted 2016)
Available at: <http://www.who.int/ihr/about/en>
3. WHO Guide to Ship Sanitation, 3rd Edition
Available at:
http://www.who.int/water_sanitation_health/publications/2011/ship_sanitation_guide/en/
4. IHR (2005) Handbook for inspection of ships and issuance of ship sanitation certificates (WHO)
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5. SI No 390 of 1981 Infectious disease regulations 1981
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6. Handbook for management of public health events on board ships, WHO 2016. Available at:
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