

Marine Notice No. 66 of 2014

Notice to all Harbour Masters, Port Managers, Shipowners, Fishing Vessel Owners, Agents, Shipmasters, Skippers, Fishermen, Yachtsmen and Seafarers

Ebola Virus Disease (EVD) - Maritime Declarations of Health

Further to [Marine Notice No. 56 of 2014](#), the Department of Transport, Tourism and Sport has been requested to publicise the attached Health Service Executive letter regarding the submission of a Maritime Declaration of Health (model attached below at Annex) for ships docking at Irish ports, which have called at an EVD affected area or have crew/passengers that joined the vessel from such an area, or are suspected of having been in contact with the Ebola virus or an affected person within the past 21 days.

Irish Maritime Administration,
Department of Transport, Tourism and Sport,
Leeson Lane, Dublin 2, Ireland.

30/12/2014

Encl.:Annex

For any technical assistance in relation to this Marine Notice, please contact:
The Marine Survey Office, Leeson Lane, Dublin 2, tel: +353-(0)1-678 3400.
For general enquiries, please contact the Maritime Safety Policy Division, tel: +353-(0)1-678 3418.
Written enquiries concerning Marine Notices should be addressed to:
Maritime Safety Policy Division, Dept. of Transport, Tourism and Sport, Leeson Lane, Dublin 2, Ireland.
email: marinenotices@dtas.ie or visit us at: www.dttas.ie

Annex to Marine Notice No 66 of 2014



*Environmental Health
Health Service Executive
Oak House, Limetree Avenue
Millennium Park
Naas
Co. Kildare
Ph: 045 880442
Fax: 045 882554*

19/12/14

For the attention of Port Managers, Ferry Companies and Captains

Dear Sir,

Due to the current Ebola crisis the following measures are required for ships docking at Irish ports. Captains are now required to fill in a Maritime Declaration of Health (MDH) and answer additional questions on all ships which have called at an EVD affected area or have crew/passengers that joined the vessel from such an area, or are suspected of having been in contact with the Ebola virus or an affected person within the past 21 days. The **MDH** must be completed and **submitted a maximum of 24 hours in advance and not later than 4 hours before arrival**, with an update if the health status of any one on board changes (submission detail below). A list of currently affected areas in West Africa is available at www.hpsc.ie. **This is required whether there is a suspected case on board or not.** The following information is required.

Documents to be completed

1. Maritime Declaration of Health - As per International Health Regulations 2005, Annex 8 model.
 - a. *MDH to include Last 30 days Port of call
 - b. *MDH to include list of all crew and passengers having joined since commencement of international voyage. If none joined state -Not applicable.
2. Crew list
3. Additional Information questions

For further information on these requirements please see <http://www.hpsc.ie/A-Z/Vectorborne/ViralHaemorrhagicFever/Ebola/TravelAdvice/File,14807,en.pdf>

Captains we advise you that your ship will be under enhanced surveillance and her entry may be refused in case of incomplete reporting. Please contact your agent and the Harbour Masters' Office for further information and all practical purposes.

Thank you for your cooperation.

Sent on behalf of:
HSE Departments of Public Health and Environmental Health

**Where this information can not be completed on the MDH please complete additional sheets or use the sheets provided.*

Submission of Maritime Declaration of Health (MDH) and additional documents

During business hours Monday – Friday 0900 – 1700 the email address ehnationaloffice@hse.ie is to be used for the submission of MDH

Outside of these business hours i.e. Monday – Friday 1700 – 0900, on Saturday, Sunday and Public Holidays telephone the Public Health out of hours service and ask for the on call Public Health Specialist. If you do not have the number for the local out of hours Public Health Service contact your Harbour Master for these details.

In the case of a passenger / crewmember presenting with symptoms compatible with EVD (fever, weakness, muscle pain, headache, sore throat, vomiting, diarrhoea, bleeding) on board a ship, following travel to an affected area of west Africa in the past 21 days, immediate expert medical opinion should be sought.

- At sea in Irish water - Liaison with the National Maritime Telemedical Assistance Service (Medico Cork). Phone via Coast Guard Stations http://emed.ie/Administration/Medico/Medico_history.php.
- In port - Call HSE National Ambulance Control on 021-4640038 for case management and Public Health assessment.
- Notify the Port Authority of the suspected case as soon as possible and preferably not less than 24 hours before arrival.

1. - MODEL OF MARITIME DECLARATION OF HEALTH

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

Submitted at the port of _____ Date _____

Name of ship or inland navigation vessel _____ Registration/IMO No _____ arriving from _____ Sailing to _____
(Nationality)(Flag of vessel) _____ Master's name .. _____

Gross tonnage (ship) _____ Tonnage (inland navigation vessel) _____

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes No Issued at _____ date _____

Re-inspection required? Yes No

Has ship/vessel visited an affected area identified by the World Health Organization? Yes No

Port and date of visit

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

.....

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

(1) Namejoined from: (1)(2)(3)

(2) Namejoined from: (1)(2)(3)

(3) Namejoined from: (1)(2)(3)

Number of crew members on board _____

Number of passengers on board _____

Health questions

(1) Has any person died on board during the voyage otherwise than as a result of accident? Yes No

If yes, state particulars in attached schedule. Total no. of deaths _____

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

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes No How many ill persons? . _____

(4) Is there any ill person on board now? Yes No If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? Yes No If yes, state particulars of medical treatment or advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes No

If yes, state particulars in attached schedule.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes No If yes, specify type, place and date. _____

(8) Have any stowaways been found on board? Yes No if yes, where did they join the ship (if known)? . _____

(9) Is there a sick animal or pet on board? Yes No

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

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

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

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

Signed

Master

Date

Countersigned

Ship's Surgeon (if carried)

1.a - Ports of call (example of Additional schedule for MDH)
from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

NAME OF VESSEL:

NAME OF MASTER:

Name of Ship Owners:

DATE:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.

1.b - List crew members, passengers or other persons who have joined ship/vessel

since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (example of Additional schedule for MDH):

NAME	JOINED FROM		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Number of crew members on board

Number of passengers on board

3 - ADDITIONAL INFORMATION QUESTIONS

- Have you completed the Maritime Declaration of Health form as per IHR 2005 model attached? Yes No
- Have you receive World Health Organisation (WHO) guidelines re Ebola Virus and the precautions to be taken when in affected areas? Yes No
- Are your crew aware of the risks of how the virus can be spread and how to reduce that risk? Yes No
- Did any of your crew take shore leave in an affected Area*? Yes No
- Did any crew members come into contact with someone who is known / suspected to be sick with Ebola or come into contact with body of a person who has died from Ebola. Yes No
- Was access to the vessel restricted to Port Officials and Authorized persons only? Yes No
- Were additional security measures taken by the port to restrict access to the vessel? Yes No
- Were additional security measures taken by vessel to restrict access? Yes No
- Have disinfection procedures been drawn up specifically for Ebola? Yes No
- Do you have on board equipment for sanitising the vessel? Yes No
- Were any raw meats taken on board as ships stores while within affected countries? Yes No
- In what ports have you taken on board supplies and provisions for this voyage?

Comments / Additional Information

Signed _____
Ships Master

(Official Stamp)

Date: _____

*A list of currently affected areas is available at www.hpsc.ie