

## **INTERIM ADVICE FOR PREPAREDNESS AND RESPONSE TO CASES OF COVID-19 AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EUROPEAN ECONOMIC AREA MEMBER STATES (MS)**

# **Advice for health authorities and ship operators who have decided to suspend sailings and for the long-term docking of ships at the ports of EU/EEA MS during COVID-19 pandemic**

**Version 1**

**18 March 2020**

## Introduction

This interim advice was prepared after a request from the European Commission's Directorate-General for Health and Food Safety (DG SANTE). An ad-hoc working group was established with members from the EU HEALTHY GATEWAYS joint action consortium. Names and affiliations of the working group members who prepared this document are listed at the end of the document.

As COVID-19 spreads rapidly in EU/EEA MS, public health authorities implement health measures in their communities to mitigate the impact of the pandemic. Moreover, countries have decided to apply various measures at points of entry to prevent and control cross-border spread of COVID-19. It is expected that due to increasing numbers of reported cases in many EU/EEA MS and the current stress on their health care system, authorities will hardly be able to respond effectively to potential outbreaks on board a cruise ship, and in addition air travel restrictions will complicate the repatriation of passengers and crew. It was suggested that for the following weeks cruise ships will interrupt their operations.

All cruise ship companies operating in Europe have decided to suspend sailings for the following months (an update as of 18 March 2020 can be found in Annex 1) while several Member States have unilaterally decided to close their ports for cruise ships with an immediate effect. Cruise ships are currently in the process of returning to their "home port" within Europe. It is imperative that those ships will be able to enter ports, berth and disembark passengers and crew for repatriation in order to avoid any safety and/or humanitarian crisis with ships being stranded at sea. After this, ships will be docked for several weeks at their "home ports" having on board the required, limited number of crew for the safe operation of the ships.

The current document provides advice to health authorities and to ship operators to be considered for the procedures to facilitate ships suspending their operations, as well as during the time when the ships will be docked at the ports in EU/EEA MS for the following months.

The working group produced the following advice, considering current evidence, the temporary recommendations from the World Health Organization (WHO) (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>)<sup>1-19</sup> and the technical reports of the European Centre for Disease Prevention and Control<sup>20-29</sup> (ECDC) (<https://www.ecdc.europa.eu/en/coronavirus/guidance-and-technical-reports>) about COVID-19 (as of 17 March 2020). Furthermore, this guidance has been prepared considering the evidence currently available about SARS-CoV-2 transmission (human-to-human transmission via respiratory droplets or contact), but it also contains some proactive guidelines considering the lack of evidence to exclude other transmission modes (airborne). It should be noted that SARS-CoV-2 has been found in faecal samples without any further information on how this finding is implicated in the mode of transmission. Moreover, SARS-CoV-2 persists on surfaces<sup>30</sup>.

## 1. Advice for permitting ships to enter ports and safely station during the COVID-19 pandemic

International Health Regulations (2005) Article 28 requires that “...a ship shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship may be ordered to proceed at its own risk to the nearest suitable point of entry available to it, unless the ship has an operational problem which would make this diversion unsafe”. Moreover, “...ships shall not be refused free pratique by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of free pratique to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, ..., or other measures necessary to prevent the spread of the infection or contamination...”.

It is advised that EU/EEA MS accept ships carrying on board crew members, at the ports or at the dry dock facilities to be safely stationed for the period of the COVID-19 pandemic and until operations resume. During this period, the laws of the country related to control of the pandemic should be followed by the ship operator, as well as the relevant legal framework applicable on ships that have docked at the port of the country.

The following paragraphs provide advice in regards to public health measures on ships, at the port terminals and by the port health authorities, in addition to any existing rules and regulations that are currently applicable in the local communities for the response to the COVID-19 pandemic.

## 2. Before entering the port

### 2.1. Reporting the health status on board the ship

In accordance with the International Health Regulations (2005), the officer in charge of the ship must immediately inform the competent authority at the next port of call about any public health risk on board the ship, including any case of disease which is suspected to be of an infectious nature<sup>31</sup>. Before arriving at the port, the Maritime Declaration of Health (MDH) should be completed by the captain and/or the ship doctor and sent to the competent authority in accordance with the local requirements at the port of call.

The captain should inform the competent authority at the port about the number of travellers (crew and passengers) who are on board the ship and submit all documents required by the country before docking.

### 2.2. Information to all travellers about the rules and regulations for COVID-19 imposed in the country of the home port

The port health authority should make known to the ship operators the local rules that are applied in regard to the COVID-19 pandemic within the country, as well as other applicable

laws that need to be followed during the period that the ship will be stationed at the port or at the dry dock facility.

### **2.3. Availability of a contingency plan and an isolation plan on board**

It is advised that all ships have in place a contingency plan and an isolation plan for suspect COVID-19 cases as described in the WHO and the EU HEALTHY GATEWAYS advice documents<sup>3,32</sup>:

<https://www.healthygateways.eu/Novel-coronavirus> and  
<https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>

Moreover, captain should have knowledge on which authority they need to report any suspect case of infectious disease or any other public health risk on board while stationed at the port or the dry dock facility.

## **3. Ship inspection**

It is important that risk communication messages and advice on precautions are given to staff who is going to board the ships for risk assessment about practicing social distancing, hand hygiene and use of PPE.

If the competent authority decides to perform an inspection before granting free pratique, then the precautions as described in the EU HEALTHY GATEWAYS, WHO and ECDC advice documents about personal protection should be followed:  
<https://www.healthygateways.eu/Novel-coronavirus> and  
[https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf). Moreover, any additional applicable rules of the country should be followed.

## **4. Advice for measures on ships during long-term docking**

It is recognised that as border restrictions apply to EU/EEA MS, arrangements for repatriation of crew members will not be possible immediately after the ship will have arrived, but will take place gradually. Crew members will be staying on board until this is possible. The ship captain should be able to inform, at all times, the competent authorities at the ports about the persons who are on board and their health condition.

If disembarkation should be arranged, then any person should be asked to complete a Passenger/Crew Locator Form before leaving the ship, and the captain should keep this document on board for at least one month. The competent authority should give approval before disembarkation of any person on board and the health status of that person.

Throughout the course of docking, if any person on board presents symptoms compatible with COVID-19 (including sudden onset of at least one of the following: cough, fever, or shortness of breath), this should be reported to the competent authority immediately.

Instructions will then be provided about the management of the suspect case and the close contacts, environment cleaning and disinfection, as described in the WHO and EU HEALTHY GATEWAYS advice, or otherwise according to the instructions of the local authority. The suspect person could either disembark and be isolated and treated ashore, or could be isolated on board (according to procedures described in the EU HEALTHY GATEWAYS advice) until not symptomatic, unless their health condition worsens and requires hospitalization ashore. The decision regarding case management will be taken by the competent authority based on the risk assessment and the situation in the community (containment or mitigation phase).

Ship operators or captains should cooperate with competent authorities at the port to arrange for the provision of water and food supplies, medicines and medical equipment, bunker fuel and any other vital supplies or equipment required for ship operation.

The ship should apply the local rules and regulations for COVID-19 and any other applicable laws. It is advised to keep the number of persons who are entering the ship to a minimum, and pre-boarding entry screening measures could be applied as described in the WHO guidance: <https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>

The local authorities will decide and inform the captain if crew members will be allowed to disembark for short-term leaves ashore.

If buses will be used for transferring travellers from the port to the airport, then the bus operators should apply the advice and guidelines given by the country. EU HEALTHY GATEWAYS has produced advice for buses which is available at the following link: <https://www.healthygateways.eu/Novel-coronavirus>

If crew members or passengers will stay at a hotel before travelling, then the competent authority at the port should be informed and this should be noted in the Passenger/Crew Locator Form. Competent authority at the port should coordinate with the local health authority where the hotel is situated for information sharing and follow up health measures if needed.

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For any questions or support related to the points of entry, please email [info@healthygateways.eu](mailto:info@healthygateways.eu)

## References

1. World Health Organization. Interim guidance - Considerations in the investigation of cases and clusters of COVID-19 2020.
2. World Health Organization. Critical preparedness, readiness and response actions for COVID-19. 7 March 2020 2020. [https://www.who.int/docs/default-source/coronaviruse/20200307-responding-to-covid-19-communitytransmission-final.pdf?sfvrsn=ec5fa30a\\_5](https://www.who.int/docs/default-source/coronaviruse/20200307-responding-to-covid-19-communitytransmission-final.pdf?sfvrsn=ec5fa30a_5) (accessed 10/03/2020).
3. World Health Organization. Interim Guidance - Operational considerations for managing COVID-19 cases/outbreak on board ships. 24 February 2020 2020. <https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>.
4. World Health Organization. Water, sanitation, hygiene and waste management for COVID-19 - Technical brief. 03 March 2020 2020. <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19> (accessed 03 March 2020).
5. World Health Organization. Interim Guidance - Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19). 27 February 2020 2020. [https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf) (accessed 04/03/2020).
6. World Health Organization. Interim Guidance - Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19). 29 February 2020 2020. [https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)).
7. World Health Organization. Interim Guidance - Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (2019-nCoV) outbreak, 2020.
8. World Health Organization. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Interim guidance. 25 January 2020, 2020.
9. World Health Organization. Disease commodity package - Novel Coronavirus (nCoV). 4 February 2020 2020. [https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov)).
10. World Health Organization. Interim guidance for Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts, 2020.
11. World Health Organization. Interim Guidance for Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID -19 outbreak, 2020.
12. World Health Organization. Key considerations for repatriation and quarantine of travellers in relation to the outbreak of novel coronavirus 2019-nCoV. 11 February 2020 2020. [https://www.who.int/ith/Repatriation\\_Quarantine\\_nCoV-key-considerations\\_HQ-final11Feb.pdf?ua=1](https://www.who.int/ith/Repatriation_Quarantine_nCoV-key-considerations_HQ-final11Feb.pdf?ua=1) (accessed 13/2/2020).
13. World Health Organization. Updated WHO recommendations for international traffic in relation to COVID-19 outbreak. 29 February 2020. . 29 February 2020 2020. [https://www.who.int/ith/2019-nCoV\\_advice\\_for\\_international\\_traffic-rev/en/](https://www.who.int/ith/2019-nCoV_advice_for_international_traffic-rev/en/)
14. World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. Interim guidance. 28 January 2020 2020. [https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517\\_2](https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517_2).
15. World Health Organization. Global Surveillance for human infection with novel coronavirus (2019-nCoV). Interim guidance v3 2020.
16. World Health Organization. Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases, 2020.

17. World Health Organization. WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China. 10 January 2020 2020. [https://www.who.int/ith/2020-0901\\_outbreak\\_of\\_Pneumonia\\_caused\\_by\\_a\\_new\\_coronavirus\\_in\\_C/en/](https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/) (accessed 20/1/2020).
18. World Health Organization. Interim guidance -Responding to community spread of COVID-19. 7 March 2020 [https://www.who.int/docs/default-source/coronaviruse/20200307-responding-to-covid-19-communitytransmission-final.pdf?sfvrsn=ec5fa30a\\_5](https://www.who.int/docs/default-source/coronaviruse/20200307-responding-to-covid-19-communitytransmission-final.pdf?sfvrsn=ec5fa30a_5) (accessed 10/03/2020).
19. World Health Organization. Interim guidance - Global Surveillance for COVID-19 disease caused by human infection with novel coronavirus (COVID-19).
20. European Centre for Disease Prevention and Control. TECHNICAL REPORT - Considerations relating to social distancing measures in response to the COVID-19 epidemic. Stockholm: ECDC, 2020.
21. European Centre for Disease Prevention and Control. ECDC TECHNICAL REPORT - Guidance for wearing and removing personal protective equipment in healthcare settings for the care of patients with suspected or confirmed COVID-19. Stockholm: ECDC, 2020.
22. European Centre for Disease Prevention and Control. ECDC TECHNICAL REPORT - Guidelines for the use of non-pharmaceutical measures to delay and mitigate the impact of 2019-nCoV Stockholm, 2020.
23. European Centre for Disease Prevention and Control. Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2 Stockholm, 2020.
24. European Centre for Disease Prevention and Control. ECDC TECHNICAL REPORT - Public health management of persons, including health care workers, having had contact with COVID-19 cases in the European Union. 25 Feb 2020 Stockholm: ECDC, 2020.
25. European Centre for Disease Prevention and Control. ECDC TECHNICAL REPORT - Resource estimation for contact tracing, quarantine and monitoring activities for COVID-19 cases in the EU/EEA. 2 March 2020 Stockholm: ECDC, 2020.
26. European Centre for Disease Prevention and Control. ECDC TECHNICAL REPORT - Personal protective equipment (PPE) needs in healthcare settings for the care of patients with suspected or confirmed novel coronavirus (2019-nCoV) Stockholm, 2020.
27. European Centre for Disease Prevention and Control. ECDC TECHNICAL REPORT. Infection prevention and control for the care of patients with 2019-nCoV in healthcare settings Stockholm ECDC, 2020.
28. European Centre for Disease Prevention and Control. Algorithm for management of contacts of probable or confirmed 2019-nCoV cases 2020. <https://www.ecdc.europa.eu/en/publications-data/algorithm-management-contacts-probable-or-confirmed-2019-ncov-cases> (accessed 31/01/2020).
29. European Centre for Disease Prevention and Control. Rapid risk assessment: Outbreak of novel coronavirus disease 2019 (COVID-19): increased transmission globally – fifth update. 2 Mar 2020, 2020.
30. van Doremalen N, Bushmaker T, Morris D, et al. Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. *medRxiv* 2020: 2020.03.09.20033217.
31. World Health Organization. International health regulations (2005). Third ed. Geneva; 2016.
32. EU HEALTHY GATEWAYS JOINT ACTION PREPAREDNESS AND ACTION AT POINTS OF ENTRY (PORTS A, GROUND CROSSINGS),. INTERIM ADVICE. FOR PREPAREDNESS AND RESPONSE TO CASES OF 2019-nCoV ACUTE RESPIRATORY DISEASE AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EEA MEMBER STATES (MS). Advice for ship operators for preparedness and response to the outbreak of 2019-nCoV acute respiratory disease. Version 2. 3 February 2020, 2020.



## Annex 1

**AIDA** Cancelled cruises until ‘mid-April’.

**APT** Suspending all touring and cruising until April 25.

**AmaWaterways** Delayed the start of its European season until April 26 and is suspending Mekong river cruises.

**A-ROSA** Seine and Rhone river cruises suspended until April 15.

**Avalon Waterways** Suspended sailings across all destinations until April 30.

**Azamara** Suspended sailings until April 11.

**Carnival Cruise Line** Suspended until April 10.

**Celebrity Cruises** Suspended sailings until April 11

**Celestyal Cruises** All cruise operations are suspended until May 1.

**CROISIEUROPE** suspended all cruises through 15<sup>th</sup> April 2020

**Cruise & Maritime Voyages** Suspended until May 1.

**Crystal Cruises** Suspended Crystal Serenity sailings until April 21 and Crystal Symphony sailings until May 8.

**Costa Cruises** Suspended sailings until April 3.

**Cunard** Suspended any new cruises until April 11.

**Disney Cruise Line** From March 14 until March 31.

**Emerald Cruises** suspended all river cruise operations until April 30.

**Fred. Olsen** Suspended operations until May 23.

**Holland America Line** Suspended until April 14.

**Marella Cruises** Suspended until March 28.

**MSC Cruises** Stopping all US-based embarkations and operations in the Mediterranean, the Gulf and Asia until May 1. Ships in South America and South Africa will also cease operations at their end of their current itineraries.

**NCL** Suspended sailings until April 11

**Oceania** Suspended sailings until April 11

**Paul Gauguin** Paused all cruise calls in French Polynesia until April 11.

**P&O Cruises** Suspended any new cruises until April 11.



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- P&O Australia** Suspended until April 12
- Princess Cruises** All fleet operations suspended until May 10.
- Pullmantur** Suspended all sailings until 2 May 2020
- Regent Seven Seas** Suspended sailings until April 11.
- Royal Caribbean** Suspended sailings until April 11.
- Saga** Suspended cruise operations until May 1.
- Scenic Group** Scenic and Emerald Cruises has suspended all river cruise operations until April 30.
- Seabourn** Suspended until May 1.
- Silversea** Suspended sailings until April 11
- TUI Cruises** cancelled all sailings until 3 May.
- TUI** Postponed the launch of River Cruises.
- Uniworld** Suspended all European itineraries until April 23.
- Viking Cruises** Suspended all ocean and river cruises until April 30.
- Virgin Voyages** Postponed the launch of Scarlet Lady until July 15.
- Windstar Cruises** Paused all operations from March 14 through to April 30.