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28/02/2020

Konu : ICS'in Yeni Koronavirüs Hakkındaki Güncel Duyurusu**Sirküler No :186**

Sayın Üyemiz,

İlgi : ICS'nin, 18.02.2020 tarihli ve LA(20)10 sayılı yazısı.

Uluslararası Deniz Ticaret Odası (International Chamber of Shipping-ICS) tarafından gönderilen ilgi yazı ile Dünya Sağlık Örgütü'nün (World Health Organization-WHO) yayınladığı ve **17.02.2020** tarihi itibarıyla Çin ve diğer ülkelerden bildirilen "Yeni Koronavirüs" (novel coronavirus - 2019-nCoV) akut solunum yolu hastalık vaka tablolarını içeren rapor ile "Yeni KoronaVirüs" hakkındaki güncel bilgiler Odamıza iletilmiştir.

ICS tarafından, virüs ve etki durumunun yakından takip edildiği ve haftalık olarak virüsün etkisi, yayılımı ve tedbirler konusunda üyelere yönelik düzenli güncellenmiş rapor sunulacağı belirtilmiştir. Dünya Sağlık Örgütü (WHO) tarafından, gemilerin Uluslararası Sağlık Yönetmelikleri'ne uyumu için Uluslararası Denizcilik Örgütü (International Maritime Organization-IMO) ve Uluslararası Çalışma Örgütü (International Labour Organization-ILO) tavsiyelerine uyulması gerektiği bildirilmektedir.

Ayrıca, bahse konu yazı 2019-nCoV ile ilgili güncel verilere ilave olarak, *Ship Diamond Princess* adlı cruise gemisinin karantina süreci hakkındaki bilgiler içermektedir. Çeşitli kurumların koronavirüs ile ilgili rehberler yayınladığı bildirilmekte olup, gemi işletmecilerinin Avrupa Birliği / Avrupa Ekonomik Alanı (European Economic Area-EEA) üye devletleri giriş bölgelerinde 2019-nCoV salgınına hazırlıklı olması ve önlem alması için Avrupa Birliği Sağlık Giriş Kapıları tarafından yayınlanan rehber ilgi yazının Ek'inde sunulmuştur.

Bilgilerinize arz ve rica ederim.

Saygılarımla,

e-imza

İsmet SALİHOĞLU

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17.02.2020 Tarihi İtibariyle ICS'nin Yeni Koronavirüs Hakkındaki Güncel Bilgileri

Öne Çıkan Bilgiler

- Tablo 2'de gösterildiği üzere 25 ülkeden 69.262 vaka bildirilmiştir.
- 17.02.2020 tarihi itibariyle son 24 saat içerisinde yeni hastalık vakası bildirilmemiştir.
- Dünya Sağlık Örgütü (WHO), bu belgede atıfta bulunulan ve ICS tarafından hazırlanmış portaldan (e-room) indirilebilen yeni teknik rehberler hazırlamıştır.

Diamond Princess Kruvaziyer Gemisindeki Son Durum

Japonya'daki Diamond Princess kruvaziyer gemisinden serbest bırakılan Amerika uyruklu yolcuları taşıyan uçak, 16 Şubat 2020 tarihinde Kaliforniya'daki Travis Hava Kuvvetleri Üssü'ne gelmiştir.

Dışişleri Bakanlığı, yolcuları ABD'ye geri getirmek için bir uçak sağlamak üzere Sağlık ve İnsan Hizmetleri Bakanlığı ve diğer ajanslarla koordine edilmiştir. Amerikalı yolcu ve mürettebata gönderilen bir mektupta, Japonya ABD Büyükelçiliği uçuşların Yokohama'dan ABD'ye yapılacağını ve "uygun yolcuların 4 Mart 2020 tarihine kadar ABD'ye uçmaları için tek fırsat olacağını" açıklamıştır. Amerikalı yolcular koronavirüs taraması yapılarak uçağa alınmıştır. "Yüksek riskli bölgeden" dönen tüm yolcuların, döndükten sonra 14 günlük bir karantina süreci geçirmeleri gerekmektedir.

Geçtiğimiz hafta The Princess kruvaziyer gemisinden, tıbbi açıdan savunmasız olan bazı yolcuların karantinalarını tamamlamak için gemiden ayrılabilceği duyurulmuştur. Tokyo ABD Büyükelçiliği Cuma günü yaptığı açıklamada, ilk yolcu grubunun 14 günlük karantina sürecini tamamlamak üzere gemiden ayrıldığı belirtilmiştir.

The Princess kruvaziyer gemisi 2.666 yolcu ve 1.045 mürettebat ile seferine başlamış olup, 4 Şubat 2020 tarihinde 10 koronavirüs vakasının bildirilmesi sonrasında karantinaya alınmıştır.

Japonya Savunma Bakanı Sn. Taro KONO, 340 Amerikalı yolcunun Yokohama limanından Tokyo'nun Haneda havaalanına 14 otobüsle ile taşınmasına Japon askeri birliklerinin yardımcı olduğunu belirtmiştir. Gemide yaklaşık 380 Amerikalı yolcu bulunmaktaydı.

ABD, Diamond Princess'te bulunan yolcularını tahliye ederken, gemide bulunan 40 Amerikalı yolcuda koronavirüs tespit edilmiştir. Yolcuların, ABD'ye giriş yaptıktan sonra askeri tesislerde 14 günlük karantina sürecine tabi tutulması gerekmektedir. Sonuç olarak yaklaşık 4 hafta karantina altında kalmış olacaktırlar. Avustralya, Kanada, Hong Kong, İsrail ve İtalya, vatandaşları için benzer uçuş süreci planlamaktadır. Kanada ve Hong Kong da dahil olmak üzere diğer hükümetler de yolculara ikinci bir karantina süreci uygulayacaktır. İngiltere, bahse konu yolcuları için uçuş düzenlenmesi konusunda çalışma yapmaktadır.

Pazartesi günü Japonya, The Diamond Princess gemisinde 99 koronavirüs vakası daha belirlendiğini duyurmuştur. Gemideki toplam vaka sayısı 454'e yükselmiştir. Amerika Birleşik Devletleri, ülkelerinde 15 vaka olduğunu doğrulamıştır. Ayrıca, 1 ABD vatandaşı Çin'de hayatını kaybetmiştir.

Coronavirus - Küresel Liman Kısıtlamaları Haritası

ICS, üyelerini ve denizcilik şirketlerini, Küresel Liman Kısıtlamaları ile muhtemel limanların web sitesini incelemeye teşvik etmektedir.

Dünya genelindeki ülkeler açısından, Çin limanlarında bulunan gemi ve mürettebatı üzerinde koronavirüs yayılmasıyla mücadele etmeye yönelik yeni kısıtlamalar getirilmesi karmaşık bir süreç olacaktır. Wilhelmsen Ships Service tarafından, “Coronavirus-Global Port Restrictions Map” online uygulaması geliştirilmiştir. Uygulamada bulunan liman veya ülkerin üzerine gelerek tüm konumlardaki kısıtlamalar görüntülenmektedir. Harita, günde iki kez güncellenmektedir ve önceki 24 saat için güncellemelerin bulunduğu yerler öne çıkarılmaktadır. Bahse konu harita uygulamasına <https://wilhelmsen.com/ships-agency/campaigns/coronavirus/coronavirus-map/> adresinden erişim sağlanmaktadır.

Sayılarla Son Durum

Region	Confirmed Total Cases. As of yesterday	Risk
Globally	69262	
China - all	68584	Very High
Outside of China- deaths	4	High
Affected countries apart from China	25	High

Stratejik Hedefler

Dünya Sağlık Örgütü'nün (WHO) müdahale için stratejik hedefleri:

- Yakın temaslar ve sağlık çalışanları arasındaki ikincil enfeksiyonları azaltmak da dahil olmak üzere insandan insana bulaşmanın sınırlanması, bulaşma ile çoğalma ve hastalığın Çin'den uluslararası yayılmasının önlenmesi.
- Enfekte hastalar için optimize edilmiş bakım hizmetlerinin sağlanması da dahil olmak üzere, hastaların erken teşhis edilmesi, kontrol altında tutulması ve tedavilerinin yapılması.
- Hayvansal kaynaklı yayılmanın belirlenmesi ve azaltılması.
- Klinik şiddet, bulaşma ve enfeksiyonun derecesi, tedavi seçenekleri ile ilgili önemli bilinmeyenlerin ele alınması ve teşhis, tedavi ve aşı gelişiminin hızlandırılması.
- Kritik risk ve olay bilgilerinin tüm topluluklara iletilmesi ve yanlış bilgilerin önlenmesi.
- Sektörler arası ortaklıklarla sosyal ve ekonomik etkinin minimize edilmesi.

Hızlı tanımlama, tanı ve vaka yönetimi, hastaların tanımlanması ve takibi, sağlık kurumlarında enfeksiyonun önlenmesi ve kontrolü, yolcular için sağlık önlemlerinin uygulanması, toplumda farkındalık yaratma ve risk iletişimi gibi kombine halk sağlığı önlemleri uygulanarak yukarıdaki hedefler sağlanabilir.

Hazırlık ve Müdahale

Kamuoyuna yönelik en son WHO Önerileri ve Tavsiyeleri aşağıdaki gibidir:

Diğer koronavirüsler Orta Doğu Solunum Sendromu (MERS) ve Şiddetli Akut Solunum Sendromu (SARS) nedeniyle önceki salgınlar sırasında, hastalığın insandan insana bulaşması damlacıklar, temas ve mikrobik enfeksiyonları taşıyabilen cansız nesnelere ile gerçekleşmiştir. Yeni koronavirüsün de yayılması benzer şekilde gerçekleşmektedir. Akut solunum yolu enfeksiyonlarının genel bulaşma riskini azaltmak için temel ilkeler;

- Akut solunum yolu enfeksiyonu olan kişilerle yakın temastan kaçınılması,
- Özellikle hasta kişiler veya buldukları ortamlarla direkt temas sonrasında ellerin düzenli olarak yıkanması,
- Korunaksız çiftlik ya da vahşi hayvanlar ile direkt temastan kaçınılması,
- Akut solunum yolu enfeksiyonu olan kişilerin genel görgü kurallarını uygulaması (mesafeyi korumak, öksürük ve hapşürmaları tek kullanımlık mendil veya kıyafetlerle kapatmak ve elleri yıkamak),
- Sağlık kuruluşlarında, hastanelerde, özellikle acil servislerde standart enfeksiyon önleme ve kontrol uygulamalarının geliştirilmesidir.

WHO, yolcular için spesifik bir sağlık önlemi tavsiye etmemektedir. Seyahat sırasında veya sonrasında solunum yolu hastalığını belirten semptomlar olması durumunda, yolcuların tıbbi yardım almaları ve seyahat geçmişlerini sağlık görevlileriyle paylaşması önerilmektedir.

WHO, denetim, epidemiyoloji, modelleme, teşhis, klinik bakım ve tedavi ile hastalığı tanımlamanın, süreci yönetmenin ve hastalığın ilerlemesini sınırlamanın diğer yollarıyla ilgili küresel çalışmaları koordine etmek için araştırmacılar ve diğer uzmanlarla birlikte çalışmaktadır. WHO, düzenli olarak güncellenen konu ile ilgili ara rehber yayınlamıştır.

Diğer Kurumlar

Çeşitli kurumlar da, koronavirüs ile ilgili rehberler yayınlamıştır. Bunlardan en pratik/uygulanabilir olanı, Avrupa Birliği / Avrupa Ekonomik Alanı (European Economic Area-EEA) üye devletleri giriş bölgelerinde gemi işletmecilerinin 2019-nCoV salgınına hazırlıklı olması ve önlem alması için Avrupa Birliği Sağlık Giriş Kapıları tarafından yayınlanan ve Ek'te sunulan rehberdir.

Üyeler ayrıca, gemilerinin ABD limanlarına gitmesi durumunda, ABD Hastalık Kontrol ve Korunma Merkezleri (CDC) tarafından yayınlanan güncel rehberleri inceleyebilir. Bahse konu rehber <https://www.cdc.gov/coronavirus/2019-ncov/index.html> adresinden ulaşılabilir.

Liberya ve Marshall Adaları da dahil olmak üzere çeşitli bayrak devletleri tavsiye bildirimleri yayınlamıştır. Denizcilik şirketlerinin, özellikle gemi denetimleri ile ilgili olarak kendilerine iletilen tavsiyelere uyması önem arz etmektedir.

Aşağıda sunulan bağlantılar ile denizcilere ve denizcilik şirketlerine tavsiyeler iletilmektedir.

- [IMO Circular Letter No.4204](#) (31 Ocak 2020) WHO tarafından geliştirilen, denizcilerin, yolcuların ve gemide bulunan diğer kişilerin koronavirüs riskini minimize etmek için alınacak önlemler hakkındaki önerilerine dayanarak bilgi ve rehberlik sağlamaktadır. Üye Devletlere, tüm paydaşları (şirketler, yöneticiler, mürettebat acenteleri, vb.) denizcilere,

yolculara, gemideki diğer kişilere koronavirüs salgını hakkında doğru veri sağlamaya ve koronavirüsten etkilenen ülkelerdeki limanlarla ticaret yapan gemilerle çalışmalarını durdurarak hastalığa maruz kalma riskini azaltmaya yönelik önlemler için bilgi vermeye teşvik etmeleri önerilmektedir.

- [Uluslararası Deniz Sağlık Birliği](#) (International Maritime Health Association-IMHA)'nin yeni koronavirüs hakkında denizcilik şirketleri için önlemleri.
- [Birleşik Devletler Sahil Güvenlik](#) (United States Coast Guard-USCG) tarafından yayınlanan Yeni Koronavirüs bülteni.

Tablo 1: Çin'deki bölgeler ve şehirlerden bildirilen COVID 19 akut solunum yolu hastalık vakaları, 16 Şubat 2020

Province/ Region/ City	Confirmed Cases
Hubei	56249
Zhejiang	1167
Guangdong	1316
Henan	1231
Hunan	1004
Anhui	962
Jiangxi	925
Chongqing	544
Sichuan	481
Jiangsu	617
Shandong	537
Beijing	380
Shanghai	328
Fujian	287
Shaanxi	236
Guangxi	237
Hebei	300
Yunnan	169
Heilongjiang	445
Liaoning	120
Hainan	162
Shanxi	128
Gansu	90
Tianjin	122
Guizhou	144
Ningxia	70
Inner Mongolia	70
Xinjiang	71
Jilin	89
Hong Kong SAR	56

Tablo 1: Çin'deki bölgeler ve şehirlerden bildirilen COVID 19 akut solunum yolu hastalık vakaları, 16 Şubat 2020 (devam)

Taipei and environs	18
Qinghai	18
Macau SAR	10
Xizang	1
Total	68584

Tablo 2: 16.02.2020 tarihinden itibaren COVID 19 akut solunum yolu hastalık vakası bildiren ülkeler ve bölgeler

Country/Territory/Area	Confirmed Cases
China*	68584
Japan	53
Republic of Korea	29
Viet Nam	16
Singapore	72
Australia	15
Malaysia	17
Cambodia	1
Philippines	3
South-East Asia	
Thailand	34
Nepal	1
Sri Lanka	1
India	3
Region of the Americas	15
United States of America	
Canada	7
European Region	
France	12
Finland	1
Germany	16
Italy	3
Belgium	1
Russian Federation	2
Spain	2
Sweden	1
United Kingdom	9
Eastern Mediterranean	8
United Arab Emirates	
Egypt	1
International Conveyance Japan	355
Total Confirmed cases	69262



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18th February 2020

LA(20)10

To: Labour Affairs Committee

Copy: All Members

ICS NOVEL CORONAVIRUS (COVID-19) UPDATE AS OF 17th FEBRUARY 2020

Action Required: Members are invited to note revised information on reported cases reported by the WHO website yesterday. Sincere apologies as one of the numbers transposed and quoted in the previous circular was for Hubei province instead of mainland China. This has now been revised to reflect the correct figure for all of China.

ICS will continue to monitor the situation and will advise all members with an updated report once a week or as appropriate.

The report includes tables showing the latest case numbers and locations globally.

In addition, members are reminded that the secretariat has established an e-room containing additional advice and up to date information about coronavirus. Members or their member companies wishing to access it should notify the undersigned.

ICS advises that the first steps to take would be to follow the WHO/IMO/ILO advice to ensure ships comply with the International Health Regulations. In addition, it is important for shipowners to follow the advice and directives issued by regional organisations, flag States, port States, and Labour Supply Countries.

Highlights

- 69262 Cases reported now in 25 countries listed in table 2.
- No new countries reported cases of 2019-nCoV by WHO in the past 24 hours.
- WHO has produced a number of new technical guidance documents which are referenced in this circular and which can be downloaded from the e-room as well.

Update on Cruise Ship Diamond Princess

A plane carrying American passengers recently released from the Diamond Princess cruise ship in Japan, arrived at Travis Air Force Base in California on February 16, 2020. The U.S.

State Department coordinated with the Department of Health and Human Services and other agencies, to provide a charter aircraft to bring passengers back to the U.S.

In a letter sent on Sunday morning to American passengers and crew members, the U.S. Embassy in Japan announced flights would depart Yokohama to the U.S. that day and would be the "only opportunity for eligible passengers to fly to the United States until March 4, 2020, at the earliest." Americans were bused to the aircraft and screened for coronavirus

before boarding. All travelers returning from a "high risk area" were required to complete a 14-day quarantine upon return.

Last week, Princess cruise line announced that some passengers, starting with the medically vulnerable, could leave the ship to complete their quarantine. The U.S. Embassy in Tokyo said on Friday that the first group of passengers disembarked in Yokohama, Japan, to complete their 14-day quarantine period for coronavirus off the ship.

The Princess Cruises ship was carrying 2,666 guests and 1,045 crew when it set sail and was quarantined after 10 cases of coronavirus were reported on Feb. 4.

Japan's Defense Minister Taro Kono has stated that Japanese troops helped transport 340 U.S. passengers onto 14 buses from Yokohama port to Tokyo's Haneda airport. About 380 Americans were on the cruise ship.

As the US evacuated Diamond Princess cruise passengers; 40 Americans on board tested positive for coronavirus. After arrival in the U.S., all of the passengers must have another 14 days of quarantine at military facilities therefore being under quarantine for nearly four weeks. Australia, Canada, Hong Kong, Israel and Italy were planning similar flights for nationals. Other governments, including Canada and Hong Kong will also require the passengers to undergo a second 14-day quarantine. The UK is currently reviewing whether to also charter a flight.

Japan on Monday announced another 99 infections on the Diamond Princess, raising the ship's total number of cases to 454. The United States has confirmed 15 cases within the country. Separately, one U.S. citizen died in China.

Coronavirus – Global Port Restrictions Map

ICS encourages members and shipping companies to review a website of potential ports with Global port restrictions. With countries across the globe announcing new restrictions on ships and crew that have called mainland Chinese ports to try to combat the spread of coronavirus staying fully up to date can be a complex task. Wilhelmsen Ships Service has produced an online "Coronavirus – Global Port Restrictions Map". By clicking on ports or countries users can view restrictions in each location. The map is updated twice daily and locations with updates for the previous 24 hours are highlighted and can be viewed at:

<https://wilhelmsen.com/ships-agency/campaigns/coronavirus/coronavirus-map/>

Situation in Numbers

Region	Confirmed Total Cases. As of yesterday	Risk
Globally	69262	
China - all	68584	Very High
Outside of China- deaths	4	High
Affected countries apart from China	25	High

STRATEGIC OBJECTIVES

WHO's strategic objectives for this response remain to:

- Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread from China*;
- Identify, isolate and care for patients early, providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation;
- Minimize social and economic impact through multisectoral partnerships.

*This can be achieved by a combination of public health measures, such as rapid identification, diagnosis and case management, identification and follow up of contacts, infection prevention and control in healthcare settings, implementation of health measures for travellers, awareness- raising in the population and risk communication.

PREPAREDNESS AND RESPONSE

The latest WHO Recommendations and Advice for the public is as follows:

During previous outbreaks due to other coronavirus (Middle-East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), human-to-human transmission

occurred through droplets, contact and fomites, suggesting that the transmission mode of the CoVID-19 can be similar. The basic principles to reduce general risk of transmission of acute respiratory infections include the following:

- Avoiding close contact with people suffering from acute respiratory infections.
- Frequent hand-washing, especially after direct contact with ill people or their environment.
- Avoiding unprotected contact with farm or wild animals.
- People with acute respiratory infection symptoms should practice cough etiquette (maintain distance, cover coughs & sneezes with disposable tissues or clothing, & wash hands).
- Within health care facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments.

WHO does not recommend any specific health measures for travellers. In case of symptoms suggestive of respiratory illness either during or after travel, travellers are encouraged to seek medical attention and share their travel history with their health care provider.

WHO is working with its networks of researchers and other experts to coordinate global work on surveillance, epidemiology, modelling, diagnostics, clinical care and treatment, and other ways to identify, manage the disease and limit onward transmission. WHO has issued regularly updated interim guidance.

WHO is working with global expert networks and partnerships for laboratory, infection prevention and control, clinical management and mathematical modelling.

Other Agencies

Various other agencies have now produced guidance relating to the Coronavirus.

One of the most practical is guidance provided by the European Union Healthy Gateways - interim advice for preparedness and response to cases of 2019-ncov acute respiratory disease 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 2019-ncov acute respiratory disease version 2 3rd February 2020 attached at **Annex 1**.

Members may also wish to review up to date guidance issued by the CDC - the USA health protection agency if their vessels are going to transit to US Ports available at : <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Various Flag states including Liberia, and the Marshall Islands have also issued advisory notices and shipping companies should adhere to the advice given by them particularly in relation to vessel inspections.

The following links also provide advice to seafarers and shipping:-

IMO [Circular Letter No.4204](#) (31 January 2020) provides information and guidance, based on recommendations developed by the World Health Organization (WHO), on precautions to be taken to minimize risks to seafarers, passengers and others on board ships from the coronavirus. 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 coronavirus 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 coronavirus-affected States.

[International Maritime Health Association](#) (IMHA) advice for shipping companies on the new type of coronavirus (2019-nCoV)

[USCG](#) Novel Coronavirus

Table 1: Confirmed cases of COVID19 acute respiratory disease reported by provinces, regions and cities in China, 16 February 2020

Province/ Region/ City	Confirmed Cases
Hubei	56249
Zhejiang	1167
Guangdong	1316
Henan	1231
Hunan	1004
Anhui	962
Jiangxi	925
Chongqing	544
Sichuan	481
Jiangsu	617
Shandong	537
Beijing	380
Shanghai	328
Fujian	287
Shaanxi	236
Guangxi	237
Hebei	300
Yunnan	169
Heilongjiang	445
Liaoning	120
Hainan	162
Shanxi	128
Gansu	90
Tianjin	122
Guizhou	144
Ningxia	70
Inner Mongolia	70
Xinjiang	71
Jilin	89
Hong Kong SAR	56

Taipei and environs	18
Qinghai	18
Macau SAR	10
Xizang	1
Total	68584

Table 2. Countries, territories or areas with reported cases as of 16 February 2020

Country/Territory/Area	Confirmed Cases
China*	68584
Japan	53
Republic of Korea	29
Viet Nam	16
Singapore	72
Australia	15
Malaysia	17
Cambodia	1
Philippines	3
South-East Asia	
Thailand	34
Nepal	1
Sri Lanka	1
India	3
Region of the Americas	15
United States of America	
Canada	7
European Region	
France	12
Finland	1
Germany	16
Italy	3
Belgium	1
Russian Federation	2
Spain	2
Sweden	1
United Kingdom	9
Eastern Mediterranean	8
United Arab Emirates	
Egypt	1
International Conveyance Japan	355
Total Confirmed cases	69262

**INTERIM ADVICE
FOR PREPAREDNESS AND RESPONSE TO CASES OF 2019-nCoV
ACUTE RESPIRATORY DISEASE 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 2019-nCoV acute
respiratory disease**

Version 2

3 February 2020

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) and the technical reports of the European Centre for Disease Prevention and Control (ECDC) about the 2019-nCoV acute respiratory disease outbreak (as of 3 February 2020).

1. Maritime transport – cruise ship travel

1.1. Minimizing the risk for introduction of persons with acute respiratory syndrome due to 2019-nCoV acute respiratory disease outbreak 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 2019-nCoV acute respiratory disease, health risks for vulnerable groups and the importance of preventive measures such as delaying travel may be provided before the voyage, especially to persons coming from or passing through the affected areas².

Before boarding, information may be provided to passengers and crew who are coming from affected areas, or to all passengers and crew before embarking (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 etc.); special considerations for high-risk groups; what to do in case of relevant symptoms; and the potential for an outbreak on board¹.

Crew arriving on board from affected areas (as defined by WHO in the website <https://www.who.int/>) should be informed about the symptoms of ARI. Further, they should be monitored daily by a health care staff on board for 14 days after leaving the affected area for any symptoms of ARI, and be asked to immediately report any relevant symptoms to the ship doctor and supervisor.

² Affected areas are defined by WHO in the latest statement of the International Health Regulations (2005) Emergency Committee regarding the outbreak of 2019-nCoV acute respiratory disease published in: <https://www.who.int/>.

Cruise ships visiting affected areas should provide information to passengers and crew in accordance with the WHO advice (or official country-specific advice) for international travel and trade in relation to the outbreak of 2019-nCoV acute respiratory disease^{2,3} including:

- a) Frequently cleaning your hands by using an alcohol-based hand rub or soap and water.
- b) When coughing and sneezing covering your mouth and nose with a flexed elbow or tissue – 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 2019-nCoV acute respiratory disease.
- f) When participating in excursions 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.

1.2. Education and raising passenger and crew awareness

1.2.1. Raising crew awareness for detection of cases on board

Healthcare staff should be informed and updated about the outbreak of 2019-nCoV acute respiratory disease and 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 ARI including fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath, cough or sore throat.

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 ARI (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 ship¹.

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.

1.2.2. 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 respiratory masks
- Avoiding close contact with people suffering from acute respiratory infections²

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 and packaging, disinfectants and hand hygiene supplies should also be carried on board¹.

Adequate supplies of PPE should be carried on board including gloves, impermeable gowns, goggles, surgical masks and FFP2/ FFP3 masks.

Further details about supplies specific to the 2019-nCoV acute respiratory disease can be found at: <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

1.4.1. Definition of a suspect case of 2019-nCoV acute respiratory disease

According to ECDC, the definition of a suspect case requiring diagnostic testing is as follows⁴: 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 2019-nCoV acute respiratory disease; **or** had a history of travel to areas with presumed ongoing community transmission of 2019-nCoV; **or** worked in or attended a health care facility where patients with 2019-nCoV acute respiratory disease were being treated.

1.4.2. Definition of a contact of a suspect case of 2019-nCoV acute respiratory disease

It is advised that contact tracing activities begin immediately after a suspect case is identified, in order to find the close contacts and allow all other travellers to continue their activities without restrictions. The close contacts can be requested to remain on board until the laboratory results of the suspect case become available. If the laboratory results are positive, then the measures to be applied to closed contacts are described in paragraph 1.4.7. 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^{5,6}.

Close contact (high risk exposure):

- a person who has stayed in the same cabin with a suspect 2019-nCoV acute respiratory disease case;
- cabin steward who cleaned the cabin of the suspect 2019-nCoV acute respiratory disease case;
- a person who has had face-to-face contact or was in a closed environment with a suspect 2019-nCoV acute respiratory disease case, including participating with them in on board or ashore activities, or dining at the same table;
- a person in the same immediate travelling group participating in common activities on board or ashore;
- a healthcare worker or other person providing direct care for a 2019-nCoV acute respiratory disease suspect 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.

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 secretions⁷.

WHO advises that the suspect patient should be asked to wear a surgical 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 and airborne precautions.

Healthcare workers in contact with a suspect case of 2019-nCoV acute respiratory disease, 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 gloves⁸.

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 2019-nCoV acute respiratory disease on board that meets the definition described in paragraph 1.4.1, the suspect case should be isolated in an isolation ward, cabin, room or quarters and infection control measures should be continued until they no longer have respiratory symptoms.

All persons entering the isolation room should apply standard precautions, contact precautions and airborne precautions.

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 Illness¹. 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>

All contacts of a suspect case on board a ship should be identified and monitored as described in paragraph 1.4.7.

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. The competent authority will inform the ship officers about the laboratory test results.

Guidance for clinical specimens collection are provided by WHO⁹ at: <https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>

1.4.6. Reporting and notification

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)¹⁰. For ships on international voyage, the International Health Regulations (IHR) 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.

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, 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 2019-nCoV acute respiratory disease.

1.4.7. Contact tracing and management of contacts

The passenger or crew member that meets the definition of a suspect case should be interviewed and provide information about the places that the patient visited and about his/her contacts, including the period from one day before the onset of symptoms on board the ship or ashore.

All contacts should be listed with their contact details and information regarding the places where they will be staying for the following 14 days. Furthermore, all contacts should be classified as contacts that have had high risk exposure ('close contact') or low risk exposure ('casual contacts').

Management of contacts

All contacts that fulfil the definition of a "close contact" (see paragraph 1.4.2) should be asked to complete the Passenger Locator Forms and remain on board the ship at their cabins or at a facility ashore, 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 they should disembark and be quarantined ashore in accordance with the instructions provided by the competent authorities.

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 2019-nCoV acute respiratory disease symptoms (including fever of any grade, cough or difficulty breathing), avoiding social contact, avoiding travel, and remaining reachable for active monitoring⁵.

Persons in contact with a confirmed case should 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 2019-nCoV acute respiratory disease⁵.

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.

All casual contacts should be requested to complete Passenger Locator Forms with their contact details and the locations where they will be staying for the following 14 days. All casual contacts (see definition in paragraph 1.4.2) of a suspect case of 2019-nCoV acute respiratory disease should be informed about the suspect case on board. They should be allowed to continue with their planned activities without any restrictions (e.g. continue the voyage, disembark, or continue with onward travel etc.). 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.

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

- Details of symptoms and how the disease can be transmitted.
- They should be asked to self-monitor for 2019-nCoV acute respiratory disease 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 2019-nCoV acute respiratory disease⁵.

Both embarking and disembarking ports must be notified immediately of contacts being on board and the measures taken.

1.5. Disembarkation

If the medical officer for the port determines that the ill crew member or passenger meets the definition of a suspect case of 2019-nCoV acute respiratory disease (see paragraph 1.4.1), the crew member or passenger should disembark in a controlled way to avoid any contact with other persons on board the ship and wear a surgical mask. Personnel escorting the patient during the medical evacuation should wear suitable PPE (gloves, impermeable gown, goggles, mask).

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

The competent authority should give free pratique when they are satisfied that the public health measures have been implemented satisfactorily. The public health authority should ensure that the following measures have been implemented satisfactorily: disembarkation of the suspect case or cases, completion of the PLFs contact tracing, disembarkation of close contacts, information to all travellers on board about the symptoms and signs of the disease, who to contact in case the relevant symptoms develop in the following 14 days, cleaning and disinfection, and disposal of infectious waste. After measures have been completed satisfactorily, the ship should be allowed to continue the voyage.

1.6. 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 2019-nCoV acute respiratory disease 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 and casual 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.

1.7. Active surveillance (case finding)

Case finding among passengers and crew should be initiated 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. Findings should be recorded.

1.8. Cleaning and disinfection

The time of environmental survival of 2019-nCoV 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 surfaces¹¹.

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.

Cabins and quarters occupied by patients and contacts of 2019-nCoV acute respiratory disease should be cleaned and disinfected according to cleaning and disinfection protocols of infected cabins (as per protocols for Norovirus gastroenteritis outbreak level). Thorough cleaning of environmental surfaces with water and detergent and application of common disinfectants (such as sodium hypochlorite) used during outbreak procedures for Norovirus should be applied.

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).

2. Maritime transport – Cargo ship travel

2.1. Minimizing the risk for introduction of persons with acute respiratory syndrome due to 2019-nCoV acute respiratory disease onto the ship

Crew arriving on board from affected areas or crew on ships visiting affected areas 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 2019-nCoV acute respiratory disease^{2,3} including:

- a) Frequently cleaning your hands by using an alcohol-based hand rub or soap and water.
- b) When coughing and sneezing covering your mouth and nose with a flexed elbow or tissue – 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 2019-nCoV acute respiratory disease.
- f) When participating in excursions 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.

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 respiratory masks
- Avoiding close contact with people suffering from acute respiratory infections²

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 gown, goggles and surgical masks.

Further details about supplies specific to 2019-nCoV acute respiratory disease can be found at: [https://www.who.int/internal-publications-detail/disease-commodity-package---novel-Coronavirus-\(ncov\)](https://www.who.int/internal-publications-detail/disease-commodity-package---novel-Coronavirus-(ncov))

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 2019-nCoV acute respiratory disease; **or** had a history of travel to areas with presumed ongoing community transmission of 2019-nCoV; **or** worked in or attended a health care facility where patients with 2019-nCoV acute respiratory disease were being treated. The patient should be isolated in an isolation ward, cabin, room or quarters with infection control measures⁴.

All persons entering the isolation room should apply gloves, impermeable gowns, goggles and surgical 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)¹⁰. 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 2019-nCoV acute respiratory disease.

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 surgical mask. Personnel escorting the patient during the medical evacuation should wear suitable PPE (gloves, impermeable gown, goggles and surgical 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 2019-nCoV acute respiratory disease 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 2019-nCoV acute respiratory disease, then all close contacts should be quarantined for 14 days (active monitoring by public health authorities, for 14 days from last exposure; daily monitoring for 2019-nCoV symptoms, including fever of any grade, cough or difficulty breathing; avoid social contact; avoid travel; remain reachable for active monitoring)⁵.

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