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Department:
Health
REPUBLIC OF SOUTH AFRICA

**FRAMEWORK FOR THE MANAGEMENT OF PATIENTS/SICK
PASSENGERS WITH A (SUSPECTED) COMMUNICABLE DISEASE
ENTERING SOUTH AFRICA VIA POINTS OF ENTRY**

DEPARTMENT OF HEALTH JUNE 2009

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INTRODUCTION

Until quite recently there was a widespread feeling that the struggle against infectious diseases was almost won. The means to control most of them seemed either available or discoverable without undue difficulty. Major diseases such as malaria and tuberculosis are making a deadly comeback in many parts of the world. At the same time, diseases such as plague, diphtheria, dengue, meningococcal meningitis, yellow fever and cholera have reappeared as public health threats in many countries, after many years of decline.

In addition, previously unknown infectious diseases are emerging at an unprecedented rate. In the last 20 to 30 years, more than 30 new and highly infectious diseases have been identified. They include the highly virulent Ebola haemorrhagic fever virus, HIV/AIDS and Hepatitis. For many of these diseases there is no treatment, cure or vaccine.

However recent experience with Ebola haemorrhagic fever, plague and cholera has highlighted the need to strengthen global preparedness for epidemics. No country is safe from the threat of infectious diseases and no country can afford to ignore them. Increased international air travel and the globalisation of trade make all countries closer to one another. All countries must therefore work together to meet these challenges.

The International Health Regulations (2005) as adopted by the World Health Assembly to which South Africa is a member state came into effect on the 15 of June 2007 and currently regulates the International spread of communicable diseases. This guideline is intended for the management of patients/sick passengers with a (suspected) communicable disease entering South Africa and is based on the requirements of the International Health Regulations to ensure that diseases imported are traced and treated in time for proper containment of Diseases. This will prevent transmission of the diseases to contacts and outbreaks, which could affect many people and have an economic impact on the health services Nationally and Internationally.

OBJECTIVES

1. To provide guidance for a coordinated response to the importation of confirmed, suspected and potential cases of communicable diseases; and

2. To ensure appropriate risk management of the patient and contacts, but with as little disruption as possible to the disembarking of passengers.

ACRONYMS

CDC: Communicable Disease Control

EMS: Emergency Medical Services

GENDEC: General Declaration Form

NICD: National Institute for Communicable Disease

PHO: Port Health Officer

PMO: Port Medical Officer

SA: South Africa

SOP: Standard Operating Procedure

DEFINITIONS

Crewmember: A member of the team transporting passengers and/or goods in any form of transportation through the land, air and sea points of entry.

Medical companies: refers to all medical companies responsible for the transportation of patients by air, road or sea.

Point of entry: Means a point of entry as defined by the International Health Regulations (2005), Port of Entry has a corresponding meaning.

RESPONSIBILITIES

1. RESPONSIBILITIES OF COMMERCIAL, OTHER CHARTER AIRLINES, MARITIME AND GROUND PASSENGER TRANSPORTATION

There are two categories for potential importation of a communicable disease into the country: intentional importation and the unintentional importation of passengers with communicable diseases.

1.1 Intentional transportation of patients

Medical assistance companies are usually responsible for bringing in patients and a medical practitioner, paramedic or nurse or a combination of these persons usually accompanies the patient. In most instances the transportation of the patient is known beforehand when medical assistance companies apply for a visa at the Department of Home Affairs.

1.1.1 Actions taken by pilot/captain/driver (or crew member on his/her behalf)

The pilot/captain/driver (or crew member) should ascertain if the medical condition of the patient has been diagnosed.

1.1.1.1 If the medical condition of the patient is known and not contagious the general declaration should be completed. No additional measures are necessary.

1.1.1.2 If the medical condition of the patient was diagnosed as non-contagious and symptoms as mentioned under 1.2 develop during the flight/journey actions mentioned under 1.2.1(also see annexure A and B). If a sick person is allowed on board without any medical assistance or medical proof of his condition and shows some of the symptoms mentioned under 1.2 actions mentioned under 1.2.1 should be taken.

1.2 Unintentional importation of sick passengers

When a passenger is found to be ill on board with some of the symptoms mentioned below, the appropriate actions under 1.2.1 should be taken. Abet

Symptoms

The following symptoms may indicate the presence of a potentially contagious disease in a patient/sick passenger/crew member:

Fever, severe headache, abnormal sweating, rapid breathing, chest pain (shortness of breath) and excessive coughing, severe vomiting, diarrhoea and/or bleeding.

Temperature above 38C combined with one or more of the following:

- (a) Diarrhoea and/or vomiting
- (b) Rash or skin lesions
- (c) Fever (high temperature shivering, rigor)
- (d) Severe headache with alteration in consciousness and/or fits.

1.2.1 Actions to be taken by the pilot/captain/driver (or crew member on his/her behalf) when there is a sick passenger on board (also see annexure A and B).

Crewmembers should wear minimum personal protection such as N95 mask, goggles, fluid resistance gowns, and gloves as per national directives

1.2.1.1 Where a member of the crew becomes aware or suspects that a person on board is suffering from an infectious disease, he or she must notify the commander/pilot/driver.

1.2.1.2 The pilot/captain/driver should immediately complete the General Declaration (GenDec) of Health Form for any presence on board of any person (crew member or passenger) who is suffering from an infectious disease or who has symptoms which may indicate the presence of infectious disease,

1.2.1.3 The pilot/captain/driver should nominate a specific crewmember to keep the passenger's condition under review.

1.2.1.3.1 Where two or more passengers are displaying similar symptoms this should give rise to a greater degree of suspicion, particularly if those passengers have been staying or living in the same place in another country.

1.2.1.3.2 In cases of doubt, it is preferable to regard the passenger as suffering from an infectious disease in order to minimise the risk and advice should be sought from the Port Health Officer at the first point of entry.

1.2.1.3.3 Where seating capacity allows, and at the discretion of the crew, the suspected passenger(s) should be relocated away from other passengers and preferably as close to a dedicated water closet compartment as possible. In deciding whether or not to relocate a passenger attention should be given to the possibility of spreading any soiling or contamination,

1.2.1.3.4 Again, where capacity allows, one water closet compartment should be restricted for the exclusive use of the suspected passenger(s) and should be clearly so marked,

1.2.1.3.5 Where soiling by vomit, faecal matter or blood has occurred this should, where possible, be left until port health staff at the first point of landing makes a decision. Malfunctioning water closet compartments

should be locked off. Where, however, in the interests of passenger or crew comfort, it is necessary to clear soiling from the cabin area this must only be done by persons wearing suitable protection,

- 1.2.1.3.6 Persons dealing with soiling should wear single use latex examination gloves and a single use plastic apron. Soil should be removed using absorbent paper towels and plastic scrapers, which should be placed, together with gloves and apron when finished, into an appropriate yellow biohazard bag. This bag must be kept separate from waste and will be dealt with by port health staff on arrival in accordance with local procedures,
- 1.2.1.3.7 It is recommended that where crew numbers permit crew members who have dealt with spillage's or with a passenger suspected of suffering from an infectious disease do not subsequently handle food. Any crewmember dealing with a suspected infectious passenger must pay particular attention to the most scrupulous hand washing and personal hygiene, especially if food handling is necessary. For this purpose the use of a hand sanitizer, or sanitising wipes based on seventy per cent alcohol is recommended.
- 1.2.1.4 All spillages of blood must be considered potentially infected whether or not the passenger displays any symptoms of illness. Under no circumstances should blood spillages be cleaned up without protective gloves and apron. Gross spillage's can be contained using non-disinfecting absorbent granules. Vermiculite based litter is recommended for this purpose.
- 1.2.1.5 The pilot/captain/driver should notify the control or Port Health Office at the port of destination and should provide as much information on the sick patient as possible. The notification should be done immediately after the information has been obtained and this needs to be updated if more information becomes available. If Form AC1 is available it should be completed and the information should be supplied to the control tower.
- 1.2.1.6. Appropriate measures should be taken to prevent direct contact between patient/sick passenger and the other passengers if such person is bleeding, vomiting, has diarrhoea or is coughing excessively. Measures should be taken to

prevent direct contact with secretions. Clean or cover secretions to prevent other passengers from having contact.

- 1.2.1.7. At the first point of entry, only the Port Medical Officer (PMO) or Port Health Officer (PHO) and when necessary with the EMS should be allowed on board to source information and documentations from crew member in the event that further investigation or surveillance becomes necessary, passengers should be requested to remain in their seats unless otherwise directed by Port Health Officer or Medical Officer. After quarantine of affected passengers the remaining passengers will be allowed to exit with the assistance of transport coordinating staffs.
- 1.2.1.4. All relevant information (includes General Declaration of Health and passenger list) should be supplied to the PMO or PHO.
- 1.2.1.5. The pilot/captain/driver should make the appropriate announcements as requested by the PHO/PMO before the passengers are allowed to disembark.
- 1.2.1.6. If the aircraft, vessel or vehicle is regarded as contaminated the appropriate measures as indicated by the PHO should be taken to disinfect it. The airline, vessels or vehicle affected shall be responsible for the decontamination of the aircraft.
- 1.2.1.7. The following may be used as passenger isolation or quarantine areas pending approval from CDC directorate or Port Medical Office
 - a) Sick bay located inside the port of entry buildings
 - b) Ambulance deployed at the airport premises
 - c) Designated isolation facilitates ward at the nearest hospital
- 1.2.1.8. Once the patient(s) is inside isolation/quarantine area, isolation order should be issued to selected passenger(s) by Port Medical Officer

2. RESPONSIBILITIES OF MEDICAL ASSISTANCE COMPANIES

If the medical condition of the patient to be transported is regarded as contagious the patient should not be transported on a commercial flight/vehicle with other passengers. This will change from time to time as directed by the World Health Organisation.

- 2.1 All patients, with or without a contagious disease, who are to be transported to South Africa by any mode of transport, should be notified to the PHO beforehand on notification Form AC1. If more information on the symptoms of the patient is available, Form AC2 should also be completed. The form (s) should be sent to the PHO by facsimile or e-mail. Prior approval should be received from the PHO before patients can be transported.
- 2.2 If a patient develops symptoms before or during transportation, the pilot/captain/driver (or crewmember on his behalf) should complete and fax or e-mail an AC2 form to the PHO, or the form should be handed to the pilot/captain, who should give the information to the control tower of the destination port.
- 2.3 Appropriate isolation precautions should be applied to prevent contact between patient/sick passenger, crewmembers and other passengers if there is bleeding, vomiting, diarrhoea or excessive coughing. Measures should be taken to prevent direct contact with secretions. (Develop this precautions)
- 2.4 Upon arrival there should be cooperation with the PHO (and Medical Officer (MO) where applicable) investigating the situation.
- 2.5 EMS personnel involved in ground transport of the patient should be informed of the condition of the patient, the possibility of a communicable disease, and take appropriate infection prevention and control measures to minimize possible unprotected exposure to an infected patient and his/her secretions, excretions, blood and other body fluids
- 2.6 The medical officer and hospital receiving the patient should be informed by PHO or Port MO of the condition of the patient prior to arrival.

2.7 Medical companies have an express duty to reveal any information, which is of public health interest. Specially they must inform the minister or the relevant Port Health Officials of the possibility of the patient having viral haemorrhagic disease

3. RESPONSIBILITIES OF PORT HEALTH OFFICER (PHO)

3.1 Implementation of suggested procedures

3.1.1 Preparedness plan

The PHO with the medical team should compile and implement a preparedness plan, which will contain the following elements:

- SOP to:
 - Inform the radio control tower (airport/harbour authorities), Port Coordinators and immigration officers at points of entry of suggested procedures.
 - Inform all airlines and any commercial passenger transports of requirements by South Africa regarding the management of patients on board or passengers who become ill.
 - Identify and inform referral hospital and medical officer of preparedness plan.
 - Have passengers transported and examined.
 - Disinfect carriers.
 - Determine after-hours procedure for granting approval for the transportation of patients by medical assistance companies.
- Information sheets to be prepared and handed out to passengers.
- Advocating for the availability of plastic strip thermometers in medical kits.
- Procedure for the intentional importation of patients by medical assistance companies

3.2 Actions of PHO when informed of arrival of sick passenger:

The PHO should:

- 3.2.1 Notify the referral hospital of reported sick passenger.

- 3.2.2 Notify the communicable disease control programme of the provincial department of health.
- 3.2.3 Upon arrival of the aircraft/vessel/vehicle inspect it and inform the responsible crewmember to request passengers to remain in their seats.
- 3.2.4 Obtain relevant information about the patient/sick passenger in order to complete notification form. The medical officer at the referral hospital should be called for assistance if necessary.
- 3.2.5 Make arrangements for transport of sick passenger to referral hospital.
- 3.2.6 Make arrangements for appropriate actions to be taken with the rest of the passengers.
- 3.2.7 Hand out information sheets to passengers with relevant information on symptoms and signs of suspected disease and contact telephone numbers if symptoms should occur.

3.3 Actions after passengers have left aircraft/vessel/vehicle

- 3.3.1 The PHO should make arrangements for disinfection of aircraft/vessel/vehicle where necessary.

3.4 Routine

- 3.4.1 The PHO should keep up to date with outbreaks of diseases worldwide;
- 3.4.2 The PHO should receive the notification Form(s) AC1 (and AC2 if information is available) per facsimile or e-mail from medical companies or the pilot/captain/driver; and
- 3.4.3 The forms in 3.4.2 above should be available before their departure to fetch any patient, even if the patient has no contagious disease. Should the AC2 form be completed before departure of the patient to South Africa and the condition changes an updated AC2 form should be completed. This helps to give the medical staff enough information on which they should decide what to be done with the patient and what additional precautionary measures to be taken to protect the medical staff.

3.5. Procedure for the intentional importation of patients by medical assistance companies.

3.5.1 The Port Health Officer should consult with the communicable disease control programme of the provincial Department of Health where condition of patient to be brought in may cause problems regarding contagiousness and isolation measures

3.5.2 Port Health Officer should give approval per facsimile/e-mail on form PH1 to the medical company for the transport of such a patient

3.6. Preparations for arrival of a sick patient

3.6.1 Availability of an Isolation (not quarantine) facility where a patient/passenger is placed until she/he is transported to a hospital (should there be a delay);

3.6.2 Ensure that EMS personnel are informed and are ready to transport the patient/passenger immediately after disembarkation

3.6.3

4. RESPONSIBILITIES OF HOSPITALS AND MEDICAL PRACTITIONERS RECEIVING INTENTIONALLY TRANSPORTED PATIENT

If a patient, who has been transported from another country to South Africa, has a contagious disease and is admitted to a hospital, it should immediately be reported to the communicable disease control programme of the province.

5. RESPONSIBILITIES OF PROVINCIAL COMMUNICABLE DISEASE CONTROL PROGRAMME

The provincial communicable disease programme should:

5.1 Provide contact list of information centres, referral hospitals and medical officers for every international airport.

- 5.2 Assist PHO in approving inter-country hospital transfer and transportation of patients by medical assistance companies
- 5.3 Ensure infection control measures are adhered to.
- 5.4 Follow-up the contacts of the imported sick passengers.
- 5.5 Notify the case to the National Department of Health.

6. RESPONSIBILITIES OF NATIONAL COMMUNICABLE DISEASE CONTROL DIRECTORATE

The National Communicable Disease Control Directorate should:

- 6.1 Keep up to date with outbreaks of diseases worldwide.
- 6.2 Ensure training and assistance to provincial communicable disease programmes on outbreak control.

7. RESPONSIBILITIES OF NATIONAL ENVIRONMENTAL HEALTH DIRECTORATE

The National Environmental Health Directorate should:

- 7.1 Identify and list all SA points of entry receiving international traffic and ensure preparedness by these points of entries, together with the Provincial Port Health Authorities, to manage imported patients.
- 7.2 Ensure the rendering of appropriate port health services at relevant Points of Entries.

ANNEXURE A: DETECTION OF CASES AT PORTS OF ENTRY

Early detection of suspected cases is very crucial, and this should be done at all ports of entry, health facilities and within the community. Procedures for Port Health Officers are indicated in the Standard Operating Procedures below:

Scenario 1: Suspected Contagious Case while travelling to South Africa

All hostesses/crew members should be trained on how to approach passengers presenting with respiratory illness on board.

1.1 During travelling

1. Patient presents with symptoms of a contagious illness while on board;
2. Air Hostess/crew members Notifies the Pilot/Captain/Driver;
3. Pilot/Captain/Driver informs radio control tower (airport/harbour authorities), Port Coordinators or immigration officers at destination port;
4. Suspected case is moved to an isolated area on the plane/vessels/vehicle (if available), a facemask should be placed over mouth
5. Control Tower/ Port Coordinators or immigration officers informs Port Health Officers of the ill passenger;
6. Port Health Officers notifies:
 - Port Doctor (name.....tel.....)
 - CDC Officer (name.....tel.....)

1.2 Once the Flight/vessel/vehicle has arrived at the points of entry

1. Port Health Officers and/or Port Medical officer board plane/vessels/vehicle;
2. Plane/Vessels/vehicle door is closed;
3. Following information obtained and verified: number of cases, signs and symptoms and passenger list;

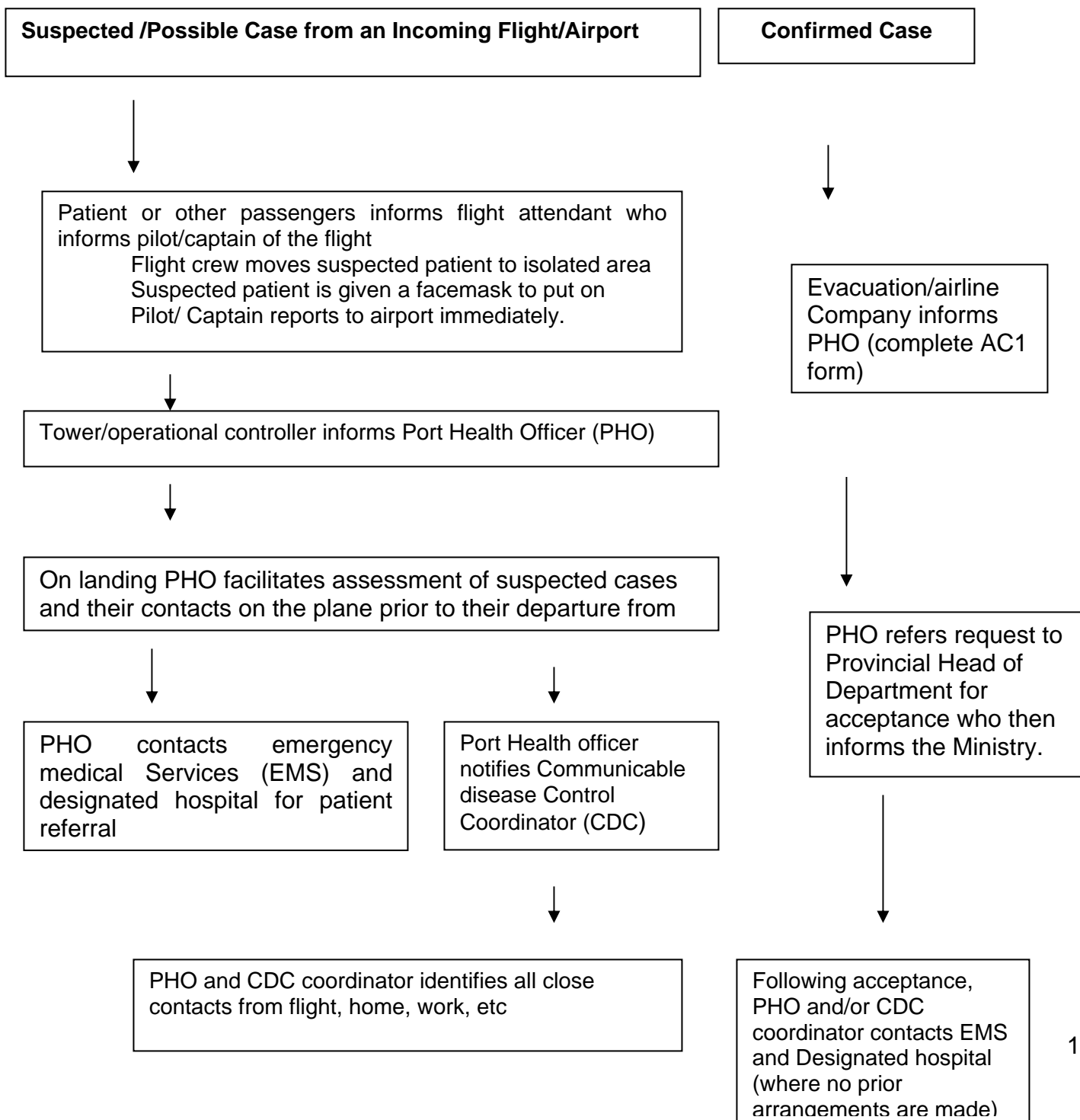
4. Passengers briefed that there is an ill person on board, calm them and inform them that they will be provided with the necessary contact health information. In the event of anyone experiencing fever of over 38 °C plus a cough and shortness of breath, they are requested to report to their nearest health facility and present the health alert card to the clinicians;
5. Allow all passengers except the contacts¹ to depart;
6. Take the contacts to a room for briefing;
7. Hand out information sheet and Health Alert Notice, request contact address for the next 14 days. Inform them of the contact tracing procedure as per relevant Guidelines;
8. Suspected patient should be taken to medical room at the port and examined by the doctor;
9. Doctor contact NICD to confirm that the symptoms conform to a contagious illness case definition;
10. Doctor contacts referral hospital to arrange admission and transfer of patient;
11. National Department of Health, Communicable Disease Control informed of suspected case by doctor/port health officer;
12. Port Health Officer hand over passenger list and close contact details to CDC;
13. The ground and cleaning crews of the transportation companies should be notified at the same time so that preparations can be made for appropriate cleaning of the aircraft/vessel/vehicle after passengers have disembarked;

¹ *Contacts include: those passengers sitting in the same row (aisle to aisle), two rows to front and two rows behind the suspected contagious case.*



ANNEXURE B: SUSPECTED CONTAGIOUS CASE ALGORITHM

APPROACH TO AN IMPORTED POSSIBLE/SUSPECTED/CONFIRMED CONTAGIOUS ILLNESS





CDC coordinator monitors close contacts for a period depending on the type of illness.



If close contacts develop signs and symptoms, refer to designated health facility



Hospital observes infection control and manages as per guidelines/protocol
NB: Treat in isolation

EMS Collect Patient from Airport to designated Provincial Health



ORIGIN

Suspected /Possible Case from a country/area with known contagious illness cases

Incoming Vessel

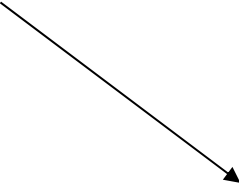
Incoming Road/Rail

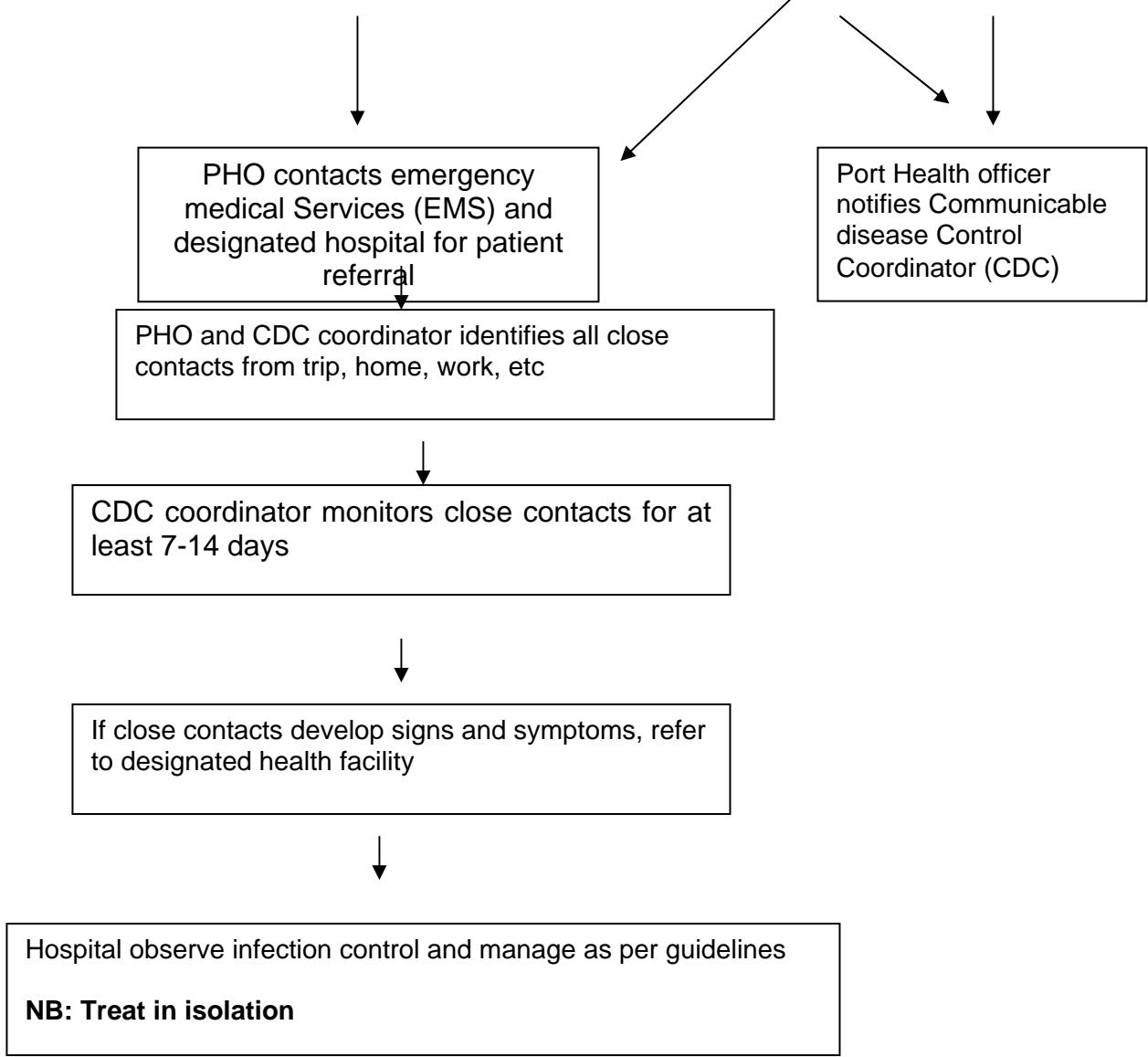
Patient or other passengers informs captain
Crew moves suspected patient to isolated area
Captain reports to Harbour immediately.

Captain or clearing agent informs Port Health Officer (PHO)

PHO facilitates assessment of passenger and contacts on the Vessel prior to their departure from the harbour

Port health officer isolates suspect case onsite







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**ANNEXURE C: NOTIFICATION OF TRANSPORTATION OF A PATIENT/SICK PASSENGER
PER AIRCRAFT/VESSELS/VEHICLE TO SOUTH AFRICA (AC1)**

To be completed faxed or e-mail (or phoned through) to the Port Health Officer at:

NAME:.....Port of Entry:..... Tel:

.....Fax:E-mail:.....

Province:

MODE OF TRANSPORT INFORMATION

Flight/Vessels/no:_____

Aircraft/Vessel/Vehicle type and registration no:_____

Date of departure:_____ Time of departure:_____

Point of Entry of disembarkation:_____

Date of arrival:_____ Time of arrival:_____

Seat no:_____

INFORMATION OF PATIENT/SICK PASSENGER

Name of patient/sick passenger:_____

Age:_____ Gender:_____

Nationality:_____

Passport no:_____

Medical condition of patient / Diagnosis (confirmed or working) s:_____

Presenting Complaint_____

Date of onset_____

Treatment given thus far_____

Has the patient had fever during this illness or few days earlier (yes or no)_____

Country (s) lived in or visited during previous 21 days:_____

Name of hospital/institution responsible for treatment of patient:_____

Contact person:_____

Tel:_____ Fax no:_____

Medical Assisstant company: _____

Airline/vessel/vehicle company responsible:_____

Contact person:_____

Tel:_____ Fax no:_____

E-mail: _____

Signature:_____ Date:_____



ANNEXURE D: NOTIFICATION OF SYMPTOMS OF PATIENT/SICK PASSENGER TRANSPORTED PER VESSELS/VEHICLE/AIRCRAFT TO SOUTH AFRICA (AC2).

1. To be completed by Medical companies

The form should be faxed or e-mail to Port health Officer (PHO); or the form should be supplied to the PHO on arrival; or
 The form should be given to pilot/captain/driver who should give the information to the Port Coordinators/immigration officers or control tower of the destination port;
 Reference number of PHO on form PH1 to approve transportation
 A completed Form AC1 should accompany this form if not yet supplied to PHO.

To be completed and faxed/ e-mail (or phoned through) to the Port Health Officer at:

NAME:.....Port of Entry:..... Tel:
Fax:E-mail:.....
 Province:

OR

3. To be completed by Pilot/Captain/driver (crew member on his/her behalf) with the sick passenger on board.

Information should be supplied to Port Coordinators/immigration officers or the control tower of the destination airport; or the form should be supplied to the PHO on arrival.

Flight no:		Seat no:		Date:	
Name of patient/sick passenger:					
CONDITION OF PATIENT/SICK PASSENGER (Tick in relevant box)					
NO	SIGNS/SYMPTOMS	YES	NO	UNCERTAIN	
	Does the patient have the following symptoms?				
1	Fever				
	Temperature if above 38° C	°C/	°F		
2	Severe headache				
3	Abnormal sweating				
4	Rapid breathing (Shortness of breath)				
5	Excessive coughing				
6	Severe vomiting				
7	Diarrhoea				
8	Bleeding				

Other symptoms/Diagnosis (Confirmed or working): _____

NB Temperature to be written down, whether the patient has a fever or not (Compulsory)



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**ANNEXURE E: APPROVAL OF TRANSPORTATION OF PATIENT BY
VESSELS/VEHICLE/AIRCRAFT TO SOUTH AFRICA (PH1).**

(yy) (mm) (dd)

I hereby acknowledge receipt of your facsimile or e-mail on (date) _____
(time) _____ to transport a patient from (country/city) _____
_____ to South Africa.

The reference no is: _____

Transportation of patient is APPROVED/NOT APPROVED. Subject to the clinical information provided to us. The government reserve the right to change their decision depending upon later relevant information

Remarks: _____

Any further information on the condition of the patient, which may become available, should be provided on Form AC2 to the Port Health Officer.

Port Health Officer: _____

Date: _____

Time: _____

Port Health Office:

Tel: Fax:

Province: Email:

Signature: Date:



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ANNEXURE F: GENERAL DECLARATION OF HEALTH (AVIATION)

GENERAL DECLARATION

(Outward/Inward)

Operator
Marks of Nationality and Registration Flight No. Date
Departure from Arrival at
(Place) (Place)

FLIGHT ROUTING

("Place" Column always to list origin, every en-route stop and destination)

PLACE	NAMES OF CREWS	NUMBER OF PASSANGERS ON THIS STAGE
		<i>Departure Place:</i> Embarking Through on same flight <i>Arrival Place:</i> Disembarking Through on same flight

Declaration of Health

Name and seat number or function of persons on board with illnesses other than
Airsickness or the effects of accidents, who may be suffering from a communicable
disease (a fever — temperature 38 °C/100 °F or greater — associated with one or more of
the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing;
impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or
bleeding without previous injury; or confusion of recent onset, increases the likelihood that
the person is suffering a communicable disease) as well as such cases of illness
disembarked during a previous stop

Details of each disinsecting or sanitary treatment (place, date, time, method)
during the flight. If no disinsecting has been carried out during the flight, give
details of most recent disinsecting

Signed with time and date

Crew member concerned

For official use only

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

SIGNATURE _____
Authorized Agent or Pilot-in-command



ANNEXURE G: MARITIME DECLARATION OF HEALTH

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 diarrhea; 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

Countersigned

Ship's Surgeon (if carried)

Date

