Novel Coronavirus (2019-nCov)
Public Advisory # 4

14th February 2020

At present, there are no suspected or confirmed cases of COVID-19 in Vanuatu, nor in any other Pacific island country. Should a case be detected, the Ministry of Health Emergency Medical Team are on standby with dedicated quarantine facilities in Port Vila and Luganville, and a thorough response plan is ready should it be required.

All cross-border government agencies and state-owned enterprises operating within Vanuatu’s international port of entries (seaports and airports) have been advised about the current World Health Organization declaration of a Public Health Emergency of International Concern for COVID-19 on 31 January 2020.

The Ministry of Health and the COVID-19 Taskforce continue to revise the surveillance program for COVID-19 in Vanuatu.

The Taskforce has adopted the WHO’s revised definitions for suspected, probable and confirmed cases of COVID-19 as the basis for Vanuatu’s response to this disease. These definitions can be found on WHO’s website.

As of 8th February 2020, Vanuatu’s enhanced surveillance response measures have been further updated as follows:

1. Pre-Boarding Screening Measures (craft entering Vanuatu)

   1.1. Travellers of ALL nationalities MUST complete an Incoming Passenger Health Declaration form prior to boarding any craft entering Vanuatu (see example attached at the end of this advisory). This form provides information on their travel itinerary over the preceding 14 days, previous travel to main land of China, Taiwan, Hong Kong SAR and Macao SAR, and details on their current health status, phone number, email address and physical address while visiting or residing in Vanuatu. It is an offence under the Public Health Act to not complete this Declaration Form truthfully and penalties apply.
1.2. Any travellers wishing to enter Vanuatu who has originated from any ports in China including Taiwan, Hong Kong SAR and Macao SAR in the previous 14 days will be denied entry to Vanuatu until further notice.

1.3. Travellers showing symptoms of respiratory illness (flu, running nose, fever, headache, chest pain, or difficulty in breathing) are strongly advice to postpone their traveling to Vanuatu.

1.4. Returning residence, who has been away in other countries excluding main land of China, within the last two months, may transit form Hong Kong SAR to Vanuatu given that the transit period is not more than eight hours and must remain in the terminal and refrain from going outside.

1.5. Returning residence who transit more than eight hours in Hong Kong SAR or gone outside the terminal must be self-Quarantine for 14 days outside of Vanuatu before coming into the country.

1.6. All airlines are required to adhere to the above traveling instructions. Failure to comply with the instruction will result to heavy penalty.

*Travellers of any nationality wishing to enter Vanuatu who do not comply with the above will be prevented from boarding any craft travelling to Vanuatu.*

2. Pre-Arrival Surveillance Measures (craft entering Vanuatu)

2.1. **Airlines**

2.1.1. All flight crew on board all foreign going aircraft coming onto Vanuatu are advised to report any symptoms or signs of flu, running nose, fever, headache, chest pain, or difficulty in breathing to ground staff at the airport terminal, when detected during flights.

2.2. **Shipping**

2.2.1. The Master and Captain of all foreign going vessels coming into Vanuatu MUST provide the following documentation to the Health Surveillance Team within 24 hours prior to arrival:

   a) Voyage Memo (outlining all ports visited during the past 14 days)

   b) Maritime Health Declaration (certifying health condition of crew and captain on board)

   c) Vaccination List (outlining any case of outbreak on board).

2.2.2. The Health Surveillance Team will provide clearance to all incoming vessels, prior to berthing alongside the seaport.

3. Actual Arrival Measures

3.1. **Airports**

3.1.1. Health Officials are stationed at the airside both at Port Vila International Airport and Santo International Airport to screen all incoming passengers and crew for suspected symptoms of acute respiratory illness.

3.1.2. Any passenger with suspected symptoms of acute respiratory illness will be immediately isolated for further medical assessment.

3.1.3. All passengers cleared for entry will be monitored for the duration of their stay, or for the 14-day COVID-19 incubation period if their stay exceeds 14 days.
3.2. Seaports

3.2.1. Health Officials are stationed at all international seaports during arrival of vessels (Port Vila, Luganville and Mystery Island) to screen all incoming passengers and crew for suspected symptoms of acute respiratory illness.

3.2.2. Non-passengers are NOT permitted to board any foreign-going vessel that is berthed in a Vanuatu port until further notice (Vanuatu Government Customs and Immigration staff on official business and staff of local shipping customs agents excepted). Any passenger with suspected symptoms of acute respiratory illness will be immediately isolated for further medical assessment.

3.2.3. All passengers cleared for entry will be monitored for the duration of their stay, or for the 14-day COVID-19 incubation period if their stay exceeds 14 days.

4. Post Arrival Measures (Private Dwellings, Hotels and Resorts)

4.1. All arriving passenger records are kept and monitored under the Ministry of Health database monitoring system.

4.2. Continuous contact tracing of each traveller will be undertaken by the Ministry of Health Surveillance Unit until such time as the traveller has passed through the 14-day COVID-19 incubation period without displaying suspected symptoms of COVID-19, or the traveller departs Vanuatu.

Key Recommendations for the Vanuatu public

At this time, the Government of Vanuatu recommends that all travellers (both citizens and non-citizens) avoid non-essential travel to China until further notice.

The Ministry of Health strongly emphasises the need for all travellers and the general public to observe the following hygiene practices:

1. Avoid close contact with people suffering from acute respiratory infections;
2. Frequently wash hands with soap and water or alcohol-based hand sanitiser, especially after direct contact with ill people or their environment.
3. Cover nose and mouth when coughing or sneezing with tissue or flexed elbow.
4. Avoiding unprotected contact with farm or wild animals.

If you become unwell:
In case of symptoms of respiratory illness or infection (fever, cough and breathing difficulties) either during or after travel to an affected area, travellers are encouraged to seek medical advice and isolate themselves to prevent the potential for spreading any infection.

Anyone with flu-like symptoms persisting over a week and/or if the condition worsens, such as difficulty breathing, chest pain or worsening of chronic medical conditions, MUST seek medical attention.
There is no specific treatment for people who are sick with 2019-nCoV. Treatment includes isolation as a precaution, and supportive medical care for those who experience symptoms.

Vanuatu currently has no confirmed or suspected cases of Novel Coronavirus (COVI-19). The Ministry of Health Taskforce is continuing to closely monitor the emerging situation around the outbreak of COVID-19 in close collaboration with the World Health Organisation (WHO) and other partners. This is a fast-evolving situation and The Ministry of Health Taskforce will issue further advisories with new information as necessary.

Signed,
Donald A. PELAM,
Chairman of the Novel Coronavirus National Taskforce and
Acting Director—Public Health
Department of Health,
Ministry of Health,
Republic of Vanuatu
Passenger Health Declaration Form

All passengers EXCEPT Ni Vanuatu must complete this form before boarding any flights to Vanuatu. Please note that heavy penalties will be imposed under Vanuatu’s Public Health Act for any false declaration made by any passenger.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

**Section A**
Residential address (Home address):
Email address: Transiting passenger: Yes No
Phone Number: Flight No:

**Section B**
Have you been or transit in any of the following places of China in the last 14 days?

<table>
<thead>
<tr>
<th></th>
<th>Mainland of China</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taiwan Province</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Hong Kong SAR</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Macau SAR</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*If your answer is “YES” to any of the above places, please consult the airline crew immediately. You are NOT allowed to board this flight.*

**Section C** (Complete this section ONLY if your answer is “Yes” in section B)
Do you have any of the following sign and symptoms with you now?

<table>
<thead>
<tr>
<th></th>
<th>Fever</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cough</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Running nose</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Shortness of breath</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*If your answer is “YES” to any of the above, please consult the airline crew immediately. You are NOT allowed to board this flight.*

Signature: Date:
MEDICAL CLEARANCE FORM 1
FOR TRAVEL TO THE REPUBLIC OF THE VANUATU

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name(s)</th>
<th>Date of Birth</th>
<th>Sex: (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td><strong>/</strong>/__</td>
<td>M / F</td>
</tr>
</tbody>
</table>

Residential address

Screening Questions

Do you have:
1. A history of travel to China, Hong Kong, Macau or Taiwan?  Yes □  No □
2. Close contact* with a confirmed or probable case of 2019-nCoV infection, while that patient was symptomatic?  Yes □  No □  Not known □
3. Have you been to a healthcare facility where 2019-nCoV infections have been managed?  Yes □  No □  Not known □
4. Have you been to a laboratory handling suspected or confirmed 2019-nCoV samples?  Yes □  No □  Not known □
5. Have you had direct contact with animals in countries where the 2019-nCoV is known to be circulating in animal populations, or where human infections have occurred as a result of presumed transmission from animals?  Yes □  No □  Not known □

Physical Examination

General Appearance (Robustness and Activity):

Vital Signs:  Respiratory Rate:  / min  Temperature  °C
Respiratory System:  Chest

Nose/ Throat

Other abnormal physical findings:
Personal Declaration
To be signed in the presence of the examining doctor

I __________________________ (Print name) have answered the above questions truthfully and to the best of my knowledge. I am fully aware that if I make a false declaration I may be subject to severe penalties.

________________________ (Signature) __________________________ (Date)

(DD/MM/YYYY)

Medical physician Declaration

I, Dr___________________________________________________ (Name and Qualifications)
of_____________________________________________________

(Practise or Hospital Address)

Hereby certify that Mr/Ms/Mrs __________________________does not have any symptoms of a severe acute respiratory infection (as defined by the WHO case definition) or any other condition that would prove to be of risk to other passengers or the general public in Vanuatu.

________________________

date (DD/MM/YYYY) Company stamp or seal
Annex 1

Definitions of patients with Severe Acute Respiratory Illness (SARI), suspected of COVID-19 infection*

An ARI with history of fever or measured temperature ≥38 C° and cough; onset within the last ~10 days; and requiring hospitalization. However, the absence of fever does NOT exclude viral infection.

Surveillance case definitions for COVID-2019*

A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), AND with no other etiology that fully explains the clinical presentation1 AND at least one of the following:

• a history of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
• patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.

B. Patients with any acute respiratory illness AND at least one of the following:

• close contact2 with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset, or
• visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
• worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital associated 2019-nCoV infections have been reported.

*see https://www.who.int/health-topics/coronavirus for latest case definitions

1. Clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised;
2. Close contact’ is defined as:
   • Health care associated exposure, including providing direct care for 2019-nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment as a 2019-nCoV patient.
   • Working together in close proximity or sharing the same classroom environment with a 2019-nCoV patient
   • Traveling together with a 2019-nCoV patient in any kind of conveyance
   • Living in the same household as a 2019-nCoV patient The epidemiological link may have occurred within a 14-day period from onset of illness in the case under consideration.
# MEDICAL CLEARANCE FORM 2
## FOR TRAVEL TO THE REPUBLIC OF THE VANUATU

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name(s)</th>
<th>Date of Birth</th>
<th>Sex: (circle)</th>
<th>Residential address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><em><strong>/</strong></em>/___</td>
<td>M / F</td>
<td></td>
</tr>
</tbody>
</table>

### Medical physician Declaration

I, Dr. ___________________________________________________ (Name and Qualifications)

of _____________________________________________________

(Practise or Hospital Address)

Hereby certify that Mr/Ms/Mrs ________________________________________________

Has been tested for 2019-nCoV at the following WHO appointed 2019-nCoV referral laboratory. Nabs nasopharyngeal swap is the only recommended test 2019-nCoV at present

(Name of WHO appointed COVID-19 reference Laboratory)

and I also hereby certify that this test returned a _________________ result for 2019-nCoV for the above individual

________________________  ______________________  ______________________
Doctor’s Signature       Date (DD/MM/YYYY)   Company Stamp or seal