INTERNATIONAL MARITIME ORGANIZATION

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To: All IMO Member States
Intergovernmental organizations
Non-governmental organizations in consultative status with IMO

Subject: **Ebola virus disease**

Introduction

1 The purpose of this circular is to provide information and guidance, based on recommendations developed by the World Health Organization (WHO), on the precautions to be taken to minimize risks to seafarers, passengers and others on board ships from the Ebola virus disease (EVD).

Background

2 The current EVD outbreak is believed to have begun in Guinea in December 2013. This outbreak now involves community transmission in Guinea, Liberia and Sierra Leone, and recently an ill traveller from Liberia infected a small number of people in Nigeria with whom he had direct contact.

3 On 8 August 2014, WHO declared the EVD outbreak in West Africa a Public Health Emergency of International Concern (PHEIC) in accordance with the International Health Regulations (2005).

Symptoms

4 Symptoms of EVD include fever, weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, and in some cases, bleeding. It is important to note that a person who is infected is only able to spread the virus to others after the infected person has started to have symptoms. A person usually has no symptoms for two to 21 days (the "incubation period").

Risks

5 Unlike infections such as influenza and tuberculosis, EVD is **not** spread by breathing air (and the airborne particles it contains) from an infected person. Transmission requires direct contact with blood, secretions, organs or other body fluids of infected living or dead persons or animals, all unlikely exposures for seafarers, passengers and others on board ships in the normal course of their activities.

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6 Most infections currently being reported in Liberia, Guinea and Sierra Leone are taking place in the community when family members or friends take care of someone who is ill or when funeral preparation and burial ceremonies do not follow strict infection prevention and control measures. Transmission can also occur in clinics and other health care settings, when health care workers, patients, and other persons have unprotected contact with a person who is infected. The risk of getting infected on an aircraft or passenger ship is small as sick persons usually feel so unwell that they cannot travel and, in any event, infection requires direct contact with the body fluids of the infected person. The risk of becoming infected with EVD during a visit to the affected countries and developing the disease after returning is very low, even if the visit includes travel to areas in which cases have been reported.

Precautionary measures

7 In the event that a seafarer, passenger, or other person has stayed in the areas where EVD cases have recently been reported, he or she should seek medical attention at the first sign of illness (fever, headache, achiness, sore throat, diarrhoea, vomiting, stomach pain, rash, red eyes, and in some cases, bleeding). Early treatment can improve prognosis.

8 Any person with an illness consistent with EVD, or any person who has had contact with or is confirmed as having contracted EVD should not be allowed to join a ship or travel internationally unless that travel is part of an appropriate medical evacuation. In any event, all persons are advised to avoid such contacts and routinely practice careful hygiene, like thorough hand-washing.

9 International cooperation is necessary to support action to contain the virus and thus stop transmission to other countries and mitigate the effects in those affected. Affected countries are requested to conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential EVD infection. Non-affected countries need to strengthen the capacity to detect and immediately contain new cases, while avoiding measures that will create unnecessary interference with international travel or trade.

10 **WHO does not recommend any ban on international travel or trade**, in accordance with advice from the WHO Ebola Emergency Committee. Travel restrictions and active screening of seafarers, passengers and others on arrival at seaports, airports or ground crossings in non-affected countries that do not share borders with affected countries are not currently recommended by WHO.

11 Member States are advised to urge all stakeholders (companies, managers, crewing agents, etc.) to promulgate information to ensure that seafarers, passengers and others on board ships are provided with accurate and relevant information on the EVD outbreak and on the measures to reduce the risk of exposure if they are likely to be engaged on ships trading to and from ports in EVD-affected States. Persons on board ships sailing in waters where persons of unknown origin may be found or taken on board (e.g. stowaways or persons rescued at sea) should be provided with timely and relevant information related to contact with any such individuals.

Guidance available

12 IMO is a member of the ad hoc Ebola Travel and Transport Task Force and is working with other United Nations agencies and non-governmental organizations to facilitate a coordinated and consistent approach to the provision of public information on the response to EVD by the maritime sector and will post updates to this circular on its website:

www.imo.org

13 WHO issues advice on international travel and health and an extract from the latest advice as it relates to shipping is attached in the annex. This information is regularly reviewed and updated by WHO and can be found at the following web address:

www.who.int/ith/updates

Additional information can also be found at:

www.un-epst.org
www.facebook.com/epst.un

Further information about the affected areas and other relevant advice can also be found at the following websites:

www.who.int/csr/don/2014_08_04
www.who.int/mediacentre/factsheets/fs103/en
www.itfglobal.org/press-area/index.cfm/pressdetail/10741

14 The publications listed below may also be helpful:

WHO International Health Regulations
WHO Guide to ship sanitation
International Medical Guide for Ships

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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

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

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/

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

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/