



RE: CIRCULAR 01/14 – EBOLA - SOUTH AMERICAN COUNTRIES

Dear Sirs,

Due to the outbreak of Ebola and all the implications that this could have in our area of influence, the members of SAPIC have discussed this matter deciding to issue this general circular to our principals outlining the present situation in our countries which you will find detailed hereunder:

a) **ARGENTINA:**

As per circular issued by the Centro de Navegacion (Chamber grouping local agents in Argentina), the local Pilots Association through the River Plate Area Committee has decided that bearing in mind there are no clear instructions from the Sanitary Authorities as to the measures and actions to be met with by the pilots in relation to the vessels coming from infected areas with Ebola, the pilots companies rendering pilotage services in the River Plate who are part of the Committee, decided that their pilots will not board any vessel coming from the infected areas (Guinea, Liberia, Nigeria and Sierra Leone) until such time as they have completed 30 (thirty) days from the departure of the last port of the infected areas until the time the pilot should board the vessel.

On the other hand the Centro de Navegacion has addressed a letter to the Sanitary Authorities requesting to issue a procedure in respect of the vessels arriving from the infected areas.

In view of the aforementioned, we would suggest that if any vessel is coming from or any of those countries then her Master/Owners should get advice from their local agents in advance and before arriving/entering the River Plate area.

However, this office will continue watching the situation and will issue further circulars on the subject when and if further news to report.

A protocol has been issued recently by health Authorities stating that all vessels coming from affected countries should be surveyed by health border inspectors, either before piloting or at arrival to port in accordance to risks analysis.



Source of information: Pandi Liquidadores SRL, Buenos Aires

b) **BRAZIL:**

- 1) **Port of Santos:** Up to this moment, Agência Nacional de Vigilância Sanitária-Anvisa (National Health Surveillance Agency), the Brazilian port health authority, did not put any specific measures in place for vessels arriving from Africa and will continue adopting the protocols set forth in the International Health Regulation, particularly in respect of the issuance of the Maritime Declaration of Health, though we expect that vessels coming from Guinea, Liberia, Sierra Leone and Nigeria might be subject of a more stringent scrutiny by part of Anvisa.

Due to its transmissible nature, Ebola is regarded as a disease of compulsory notification and failure to report suspected or diagnoses cases is not only a violation of the relevant health regulations but also a criminal offence, so it is essential that all such cases are reported by the vessels' masters in a timely fashion.

Source of information: Representacoes Proinde Ltda., Santos

- 2) **Port of Paranaguá:** A general public meeting scheduled by local ANVISA branch occurred on 18.08.2014 at 1400/LT, and the following was informed:

For now no quarantine is being imposed on vessels arriving from Africa and usual procedures must be carried out by the Masters in order to obtain the free pratique (formally communicate of the health condition on board 48 hours prior to arrival at first Brazilian port – Maritime Declaration of Health). Nevertheless, vessels arriving from West Africa/endemic areas do not obtain the free pratique by radio as usual, instead, such vessels must be compulsorily physically inspected by Health Authority Inspectors, who will release the vessel after ascertaining there is no infection on board.



ANVISA Headquarters has issued an official brochure especially for seafarers, as follows:



Ebola

To Captains e crew members

The Brazilian Health Surveillance Agency - ANVISA informs that an Ebola outbreak is occurring in some African countries.

Be aware for the following symptoms, especially if any crew member had circulated in the last 21 days in Nigeria, Sierra Leone, Liberia or Guinea: fever, weakness, muscle pain, headache and sore throat, which are usually followed by vomiting, diarrhea, pruritus, and in some cases hemorrhage.

In such cases, report to health authorities in Brazil so they can evaluate and help you with guidelines and measures.

Transmission

The transmission only occurs through direct contact with body fluids (blood, feces, sweat, semen, saliva, urine, etc.) of a sick person (live or dead), an infected dead animal, or by contact with contaminated objects (needles, sheets or dirty clothes, etc.)

The virus is not spread by air, water, food, or vectors, and is easily killed by soap, bleach, sunlight or drying, surviving only a short period of time on surfaces that are exposed to sun or dry.

Recommendation to Captain

In case of anyone aboard - who has circulated in the last 21 days in Nigeria, Sierra Leone, Liberia or Guinea - presents any symptoms listed above the Captain must report this situation immediately to the Brazilian health authorities. The Captain should also isolate the patient in his/her cabin, offering all support of water and food needed, and designate only one person (physician or other crew member) to serve him/her until disembarkation as instructed by local health authorities. Follow the recommendations of the local health authority about cleaning, waste removal, laundry, etc.

Further information: 0800 6429782



ANVISA
Agência Nacional de Vigilância Sanitária

Ministério da
Saúde

Governo
Federal

**Source of information: Van Herp & Frumento (P&I Services) Ltda.,
Paranagua.**



c) **CHILE:**

TO BE INFORMED IN DUE COURSE

d) **MEXICO:**

Regarding the Ebola situation in the African countries of Guinea, Liberia, Sierra Leone and Nigeria, the Mexican Health Ministry informs:

The Ebola virus causes an acute serious sickness characterized by fever, intense weakness, muscle pain, headache, sore throat, vomit, diarrhea, eruptions in the skin, kidney and liver failure. In some cases, it causes internal and external bleeding that can be fatal.

The outbreak took place in the African Continent, specifically in Guinea, Liberia, Sierra Leone and Nigeria. The only cases reported outside the African Continent are two in the United States and two in Spain. The patients were moved from Africa to their countries of origin for their treatment and they are isolated, so they do not represent any type of risk for the population.

The World Health Organization (WHO) issued a press release as a result of the Meeting of the Emergency Committee of the International Health Regulations in which it was established that the Ebola outbreak in Western Africa represents an “extraordinary event” and a risk for the public health of other states. The WHO also issued updated recommendations to face the current situation of the outbreak.

The Mexican Ministry of Health ratifies the preventive measures published on August 1st in the official website of the Ministry (www.salud.gob.mx), as well as the Travel Preliminary Notice where people are advised to avoid trips to the affected countries.

In case that it is necessary to travel to those countries, it is advisable to:

Have strict hygiene:

- Avoid contact with blood and body fluids from infected people.
- Do not touch any tool or instrument that has been in contact with blood or body fluids from infected people.



- Avoid any contact with animals that could be infected (monkeys, antelopes, wild bats and chimps).
- Avoid any contact with human corpses or dead animals that could be infected.
- If within the next 21 days after your trip, you experience fever, muscle pain, sore throat, diarrhea, stomachache or redness of eyes:

+ Look for medical attention immediately.

+ If you are sick by the time to get to Mexico, please, tell your flight attendant or the Migration Officer about it.

+ The latter does not imply any restriction to entering the country. You will only be provided medical assistance.

There are no suspicious nor confirmed Ebola cases in Mexico.

NO EBOLA VIRUS IN MEXICO – False Alarm on Coahuila

THE MEXICAN MINISTRY OF HEALTH INFORMS:

August 7th , 2014, the Ministry of Health of the Mexican State of Coahuila sent a press release through the Mexican News Agency Notimex highlighting that there are no Ebola cases in Mexico

<http://www.notimex.com.mx/acciones/verNota.php?clv=158795>.

This is the press release that was sent by the Ministry of Health in Coahuila:

Saltillo, Coahuila, Thursday, AUGUST 7th , 2014

The Ministry of Health in Coahuila informs:

On August 6th , 2014, through the website www.novatimes.net, the news of an allegedly Ebola case, specifically, a student from Mexico City, was spread.

This information was replicated in the social networks by the newspaper “Zocalo de Saltillo” in the Mexican state of Coahuila. Immediately, the authorities carried out an investigation and the news turned out to be false.

The spokesperson in Mexico about the Ebola situation is Doctor Cuitlahuac Ruiz Matus, Director General of Epidemiology in the Mexican Ministry of Health. He said that there are no cases of Ebola in Mexico.



The Ministry of Health in Coahuila, which belongs to the National Health System, works together with the Federal Government to keep an epidemiological surveillance.

All the Mexican Ministry of Health's news releases, fact sheets and other press materials are available at www.salud.gob.mx

Source of information: P&I SERVICES MEXICO S.A. DE C.V/ , México.

e) **VENEZUELA:**

GLOBALPANDI

Circular for P & I Clubs

DATE: 19th SEPTEMBER 2014

Correspondents for:

Britannia, British Marine, Charterers P&I Club, China P&I Club, GARD, ITIC, Navigators, Nordisk Defence Club (Through Sabatino Pizzolante), Lodestar Marine, North of England P&I Club, Raets Club, Shipowners P&I Club, Skuld, Steamship Mutual, The American Club, The London P&I Club, West of England and Through Transport Club (TTC).

Venezuela – Ebola prevention measures and others current diseases at the country

The deadly Ebola outbreak which is causing international reaction has Latin American nations also taking actions to prevent its spreading to the region. The outbreak begun in March, but it was not until early August that the WHO declared it an “international health emergency”. Recently a researcher with the Pan American Health Organization (PAHO), Miguel Aragon, has warned that the Americas should not underestimate the Ebola threat.

In the maritime sector, according to a press statement issued by Gen. Luis Graterol former Minister of Water and Aerial Transport (MPPTAA), from August 25th all vessels reporting any call at ports from countries declared on alert for Ebola must go first to an anchorage special zone in order to be inspected first by the Health Authority, who then will decide whether to send the vessel to a special



quarantine zone or allow the vessel to continue to berth. According to sources this instruction is now in force at all ports but no other formal instruction or protocol in written form has been issued to ship agents.

Back on August 17th Dr. Edgar Rivera an official spokesmen from the Ministry of Public Health declared the risk of Ebola being spreading to Venezuela as remote, more recently on September 16th after some mortal cases of an unknown disease registered in the central State of Aragua the minister of Public Health Dra. Nancy Perez denied the existence of any case of Ebola in the country.

Despite there are no suspected or confirmed cases of the Ebola virus more worrying to the authorities and public opinion is the certain and rapid spread of the Chikungunya virus in the country. The Chikungunya virus (CHIKV) is an insect-borne virus, of the genus Alphavirus, that is spread by the Aedes mosquitoes. Chikungunya infection causes fever and severe joint pain. Other symptoms include muscle pain, headache, nausea, fatigue and rash. The disease shares some clinical signs with dengue, and can be misdiagnosed in areas where dengue is common.

The first case of this disease was reported on June 6th, just four months after on September 17th the official toll according to minister Dra. Nancy Perez is 398 cases confirmed out of 1239 under analysis, with only three deaths of patients who have had another base disease. Estimations of the number of people infected by Chikungunya vary, as new cases are constantly being reported. With the chance that the virus is mistaken as dengue, these figures are likely underestimated. Being a virus disease there is no vaccine against the Chikungunya so the following measures are suggested:

- As per the usual advice with Dengue and Malaria the best protection for the crew members is to avoid being bitten by mosquitoes during a stay in Venezuela as a Chikungunya area.
- Stay in air conditioned areas when indoors and wear protective clothing when outdoors using insect repellents on exposed skin are also indicated measures.
- The disease has an incubation period of several days so it is advised to seek immediate medical attention if suspected on board, especially if the vessel had a short time at berth will most probably be back at sea when symptoms are noticed. It is advisable then to seek assistance from agents/P&I Correspondents as a matter of urgency



Should you need any assistance or further information regarding the topic stated above, please feel free to contact:

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Source of information: GlobalPandi S.A. /Puerto Cabello, Venezuela

f) URUGUAY:

The Uruguayan Pilots have decided to not board any vessel coming from the ports of the countries affected by EVD, until 21 days from the departure of such ports has been completed.-

Sanitary Authorities have also issued a protocol with instructions and measures to follow in the case of potential/declared cases of EVD.-

Below our free translation of the Contingency Plan issued by Sanitary Authorities.-

“Objective

The actions of sanitary and epidemiological controls have as purpose to early detect the infect contagious diseases arriving to the national territory.-



PLAN OF CONTINGENCY

In case of any vessel coming to Uruguay with one or more passengers or crewmembers with symptoms compatible with EVD (sudden fever, intense weakness, muscle pain, headaches, sore throats), the following protocol will be applied:

1. If detected during the voyage:

As soon as the Master is aware of the fact that a crewmember on board has symptoms compatible with EVD, he should immediately notify to the Control Station/Agents, requesting that a message be passed to the Coast Guard. Said message should include:

- Signal call number of the vessel
- Prior called port
- Destination port
- ETA
- Number of affected people
- Number of people on board
- And the expression “transmissible disease”

The Control Station must notify to:

- Sanitary authorities
- Port authorities
- Migration authorities
- Vessel’s Agents
- Customs’ Authorities

The above authorities will meet immediately at the Coast Guard offices and the Contingency Plan against EVD will be activated, in order to coordinate the procedures to be applied.-

Initially, the vessel will be anchored in a remote area as far from other vessels as possible, and she will keep flag Q at the top.-

Nobody will be allowed to have access to the vessel, without authorization from the Coast Guard.-



The Coast Guard will provide with an appropriated vessel to carry the Sanitary Authorities, who once having the personal protective equipment (PPE) could board and contact with vessel's authority in order to know in detail the situation on board and, mainly, the status of the passengers/crew with symptoms.-

Any passenger or crewmember with the above mentioned symptoms and clinical signs, will be authorized to disembark and once ashore will be moved to a health institution by means of an ambulance prepared for such purposes, for his medical and epidemiological control. In the meantime the other passengers and crewmembers will remain on board the vessel, awaiting orders from Sanitary Authorities.-

Migration Authorities will control the documentation, with EPP, on board or where ordered by the Coast Guard.-

If confirmed the person is suspected with EVD, the other passengers and/or crewmembers should complete the "Voyager Health Statement".-

After the evaluation, if the person is considered suspected with EVD, the contacts should be established as per the protocol "Evaluation of Risks for diseases contracted during the voyage", which considers as contact all the passengers/crewmembers on board. The contacts should be evaluated in the area assigned within the port. In case of a transit passenger/crewmember, the country of destination should be notified for monitoring the person during 21 days. For those established in the own country, same should be monitored during 21 days, according to WHO's requirements.-

The crew considered with suspected cases, will be moved to a healthy institution, in a special ambulance, which will be at the pier.-

The vessel will remain under sanitary observation until disposed by Sanitary Authority. Same could be released only after authorized, and its hygiene and disinfection (carried out according to WHO's dispositions) be evaluated and approved subsequently.-

If from the medical and epidemiological evaluation, it does not arise any sign of risk, which could classify same as suspected of EVD, the Sanitary Authority



will release the vessel, its crew and passengers and will issue the corresponding Certificate, taking out the flag Q.-

2. If the Owners are aware of the situation previous to departing

The Agents will notify to the Coast Guard, which will inform the Sanitary Authority, implementing the necessary measures for the case, impeding the departure of the suspect, establishing contacts and fulfilling the same proceeding as in numeral 1.-

3. Vessels coming from countries considered of High Risk

The Sanitary Authorities could dispose of a point of observation for disembarking the passengers.-

4. The passengers departing from a country considered of High Risk

The Agents will notify to the Coast Guard, which will put in notice to the Sanitary Authorities.-

The Sanitary Authorities could dispose of a point of observation for disembarking the passengers.-

The cleaning and disinfection of environ areas are important compounds in the control of infections and the same general regulations as stated by WHO should be applied for a possible case of EVD. The ambulance should be cleaned and disinfected with a hypochlorite solution at 0.05%. Regarding the vessel, as per WHO requirements, the disinfection will be carried out with products compatible with the area to be cleaned.-

The people in charge of the cleaning, as well as those in contact with the suspected person, should employ the PPE, which consists of waterproof gloves, waterproof gowns, mask N95, ocular protectors and closed shoes.-“

Source of information: Chadwick Weir Navegacion SA, Montevideo



As soon as we have further news from the remaining countries or any update you will be informed accordingly.

Yours faithfully,

Alberto Trigub
On behalf of SAPIC