

IHR Policy and Legislations at the Points of Entry

Bahrain

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IHR Policy and Legislations at POE

Introduction:

The continuing increase in worldwide travel has led to an increased threat and risks that are of public health concern. Therefore, the overall purposes of health activities at international terminals are to manage health risks associated with the movement of people and goods through air, sea and land travel, and for managing the medical needs of travelers and others employed at, or visiting ports.

World Health Organization's International Health Regulations 2005 also state purpose is “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”

Health Services at the Points of Entry monitor and evaluate all foodstuffs, cosmetics, disinfectants, hazardous substances and medicines entering the country through the ports, and control and monitor the possible entering of all serious contagious diseases such as avian flu, SARS, yellow fever, cholera, and plague.

Therefore establishing IHR health policy is important to manage health risks.

Goals of the IHR policies and legislations:

To reduce the potential risks to the public's health posed by movement of persons and goods, and other trade activities at ports of entry.

Objectives of the IHR Policies and Legislations:

- To form a concrete action plan for implementation to improve the quality of the health services provided at the ports.
- To establish an emergency planning – recommending that emergency plans for public health issues at ports needed to be compatible with IHR 2005.
- To improve skills of public health inspectors who attend the ports.

Responsibilities of Senior Public Health Specialist

(Disease Control Section):

1. Attend the meetings of port health committee
2. Designate public health specialists who will share with him the inspection responsibilities.
3. Prepare the duty Rota for his staff.
4. Determine the training requirements for his staff.
5. Issuing Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates (copy enclosed)
6. Extension of the Ship Sanitation Control Exemption Certificate for a period of one month until the arrival of the ship in the port at which the Certificate may be received
7. Infectious diseases control on incoming conveyances.
8. Investigate and control food poisoning incidents on incoming conveyances.
9. Issuing international certificate of vaccination or prophylaxis(copy enclosed)
10. Vaccinate passenger or crew members as needed
11. Coffin inspection
12. Fill the Quarantine Services Form and send it to Ministry of Health
13. Inspect and monitor port inspection facilities to ensure adequacy for inspection.

Responsibilities of Primary Care Section:

1. Care of sick traveler.
2. Investigation of suspected cases at the port and refer them to hospitals as appropriate.
3. Assessment of the medical diagnostic facilities for assessment and care of ill travelers at the port.
4. Assessment of availability of adequate medical staff and paramedics for assessment and care of ill travelers at the port.
5. Detection of the event which means any unusual event whether infectious, chemical, radiological or zoonotic
6. Reporting the event within 24 hours according to the IHR algorithm.
7. Verification of the event using the Event Decision Instrument
8. Primary response to the event
9. Event source detection
10. Monitoring the diagnostic facilities at the ports
11. Monitoring the staff and their capabilities
12. Area mapping for the event
13. Providing a response plan
14. Providing emergency plan

Screening policy at Points of Entry in case of Communicable Disease of International Concern

Travelers arriving from affected area as declared by WHO will be screened at ports.

Screening method:

Screening will vary according to the nature of the communicable disease, the most appropriate screening method will be determined by the current scope of the outbreak, the characteristics of the targeted population, how effective screening is likely to be, and the cost.(appropriate screening method will be recommended by WHO) .

Public health inspectors and port staff in contact with travelers should wear PPE.

Management:

Traveler with negative screening test:

Port authority should fill-in contact details (address and telephone), and to send information to Communicable Disease Unit.

Public health inspectors should provide passengers arriving from an 'at risk' area with information about symptoms and safeguards to take, as appropriate to the disease.

They also should give guidance on when to contact a health professional and with appropriate public health contact telephone numbers.

Traveler with positive screening test:

Passengers should undergo secondary screening by a qualified individual e.g. medical practitioner at port clinic.

Medical practitioner and port staff in contact with travelers should wear PPE.

If the **assessment is positive** i.e. the passenger is thought to be suffering from a communicable disease which poses a serious public health risk then:

- He/she should not be permitted to depart.
- Isolation. (A private isolation area where a passenger with symptoms can be personally distanced from transmitting any potential disease to other individuals needs to be pre-identified).
- **Medical practitioner should inform public health team, primary care team and SMC team** for assessment and follow up the case.

- Refer the individual by ambulance to quarantine station for appropriate diagnosis, treatment and appropriate case management

If the **assessment is negative** the passenger should be allowed to continue on his/her way.

Port authority should fill-in contact details (address and telephone), and to send information to Communicable Disease Unit.

Public health inspectors should provide passengers with information about symptoms and safeguards to take, as appropriate to the disease.

They also should give guidance on when to contact a health professional and with appropriate public health contact telephone numbers.

Policy for incoming conveyances with someone suspected of having a communicable disease which may pose a serious public health risk

Under international health regulations, the master of a ship or captain of an airplane coming into the Kingdom of Bahrain is required by law to report certain communicable illnesses among passengers. The illness must be reported to the port authorities by Radio.

Port authorities should inform port clinic doctor on call about the case.

Port clinic doctor should inform public health authorities; primary care directorate and secondary care section (SMC A&E doctor in charge) for case assessment and follow up.

Port clinic doctor should advice the crew of the airplane or ship if possible to try to isolate the ill passenger or crew member from others.

Port authorities arrange for appropriate medical assistance to be available when the airplane lands or the ship docks.

Public health inspectors serve as important guardians of health at ports of entry into the Kingdom. They routinely respond to illness in arriving passengers and ensure that the appropriate medical action is taken.

All other passengers and crew members may be advised by public health inspectors to seek medical attention if they develop the symptoms related to the disease.

Policy of Issuing Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates:

(1) If the master of a ship arriving in port from abroad cannot produce to the Port health Officer a valid Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates in respect of the ship, the Assigned staff in the port shall require the ship to be inspected by Senior Public health specialist to ascertain whether it is kept in such condition that the number of rodents on board is negligible.

(2) If, after the ship has been inspected Senior Public health specialist is satisfied that the ship is free from rodents or is kept in such a condition that the number of rodents on board is negligible, he shall issue a Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates.

(3) If, after the ship has been inspected, the Senior Public health specialist is not so satisfied, he shall require the ship to be deratted in a manner to be determined by him.

(4) The master shall arrange for any deratting required by the Senior Public health specialist.

(5) When deratting has been completed to the satisfaction of the Senior Public health specialist, he shall issue the Certificate.

(6) Upon receipt of an application in writing from the owner, of a ship in the port, or from the master acting for and on behalf of the owner, for Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates in respect of the ship,

Senior Public health specialist shall take any steps which he considers necessary to satisfy himself that the ship is kept in such condition that the number of rodents on board is negligible, or give directions for the deratting of the ship, as the case may require, and on being satisfied as to the condition of the ship or that the deratting has been properly carried out, he shall issue the appropriate Certificate.

(7) Every Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates shall be in the form specified in international Health Regulations 2005.

(8) A copy of every such certificate issued shall be retained at the concerned health unit.

Policy of Issuing International Certificate of Vaccination or Prophylaxis

1. Persons undergoing vaccination or other prophylaxis under International Health Regulations shall be provided with an international certificate of vaccination or prophylaxis.

2. Certificates are valid only if the vaccine or prophylaxis used has been approved by WHO.

3. Certificates must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized 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.

4. Certificates shall be fully completed in English or in Arabic.

5. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

6. Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children.

7. A parent or guardian shall sign the certificate when the child is unable to write. The signature of an illiterate shall be indicated in the usual manner by the person's mark and the indication by another that this is the mark of the person concerned.

8. If the supervising clinician is of the opinion that the vaccination or prophylaxis is contraindicated on medical grounds, the supervising clinician shall provide the person with reasons, written in English or Arabic, underlying that opinion, which the competent authorities on arrival should take into account. The supervising clinician and competent authorities shall inform such persons of any risk associated with non-vaccination and with the non-use of prophylaxis.

Policy of Repatriation of Human Remains for International Transport

1. Repatriation of human remains is carried out according to International Regulations and under the supervision of public Health Authorities.
2. The remains must be contained in a soldered inner coffin of lead or zinc which in its turn must be packed in a wooden coffin, the latter is again packed, to protect from damage, in a case and/or may be covered up by a canvas or tarpaulin so that the contents is not apparent.
3. The following documents must accompany the remains:
 - Certificate of Identity
 - Certificate of Death
 - Certificate of Embalment
 - Burial Permit issued by the Police Authority
 - Document certifying that the human remains may be safely transported without any danger or risk to Public health. Issued by the health Authority concerned.

All original documents are sealed in an envelope and handed over to the Flight Captain (if transportation is by air) or the Master (if transportation is by sea). A set of copies of the original documents is fixed to the outer covering of the packaging.

Port Health Services is to be notified prior to the date of arrival of the human remains to the port.

Death on board ship/Airplane

-Masters of ships or pilot in command arriving Bahrain must notify Port Health Authority by Radio about death on board at least 4 hours before arrival if applicable.

-Port Health Authority should notify

- Public health, Disease Control Section,
- Forensic medicine scene,
- Mortuary about the case.
- Transport Section to arrange for transport body to mortuary.

- Death should be declared by a physician on the ship or airplane if available, and to be declared by forensic doctor when reaching the port.

-A 'Maritime Declaration of Health' (Annex 18 a) or 'Health Part of the Aircraft General Declaration'(Annex 18 b) must also be completed where a report needs to be made.

If the body for international transport follows the same steps mentioned above about repatriation of human remains.

Food Control Section

Responsibilities of senior public health specialist (Food Control Section)

1. Attend the meetings of port health committee

2. Designate public health specialists who will share with him the inspection responsibilities.
3. Prepare the duty Rota for his staff.
4. Determine the training requirements for his staff
5. Monitor all imports and exports of food, inspect, and take samples of new, unusual, suspect, incorrectly labeled foodstuffs.
6. Physical examinations of food and checking authenticity of mandatory papers of those classified under specific emergency controls to ensure compliance.
7. Inspections on board conveyances to ensure compliance with international standards for food safety and hygiene.
8. Monitor and maintain a system of imported food surveillance through the pre-notification of imported foods not of animal origin.
9. Supervision in connection with the certification and destruction of imported foods found unfit for human consumption.
10. Issuing of health certificates with respect to foodstuffs.
11. Reporting to the National Focal Point any unusual event reported by INFOSAN

Policy of Imported Food

Foods selected for examination are inspected by public health specialist to ascertain the country of origin, any certification, physical defects, composition, with reference to the possible presence of non-permitted additives, e.g. preservatives, colors, etc., and labeling irregularities.

Physical defects may take the form of transit damage including taint, carriage at incorrect temperature, oil or water damage, rodent or insect damage, fire damage, mould growth, 'freeze burn', 'sweating', or goods crushed in stow. The examination will include for evidence of canning defects including 'blow', rusty or leaky cans.

The Inspector (public health specialist) will then decide whether to draw samples for chemical analysis - e.g. for the presence of non-permitted preservatives, colors, anti-oxidants, heavy metals (lead, cadmium, etc.), pesticide

residues and other non-permitted or otherwise harmful substances - or for bacteriological examination - e.g. the presence of pathogenic bacteria including Salmonella spp., Staphylococcus aureus, Bacillus cereus.

The Inspector may detain consignments until the completion of any special examination or until the results of tests have been received. When, as a result of physical examination or unsatisfactory chemical or bacteriological tests the food is considered to be unfit, unsound, unwholesome, or otherwise unacceptable, the consignment is not released from Customs and the Inspector seeks its voluntary surrender from the importer for destruction.

The route and fate of any imported raw materials which go directly into any locally-manufactured or processed products is recorded. Records, including certification, of such importations are placed on database, and are made, available, whenever required, to the public health specialist during the monitoring of production/processing operations. Samples from imported consignments are taken at random and referred to the Public Health Laboratories. The public health specialist assessment is given due consideration in order to ascertain that the food is prepared, manufactured and stored according to the various provisions of Public Health Legislation.

Policy of Imported Drugs

Responsibilities of senior public health specialist (Pharmacy and Drug Control Directorate):

1. Attend the meetings of port health committee
2. Designate inspectors who will share him the inspection responsibilities.
3. Prepare the duty rota for his staff.
4. Determine the training requirements for his staff
5. The control of the importation of all imported medical products, including:
 - Pharmaceuticals for human use

- Pharmaceuticals for animal use
 - Psychotropic and narcotic substances for human and animal use
 - Medical devices
 - Tobacco and tobacco products.
 - Medicated cosmetic.
6. Detection of the event which means any unusual event whether infectious. chemical, radiological or zoonotic
 7. Reporting the event within 24 hours according to the IHR algorithm.
 8. Verification of the event using the Event Decision Instrument
 9. Primary response to the event
 10. Event source detection
 11. Monitoring the diagnostic fasciitis at the ports
 12. Monitoring the staff and their capabilities
 13. Area mapping for the event
 14. Providing a response plan
 15. Providing emergency plan

Functions of the port drugs inspectors include:

1. Conduct on-the-spot inspection over arrived products.
2. Check original proof of place of origin.
3. Conduct port inspection over imported drugs.
4. Conduct sampling.

Port inspection over imported drugs:

- Pharmacy and Drug Control Directorate are responsible for guiding and co-ordinating the port inspection of imported drugs.

- Pharmacy and Drug Control Directorate shall conduct inspection over the imported drugs in line with the registration standard.
- Importers shall provide the inspector original of proof of place of origin before the sampling.

Sampling:

- Pharmacy and Drug Control Directorate shall pay attention to the actual arrival of imported types of drugs in the course of conducting on-the-spot sampling, conscientiously complete the sampling record and Bill of Sampling Record of Imported Drugs.
- The word "SAMPLED" shall be marked on the original of the Import License, together with the official seal of the sampling unit upon completion of sampling of drugs for psychological treatment.
- Pharmacy and Drug Control Directorate shall conduct inspection over the samples without delay, complete the sampling, and issue an Inspection report of imported drugs.
- Samples of imported drugs under inspection shall be kept until the expiration of the validity. Time of preservation of samples that are not easy to be preserved may be determined in line with the actual situation. Samples for claim or for products that are returned upon failing inspection shall be kept until the completion of the case. Samples that are kept beyond the preservation period will be disposed of by the Pharmacy and Drug Control Directorate, and a relevant record will be kept for filing.
- In cases where importers do not agree with the inspection results, they may file applications to the Pharmacy and Drug Control Directorate within 7 days upon receipt of the inspection result.
- Pharmacy and Drug Control Directorate upon receipt of the application for re-inspection, shall notify the port drugs authority without delay, reach a re-inspection conclusion within 10 days from the date of accepting the re-inspection

application, notify the port drugs authority and submit the information to Pharmacy and Drug Control Directorate

Under any of the following circumstances, Pharmacy and Drug Control Directorate will not proceed with the sampling of the imported drugs:

1. Failing to provide original of proof of place of origin.
2. Shipping marks not in conformity with the bills and documents.
3. Batch number of imported drugs not in conformity with the quantity and bills and documents.
4. Packages and labels of imported drugs not in conformity with the bills and documents.

Policy of imported Animals

Responsibilities of Official Veterinarian:

- Attend the meetings of IHR committee
- Designate inspectors who will share with him the inspection responsibilities.
- Prepare the duty rota for his staff.
- Determine the training requirements for his staff
- Monitor imports of animal.
- Issuing Import Permit Certificate
- Care of sick animal.
- Investigation of suspected animal cases at the port and refer them to hospitals as appropriate.
- Assessment of the medical diagnostic facilities for assessment and care of ill animal at the port.
- Assessment of availability of adequate medical staff and paramedics for assessment and care of ill animals at the port.

- Detection of the event which means any unusual event whether infectious. chemical, radiological or zoonotic
- Reporting the event within 24 hours according to the IHR algorithm.
- Verification of the event using the Event Decision Instrument
- Primary response to the event
- Event source detection
- Monitoring the diagnostic facilities at the ports
- Monitoring the staff and their capabilities
- Area mapping for the event
- Providing a response plan
- Providing emergency plan
- Issuing Veterinary Health Certificate.

a) An application for permit to import must be completed by the prospective importer.

b) Importer should sign the Form after accepting condition of imported animals.

c) The importation may then proceed.

Responsibilities of Official agriculture supervisor:

- Attend the meetings of IHR committee
- Designate inspectors who will share with him the inspection responsibilities.
- Prepare the duty rota for his staff.
- Determine the training requirements for his staff
- Monitor imports of plants.
- Issuing Import Permit Certificate
- Care of infected or contaminated products.
- Investigation of suspected products at the port
- Assessment of the diagnostic facilities for adequacy at the port.
- Assessment of availability of adequate staff for assessment at the port.

- Detection of the event which means any unusual event whether infectious. chemical, radiological or zoonotic
- Reporting the event within 24 hours according to the IHR algorithm.
- Verification of the event using the Event Decision Instrument
- Primary response to the event
- Event source detection
- Monitoring the diagnostic fasciitis at the ports
- Monitoring the staff and their capabilities
- Area mapping for the event
- Providing a response plan
- Providing emergency plan
- Issuing validity Certificate.

Environmental Health Section

Responsibilities of senior public health specialist (Environmental Health Section):

1. Inspect port area and conveyances for rodent activity and that container shippers use international traffic containers that are kept free from sources of infection or contamination, including vectors and reservoirs, particularly during the course of packing and issue where appropriate certificates
2. Be responsible for the supervision of the removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance;
3. Inspect port area for the availability of potable water supply.
4. Monitor import of non medicated cosmetic.
5. Monitor imports of detergents and insecticides for home use.
6. Attend the meetings of port health committee
7. Designate inspectors who will share with him the inspection responsibilities.
8. Prepare the duty Rota for his staff.

9. Determine the training requirements for his staff
10. Control and monitor the imports of all cosmetic and chemical preparations
11. Control of consumable substances
12. Give permission for importers, exporters and consumers
13. Control of traditional medicine shops to insure the implementation of Ministry of Health regulations.
14. Give permissions for smoking at the coffee shops and insure the implementation of Bahrain anti smoking law.
15. Assessment of the diagnostic facilities for adequacy at the port.
16. Assessment of availability of adequate staff for assessment at the port.
17. Detection of the event which means any unusual event
18. Reporting the event within 24 hours according to the IHR algorithm.
19. Verification of the event using the Event Decision Instrument
20. Primary response to the event
21. Event source detection
22. Monitoring the diagnostic facilities at the ports
23. Monitoring the staff and their capabilities
24. Area mapping for the event
25. Providing a response plan
26. Providing emergency plan
27. Issuing validity Certificate.

Health Promotion Directorate

1. Prepare posters for ports of entry
2. Prepare leaflet for traveler
3. Prepare the messages to be send to traveler in case of public health emergencies of international concern
4. Prepare the health messages for the media
5. Liaison with the community leaders whenever an event occurs
6. Providing a hotline for responding to the enquiries of the public

7. Preparing SMS messages
8. Attend the meetings of port health committee
9. Detection of the event which means any unusual event whether infectious. chemical, radiological or zoonotic
10. Reporting the event within 24 hours according to the IHR algorithm.
11. Verification of the event using the Event Decision Instrument
12. Primary response to the event
13. Event source detection
14. Monitoring the diagnostic fasciitis at the ports
15. Monitoring the staff and their capabilities
16. Area mapping for the event
17. Providing a response plan
18. Providing emergency plan
19. Issuing validity Certificate.

Ports of entry

Responsibilities of the Assigned staff at port of entry:

- Ensure, as far as practicable, that facilities used by travelers at points of entry are maintained in a sanitary condition.
- Contact the concerned parties (senior public health specialists (Disease Control, Food Control Section, Environmental Health Section, pharmacies and Drug Control Directorate) when ever needed.
- Provide for public health officials quick and efficient access to the ports through their authorities.
- Supervision of training of other port staff who may be involved in port health.

- Advise conveyance operators, as far in advance as possible, of their intent to apply control measures to a conveyance, and shall provide, where available, written information concerning the methods to be employed.
- Be responsible for supervision of service providers for services concerning travelers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains at points of entry.

Port Health Legislation

Regulations require the master or captain arriving in the port to report:-

- a. Before arrival the occurrence on board of a death other than an accidental death,
- b. The presence of a person with infectious disease or symptoms suggestive of an infectious disease,
- c. Any circumstances likely to cause the spread of infectious disease,
- d. The presence of animals and captive birds.

These Regulations also should give powers to the Public health specialist to:

- a. Inspect ships or aircraft on which there is a case or suspected case of infectious disease (the ships regulations specifically exclude tuberculosis),
- b. Detain a ship or aircraft pending inspection,
- c. Examine a suspected case and contacts of infectious disease,
- d. Place under surveillance passengers from infected areas and isolate cases of infectious disease,
- e. Carry out any necessary disinfection.

According to WHO IHR 2005, Bahrain adopt these regulations:

Article 19 General obligations

Each State Party shall, in addition to the other obligations provided for under these Regulations:

Task	Implemented	Under implementation	Not Implemented	Obstacles
(a) Ensure that the capacities set forth in Annex1 for designated points of entry are developed within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;				
(b) Identify the competent authorities at each designated point of entry in its territory; and				
(c) Furnish to WHO,				

<p>as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.</p>				
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Task	Implemented	Under implementation	Not Implemented	Obstacles
<p>1. States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1(of IHR 2005).</p>				

<p>2. States Parties shall ensure that Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates are issued in accordance with the requirements in Article 39 and the model provided in Annex 3 (of IHR 2005).</p>				
<p>3. Each State Party shall send to WHO a list of ports authorized to offer:</p> <p>(a) The issuance of Ship Sanitation Control Certificates and the provision of the services referred to in Annexes 1 and 3 (of IHR 2005) ; or</p> <p>(b) The issuance of Ship Sanitation Control Exemption Certificates</p>				

<p>only; and</p> <p>(c) Extension of the Ship Sanitation Control Exemption Certificate for a period of one month until the arrival of the ship in the port at which the Certificate may be received.</p>				
<p>Each State Party shall inform WHO of any changes which may occur to the status of the listed ports. WHO shall publish the information received under this paragraph?</p> <p>4. WHO may, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1 and 3 of this Article. These</p>	<p>✓</p>			

<p>certifications may be subject to periodic review by WHO, in consultation with the State Party.</p>				
<p>5. WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports and ports under this Article.</p> <p>WHO shall also publish a list of certified airports and ports.</p>				

Article 20 Airports and Ports

Article 21 Ground crossings

Task	Implemented	Under implementation	Not Implemented	Obstacles
<p>1. Where justified for public health reasons, a State Party may designate ground crossings that shall develop the capacities provided in Annex 1(of IHR 2005), taking into consideration:</p> <p>(a) The volume and frequency of the various types of international traffic, as compared to other points of entry, at a State Party's ground crossings which might be designated; and</p> <p>(b) The public health risks existing in areas in which the international traffic originates, or through which it passes, prior to</p>				

<p>arrival at a particular ground crossing.</p>				
<p>2. States Parties sharing common borders should consider:</p> <p>(a) Entering into bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at ground crossings in accordance with Article 57; and</p> <p>(b) Joint designation of adjacent ground crossings for the capacities in Annex 1 (of IHR 2005) in accordance with paragraph 1 of this Article.</p>				

Article 22 Role of competent authorities

1. The competent authorities shall:

Task	Implemented	Under implementation	Not Implemented	Obstacles
(a) Be responsible for monitoring baggage, cargo, containers, conveyances, goods, postal parcels and human remains departing and arriving from affected areas, so that they are maintained in such a condition that they are free of sources of infection or contamination, including vectors and reservoirs;				
(b) Ensure, as far as practicable, that facilities used by travelers at points of entry are maintained in a sanitary condition and are kept free of sources of infection or contamination, including vectors and				

reservoirs;				
(c) Be responsible for the supervision of any deratting, disinfection, disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels and human remains or sanitary measures for persons, as appropriate under these Regulations;				
(d) Advise conveyance operators, as far in advance as possible, of their intent to apply control measures to a conveyance, and shall provide, where available, written information concerning the methods to be employed;				
(e) Be responsible for the supervision of the removal and safe disposal of any				

<p>contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance.</p>				
<p>(f) Take all practicable measures consistent with these Regulations to monitor and control the discharge by ships of sewage, refuse, ballast water and other potentially disease causing matter which might contaminate the waters of a port, river, canal, strait, lake or other international waterway.</p>				
<p>(g) Be responsible for supervision of service providers for services concerning travelers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains at points of entry, including the conduct of inspections and medical</p>				

examinations as necessary				
(h) Have effective contingency arrangements to deal with an unexpected public health event; and				
(i) Communicate with the National IHR Focal Point on the relevant public health measures taken pursuant to these Regulations.				

2. Health measures recommended by WHO for travelers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains arriving from an affected area may be reapplied on arrival, if there are verifiable indications and/or evidence that the measures applied on departure from the affected area were unsuccessful.

3. Disinsection, deratting, disinfection, decontamination and other sanitary procedures shall be carried out so as to avoid injury and as far as possible discomfort to persons, or damage to the environment in a way which impacts on public health, or damage to baggage, cargo, containers, conveyances, goods and postal parcels.

Article 37 Maritime Declaration of Health

Task	Implemented	Under implementation	Not Implemented	Obstacles
<p>1. The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, or in advance of the vessel's arrival if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver to the competent authority for that port a Maritime Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.</p>				

2. The master of a ship, or the ship's surgeon if one is carried, shall supply any information required by the competent authority as to health conditions on board during an international voyage.

3. A Maritime Declaration of Health shall conform to the model provided in Annex 8(of IHR 2005).

4. A State Party may decide:

(a) To dispense with the submission of the Maritime Declaration of Health by all arriving ships; or

(b) To require the

<p>submission of the Maritime Declaration of Health under a recommendation concerning ships arriving from affected areas or to require it from ships which might otherwise carry infection or contamination?</p> <p>The State Party shall inform shipping operators or their agents of these requirements.</p>				
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Article 38 Health Part of the Aircraft General Declaration

Task	Implemented	Under implementation	Not Implemented	Obstacles
<p>1. The pilot in command of an aircraft or the pilot's agent, in flight or upon landing at the first airport in the territory of a State Party, shall, to the best of his or her ability, except</p>				

<p>when that State Party does not require it, complete and deliver to the competent authority for that airport the Health Part of the Aircraft General Declaration which shall conform to the model specified in Annex 9(of IHR 2005).</p>				
<p>2. The pilot in command of an aircraft or the pilot's agent shall supply any information required by the State Party as to health conditions on board during an international voyage and any health measure applied to the aircraft.</p>				

<p>3. A State Party may decide:</p> <p>(a) To dispense with the submission of the Health Part of the Aircraft General Declaration by all arriving aircraft; or</p> <p>(b) To require the submission of the Health Part of the Aircraft General Declaration under a recommendation concerning aircraft arriving from affected areas or to require it from aircraft which might otherwise carry infection or contamination?</p> <p>The State Party shall inform aircraft operators or their agents of these requirements.</p>				
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Article 39 Ship sanitation certificates

Task	Implemented	Under implementation	Not Implemented	Obstacles
<p>1. Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates shall be valid for a maximum period of six months. This period may be extended by one month if the inspection or control measures required cannot be accomplished at the port.</p>				
<p>2. If a valid Ship Sanitation Control Exemption Certificate or Ship Sanitation Control Certificate is not produced or evidence of a public health risk is found on board a ship, the State</p>				

<p>Party may proceed as provided in paragraph 1 of Article 27.</p>				
<p>3. The certificates referred to in this Article shall conform to the model in Annex 3(of IHR 2005).</p>				
<p>4. Whenever possible, control measures shall be carried out when the ship and holds are empty. In the case of a ship in ballast, they shall be carried out before loading.</p>				
<p>5. When control measures are required and have been satisfactorily completed, the competent authority shall issue a Ship Sanitation Control Certificate, noting the</p>				

evidence found and the control measures taken.				
6. The competent authority may issue a Ship Sanitation Control Exemption Certificate at any port specified under Article 20 if it is satisfied that the ship is free of infection and contamination, including vectors and reservoirs. Such a certificate shall normally be issued only if the inspection of the ship has been carried out when the ship and holds are empty or when they contain only ballast or other material, of such a nature or so disposed as to make a thorough inspection of the holds possible.				

<p>7. If the conditions under which control measures are carried out are such that, in the opinion of the competent authority for the port where the operation was performed, a satisfactory result cannot be obtained, the competent authority shall make a note to that effect on the Ship Sanitation Control certificate</p>				
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