A Port Health Plan for the ports of Swansea & Port Talbot, the river berths in Neath and the harbour at Porthcawl.

Guidance Handbook for Medical Officers and Port Health Officers

Version 7 November 2016

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Acknowledgments:
This guidance is based on a draft Plan developed by Dr. Judy Hart in consultation with the All Wales Port Health Technical Panel and is to be read in conjunction with the more detailed 'Handbook for Port Medical Officers' available at the port health offices.

GENERAL INFORMATION

INTRODUCTION

This handbook details the duties and functions of Port Medical Officers (PMOs) and Port Health Officers (PHOs) who may be required to attend emergency medical incidents at the port. The document outlines the legislative framework for these functions, as well as raising awareness of the special circumstances that may arise whilst boarding vessels from land or sea when assessing the condition of crew or passengers on board ship or at the port.

PORTS, TYPES OF VESSELS AND LIKELY CARGO.

Port Talbot: The dock area receives vessels carrying sand and steel products, including scrap metal. Pulverised slag waste from the steel plant is exported from the dock. The 'New Harbour' is a deep water facility where all bulk products for the steel making process are imported at the South Jetty. The North Jetty is to be modified to handle bulk wood products for a proposed bio-fuel power station adjacent to the harbour.

Swansea: General cargo, coal, steel, wood pulp, timber, logs, waste glass, sand, fertilizer, RDF bales and bulk cement is handled in the Kings Dock. The Dry Dock receives all manner of vessels for repair and recycling, whilst the only passenger services at Swansea are for the 'Balmoral pleasure-cruise vessel of the White Funnel line which visits the port during the summer season and the occasional cruise vessel.

Neath: 'Neath Cargo Terminal', the principal berth in the River Neath handles steel products, sand, scrap metal, coal, and animal feed. Sand is imported at Iron Works Wharf for concrete manufacture at the Hope Cement site.

Porthcawl: The harbour was developed into a new secure marina which opened in 2014.

PERSONAL SAFETY

On all port visits, the PMO will be accompanied by a PHO, who will be familiar with the site. The table below gives examples of hazards and special precautions that are recommended. Lifejackets will be supplied by the Port Health Authority.

In general - steel toed boots, hard hats and high visibility jackets should be worn during port visits.

Port Talbot: Car passes and personal ID cards issued by Tata are required for routine visits to vessels within the dock estate and harbour areas. The PHO will arrange entry through the steel works for PMOs.

Swansea: Entry to the dock estate at Swansea is via a security gate at the dock entrance and the PMO will be issued an entry permit by the security staff on arrival. The PHO will give prior notification to security that the PMO is to visit.

Neath: Entry to Neath Cargo Terminal is via a security barrier at the terminal entrance. The PHO will give prior notification to security that the PMO is to visit.

Porthcawl: The marina at Porthcawl is secure and a key needs to be obtained from the harbourmaster on duty. No vessels plying trade internationally visit this harbour.

Personal ID It would also be advisable for the PMO to carry photographic identification - passport or identity card issued by Public Health Wales, to comply with port security arrangements.

To raise awareness of boarding vessels, especially those carrying hazardous cargoes such as petrochemicals, and in order to reduce the risk of incidents, the following table illustrates the hazards that may be encountered.

ACTIVITY	HAZARD	EXISTING PRECAUTIONS	NOTES
Visit to vessels carrying petrochemicals	Volatile organic compounds which are potentially carcinogenic and explosive	Site safety procedures and instructions which may dictate access requirements	Access via vessel security and advice from lead operator.
Boarding vessels -often in wet and windy conditions	Falls from height (into water or onto deck or quayside)	- All officers to wear lifejacket and safety jacket, rubberised gloves, - On site assessment - If in doubt, do not board vessel until concerns can be addressed.	Ensure means of access to the vessel comply with Regulations eg safety net in place under gangway; and that gangway & any additional ladders are secured.
	- Slips and trips on deck equipment - Cargo spillages.	Wear steel toed, slip resistant safety boots	Safety equipment is available from the port health office
	Collision with overhead infrastructure on deck or inside vessel	Wear safety helmet when boarding	
Entering confined spaces on board vessels	Explosive atmospheres and asphyxiates	- Wear rubber soled, spark resistant, shoes - Use VHF radios - Turn off mobile phones on site - Use intrinsically safe torches for inspections - Gas detectors on site to detect low oxygen, hydrogen sulphide, carbon monoxide and other explosive gases - Accompanied by responsible officer from vessel	Only use mobile phones, with permission, in designated areas on board Utilise knowledge of and be accompanied by crew or jetty personnel when on site.
Contact with persons believed to be suffering from or carrying an infectious disease	May acquire infection	- Immunisations kept up to date - Advance notification received of possible infection on board	PMO will advise if personal protective equipment required
Driving	Accidents whilst driving	- Do not use mobile phones whist driving - Do not drive or work under the influence of alcohol, prescribed or illegal drugs, or other disabling conditions which impair co-ordination or ability - Adhere to road safety (inc parking) requirements within the port or harbour areas	Keep vehicle well maintained
Working outdoors in adverse weather conditions	- Predisposed to other illnesses and infections - Exposure / hypothermia	Wear protective clothing for cold and wet weather such as: thermal underwear, fleece jumper, over-trousers, sea-safe coats, hat.	- Additional coats available from port health office. - Consider wind chill, as it may not be immediately apparent.

LEGISLATIVE FRAMEWORK FOR PORT HEALTH

International legislation

The International Health Regulations 2005 (IHRs) apply to "*prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with the public health risks and which avoid unnecessary interference with international traffic*." The IHRs move away from the automatic notification of a single case of cholera, plague or yellow fever to the notification of ***all*** events that may constitute a 'public health emergency of international concern' (PHEIC). Therefore the scope of IHR 2005 is broader than just communicable diseases and could include chemical, biological, radiation and nuclear (CBRN) threats.

'ShipsanTrainet' is an innovative trans-EU database listing ship sanitation certificates held by vessels, which may be of use in cases of preventing the spread of infectious disease.

For description of what constitutes a PHEIC and details of the ShipsanTrainet refer to **Appendix A.**

Domestic legislation

UK powers applying the IHRs and governing related port health activity are contained in the Public Health Ships (and Aircraft) Regulations 1979. These regulations are made under section 13 of the Public Health (Control of Disease) Act 1984, which states that the regulations are "for preventing danger to public health from vessels or aircraft arriving at any place. A range of Health Protection Regulations were enacted in July 2010 detailing diseases and 'causative agents' notifiable to local authorities and the issuance, by JPs, of Orders to deal with incidents of public health concern. PMOs are appointed under these regulations and a description of their duties in specific situations can be found at **Appendix B**

What Constitutes a Danger to Public Health?

Although open to interpretation, the concept of danger to public health regarding vessels arriving at Swansea, Neath & Port Talbot would primarily be:

- Suspected food poisoning
- Contamination of the ship with faeces / vomit
- A passenger or crew member with rash illness
- Passengers or crew having a serious communicable disease for which they may need to be put under surveillance
  (e.g. tuberculosis, viral haemorrhagic fever, yellow fever, plague, cholera, SARS, diphtheria)
- A CBRN incident involving the vessel or the port itself
- A death on board
- Insects or rodents on board capable of transmitting disease

WHO IS RESPONSIBLE FOR PORT HEALTH?

At Swansea, Neath, Port Talbot and Porthcawl, 'Swansea Bay Port Health Authority' is the enforcement authority. The Authority has no statutory power to establish any kind of diagnostic or treatment service at the port for returning passengers or crew.

The appointed Port Medical Officer is Sion Lingard, Consultant in Communicable Disease Control and Proper Officer for the Swansea Bay Port Health Authority. Sion Lingard is based at The Mid & West Wales Health Protection Team, 36 Orchard Street, Swansea, SA1 5AQ. Alternate Port Medical Officers can be contacted out of hours through Ambulance Control at Carmarthen.

The PHOs for Swansea Bay Port Health Authority are:
Gill Morgan - Director of Port Health Services,
Seren Linton - PHO
Bill Arnold - Part time / relief PHO

The PHOs can be contacted during office hours on 01792 653523.

Refer to **Appendix G** for out of hours detail.

SITUATIONS

THE MASTER OF A VESSEL REQUESTS THAT A PASSENGER BE EXAMINED

Under Regulation 9 of the Public Health (Ships) Regulations 1979 there is a statutory requirement for a medical officer to examine a person, if requested, by the master of the ship.

Regulation 9 – Examination of persons on ships

1. The medical officer **may**, and if requested by the master, **shall** examine any person on board a ship on arrival or already in the district when there are reasonable grounds for suspecting that:
   a. The person is suffering from and infectious disease
   b. The person has been exposed to an infectious disease
   c. The person is verminous

Under Regulation 13, the Master is required to inform the port authority if there is someone on board who may have, or may have been exposed to, an infection.

Regulation 13 – Notification of infectious disease on board

The master of the ship shall report either directly to the local authority or through an agent, not more than 12 hours and whenever practicable not less than 4 hours before expected arrival:

a. The death of a person otherwise than as a result of an accident
b. Illness where the person has, or had, a temperature of 38º or greater, which had persisted for more than 48 hours, or is accompanied by a rash, glandular swelling or jaundice
c. Any illness or diarrhoea severe enough to interfere with work or normal activities
d. The presence of anyone who has had an infectious disease or TB
e. Any circumstances on board likely to spread infectious disease or other danger to public health

Sometimes this reporting is interpreted as a request under Regulation 9.

PHO role

1. To check that the Master is actually requesting that the person be examined and not simply complying with the requirement to report a suspect infection.
2. To check that the situation on board actually relates to infection. If a person is ill from a non-infectious cause or is being disruptive then they are not subject to the Ships Regulations. As this is not a port health issue, other arrangements (e.g. ambulance or police assistance) should be made.
3. PHO should call the (PMO) if there is still a requirement to have the person examined following the port health incident algorithm in **Appendix C**
4. Try to arrange for direct communication between the Master and PMO, ascertaining whether telephone contact is possible and noting relevant telephone numbers.
5. To immediately call an ambulance if the person appears to be seriously ill, prior to informing the PMO.

PMO role

1. To follow the port health incident algorithm in **Appendix C**
2. To contact the Master, and speak to affected person if possible, obtaining an accurate history and undertaking a preliminary assessment
3. To discuss with clinician if appropriate - A&E consultant / microbiologist / ID physician
4. To arrange to meet the PHO, who will provide escort to the vessel, enable you to negotiate security requirements, fulfil safety measures and facilitate boarding to carry out a basic assessment.

5. To contact Ambulance Control and brief the paramedics as to the situation if meeting the PHO is not practical or timely, and to request that they visit the vessel with the PHO to obtain the clinical information required to complete assessment by the PMO.
6. To arrange for the patient(s) to be admitted to hospital, if thought necessary and to liaise with the duty consultant at the hospital.
7. In the unlikely event that a major threat to public health is suspected by the PMO, to liaise with the PHO, Harbour Master and shipping agent about detaining all other passengers & crew members and placing the ship in quarantine and to ensure that the Wales Government and National Focal Point are informed.

PASSENGERS / CREW WITH DIARRHOEA AND VOMITING

It is possible that the illness may be due to food poisoning acquired during the voyage, or due to norovirus (especially cruise ships). Sea sickness may also be considered.

A detailed epidemiological history is required, to determine the most likely diagnosis.

The PMO should be involved. If an outbreak is suspected, the generic Wales Outbreak Plan (****) should be followed.

PHO role

1. To ask for a description of symptoms, how many people are ill and dates of onset of symptoms. To ask if any food handlers are ill.
2. To call an ambulance if anyone is very unwell.
3. To call the PMO.
4. If requested by the PMO, to arrange for contact tracing forms (PF1&2), gastrointestinal illness questionnaires (PF3) and faecal kits to be delivered to the port. Crew and passengers should be asked to complete them as soon as possible, to minimise the delay in disembarkation.

PMO role

1. To attend the port. If a cruise ship is involved to discuss the problem with ship's doctor.
2. To consult HPA guidelines on 'Norovirus on Cruise Ships' if appropriate (copy available at the port health office)
3. If a catering problem is suspected, the PMO should ask the PHO to make arrangements with the Master for contact tracing forms (PF1 & 2), gastrointestinal illness questionnaires (PF3) and faecal kits to be distributed.
4. To ask **all** passengers and crew to complete these forms before disembarking.
5. To allow those passengers who are well to disembark as soon as possible, once they have completed and handed in their forms. They should be given an advice letter in case they develop symptoms after leaving the port (see pages 13-16)
6. To assess those who are symptomatic for onward travel, or admission to hospital.
7. To consider the need to obtain food and or water samples from the vessel. This should be done by the PHO.

Decontamination of vessel

PHO should give advice to the Master re suitable cleaning and disinfection arrangements.

PASSENGER SUSPECTED OF HAVING A SERIOUS COMMUNICABLE DISEASE

This is very rare. Examples of serious communicable diseases include Viral Haemorrhagic Fevers, Plague, Cholera, SARS, Diphtheria, or other newly emerging infections. (see Health Protection (Notification)(Wales) Regulations 2010 - page 23
It is most unlikely to occur out of the blue. Epidemiological surveillance via WHO is likely to alert us to the possibility of cases and contingency plans will be put into place.

PHO role

1. To follow the port health incident algorithm in **Appendix C.**
2. To advise vessel that the patient should be isolated as far as possible until medical help arrives.
3. To contact the PMO who will perform initial assessment and to arrange for them to speak to Master or patient if possible.
4. To advise the Master that crew and / or passengers may need to be kept apart until screened or given health advice.

PMO role

1. To follow the port health incident algorithm in **Appendix C** and to speak to Master or patient directly to obtain history and clinical details.
2. To discuss with clinical colleagues as appropriate.
3. To arrange to meet the PHO, if required, who provide escort to the vessel, enable you to negotiate security requirements, fulfil safety measures and facilitate boarding to carry out a basic assessment.
4. To contact ambulance control and advise them that there is a crew member/passenger with suspected serious communicable disease who may need to be transferred to the A&E department
5. To ask passengers and crew to complete the contact tracing forms PF1 & 2.
6. To consider whether the Wales Government and the National Focal Point should be informed.

PASSENGER / CREW MEMBER WITH SUSPECTED PANDEMIC FLU

Refer to PHW website for up to date guidance http://www.publichealthwales.wales.nhs.uk/

There is no specific Pandemic Flu Plan for Ports

PASSENGER / CREW MEMBER WITH A RASH

This occurs occasionally and is hardly ever going to be a public health issue. Probably the only time that it cannot be ignored is when the possibility exists that a child may have meningococcal infection. In such circumstances the child will be ill and need urgent admission to hospital (see earlier section for more detailed management).

Mostly, children with rashes will have some common childhood infection such as chickenpox or measles.

PHO role

1. To ask the Master what the rash is believed to be due to. Often there will already be a good idea of the cause, usually something like chickenpox.
2. To advise the Master that rashes, with very few exceptions, rarely require port health intervention.
3. To contact the PMO if in doubt.
4. If necessary, shipping agent may arrange a GP appointment or transport to A&E department. If very unwell, offer to arrange an ambulance.

PMO role

1. To ascertain, if possible, the likely diagnosis by discussion with Master or patient directly.
2. To advise on risks and any further management - isolate the case and identify any high risk passengers / crew members.
3. To consider offering a letter to close contacts to advise them of their contact, symptoms to look out for and any action that they should consider taking. (see Appendix D)

DEATH ON BOARD

This is a rare event. The chance that a death will be due to an infection that is of major public health significance is extremely small. Following a death occurring during a voyage, relevant information is usually received prior to arrival of the vessel from the shipping agent. Declarations of such deaths are required in the 'Declaration of Health' notification made by the Master of the vessel. The Port Medical Officer must decide whether death is due to infectious disease, and if so, take any appropriate measures. It may be necessary to board such ships on arrival.

The Police (Scene of Crime Unit) and the Coroner's Office must be notified in the case of such deaths – see Appendix G contacts. The Scenes of Crime unit may not necessarily become involved where foul play is ruled out following medical examination of the body. In the case of multiple deaths it may be necessary to set up a temporary mortuary and reception facility within the port area. Such contingency is detailed in the Authority's Plan for handling a Major Outbreak of Infectious Disease.

Regulation 13 – Notification of infectious disease on board

The master of the ship shall report either directly to the local authority or through an agent, not more than 12 hours and whenever practicable not less than 4 hours before expected arrival:

a. The death of a person otherwise than as a result of an accident

When a death occurs during a voyage, relevant information is usually received prior to arrival of the vessel from the shipping agent. The Master of the vessel is required to report such deaths on the 'Maritime Declaration of Health' notification form. (see Appendix E)

The Police (Scene of Crime Unit) and the Coroner's Office must be notified in the case of such deaths The Scenes of Crime unit may not necessarily become involved where foul play is ruled out following medical examination of the body. Refer to contacts list in Appendix G.

The relevant Embassy / Consulate, together with the ship owners (via the shipping agent) will also have an interest and should therefore be kept informed of developments. Close liaison with the Coroners Office will be necessary to arrange transportation of bodies to the mortuary for post mortem and onward, after that, for repatriation. Although the MCA may not have a direct interest in such a case, it is good practice to advise them, together with the Harbour Authority, at an early stage.

Port health intervention will only be necessary when it seems likely that the death was due to an infection and, as a result other passengers, crew and contacts may have been put at risk.

PHO role

1. To ask the Master what he thinks the person died from.
2. To inform the police if the circumstances suggest the death was not due to infection and there is no indication for further port health involvement.
3. To isolate the remaining passengers / crew if the case is thought to have died from an infection.
4. To contact the PMO if required.

PMO role

1. To decide whether the death is due to infectious disease, and if so, to take any appropriate measures. It may be necessary to board such ships on arrival.
2. If a non infectious cause seems likely then inform the police that, in your opinion, the death does not seem to be due to an infection and they may dispose of the body in the normal way.
3. To obtain details of all passengers / crew using contact tracing forms PF 1 & 2.

WHITE POWDER INCIDENTS

If a "White Powder" incident has occurred on board it should first be referred to the police - refer to contact list **Appendix G**. If the police assess the incident as a "credible threat" then passengers should be decontaminated according to the Ambulance Service protocol.

PMO role

1. To attend the port
2. To seek advice / information from the PHE CRCE
   - see Appendix G for contact detail.
3. To ensure that passengers and crew members are transferred into a holding area for interview, following decontamination
4. To ascertain the number of passengers and crew affected, including the number of children under 12 years.
5. To obtain appropriate supplies of Ciprofloxacin to offer passengers and crew 3 days post exposure prophylaxis. For large numbers (100+), the Biological Pods should be accessed from the UK Reserve Stock. For small numbers of passengers it may be possible to obtain sufficient supplies from the hospital pharmacy.
6. To interview passengers and crew to ascertain if any are suffering symptoms which may be attributable to the incident, and arrange for appropriate medical assistance if necessary.
7. To offer passengers and crew a 3 day starter course of Ciprofloxacin post exposure prophylaxis, together with the appropriate information leaflets.
8. To obtain contact details from all passengers and crew by completion of form PF2 before they are allowed to leave the holding area. They should retain form PF1 to notify change of address.
9. To decontamination of the vessel is the responsibility of the agent/owner. Decontamination of the holding area, if necessary, is the responsibility of the port authority. Specialist advice will be available from the CRCE.

REQUESTS REGARDING MEDICAL STORES

Sea-going ships and fishing vessels are required to carry medicines and other medical stores appropriate to its type and distance from port. The current list of required medicines and medical equipment is contained in Merchant Shipping Notices. Details of MSN 1768 (M+F) can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment/msn1768.pdf

Medical Stores have to carry a certificate displayed on the door of the locker to confirm the contents have been checked annually to ensure the correct pharmaceuticals are present and within the expiry date. In practice, this check and certification may be undertaken by a local pharmacist, especially one who is familiar with port issues.

There is only one duty in the legislation which should be performed by the PMO. This relates to verifying that the quantity of controlled drugs requested by the Master of a non-UK registered vessel is appropriate for the size of the vessel. Description of sizes of vessels and appropriate quantities of controlled drugs are described in MSN 1768 (M+F) as above.

Misuse of Drugs Regulations 2001
Section 14. Documents to be obtained by supplier of controlled drugs

(5) A requisition to a person (hereafter in this paragraph referred to as "the supplier") for a controlled drug, other than on a prescription or by way of administration, to any of the persons specified (the owner of a ship, or the master of a ship which does not carry a doctor OR the master of a foreign ship in a port in Great Britain) shall -

(b) where furnished by the master of a foreign ship, contain a statement, signed by the proper officer of the port health authority, that the quantity of the drug to be supplied is the quantity necessary for the equipment of the ship.

Port Health Forms

Form PF1

Infectious Disease Precautions

PART A - Instructions

You have been given this form because you may have been in contact with an infectious disease whilst abroad, or while travelling. Because we may need to contact you in the near future, to offer you health advice or screening, please complete and hand in your completed Contact Tracing form (PF2) to the Port Health Authority before leaving the port.

When you leave the port, please **keep Part B** of this form. If you change your address from that given in the Contact Tracing form, within the next 21 days, please complete **Part B** and post it at once to the:

Director of Port Health Services
Swansea Bay Port Health Authority
Port Health Office,
Kings Dock
Swansea
SA1 8RU

If you feel ill within the next 21 days, consult a doctor, tell him where you have come from, and that you were issued with this warning when you arrived in the UK.

PART B - Notice of Change of Address within 21 Days of Disembarkation

SURNAME: ……..

OTHER NAMES: ……..

Arrived in UK on:…… (date)

From:…… (Country)

Vessel:……

My new address will be:

……..……

……

From:…… (date)

Telephone number:…….

Signature:…….

Date: ……/……/…….

Form PF2

Contact Tracing Form

Please complete this form and hand it to the Port Medical Officer before leaving the port

Personal Information

Surname: ……
Other Names: ……
Date Of Birth: ……Sex: M / F
Status: New Entrant / Visitor / Resident
Passport Number: ……
Issuing Country: ……
Permanent Home Address:……
……
……
Country: ……Post Code: ……
Home Telephone number: ……
Mobile number: ……

UK Residents only
Name of GP: ……
Surgery Address (if known): ……
……

Travel information

Arrived in UK on: ……/……/…… (date)
From: …… (Country)
…… (Vessel)

Contact Information

Your contact address in the UK (if not your home address):

……
……
……
Post Code:……

Your contact telephone number / mobile phone number / E-mail:

……

In case of emergency, please provide contact details for the person
who will best know where you are for the next 21 days (family or work contact)

Name: ……
Address: ……
……
Telephone number: ……

E-mail: ……

Form PF2

FAMILY GROUPS

Please give details of each member of the family, including children

Name……..

Date of Birth……Cabin / Seat number…..……

Name……..

Date of Birth……Cabin / Seat number…..……

Name……..…

Date of Birth……Cabin / Seat number…..……

Name……..…

Date of Birth……Cabin / Seat number…..…....

Name……..…

Date of Birth……Cabin / Seat number…..……

Form PF3

Gastro Intestinal Illness: Exposure Investigation form

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

PAGE 2:

SECTION A: CLINICAL INFORMATION

17. PLEASE TICK WHICH OF THE FOLLOWING SYMPTOMS YOU HAVE HAD AS PART OF THIS ILLNESS:

☐ Diarrhoea ☐ Blood in stool ☐ Vomiting

☐ Nausea ☐ Abdominal pain ☐ Fever

☐ Other (please specify): _____

18. ONSET DATE
Date first new symptom in this illness d d m m y y y y

19. ONSET TIME ☐ Morning *(0001-1200)*

☐ Afternoon/Evening *(1201-2359)*

20. DO YOU STILL HAVE SYMPTOMS OF THIS ILLNESS? ☐ Yes ☐ No

20a. IF NO, DATE OF LAST SYMPTOM
e.g. last loose stool; last day felt unwell or nauseous d d m m y y y y

21. DID YOU ATTEND A HOSPITAL EMERGENCY DEPARTMENT DUE TO THIS ILLNESS? ☐ Yes ☐ No

21a. IF YES, WHICH ONE?

21b. DATE FIRST ATTENDANCE d d m m y y y y

22. WERE YOU ADMITTED (STAYED OVERNIGHT) IN HOSPITAL DUE TO THIS ILLNESS? ☐ Yes ☐ No

22a. IF YES, WHICH ONE?

22b. DATE ADMITTED d d m m y y y y

22c. DATE DISCHARGED d d m m y y y y

Gastro Intestinal Illness: Exposure Investigation form

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PAGE 3:

PERSON TO PERSON AND OCCUPATIONAL EXPOSURES

MAIN OCCUPATION	
MAIN EMPLOYER	
MAIN EMPLOYER ADDRESS AND POSTCODE	

RISK GROUP
(tick YES, NO or UNKNOWN)

RISK GROUP	DESCRIPTION	YES	NO	UNKNOWN	IF YES, WORKPLACE/FACILITY NAME AND POSTCODE
A	Any person of doubtful hygiene or with unsatisfactory toilet, hand washing or hand drying facilities at home, work or school.				
B	Children who attend pre-school groups or nursery.				
C	People whose work involves preparing or serving unwrapped foods not subjected to further heating.				
D	Clinical and social staff who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences				
If "NO" for all above, then not in risk group					

DOES YOUR WORK OR STUDY INVOLVE AND OF THE FOLLOWING, INCLUDING IF YOU ATTEND YOURSELF?

CHILDCARE FACILITY ☐ Yes ☐ No ☐ Not sure
e.g. nursery, childminder, residential facility - any facility involving persons aged under 16

NAME

POSTCODE

SCHOOL ☐ Yes ☐ No ☐ Not sure

NAME

POSTCODE

FURTHER OR HIGHER EDUCATION ESTABLISHMENT ☐ Yes ☐ No ☐ Not sure

NAME

POSTCODE

Gastro Intestinal Illness: Exposure Investigation form

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PAGE 4:

WORK WITH ANIMALS, LIVESTOCK, OUTDOORS OR WITH THE ENVIRONMENT? ☐ Yes ☐ No ☐ Not sure
e.g. farming, environmental, fishing, veterinary, abattoir building, water courses, forestry, parks, military

NAME

POSTCODE

TYPE OF RESIDENCE

☐ Single household residence ☐ Institution (e.g. care home) ☐ HMO, including halls of residence

☐ Other (including holiday accommodation):

MAINS WATER SUPPLY TO HOUSEHOLD? ☐ Yes ☐ No ☐ Not sure

IF YES, COMPANY NAME

NUMBER OF PEOPLE NORMALLY RESIDENT IN HOUSEHOLD (INCLUDING CASE)
Can omit if Institution

Adults (aged 16 or over): Children (aged 5-15): Children (aged 0-4):

NUMBER OF PEOPLE NORMALLY RESIDENT IN HOUSEHOLD IN RISK GROUP A-D?
Can omit if Institution

A (hygiene) B (pre-school/nursery) C (food handler)

D (carer for vulnerable) Not in a risk group

HAS ANYBODY IN THE HOUSEHOLD BEEN ILL WITH A GI ILLNESS DURING THE INCUBATION PERIOD? ☐ Yes ☐ No ☐ Not sure

HOUSEHOLD CONTACTS

NAME	DOB OR AGE	OCCUPATION	RISK GROUP (A-D)	HAVE THEY HAD A SIMILAR ILLNESS IN THE 14 DAYS BEFORE CASE ONSET? IF YES, STATE WORK-PLACE	ILLNESS ONSET DATE (dd/mm/yyyy)

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SECTION B: EXPOSURES IN THE SPECIFIED INCUBATION PERIOD

23. ONSET DATE *(from above)* d d m m y y y y

DURING THE INCUBATION PERIOD HAVE YOU DONE ANY OF THE FOLLOWING:

24. SPENT ANY NIGHTS AWAY FROM HOME WITHIN THE UK? ☐Yes ☐No ☐Not sure
(Holidays or business trips; staying at friends or relatives, hotels, campsites, etc)

DETAILS OF NIGHTS AWAY FROM HOME WITHIN THE UK?			
FROM (dd/mm/yyyy)	TO (dd/mm/yyyy)	ESTABLISHMENT	LOCATION

24. VISITED ANY VISITOR ATTRACTION WITHIN THE UK? ☐Yes ☐No ☐Not sure
(Theme parks, open farms, museums, historical attractions, fairs, events, etc)

DETAILS OF VISITS TO ANY VISITOR ATTRACTION WITHIN THE UK?			
FROM (dd/mm/yyyy)	TO (dd/mm/yyyy)	ESTABLISHMENT	LOCATION

25. SPENT ANY NIGHTS AWAY FROM HOME OUTSIDE THE UK? ☐Yes ☐No ☐Not sure
(Holidays or business trips; staying at friends or relatives, hotels, campsites, etc)

DETAILS OF NIGHTS AWAY FROM HOME OUTSIDE THE UK?			
FROM (dd/mm/yyyy)	TO (dd/mm/yyyy)	ESTABLISHMENT/RESORT NAME	COUNTRY/LOCATION

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26. CONTACT (BEING IN SAME ROOM) WITH PETS IN YOUR OWN OR SOMEONE ELSE'S HOUSEHOLD?

☐ Yes ☐ No ☐ Not sure **IF YES, DETAILS**

27. DIRECT CONTACT WITH AREAS USED BY OTHER ANIMALS OR BIRDS IN OR NEAR YOUR HOUSEHOLD?

e.g. bird tables; animal feeding points; livestock or breeding facilities in house or garden

☐ Yes ☐ No ☐ Not sure **IF YES, DETAILS**

28. STAYED IN OR VISITED A PLACE/PREMISES WHERE THERE WERE ANIMALS OR BIRDS? THIS WILL INCLUDE VISITS TO A FARM, PETTING ZOO, STABLES, FARM ACCOMMODATION, ETC?

☐ Yes ☐ No ☐ Not sure **IF YES, DETAILS**

29. SWAM OR PLAYED IN A SWIMMING POOL, INDOOR OR OUTDOOR?

☐ Yes ☐ No ☐ Not sure **IF YES, DETAILS**

30. TAKEN PART IN ANY OTHER (NON SWIMMING POOL) WATER-BASED ACTIVITY WHICH COULD HAVE LED TO ANY ACCIDENTAL SWALLOWING OF WATER; INCLUDES PADDLING POOLS, RIVERS, LAKES, PONDS, SAILING, CANOEING, WINDSURFING, FISHING, ETC?

☐ Yes ☐ No ☐ Not sure **IF YES, DETAILS**

31. CONSUMED WATER FROM A PRIVATE WATER SUPPLY (EITHER IN A HOUSEHOLD OR RELATING TO A PREMISES/CAMPSITE/EVENT)?

☐ Yes ☐ No ☐ Not sure **IF YES, DETAILS**

32. TAKEN PART IN ANY OUTDOOR ACTIVITY THAT BROUGHT YOU INTO CONTACT WITH SOIL, MUD OR WATER COURSES IN FIELDS, OPEN LAND OR PARK LAND, INCLUDING HILL-WALKING, MOUNTAIN-

☐ Yes ☐ No ☐ Not sure **IF YES, DETAILS**

33. TAKEN PART IN ANY ACTIVITY THAT BROUGHT YOU INTO CONTACT WITH FAECES (HUMAN, BIRD, ANIMAL, E.G. GARDEN MANURE, UNBLOCKING TOILETS, CLEANING UP AFTER PETS, USING A PRESSURE WASHER ON GARDEN SURFACES, BIRD FEEDING TABLES, ETC)?

☐ Yes ☐ No ☐ Not sure **IF YES, DETAILS**

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34. EATEN ANY MEALS/SNACKS BOUGHT FROM ANY COMMERCIAL FOOD BUSINESS OR OUTLET?
Including cafes, restaurants, takeaways, street food

☐ Yes ☐ No ☐ Not sure

IF YES, PLEASE LIST PLACES EATEN

NAME	STYLE OF FOOD	TOWN/VILLAGE	POSTCODE	DATE LAST ATE AT PREMISES
	British ☐ Chinese ☐ Indian ☐ Italian ☐ Other (please specify) ☐			
	British ☐ Chinese ☐ Indian ☐ Italian ☐ Other (please specify) ☐			
	British ☐ Chinese ☐ Indian ☐ Italian ☐ Other (please specify) ☐			
	British ☐ Chinese ☐ Indian ☐ Italian ☐ Other (please specify) ☐			
	British ☐ Chinese ☐ Indian ☐ Italian ☐ Other (please specify) ☐			

35. EATEN FOOD PREPARED OR SERVED AT A SCHOOL OR PRESCHOOL FACILITY?

☐ Yes ☐ No ☐ Not sure **IF YES, NAME AND LOCATION OF FACILITY**

36. EATEN FOOD PREPARED OR SERVED AT A WORKPLACE CANTEEN, UNIVERSITY OR COLLEGE PREMISES?

☐ Yes ☐ No ☐ Not sure **IF YES, NAME AND LOCATION OF FACILITY**

37. EATEN FOOD PURCHASED FROM THE FOLLOWING SUPERMARKETS DURING THE INCUBATION PERIOD?

☐ Aldi ☐ Morrisons ☐ Tesco ☐ Waitrose
☐ Lidl ☐ Asda ☐ Sainsbury ☐ M&S

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38. IN THE INCUBATION PERIOD, DID YOU EAT ANY OF THE FOODS BELOW? PLEASE TICK YES, NO OR NOT SURE AGAINST EACH AND GIVE DETAILS AS RELEVANT. THE LIST OF FOODS BELOW IS A GENERAL ONE AND WILL INCLUDE ITEMS THAT YOU MAY NOT EAT FOR RELIGIOUS OR CULTURAL REASONS. PLEASE TICK THE NO BOX FOR ANY SUCH FOODS.

POULTRY (CHICKEN, TURKEY, DUCK, GOOSE, ETC)	☐ Yes	☐ No	☐ Not sure
DETAILS			
BEEF	☐ Yes	☐ No	☐ Not sure
DETAILS			
LAMB	☐ Yes	☐ No	☐ Not sure
DETAILS			
PORK	☐ Yes	☐ No	☐ Not sure
DETAILS			
SEAFOOD	☐ Yes	☐ No	☐ Not sure
DETAILS			
SALAD (LOOSE)	☐ Yes	☐ No	☐ Not sure
DETAILS			
SALAD (BOUGHT IN SEALED BAG)	☐ Yes	☐ No	☐ Not sure
DETAILS			
FRESH FRUIT	☐ Yes	☐ No	☐ Not sure
DETAILS			
IMPORTED FOODS, INCLUDING BROUGHT BACK FROM HOLIDAYS	☐ Yes	☐ No	☐ Not sure
DETAILS			
MILK OR MILK PRODUCTS FROM AN ON-FARM PRODUCER	☐ Yes	☐ No	☐ Not sure
DETAILS			
DAIRY PRODUCTS (PASTEURISED & UNPASTEURISED)	☐ Yes	☐ No	☐ Not sure
DETAILS			

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EGGS (LION BRAND/ NON-LION BRANDED) AND WHERE PURCHASED ☐ Yes ☐ No ☐ Not sure

DETAILS

READY-MADE SANDWICHES ☐ Yes ☐ No ☐ Not sure

DETAILS

COLD PRE-COOKED MEATS ☐ Yes ☐ No ☐ Not sure

DETAILS

ANY OTHERS ☐ Yes ☐ No ☐ Not sure

DETAILS

USER/LOCALITY DEFINED QUESTIONS

39. DOMESTIC POULTRY CONSUMPTION / PREPARATION / PURCHASING (LOCAL SURVEILLANCE ONLY)

DID YOU PURCHASE POULTRY? ☐ Yes ☐ No ☐ Not sure

DID YOU PREPARE FRESH POULTRY AT HOME? ☐ Yes ☐ No ☐ Not sure

DID YOU PREPARE FROZEN POULTRY AT HOME? ☐ Yes ☐ No ☐ Not sure

DID YOU WASH POULTRY AT HOME? ☐ Yes ☐ No ☐ Not sure

DID YOU DRY POULTRY AT HOME WITH NON-DISPOSABLE CLOTHS ☐ Yes ☐ No ☐ Not sure

DID YOU RINSE POULTRY PACKAGING WITH WATER BEFORE DISCARDING/RECYCLING ☐ Yes ☐ No ☐ Not sure

IF PREPARED POULTRY, WERE SEPARATE CHOPPING BOARDS USED FOR RAW POULTRY ☐ Yes ☐ No ☐ Not sure

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SIGNIFICANT EXPOSURE SURVEILLANCE

PLEASE REVIEW ALL ABOVE ANSWERS TICKED "YES".

BASED ON YOUR PROFESSIONAL JUDGEMENT AND TO THE BEST OF YOUR KNOWLEDGE, PLEASE RECORD ALL REPORTED EXPOSURES PROMPTED BY THE SCREENING QUESTIONS ABOVE THAT ARE PLAUSIBLE SOURCES OF INFECTION GIVEN THE ILLNESS, PATHOGEN, AND INTERVAL FROM EXPOSURE DATE TO ONSET

CASE CATEGORY AND MODE OF TRANSMISSION

BASED ON YOUR PROFESSIONAL JUDGEMENT AND TO THE BEST OF YOUR KNOWLEDGE:

WHAT IS THE CASE CATEGORY INITIALLY ASSIGNED? (Tick one only) ☐ Sporadic ☐ Cluster/Outbreak

IF CLUSTER/OUTBREAK, OUTBREAK IDENTIFIER: ____________

WHAT IS THE CASE CATEGORY FINALLY ASSIGNED? (Tick one only) ☐ Sporadic ☐ Cluster/Outbreak

IF CLUSTER/OUTBREAK, OUTBREAK IDENTIFIER: ____________

I.D. LEAFLET(S) GIVEN TO CASE? ☐ Yes ☐ No

ADVICE GIVEN: ____________

TYPE OF EXPOSURE (TICK THE ONE WHICH IS MOST RELEVANT)	DATE OF EXPOSURE (EARLIEST DATE WITHIN INCUBATION PERIOD IF MORE THAN ONE DATE)	DESCRIPTORS PLEASE INCLUDE THE "KEY" WORDS AS THOUGH YOU WERE POSTING THIS ON TWITTER, INCLUDING GENERAL AND SPECIFIC WORDS e.g. #school #schoolname #camping #campsitename #pet #lizard #beardeddragon #wedding #venuename #salad #supermarketname #travel #country	LOCATION PLEASE INCLUDE THE TOWN OR VILLAGE AND POSTCODE. IF CANNOT BE LOCALISED TO A POSTCODE, PLEASE ENTER THE POSTCODE CORRESPONDING TO WHATEVER IS IN THE CENTRE OF THE NEAREST VILLAGE OR TOWN.
Travel outside UK........ ☐ Food (home)........ ☐ Food (outside home)........ ☐ Drinking water........ ☐ Swimming pool........ ☐ Other environmental exposure ☐ Contact with animals........ ☐ Person to person contact .... ☐			
Travel outside UK........ ☐ Food (home)........ ☐ Food (outside home)........ ☐ Drinking water........ ☐ Swimming pool........ ☐ Other environmental exposure ☐ Contact with animals........ ☐ Person to person contact .... ☐			
Travel outside UK........ ☐ Food (home)........ ☐ Food (outside home)........ ☐ Drinking water........ ☐ Swimming pool........ ☐ Other environmental exposure ☐ Contact with animals........ ☐ Person to person contact .... ☐			

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OFFICER NOTES:

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APPENDIX

EXPOSURE CATEGORIES/TYPES: (NOT EXHAUSTIVE)

1. TRAVEL UK
2. TRAVEL ABROAD
3. HOUSEHOLD PETS
4. ANIMAL CONTACT OUTSIDE HOME
5. SWIMMING POOL
6. SWALLOW WATER OUTSIDE
7. PRIVATE WATER SUPPLY
8. OPEN LAND/MUD
9. COMMERCIAL FOOD BUSINESS
10. TAKEAWAY SANDWICHES
11. FUNCTION/GATHERING
12. BROAD FOOD CATEGORIES

OTHER (WITHOUT SCREENING QUESTIONS)

13. DIRECT CONTACT WITH INFECTIOUS PERSON (HOUSEHOLD)
14. DIRECT CONTACT WITH INFECTIOUS PERSON (NON-HOUSEHOLD)

HOUSEHOLD DETAILS

TYPE OF RESIDENCE

1. SINGLE HOUSEHOLD
2. HMO (INCLUDING HALLS OF RESIDENCE)
3. INSTITUTION (E.G. CARE HOME)
4. OTHER (INCLUDING HOLIDAY ACCOMMODATION)
   DETAILS:

NUMBER OF PEOPLE NORMALLY RESIDENT IN HOUSEHOLD (INCLUDING CASE) (Omit if an Institution)

ADULTS (AGED 16 OR OVER)
CHILDREN (AGED 5-15)
CHILDREN (AGED 0-4)

NUMBER OF PEOPLE IN EACH RISK GROUP NORMALLY RESIDENT IN HOUSEHOLD (Omit if an institution)

A (HYGIENE)
B (PRE-SCHOOL NURSERY)
C (FOOD HANDLER)
D (CARER FOR VULNERABLE)
NOT IN A RISK GROUP

HAS ANYBODY IN THE HOUSEHOLD BEEN ILL WITH DIARRHOEA, VOMITING OR ABDOMINAL PAIN DURING THE EXPOSURE PERIOD?

YES
NO
NOT SURE

RISK GROUPS

GROUP A: ANY PERSON OF DOUBTFUL HYGIENE OR WITH UNSATISFACTORY TOILET, HAND-WASHING OR HAND DRYING FACILITIES AT HOME, WORK OR SCHOOL. "HYGIENE"

GROUP B: CHILDREN WHO ATTEND PRE-SCHOOL GROUPS OR NURSERY. "PRE-SCHOOL/NURSERY"

GROUP C: PEOPLE WHOSE WORK INVOLVES PREPARING OR SERVING UNWRAPPED FOODS NOT SUBJECTED TO FURTHER HEATING. "FOOD HANDLER"

GROUP D: CLINICAL AND SOCIAL STAFF WHO HAVE DIRECT CONTACT WITH HIGHLY SUSCEPTIBLE PATIENTS OR PERSONS IN WHOM A GASTROINTESTINAL INFECTION WOULD HAVE PARTICULARLY SERIOUS CONSEQUENCES. "CARER FOR VULNERABLE"

EXAMPLES

EXPOSURE DESCRIPTOR	EXPOSURE LOCATION	TRANSMISSION
ATE SALAD	POSTCODE FOR TESCO LLANELLI	FOOD PREPARED AT HOME
DRANK WATER	POSTCODE OF CAMPSITE	PRIVATE WATER SUP-PLY; TRAVEL (RESORT); ENVIRONMENT
CONTACT WITH PET LIZARD AT FRIEND'S HOUSE	POSTCODE OF FRIEND'S HOUSE	ANIMAL CONTACT (PETS)
ATE FOOD AT WEDDING	POSTCODE OF VENUE	FOOD AT SOCIAL EVENT; TRAVEL (RESORT)

Appendix A

Public Health Emergency of International Concern (PHEIC)

Communicating with the National Focal Point

According to the IHR (2005) a public health emergency of international concern (PHEIC) refers to an extraordinary public health event which is determined, under specific procedures:

a. to constitute a public health risk to other States through the international spread of disease; and
b. to potentially require a coordinated international response.

To ensure adequate and early communications with WHO about potential international public health emergencies, the IHRs include a decision instrument (below) which sets the parameters for notification to WHO of all events which may constitute a public health emergency of international concern (PHEIC) based on the following criteria:

a. seriousness of the public health impact of the event;
b. unusual or unexpected nature of the event;
c. potential for the event to spread internationally; and/or
d. the risk that restrictions to travel or trade may result because of the event.

Communicating with the National Focal Point

The UK NFP is accessible to all callers via the following:

E-mail (automatically forwarded to the personal e-mail accounts of the CfI IHR team seven days a week) ihrnfp@phe.gov.uk **Telephone**: 02083 277397

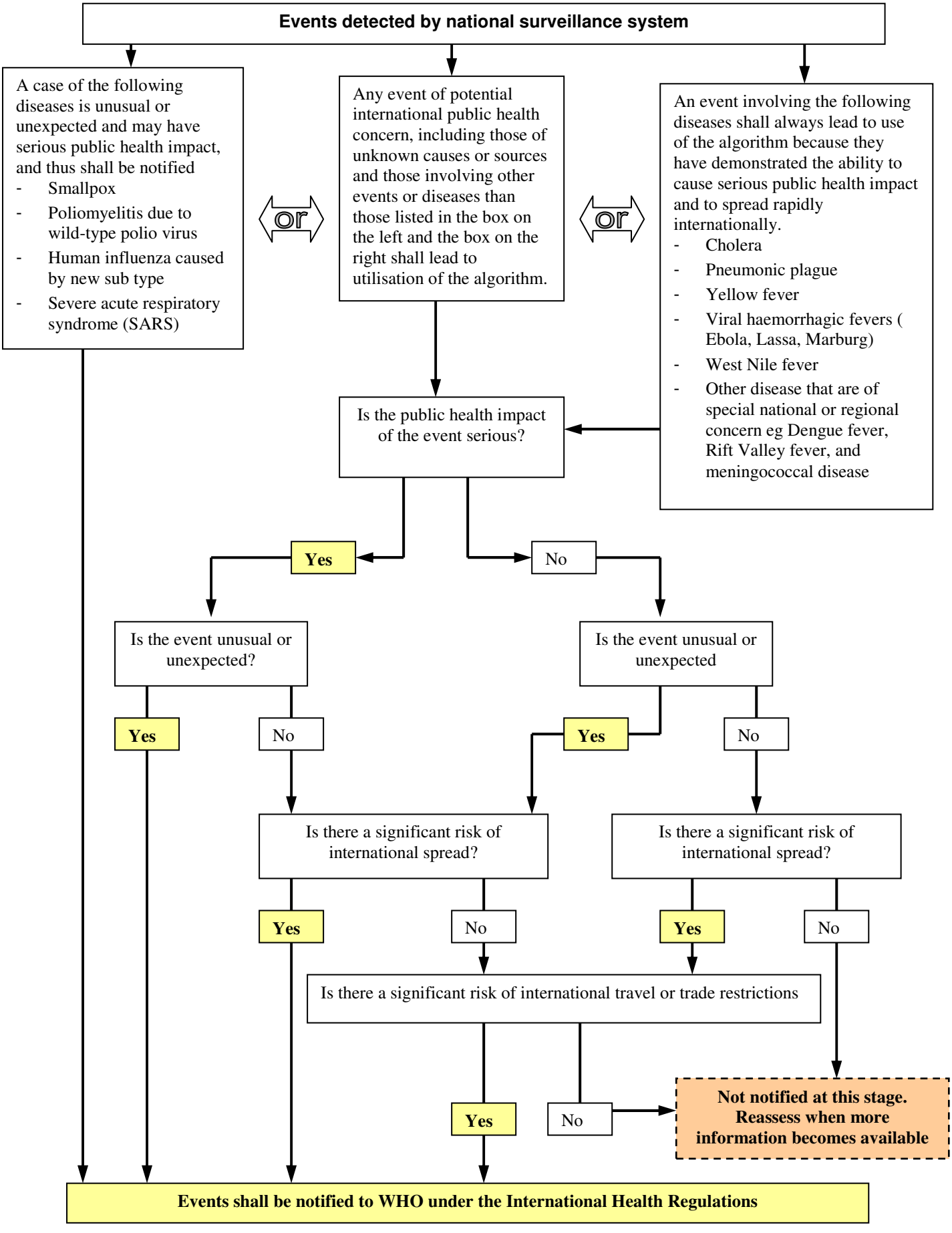
For decision instrument and communications protocol letter see page 18 overleaf.

In addition to this broad scope for notification, two groups of diseases are deemed to raise particular concerns as potential international health emergencies of international concern:

1 For four critical diseases even one case, must be notified at all times independent of the context in which it occurs. These diseases are smallpox, poliomyelitis due to wild type poliovirus, human influenza caused by a new subtype and severe acute respiratory syndrome (SARS)

2 Several further epidemic-prone diseases, although not always notifiable, 'have demonstrated the ability to cause serious public health impact and to spread rapidly internationally'. Events involving these diseases must always been assessed using the Decision Instrument but only notified when fulfilling the requirements of the algorithm. Such diseases include cholera, pneumonic plague, yellow fever, viral haemorrhagic fevers, West Nile fever and other diseases that are of special national or regional concern.

Figure: **Decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern (PHEIC)**



Electronic distribution to:

Director of Health Protection, Public Health Wales (PHW)
Consultants in Communicable Disease Control, PHW
Regional Epidemiologists, PHW
Directors of Public Protection, Local Authorities
Chair, Communicable Disease Technical Panel
Chair, Port Health Technical Panel

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

CC:

Welsh Local Government Association
Dr Jane Wilkinson, Welsh Assembly Government
Dr Sara Hayes, Welsh Assembly Government
Ronnie Alexander, Welsh Assembly Government
Chris Brereton, Welsh Assembly Government
Stephanie Barnhouse, Welsh Assembly Government

22 December 2009

INTERNATIONAL HEALTH REGULATIONS UK NATIONAL FOCAL POINT COMMUNICATIONS PROTOCOL

Dear Colleague

I would like to inform you that the International Health Regulations UK National Focal Point Communications protocol has been formally adopted and must now be implemented.
Article 4 of the International Health Regulations 2005 requires that "each State Party shall designate or establish a National IHR Focal Point" (NFP) that "shall be accessible at all times for communication with the World Health Organization (WHO) IHR Contact Points."

The NFP has a duty to both assess events that may be Public Health Emergencies of International Concern (PHEICs) (in conjunction with the relevant public health authorities in the part of the UK territory affected) and to notify them to WHO. The UK Governments (including Wales) have designated the Health Protection Agency as the UK's NFP and a protocol has been developed for communications in relation to the International Health Regulations. This protocol has been formally agreed by all relevant UK authorities, including the Chief Medical Officer for Wales and the Minister for Health and Social Services.

A copy of the protocol is attached to this letter. The HPA have also established a webpage with information on the focal point function: http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733837642

As detailed in the protocol, the UK NFP is accessible at all times; any incident detected in Wales that might have implications for international public health or trade or traffic should be discussed with the NFP without delay. This should be done by Public Health Wales as the lead agency for Wales.
If an officer of a local authority becomes aware of an incident, the local Public Health Wales Health Protection Team should be informed using the contact details below. Public Health Wales will then contact the NFP using the contact details provided in the protocol.

Public Health Wales contact details:

- During working hours (Monday-Friday 9am-5pm) contact your local Health Protection Team:
- North Wales: 01352 803234
- Mid & West Wales: 01792 607387
- South East Wales: 02920 402478
- Out of Hours contact Ambulance Control: 0300 123 9235 and ask for the on call CCDC.

If you have any queries regarding this letter, please contact Stephanie Barnhouse on 02920 826191; Stephanie.Barnhouse@wales.gsi.gov.uk

Yours sincerely

David Worthington Head of Health Protection Division, Welsh Assembly Government

Appendix B: Duties of a Port Medical Officer

The term "Port Medical Officer" (PMO) describes "the medical officer for the Public Health (Aircraft) and Public Health (Ships) Regulations 1979", as amended, and should not be confused with the term "Authorised Officer" which also features in the regulations.

These regulations enable the PMO, or authorised officer, to exercise specified legal powers. As such, the PMO and authorised officers need to be appointed by the Local Authority or Port Health Authority, in the same manner as for the Proper Officer under the Public Health Control of Diseases Act 1984. The PMO has some powers and obligations which the authorised officer does not have; care should be exercised to be aware of the difference where non-medical authorised officers are used. In Wales, the Consultant in Communicable Disease Control (CCDC) is appointed as PMO for each port or airport in their area. The other CCDCs are appointed as Alternate Port Medical Officers for all the Welsh ports and airports to ensure PMO availability both in and out of hours.

The PMO is required to discharge the legal powers and obligations with respect to port health covered by the Public Health Control of Diseases Act 1984, the Public Health (Ships and Aircraft) Regulations 1979, the Public Health (International Trains) Regulations 1994, and the International Health Regulations 2005 (plus subsequent amendments).

These regulations place a responsibility on the captain or commander of a plane/ship/train arriving at an international travel terminal to notify the Port Health Authority when there is suspected communicable disease on board. Permitted responses are specified, to comply with the requirement of not interfering with international travel movements beyond the minimum required for appropriate action to be taken to protect the public health. The regulations contain obligations (the medical officer **shall**…) and discretionary powers (the medical officer **may**…). A summary below illustrates the major duties required under the regulations.

Public Health (Ships) Regulations 1979, amended 2007

A. Incoming ships

Regulation 7 - Inspection of ships

1. An authorised officer **may** inspect any ship on arrival or already in the district
2. An authorised officer **shall**
   a. Inspect on arrival any ship where the master has reported any illness or death under Regulation 13
   b. Inspect any ship already in the district where there are reasonable grounds for believing that there is a case (or suspected case) of infectious disease
3. Inspection of a ship **may** include taking from the ship samples of food or water for the purposes of examination

Regulation 8 - Direction of ships

An authorised officer **may** require a ship to be brought to, or moored, at some safe and convenient place for medical inspection

Regulation 9 - Examination of persons on ships

2. The medical officer **may**, and if requested by the master, **shall** examine any person on board a ship on arrival or already in the district when there are reasonable grounds for suspecting that:
   a. The person is suffering from and infectious disease
   b. The person has been exposed to an infectious disease
   c. The person is verminous
3. An authorised officer **may**
   a. Detain such person for examination, either aboard the ship or ashore
   b. Require the clothing or other articles to be disinfected and disinsected and any verminous person disinsected
   c. Prohibit any person examined to leave the ship, or to leave it on reasonable and necessary conditions to prevent the spread of infection as set by the authorised officer
   d. Require the master to assist in taking necessary steps on board the ship to prevent the spread of infection, disinsection or destruction of vermin and for removal of conditions likely to convey infection

8. A ship shall not be required to be used for isolation of a person with, or exposed to, an infectious disease, if such isolation would delay or unduly interfere with the movements of the ship

Regulation 10 - Powers in respect of certain persons on ships
Where the medical officer suspects that there is a person on board who has an infectious disease, or TB, the medical officer **may**

a. Cause the person to be removed from the ship and isolated, or sent to a hospital or some other suitable place
b. In the case of cholera, smallpox or viral haemorrhagic fever (VHF), place such a person under surveillance

Regulation 11 - Supply of information by masters
The master of a ship on arrival shall answer all questions as to the health conditions on board, and shall notify the authorised officer immediately of any circumstances likely to cause spread of infectious disease or TB, and notify the presence of animals or captive birds of any species, or mortality or sickness among such birds or animals. 'Captive birds' include poultry

Regulation 13 - Notification of infectious disease on board
The master of the ship shall report either directly to the local authority or through an agent, not more than 12 hours and whenever practicable not less than 4 hours before expected arrival:

f. The death of a person otherwise than as a result of an accident
g. Illness where the person has, or had, a temperature of 38º or greater, which had persisted for more than 48 hours, or is accompanied by a rash, glandular swelling or jaundice
h. Any illness or diarrhoea severe enough to interfere with work or normal activities
i. The presence of anyone who has had an infectious disease or TB
j. Any circumstances on board likely to spread infectious disease or other danger to public health

Regulation 17 - Restriction on boarding or leaving ships
Where the master has made a notification under regulation 13, no person (other than the pilot, customs or immigration officer) shall, without the permission of the authorised officer board or leave a ship until *free pratique* has been granted.

Regulation 21-28 - Detention of ships
If a ship has had a suspected case of plague, cholera, yellow fever or smallpox on board, within the last 4 weeks prior to arrival, it shall be directed to a mooring station. A ship which has been taken to a mooring station shall remain there until it has been inspected by a medical officer (Reg 25). The detention of the ship shall cease as soon as the ship has been inspected by the medical officer or within 12 hours (Reg 27). The medical officer **shall** inspect the ship and persons on board as soon as possible (Reg 28.1). The ship may continue to be detained by an authorised officer to apply further measures (Reg 28.2).

Regulation 31 - Removal of infected persons from ships when required by the master
If required by the master of a ship on arrival, the medical officer **shall** remove any infected person from the ship

B. Outgoing ships

Regulation 33 - Examination of persons proposing to embark
When a ship is going to depart outside the UK, the medical officer:

a. **may** examine any person, if he has reasonable grounds for believing him to have plague, cholera, yellow fever, smallpox or VHF - and if after examination finds symptoms may prohibit his embarkation
b. **shall** prohibit any suspect case from embarking
c. **shall** notify the master and competent authority for the place the person is proceeding to if the medical officer considers the person requires surveillance
d. **may** allow any person on an international voyage who, on arrival, was placed under surveillance, to continue his voyage

Misuse of Drugs Regulations 2001
Please refer to page 10 for PMO duties

International Health Regulations 2005

PART ll - INFORMATION AND PUBLIC HEALTH RESPONSE

Article 13 Public Health response

Each State Party shall develop ……capacity to respond promptly and effectively to public health risks and public health emergencies of international concern. At the local or primary public health response level the capacities required are:

(a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and

(b) to report all available essential information immediately to the intermediate or national response level, depending on organisational structures

(c) to implement preliminary control measures immediately

PART V – PUBLIC HEALTH MEASURES

Article 23 Health measures on arrival and departure

1. Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, on arrival or departure:
   (a) with regard to travellers:
      (i) information concerning the traveller's destination so that the traveller may be contacted;
      (ii) information concerning the traveller's itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review of the traveller's health documents if they are required under these Regulations; and/or
      (iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective;
   (b) inspection of baggage, cargo, containers, conveyances, goods, postal parcels and human remains.
2. On the basis of evidence of a public health risk obtained through the measures provided in para 1 of this Article, or through other means, States Parties may apply additional health measures, in accordance with these Regulations, in particular, with regard to a suspect or affected traveller, on a case-by-case basis, the least intrusive and invasive medical examination that would achieve the public health objective of preventing the international spread of disease.
3. No medical examination, vaccination, prophylaxis or health measure under these Regulations shall be carried out on travellers without their prior express informed consent or that of their parents or guardians, except as provided in para 2 of Art 31, and in accordance with the law and international obligations of the State Party.
4. Travellers to be vaccinated or offered prophylaxis pursuant to these Regulations, or their parents or guardians, shall be informed of any risk associated with vaccination or with non-vaccination and with the use or non-use of prophylaxis in accordance with the law and international obligations of the State Party. States Parties shall inform medical practitioners of these requirements in accordance with the law of the State Party.
5. Any medical examination, medical procedure, vaccination or other prophylaxis which involves a risk of disease transmission shall only be performed on, or administered to, a traveller in accordance with established national or international safety guidelines and standards so as to minimize such a risk.

Glossary

"**medical examination**" means the preliminary assessment of a person by an authorized health worker or by a person under the direct supervision of the competent authority, to determine the person's health status and potential public health risk to others, and may include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case.

"**intrusive**" means possibly provoking discomfort through close or intimate contact or questioning

"**invasive**" means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive.

"**competent authority**" means an authority responsible for the implementation and application of health measures under these Regulations

The Health Protection (Notification)(Wales) Regulations 2010

Regulation 2 places obligations on GPs to notify the proper officer if a patient they are attending is believed to have a disease listed in Schedule 1 or is otherwise infected or contaminated that may cause significant harm to others.

Regulation 3 has same effect regarding a dead body.

Regulation 4 obliges operators of diagnostic labs to notify the proper officer if they identify a causative agent listed in Schedule 2, or evidence of such an agent in a human sample.

Regs 2(7) & 3(7) together with Sched 1 specify the following notifiable diseases and syndromes:

Anthrax
Botulism
Brucellosis
Cholera
Diphtheria
Encephalitis (acute)
Enteric fever (typhoid or paratyphoid fever)
Food poisoning
Haemolytic uraemic syndrome (HUS)
Infectious bloody diarrhoea
Infectious hepatitis (acute)
Invasive group A streptococcal disease and scarlet fever
Legionnaires' disease
Leprosy
Malaria
Measles
Meningitis (acute)
Meningococcal septicaemia
Mumps
Plague
Poliomyelitis (acute)
Rabies
Rubella
SARS
Smallpox
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever
Whooping cough
Yellow fever

Regs 4(11), 5(7) together with Sched 2 specify the following causative agents:

Bacillus anthracis
Bacillus cereus (only if associated with food poisoning)
Bordetella Pertussis
Borellia spp
Brucella spp
Burkholderia mallei
Burkholderia pseudomallei
Campylobacter spp
Chikungya virus
Chlamydophila pssittaci
Clostridium botulinum
Clostridium perfringens (only if associated with food poisoning)
Clostridium tetani
Corynebacterium diphtheriae
Corynebacterium ulcerans
Coxiella burnetti
Crimean- Congo haemorrhagic fever virus
Cryptosporidium spp
Dengue virus
Ebola virus
Entamoeba histolytica
Francisella tularensis
Giardia lamblia
Guanarito virus
Haemophilus influenzae (invasive)
Hanta virus
Hepatitis A, B, C, delta, and E virus
Influenza virus
Junin virus
Kyasanur Forest disease virus
Lassa virus
Legionella spp
Leptospira interrogans
Listeria monocytogenes
Macupo virus
Marburg virus
Measles virus
Mumps virus
Mycobacterium tuberculosis complex
Neisseria meningitis
Omsk haemorrhagic fever virus
Plasmodium falciparum,
vivax, ovale, malariae, knowlesi
Polio virus (wild or vaccine types)
Rabies virus (classical rabies)
and rabies-related lyssaviruses
Rickettsia spp
Rift Valley fever virus
Rubella virus
Sabia virus
Salmonella spp
SARS contravirus
Shigella spp
Streptococcus pneumoniae (invasive)
Streptococcus pyogenes (invasive)
Varicella zoster virus
Variola virus
Vercytoxigenic Escherichia
(inc E. Coli O157)
Vibrio cholerae
West Nile virus
Yellow fever virus
Yersinia pestis

The Health Protection (Part 2A Orders) (Wales) Regulations 2010

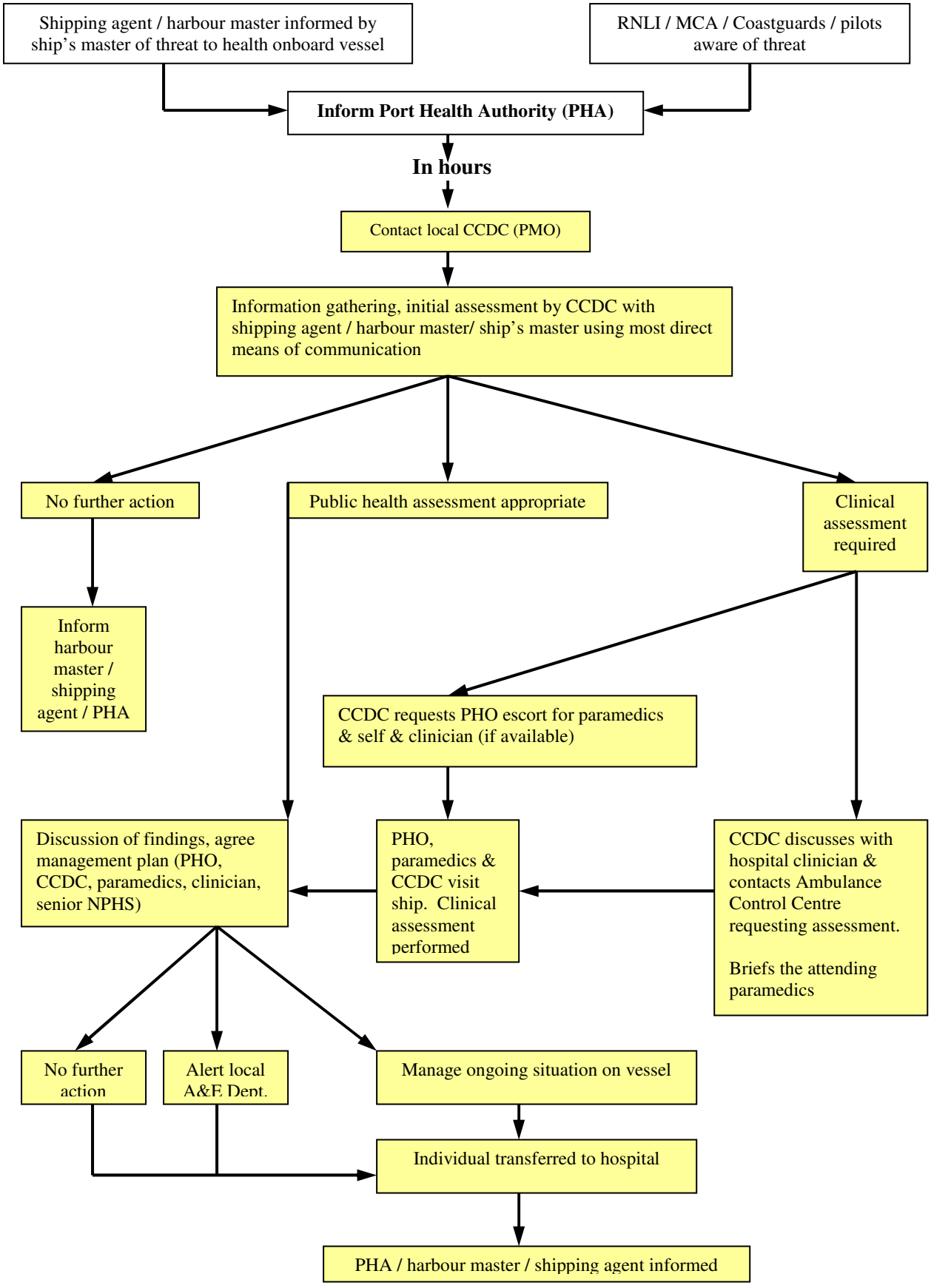
These Regulations provide in relation to Orders applied for under Part 2A Public Health (Control of Disease) Act 1984.

Regulation 3	sets out to whom the local authority must give notice of an application for a Part 2A Order
Regulation 4	sets out evidence requirements before a JP may be satisfied that the criteria for making an Order under section 45G are met.
Regulation 5	sets max period for which Part 2A Orders (and extensions) may remain in force
Regulation 6	provides for 'affected persons' for the purpose of Part 2A Orders
Regulation 7	enables a local authority to recover the cost of actions taken pursuant to a Part 2A Order in relation to 'things' (defined in the Act) and premises
Regulations 8 – 11	place various obligations on local authorities regarding Part 2A applications and orders: - provision of information to person subject to the Order - obligation to regard the impact of the Order on the welfare of the person subject to the Order and of any dependants that person may have where the Order is for detention, isolation or quarantine. - reporting details of applications, Orders and variations or revocations of Orders to WAG

Appendix C

Port Health Algorithm 1:

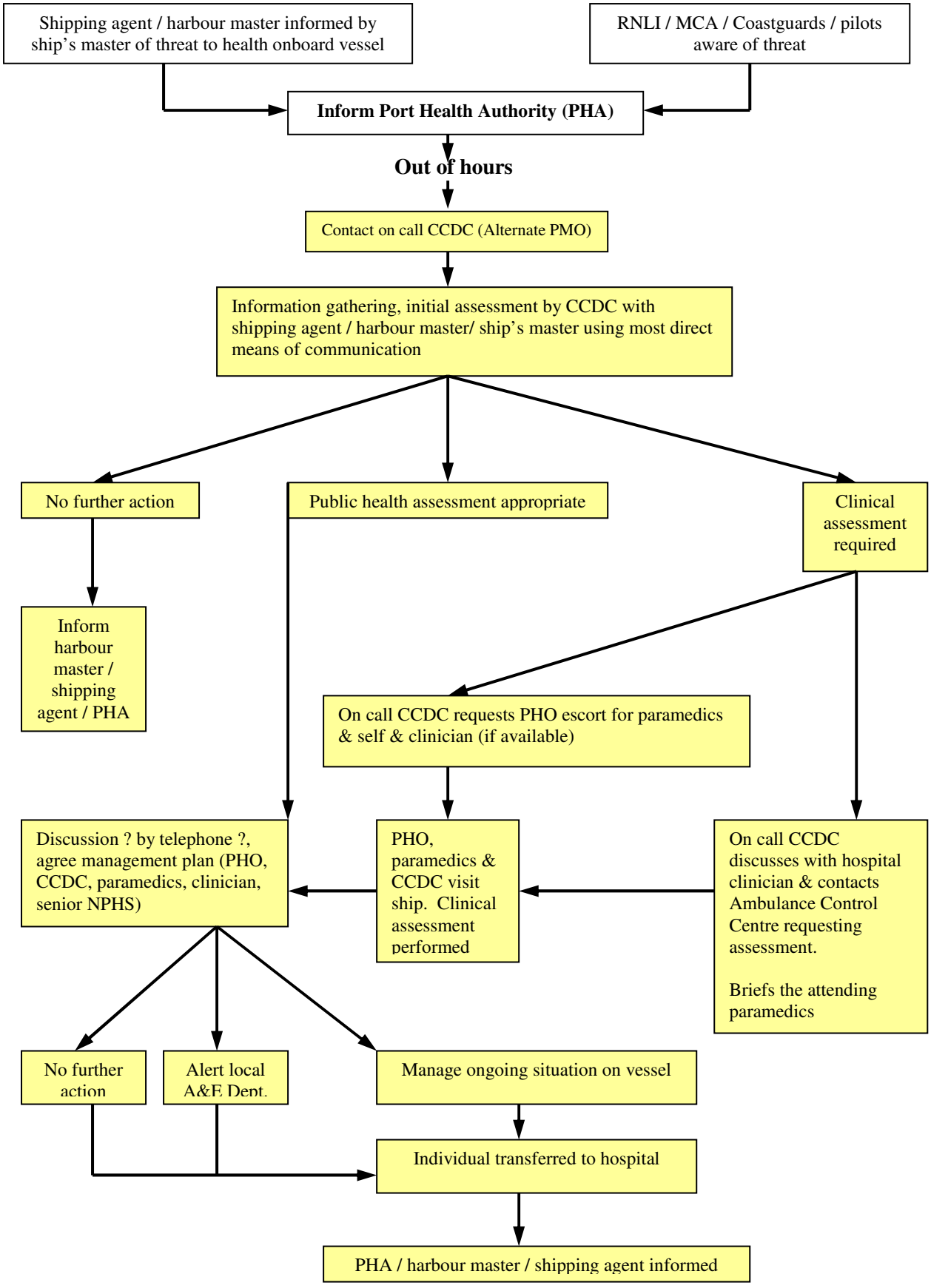
In office hours protocol for managing public health emergencies on incoming vessels



Appendix C

Port Health Algorithm 2:

Out of hours protocol for managing public health emergencies on incoming vessels



Appendix D: Template letter for contacts of rash illness / chickenpox

Date

Dear passenger / crew member,

Contact with Chickenpox - Specify date and vessel

We have been informed that a passenger / crew has developed Chickenpox during this voyage. The risk to other passengers / crew is likely to be low and many people will already be immune to Chickenpox.

However some individuals may be at greater risk if they catch Chickenpox. This includes anyone who is immunosuppressed or is pregnant, or has serious medical conditions. It is therefore important that anyone with these conditions seek medical advice when they reach their destination. Please show this letter to the doctor.

If you are in close family contact with someone with these conditions, and you yourself have not had Chickenpox, it is wise to also seek medical advice for that person.

If you have any further general questions, please contact the Health Protection Team on XXXXX.

Yours faithfully,

XXXXX
Consultant in Communicable Disease Control.

Appendix E

MARITIME DECLARATION OF HEALTH

Public Health (Ships) (Amendment) (Wales) Regulations 2007

Submitted at the Port of

Date

Name of Ship

Registration / IMO No.

Arriving from

Sailing to

Nationality

Master's Name

Port of Registry

Gross / Net tonnage /

Valid Sanitation Control Exemption 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 of ports of call from commencement of voyage with dates of departure

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, which ever is shorter, including all ports / countries visited in this period (add additional names to the attached Schedule):

(1) Name ..... joined from (1) ..... (2) ..... (3) .....

(2) Name ..... joined from (1) ..... (2) ..... (3) .....

No. of Crew ☐ No. of Passengers ☐

Health Questions	Yes	No
1. Has any person died on board during the voyage otherwise than as a result of accident? If yes, state particulars in attached Schedule	☐	☐
2. Is there on board or has there been during the voyage any case of disease which you suspect to be of an infectious nature? If yes, state particulars in attached Schedule	☐	☐
3. Has the total number of ill passengers during the voyage been greater than normal / expected? How many ill persons? ☐	☐	☐
4. Is there any ill person on board now? If yes, state particulars in attached Schedule	☐	☐
5. Was a medical practitioner consulted? If yes, state particulars in attached Schedule	☐	☐
6. Are you aware of any condition on board which may lead to infection or spread of disease? If yes, state particulars in attached Schedule	☐	☐
7. Has any sanitary measure (e.g. quarantine, isolation, disinfection, or decontamination) been applied on board? If yes, specify type, place and date	☐	☐
8. Have any stowaways been found on board? If yes, where did they join the ship (if known)	☐	☐
9. Is there a sick animal or pet on board?	☐	☐

Note. In the absence of a surgeon, the Master should regard the following symptoms as ground 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)vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

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

Signed: Master

Date:

Countersigned: Ship's Surgeon (if carried)

Attachment to the Maritime Declaration of Health

Particulars of every case of illness or death occurring on board

Name	Class or Rating	Age	Sex	Nationality	Port, date joined ship / vessel	Nature of illness	Date of onset of symptoms	Disposal of case *	Drugs, medicines or other treatment given to patient	Comments

* **State** (1) whether the person recovered, is still ill, or died and
(2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

Medical Equipment Certificate:

Issued at: Date: Date:

Potable-Water:

Latest potable water Certificate issued at: Date

Potable water tanks & lines were last cleaned: Date:

Date and places potable

Places: Dates:

Year vessel built: Year:

Owner's name, address & telephone number:

Representative of Owner / Agent:

Cargo on board:

Appendix F

mca Safer lives, safer ships, cleaner seas

MERCHANT SHIPPING NOTICE MSN 1768 (M+F)

SHIPS' MEDICAL STORES

Application of the Merchant Shipping and Fishing Vessels (Medical Stores) Regulations 1995 (SI 1995/1802) and the Merchant Shipping and Fishing Vessels (Medical Stores) (Amendment) Regulations 1996 (SI 1996/2821)

Notice to Shipowners, Agents, Masters, Skippers of Fishing Vessels and all Seafarers.

This Notice supersedes Merchant Shipping Notice MSN 1726 (M+F) and should be read in conjunction with the above mentioned Regulations, and MSN 1776 (M) and MGN 257 (M).

Summary

This Notice sets out the minimum requirements for medical stores for UK ships under the above Regulations. Basic statutory requirements (deriving from EC directive 92/29/EEC) remain as in the previous Notice (MSN 1726) but where appropriate the recommended treatments and specific medicines have been updated. It covers:

The definitions of categories of vessel for the purposes of the Regulations

Annex 1 Medical stores required and recommended additional equipment
Annex 2 Additional requirements for passenger vessels - Doctor's Bag
Annex 3 First aid kits
Annex 4 Advice on medicines to be carried on ships (including ferries) transporting dangerous substances
Annex 5 Medical guides to be carried and Radio Medical Advice
Annex 6 Precautions against malaria
Annex 7 Guide to use of medicines
Annex 8 Specimen requisition form for obtaining controlled drugs
Annex 9 Completion of the controlled drugs register

For full text see link to MCA document at PHA office computer file 'Port Medical Officer' – Handbook - SBPHA Port Health Plan

Appendix G: Useful Telephone Numbers and Contacts

Title	Name	Office	Out of hours
Consultants in Communicable Disease Control			
Port Medical Officer	Mr Sion Lingard	01792 607 387 Secure Fax Mobile email: Sion.Lingard@wales.nhs.uk	0300 123 9235 01792 470 743 0781 4989 665
Proper Officers and PMOs	Dr Christopher Williams Dr. Graham Brown Dr Giri Shankar Dr. Gwen Lowe Dr Christopher Johnson Dr Brendan Mason Dr. Rhianwen Stiff Dr Meirion Evans Mrs. Heather Lewis		
Out of hours for all PMOs	Ambulance Control (Carmarthen)		0300 123 9235
Health Protection Team - Cardiff		0300 003 0032	
Port Health Officers			
Director Port Health Services	Gillian Morgan	01792 653 523 Mobile email: swansea-bay@cieh.org.uk email: gillmorgan5@btinternet.com	01792 386265 0778 829 5724
Port Health Officer	Seren Linton	01792 653 523 Mobile email: swansea-bay@cieh.org.uk	01792 512645 00771 723 2922
Relief Port Health Officer	Bill Arnold	01792 653 523 Mobile	01269 591 747 0781 675 5317
Chairman Swansea Bay Port Health Authority 2016 - 2017	Cllr. Keith Marsh	01792 233 735	
Vice-Chairman Swansea Bay Port Health Authority 2016 - 2017	Cllr. Cyril Anderson	01792 526 489	
Ambulance Control (Carmarthen)		0300 123 9235	
Wales Air Ambulance Service		01792 552 999	01267 222 555
Hospitals:			
Singleton		01792 205 666	
Singleton Mortuary		01792 285 377	
Morriston		01792 702 222	
Neath Port Talbot		01639 862 000	
Bridgend		01656 752 752	
NPHS Laboratory Services:			
Singleton		01792 285 055	
Carmarthen	AK / SW (food & water)	01267 227 587	
Carmarthen Microbiology	Dr Mike Simmons (faecal)	01267 237 271	

Title	Name	Office	Out of hours
Port Security:			
Swansea	Main entrance	01792 332 211	07718 518 663
Neath River	Briton Ferry Shipping Services	01639 825 700	07711 648 565
Porthcawl		01656 815 715	
Port Talbot		07786 747 761	07799 638 049
Police			
Central Control Swansea		01792 456 999	
Scenes of Crime Unit - Neath		01639 640 260	
- Swansea		01792 456 999	
Coroners Office			
Swansea & Neath Port Talbot	Mr Colin Philips coroner@swansea.gov.uk	01792 636 237	
Env Health Protection Team		0300 003 0032	
Communicable Disease Surveillance Centre - PHW		02920 402 471	0300 123 9236
Centre of Infectious Disease Surveillance & Control- PHE		0208 327 7423	
"Shipping Federation Doctors"	Dr. C. Johns, Sketty Surgery	01792 206 862	
MCA approved doctors - MSN 1821(M)	Dr. T. Tudor-Jones 50 Westport Ave.	01792 402 207	
ABMU Health Board		01639 683 344	
Medical Practices			
Harbourside Health Centre	SA1	01792 650 400	
Waterside Medical Practice	Briton Ferry Health Centre	01639 8132 72	
Rosedale Medical Centre	Port Talbot	01639 500 583	
Dock / Harbour Master:			
Swansea	Capt. Miles Chidlow	02920 835 026	0870 609 6699
Swansea	Marine Control	01792 332 282	
Neath River	Capt. Robert Hemmings		0774 595 1110
Porthcawl		01656 815 715	
Port Talbot	Puckey House	01639 885 171	0797 974 8791
Justices of the Peace – Contacts at Magistrates Courts - (Swansea / Neath / Port Talbot Bench)			
Swansea Listing Officer	Liz Partridge	01792 478 300	
Neath / Port Talbot Listing Officer	Alison Rees	01639 765 912	
Out of Hours contact			
Clerk to the Courts	Mr. Hehir	01792 534 672	0797 402 2105
Deputy Clerk to the Courts	Mr. Curren	01269 845 683	0781 332 6781
Welsh Government:			
Chief Environmental Health Officer	Chris Brereton	02920 823 618	0779 2786 783
Chief Medical Officer	Dr. Frank Atherton	02920 823 911	
Deputy Chief Medical Officer	Dr Chris Jones		

Title	Name	Office	Out of hours
HM Government Departments			
Public Health England -PHE	Centre for Radiation, Chemical & Environmental Hazards	0344 892 0555	24 hours
Department of Health		0207 210 4850	
Department of Health (Publications)		0870 155 5455	
Natural Resources Wales		0300 065 5111	
Home Office		0870 000 1585	
HM Revenue & Customs		01792 634 001	
Border Force (Cardiff)		01446 710 485	07810 156 372
Border Force (Gatwick)		01293 502 019	
Maritime Coastguard Agency		02920 448 822	07802 627 376
Coastguard Station Milford Haven Ops Centre		01646 690 909	
South Wales Local Resilience Forum			
Co-ordinator	Sioned Warrell	02920 196 326	
Neath/Port Talbot & Swansea Local Resilience Partnership			
The Quays, Brunel way, Baglan Energy Park, Briton Ferry SA11 2GG		01639 686 409 www.joint_resilience@npt.gov.uk www.jointresilience.co.uk	
Riparian Authorities – Environmental Health Departments			
Swansea		01792 635 600	
Neath/Port Talbot		01639 685 678	01639 764 777
Bridgend		01656 643 256	
Vale of Glamorgan		01446 700 111	
World Health Organisation		www.who.int/wer	
Shipping Agents			
A. Neilsen & Company Ltd		01792 652 421	
Bay Shipping		02920 453 399	
Briton Ferry Stevedoring Ltd		01639 825 700	
Charles Willie & Co.		02920 471 000	
Cory Bros.		01633 266 351	
Denholm Shipping Services Ltd		01792 463 732	
Graypen Limited		01792 817 222	
GAC Shipping (OBC Burgess Limited)		01633 264 199	01639 791 874
Svitzer Marine		01792 473 218	
TATA Shipping Agency	Office: 01639 872 169	Andy Way Mark Richards Emma Morgan	07885 434 793 07920 501 357 07768 711 972
Minship (UK) Ltd		01708 250 833	
UK Dredging		02920 835 200	

Appendix H

DIRECTIONS TO THE PORT HEALTH OFFICE AND PORT INSTALLATIONS

- **Port plan Swansea** (inc location of Port Health Authority offices)

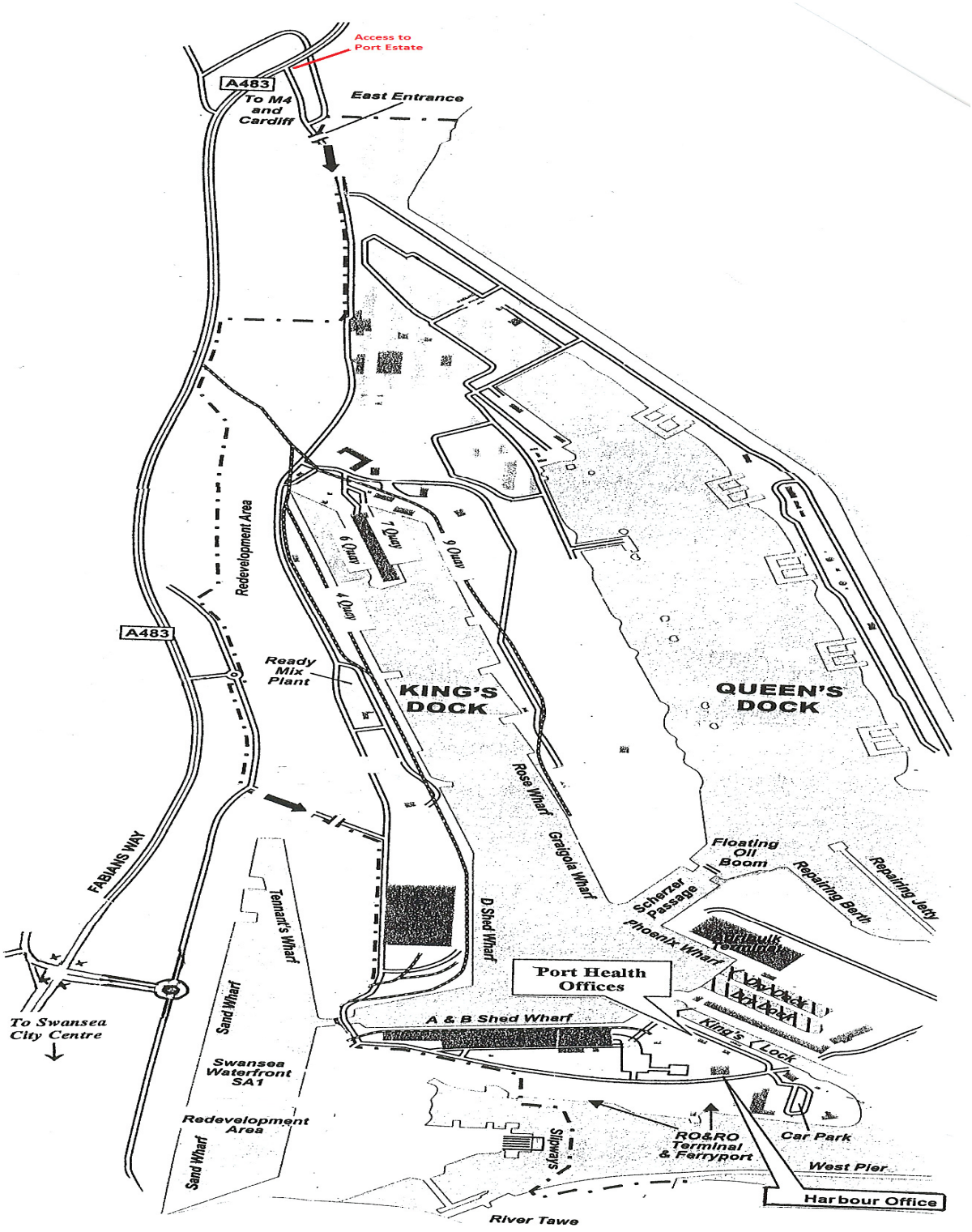
- **Berths on the river Neath**

- **Port plan Port Talbot**

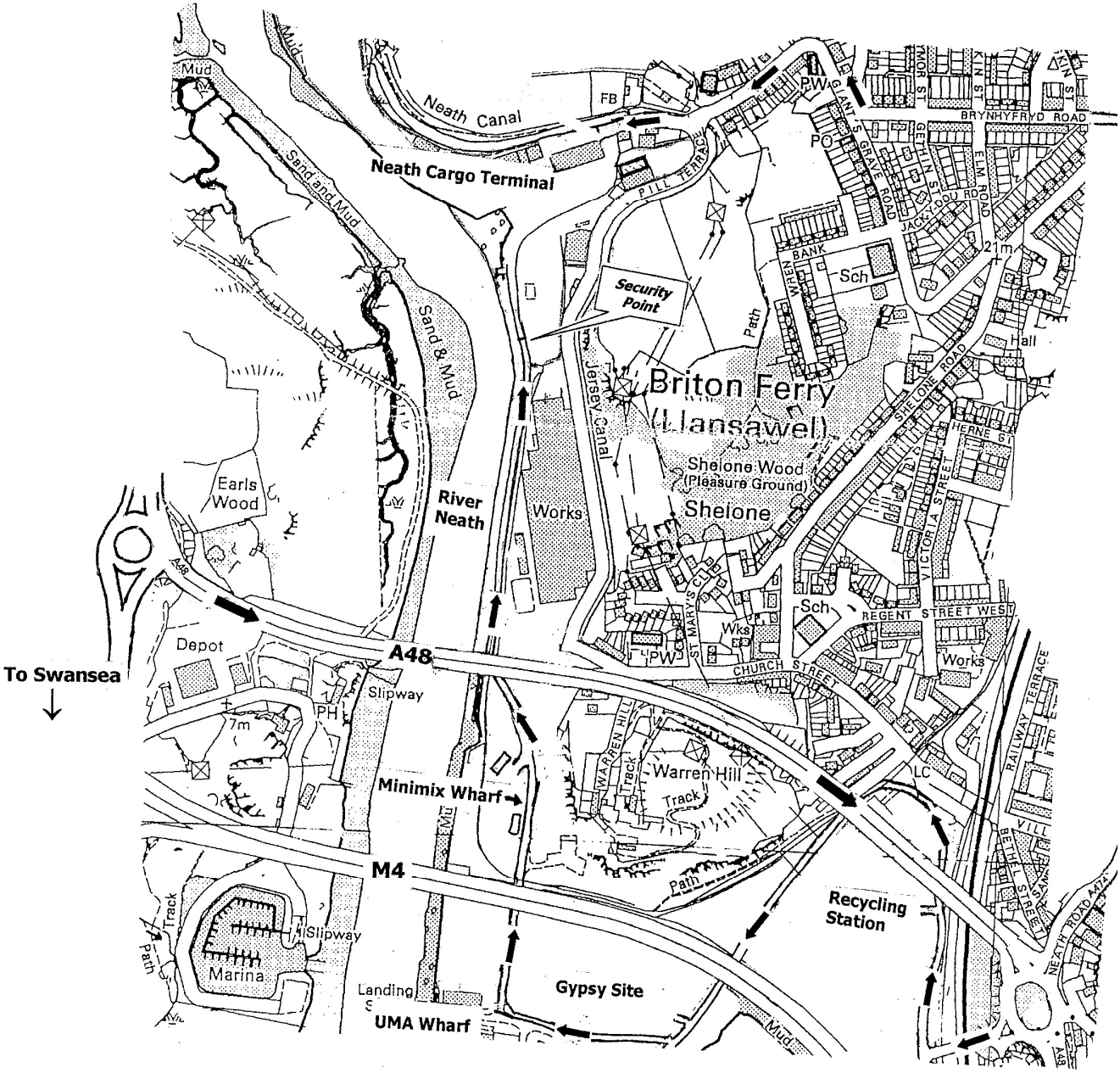
- **Harbour plan and directions to Porthcawl**

    - **Area of jurisdiction of the Authority**

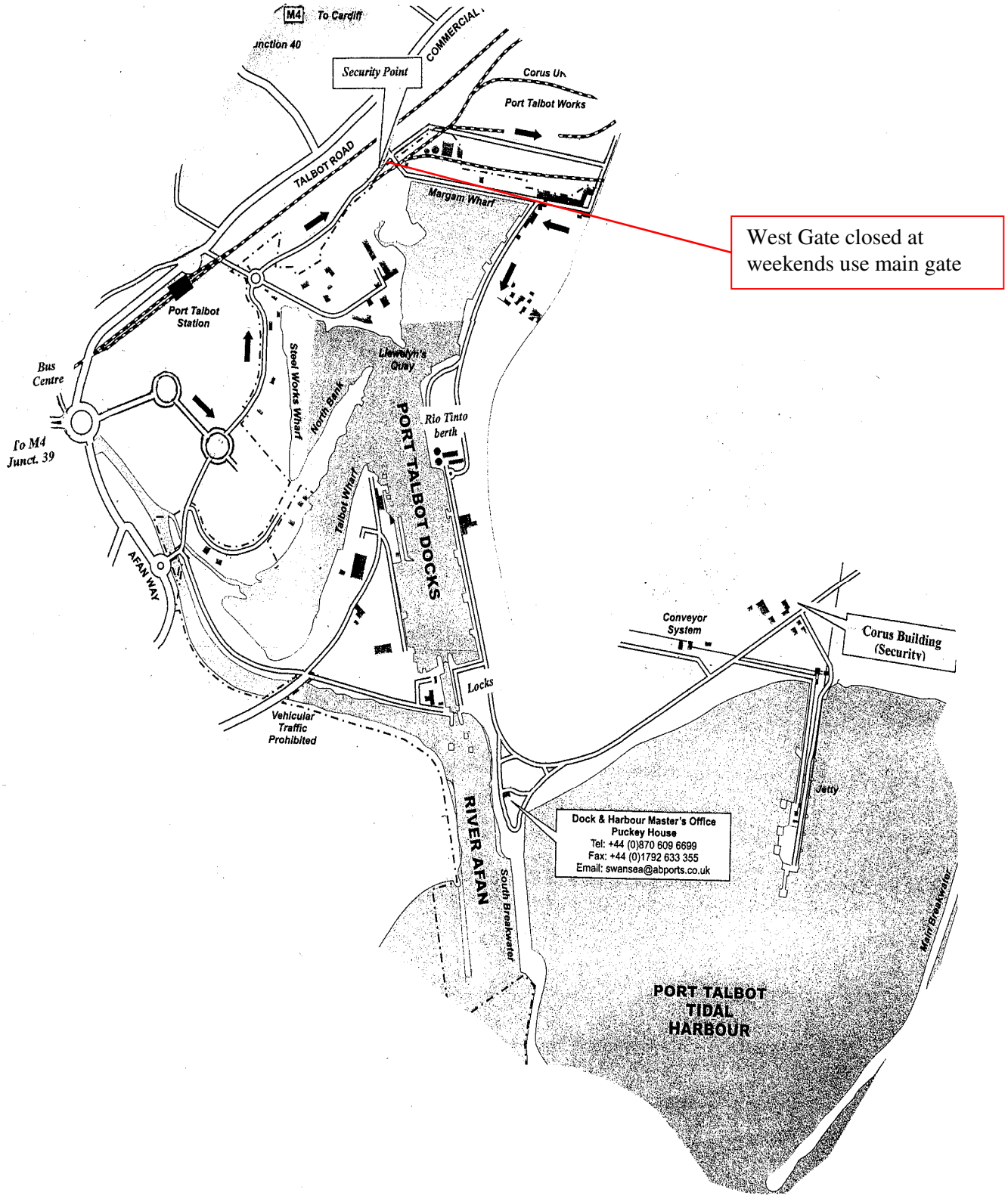
Port plan of Swansea



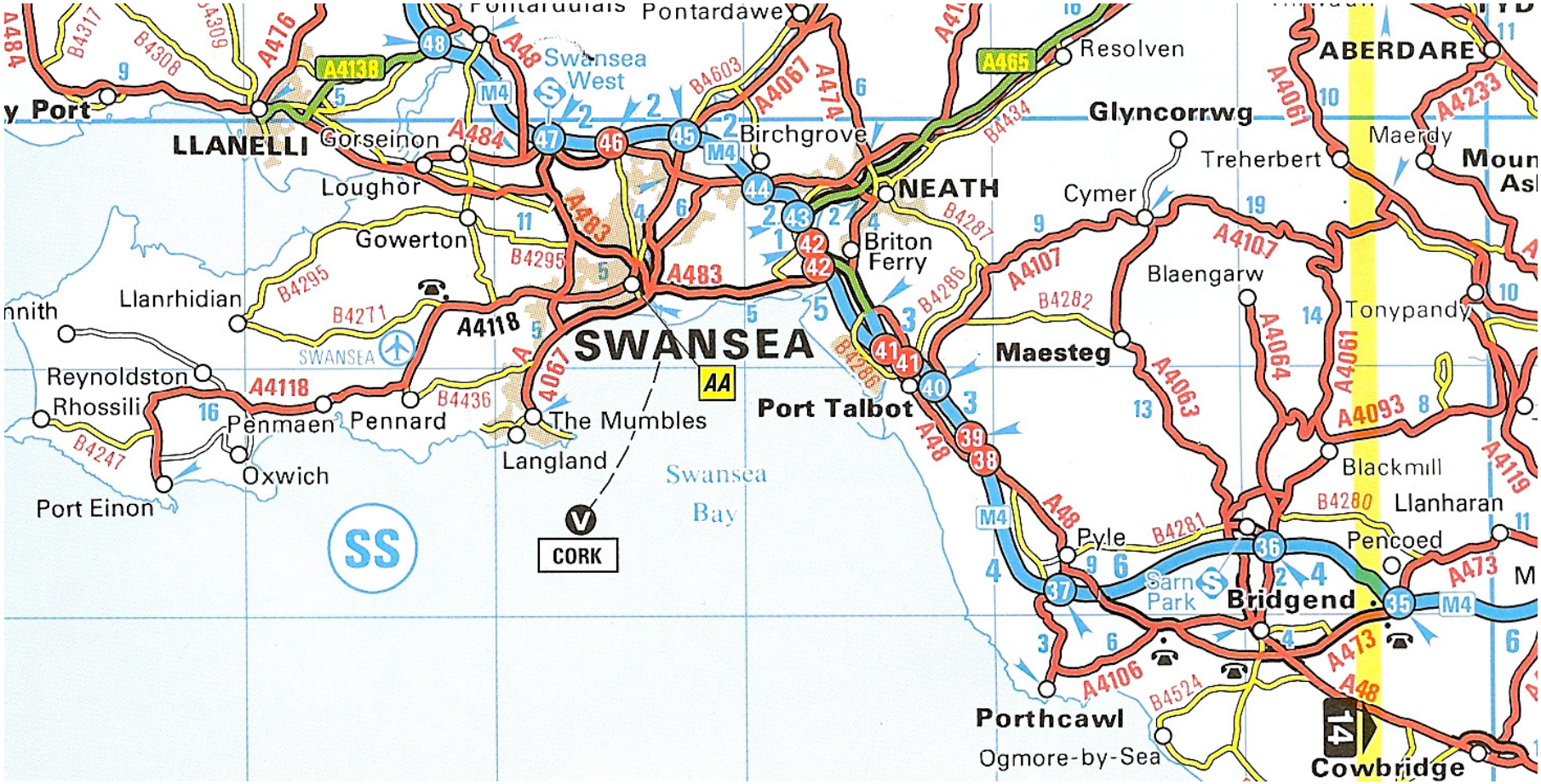
Directions to the river berths at Neath



Directions to the berths at Port Talbot Harbour



Directions to the harbour at Porthcawl



Area of jurisdiction - Swansea Bay Port Health Authority

APPENDIX I: Port Medical Officers and Designated Alternate Port Medical Officers

Item No. PH 24.15(i)

REPORT OF THE DIRECTOR
TO THE SWANSEA BAY PORT HEALTH AUTHORITY JOINT BOARD

30TH OCTOBER 2015

Service Delivery Plan - Appointment of new Port Medical Officers

1.0 BACKGROUND

1.1 Under Minute PH7b June 2014, the Board delegated authority to the Director of Port Health Services to appoint replacement Port Medical Officers.

1.2 Seven Consultants in Communicable Disease Control (CCDCs), employed by Public Health Wales, were appointed by the Board as 'Proper Officers' under the Public Health Control of Disease Act 1984, International Health Regulations 2005, Public Health (Ships) Regulations 1979 (as amended), The Misuse of Drugs Act 1971 and the Misuse of Drugs regulations 1985.

1.3 Existing appointments include:

Dr Jorg Hoffmann	Consultant in Communicable Disease Control
Mr Sion Lingard	Consultant in Health Protection (leading in port heath matters)
Dr Marion Lyons	Director of Health Protection
Dr Gwen Lowe	Consultant in Communicable Disease Control
Dr Graham Brown	Consultant in Communicable Disease Control
Dr Christine Whiteside	Consultant in Communicable Disease Control
Dr Lika Nehaul	Consultant in Communicable Disease Control

Currently, Dr. Jorg Hoffmann is the designated 'Port Medical Officer' whilst the others have been appointed as contingent 'Alternate Port Medical Officers'.

2.0 On 2nd September I was advised by Public Health Wales that Dr Lika Nehaul had retired and that two new Consultants had been appointed - Mrs Heather Lewis in Health Protection & Dr. Rhianwen Stiff in Communicable Disease Control. PHW requested that both be appointed as Port Medical Officers increasing the compliment to 8.

2.1 Not being a medical practitioner, the Board is unable to appoint Mrs. Lewis as an Alternate PMO under the existing Public Health (Ships) Regulations. However, under the terms of the new regulations, mentioned in 2.2, the Board can ratify her appointment as 'Proper Officer' together with the other consultants to deal with communicable disease and medicine management on board ships.

Members will recall that the same terms apply to the appointment of Mr. Lingard

3.0 Further to the delegated authority mentioned above, I have confirmed the appointments of both new consultants and updated the Authority's 'Service Delivery Plan' and 'Port Medical Officer Handbook' accordingly.

For information

APPENDIX J: Yellow Fever

Yellow Fever is the only disease specified in the International Health Regulations 2005 for which countries may require proof of vaccination from travellers as a condition of entry under certain circumstances and may take certain measures if an arriving traveller is not in possession of such a certificate.

Yellow Fever is a viral disease spread mainly by a type of mosquito (Aedes aegypti). The disease is only found in parts of tropical South America and Africa. The west coast of Africa from Senegal down to Angola, including adjacent islands, and the east coast of Somalia, Kenya and Tanzania are endemic areas. South American endemic areas include sea level from Columbia round the north coast to Brazil. The disease varies from individual to individual. Mild cases maybe indistinguishable from a very mild attack of influenza whilst others have a fulminating disease that is rapidly fatal. Vaccination is highly effective and the International Certificate of Vaccination is now valid for life beginning 10 days after the vaccination. The certificate must conform to an internationally agreed format and vaccines can only be administered at World Health Organisation validated vaccination centres. Vaccination is recommended for anyone contemplating travel in tropical areas and requests are occasionally received. Annexe 7 has been amended and from 11 July 2016 instead of expiring after 10 years, the vaccination certificate is valid for life..

Yellow Fever vaccine and vaccinations can be obtained from Harbourside Health Centre, Swansea - see contact list (see Appendix G).

Model Certificate of Vaccination or prophylaxis

This is to certify that **Date of berth** **sex**

Nationality **Whose signature follows**

Has on the date indicated been vaccinated or received prophylaxis against:

(name of disease or condition)

In accordance with the International Health Regulations.

Vaccine or prophylaxis	**Date**	**Signature and professional status of supervising clinician**	**Manufacturer and batch No. of vaccine or prophylaxis**	**Certificate valid from – until**
1.				
2.				

Official stamp of Administering centre
1.

Official stamp of Administering centre
2.

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organisation.

This certificate must be signed in the hand of the clinician who shall be a medical practitioner or other authorised health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

Any amendment of the certificate, or eraser, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

INTERNATIONAL HEALTH REGULATIONS 2005

ANNEXES 6 & 7: Vaccination, prophylaxis and related certificates

Annexe 6

1 Vaccines or other prophylaxis required under Annexe 7 shall be of suitable quality

2 Persons undergoing IHR vaccination or prophylaxis shall be issued with a certificate conforming to below model.

3 Certificate is valid only if:

- a WHO approved vaccine / prophylaxis is used
- b It is signed by the clinician and bears the official stamp of the administering centre
- c It hasn't been amended, or part erased or is incomplete
- d It is per individual
- e It is completed in English or French. Another, additional, language may also be included

4 Subject to conditions, a traveller may be exempted from vaccination or prophylaxis on medical grounds.

5 The model certificate detailed under Annexe 6 is shown on previous page

Annexe 7 – Yellow Fever

1 Proof of vaccination or prophylaxis against yellow fever may be required as a condition of entry.

2 Requirements for such vaccination are:

a i The disease incubation period is 6 days
ii WHO approved vaccines provide protection starting 10 days following administration.
iii..This protection continues for the life of the person vaccinated and
iv The validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated , beginning 10 days after the date of vaccination.

b Vaccination may be required of any traveller leaving an area where yellow fever has been determined present by WHO

c If a traveller has a vac cert which is not yet valid, he/she may travel but his/her arrival may be subject to 2(h) below

d A traveller having a valid certificate shall not be treated as a subject even if travelling from an affected area

e the vaccine must be approved by WHO in accord with Annexe 6

f State Parties (*NB not WHO*) may designate Yellow Fever Vaccination Centres

g Everyone employed at a point of entry in an affected area and every crew member of a conveyance using such point of entry shall hold a valid vaccination certificate.

h State Parties in whose territory the vector of yellow fever are present, may require a traveller from an affected area, who is unable to produce a valid vaccination certificate, to be quarantined until the certificate becomes valid or for nmt 6 days (from last exposure date)

i Travellers with exemption from yellow fever vaccination certificates (see annexe 6) may be allowed entry subject to 2(h) quarantine and being advised about protection from vectors. If that traveller is not quarantined he/she maybe required to report feverish symptoms and be placed under surveillance.

APPENDIX K: COASTAL & PORT SECURITY; AND CIVIL CONTINGENCY

Introduction

It may transpire that Port Medical Officers will be called on as part of the team responding to a major incident or act of terrorism at a port installation. The following notes outline the various agencies concerned with maintaining the security of coastal and port installations and who may be involved in such occurrences:

HM Revenue & Customs	-	smuggling;
MCA / DEFRA / Env. Health Departments	-	importing animal disease (inc waste food disposal from vessels);
Welsh Government	-	importing plant disease;
Police (inc Special Branch)	-	suspicious activity inc illegal smuggling and immigration.
Border Force	-	immigration
Natural Resources Wales	-	pollution control
Port Health Authorities	-	pollution control, immigration (medical fitness), importing human infectious disease, importing animal disease (inc waste food disposal), fitness of imported food products, classification of shellfish harvesting areas & monitoring the shellfish food chain,
TRANSEC & Port Authorities / Operators	-	Operating the ISPS code (see below)

Contact numbers for the above agencies are listed in Appendix 11 for reference.

International Ship & Port Security Code - The 'ISPS' Code

Aims to protect the travelling public and travel industry against maritime terrorism. Access to the ship / shore interface and "controlled" buildings on the port estates is subject to the ISPS Code controls enacted under EEC75/2004. The code applies to all vessels over 500GT on international voyages. All domestic movements are for consideration by the national governments. The onus is upon the master to protect his vessel and accordingly identification will be required before any person is allowed to board his vessel. The Transport and Contingency Directorate (TRANSEC) regulates compliance issues. Security levels 1 – 3 are an agreed worldwide standard under the code but unfortunately do not necessarily correspond with other operational security code systems. The ISPS security levels are set in the UK by TRANSEC in conjunction with the Joint Terrorism Analysis Centre (JTAC).

Level 1:	normal level of threat employing standard security measures.
Level 2:	Heightened level of threat; Enhanced security measures may be required; Attack unlikely
Level 3:	Exceptional level of threat; Credible intelligence; Probable government involvement.

Warrant cards:

Are carried by Port Health Officers and warrant cards will be held at the port health office for accompanying port medical staff required to visit vessels. It would also be advisable for the medical officer to carry his / her photographic identification issued by his / her employer.

GOLD / SILVER / BRONZE Commands

The blue light services have the above command structures to respond to threats and incidents relating to strategic / tactical / operational response respectively.

Local Resilience Forum

Swansea Bay Port Health Authority is a Category 1 responder under the Civil Contingencies Act and is represented on working groups of the South Local Resilience Forum and the NPT/CCS Resilience Partnership. Documents agreed by the LRF can be found at the port health office (File ref E1) and on the resilience web site www.resilience.gov.uk

APPENDIX L: Plan for handling Major Outbreaks of Communicable Disease

This Outbreak Control Plan is based on the model 'The Communicable Disease Outbreak Plan for Wales' or "The Wales Outbreak Plan" updated in April 2014, and now includes Investigation and Handling of Food Poisoning Outbreaks within the plan.

Please refer to attached document

APPENDIX M: Features of Food borne illness pathogens

Bacillus cereus food poisoning - emetic and diarrhoeal type.

MICROBIOLOGY: Gram positive motile rod producing heat resistant spores and one or more toxins including a heat labile enterotoxin and a heat resistant emetic toxin. Both preformed in foods and enterotoxin may be formed in the gut.

DETAIL: Aerobic facultative anaerobe

TEMPERATURE RANGE: 10 - 50°C Optimum 28 - 35°C. Some psychrotrophic forms show slow growth at 4 - 9°C

pH: 4.3 - 9.3

INFECTIVITY: Symptoms arise after ingestion of large numbers of bacteria or pre formed toxin

COMMONLY ASSOCIATED FOODS OR SOURCES: Cereal products. Rice, pasta, spices and dried food. Also environmental

SPREAD: Contaminated cooked food especially rice

SYMPTOMS: Acute nausea, vomiting and stomach cramps. Diarrhoea

DURATION of ILLNESS: 24 hours

INCUBATION: 1 - 5 hours vomiting; 8 - 6 hours diarrhoea

DIAGNOSIS: Bacteria or toxin detected

CONTROL: Good food storage and handling

EXCLUSIONS AFTER CLINICAL RECOVERY: 48 hours after first normal stool

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Campylobacter spp

MICROBIOLOGY: Gram negative, non-sporing curved motile rod.

DETAIL: Microaerophilic

TEMPERATURE RANGE: Thermotolerant - above 30°C, optimum 42 - 45°C

pH: 6.5 - 7.5

INFECTIVITY: As few as 100 organisms if accompanied by low gastric acidity

COMMONLY ASSOCIATED FOODS OR SOURCES: Poultry, meat, dairy products and shellfish. Also environmental and animal contact.

SPREAD: Via food, cross contamination, water or infected animals and their food. Person to person spread is uncommon.

SYMPTOMS: Abdominal pain, diarrhoea (possibly bloody) headache and fever.

DURATION of ILLNESS: 2 - 7 days, but may be associated with complications such as Guillain-Barre syndrome. Protracted excretion occasionally occurs (consider antibiotic treatment).

INCUBATION: 1 - 10 days. Usually 3 - 5 days.

DIAGNOSIS: Bacteriology - typing not normally undertaken unless specifically requested. Wide range of techniques available; discuss with microbiologist.

CONTROL: Pasteurisation, effective water treatment, thorough cooking and attention to cross contamination.

EXCLUSIONS AFTER CLINICAL RECOVERY: 48 hours after first normal stool

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Clostridium botulinum Medical Emergency **Toxins A, B, E, F**

MICROBIOLOGY: Gram positive motile rod producing heat resistant spores and one or more toxin. Toxin types A, B, E and F have caused human disease.

DETAIL: Anaerobe

TEMPERATURE RANGE: Depends on type: 10 - 50°C proteolytic types A, B & F 3.3 - 48°C non-proteolytic types B, E & F

pH: Minimum 4.6 (proteolytic) 5.0 (non proteolytic)

INFECTIVITY: Toxin lethal at low doses

COMMONLY ASSOCIATED FOODS OR SOURCES: Preserved foods, fish and animal intestinal tracts. Environmental soil and marine sediments

SPREAD: Raw undercooked or under processed foods. Canned food where suitable pH for growth and anaerobic conditions exist. Contaminated honey associated with infant botulism (due to ingestion of spores rather than pre-formed toxin). Intravenous drug use may result in wound botulism.

SYMPTOMS: Initial period of GI symptoms followed by neurotoxin effects such as dry mouth double vision, difficulty in swallowing paralysis and respiratory failure. Urgent administration of antitoxin required.

DURATION of ILLNESS: May be of long duration lasting months

INCUBATION: 2 hours – 5 days depending on dose. Usually 12 - 36 hours

DIAGNOSIS: Toxin or organism in food or faeces

CONTROL: Food processing technology

Clostridium perfringens

MICROBIOLOGY: Gram positive spore forming rod

DETAIL: Anaerobic Spores survive normal cooking. Multiplication occurs if the temperature control is inadequate. Ingestion of large numbers of vegetative cells results in enterotoxin production in the small intestine.

TEMPERATURE RANGE: 15 - 50°C. Optimum 43 - 45°C

pH: 6 - 7 optimum

INFECTIVITY: Usually > 105 micro-organisms are required

COMMONLY ASSOCIATED FOODS OR SOURCES: Stews, rolled roasts and pies. Contamination from animal faeces, soil, sewage, dust and feeds of animal origin.

SPREAD: Contaminated cooked meat left at ambient temperature during storage

SYMPTOMS: Diarrhoea and acute abdominal pain; vomiting uncommon.

DURATION of ILLNESS: 24 hours

INCUBATION: 6 - 24 hours. Usually 10 - 12 hours

DIAGNOSIS: Presence of enterotoxin in faeces. Identification of same serotypes from food and faeces.

CONTROL: Adequate cooling, storage and reheating procedures.

EXCLUSIONS AFTER CLINICAL RECOVERY: 48 hours after first normal stool

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Cryptosporidium species

MICROBIOLOGY: Protozoan parasite producing oocysts.

DETAIL:

TEMPERATURE RANGE:

pH:

INFECTIVITY: Oocysts are resistant to chlorine and may be very infectious

COMMONLY ASSOCIATED FOODS OR SOURCES: Drinking water and water used in food preparation with no further cooking. Infected animals and people.

SPREAD: Water is the common vehicle and person to person spread via the faecal-oral route.

SYMPTOMS: Diarrhoea and abdominal pain.

DURATION of ILLNESS: 1 - 3 weeks

INCUBATION: 7 - 14 days

DIAGNOSIS: Detection of oocysts in faeces Genotyping is available

CONTROL: Good water treatment, including filtration. Oocysts not controlled by water disinfectants.

EXCLUSIONS AFTER CLINICAL RECOVERY: 48 hours after first normal stool

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Enterotoxigenic *Escherichia coli* (ETEC)

MICROBIOLOGY: Gram negative non spore-forming rod producing heat-labile and heat-stable toxins.

DETAIL: Aerobic, facultative anaerobe Principal cause of "travellers diarrhoea" and severe dehydration in children

TEMPERATURE RANGE: 10 - 45°C. Optimum 37°C

pH: Minimum 4.5

INFECTIVITY: Usually > 106 bacteria to produce a case

COMMONLY ASSOCIATED FOODS OR SOURCES: Human excreters

SPREAD: Foodborne, waterborne and person to person spread

SYMPTOMS: Acute watery diarrhoea, dehydration and shock

DURATION of ILLNESS: 1 - 5 days

INCUBATION: 10 - 72 hours

DIAGNOSIS: Culture of faeces, toxin immunoassay and DNA probes

CONTROL: Thorough cooking of food Good personal hygiene. Antibiotic prophylaxis is not routinely recommended

EXCLUSIONS AFTER CLINICAL RECOVERY: 48 hours after first normal stool

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Verocytotoxin-producing *Escherichia coli* (VTEC)

MICROBIOLOGY: Gram negative non spore-forming rod producing verocytotoxin

DETAIL Aerobic, facultative anaerobe

TEMPERATURE RANGE: 10 - 45°C. Optimum 37°C. May survive at temperatures below 0°C

pH: Characteristically acid resistant. May grow at pH 4.5

INFECTIVITY: Very small numbers of bacteria (<20) may cause illness

COMMONLY ASSOCIATED FOODS OR SOURCES: In USA ground beef is the main source but less so in the UK where milk and milk products are often implicated along with vegetables, contaminated water and environmental contact. Person to person spread is also a feature of this disease along with animal contact

SPREAD: Cross contamination from raw foods to cooked food. Cattle faeces contaminating food products or water supplies, direct and indirect contact with excreting animals including a wide range of species such as cattle, sheep, goats, pigs, horses and wild rabbits. Environmental contamination and person to person spread

SYMPTOMS: A range of symptoms possible. Diarrhoea, abdominal pain, bloody diarrhoea and haemolytic uraemic syndrome

DURATION of ILLNESS: Variable

INCUBATION: 1 - 12 days. Usually 12 - 60 hours

DIAGNOSIS: Stool culture and serotyping. Gene probe for toxins. Phage and genotyping are available.

CONTROL: Good food handling and thorough cooking of meat. Pasteurisation and the proper production of dairy products. The control of cross contamination and person to person spread.

EXCLUSIONS AFTER CLINICAL RECOVERY: 2 negative consecutive stools at intervals of at least 48 hours for risk groups A-D12 or as prescribed by the OCT during an incident. Preventing person to person spread following gastrointestinal infections; guidelines for public health physicians and environmental health officers –available from http://www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2_4_04.pdf

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Giardia lamblia

MICROBIOLOGY: Protozoan parasite with an environmentally resistant cyst

DETAIL: Anaerobic. Infection is non invasive and there is a high rate of asymptomatic carriage

TEMPERATURE RANGE:

pH:

INFECTIVITY: 25 - 100 cysts may cause illness

COMMONLY ASSOCIATED FOODS OR SOURCES: Water and contaminated salads

SPREAD: Contaminated water, faecal-oral, especially young children. Person to person spread is becoming recognised. Very occasionally direct animal source (e.g. from sheep) or water contaminated with animal faeces

SYMPTOMS: Abdominal pain and diarrhoea Flatulence and foul smelling greasy stools. Weight loss

DURATION of ILLNESS: Variable, may be relapsing

INCUBATION: 3 - 25 days. Usually 7 - 10 days

DIAGNOSIS: Detection of cysts or trophozoites in the stool

CONTROL: Treatment of water supplies, Personal hygiene. Antimicrobial treatment of cases

EXCLUSIONS AFTER CLINICAL RECOVERY: 48 hours after first normal stool

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Listeria monocytogenes

MICROBIOLOGY: Gram positive, non-sporing rod

DETAIL: Aerobic, facultative anaerobe. Produces a range of symptoms and conditions from flu like illness to septicaemia and meningoencephalitis. May cause abortion in pregnant women

TEMPERATURE RANGE: Psychrotrophic, may grow at temperatures below 0°C. Optimum 30 -37°C

pH: Minimum 4.3

INFECTIVITY: Not high but has a significant case fatality in vulnerable groups

COMMONLY ASSOCIATED FOODS OR SOURCES: Milk, milk products, meat pates

SPREAD: Widely distributed throughout the environment, including animals Can tolerate relatively high salinity and cold and is therefore a feature of stored food where salt and chilling are control steps

SYMPTOMS: Flu-like illness, meningoencephalitis / septicaemia and spontaneous abortion

DURATION of ILLNESS: Variable

INCUBATION: Variable but likely to be long 3 - 21 days (or longer) is often quoted

DIAGNOSIS: Blood or CSF culture. Serotyping, phage typing and genotyping are available.

CONTROL: This is a difficult disease to control as the organism is so widely distributed and may be excreted by healthy individuals. Contact with animals, their young and animal feed is a particular hazard for pregnant women and should be avoided.

EXCLUSIONS AFTER CLINICAL RECOVERY: None required

Salmonella species (excluding *S.typhi* and *S.paratyphi)*

MICROBIOLOGY: Gram negative rods

DETAIL: Aerobic, facultative anaerobe

TEMPERATURE RANGE: Mesophilic, but can grow at temperatures down to 6 - 8°C (some species lower). Killed by heating to at least 70°C for 2 minutes

pH: Minimum 4.0

INFECTIVITY: Normally large numbers of bacteria required to produce a case. Certain foods, e.g. chocolate, protect the organism from gastric acid and the infective dose is lower. It is also lower in vulnerable groups such as the young and the elderly.

COMMONLY ASSOCIATED FOODS OR SOURCES: Poultry, eggs, un-pasteurised milk, meat and infected food handlers. Domesticated and wild animal species can carry the infection and excrete the organism intermittently or during clinical episodes.

SPREAD: Cross contamination, inadequate cooking, poor food handling and infected food handlers.

SYMPTOMS: Malaise, diarrhoea, fever, vomiting and abdominal pain. Septicaemia, peritonitis and meningitis are rare occurrences.

DURATION of ILLNESS: 2 or 3 days to 3 weeks.

INCUBATION: 6 - 72 hours. Usually 12 - 36 hours

DIAGNOSIS: Stool culture. Serotyping, phage typing and genotyping are available.

CONTROL: Good food hygiene, personal hygiene, and attention to storage. Attention to good temperature control

EXCLUSIONS AFTER CLINICAL RECOVERY: 48 hours after first normal stool

APPENDIX N: The WHO 'International Travel & Health' Guide 2008

The following list indicates the contents of this WHO publication available on the WHO web page http://www.who.int/ith/en/. A full copy of the document is also available at the port health office.

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'Travel and Transport under the International Health Regulations'

is also available at the port health offices or at the WHO web page *http://www.who.int/csr/ihr/travel/en/index.html*. with links to:

- IHR 2005 international certificate of vaccination and prophylaxis
- Ship Sanitation Certificates
- IHR authorised ports list
- Transportation Working Group
- Water & sanitation on ships and aircraft
- Guide to hygiene and sanitation in aircraft
- Public health passenger locator card
- International Health & travel
- WHO statement relating to international travel and trade to and from countries experiencing outbreaks of cholera
- Disease outbreak news
- Avian influenza
- Details of collaborative organisations