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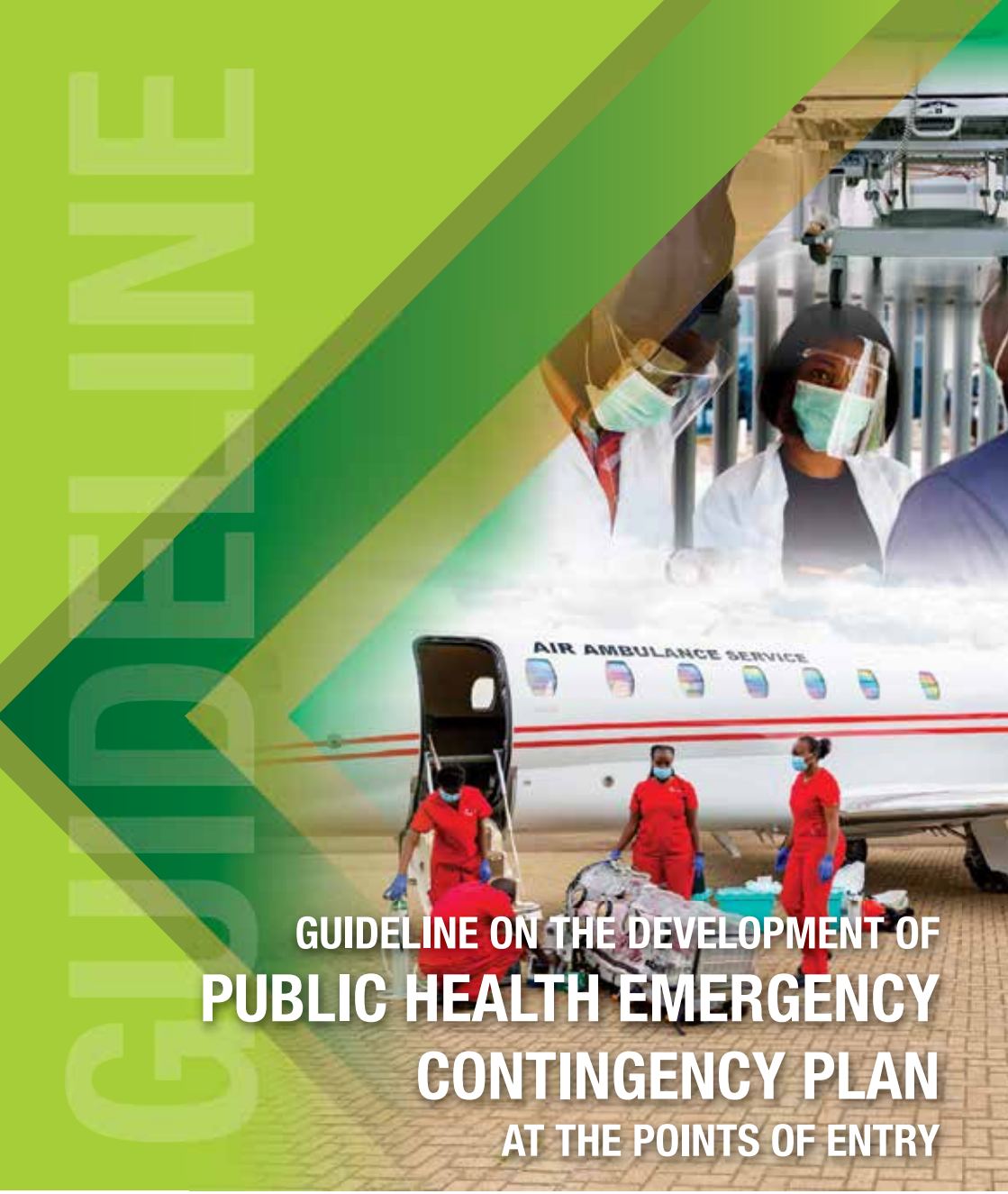

GUIDELINE ON THE DEVELOPMENT OF PUBLIC HEALTH EMERGENCY CONTINGENCY PLAN AT THE POINTS OF ENTRY

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

The Guideline on the Development of Public Health Emergency Contingency Plan at the Points of Entry were developed by the National Department of Health.

AUTHORS

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DISCLAIMER

This document has been prepared with all due diligence and care, based on the best available information at the time of approval. The department holds no responsibility for any errors or omissions within this document. Any decisions made by other parties based on this document are solely the responsibility of those parties. Information contained in this document is from several sources and as such does not necessarily represent government or departmental policy.

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RESPONSIBLE NATIONAL DEPARTMENT OF HEALTH UNIT

The Cluster responsible for co-ordination of the Guidelines on the Development of Public Health Emergency Contingency Plan at the Points of Entry is Environmental Health and Port Health Services.

DISSEMINATION OF THE GUIDELINE

The guideline will be communicated to the Border Management Authority (BMA) through an email for further distribution to Port Health Officials in various Points of Entry after approval by the Director-General. Hard copies will be printed and distributed to Points of Entry. Communication unit will assist with loading the guideline into the departmental website where guidelines will be accessible to relevant stakeholders.

FOREWORD

Public health events can cause serious crises and damage to the human population if effective frameworks and systems are not in place to prevent, early detect, and respond in a timely manner to such events.

The COVID-19 pandemic has spread to several borders across the globe and has highlighted the need for strengthened capacities at Points of Entry for the early detection and management of public health events. Port Health Officials at Points of Entry have a mandate of preventing, protecting and providing a public health response by monitoring public health risks at the Points of Entry and plays an integral role in the containment of the outbreak.

South Africa is signatory to the International Health Regulations (IHR), 2005 which requires the development and strengthening of core capacities in designated Points of Entry as outlined in Annex 1B of the IHR (2005), including having effective contingency plans in place and arrangements for responding to public health emergencies. In addition, where a public health risk has been identified, Port Health Officials at Points of Entry must ensure that they communicate with the National IHR Focal Point and other stakeholders on relevant public health measures that have been implemented.

Public health emergency contingency plan is a multi-agency coordination plan to prevent the introduction, transmission, or spread of communicable disease. Effective use of a public health emergency contingency plan can facilitate a coordinated and timely response to a public health event at a country's Points of Entry, lessening the threat of global disease spread by international travelers.

Dr S.S.S. Buthelezi
Director-General: Health

Date: 09/05/2023

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DEFINITION OF TERMS

"Command and Control" means making and issuing action decisions and directing offsite emergency response resources, agencies, and activities.

"Emergency Operating Centre" means a place within which, in the context of an emergency, personnel responsible for planning, coordinating, organising, acquiring and allocating resources and providing direction and control can focus these activities on responding to the emergency.

"Event" means a manifestation of disease or an occurrence that creates a potential for disease.

"Point of Entry" means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit

"Public health emergency of international concern" means an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response.

"Public health event" means any event that may have negative consequences for human health.

"Public health risk" means a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger.

"Target audience" means any person with responsibility to respond to a public health event at the port (working at National, Provincial or local level).

"Triggers" means formal, quantifiable events or conditions that, once reached, require formal action to be taken as part of an established plan.

ACRONYMS

CDC	Communicable Disease Control
EMS	Emergency Medical Services
EOC	Emergency Operating Centre
IEC	Information, Education and Communication
IHR (2005)	International Health Regulations (2005)
PHEIC	Public Health Emergency of International Concern
PHECP	Public Health Emergency Contingency Plan
PHO	Port Health Official
PPE	Personal Protective Equipment
PoE	Point(s) of Entry
NFP	National Focal Point
WHO	World Health Organization

INTRODUCTION

This guide is designed to assist Points of Entry (PoE) to develop public health emergency contingency plans (PHECP) in order to determine their readiness and response capacities for public health emergencies. International Health Regulation (IHR), 2005 requires that PHECP be developed and maintained in designated PoE for responding to events that may constitute a public health emergency of international concern (PHEIC) or any other public health events. Furthermore, the IHR (2005) requires that the PHECP be integrated with other response plans and regularly tested to familiarize all stakeholders with the plan and their roles and functions during public health emergencies.

This guide provides a recommended standard approach, structure and logical set of considerations that should be followed by Port Health Officials (PHOs), PoE authorities and relevant stakeholders operating at the PoE when developing PHECP. In addition, this guide will assist PoE towards compliance with IHR (2005) requirements related to PoE as it was identified as one of the gaps during the PoE core capacity assessment, with an intension of mentoring, guiding and advocating for the development of a comprehensive PHECP at PoE.

In the case of an actual public health emergency, Port Health would lead the overall health emergency response in conjunction with relevant sectors and PoE stakeholders.

PURPOSE

The secondary purpose of this guide is to outline the following key considerations for PHOs when developing plans:

- The specific requirements of IHR (2005) as they pertain to PoE so that those aspects can be included in PoE contingency plans.
- The importance of alignment and integration of PoE plans with the district, provincial and national public health and emergency response framework.
- The importance of strategic relationships among local, national and international levels that will need support to be effective during public health risks.
- The importance of supporting core capacity-building to ensure robust response capability required by designated PoE.

- The promotion of technical upskilling of PoE health officials to enable them to provide better advice, leadership and guidance during an emergency.

This guide does not intend to replace other response plans that are existing within the PoE. However, it promotes the integration with other response plans in responding to public health risks in a harmonised way and in line with IHR (2005).

OBJECTIVES OF GUIDELINES

These guidelines have been developed to guide public health emergency planning at PoE to achieve the following objectives:

- Capacitate PHO's on the development and review of existing PHECP where available.
- Ensure alignment, integration and harmonisation between emergency response plans at the PoE, and those at other levels.
- Support the establishment and building of relationships between port health, other government entities, service providers and other relevant stakeholders within and outside of the PoE.
- Support the building of core capacities at PoE in compliance with IHR 2005.
- Play a facilitation role in the multisectoral collaboration that is required to build an effective PHECP.
- Re-enforce the need for testing of the PHECP.

SCOPE OF APPLICABILITY

This guide is applicable to Port Health officials and relevant stakeholders at the Points of Entry in response to public health risks, especially those caused by emerging infectious diseases and can spread across the border.

LEGISLATIVE AND POLICY MANDATE

- National Disaster Management Act, 2002 (Act No. 57 of 2002)
- International Health Regulations (2005)
- National Health Act, 2003 (Act No. 61 of 2003), as amended.
- International Health Regulations Act, 1974 (Act No. 28 of 1974)

KEY CONSIDERATIONS

The key planning considerations are elements that have the most impact on the success or failure of a response. These considerations apply equally at the PoE and national level across all departments and agencies involved in emergency response and provision of services during public health emergencies.

The World Health Organization (WHO) has recommended that the processes and public health response measures to be followed during a response to a public health risk should be guided by the following considerations:

a) Coordinated and timely response

The implementation of public health response measures is a multi-agency effort. As such, the measures implemented by the agencies should be well coordinated to avoid confusion, inconsistencies, and duplication of resources. Consideration should be given to the possibility that measures may need to be rapidly deployed and implemented.

b) Sustainable measures

Response to a suspected public health event may continue over a prolonged period therefore measures adopted should be effective and at the same time sustainable until the situation de-escalates. As the situation evolves, measures may have to be increased (e.g. surge staffing and scaling up surveillance measures) or decreased depending on the level of the risk.

c) Effective response measures

Processes and public health response measures introduced during a public health risk/ event should be targeted at containing the event (e.g. minimizing the impact of the event) and mitigating the risks to additional travellers and staff. Public health measures should always be appropriate with the risk level. Care should be given to minimize inconvenience to all travelers and to prevent unwarranted travel and trade restrictions, as stated in the World Health Organization's International Health Regulations (IHR, 2005).

d) Rapid return to steady state as the event subsides

As an event response declines, returning operations to steady state is a priority. For extended responses, criteria for de-escalation may need to be developed based on the nature of the public health event. Additional associated processes for scaling down the emergency measures may

also be needed to ensure the return to routine operations is appropriate with the reduction in health risk.

e) Integration with other response plans

The integration and coordination with other response plans and stakeholders is critical for the success of response measures implemented during public health risks. In certain instances, resources to support the implementation of response measures may be required to be augmented by other stakeholders.

LAYOUT OF THE PLAN

The structure of the PHECP must overall achieve the objectives and follow the core principles and the reader must be able to understand who is doing what and who is responsible for the decisions and actions.

For the purpose of this guide, the following lay out is recommended:

1. COVER PAGE

The front page should indicate the name of the agency who will be leading the drafting of the plan including its logo and the name of the PoE for which the plan has been drafted. It should also include the date that the plan was approved.

2. TABLE OF CONTENTS

The table of contents outlines what is included in the plan and it should give the reader an overview of the information contained in the plan and directs readers to specific sections and pages for information.

3. FOREWORD

Foreword highlighting the importance of the PHECP, a summary description of key points, acknowledgments of key contributors, etc. It is recommended that the foreword be signed by the most senior health official preferably at a regional level.

4. APPROVAL SECTION

Include the list of all the stakeholders who are part of the development of the plan for their endorsement and indicate date of the approval of the plan. The frequency of the plan review should also be included in this section.

5. REVIEW OF THE PLAN

A plan should be reviewed and formally updated after at least every two years, as recommended by WHO. This can be sooner following a drill exercise or public health event where key lessons learnt necessitates the review of the plan. When a plan is amended ensure that all relevant stakeholders receive the new version and the old version is archived. The plan can be updated to incorporate relevant changes in staff, agency responsibility, and gaps or weaknesses identified through the exercise process.

Section 1: INTRODUCTION

The introduction establishes the plan's mandate and context and explains how to use the plan. The introduction should summarise the contents of the PHECP and give a glimpse of what the plan contains. This section should also introduce the authorising agency and relevant international, national and local policies, laws and regulations that were used to develop the plan, such as: IHR (2005), national health-related acts or regulations including those related to infectious diseases and national health emergency management; national disaster-related laws and policies; and others as relevant, such as national guidelines and procedures for the PoE.

The section outlines to other stakeholders where they fit, including their support for the plan's measures and the linkage between agencies and organisations.

The introduction may include the following information:

- Purpose, objectives and scope.
- Relationship to other plans.
- Instructions on how to read and utilise the plan (structure type).
- Legislative mandate for the plan.

1.1 Purpose, objectives and scope

This section should include clear and concise statements about the purpose of the plan (what is the plan about), specific objectives (what the plan seeks to achieve), target audience and possible events. These can be events that are relevant to the PHECP and can be any public health risk that justifies activation of the plan, or public health emergencies of international concern.

1.2 Relationship to other plans

PHECP should be integrated with existing contingency or response plans of the PoE and other sectors (i.e. district municipality, province etc.). All relevant plans at a local, provincial or national level that relate to PHECP should be identified and taken into consideration and where relevant, incorporation of aspects of these plans. In order to ensure a permanent link between the PHECP and other plans, development of the PHECP should be done in consultation with the relevant stakeholders responsible.

The links with other documents and plans should be listed in a table or a map diagram so that stakeholders know the other considerations and interdependencies. It is important for those plans to be referenced and available for PHOs to understand any interdependencies. Response teams and relevant stakeholders are encouraged to familiarise themselves with these other plans so that they understand the relationship.

1.3 How to read the plan

This section should include information on other documents that should be read together with the plan and often includes other legislative documents that should be read with the plan.

1.4 Legislative mandate

This section includes a description of the legislation at international, national and local levels that can guide the development of the plan. Moreover, it describes any other document relevant to the PoE operation that the PoE has to comply with, and reference to the relevant documents from which this responsibility is derived from should be included.

Section 2: OPERATIONAL RESPONSE

The second part of the PHECP should describe the actual operational response. It should describe the response structures, along with the responsibilities of each stakeholder involved. Additionally, it should describe the initial actions and protocols as well as the activation and deactivation procedures.

The following sections should be included in the operational response section of a PHECP:

1. Response structures
2. Roles and responsibilities
3. Initial actions and protocols

2.1 Response Structure

This section is one of the most important components of the plan. This section describes the flow diagram by which decisions are made and by whom. The agency who is likely to lead the response operation should be clearly indicated.

The section should indicate the response structures in a form of flow charts of the response structure teams with clearly defined roles and functions and the relationship. The flow chart should be used to define the key authorities that are accountable and responsible for decisions.

2.2 Roles and responsibilities

This section should map out the roles and responsibilities of each required response function, the individuals and agencies assigned to each function and a set of tasks. It also designates the departments and agencies that are responsible for carrying out the required tasks and actions associated with the plan to support operations.

Responsibilities for an outbreak investigation should be defined in the PHECP including coordination of an outbreak investigation. During public health emergencies, Health Official should take the lead, coordinating the involvement of other relevant agencies and stakeholders. The information can be listed in a form of a table clearly indicating the emergency response functions and formal roles within each organisational function, refer to **Annexure C**.

2.3 Initial actions and protocols

This section is designed to guide on what to do first (i.e. in the first few hours) when an alert is notified or triggered. Usually, this section puts forth a set of specific instructions to follow and sets out who needs to do what in a chronological order to initiate and activate the response.

In addition, the section should describe predetermined actions to be followed when an event happens. It should be noted that all possible events should be considered when determining the initial actions and protocols and the procedures for detection, verification and risk assessment of an event, which may differ based on the type of events (e.g. events of infectious diseases, events related to risks in the

environment, events involving chemical or radiological hazards, events of unknown aetiology, etc.).

The description of how an event of public health concern is detected should be included with activities outlined for the following areas:

- Procedures for verification of an event.
- Procedures for risk assessment of an event.
- Immediate actions.
- Initial communication.

The initial actions and protocols usually involve rapid communication to key decision makers to advise them that an alert has been triggered or a situation has occurred. It allows them to follow their protocols for qualifying the nature, risk factors and the extent of the emergency and to make a decision to formally activate the PHECP and the response structures.

2.3.1 Activation of the plan

In this section a set of predetermined criteria that activate the PHECP should be detailed. Based on the initial investigation and the predetermined criteria, the decision makers will initiate the response. It is important to collectively at a PoE level, have a clearly defined set of conditions for what constitutes the "activation" of a plan so that decision-makers can ensure they have made the right decision to activate and initiate the response.

The level of response that is required for each public health event should be determined based on a risk assessment.
During the public health risk, port health after taking into consideration the predefined and agreed set of conditions that, when encountered, "trigger" a decision to formally activate the PHECP. This will facilitate a move to the next phase or the application of certain interventions.

2.3.2 Triggers

There are triggers to activate plans, change interventions and phases, and deactivate plans. These triggers and resultant changes or actions should be represented, where possible, in an easily understandable table or graphic, which can serve as a key reference document for stakeholders and responders alike.

NB: An example of a trigger can be communication from the IHR National Focal Point (NFP), relevant national public health authority or WHO that a public health emergency of international concern is occurring.

2.3.3 Deactivation of the plan

In the same manner as activation, it is important to have a clearly defined set of conditions to deactivate the plan and return to a recovery or "business as usual" state once the situation is under control or able to be de-escalated. This section includes the triggers for gradual deactivation of the PHECP as appropriate for the public health event. It can also include the specific authority responsible for deactivating the PHECP.

A process and mechanism for activation and deactivation must be developed to guide decision-making and the required subsequent response actions. Deactivation of the PHECP may be completed in several phases having different triggers.

Section 3: POINT OF ENTRY OPERATIONAL RESPONSE

3.1 Emergency Operations Centre

Depending on the nature of the event, there might be a need to activate the Emergency Operating Centre (EOC). The EOC is the hub of response operations, consisting of both facilities and functions. In this section the PHECP should describe the operation of the EOC where activation of such is required, and the different structures involved in the operations.

This section should clearly indicate which facility within the PoE will be identified as the EOC, what will be the function for the EOC and when will the EOC be activated and deactivated.

3.2 Response Operations

The operations team is responsible for the execution of tasks and functions required to achieve the response objectives. An operational plan describes who is responsible to perform which tasks, how they are going to do it, and if known, by when.

The operations team within the response structure coordinate with the sector and operational teams and individuals to direct and assist them in carrying out their individual tasks and duties. Examples of activities that should be included in Operations section of a PHECP for a PoE may include:

- task lists allocated to agencies
- initial management of the public health risk
- declaration and/or locator card process
- escort and transport of suspected cases
- entry and exit screening tasks
- staging area for personal protective equipment
- meeting place and time for response personnel reporting for work.

Specific operational protocols or standard operating procedures must be detailed and be included as an annex to the PHECP.

3.3 Response liaison and communication

This section must indicate who will be responsible for communication and what should be communicated. The response teams' ability to communicate in real-time is critical to establishing command and control at the scene of an emergency, maintaining situational awareness and to overall operation within a public health-related emergency.

A communication plan should map out the critical roles for communication (who talks to whom) and the method of communication (phone, e-mail, written report, and meeting). Alternative forms of communication should also be stated in case the primary method is unavailable, as well as any time considerations, e.g. daily situation briefings at a specific time. Moreover, this section should include a list of updated contact details of all agencies/stakeholders to be involved in response operations.

Communication plan can include the following:

- Communication plan (roles, methods, time considerations).
- Communication map and liaison information diagram.
- Media/public information management.
- Communication assessment and critical communication timelines/ events.

- Updated contact details of agencies/stakeholders to be involved in response operations.
- Communications infrastructure and assets, e.g. cell phones.

The communication section should address the following:

a) Internal communication among the persons working for the PoE administration.
b) External communication with IHR NFP, service providers at the PoE and relevant stakeholders at district, provincial or national level.
c) Communication between the PoE and the conveyance operators and owners.
d) Communication with travellers.
e) Communication between the PoE where applicable.
f) Communication with the general public and the media.

3.4 Testing and exercise of the plan

There should be regular exercises conducted to test the effectiveness of the plan and ensuring all role players are aware of their roles and responsibilities during a public heath event. These exercises can be conducted at a minimum of every 18 to 24 months, as recommended by WHO or after a public health event has occurred. This can be done using a scenario of a possible public health emergency in a form of table-top or in a full-scale exercise. However, the full-scale exercise should be budgeted for as it requires resources and it involves multiple stakeholders. Ensure that the key stakeholders are consulted before any exercise is scheduled and a date agreed upon.

Exercises are designed to achieve the following objectives:

- Test the ongoing adequacy of the response plan.
- Practise the public health operational response and identify the resources and roles required in a real-life public health emergency.
- Test communication links with external organizations.
- Develop relationships with stakeholders and service providers.
- Test capacity in PoE and coordination.
- Test knowledge of legislation and powers.
- Evaluate gaps in information, logistics and resourcing needs.

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Section 4: SUPPORTING INFORMATION

The supporting information section includes detailed information to support the plan and is usually found in the annexes. This section should be laid out in a logical and simple manner to provide accessibility to key information related to specific topics, such as contact information and standard operating procedures.

Typical information contained in the supporting information annexes include:

a) Contact information (internal and external agencies)

b) Maps of operational areas

c) Standard operating procedures and/or protocols

- Activating and staffing the Emergency Operations Centre
- Reporting and briefing schedules
- Managing suspected and affected travellers (including the assessment, care, isolation and quarantine where necessary)
- Entry and exit screening measures
- Boarding of aircraft/vessels/ground conveyances
- Transportation of suspected or ill passengers
- Partial or full PoE closure
- Communications protocols
- Alert code or phase change protocols
- Protocols for disinfection, disinsection, decontamination, etc.
- Security protocols
- Other response standard operating procedures

d) Forms and templates for response processes

- Meetings and teleconferencing procedures
- Sample of emergency meeting agenda
- Situation report template
- Other response reporting templates
- Health declaration, quarantine and other medical forms
- Passenger locator card
- Alert notices
- Timesheets and rostering forms for personnel

- Other administrative forms
- Forms to make changes or update the PHECP

e) Other plans (Referenced)

- Risk communication including media plans
- PoE operations plans
- National emergency response plan (relevant sections)

f) Risk assessment and other technical guidance

- Risk assessment information
- Infection prevention and control advice including hand-washing, hygiene and personal protective equipment
- Specific technical medical or response information
- Infectious disease-specific information
- Legal information

REFERENCES

1. WHO: A guide for public health emergency contingency planning at designated points of entry, 2012.
2. Annex 1: Template - Generic public health emergency contingency plan for designated ports Version 1, The EU Healthy Gateways and the European union, 19 February 2021.
3. Guide to Developing Public Health Emergency Response Plans, Emergency Management Unit Public Health Division Ministry of Health and Long-Term Care, February 2009
4. WHO: A Strategic Framework for Emergency Preparedness, 2017
5. WHO: Framework for a Public Health Emergency Operations Centre November, 2015
6. WHO event management for international public health security: Operational Procedures, World Health Organization, 2008
7. WHO: Handbook for management of public health events on board ships
8. WHO: Handbook for the Management of Public Health Events in Air Transport
9. WHO: Operational considerations for managing COVID-19 cases or outbreak in aviation, Interim guidance, 18 March 2020.
10. WHO: Operational considerations for managing COVID-19 cases or outbreak on board ships, Interim guidance, 25 March 2020.
11. CDC Public Health Emergency Response Plan: A Package for Plan Development at Points of Entry, Border Health Program

Annexures

ANNEXURE A

Layout of the Public Health Emergency Contingency Plan

1. **Cover Page**
2. **Table of Contents**
3. **Forword**
4. **Approval Section**
5. **Review of the Plan**
6. **Content**
   - *6.1 Introduction*
   - *6.2 Operation Response*
   - *6.3 Point of entry response*
   - *6.4 Supporting Information*
7. **Annexures**

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ANNEXURE B

Relationship with other plans

Competent authority	Title of plan	Contact details of liaison person
Port Level		
District/Provincial Level		
National Level		

ANNEXURE C

Command and Control roles for stakeholders at the port level and external

Who		What		When		How		Communication and reporting	
Agency	Responsible person	Role	Responsibility	Tasks	Time frequency	Decisions/ Deliverables	SOPs	Reports to	Receives commands from

ANNEXURE D

Guide on interview of persons who displayed elevated temperature or identified as high-risk during screening

Conveyance Information				
Type of Conveyance		**Conveyance No**	**Departure Country**	**Time of Arrival**
Passenger Full Name and Surname:				
1	Is the traveller experiencing any symptoms consistent with communicable/infectious disease: Yes / No	If yes, please indicate symptoms and date of onset:		
2	Are you aware of being exposed to any person who has being diagnosed or suspected with a communicable/infectious disease.	If yes, estimated date of exposure		
3	Have you attended any public gathering/event in the last 14 days?	If yes, where and what?		
4	Have you recently been in a hospital whether visiting a sick person or admitted for other reasons?	If yes, which one?		
5	Which areas have you travelled to within the last 21 days?	Indicate cities and countries		
6	What's your occupation?			
7	What do you think may possibly be the cause of your symptom/fever?			
Additional Comments:				

If traveller responded yes to any one of questions 1-4, traveller may be considered as suspect.

ANNEXURE E

FORMAL ALERT SYSTEMS

Formal alert codes or phases are usually used to describe the response levels or actions required for pre-identified public health conditions or scenarios. The response level for each alert code should be aligned with the nature of the public health risk. Details can be indicated in the form of a table, using either a written description of the situation (i.e. scenario) and aligned alert phases, or alternatively a colour coding system representing the condition scenario.

TABLE FORMAT ALERT SYSTEM

Scenario/Condition (examples)	Alert level	Response/Actions to be taken
Known and expected public health risks	Level 1	Business as usual, no PHECP activation needed
Unexpected public health risk (e.g. outbreak on board a conveyance from a known agent)	Level 2	Activation of the PHECP and the event can be managed locally.
Unexpected public health risk (e.g. public health emergency of international concern)	Level 3	Activation of the PHECP and the event cannot be managed locally and support from the central level is needed

Examples could be:

Colour Coding Alert System

Green: Business as usual (known and expected public health risks) – no PHECP activation needed.

Orange: Unexpected public health risk (e.g. outbreak on board a conveyance from a known agent) – activation of the PHECP, the event can be managed locally.

Red: Unexpected public health risk (e.g. public health emergency of international concern) – activation of the PHECP, the event cannot be managed locally and support from the central level is needed.

ANNEXURE F

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Risk Assessment Form

Section 1. Port Health notification

Person notifying Port Health:		Phone number of person notifying Port Health:	
Agency notifying Port Health:	Date of notification to Port Health: ____/____/____ mm dd yyyy	Time of notification to Port Health (24 hrs):	____ : ____ hh : mm
Type of notification: □ Illness □ Death		When was Port Health notified? □ Prior to boarding conveyance □ After disembarking conveyance □ While traveler was on a conveyance □ Other □ After travel completed (person has reached final destination)	
Type of traveler: □ Passenger □ Crew			

Section 2. Pertinent medical history of ill or deceased person

Relevant history: present illness, other medical problems, vaccinations, overseas physician diagnosis, etc.:

Traveler has taken:
□ Antibiotic/antiviral/antiparasitic(s) in the **past week**; list with date(s) started: _____
□ Fever-reducing medications (e.g. paracetamol, ibuprofen) in the **past 12 hrs**; list with time of last dose: _____

Relevant Exposures in the Past 3 Weeks:

Village/City/State	Province/Country	Arrival Date	Exposure to ill persons?	Exposure to animals?	Other exposures (contaminated food or water, drug ingestion, etc.)?
			□ No □Yes, _____	□ No □Yes, _____	□ No □Yes, _____
			□ No □Yes, _____	□ No □Yes, _____	□ No □Yes, _____

Signs, Symptoms, and Conditions (check all that apply):

□ FEVER (≥38°C) **OR** feeling feverish/having chills in past 72 hrs
Onset date: ____/____/____
Current temperature: _____° C

□ Persistent cough
Onset date: ____/____/____
□ With blood □ Without blood

□ Difficulty breathing/shortness of breath
Onset date: ____/____/____

□ Persistent Diarrhea
Onset date: ____/____/____
Number of times in past 24 hrs?: _____

□ Persistent Vomiting
Onset date: ____/____/____
Number of times in past 24 hrs? _____

□ Skin Rash
Onset date: ____/____/____
Description of skin rash: _____

□ Unusual bleeding
Onset date: ____/____/____

□ Decreased consciousness/confused mental state
Onset date: ____/____/____

□ Obviously unwell
Onset date: ____/____/____

□ Other
Onset date: ____/____/____
_____
_____

For Deceased Persons
Date and time of death: __/__/__
__:__
Presumptive Cause of Death:
_____
Body released to medical examiner? □Yes □No
Medical Examiner Contact information:
_____

Section 3: General information about the ill or deceased person

Family name:		First/given name:		Middle name:
Gender: □ Male □ Female	Date of birth: ____/____/____	Country of birth:	Age (if date of birth unknown):	Passport country/citizenship:
Country of residence:		Home address:		City/Province/Country:
Phone Number:		Emergency Contact Name:		Emergency Contact Phone:

Section 4: Flight information (current flight on top row, previous/upcoming flights on following rows)

Domestic or International?	Airline	Flight #	Departure Airport Code	Departure Date	Arrival Airport Code	Arrival Date	Seat #	Flight Duration

Section 5: Disposition of ill/deceased person (check all that apply)

ANNEXURE H

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Passenger Locator Card

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. *"Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION: 1. Airline name | 2. Flight number | 3. Seat number | 4. Date of arrival (yyyy/mm/dd) 2 0

PERSONAL INFORMATION: 5. Last (Family) Name | 6. First (Given) Name | 7. Middle Initial | 8. Your sex Male ☐ Female ☐

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile | 10. Business

11. Home | 12. Other

13. Email address

PERMANENT ADDRESS: 14. Number and street *(Separate number and street with blank box)* | 15. Apartment number

16. City | 17. State/Province

18. Country | 19. ZIP/Postal code

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any) | 21. Number and street *(Separate number and street with blank box)* | 22. Apartment number

23. City | 24. State/Province

25. Country | 26. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

27. Last (Family) Name | 28. First (Given) Name | 29. City

30. Country | 31. Email

32. Mobile phone | 33. Other phone

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)				
(2)				
(3)				
(4)				

35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group *(tour, team, business, other)*
(1)			
(2)			

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