



Ebola: Guidance for harbour pilots and port operators

Purpose of document

This document is relevant to shipping ports in England and is intended to provide guidance and support to harbour pilots and port managers when dealing with ships that have visited Ebola-affected countries in the last 21 days.

Background

The recent outbreak of the Ebola virus primarily affects three countries in West Africa: Guinea, Liberia and Sierra Leone.

Ebola is a rare but serious viral infection, spread person to person by direct contact with blood and body fluids of infected people. It does not transmit through the air. The incubation period is two to 21 days and there is negligible risk of transmission during the incubation period (i.e. before symptoms appear). The Ebola virus is easily killed by soap or bleach and survives only a short time on dry surfaces or those exposed to sunlight.

The Ebola virus is not spread through routine, social contact (such as shaking hands) with asymptomatic individuals. The likelihood of contracting any viral haemorrhagic fever (VHF), including Ebola, is considered very low unless there has been a specific exposure. Ebola transmission has commonly been between family members with close contact to infected individuals, and healthcare workers with extremely close contact to patients or body fluids. Infection occurs from direct contact (through broken skin or mucous membranes) with the blood, or other body fluids (such as stool, urine, saliva or semen) of infected people.

Management of vessels from affected countries

All vessels coming to UK ports have to submit, normally via their agent, a health declaration form to the port health authority in advance.¹

As an added safeguard during the current situation, the National Maritime Information Centre (NMIC) is reporting to the Maritime and Coastguard Agency, Public Health

England and its devolved equivalents, and port health authorities, on the movement and expected arrival information of vessels of interest (VOI) that have been in ports or anchorages in Guinea, Liberia or Sierra Leone and that are due to dock at a UK port within the Ebola incubation period (21 days).

Additionally, every such VOI will also be contacted by the Coastguard, as it enters UK Automatic Identification System (AIS) coverage, to confirm the vessel's health status.

The port health authority will maintain contact with the ship in the days before its expected arrival to complete the risk assessment and to inform actions on arrival. If the health status of passengers and crew is satisfactory before arrival, then the port health authority will grant free pratique, allowing the ship to dock as usual.

Exit screening should have been conducted for all persons at international seaports of the affected countries in West Africa before embarkation and consist of a questionnaire to establish nature of exposure and presence of any symptoms consistent with EVD and a temperature measurement. Crew and passengers should have been made aware at this time that they must inform the responsible officer on board immediately if they feel ill to allow for prompt isolation and urgent medical attention.

Guidance for harbour pilots boarding vessels of interest

It is important to note that the routine reporting process for all vessels calling at UK ports, and the special arrangements currently in place for those vessels from the affected countries (ie VOIs), makes it highly unlikely that a harbour pilot would come into contact with a case of Ebola virus disease (EVD).

However, should the harbour pilot have concerns regarding a suspected case of EVD on board a ship, he/she should **inform the port health authority immediately if EVD is suspected**.

Even in the unlikely event of there being a suspected case of EVD on board a vessel, this should not pose any health risk to a harbour pilot carrying out their normal duties (see section 'Essential facts about EVD').

If there is a suspected case, then compliance with routine health and safety instructions is an essential precaution, especially those relating to not eating or drinking in any screened-off areas, observing good hand hygiene at all times and covering cuts and abrasions with waterproof impermeable dressings.

Management of a suspected case of EVD on board a vessel

People suspected of having EVD require urgent medical assessment. Immediate expert medical opinion should be sought and the event must be reported as soon as possible

by the Ship's Master. The port health authority must be notified, as required by Part III of the Public Health (Ships) Regulations 1979.²

In addition, if through its health status confirmation request to a VOI (as described above), the Maritime and Coastguard Agency is made aware of anyone on the ship as being ill with Ebola-like symptoms, or indeed any other infectious disease, it will alert the port and the port health authority in accordance with normal procedures.

In these circumstances, the port health authority will consult with Public Health England and the Maritime and Coastguard Agency, and direction will be given to the vessel appropriate to the situation in question. Depending on the situation, medical evacuation or special arrangements for disembarkation and hospitalisation of the patient and laboratory diagnosis may need to be arranged by the port medical officer (this role is designated to Public Health England).

Where necessary, the port health authority will co-ordinate with the land emergency services to ensure that the patient is landed in a measured way and that time is allowed for the relevant land response to be readied and deployed. This may require that the vessel has to go to anchor on arrival at a port approach.

Further information can be obtained from The SHIPSAN ACT website³; the WHO has produced guidance for the transport sector⁴; and Public Health England and the Department for Transport have produced specific guidance for UK ports.⁵

Essential facts about EVD

The risk of a person becoming infected with the Ebola virus during a visit to the affected countries and developing disease after returning is very low, even if the visit includes travel to areas in which cases have been reported. 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.

It is important to note the following points in relation to EVD:

- the incubation period of EVD (the interval from infection to the onset of symptoms) ranges from two to 21 days
- the Ebola virus is spread among people through close and direct physical contact with infected body fluids
- the Ebola virus is not spread through routine social contact (such as shaking hands or sitting next to someone) with people who do not have symptoms
- when people have no or very mild symptoms (just a low fever), the level of the virus is very low and unlikely to pose a risk to others
- the early symptoms of EVD (in the first three or so days of the illness), include fever, fatigue, headache, sore throat, joint and muscle pain, and intense muscle weakness

- people are not infectious during the incubation period but become increasingly infectious with the onset of symptoms, as the illness progresses
- once people are unwell, then all body fluids (such as blood, urine, faeces, vomit, saliva, and semen) are infectious with blood, faeces and vomit being the most infectious
- when someone reaches the point at which they are most infectious, they are unlikely to be in any condition to move or interact socially. The most risk is to people involved in their care and not the general public
- the risk of infection during the transport of persons can be reduced significantly through the use of basic infection prevention and control measures

References

1. WHO Interim technical advice for case management of pandemic (H1N1) 2009 on ships – see Appendix 3 IHR (2005) Annex 8 – Model of maritime declaration of health.
http://www.who.int/csr/resources/publications/swineflu/cp011_2009_1029_who_guidance_H1N1_ships.pdf
2. Public Health (Ships) Regulations 1979
<http://www.legislation.gov.uk/cy/uksi/1979/1435/made?view=plain>
3. EU SHIPSAN ACT Joint Action (February 2013-April 2016)
<http://www.shipsan.eu/>
4. WHO Interim Guidance - Travel and transport risk assessment: Interim guidance for public health authorities and the transport sector
http://apps.who.int/iris/bitstream/10665/132168/1/WHO_EVD_Guidance_TravelTransportRisk_14.1_eng.pdf?ua=1
5. West Africa Ebola outbreak: guidance to UK ports and shipping operators” (DfT produced this in collaboration with PHE in October last year) –
<https://www.gov.uk/government/publications/west-africa-ebola-outbreak-guidance-to-uk-ports-and-shipping-operators>

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