

## ANNEX

### Extract from WHO Travel and transport risk assessment: Interim guidance for public health authorities and transport sector

#### 4.2.5 Guidance for ships and shipping companies

Raise awareness among shipping companies of the need to immediately notify the port health authority prior to arrival if a person on board is suspected of having contracted Ebola (EVD). Ensure the ship's master, doctor or crew member appointed for health issues on board is fully informed and is educated about risks of EVD, and the precautions and protective measures to be taken by crew members to prevent them from contracting the virus. In the case of a crew member or passenger presenting with symptoms compatible with EVD (fever, weakness, muscle pain, headache, sore throat, vomiting, diarrhoea, bleeding) on board a ship, the following precautions should be applied:

- keep the affected person's cabin doors closed, if not placed in an isolation room on board;
- provide information about the risk of EVD transmission to persons who will take care of the patient or enter their cabin or isolation room;
- maintain a log listing all people entering the cabin or isolation room, all of whom should be considered contacts unless a diagnostic test is reported as negative;
- ensure that anyone who enters the cabin or isolation room to provide care to the affected person or to clean the cabin wears PPE as follows:
  - non-sterile examination gloves or surgical gloves; gloves (cleaners should preferably use heavy duty/rubber gloves);
  - disposable impermeable long-sleeved gown to cover clothing and exposed skin, a medical mask and eye protection (eye visor or goggle or face shield) when coming in close contact with the affected person and/or if any exposure to blood or body fluids is expected; if unavailable, a waterproof apron should be worn over a non-impermeable gown;
  - rubber boots or closed, puncture- and fluid-resistant shoes with overshoes;
  - before exiting the cabin or isolation room PPE should be removed in such a way as to avoid contact with the soiled items and any area of the face. (WHO 2014 *Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola*, available at <http://www.who.int/entity/csr/resources/who-ipc-guidance-ebolafinal-09082014.pdf>).
- Anyone providing care to the person in isolation should perform hand hygiene by hand-rubbing with an alcohol-based hand-rub solution for about 20-30 seconds or hand-washing with soap and water for about 40-60 seconds if hands are visibly dirty, before putting on gloves, after any direct contact with the affected passenger or with his/her personal belongings or any objects/surface potentially contaminated with their blood or body fluids and after removing PPE.

- Limit the movement and transport of the affected person from the cabin or isolation room for essential purposes only. If transport is necessary, the affected person should wear a medical mask.
- Clean and disinfect spills without spraying or using an aerosol. Used linen, cloths, eating utensils, laundry and any other item in contact with a patient's body fluids should be collected separately and disinfected in such a way as to avoid any contact with persons or contamination of the environment. Environmental surfaces or objects contaminated with blood, other body fluids, secretions or excretions should be cleaned and disinfected as soon as possible using standard detergents/disinfectants (e.g. a 0.5% chlorine solution or a solution containing 1,000 ppm available free chlorine) with a recommended contact time of 30 minutes. Application of disinfectants should be preceded by cleaning to prevent inactivation of disinfectants by organic matter. Ideally soiled linen and cloths should not be reused and should be disposed of in infectious waste bags.
- All waste produced in the cabin or isolation room should be handled according to the protocol of the ship for clinical infectious waste. If an incinerator is available on board, waste should be incinerated. If waste must be delivered ashore, special precautions are needed and the port authority should be informed before waste delivery.
- Commence contact tracing immediately. PPE is not necessary when interviewing asymptomatic individuals, when a distance of one metre is maintained.
- Close contacts of the affected persons (e.g. passengers, crew members or cleaning staff) should be identified, assessed for their specific level of exposure and asked to do passive self-monitoring of temperature (e.g. monitoring temperature only if feeling feverish) and symptoms or active self-monitoring (e.g. by regular temperature measurement twice a day and for 21 days).

In the event of a suspected diagnosis of EVD on a ship, immediate expert medical opinion should be sought and the event should be reported as soon as possible to the next port of call by the ship's master.

The affected crew member or passenger with symptoms consistent with EVD should disembark in such a way as to avoid any contact with healthy persons on board the vessel and wear a medical mask. Personnel in contact with the affected individual during the medical evacuation should wear a medical mask, a long-sleeved gown and eye protection or other suitable PPE. Depending on the situation, the competent authority at the relevant port may need to arrange medical evacuation or special arrangements for disembarkation and hospitalization of the patient and laboratory diagnosis.

At the mandatory request of a governmental port health authority, shipping companies shall also facilitate obtaining, from some or all persons on board information on their itinerary and their contact details (should they need to be contacted) when there is a particular reason to believe they may have been exposed to infection on board the ship. Additionally, countries may require arriving ships to complete and deliver the Maritime Declaration of Health (IHR Annex 8). Measures taken on board should also be noted on the IHR Ship sanitation control certificate (IHR Annex 3).

## References

Interim WHO Technical advice for case management of pandemic (H1N1) 2009 on ships. World Health Organization; 2009.

[http://www.who.int/csr/resources/publications/swineflu/cp011\\_2009\\_1029\\_who\\_guidance\\_H1N1\\_ships.pdf?ua=1](http://www.who.int/csr/resources/publications/swineflu/cp011_2009_1029_who_guidance_H1N1_ships.pdf?ua=1)

Guide to ship sanitation. 3rd ed. Geneva: World Health Organization; 2011

[http://www.who.int/water\\_sanitation\\_health/publications/2011/ship\\_sanitation\\_guide/en/](http://www.who.int/water_sanitation_health/publications/2011/ship_sanitation_guide/en/)

International Health Regulations (2005): Handbook for inspection of ships and issuance of ship sanitation certificates. Geneva: World Health Organization; 2011

[http://www.who.int/ihr/publications/handbook\\_ships\\_inspection/en/](http://www.who.int/ihr/publications/handbook_ships_inspection/en/)

International Medical Guide for Ships: including the ship's medicine chest. 3rd ed. Geneva: World Health Organization; 2010

[http://whqlibdoc.who.int/publications/2010/9789241547994\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241547994_eng.pdf)

Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola. World Health Organization; 2014.

<http://www.who.int/csr/resources/who-ipc-guidance-ebolafinal-09082014.pdf?ua=1>

Ebola haemorrhagic fever. WHO Fact sheet No03. April 2014

<http://www.who.int/mediacentre/factsheets/fs103/en/>

---