

**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF HEALTH AND SOCIAL WELFARE**



**ENHANCED SCREENING PROTOCOL FOR EBOLA HEMORRHAGIC FEVER**  
**AT POINT OF ENTRY.**

**1. Overview**

This protocol is intended to provide a standard Ebola screening procedure at PoE and be used as guidance to public health authorities, operators, conveyance operators, crew members and other stakeholders involved in the management of public health event at PoE.

The aim is to provide early detection of potentially infected persons; increase efficiency and uniformity in screening procedures in the country; to assist in implementing recommendations related to Ebola management; and to prevent the international spread of the disease while allowing authorities to avoid unnecessary restrictions.

**2. Capacity required for all PoEs**

This screening protocol is designed in status of none existence of Ebola epidemic in our country.

The following capacities are critical for the support of its effectiveness:

- i. Availability of Health Desk, well positioned near Immigration to facilitate smooth entry screening.
- ii. Availability of Public Health Emergency Contingency Plan
- iii. Availability of isolation place for health assessment in the event of suspected case detected during voyage or during screening.
- iv. Availability of other health related standard operating procedures, guidelines and regulations (IATA, ICAO, CASSOA, CAPSCA, IMO, IHR 2005) which provide guidance for crew during management of communicable disease onboard.
- v. Availability/ arrangements for Transfer of a suspected case to designated treatment (isolation) centre with appropriate ambulance services.

- vi. Adequately trained staff with proper and sufficient personal protective equipments (PPE) and disinfectants.
- vii. Proper waste management system/mechanism.
- viii. Multisectoral Rapid Response team including decontamination equipments.
- ix. National health authority to cooperate with transport companies and port authorities to ensure availability of surveillance form and passenger locator(PLF) form onboard and traveler are informed of the need to fill them before disembarkation.
- x. Awareness of conveyance operators on the need for immediate notification in case of a suspect prior to arrival. Port ground staff, crews and all staff at PoE need to be oriented on EVD and environmental contaminants.
- xi. Airport personnel and cabin crew should be appropriately trained on medical and universal precaution kit for managing EVD case/contact should be available on board in accordance with ICAO guidelines, and at PoE.
- xii. Effective and rapid communication between point of entry health authorities and IHR 2005, National Focal Point (NFP).
- xiii. Availability of request form to airlines i.e. on the seating arrangement for contact tracing.
- xiv. Availability of screening gadgets such as thermo scanner, infra red non-contact thermometer.
- xv. Availability of Hand washing/sanitizing facilities for infection control and prevention
- xvi. Efficient flow of information (data collection, analysis, reporting and feed back)
- xvii. Updated passenger manifest available and submitted to health desk for contact tracing.
- xviii. Assessment of Ship Sanitation Exemption and Control Certificates for hygiene and sanitation compliance.

### ***3. 1 Stepwise Procedures for screening (Airports, Marines and Ground crossing)***

- I. Health part of the Aircraft General Declaration, Maritime declaration and passenger manifest is submitted to the health desk prior to the arrival of these conveyances.
- II. All conveyances to announce 45 minutes before arrival all travelers to fill the surveillance forms on board if they are coming from West Africa (Liberia, Sierra Leone, Guinea and Mali or any other countries where Ebola is confirmed) or have been there in the last 21 days before their journey. Tanzania Public Health act of 2009 and IHR, 2005 regulations will be used for non compliance.
- III. Upon disembarkation all passengers will be interviewed whether they have been in any of the EVD affected countries

- IV. Passengers from high risk EVD countries will be subjected to further interview and whenever found to be in close contact with EVD case will be provided with Passenger Locator Form and notification will be sent to local surveillance officer to where the traveler resides for further follow ups. The holder of the PLF will be educated at the PoE on the importance of reporting to the nearby identified health facility .This passenger shall also be advised to self-monitor for signs and symptoms, limit movements and record all contacts during monitored period (21 days)
- V. In addition all incoming travelers will undergo screening by thermal scanner that includes a temperature check. Any traveler measured with fever above 38°C will undergo further interview accordingly.
- VI. Immigration department shall verify compliance while scrutinizing immigration entry requirements any non compliance shall be sent back to port health officer for further assessment.
- VII. In addition, a yellow tag shall be issued by health officers as evidence for compliance and will be collected at Immigration as evidence of health clearance.
- VIII. Data on screened travelers shall be submitted to Ministry of Health and Social Welfare Port Health Unit daily basis by 9.00 a.m, weekly Thursday at 8.00a.m and monthly summary.

***NOTE: For Immigration Officers***

- Immigration officer shall scrutinize passport and a yellow tag as a proof of health clearance failure to produce the yellow tag will send him/her back to the health desk for further measures.
- Immigration may decide to use announcing system to inquire travelers from EVD affected areas to complete surveillance forms as a requirement for entry clearance.

***3.2 Management of suspected case detected during screening***

- I. Travelers from West Africa with high temperature will be immediately transferred to PoE isolation place for further assessment.
- II. A notification will be sent to temporary holding staff to put on PPE for handling incoming suspect.
- III. A proper ambulance must be involved in transferring the suspect to the designated treatment centre.

- IV. Decontamination of all environment accessed by the suspect must be carried including the aircraft and ambulance.
- V. Management of sick traveler on board of an Aircraft shall be in accordance to the Cooperation Arrangement for the Prevention for the Spread of Communicable diseases through Air travel (CAPSCA) refer the following link: <http://www.iata.org/whatwedo/safety/health/Documrnts/health-guidelines-cabin-crew-2011.pdf>
- VI. In case a crew or passenger presents with symptoms compatible with EVD on board a ship, the following precaution should be applied:
  - a. In case of absence of isolation keep the cabin door of the suspect closed
  - b. Inform about the risk of EVD transmission to crew who will take care of the EVD suspect or who will enter the cabin or isolation where the EVD case is placed.
  - c. Maintain the log listing of all those entering the patient's cabin who will be regarded as suspect unless proven otherwise medically.
  - d. Ensure that who enters the cabin or who cleans the cabin wears appropriate PPE (heavy) and remove the PPE before exiting the cabin in such a way to avoid contamination.
  - e. Perform hand hygiene for all that who get in contact with the patient or enters the patients' cabin or isolation room.
  - f. Limit movement into the patients' cabin or isolation room.
  - g. Decontamination of the spills including patients linen, cloth, eating utensils, laundry and other item in contact with patient or his/her environment.
  - h. Waste from patient's cabin or isolation must be incinerated.
  - i. Identify cross contact and institute contact tracing immediately.
  - j. Notification to the next port of call immediately done.

### **3.3 Contact tracing**

All contacts shall be monitored for a period of 21 days by the traveller destination local surveillance officer .In case of EVD suspected in a conveyance PoE health staff shall interview travelers to establish contact under the following categories

#### **3.3.1 High Risk Contacts, travelers with;**

- Percutaneous or mucous membrane exposure to blood or body fluids of EVD patient
- Direct skin contact with, or exposure to blood or body fluids of, a confirmed or suspect EVD patient without appropriate personal protective equipment (PPE)

- Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions
- Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring

### **3.3.2 Low Risk, travelers with;**

- Close contact with EVD patients being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel ) while not wearing recommended personal protective equipment.
- Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment.
- Direct contact may also include having shared the same seat, used same sanitary accommodation, sharing the same food or beverage served to EVD suspects, two rows seats on both directions.

***NOTE: All non contact travellers in the conveyance will be allowed to proceed with immigration procedures after receiving health education***