

# FONASBA MEMBERSHIP ENQUIRY



## ENQUIRY RESPONSE FORM

ORIGINATING ASSOCIATION:	FONASBA
ENQUIRY DETAILS:	CORONAVIRUS, COVID-19 <i>Members are requested to give brief summaries of the actions being taken by their states (if any) against merchant and passenger shipping to prevent the spread of the virus.</i>

### RESPONDING ASSOCIATION COMMENTS: (Please include any attachments)

Argentina 06/03/2020	<p>In Argentina, the health authority (Department of Health) has issued an “Epidemiological Alert” on the circulating pathogen COVID-19 (Coronavirus), which includes the procedures, general recommendations and Protocols to reinforce Contingency Plans, addressed to health teams, laboratories, hospitals, ports and airports (Points of Entry), companies and the general public.</p> <p>Until now, no restrictive measures have been issued for the specific case of crew members and passengers on board international sailing vessels. The Captain, through the Ship Agency, is required to inform 72 hours in advance, Free Pratique sanitary requirements and in case they proceed or have operated in any port of China or affected areas, to add extra information on the health situation of the crew members or passengers in the last 14 days (body fever, respiratory conditions, cough, medication use, and so on).</p> <p>In case of detecting suspicious situations related to the coronavirus in crew members or passengers, the respective authorities should be able to define a vessel's quarantine status until the presence of COVID-19 within the vessel's crew shall be dismissed or confirmed.</p> <p>Currently, “affected areas” have been defined as: <b>China, Japan, South Korea, Iran and areas of Italy (regions of Lombardy, Emilia-Romagna, Piedmont and Veneto).</b></p>
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<p>Australia</p> <p>06/03/2020</p>	<p>AUSTRALIAN GOVERNMENT / MARITIME RESPONSE TO CONTAIN COVID-19</p> <p>Summary of action taken by Australia against merchant shipping to limit spread of COVID 19</p> <ul style="list-style-type: none"> <li>• All non-Australian nationals who have been in China within the previous 14 days are denied entry into Australia until the 14-day period has elapsed</li> <li>• Australian citizens and permanent residents are still be able to enter, as will their immediate family members (spouses, legal guardians and dependants only)</li> <li>• The Australian Border Force has ruled that commercial vessels can enter Australia within the 14-day period provided that: <ul style="list-style-type: none"> <li>- All vessel masters answer a short health screening questionnaire to the Australian Border Force as to whether the ship and anyone on-board has been in Mainland China within 14 days and whether anyone has had contact with a proven case of coronavirus within 14 days</li> <li>- All crew remain on-board while the vessel is berthed in Australia</li> <li>- Crew are only able to disembark to conduct essential vessel functions and crew must wear personal protective equipment while performing these functions</li> <li>- Where a commercial vessel has crew joining the vessel and that crew have travelled to or transited through mainland China in the last 14 days, all crew are to remain on-board the vessel</li> <li>- The restrictions above apply until 14 days has elapsed since the vessel or any person on-board left mainland China</li> </ul> </li> <li>• Some states in Australia have adopted further measures beyond that required by the Australian Border Force <ul style="list-style-type: none"> <li>- Maritime Safety Queensland, a state government agency, excludes vessels from calling at Queensland ports if they have visited China within 14 days</li> <li>- The Port Authority of NSW, a state government authority, excludes vessels from calling at the Australian State of New South Wales if those ships have visited China within 14 days</li> <li>- Some shipping terminals will not deal with ships within 14-days ex-China and others will e.g. Hay Point will not accept a Notice of Readiness of vessel within 14 days ex-China, however, Dalrymple Bay Coal Terminal will accept a notice of readiness.</li> </ul> </li> <li>• Shipping Australia understands work is underway by the Australian Maritime Safety Authority (as Port State Control) to enable crew, on a case-by-case basis, to either be repatriated or have service periods extend beyond 11 months, so that shipping can remain in compliance with the Maritime Labour Convention (2006).</li> </ul> <p><i>See attachment</i></p>
<p>Brazil</p> <p>05/03/2020</p>	<p>In this regard, Brazil basically follows the guidelines of the international bodies such as WHO.</p> <p>The National Health Surveillance Agency (ANVISA) drew up an Action Protocol to</p>

	<p>help all involved to deal with each step of the situation.</p> <p>These range from the information of the ports visited in the last 30 days, to the first care for the people infected or suspected to be infected.</p> <p>It's a detailed and explanatory content which would take very long to reproduce here.</p> <p><i>A Portuguese version is attached.</i></p>
Bulgaria 10/03/2020	<p>It was announced on 09/03 that there are already the first 4 cases of COVID - 19 infected in Bulgaria. The measures taken for ships arriving from potentially dangerous areas such as China, Hong Kong, South Korea, Italy, Macao, Iran are very detailed, but briefly, health authorities monitor whether 14 days have passed from these areas and what is the condition of the crew. In case of symptoms by a crew member. Health authorities take measures to ensure complete isolation. Loading / discharging operations of the ships must be carried out without contact between the crew and port workers.</p>
Croatia 04/03/2020	<p>Any ship and/or crew and/or passenger which have visited affected areas within last 14 days will be checked by Sanitary / Port health authorities on arrival.</p> <p>If there are no symptoms than no further restrictions are presently expected.</p> <p>Following areas are to be considered as affected: China, Hong Kong, Japan, Singapore, South Korea, Iran and following regions in Italy - Lombardy, Veneto, Emilia-Romagna and Piedmont.</p>
Denmark 04/03/2020	<p>This is the information shared by our parent Confederation of Danish Industry to its members, i.e. also the members of our association.</p> <p><a href="https://www.danskindustri.dk/di-business/arkiv/nyheder/2020/3/di-til-alle-medlemmer-folg-anbefalinger-for-covid-19-handtering/">https://www.danskindustri.dk/di-business/arkiv/nyheder/2020/3/di-til-alle-medlemmer-folg-anbefalinger-for-covid-19-handtering/</a></p> <p>The link is currently only in Danish, but it contains information about COVID-19 and a guidance to members how to help minimizing spreading of the virus.</p> <p><a href="#">The Danish Health Authority share information in English in this link.</a></p>
Finland 09/03/2020	<p>In Finland the preventative work has been like business as usual.</p> <p>If the ship notifies about something suspicious according to the normal procedure, the agent notifies the health authorities. The member companies may have their own restrictions, which I am not aware of.</p> <p>As association we have been sharing the information on our web page and social media.</p> <p><a href="https://shipbrokers.fi/uutiset/2020/thln-eun-ja-imo-whon-ohjeet-toimintaan-covid-19-suhteen/">https://shipbrokers.fi/uutiset/2020/thln-eun-ja-imo-whon-ohjeet-toimintaan-covid-19-suhteen/</a></p>
France 25/02/2020	<p>Here are main measures taken by French Gvt applicable to sea shipping.</p> <p>We follow the instructions of the Ministry of Health for the transport sector. In this context, we asked all the harbor master's offices in January to distribute the <i>attached flyers</i> and address the recommendations applicable to port staff. We reminded them of the instructions again yesterday (Monday, Feb 24<sup>th</sup>, 2020).</p>

	<p>More generally, the IHR (International Health Regulations) applies. The purpose of these regulations is to prevent the international spread of disease, to protect itself from it, to control it and to react to it by means of a public health action proportionate and limited to the risks it presents for public health. If a contagious disease is declared on board a ship, the captain of the ship is obliged to report the presence of the patient (s) on board to the Regional Operational Centers for Surveillance and Rescue (CROSS) or / and to the harbor master's office according to its position at sea. These in turn alert the health authorities, who will analyze the situation and carry out on-board checks if necessary.</p> <p><a href="https://www.gouvernement.fr/info-coronavirus">https://www.gouvernement.fr/info-coronavirus</a></p>
<p>Hungary</p> <p>05/03/2020</p>	<p>In Hungary we do not have any actions taken so far.</p>
<p>Israel</p> <p>05/03/2020</p>	<p>Generally speaking, we are concentrating on actions pertaining to Shipping and Ports (S&amp;P) only.</p> <ol style="list-style-type: none"> <li>1. Any ship must submit two health declarations: 48 hours and 12 hours prior arrival to an Israeli port.</li> <li>2. Initial guidelines were very drastic. Ships were treated as people entering Israel. As of March 2, guidelines for S&amp;P have been mitigated and ships from problematic-dangerous countries (see below) are considered as visitors and their crews remain on board, or "remain abroad".</li> <li>3. Eight countries (group A) were declared problematic-dangerous and two countries (group B) were declared mildly dangerous. These declarations were used to deal separately with ships coming from these countries compared to others coming from the rest.</li> <li>4. Group A: China, Hong-Kong, Thailand, Singapore, Macau, South Korea, Japan and Italy. France, Germany, Switzerland, Spain and Austria. Group B: Taiwan and Australia.</li> <li>5. If on board a ship there is no one coming from Group A countries, normal operation prevails.</li> <li>6. If on board a ship are people who visited one of Group A countries in the recent 14 days normal operation prevails but any contact with these people should be avoided. Contact is defined as staying more than 15 minutes and less than two meters distance from the suspected person. If a contact is necessary, a protective equipment is recommended. The equipment consists of surgical masks and gloves, satisfying certain sets of quite strict standards. Gowns and glasses were removed from the list.</li> <li>7. Those who are not in contact with the crew members do not need to use any protective equipment.</li> <li>8. The ship owner is responsible for adhering to the above mentioned guidelines.</li> <li>9. Generally speaking, Passengers ships are subject to the same guidelines, and if there is no sick person, either a crew member or a travelling person, after 14</li> </ol>

	<p>days pass since visiting a Group A country, all of the ship's people are allowed to enter Israel. If there are sick people, the Israelis are evacuated and isolated while others must remain on board. Obviously, same prevails if 14 days have not yet passed. For those arriving from Group B countries there is no difference between an Israeli and a foreigner.</p> <p>10. Cargo and Food are free to enter Israel regardless of passenger constraints.</p>
<p>Japan 05/03/2020</p>	<p>As Japanese government mentioned following actions against COVID-19 from last Friday</p> <ol style="list-style-type: none"> <li>1. Instructed to make holidays to all primary school/Junior High and High school in JPN until end of Mar/Early of April</li> <li>2. People must prevent from narrow space likewise Gym/Karaoke/Sauna bath/Buffer style/Party gathering many people etc</li> <li>3. Recommended people to avoid going out in weekend if they don't have rational reasons</li> <li>4. No any audience for professional football/baseball/Sumo etc</li> <li>5. Always saying to make Gargle/Wash hands/Disinfection by ethanol.</li> </ol>
<p>Kenya 25/02/2020</p>	<p>This is to confirm that no known coronavirus cases have been reported in the in Kenya regard to Coronavirus epidemic, but precautions have been taken as detailed in the <i>attachments</i>.</p>
<p>Lebanon 25/02/20</p>	<p>COVID-19 (CORONAVIRUS) ADDITIONAL MEASURES BEFORE FREE PRATIQUE</p> <p>The local authorities are requesting</p> <ul style="list-style-type: none"> <li>• A list of the last 10 port of calls</li> <li>• Health clearance of the last port</li> <li>• Statement from ship's Master to the agent/authorities declaring vessel is free or not of CORONA infected personnel on board</li> <li>• In case of no infection on board, a public health inspector boards the ship alongside for checking crew temperature and the general condition on the ship and issue relevant clearance. Afterwards, local authorities/agent representative board/process free pratique</li> <li>• In case of infection on board, public health inspectors board the ship at anchorage, undertake the aforementioned and on top ascertain the state of infection/infected personnel, and seek relevant health instructions from the ministry of public health. Clearance of the ship to berth could be delayed or may become subject to special requirement depending on the case.</li> </ul>
<p>Mexico 05/03/20</p>	<p>Below are some actions being taken to prevent the spread of the virus in the main ports, agreed with all the authorities in the port communities.</p> <ul style="list-style-type: none"> <li>• The ships that come directly from China will be first approached by International Health once the ship docked at anchorage at the end of the day.</li> <li>• Ship agencies must specify the list of the last 10 ports the vessel arrive, and</li> </ul>

	<p>the date on which the ship operated.</p> <ul style="list-style-type: none"> <li>• If any crew member has temperature before arriving at the port, the vessel captain will be requested to log the temperature monitoring each 24 hours from the last 3 days before arrival at the port and inform to International Health.</li> <li>• During the Free Practique they must use mouth covers and gloves, avoid shake hands or greet a kiss, don't consume any food or drinks, and wash your hands.</li> </ul>
Montenegro 04/03/20	<p>Crew members and passengers wishing to leave a vessel or a sailboat who, during their voyage for the last 14 days have stayed in the territory of the country where the presence of coronavirus infection was registered, are obliged:</p> <p>- to complete the questionnaire (<i>attached</i>), in order to detect symptomatic passengers in early phase for further evaluation and treatment</p> <p>In accordance with Article 33 of the Law on the Protection of the Population from Infectious Diseases, the sanitary inspector issues a decision about placing under medical supervision.</p> <p>By this decision is requested the person to report by telephone or e-mail to the competent health institution (Hygienic Epidemiological Service or Institute of Public Health of Montenegro), ie. to the on-call epidemiologist at the place of stay.</p>
Morocco 06/03/2020	<p><i>See form attached</i></p> <p><b>FEBRUARY 12, 2020</b></p> <ul style="list-style-type: none"> <li>• Provide vessels with the necessary equipment, in particular masks and gloves.</li> <li>• Fill in the form including model as an attachment, by all passengers and crew members on board the ship at destination or calling Moroccan ports.</li> <li>• Transmit to the health authorities the list of passengers and crew members in electronic format for each trip to a Moroccan port, it must include all the information relating, in particular, to the routes of the passengers and crews and their full address in Morocco.</li> <li>• Use all the information channels available to the owner to inform passengers about the virus, it must be posted on the owner's website, at ticket offices, and on board ships serving Moroccan ports.</li> <li>• For cargo vessels, shipping agents must take the measures to inform the masters of the vessels of the arrangements made, and the need to complete the health card.</li> <li>• If a case presenting symptoms is detected: <ul style="list-style-type: none"> <li>➤ Isolate the person concerned by equipping him with a medical mask by installing him in a containment space</li> <li>➤ Inform the port authorities at least 30 minutes before the arrival of the ship.</li> <li>➤ respect the strict application of the instructions of the health <b>authorities</b></li> </ul> </li> </ul>

	<p><b>MARCH 4, 2020</b></p> <ul style="list-style-type: none"> <li>• Additional measures have been adopted at Moroccan ports and on board ships. <ul style="list-style-type: none"> <li>➤ The ports were equipped with thermal cameras.</li> <li>➤ Passenger ships must acquire and install thermal cameras or infrared thermometers on each ship.</li> <li>➤ Merchant ship: the issue of free practice by the health officer is done on the basis of study of documents and when the formalities control are completed.</li> <li>➤ Pilots must be equipped before entering the ship with an FFP2 mask, gloves and an antiseptic solution.</li> <li>➤ Cruise ships must provide the list of ports called by the ship during the last 15 days.</li> <li>➤ Report any suspected cases on board.</li> <li>➤ List of passengers and crew members, in digital format.</li> </ul> </li> </ul> <p>The health card completed by all passengers and crew members.</p>
Netherlands 04/03/2020	<p>We are in close contact with the Port Master and Port Health Authority and we follow instructions given via the following website:</p> <p><a href="https://www.portofrotterdam.com/en/shipping/port-health-authority">https://www.portofrotterdam.com/en/shipping/port-health-authority</a></p>
Peru 06/03/2020	<p>The Maritime authority in Peru have informed the following main security measures:</p> <ul style="list-style-type: none"> <li>• First case: If the vessel departures from China ports and the Master announce that some of his crew present high fever or some of the symptoms of the Coronavirus (informed by email or on the maritime declaration of health and complementary declaration of health) the vessel should arrive directly to PECLL anchorage area in order to perform a health inspection by the Peruvian Maritime health authority on board before Berth Operations.</li> <li>• Second case: If the vessel comes from Asia ports and any of his crew on board comes from Wuhan area, also in this case the vessel arrive directly to PECLL anchorage area in order to perform a health inspection on board before Berth Operations.</li> </ul> <p>From our side we are following up with Masters of vessels we attend asking about the crew health on board before vessel's arrival in order to re-transmit the information to the Peruvian Maritime health authority.</p> <p>Is important to mention that the SA4 and SA6 services in the last two months have worked without any problem, the ships have moored directly to the berth and worked without delays.</p> <p>For better reference please find enclosed the Official resolution issued by the Callao government for this case.</p>

Portugal 05/03/2020	Indeed the situation is changing on a daily basis but for the time being in Portugal in all ports we have clear rules to all the port communities regarding what to do if any suspicious case arise. It's all based in contacting and passing the correct info to the Health Authority which will decide what to do. Of course my feeling is that it will change dramatically if it turns in a real pandemic situation.
Slovenia 06/03/2020	Slovenia is taking precautions in compliance with the EU Healthy Gateways advice, copy attached.
Spain 05/03/2020	<p>In Spain, we are in close contact to Ports Authority, who relay us the information issued by Health Ministry for us to disseminate it among our members. This information, so far, included graphical instructions to be given to passengers and crew, posters and lately even short videos. All of them in at least Spanish, English and Chinese.</p> <p>Special care is taken to ships coming from North Italy too.</p> <p>On the other hand, some cruise companies request to any person boarding, including pilots to sign a document stating if/when travelled to focus areas in Asia.</p>
UK 06/03/2020	<p>There is no specific UK Maritime guidance that we are aware of only general advice about hygiene.</p> <p>Companies are using the EU Healthy Gateways advice sent via FONASBA and the International Chamber of Shipping Guidelines.</p> <p>Some UK ports are requiring all ships entering the port to declare the health of the crew but other than that it is business as usual.</p>
USA 04/03/2020	<p><a href="https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html">https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html</a></p> <p>Summarising:</p> <p><b>Managing sick passengers or crew when boarding and onboard</b></p> <p>Deny boarding of a passenger or crew member who is suspected to have COVID-19 infection based on signs and symptoms plus travel history in China or other known exposure at the time of embarkation.</p> <p>Isolate passengers or crew onboard who are suspected of having COVID-19 infection in a single-occupancy cabin with the door closed until symptoms are improved. Discontinuing isolation precautions is made on a case-by-case basis, in consultation with CDC.</p> <p>Ideally, medical follow-up should occur in the isolated person's cabin. Coordinate visits to the onboard medical center in advance, if needed, with medical staff. Have the sick person <a href="#">wear a facemask</a> before leaving their cabin.</p> <p><b>Managing passengers and crew after exposure</b></p> <p>Refer to <a href="#">CDC guidance</a> for information about assessing exposure risk and recommended public health management. CDC is available for consultation on risk assessment and management of exposed passengers and crew. For consultation, contact the CDC Emergency Operations Center at 770-488-7100</p>



or [eocreport@cdc.gov](mailto:eocreport@cdc.gov).

Passengers and crew members who have had high-risk exposures to a person suspected of having COVID-19 should be quarantined in their cabins. All potentially exposed passengers, cruise ship medical staff, and crew members should self-monitor under supervision of ship medical staff or telemedicine providers until 14 days after the last possible exposure.

### **Preventing infection in crew members**

Ensure your crew members are aware of the

- Global risk of COVID-19 during international travel
- Signs and symptoms that may indicate a sick traveler has COVID-19
- Requirement for the ship's medical unit to report a traveler with suspected or known COVID-19 to CDC, if ship is destined for a US port
- Importance of not working on a ship while sick with fever or acute respiratory symptoms

The ship's company should also review their sick leave policies and communicate them to employees.

CDC recommends that crew members who self-report or appear to have fever or acute respiratory symptoms (such as cough or shortness of breath) be immediately evaluated.

In addition to annual influenza vaccination, have crew members follow these recommendations when their work activities involve contact with passengers and other crew members who have fever or acute respiratory illness.

- Ask the sick person to wear a facemask if tolerated, [any time they leave their cabin or interact with other people](#).
- Maintain a distance of 6 feet from the sick person while interviewing, escorting, or providing other assistance.
- Keep interactions with sick people as brief as possible.
- Limit the number of people who interact with sick people. To the extent possible, have a single person give care and meals to the sick person.
- Avoid touching your eyes, nose, and mouth.
- [Wash your hands often with soap and water](#). If soap and water are not available and if hands are not visibly soiled, use a hand sanitizer containing 60%-95% alcohol.
- Provide tissues and access to soap and water and ask the sick persons to:
  - Cover their mouth and nose with a tissue (or facemask) when coughing or sneezing.
  - Throw away used tissues immediately in a disposable container

(e.g., plastic bag) or a washable trash can.

- Wash their hands often with soap and water for 20 seconds. If soap and water are not available and hands are not visibly soiled, the sick person should use a hand sanitizer containing 60%-95% alcohol.
- If soap and water are not available and hands are not visibly soiled, the sick person should use a hand sanitizer containing 60%-95% alcohol.

#### **Personal protective equipment and instructions for crew members**

- Instruct crew members and other staff who may have contact with people with symptoms of COVID-19 in the proper use, storage, and disposal of personal protective equipment (PPE). Wrong use or handling of PPE can increase the spread of disease.
- Wear impermeable, disposable gloves if crew members need to have direct contact with sick people or potentially contaminated surfaces, rooms, or lavatories used by sick passengers and crew members. Instruct crew members to wash their hands with soap and water or use an alcohol-based hand sanitizer after removing gloves. Discard used gloves in the trash and don't wash or save for reuse. Avoid touching their faces with gloved or unwashed hands.
- Wearing N-95 respirators or face masks is not generally recommended for cruise ship crew members for general work activities. Wearing face masks can be considered for cruise ship workers who can't avoid close contact with people who have fever, cough, or difficulty breathing. Crew members need annual fit testing to wear N-95 respirators.

#### **Reporting**

[CDC requires](#) that ships destined for a US port of entry immediately report any death onboard or illness that meets CDC's definition of "ill person," including suspected cases of COVID-19, to the [CDC Quarantine Station](#) with jurisdiction for the port.

**Additional information for non-cruise ships:** If the signs and symptoms are consistent with CDC's standard [required reporting](#) requirements, please have the following information available before notifying the nearest [CDC Quarantine Station](#):

- List of the sick traveler's signs and symptoms, including onset dates
- The sick traveler's highest recorded temperature
- The sick traveler's embarkation date and port
- The ship's ports of call during the 14 days before the person got sick
- List of ports of call where the sick traveler disembarked during the 14 days before the person got sick

	<p>For ships on international voyages, if an illness occurred on board, complete the Maritime Declaration of Health and send to the competent authority, according to the 2005 International Health Regulations and the national legislation of the country of disembarkation.</p> <p><b>Consultation</b></p> <p>To consult CDC about assessing exposure risk and identifying contacts of ill travelers and crew, clinical management, laboratory specimen collection, or infection control concerns related to COVID-19, contact the CDC Emergency Operations Center at 770-488-7100 or <a href="mailto:eocreport@cdc.gov">eocreport@cdc.gov</a>.</p> <p><b>Managing passengers or crew upon disembarkation</b></p> <p>Before arriving at a US port, vessel medical staff and telemedicine providers or a cruise line representative must discuss the disembarkation of patients suspected of having COVID-19 with the <a href="#">CDC Quarantine Station</a> having jurisdiction for the port and with the state and local health departments. CDC quarantine officials can help communicate with state and local health departments and will work with the ship's company, port partners, and health departments to ensure safe disembarkation and medical transportation of the patient upon arrival.</p> <ul style="list-style-type: none"> <li>• <b>Additional recommendations</b></li> </ul> <p><b>Personal protective equipment</b></p> <p>Instruct crew members and other staff who may have contact with persons suspected of having COVID-19 in the proper storage, use (including <a href="#">safe donning and doffing pdf icon[PDF – 3 pages]</a>), and disposal of PPE. Wrong use or handling of PPE can increase spread of disease.</p> <p><b>Ship supplies</b></p> <p>Ships should ensure availability of conveniently located dispensers of alcohol-based hand sanitizer. Where sinks are available, ensure handwashing supplies (such as soap, disposable towels) are consistently available.</p> <p>Ships should carry a sufficient quantity of</p> <ul style="list-style-type: none"> <li>• PPE, including facemasks, NIOSH-certified disposable N95 filtering facepiece respirators, eye protection such as goggles or disposable face shields that cover the front and sides of the face, and disposable medical gloves and gowns.</li> <li>• medical supplies to meet day-to-day needs. Have contingency plans for rapid resupply during outbreaks.</li> <li>• sterile viral transport media and sterile swabs to collect nasopharyngeal and nasal specimens if COVID-19 infection is suspected.</li> </ul> <p>These optimal recommendations can be modified to reflect individual ship</p>
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	<p>capabilities and characteristics.</p> <p><b>Cleaning and Disinfection</b></p> <p>At this time, in addition to routine cleaning and disinfection strategies, ships may consider more frequent cleaning of commonly touched surfaces such as handrails, countertops, and doorknobs. The primary mode of COVID-19 virus transmission is believed to be through respiratory droplets that are spread from an infected person through coughing or sneezing to a susceptible close contact within about 6 feet. Therefore, widespread disinfection is unlikely to be effective.</p>
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## RESTRICTIONS ON ENTRY TO AUSTRALIA RELATING TO THE NOVEL CORONAVIRUS FOR COMMERCIAL VESSELS

**Updated on 14 February 2020**

On 13 February 2020, the Prime Minister of Australia announced that the entry restrictions on foreign nationals who have recently been in mainland China would be extended for a further week from 15 February 2020, to protect Australians from the risk of coronavirus.

The continuation of the travel restrictions means that foreign travellers who have left or transited through mainland China will not be allowed to enter Australia for 14 days from the time they left.

Australian citizens, permanent residents, and their immediate family, legal guardians and spouses, along with New Zealand citizens eligible for a subclass 444 visa who normally reside in Australia, are exempt from these measures.

The Australian Border Force (ABF), working with partner agencies, will continue the advanced screening and reception arrangements to facilitate identification of those individuals to whom these measures apply.

The ABF acknowledges the impact this will have on operations.

All vessel masters will be required to answer the following health screening questions as part of their entry reporting:

1. Has the vessel been in mainland China in the last 14 days?
2. Has any person on the vessel been in mainland China in the last 14 days?
3. Has any person on the vessel been in contact with a proven case of novel coronavirus infection in the last 14 days?

ABF and Biosecurity officers remain responsible for border clearance processes. Vessels that report ill persons will undergo a human health inspection by a Biosecurity Officer on arrival in Australia, and before the vessel is granted pratique.

Vessels that report persons who have been in mainland China in the last 14 days will be subject to additional restrictions outlined in this document.

### **For Commercial Vessels that departed mainland China in the last 14 days**

- All crew will remain on-board while the vessel is berthed in Australia.
- Crew are only able to disembark to conduct essential vessel functions and crew must wear personal protective equipment while performing these functions.
- The restrictions above apply until 14 days has elapsed since the vessel or any person on-board left mainland China.

### **For Commercial Vessels with crew joining from mainland China**

- Where a commercial vessel has crew joining the vessel and that crew have travelled to or transited through mainland China in the last 14 days, all crew are to remain on-board the vessel.
- Crew are only able to disembark to conduct essential vessel functions and crew must wear personal protective equipment while performing these functions.
- The restrictions above apply until 14 days has elapsed since the vessel or any person on-board left mainland China.

### **For Maritime Industry**

- Industry members engaging with commercial maritime vessels subject to the restrictions outlined above should consider the use of personal protective equipment.
- Maritime Pilots will be provided personal protective equipment for the initial engagement with those vessels subject to restrictions.

### **Local Port Authority**

The requirements outlined in this document are required to facilitate border clearance of vessels and their crew. Local port authorities may have additional requirements over and above those outlined.

For general information concerning the Novel Coronavirus please refer to the Department of Health website (<https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov>)



**Shipping Australia Limited**

ABN 61 096 012 574

Suite 606, Level 6, 80 William Street, Woolloomooloo NSW 2011  
PO Box Q388 QVB PO, Sydney NSW 1230

[www.shippingaustralia.com.au](http://www.shippingaustralia.com.au)

Tel: (02) 9167 5838

[admin@shippingaustralia.com.au](mailto:admin@shippingaustralia.com.au)

SAL 20022

06-March-2020

By email to [admin@FONASBA.com](mailto:admin@FONASBA.com)

FAO VICTORIA MARSH

ASSISTANT GENERAL MANAGER, FONASBA

Dear Victoria

**Re: FONASBA email of February 24, 2020 - JOINT WHO/IMO LETTER ON COVID-19 (CORONAVIRUS)  
/ SURVEY ON PREVENTATIVE ACTIONS**

Please find below the response to your request for information on state responses against merchant shipping to limit the spread of COVID-19.

With kind regards

Jim

Jim Wilson

Policy & Communications Officer

SHIPPING AUSTRALIA LIMITED

PO Box Q388, Sydney, NSW 1230

T 02 9167 5834 | M 0411 395 524

e [jwilson@shippingaustralia.com.au](mailto:jwilson@shippingaustralia.com.au)

W [www.shippingaustralia.com.au](http://www.shippingaustralia.com.au) |

## AUSTRALIAN GOVERNMENT / MARITIME RESPONSE TO CONTAIN COVID19

### Summary of action taken by Australia against merchant shipping to limit spread of COVID 19

- All non-Australian nationals who have been in China within the previous 14 days are denied entry into Australia until the 14-day period has elapsed
- Australian citizens and permanent residents are still be able to enter, as will their immediate family members (spouses, legal guardians and dependants only)
- The Australian Border Force has ruled that commercial vessels can enter Australia within the 14-day period provided that:
  - All vessel masters answer a short health screening questionnaire to the Australian Border Force as to whether the ship and anyone onboard has been in Mainland China within 14 days and whether anyone has had contact with a proven case of coronavirus within 14 days
  - All crew remain on-board while the vessel is berthed in Australia
  - Crew are only able to disembark to conduct essential vessel functions and crew must wear personal protective equipment while performing these functions
  - Where a commercial vessel has crew joining the vessel and that crew have travelled to or transited through mainland China in the last 14 days, all crew are to remain on-board the vessel
  - The restrictions above apply until 14 days has elapsed since the vessel or any person on- board left mainland China
- Some states in Australia have adopted further measures beyond that required by the Australian Border Force
  - Maritime Safety Queensland, a state government agency, excludes vessels from calling at Queensland ports if they have visited China within 14 days
  - The Port Authority of NSW, a state government authority, excludes vessels from calling at the Australian State of New South Wales if those ships have visited China within 14 days
  - Some shipping terminals will not deal with ships within 14-days ex-China and others will e.g. Hay Point will not accept a Notice of Readiness of vessel within 14 days ex-China, however, Dalrymple Bay Coal Terminal will accept a notice of readiness.
- Shipping Australia understands work is underway by the Australian Maritime Safety Authority (as Port State Control) to enable crew, on a case-by-case basis, to either be repatriated or have service periods extend beyond 11 months, so that shipping can remain in compliance with the Maritime Labour Convention (2006).





## **NOTA TÉCNICA Nº 16/2020/SEI/GIMTV/GGPAF/DIRE5/ANVISA**

Processo nº 25351.902304/2020-14

Dispõe sobre as medidas sanitárias a serem adotadas em pontos de entrada, frente aos casos do novo coronavírus COVID-19 (2019-nCoV).

### **1. Relatório - Informações sobre a ocorrência do nCoV**

Em 31 de dezembro de 2019, a Organização Mundial de Saúde foi informada de um conjunto de casos de pneumonia de causa desconhecida detectados na cidade de Wuhan, província de Hubei, na China. Em 7 de janeiro, um novo coronavírus (2019-nCoV) foi identificado como o vírus causador pelas autoridades chinesas. A partir daí, a OMS e seus Estados Partes, incluindo o Brasil, vem monitorando o surgimento de casos, comportamento da doenças e as orientações quanto as medidas para minimização quanto a propagação da doença no mundo.

Em 31 de janeiro de 2020, seguindo recomendação do Comitê de Emergência, a OMS declarou Emergência de Saúde Pública de Importância Internacional (ESPII) o 2019-nCov. No momento, a OMS não recomenda medidas de restrição a viajante ou ao comércio.

Em 4 de fevereiro de 2020 foi publicada Portaria nº 188, de 3 de fevereiro de 2020, que declarou Emergência em Saúde Pública de importância Nacional (ESPIN), em decorrência da Infecção Humana pelo novo Coronavírus (2019-nCoV).

O Ministério da Saúde informa que está realizando, por meio da Secretaria de Vigilância em Saúde, o monitoramento diário da situação junto à OMS e também dos dados fornecidos pelo Governo da República Popular da China desde o início das notificações. A partir de 31 de janeiro de 2020, o Ministério disponibilizou a atualização da situação dos casos suspeitos e possíveis confirmados na plataforma.saude.gov.br/novocoronavirus.

Desde de 22 de janeiro de 2020, está em funcionamento o Centro de Operações de Emergência - Coronavírus, coordenado pelo Ministério da Saúde, com reuniões diárias. Tem acento no Centro diversas áreas do Ministério da Saúde, Anvisa e demais órgãos de interesse.

Além disso, a Anvisa instituiu, por meio da Portaria nº 74, de 27 de janeiro de 2020, um Grupo de Emergência em Saúde Pública para condução das ações da Agência, no que diz respeito ao Novo Coronavírus. A Anvisa também é membro do Grupo Executivo Interministerial de Emergência em Saúde Pública de Importância Nacional e Internacional - GEI-ESPII, estabelecida por Decreto nº 10.211, de 30 de janeiro de 2020.

Em 7 de fevereiro de 2020, foi publicada a Lei nº 13.979, de 6 de fevereiro de 2020, que dispõe sobre as medidas para enfrentamento da emergência de saúde pública de importância internacional decorrente do coronavírus responsável pelo surto de 2019.

Em 21 de fevereiro o Ministério da Saúde ampliou as áreas de transmissão local em coletiva de imprensa.

### **2. Análise - Adoção de medidas em pontos de entrada**

Considerando o surgimento do novo vírus, 2019-nCov, a Anvisa passou a adotar recomendações e ações, tendo em vista sua atuação nos aeroportos, portos e fronteiras, baseadas nas

Resoluções de Diretoria Colegiada publicadas e no Regulamento Sanitário Internacional. Dentre as ações desencadeadas para atuação da vigilância sanitária nos pontos de entrada, em decorrência da situação de ESPII declarada, estão:

- Observar e acompanhar as orientações da OMS para pontos de entrada;
- Assegurar adequada cobertura de atividades de vigilância sanitária no Aeroporto Internacional de Guarulhos, que concentra o maior volume de chegada de voos internacionais;
- Instituição de plantão 24h, para a vigilância sanitária em aeroportos internacionais, que recebem voos internacionais noturnos (período de 16:30 às 07:00);
- Intensificar a vigilância de casos suspeitos do COVID-19 nos pontos de entrada, para a notificação imediata aos órgãos de vigilância epidemiológica, conforme definição de caso suspeito a seguir:

**Definição de caso suspeito** Boletim Epidemiológico nº 02 disponível em <https://tinyurl.com/sfcor8s>

1. **Situação 1:** Febre<sup>1</sup> E pelo menos um sinal ou sintoma respiratório (tosse, dificuldade para respirar, batimento das asas nasais entre outros) E histórico de viagem para área com transmissão local<sup>3</sup>, de acordo com a OMS, nos últimos 14 dias anteriores ao aparecimento dos sinais ou sintomas; **OU**

2. **Situação 2:** Febre<sup>1</sup> E pelo menos um sinal ou sintoma respiratório (tosse, dificuldade para respirar, batimento das asas nasais entre outros) E histórico de contato próximo de caso<sup>2</sup> suspeito para o coronavírus (2019-nCoV), nos últimos 14 dias anteriores ao aparecimento dos sinais ou sintomas; **OU**

3. **Situação 3:** Febre<sup>1</sup> **OU** pelo menos um sinal ou sintoma respiratório (tosse, dificuldade para respirar, batimento das asas nasais entre outros) E contato próximo de caso<sup>2</sup> confirmado de coronavírus (2019-nCoV) em laboratório, nos últimos 14 dias anteriores ao aparecimento dos sinais ou sintomas.

1 Febre pode não estar presente em alguns casos como, por exemplo, em pacientes jovens, idosos, imunossuprimidos ou que em algumas situações possam ter utilizado medicamento antitérmico. Nestas situações, a avaliação clínica deve ser levada em consideração e a decisão deve ser registrada na ficha de notificação.

2Contato próximo é definido como: estar a aproximadamente dois metros de um paciente com suspeita de caso por novo coronavírus, dentro da mesma sala ou área de atendimento, por um período prolongado, sem uso de equipamento de proteção individual (EPI). O contato próximo pode incluir: cuidar, morar, visitar ou compartilhar uma área ou sala de espera de assistência médica ou, ainda, nos casos de contato direto com fluidos corporais, enquanto não estiver usando o EPI recomendado.

<sup>3</sup>**Transmissão local:** No momento, as áreas com transmissão local são: Japão, Coreia do Sul, Coreia do Norte, Singapura, Vietnã, Tailândia e Camboja. Informações atualizadas podem ser consultadas em <http://plataforma.saude.gov.br/novocoronavirus/>.

- Disponibilizar e monitorar avisos sonoros em inglês, português, mandarim e espanhol sobre sinais e sintomas e cuidados básicos, como lavagem regular das mãos, cobertura da boca e nariz ao tossir e espirrar.
- Intensificar os procedimentos de limpeza e desinfecção nos terminais e meios de transporte, reforçando a utilização de EPI - Equipamento de Proteção Individual, conforme disposto na Resolução da Diretoria Colegiada - RDC nº 56, de 6 de agosto de 2008. Os trabalhadores que realizam esta atividade devem ser alertados para terem maior atenção ao disposto nesta resolução.
- Sensibilizar as equipes de vigilância sanitária e dos postos médicos dos pontos de entrada para a detecção de casos suspeitos e utilização de Equipamento de Proteção Individual – EPI, precaução padrão, por contato e gotículas, conforme orientações definidas pelo Ministério da Saúde.

- Atentar para as possíveis solicitações de listas de viajantes, de voos e embarcações, visando a investigação de casos suspeitos e seus contatos.
- Atualização dos Planos de Contingência para capacidade de resposta, observando o disposto na orientação interna (Orientação de Serviço nº 76, de 7 de outubro de 2019) e a Resolução de Diretoria Colegiada - RDC nº 307, de 27 de setembro de 2019. O modelo de plano de contingência e protocolos estão disponíveis em <http://portal.anvisa.gov.br/coronavirus>.
- Para orientações específicas a viajantes, consultar Boletim Epidemiológico nº 02, disponível em <https://tinyurl.com/sfcor8s>.

## 2.1. Recomendações gerais aos servidores e trabalhadores portuários e aeroportuários:

Destacamos que, em qualquer situação, independente da indicação de uso do EPIs ou não, os trabalhadores de portos, aeroportos e fronteiras devem sempre adotar medidas preventivas, tais como:

- Frequente higienização das mãos com água e sabonete;
- Quando as mãos não estiverem visivelmente sujas, pode ser utilizado gel alcoólico para as mãos;
- Etiqueta respiratória:
  - a) Utilizar lenço descartável para higiene nasal;
  - b) Cobrir nariz e boca quando espirrar ou tossir;
  - c) Evitar tocar mucosas de olhos, nariz e boca;
  - d) Higienizar as mãos após tossir ou espirrar

## 2.2. Equipamento de Proteção Individual (EPI):

- Os servidores da Anvisa, Receita Federal do Brasil (RFB), Polícia Federal do Brasil (PF), do Sistema de Vigilância Agropecuária Internacional (Vigiagro) e os trabalhadores que realizarem abordagem em meio de transporte, com viajantes provenientes dos países com transmissão local, devem:
  - **se não houver relato de presença de caso suspeito**, utilizar máscara cirúrgica;
  - **se houver relato de presença de caso suspeito**, utilizar máscara cirúrgica, avental, óculos de proteção e luvas;
- Aos trabalhadores das seguintes categorias é recomendado utilizar máscaras cirúrgicas:
  - tripulantes de voos internacionais;
  - agentes aeroportuários que atuam na conexão de voos internacionais ou operadores de proteção da aviação civil - APAC;
  - funcionários de lojas "duty-free".
- Aos demais trabalhadores, até o momento, não há indicativo para uso de EPI.

**Observação 1:** Todas essas medidas são baseadas no conhecimento atual sobre os casos de infecção pelo novo coronavírus e podem ser alteradas conforme novas informações sobre o vírus forem disponibilizadas.

**Observação 2:** Usar uma máscara cirúrgica é uma das medidas de prevenção para limitar a propagação de doenças respiratórias, incluindo o novo coronavírus (2019-nCoV). No entanto, apenas o uso da máscara cirúrgica é insuficiente para fornecer o nível seguro de proteção e outras medidas igualmente relevantes devem ser adotadas, como a higiene das mãos com água e sabonete líquido ou preparação alcoólica antes e após a utilização das máscaras. Usar máscaras, quando não indicado, pode gerar custos desnecessários e criar uma falsa sensação de segurança, que pode levar a negligenciar outras medidas, como práticas de higiene das mãos. Além disso, a máscara deve estar apropriadamente ajustada à face para garantir sua

eficácia e reduzir o risco de transmissão. Todos os profissionais devem ser orientados sobre como usar, remover, descartá-las e na ação de higiene das mãos antes e após o uso.

### 2.3. Sobre o uso de EPI

Antes de se paramentar, lavar as mãos.

Ao paramentar-se, observar a seguinte sequência:

1. Avental
2. Máscara;
3. Óculos;
4. Luvas.

Para a remoção dos EPIs, observar a seguinte sequência:

1. Luvas;
2. Óculos;
3. Avental;
4. Máscara

Após a remoção dos EPIs, lavar as mãos.

#### 2.3.1 Recomendações por tipo de EPI

- **Avental:**
  - Escolher tamanho adequado;
  - A abertura deve ficar nas costas;
  - Segurar pelo colar e cintura;



Remoção do avental:

- Desate as tiras;
- Remova a partir do pescoço e ombros;
- Vire a face contaminada para dentro;
- Dobre ou enrole o avental;
- Descarte em saco plástico branco.



- **Máscara**

- Posicionar a máscara sobre o nariz e boca;
- Ajustar a peça flexível sobre o nariz;
- Ajustar o elástico ou tiras;
- Substituir as máscaras por uma nova máscara limpa e seca assim que tornar-se úmida e sempre que espirrar ou tossir (pedir ajuda se estiver usando luvas);
- Não tocar na máscara após a sua colocação;
- Remover a máscara usando a técnica apropriada (ou seja, não toque na frente, remova sempre por trás) e não puxe a máscara para o pescoço após o procedimento.



- Não reutilizar máscaras descartáveis;
- Não permanecer com a máscara após o uso pendurada no pescoço.

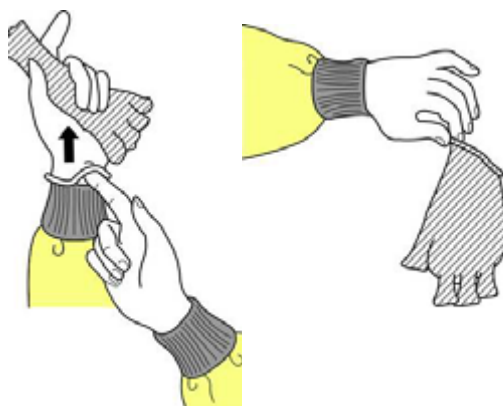
- **Luvas**

- Escolher tamanho adequado;
- Calçar as luvas;
- Ajustar o punho sobre a manga do avental;
- Não lavar ou usar novamente o mesmo par de luvas;
- Não levar as mãos enluvadas ao rosto;
- Evite tocar ou ajustar outros EPIs com as mãos enluvadas;
- Nunca tocar desnecessariamente superfícies e materiais (tais como telefones, maçanetas, portas) quando estiver com luvas para evitar a transferência de microrganismos para outras pessoas ou ambientes;
- Caso as luvas se rasguem, remover e lavar as mãos antes de calçar novas luvas;
- O uso de luvas não substitui a higienização das mãos;

- Trocar de luvas sempre que entrar em contato com o indivíduo compatível com a definição de caso suspeito e/ou a monitorar;
- Proceder a higienização das mãos imediatamente após a retirada das luvas, para evitar a transferência de microrganismos para outras pessoas ou ambientes;
- Observar a técnica correta de remoção de luvas para evitar a contaminação das mãos, abaixo descrita:
  - Retirar as luvas puxando a primeira pelo lado externo do punho com os dedos da mão oposta.



- Segurar a luva removida com a outra mão enluvada.
- Tocar a parte interna do punho da mão enluvada com o dedo indicador oposto (sem luvas) e remover de dentro para fora formando um saco para as duas luvas.



Os EPIs usados no atendimento a casos suspeitos devem ser tratados como resíduos do Grupo A, de acordo com as disposições da Resolução da Diretoria Colegiada - RDC nº 56, de 6 de agosto de 2008.

As máscaras cirúrgicas utilizadas apenas para recepção de viajantes, sem presença de casos suspeitos, podem ser descartados como resíduo comum (Grupo D), conforme Resolução da Diretoria Colegiada - RDC nº 56, de 6 de agosto de 2008.

Ref: CDC, *Guidance for the selection of Personal Protective Equipment (PPE) in healthcare settings*; <<https://www.cdc.gov/hai/pdfs/ppe/ppeslides6-29-04.pdf>> acessado em 08/02/2020;

#### 2.4. Cargas, remessas e bagagem acompanhada

Não há, até o momento, evidências para apoiar a transmissão de COVID-19 associado a mercadorias importadas, devido à baixa capacidade de sobrevivência desses coronavírus nas superfícies, e não há casos registrados dessa forma de transmissão. Novas informações a respeito das formas de transmissão do novo coronavírus serão fornecidas no Portal da Anvisa < <http://portal.anvisa.gov.br/> >.

Considerando o baixo risco de transmissão por meio de superfícies, não há recomendação para que trabalhadores que atuam no tratamento de remessas expressas e postais e na inspeção física de cargas provenientes de países com transmissão local adotem precauções adicionais, tais como utilização de máscaras cirúrgicas e luvas.

Os servidores da Anvisa, RFB, PF e Vigiagro e trabalhadores que realizam inspeção de bagagem acompanhada, na presença dos viajantes, devem utilizar máscara cirúrgica e luvas.

## 2.5. Atividades a serem realizadas nos Aeroportos Internacionais:

- Os avisos sonoros com as orientações sobre sinais e sintomas do COVI-19 e cuidados básicos como lavagem regular das mãos, cobertura da boca e nariz ao tossir e espirrar deverão ser lidos em todos os voos internacionais pela tripulação antes do desembarque dos viajantes, conforme texto abaixo no idioma português e inglês. Os avisos também devem ser transmitidos nas áreas de desembarque dos aeroportos.

### Idioma Português:

*Se você tiver febre, tosse ou dificuldade para respirar, dentro de um período de até 14 dias, após viagem para a China, Japão, Coreia do Sul, Coreia do Norte, Singapura, Vietnã, Tailândia e Camboja, você deve procurar a unidade de saúde mais próxima e informar a respeito da sua viagem. Para proteger sua saúde, siga medidas simples, que podem evitar a transmissão de doenças: Lave as mãos frequentemente com água e sabão. Se não tiver água e sabão, use álcool gel. Cubra o nariz e a boca com lenço descartável ao tossir ou espirrar. Descarte o lenço no lixo e lave as mãos. Evite aglomerações e ambientes fechados, procurando manter os ambientes ventilados. Não compartilhe objetos de uso pessoal, como talheres, pratos, copos ou garrafas. Procure o serviço de saúde mais próximo caso apresente algum sintoma e informe seu roteiro de viagem.*

### Idioma Inglês:

*If you feel sick and present fever, cough, or difficulty of breathing, and have travelled to China, Japan, South Korea, North Korea, Singapore, Vietnam, Thailand and Cambodia in the last 14 days, you should seek medical care and tell health professionals about your recent travel and your symptoms. If you feel sick with fever, cough, or difficulty of breathing, adopt the following measures to avoid the spread of diseases: Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available. Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing. Avoid being in crowded or closed places. Do not share personal belongings such as cutlery, plates, glasses or bottles. Seek medical care if you had any symptoms and tell about your trip.*

- A Anvisa deve realizar abordagem em voos priorizando o maior número de passageiros vindos de área com transmissão local (conforme dados da Receita Federal) ou em caso de comunicação de passageiros com sintomas da doença e provenientes destes locais.
- As companhias aéreas devem ser orientadas a atender rigorosamente ao disposto no Art. 34 da Resolução da Diretoria Colegiada - RDC nº 2, de 8 de janeiro de 2003, em relação aos cuidados com os objetos para uso pessoal, como mantas, travesseiros e fones de ouvido.
- O comandante ou agente autorizado pela companhia aérea deve entregar a Declaração Geral da Aeronave, completamente preenchida, de todos os voos internacionais que chegam no Brasil, à autoridade sanitária do aeroporto.
- Recomenda-se a difusão de materiais informativos oficiais disponíveis em <http://portal.anvisa.gov.br/coronavirus> e <https://saude.gov.br/saude-de-a-z/novocoronavirus> para orientação, especialmente visual, sobre sinais, sintomas e cuidados básicos para prevenção do 2019-nCoV, especialmente nas áreas de convergência dos viajantes (p. ex.: fila da imigração e local de retirada de bagagem).



- Na identificação de passageiro que atende a definição de caso suspeito, a Anvisa deve utilizar um instrumento simplificado para coleta de dados do contactante contendo o nome do viajante, cidade de residência, telefone, e-mail e assento na aeronave. O grupo de contactantes será definido pela equipe de investigação do caso suspeito, sendo a identificação dos mesmos necessários para investigação epidemiológica do evento.
- Divulgação quanto às recomendações de EPI para os servidores da Receita Federal, Polícia Federal e Vigiagro e demais trabalhadores que estão em contato direto com viajantes provenientes das áreas com transmissão local.

## **2.6. Atividades a serem realizadas nos portos com chegada de embarcações internacionais:**

- A embarcação com histórico de viagem para as áreas com transmissão local do COVID-19, nos últimos 30 dias, deverá apresentar o Livro Médico de Bordo (medical logbook) ao solicitar a emissão de Certificado de Livre Prática;
- A Declaração Marítima de Saúde - DMS deve estar preenchida corretamente e de forma completa para avaliação quanto à emissão de Livre Prática. É fundamental uma análise criteriosa da autoridade sanitária do documento para liberação da operação.
- Em caso de suspeita de COVID-19 na embarcação, a emissão de Livre Prática deve ser realizada a bordo. O viajante deve ser mantido em local privativo, preferencialmente na cabine, e ser disponibilizado máscara cirúrgica até que seja realizada avaliação da autoridade sanitária junto à vigilância epidemiológica, conforme definido no Plano de Contingência local. Após avaliação do caso será definido se o viajante será descartado como caso suspeito, mantido a bordo em quarenta ou removido para o hospital de referência designado.
- Conforme definição das áreas de transmissão local do COVID-19, realizada pelo Ministério da Saúde, o país que constar na lista, deve ser considerado área afetada, e, no ato do preenchimento da Declaração Marítima de Saúde deverá ser assim sinalizado.
- Orienta-se a divulgação de material informativo em português e inglês, conforme disponíveis nas páginas oficiais, <http://portal.anvisa.gov.br/coronavirus> e <https://saude.gov.br/saude-de-a-z/novocoronavirus>, com as recomendações gerais para a comunidade portuária.
- Comunicar as recomendações quanto ao uso de EPI para os práticos, servidores da Receita Federal, Polícia Federal, Vigiagro e Marinha do Brasil e demais trabalhadores que estão em contato direto com viajantes provenientes das áreas com transmissão local.

### **2.6.1 Temporada Nacional de Navios de Cruzeiro**

- Disponibilizar e monitorar os avisos sonoros em inglês, português e espanhol sobre sinais e sintomas e cuidados básicos, como lavagem regular das mãos, cobertura da boca e nariz ao tossir e espirrar.
- Sensibilizar as equipes médicas das embarcações para a detecção de casos suspeitos e a utilização de Equipamento de Proteção Individual – EPI, precaução padrão, por contato e gotículas, conforme orientações definidas pelo Ministério da Saúde.
- Avaliar criteriosamente as notificações diárias enviadas pelas embarcações, conforme fluxo definido no Guia Sanitário de Navios de Cruzeiro (disponível em <http://portal.anvisa.gov.br/cruzeiros/guiasanitario>).
- As Coordenações Regionais e Estaduais devem assegurar adequado contingente para monitoramento de eventos de saúde a bordo de navios de cruzeiro, especialmente nos feriados e finais de semana.
- No caso de detecção de caso suspeito a bordo, devem COVID-19 em Portos, Aeroportos e Fronteiras".



- No caso de isolamento de caso suspeito a bordo, observar as recomendações disponíveis no protocolo "Uso de Equipamento de Proteção Individual – EPI e Isolamento".
- Conforme previsto no protocolo de atendimento de casos suspeito a bordo e atendendo ao disposto na Lei nº 13.979, de 6 de fevereiro de 2020, poderá ser determinada a aplicação de quarentena, de acordo com avaliação do evento de saúde a ser realizada em conjunto com o Ministério da Saúde e Vigilância Epidemiológica.

## 2.7. Atividades a serem realizadas nas fronteiras terrestres:

- Reforço na articulação com a Secretaria Municipal de Saúde e demais órgãos que atuam na fronteira, divulgando as informações quanto a definição de caso e manejo de possíveis suspeitos a serem identificados na passagem de fronteira terrestre.
- Articulação junto às autoridades do país vizinho e, se pertinente, cidades gêmeas, buscando a coordenação das medidas de detecção, avaliação e resposta da vigilância e sensibilização quanto aos fluxos estabelecidos no plano de contingência local.
- Orienta-se a divulgação de material informativo em português, inglês e espanhol, conforme disponíveis nas páginas oficiais, <http://portal.anvisa.gov.br/coronavirus> e <https://saude.gov.br/saude-de-a-z/novocoronavirus>, com as recomendações gerais para o viajante que passam pelas fronteiras.
- Divulgação quanto as recomendações de EPI para os servidores da Receita Federal, Polícia Federal e Vigiairo e demais trabalhadores que estão em contato direto com viajantes provenientes das áreas com transmissão local do COVID-19.

## 2.8. Registro das atividades realizadas pelos servidores da Anvisa

As atividades não rotineiras devem ser registradas no Workflow como evento do tipo "Denúncia ou Incidente Sanitário", conforme instruções a seguir:

- Campo "Título": seguir o seguinte padrão:

"Coronavirus - <Local> - <ação realizada>

Ex:

"Coronavirus - Aeroporto de XXXXX - abordagem do voo XXXXX"

"Coronavirus - Porto de XXXXXX - reunião com XXXX"

- Campo Descrição: descrever de forma objetiva a atividade realizada incluindo, no mínimo, as seguintes informações: data, horário, servidores envolvidos, ação realizada, número de viajantes atendidos (se aplicável);
- Campo Coordenador: posto ou coordenação;
- Campo: Responsável: servidor responsável pela atividade;
- Campo Envolvidos: coordenação estadual, coordenação regional e GIMTV;

Na aba "Progresso", informe possíveis desdobramentos ou anexe documentos que sejam pertinentes à ação realizada, antes de concluir o evento.

Caso durante a atividade seja constatada presença de caso suspeito, deve-se também abrir um evento do tipo "Evento de Saúde Pública", a partir da aba "Eventos Associados" seguindo as disposições da Orientação de Serviço nº 76, de 7 de outubro de 2019.

### 3. Conclusão

Neste momento, mesmo com a declaração de Emergência de Saúde Pública de Importância Internacional, a Organização Mundial da Saúde não editou nenhuma medida adicional, tampouco orientou a aplicação de quaisquer restrições de viagem e ao comércio, com base nas informações disponíveis para este evento.

Contudo, o Ministério da Saúde do Brasil aconselha que viagens para a China devem ser realizadas apenas em situações estritamente necessárias.

Para acessar informações atualizadas recomenda-se consultar as seguintes páginas:

Ministério da Saúde: <https://www.saude.gov.br/saude-de-a-z/coronavirus>

Anvisa: <http://portal.anvisa.gov.br/coronavirus>



Documento assinado eletronicamente por **Glaucia Ribeiro Lima, Gerente-Geral de Portos, Aeroportos, Fronteiras e Recintos Alfandegados Substituto(a)**, em 21/02/2020, às 16:56, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 [http://www.planalto.gov.br/ccivil\\_03/\\_Ato2015-2018/2015/Decreto/D8539.htm](http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm).



Documento assinado eletronicamente por **Rodolfo Navarro Nunes, Gerente de Infraestrutura, Meio de Transporte e Viajantes em PAF**, em 21/02/2020, às 16:59, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 [http://www.planalto.gov.br/ccivil\\_03/\\_Ato2015-2018/2015/Decreto/D8539.htm](http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm).



A autenticidade deste documento pode ser conferida no site <https://sei.anvisa.gov.br/autenticidade>, informando o código verificador **0921981** e o código CRC **1124049D**.

# CORONAVIRUS (2019–nCoV)

## TRAVELLERS' ADVICE

Several cases of 2019-nCoV have been reported in China and in other countries.

We recommend that you regularly check the *Conseils aux voyageurs* (Travellers' advice) section for China to **see which regions are affected** and to inform the French Ministry for Europe and Foreign Affairs of your trip via the Ariane website.

### UPON ARRIVAL IN FRANCE

Should you experience symptoms of a respiratory infection (fever, cough, breathing difficulties), it is recommended that you :

- **Wear a surgical mask** if you are in contact with other people;
- **Use disposable tissues and wash your hands regularly;**
- **Quickly contact the Samu (French emergency medical services, call "15")**, notifying them that you have been to Wuhan and describing your symptoms. Do not go to your GP or to the hospital to avoid the risk of transmission.



MINISTÈRE  
DES SOLIDARITÉS  
ET DE LA SANTÉ

# KENYA PORTS AUTHORITY

## PORT OF MOMBASA



### **PREPAREDNESS FOR NOVEL CORONA VIRUS INFECTION AT THE PORT OF MOMBASA**

This is to bring to your attention of the Port Health requirement for vessels that have visited China for last 14 days and any crew who travelled to China in the past 14 days.

- All vessels arriving from China must fill the Maritime Declaration of health form stating the health status of the crew. In additions, they should send in advance the crew list and voyage memo for the purpose of getting details of the crew and movement of the vessel for the last 14 days respectively and a valid ship control/exemption certificate.
- Any vessel with a crew showing signs and symptoms including
  - Respiratory symptoms
  - Fever
  - Cough
  - Short of breath (difficult breathing)

should be reported in advance by the master of the vessel so as to make prior arrangement to board the vessel for screening at high seas before the vessel is allowed into the port.

- Vessels from other areas and where the master has not reported any form of illness on board shall not be subjected to screening.

#### **Prevention of Novel Corona Virus infections - Human to human transmission**

- Covering of mouth and nose
- Avoid close contact with those who are sick
- Use medical masks and PPE in health care settings
- Hand washing

#### **Preventive measures**

Wash your hands often with soap and water for at least 20 seconds especially after going to the washrooms, before eating and after blowing your nose, coughing or sneezing.

- If soap and water are not readily available use an alcohol based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty
- Avoid touching your eyes, nose and mouth with unwashed hands
- Avoid close contact with people who are sick
- Stay at home when you are sick
- Cover your cough or sneeze with a tissue then throw the tissue in the thrash

#### **Kenya Ports Authority**

P.O. Box 95009 - 80104 Mombasa, Kenya

Tel: +254 41 2112999 / 2113999

Mobile: +254 709 092999 / 709 093999 / 730 653999



The four vessel documents i.e

- Maritime Declaration of Health form
- Crew list
- Voyage memo
- Valid ship control/exemption certificate

Should be submitted to Port Health Office – Kilindini Sea Port, Mombasa via email – [phealthkil@yahoo.com](mailto:phealthkil@yahoo.com)

For more information and clarification contact the Port Health Officer in charge of Kilindini Sea Port (Tel +254 727 852278)



PP

Capt. William K. Ruto

**GENERAL MANAGER OPERATIONS & HARBOUR MASTER**

**MINISTRY OF HEALTH**

Telegrams:  
Telephone: Mombasa 433404  
Fax 433404  
E-Mail; phealthkil@yahoo.com



Port Public Health Office  
KILINDINI SEA PORT  
P O Box 90274  
MOMBASA

Date: 17<sup>th</sup> February, 2020

Ref: MSA/KLD/PH.9/VOL.8/47

**TO ALL SHIPS AGENT/SHIPPING LINES AND PRIVATE PORT FACILITY  
OPERATORS  
REQUIREMENTS FOR SHIPPING AGENTS IN VIEW OF THE COVID-19  
OUTBREAK – 16/02/2020**

Further to the earlier circular on the requirements for compliance by Ships Agents in view of the outbreak of the COVID-19 outbreak, you are now required to take note to and comply with the following:

1. That all crew lists **MUST** include the date and place of boarding of the crew
2. That for vessels coming with Privately Contracted Armed Security Personnel (PCASP) that they **MUST** submit a separate schedule of their one (1) month ports of call.
3. All the mandatory pre-arrival notifications **MUST** be submitted 48 hours minimum but can be submitted earlier in view of the 14 days notice.

J. Kombo  
Public Health Officer i/c  
**Kilindini Sea Port**



## البطاقة الصحية للمسافر

## Fiche Sanitaire du Passager / Public Health Passenger Form

## - Coronavirus -

إسم الباخرة Ship's name / Nom du navire	إسم شركة النقل البحري Nom de la compagnie maritime Shipping company	تاريخ الوصول Arrival date / Date d'arrivée
.....	.....	.....

الجنسية Nationalité / Nationality	رقم الجواز N° passeport/Passport N°	تاريخ الإزدياد Date de naissance/ Date of birth	الإسم العائلي و الشخصي Nom Prénom / Full name
.....	.....	.....	.....

موانئ العبور Ports de transit / Transit ports	بلد القدوم Pays de provenance / Coming from
.....	.....

Adresses au Maroc / Addresses in Morocco / العنوان في المغرب
.....
.....

رقم الهاتف داخل المغرب N° de téléphone au Maroc Phone N° in Morocco	رقم الهاتف خارج المغرب N° de téléphone hors Maroc Phone N° outside Morocco	البريد الإلكتروني E-mail
.....	.....	.....

<input type="checkbox"/> Non / No / لا	هل زرتكم أو عبرتم الصين ؟ Avez-vous visité ou transité par la Chine ? Did you visit or transit through China ?
<input type="checkbox"/> Oui / Yes / نعم	
.....	متى ؟ Quand ? When ?

Durant les derniers 14 jours / During the last 14 days / خلال 14 يوما الماضية	نعم Oui Yes	لا Non No
- هل أصبتم بالتهاب تنفسي حاد مع أعراض الحمى تفوق 38° C ؟ - Avez-vous présenté une infection respiratoire aiguë avec fièvre supérieure à 38° C ? - Have you had an acute respiratory infection with fever over 38° C ?		
- هل كنتم مع شخص مصاب أو مشتبه في إصابته بفيروس كورونا ؟ - Avez-vous été au contact d'une personne atteinte ou suspecte d'être atteinte par coronavirus ? - Have you been in contact with a person infected or suspected of being infected with coronavirus ?		
- هل اشتغلتم أو أقمتكم في مستشفى أو مختبر سبق وأن سجلت فيه حالة فيروس كورونا ؟ - Avez-vous travaillé ou séjourné dans un hôpital ou laboratoire dans lequel un cas d'infection au coronavirus a été confirmé ? - Have you worked or stayed in a hospital or laboratory in which a coronavirus infection case was confirmed ?		

أصرح بصحة جميع المعلومات المدلى بها.

Je déclare que toutes les informations sont correctes.  
I declare that all the information is true and correct.

Signature :

التوقيع :

شكرا على حسن تفهمكم

Merci pour votre compréhension  
We appreciate your kind understanding



## البطاقة الصحية للمسافر

Fiche Sanitaire du Passager / Public Health Passenger Form  
- Coronavirus -

إسم الباخرة Ship's name / Nom du navire	إسم شركة النقل البحري Nom de la compagnie maritime Shipping company	تاريخ الوصول Arrival date / Date d'arrivée
.....	.....	.....

الجنسية Nationalité / Nationality	رقم الجواز N° passeport/Passport N°	تاريخ الإزدياد Date de naissance/ Date of birth	الإسم العائلي و الشخصي Nom Prénom / Full name
.....	.....	.....	.....

موانئ العبور Ports de transit / Transit ports	بلد القنوم Pays de provenance / Coming from
.....	.....

Adresses au Maroc / Addresses in Morocco / العنوان في المغرب
.....

رقم الهاتف داخل المغرب N° de téléphone au Maroc Phone N° in Morocco	رقم الهاتف خارج المغرب N° de téléphone hors Maroc Phone N° outside Morocco	البريد الإلكتروني E-mail
.....	.....	.....

<input type="checkbox"/> Non / No / لا	هل زرتكم أو عبرتم الصين ؟ Avez-vous visité ou transité par la Chine ? Did you visit or transit through China ?
<input type="checkbox"/> Oui / Yes / نعم	
.....	متى ؟ Quand ? When ?

Durant les derniers 14 jours / During the last 14 days / خلال 14 يوما الماضية	نعم Oui Yes	لا Non No
- هل أصبتم بالتهاب تنفسي حاد مع أعراض الحمى تفوق 38° C ؟ - Avez-vous présenté une infection respiratoire aiguë avec fièvre supérieure à 38° C ? - Have you had an acute respiratory infection with fever over 38° C ?		
- هل كنتم مع شخص مصاب أو مشتبه في إصابته بفيروس كورونا ؟ - Avez-vous été au contact d'une personne atteinte ou suspecte d'être atteinte par coronavirus ? - Have you been in contact with a person infected or suspected of being infected with coronavirus ?		
- هل اشتغلتم أو أقمتكم في مستشفى أو مختبر سبق وأن سجلت فيه حالة فيروس كورونا ؟ - Avez-vous travaillé ou séjourné dans un hôpital ou laboratoire dans lequel un cas d'infection au coronavirus a été confirmé ? - Have you worked or stayed in a hospital or laboratory in which a coronavirus infection case was confirmed ?		

أصرح بصحة جميع المعلومات المدلى بها.

Je déclare que toutes les informations sont correctes.  
I declare that all the information is true and correct.

Signature :

التوقيع :

شكرا على حسن تفهمكم

Merci pour votre compréhension  
We appreciate your kind understanding





## RELEASE PERU

### CORONAVIRUS | PORT POLICES AND REGULATIONS

For your guidance the Maritime authority in Peru have informed the following main security measures:

- First case: If the vessel departures from China ports and the Master announce that some of his crew present high fever or some of the symptoms of the Coronavirus (informed by email or on the maritime declaration of health and complementary declaration of health ) the vessel should arrive directly to PECLL anchorage area in order to perform a health inspection by the Peruvian Maritime health authority on board before Berth Operations.
- Second case: If the vessel comes from Asia ports and any of his crew on board comes from Wuhan area, also in this case the vessel arrive directly to PECLL anchorage area in order to perform a health inspection on board before Berth Operations.

From our side we are following up with Masters of vessels we attend asking abt the crew health on board before vsl arrival in order to re-transmit the information to the Peruvian Maritime health authority.

Is important to mention that the SA4 and SA6 services in the last two months have worked without any problem, the ships have moored directly to the berth and worked without delays.

For better reference please find enclosed the Official resolution issued by the Callao government for this case.

# **INTERIM ADVICE FOR PREPAREDNESS AND RESPONSE TO CASES OF COVID-19 AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EEA MEMBER STATES (MS)**

## **Advice for ship operators for preparedness and response to the outbreak of COVID-19**

### **Version 3**

**20 February 2020<sup>1</sup>**

#### **Summary of recent changes**

The current update includes the following changes:

- Name of disease changed to “Coronavirus Disease 2019 (COVID-19)” replacing “2019-nCoV”.
- Updated advice in response to a confirmed case on board.
- Updated advice in case of outbreak with on-going transmission on board.
- Updated advice about cleaning and disinfection.
- Advice for pre-boarding screening and isolation plan.

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<sup>1</sup> The EU HEALTHY GATEWAYS Joint Action has received funding from the European Union, in the framework of the Third Health Programme (2014-2020). The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

## Introduction

This interim advice was prepared after a request from the European Commission's Directorate-General for Health and Food Safety (DG SANTE). An ad-hoc working group was established with members from the EU HEALTHY GATEWAYS joint action consortium. Names and affiliations of the working group members who prepared this document are listed at the end of the document.

The working group produced the following advice, considering current evidence, the temporary recommendations from the World Health Organization (WHO) (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>)<sup>1-9</sup> and the technical reports of the European Centre for Disease Prevention and Control<sup>10-16</sup> (ECDC) (<https://www.ecdc.europa.eu/en/coronavirus/guidance-and-technical-reports>) about COVID-19 (as of 19 February 2020). Furthermore, this guidance has been prepared considering the evidence currently available about SARS-CoV-2 transmission (human-to-human transmission via respiratory droplets or contact), but it also contains some proactive guidelines considering the lack of evidence to exclude other transmission modes (airborne or after touching contaminated environmental surfaces). It should be noted that SARS-CoV-2 has been found in faecal samples without any further information on how this finding is implicated in the mode of transmission.

Certain aspects of response measures, including defining and managing contacts will depend on the number of cases that have been identified and whether one case or a cluster of cases in the same cabin have been identified, or an outbreak with on-going transmission on board occurs.

## 1. Maritime transport – cruise ship travel

### 1.1.Minimizing the risk for introduction of COVID-19 onto the ship

Travel companies and travel agencies may provide pre-travel information to customers about health issues with their travel package. In this context, information regarding the symptoms of COVID-19, health risks for vulnerable groups and the importance of preventive measures<sup>2</sup>.

Companies and travel agencies could also inform passengers that they will be refused from boarding the ship if they are ill or exposed to a COVID-19 confirmed patient. Pre-boarding screening efforts should be implemented to assess incoming travellers for any symptoms or previous exposure to COVID-19.

Before boarding, information should be provided to passengers and crew (e.g. verbal communications, leaflets, electronic posters etc.). The information should include: symptoms of Acute Respiratory Illness (ARI) including fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath, cough or sore throat; hygiene rules (hand washing, coughing and sneezing etiquette, disposal of dirty tissues, social distancing, elimination of handshaking events<sup>15</sup> etc.); special considerations for high-risk groups; what to do

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<sup>2</sup> Affected areas are defined by WHO in the latest statement of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 published in: <https://www.who.int/>.

in case of relevant symptoms; and the potential for an outbreak on board<sup>17</sup>. Advice to travellers includes:

- a) Frequently cleaning your hands by using soap and water or an alcohol-based hand rub.
- b) When coughing and sneezing covering your mouth and nose with a tissue or a flexed elbow – throw tissue away immediately and wash hands.
- c) Avoiding close contact with anyone who has fever and cough.
- d) Seeking immediate medical care if you develop fever, cough and difficulty breathing and sharing your previous travel history with your health care provider.

## **1.2.Education and raising passenger and crew awareness**

### *1.2.1. Isolation plan for COVID-19*

An isolation plan should be developed and be available on board, covering the following: definitions of a suspect case of COVID-19 and the close contacts; the isolation plan describing the location(s) where suspect cases should be temporary individually isolated until disembarkation; the communication plan between departments; hygiene rules for the isolation room including use of Personal Protective Equipment (PPE), cleaning and disinfection procedures, waste management, room service, laundry; management of close contacts and Passenger/Crew Locator Forms (PLF) data management. Staff on board should have knowledge to implement the isolation plan.

### *1.2.2. Raising crew awareness for detection of cases on board*

Healthcare staff on board should be informed and updated about the outbreak of COVID-19, including any new evidence and guidance available for health care staff.

Cruise lines should provide guidance to crew regarding the recognition of the signs and symptoms of COVID-19.

Crew should be reminded of the procedures that are to be followed when a passenger or a crew member on board displays signs and symptoms indicative of COVID-19 (for example, to inform their designated supervisor/manager or medical staff, and perform duties based on instructions from their supervisor depending on the position etc.). Crew should also be reminded about the procedures to be followed during an outbreak of other respiratory illnesses, such as using the Influenza Like Illness outbreak management plan, which should be available on board the ship<sup>17</sup>.

Information about immediate reporting of relevant symptoms to supervisors and the medical team, for both themselves and other crew or passengers should be provided to all crew.

### *1.2.3. Personal hygiene measures*

Cruise lines should continue to provide guidance and training of their crews, related to reducing the general risk of ARI:

- Hand washing techniques (use of soap and water, rubbing hands for at least 20 seconds etc.)
- When hand washing is essential (e.g. after assisting an ill traveller or after contact with environmental surfaces they may have contaminated etc.)
- When hand rubbing with an antiseptic can be used, instead of hand washing and how this can be done
- Respiratory etiquette during coughing and sneezing with disposable tissues or clothing
- Appropriate waste disposal
- Use of medical masks and respirators
- Avoiding close contact with people suffering from acute respiratory infections<sup>18</sup>

### 1.3. Supplies and equipment

Adequate medical supplies and equipment should be available on board to respond to an outbreak as described in the WHO (2007) recommended medicines and equipment by the *International Medical Guide for Ships* 3rd edition.

Adequate supplies of sample medium (sterile viral transport media and sterile swabs to collect nasopharyngeal and nasal specimens) and packaging, disinfectants and hand hygiene supplies should also be carried on board<sup>17</sup>.

Adequate supplies of PPE should be carried on board including gloves, long-sleeved impermeable gowns, goggles or face shields, medical masks and FFP2/FFP3 masks.

Further details about supplies specific to COVID-19 can be found at (please see disease commodity package): <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

### 1.4. Management of a suspect case

A flow diagram for the management of a suspect case and contacts, as well as the procedures of free pratique from the time of identification of a suspect case, until the ship will be allowed to depart can be downloaded from the following link:

[https://www.healthygateways.eu/Portals/0/plcdocs/Flow\\_chart\\_Ships\\_3\\_2\\_2020.pdf](https://www.healthygateways.eu/Portals/0/plcdocs/Flow_chart_Ships_3_2_2020.pdf)

#### 1.4.1. Definition of a suspect case of COVID-19

According to ECDC, the definition of a suspect case requiring diagnostic testing is as follows<sup>12</sup>: Patients with acute respiratory infection (sudden onset of at least one of the following: cough, sore throat, shortness of breath) requiring hospitalisation or not, **AND** in the 14 days prior to onset of symptoms, met at least one of the following three epidemiological criteria: were in close contact with a confirmed or probable case of COVID-19; **or** had a history of travel to [areas with presumed ongoing community transmission](#); **or** worked in or attended a health care facility where patients with COVID-19 were being treated.

#### *1.4.2. Definition of a contact of a suspect case of COVID-19*

It is advised that contact tracing activities begin immediately after a suspect case is identified on board without waiting for the laboratory results. For the purpose of beginning contact tracing immediately and avoiding delays of travels, the following definitions have been developed to be applied on board ships, adapting the definitions by WHO and ECDC<sup>3,11</sup>.

All persons on board should be assessed for their exposure and classified as close contacts (high risk exposure) or casual contacts (low risk exposure). Two different definitions of contacts should be used depending on the number of confirmed cases identified on board.

- A. If only one case or a cluster of a few cases (e.g. persons sharing the same cabin) have been identified on board, then the following definitions of contacts should be applied:

**Close contact (high risk exposure):**

- a person who has stayed in the same cabin with a suspect/confirmed COVID-19 case;
- a cabin steward who cleaned the cabin of a suspect/confirmed COVID-19 case;
- a person who has had close contact within one meter, or was in a closed environment with a suspect/confirmed COVID-19 case (for passengers this may include participating in common activities on board or ashore, participating in the same immediate travelling group, dining at the same table; for crew members this may include working together in the same area of the ship or friends having face to face contact);
- a healthcare worker or other person providing direct care for a COVID-19 suspect/confirmed case.

**Casual contact (low risk exposure):**

Casual contacts are difficult to define on board a confined space such as a cruise ship, therefore, it is advised to consider as casual contacts all travellers on board the ship who do not fulfill the criteria for the definition of a close contact.

- B. If an outbreak on board a cruise ship occurs as a result of on-going transmission on board the ship (more than one case not staying in the same cabin), the assessment of exposure should be done among crew members and among passengers. If it is difficult to identify who the close contacts are, then all travellers on board could be considered as close contacts having had high risk exposure. However, this may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities.

#### *1.4.3. Precautions at the ship medical facility*

All patients should be asked to cover their nose and mouth with a tissue when coughing or sneezing. Thorough hand washing should take place after any contact with respiratory secretions<sup>4</sup>.

WHO advises that the suspect patient should be asked to wear a medical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally in an isolation room if available. Any person entering the room should apply standard precautions, contact precautions, droplet precautions and airborne precautions<sup>16,19</sup>. If not enough respirators are

available (e.g. for airborne precautions), droplet precautions should be applied (e.g. medical mask). In this specific case, the limitations and risks connected to its use should be assessed on a case-by-case basis.

Healthcare workers in contact with a suspect case of COVID-19 should wear PPE for contact, droplet and airborne transmission of pathogens: FFP2 or FFP3 respirator tested for fitting, eye protection (e.g. goggles or face shield), a long-sleeved water-resistant gown and gloves<sup>14,16,20</sup>. Disposable PPE should be treated as potentially infectious material and disposed of in accordance with the relevant rules. Non single-use PPE should be decontaminated in accordance with the manufacturer's instructions.

Detailed advice can be found at: [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected) and <https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-control-care-patients-2019-ncov-healthcare-settings>

#### *1.4.4. Isolation*

Following preliminary medical examination, if the ship's medical officer determines that there is a suspect case of COVID-19 on board that meets the definition described in paragraph 1.4.1, the patient should be isolated in an isolation ward, cabin, room or quarters and infection control measures should be continued until disembarkation and transfer of the patient to the hospital ashore.

All persons entering the isolation room should apply standard precautions, contact precautions and airborne and droplet precautions as described in WHO guidance for infection control<sup>5</sup>.

Whenever possible, isolation rooms with mechanical ventilation should have negative pressure with minimum of 12 air changes per hour, while isolation rooms with natural ventilation, should be supplied with at least 160 litres/second<sup>4</sup>. All air handling units on board the ship should be adjusted to supply 100% outside air and no air recirculation should take place.

However, if the illness does not meet the suspect case definition (paragraph 1.4.1) but the individual has respiratory symptoms, the individual should not be allowed to return to public areas of the ship or interact with the public, but where applicable should be asked to follow the standard procedure for isolation of individuals with Influenza Like Illness<sup>17</sup>. Detailed guidance is provided in the European Manual for Hygiene Standards and Communicable Disease Surveillance on Passenger Ships, Part B, Guideline I: <http://www.shipsan.eu/Home/EuropeanManual.aspx>

#### *1.4.5. Laboratory testing*

Laboratory examination of clinical specimens for the persons who meet the definition of a suspect case should be arranged in cooperation with the competent authorities at the port where suitable facilities exist. The competent authority will inform the ship officers about the laboratory test results.



Guidance for clinical specimens collection are provided by WHO<sup>2</sup> at:  
<https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>

#### *1.4.6. Reporting and notification*

In accordance with the International Health Regulations (2005), the officer in charge of the ship must immediately inform the competent authority at the next port of call about any suspect case of COVID-19<sup>21</sup>.

For ships on international voyage, the Maritime Declaration of Health (MDH) should be completed and sent to the competent authority in accordance with the local requirements at the port of call.

Ship operators must facilitate application of health measures and provide all relevant public health information requested by the competent authority at the port. The officer in charge of the ship should immediately alert the competent authority at the next port of call (and the cruise line head office) regarding the suspect case to determine if the necessary capacity for transportation, isolation, laboratory diagnosis and care of the suspect case/cluster of cases of COVID-19 is available at the port. The ship may be asked to proceed to another port in close proximity if this capacity is not available, or if warranted by the medical status of the suspect case/cluster of cases of COVID-19. It is important that all arrangements are conducted as quickly as is feasible to minimise the stay of symptomatic suspect case/cases on board the ship.

### **1.5. Management of contacts**

The passenger or crew member that meets the definition of a suspect case if possible should be asked to provide information about the places that he/she visited and about his/her contacts, including the period from one day before the onset of symptoms on board the ship or ashore. This information will be used to identify the closed contacts.

#### *1.5.1. Management of the close contacts*

All travellers that fulfill the definition of a “close contact” should be asked to complete the Passenger/Crew Locator Forms (PLFs) (a word version can be downloaded from: <https://www.healthygateways.eu/LinkClick.aspx?fileticket=U133sZdEEH0%3d&tabid=98&portalid=0>) and be listed with their contact details and information regarding the places where they will be staying for the following 14 days. All close contacts should remain on board the ship in their cabins or at a facility ashore (in case the ship has docked at the turnaround port and if feasible), in accordance with instructions received by the competent authorities, until the laboratory results for the suspect case are available.

If the laboratory results of the suspect case are positive, then all close contacts should be quarantined ashore and not allowed to travel internationally, unless this has been arranged following the WHO advice for repatriation. Considerations for quarantine measures are given in the WHO travel advice<sup>7</sup>: <https://www.who.int/emergencies/diseases/novel-coronavirus->



[2019/travel-advice](#). The above quarantine measures are all subject to the requirements of the local competent health authority.

According to the ECDC technical report, quarantine measures will include: active monitoring by the public health authorities for 14 days from last exposure, daily monitoring for COVID-19 symptoms (including fever of any grade, cough or difficulty breathing), avoiding social contact, avoiding travel, and remaining reachable for active monitoring<sup>11</sup>. The close contacts should immediately inform the health services in the event of any symptom appearing within 14 days. If no symptoms appear within 14 days of their last exposure, the contact person is no longer considered to be at risk of developing COVID-19<sup>11</sup>. Implementation of these specific precautions may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities.

### *1.5.2. Management of the casual contacts*

If the laboratory results of the suspect case are positive, then casual contacts should be provided with the following information and advice:

- 1) All casual contacts should be requested to complete PLFs with their contact details and the locations where they will be staying for the following 14 days. Implementation of these precautions may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities. Further instructions may be given by the health authorities.
- 2) Information should be provided to all casual contacts as follows:
  - Details of symptoms and how the disease can be transmitted.
  - They should be asked to self-monitor for COVID-19 symptoms, including fever of any grade, cough or difficulty breathing, for 14 days from their last exposure.
  - They should be asked to immediately self-isolate and contact health services in the event of any symptom appearing within 14 days.

If no symptoms appear within 14 days of their last exposure, the contact person is no longer considered to be at risk of developing COVID-19<sup>11</sup>.

### *1.5.3. Reporting information to the competent authorities about contacts*

Both embarking and disembarking ports must be notified immediately of contacts being on board and the measures taken. Information in the PLFs should be provided to the competent authorities in accordance with the legislation for sharing personal data for public health purposes.

## **1.6. Disembarkation**

The suspect case should disembark in a controlled way to avoid any contact with other persons on board the ship and wear a medical mask. Personnel escorting the patient during the medical evacuation should wear suitable PPE (gloves, impermeable gown, goggles, FFP2/FFP3 respirator).

As soon as the suspect/confirmed case has been removed from the cruise ship, the cabin or quarters where the suspect case was isolated and managed should be thoroughly cleaned and

disinfected as described in paragraph 1.10, by staff trained to clean and disinfect cabins during gastroenteritis outbreaks<sup>22</sup>.

## **1.7. Other health measures**

The port health authority, after conducting an inspection and risk assessment according to IHR (2005) Article 27 will decide on the health measures to be taken on board the ship. In the event that the affected cruise ship where the COVID-19 confirmed case was identified calls at a port other than the turn-around port, the authority may decide in consultation with the ship owner and if feasible, to end the cruise if health measures (cleaning and disinfection) cannot be satisfactorily completed while travellers are on board the ship. Infectious waste should be disposed of in accordance with the port authorities' procedures. The next cruise can start when the thorough cleaning and disinfection has been satisfactorily completed. If on-going transmission occurred on board the ship, cruise lines are advised to explore the possibility of starting the next cruise with new crew, if this is feasible.

## **1.8. Record keeping in the medical log**

Records should be kept about the following:

- a) Any person on board who has visited the medical facility and meets the definition of a suspect case of COVID-19 described in paragraph 1.4.1. and the isolation and hygiene measures taken at the isolation place;
- b) Any person meeting the definition of a close contact described in paragraph 1.4.2 and the results of monitoring of his/her health;
- c) Contact details of casual contacts who will disembark and the locations where they will be staying in the following 14 days (completed PLFs);
- d) Results of active surveillance.
- e) Details about isolation (place, when started, names of persons entered the room and provided care).

## **1.9. Active surveillance (case finding)**

Case finding among passengers and crew should be initiated after a suspect case has been identified by the ship's medical staff in order to detect any new suspect cases. Case finding should include directly contacting passengers (e.g. passenger surveys) and crew, asking about current and recent illness, and checking if any person meets the criteria of a suspect case. Active surveillance activities should be conducted for 14 days after the COVID-19 confirmed case was identified. Findings should be recorded.

## **1.10. Cleaning and disinfection**

Environmental persistence of SARS-CoV-2 is currently unknown. SARS-CoV may survive in the environment for several days. MERS-CoV may survive >48hours at 20°C, 40% relative humidity

comparable to an indoor environment, on plastic and metal surfaces<sup>23</sup> and SARS-CoV up to 7 days<sup>22</sup>.

While case management is in progress on board a cruise ship, a high level of cleaning and disinfection measures should be maintained on board as per the outbreak management plan available on the ship.

Medical facilities, cabins and quarters occupied by patients and contacts of COVID-19 should be cleaned and disinfected in accordance with the WHO guidance for infection prevention and control during health care when COVID-19 infection is suspected. All other areas should be cleaned and disinfected according to the procedures applied in response to Norovirus gastroenteritis outbreak<sup>4</sup>.

Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2 can be found at: <https://www.ecdc.europa.eu/en/publications-data/interim-guidance-environmental-cleaning-non-healthcare-facilities-exposed-2019>

Laundry, food service utensils and waste from cabins of suspect cases and contacts should be handled as infectious, in accordance with the outbreak management plan provided on board for other infectious diseases (Norovirus gastroenteritis)<sup>4</sup>. Staff who will perform cleaning and disinfection should be trained to use PPE.

Air filters should be replaced by trained persons using proper PPE and treated as infectious waste. The air handling units should be cleaned and disinfected.

It might be essential that the ship will remain at the port for the time period essential required to perform the thorough cleaning and disinfection on board the ship.

## 2. Maritime transport – Cargo ship travel

### 2.1. Minimizing the risk for introduction of persons with acute respiratory syndrome due to COVID-19 onto the ship

Crew visiting affected areas<sup>3</sup> should be informed about the symptoms of ARI (fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath, cough or sore throat). Further, they should be asked to immediately report any relevant symptoms to the designated officer.

Ships visiting affected areas should provide information to crew according to the WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by COVID-19<sup>6,18</sup> including:

- a) Frequently cleaning your hands by using soap and water or an alcohol-based hand rub.
- b) When coughing and sneezing covering your mouth and nose with a tissue or a flexed elbow – throw tissue away immediately and wash hands.
- c) Avoiding close contact with anyone who has fever and cough.
- d) Seeking immediate medical care if you develop fever, cough and difficulty breathing and sharing your previous travel history with your health care provider.
- e) Avoid visiting live markets in areas currently experiencing cases of COVID-19.
- f) When visiting areas ashore, avoiding the consumption of raw or undercooked animal products. Raw meat, milk or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices.

The International Maritime Organization (IMO) has issued a Circular advising IMO Member States, seafarers and shipping at:

<http://www.imo.org/en/MediaCentre/HotTopics/Pages/Coronavirus.aspx>

### 2.2. Education and raising crew awareness

#### 2.2.1. *Raising crew awareness for detection of cases on board*

Shipping companies should inform crew about recognition of the signs and symptoms of ARI including fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath, cough or sore throat. Any person with symptoms of ARI should inform the supervisor immediately.

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<sup>3</sup> Affected areas are defined by WHO in the latest statement of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 published in: <https://www.who.int/>.

### 2.2.2. Personal hygiene measures

Shipping companies should refresh training of their crew about hygiene measures:

- Hand washing technique (use of soap and water, rubbing hands for at least 20 seconds etc.)
- When hand washing is essential (e.g. after assisting an ill traveller or after contact with environmental surfaces they may have contaminated etc.)
- When hand rubbing with an antiseptic can be used, instead of hand washing and how this can be done
- Respiratory etiquette during coughing and sneezing with disposable tissues or clothing
- Appropriate waste disposal
- Use of medical masks or respirators
- Avoiding close contact with people suffering from acute respiratory infections<sup>18</sup>

Infographics from WHO are available at: <https://www.who.int/health-topics/coronavirus>

## 2.3. Supplies and equipment

Adequate medical supplies and equipment should be available on board as described in the WHO (2007) recommended medicines and equipment by the *International Medical Guide for Ships* 3rd edition.

Adequate supplies of PPE should be carried on board including gloves, impermeable long-sleeved gown, goggles or face shields, medical masks and FFP2/FFP3 respirators.

Further details about supplies specific to COVID-19 can be found at (please see technical guidance for disease commodity package): <https://www.who.int/health-topics/coronavirus>

## 2.4. Management of a suspect case

### 2.4.1. Isolation

If any person on board fulfils the following criteria, he/she should be isolated immediately and the next port of call should be informed:

Patients with acute respiratory infection (sudden onset of at least one of the following: cough, sore throat, shortness of breath) requiring hospitalisation or not, **AND** in the 14 days prior to onset of symptoms, met at least one of the following three epidemiological criteria: were in close contact with a confirmed or probable case of COVID-19; **or** had a history of travel to [areas with presumed ongoing community transmission](#); **or** worked in or attended a health care facility where patients with COVID-19 were being treated. The patient should be isolated in an isolation ward, cabin, room or quarters with infection control measures<sup>12</sup>.

All persons entering the isolation room should apply gloves, impermeable gowns, goggles and medical masks.

#### *2.4.2. Reporting to the next port of call*

The competent authority of the next port of call must always be informed if a suspect case of an infectious disease or death has occurred on board (IHR 2005, Article 28)<sup>21</sup>. For ships on international voyage, the International Health Regulations (IHR) Maritime Declaration of Health (MDH) should be completed and sent to the competent authority according to the local requirements at the port of call.

The officer in charge of the ship should immediately alert the competent authority at the next port of call regarding the suspect case to determine if the necessary capacity for transportation, isolation, and care is available at the port. The ship may be asked to proceed to another port in close proximity if this capacity is not available, or if warranted by the critical medical status of the suspect case of COVID-19.

#### *2.4.3. Disembarkation*

Disembarkation of the ill person should take place in a controlled way to avoid any contact with other persons on board the ship and the ill person should wear a medical mask. Personnel escorting the patient during the medical evacuation should wear suitable PPE (gloves, impermeable gown, goggles and medical mask).

The ship may be allowed to proceed to its next port of call after the health authority has determined that public health measures have been completed satisfactorily.

#### *2.4.4. Cleaning, disinfection and waste management*

As soon as the suspect case had been removed from the ship, the cabin or quarters where the suspect case with the COVID-19 was isolated and managed should be thoroughly cleaned and disinfected by staff who are trained to clean surfaces contaminated with infectious agents using PPE.

Laundry, food service utensils and waste from cabins of suspect cases and contacts should be handled as infectious, in accordance with procedures for handling infectious materials available on board.

#### *2.4.5. Management of contacts*

The health authority will conduct a risk assessment and all contacts of the suspect case should be identified and follow the instructions of the public health authorities, until the laboratory results of the suspect case are available. If the laboratory examination of the suspect case is positive for COVID-19, then all close contacts should be quarantined for 14 days in facilities ashore according to instructions from the competent authorities (active monitoring by public health authorities, for 14 days from last exposure; daily monitoring for COVID-19 symptoms, including fever of any grade, cough or difficulty breathing; avoid social contact; avoid travel; remain reachable for active monitoring)<sup>11</sup>.

## Working group members

Barbara Mouchtouri<sup>1</sup>, Martin Dirksen-Fischer<sup>2</sup>, Maria an der Heiden<sup>3</sup>, Mauro Dionisio<sup>4</sup>, Miguel Dávila-Cornejo<sup>5</sup>, Brigita Kairiene<sup>6</sup>, Janusz Janiec<sup>7</sup>, Sotirios Tsiodras<sup>8</sup>, David Schwarcz<sup>9</sup>, Peter Otorepec<sup>10</sup>, Boris Kopilovic<sup>10</sup>, Aura Timen<sup>11</sup>, Corien Swaan<sup>11</sup>, Anita Plenge-Bönig<sup>2</sup>, Areti Lagiou<sup>12</sup>, Jan Heidrich<sup>13</sup>, Agoritsa Baka<sup>14</sup>, Pasi Penttinen<sup>14</sup>, Paul Riley<sup>14</sup>, Daniel Palm<sup>14</sup>, Orlando Cenciarelli<sup>14</sup>, Matthias Boldt<sup>2</sup>, and Christos Hadjichristodoulou<sup>1</sup>

1. Laboratory of Hygiene and Epidemiology, Faculty of Medicine, University of Thessaly, Larissa, Greece
2. Institute for Hygiene and Environment of the Hamburg State Department for Health and Consumer Protection, Hamburg, Germany
3. Robert Koch Institute, Berlin, Germany
4. Italian Ministry of Health, Rome, Italy
5. Ministry of Health, Social Services and Equality, Madrid, Spain
6. National Public Health Centre, Klaipeda, Vilnius, Lithuania
7. National Institute of Public Health – National Institute of Hygiene, Warsaw, Poland
8. National and Kapodistrian University of Athens, Medical School, Athens, Greece
9. Public Health Agency of Sweden, Stockholm, Sweden
10. National Institute of Public Health, Ljubljana, Slovenia
11. National Institute for Public Health and the Environment, Bilthoven, the Netherlands
12. Laboratory of Hygiene and Epidemiology, University of West Attica, Athens, Greece
13. Institute for Occupational and Maritime Medicine, Hamburg, Germany
14. European Centre for Disease Prevention and Control, Stockholm, Sweden

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For any questions or support related to the points of entry, please email [info@healthygateways.eu](mailto:info@healthygateways.eu)

## References

1. World Health Organization. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Interim guidance, 2020.
2. World Health Organization. Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases, 2020.
3. World Health Organization. Global Surveillance for human infection with novel coronavirus (2019-nCoV). Interim guidance v3 2020.
4. World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. Interim guidance. 28 January 2020 2020. [https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517\\_2](https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517_2).
5. World Health Organization. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Interim guidance. 25 January 2020, 2020.
6. World Health Organization. Updated WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV. 27 January 2020. 2020. <https://www.who.int/ith/2020-27-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/> (accessed 27 January 2020).
7. World Health Organization. Key considerations for repatriation and quarantine of travellers in relation to the outbreak of novel coronavirus 2019-nCoV. 11 February 2020 2020. [https://www.who.int/ith/Repatriation\\_Quarantine\\_nCoV-key-considerations\\_HQ-final11Feb.pdf?ua=1](https://www.who.int/ith/Repatriation_Quarantine_nCoV-key-considerations_HQ-final11Feb.pdf?ua=1) (accessed 13/2/2020).
8. World Health Organization. Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (2019-nCoV) outbreak. 2020.
9. World Health Organization. Interim guidance. Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak 2020.
10. European Centre for Disease Prevention and Control. Laboratory testing of suspect cases of 2019 nCoV using RT-PCR 16 Jan 2020]. 2020. <https://www.ecdc.europa.eu/en/publications-data/laboratory-testing-suspect-cases-2019-ncov-using-rt-pcr> (accessed 20/01/2020).
11. European Centre for Disease Prevention and Control. Public health management of persons having had contact with cases of novel coronavirus in the European Union. Stockholm: ECDC, 2020.
12. European Centre for Disease Prevention and Control. Case definition and European surveillance for human infection with novel coronavirus (2019-nCoV). 2020. <https://www.ecdc.europa.eu/en/case-definition-and-european-surveillance-human-infection-novel-coronavirus-2019-ncov>.
13. European Centre for Disease Prevention and Control. ECDC TECHNICAL REPORT. Infection prevention and control for the care of patients with 2019-nCoV in healthcare settings Stockholm ECDC, 2020.
14. European Centre for Disease Prevention and Control. Guidance on community engagement for public health events caused by communicable disease threats in the EU/EEA. Stockholm, 2020.
15. European Centre for Disease Prevention and Control. Guidelines for the use of non-pharmaceutical measures to delay and mitigate the impact of 2019-nCoV. Stockholm, 2020.
16. European Centre for Disease Prevention and Control. . Infection prevention and control for the care of patients with 2019-nCoV in healthcare settings. Stockholm, 2020.
17. EU SHIPSAN ACT JOINT ACTION (20122103) - European Commission Directorate General for Health and Food Safety. European Manual for Hygiene Standards and Communicable Diseases Surveillance on Passenger Ships. Second ed: EU SHIPSAN ACT JOINT ACTION (20122103); 2016.
18. World Health Organization. WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China. 10 January 2020 2020. [https://www.who.int/ith/2020-0901\\_outbreak\\_of\\_Pneumonia\\_caused\\_by\\_a\\_new\\_coronavirus\\_in\\_C/en/](https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/) (accessed 20/1/2020).



19. European Centre for Disease Prevention and Control. LEAFLET - Advice to healthcare workers: management of patients with 2019-nCoV infection 2020. <https://www.ecdc.europa.eu/en/publications-data/advice-healthcare-workers-management-patients-2019-ncov-infection> (accessed 31/01/2020).
20. (ECDC) ECfDPaC. Advice to healthcare workers: management of patients with 2019-nCoV infection 2020, 2020.
21. World Health Organization. International Health Regulations (2005). Third ed. Geneva; 2016.
22. European Centre for Disease Prevention and Control. Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2. Stockholm: ECDC, 2020.
23. van Doremalen N, Bushmaker T, Munster VJ. Stability of Middle East respiratory syndrome coronavirus (MERS-CoV) under different environmental conditions. *Euro Surveill* 2013; **18**(38).