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Editorial Dr. Martin Dirksen-Fischer, Head of Hamburg Port Health Authority, Germany



Dear Readers,

Please read in this newsletter the remarkable article on the future of our project, our new plans and challenges ahead! It is now “Healthy Gateways” I am absolutely convinced that we will succeed with this new, holistic approach. Now is the time to get ready for the next phase of our work. Focussing also on the ground crossing points of entry makes sense. Please also find an article about a conference in Taiwan about the management of health events in the IHR context in Taiwan as well an especially interesting section about new articles that have been published.

It is always a pleasure writing these small editorials.

See you all soon!

From Hamburg: all the best to all of you!

Martin Dirksen-Fischer

News from the leadership

Prof Christos Hadjichristodoulou and **Dr Barbara Mouchtouri**,
 University of Thessaly, Greece

New Joint Action on preparedness and action at points of entry (air, maritime and ground crossing)

We are pleased to inform you that the proposal of the new joint action titled **“Preparedness and action at points of entry”** was submitted on the 28th of September to the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) for evaluation. On the 18th of October a Quality Assurance workshop was held in Luxemburg with DG SANTE and CHAFEA in order to discuss the results of the evaluation process and identify possible opportunities for improvement.

The new consortium consisting of **32 participating organisations from 26 EUMS** (see Table 1) gave the acronym **“Healthy Gateways”** to the new joint action that will have a duration of **36 months**.

The action aims to support cooperation and coordinated action of EUMS to improve their capacities at points of entry (PoE). This includes ports, airports and ground crossings, in preventing and combating cross-border health threats from the transport sector. In future public health emergencies of international

concern, the action will move from interepidemic mode to emergency mode, supporting coherent response as per Decision No 1082/2013/EU, International Health Regulations and WHO temporary recommendations.

The **“Healthy Gateways”** joint action activities include the following:

- (a) producing guidelines to be used by EUMS for dealing with chemical threats, inter-country communication and information flow in outbreak investigations and management of events on ships, for vector surveillance and control activities at PoE, for inspecting aircrafts and ships including their cargoes for vectors and auditing guidelines for hygiene inspections on ships;
- (b) facilitating exchange of identified best practices for management of public health events, vector surveillance and control, contingency planning, validated preparedness and response plans and options for improved detection and surveillance of public health events at PoE;

News from the leadership continued

Table 1: The partnership

Organisation name	Country
Associated partners/beneficiaries:	
University of Thessaly – Laboratory of Hygiene and Epidemiology	Greece
Dept. Communicable Diseases, Crisis Management, Disease Control; Federal Ministry of Health and Women's Affairs	Austria
Ministry of Civil Affairs of Bosnia and Herzegovina	Bosnia and Herzegovina
Ministry of Health	
Ministry of Health – Health Promotion and Diseases Prevention Directorate	Bulgaria
Croatian Institute of Public Health	Croatia
University Medical Center Hamburg-Eppendorf	Germany
Ministero della Salute	Italy
Istituto Superiore di Sanità (affiliated entity)	
National Public Health Center	Lithuania
Ministry for Health – Environmental Health Directorate	Malta
National Center of Public Health	Moldova (Republic of)
National Institute of Public Health and the Environment	Netherlands
The National Institute of Public Health – National Institute of Hygiene	Poland
Directorate-General of Health	Portugal
Institute of Public Health of Republic of Serbia	Serbia
Sole beneficiary of Serbia for the implementation of the joint action	
National Institute of Public Health	Slovenia
Subdirección General de Sanidad Exterior, Ministerio de Sanidad, Servicios Sociales e Igualdad	Spain
Centro Nacional de Epidemiología Instituto de Salud Carlos III (affiliated entity)	
Folkhälsomyndigheten, The Public Health Agency of Sweden	Sweden
Department of Health – Public Health England	United Kingdom
Collaborating partners:	
Saniport Hoofdgezinsheer Service Aide Urgente / Dienst Dringende Hulpverlening DG GS – Soins de Santé	Belgium
Ministry of Health	Cyprus
Centre of Maritime Health and Society, University of Southern Denmark	Denmark
Health Board	Estonia
Ministry of Social Affairs and Health, Department for Promotion of Welfare and Health (HTO)	Finland
City of Porvoo, Environmental Health	
Health Service Executive	Ireland
Norwegian Directorate of Health Department of Community Health Care Services	Norway
Public Health Authority of the Slovak Republic	Slovakia

- (c) supporting EUMS in validating contingency plans with assessment tools and conducting table-top/simulation exercises;
- (d) providing distance and face-to-face training at local, national and European levels on contingency planning and management of events due to infections, vectors, chemical, environmental or other agents at PoE;
- (e) supporting rapid information exchange through electronic tools by the established network for PoE;
- (f) supporting inspections on ships and aeroplanes;
- (g) supporting intersectorial cooperation by promoting implementation of MoUs among different sectors at PoE and organising exchange of visits and exercises among PoE and neighbouring countries.

Table 2: Work package overview

Work package title	Description
1 Coordination of the action	Actions undertaken to manage the action and to make sure that it is implemented as planned
2 Dissemination	Actions undertaken to ensure that the results and deliverables of the action will be made available to the target groups
3 Evaluation of the action	Actions undertaken to verify if the project is being implemented as planned and reaches the objectives
4 Integration in National Policies and Sustainability	Actions undertaken to foster take-up of the results by the EU countries
5 Ground crossings	Actions for preparedness at ground crossings and the land transport sector
6 Air transport	Actions for preparedness at airports and the air transport sector
7 Maritime transport	Actions for preparedness at ports and the maritime transport sector
8 Chemical threats	Actions for preparedness in relation to chemical threats at points of entry
9 Information system: Network of networks	Actions for ensuring rapid communication in case of cross-border risks to health
10 Capacity building – Training	Actions for capacity building including training at points of entry

“In the months to come the Grant Agreement will be signed between the beneficiaries and CHAFEA and the joint action will begin during the first months of 2018.”

The joint action will be implemented through 10 work packages (see Table 2).

In the months to come the Grant Agreement will be signed between the beneficiaries and CHAFEA and the joint action will begin during the first months of 2018.

We would like to take this opportunity to thank all readers, contributors, Section Editors (Prof Raquel Duarte Davidson, Dr Thomas von Münster, Dr Martin Dirksen-Fisher, Mr Martin Walker, Dr Nina Pirnat), the current Editor Dr Martin Dirksen-Fischer, Past Editors (Dr Nicol Black, Prof Gordon Nichols, Dr Clara Schlaich, Dr Mauro Dionisio, Dr Carmen Varela Martinez, Dr Rimantas Pilipavicious) and the past and present members of the Editorial Board (Prof Christos Hadjichristodoulou, Dr Barbara Mouchtouri, Prof Gordon Nichols, Dr Angel Kunchev, Dr Thorolfur Gudnason, Dr Haraldur Briem, Dr Maurice Mulcahy, Dr Carmen Varela Martinez, Dr Rimantas Pilipavicius, Mr Garry Cooper, Dr Mauro Dionisio) for their support and continuous efforts all these years. This might be the final issue of the EU SHIPSAN ACT Newsletter however a new beginning with new challenges and opportunities through the Healthy Gateways in the early months of 2018 awaits us all. We look forward to continuing our collaboration with all of you.

Events

Past events:

The conference on Public Health Event management at IHR designated Point of Entry, Taiwan

Yu-hui Tsai, Division of Quarantine, Taiwan Centers for Disease Control

Where: Taipei, Taiwan

When: 5th September 2017



National conference on Public Health Event Management at IHR designated Point of Entry was held on 5th September 2017 in Taipei, Taiwan.

The core capacity of Taiwan's seven designated point of entry under IHR has been established to cover more than 95% of the passenger and cargo throughout. The bilateral communication and evaluation mechanism is set up between the central government and points of entry, where self-assessment is

carried out every year with the assessment tool proposed by WHO and the external expert evaluation is carried out every five years. Professor Christos Hadjichristodoulou and Dr Barbara Mouchtouri were invited to share the up-to-date knowledge regarding to public health event management on board ships and in air transport. In addition, public and private sectors from the designated ports were also invited in participating disaster events management discussion.

Other forthcoming events:

EUPHA Preconference workshop on the Implementation of innovations in public health policy and practice

Where: Stockholm, Sweden

When: 1st November 2017

CHAFAE in collaboration with EUPHA, European Implementation Collaborative and King's College London organise a PRE-CONFERENCE Workshop on the Implementation of innovations in public health policy and practice on 1st of November 2017 in Stockholm under the auspices of EUPHA Conference.

Dr Miguel Dávila-Cornejo, Head of the Health Control Area at the Ministry of Health, Social Services and Equality in Spain will represent EU SHIPSAN ACT Joint Action and present the actions' key achievements through the prism of implementation of innovations in public health policy and practice.

For further information please visit the conference website:

https://eupha.org/programme/dynamic_programme.php?programme=full

What's new on the website?

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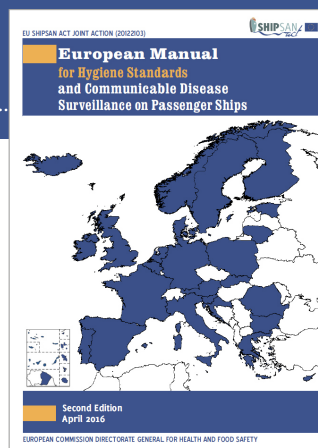
 https://twitter.com/shipsan_eu

Translation of the European Manual in Spanish and in Bulgarian

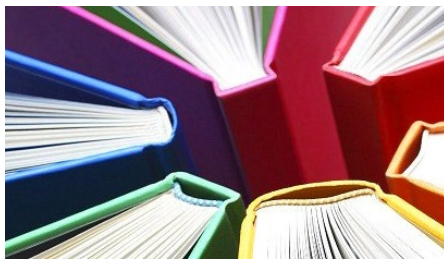
The European Manual for Hygiene Standards and Communicable Disease Surveillance on passenger ships has been translated in Spanish and in Bulgarian by the competent authorities in EUMS.

The translations are available for download from the following link:

<http://www.shipsan.eu/Home/EuropeanManual.aspx>



Recent publications



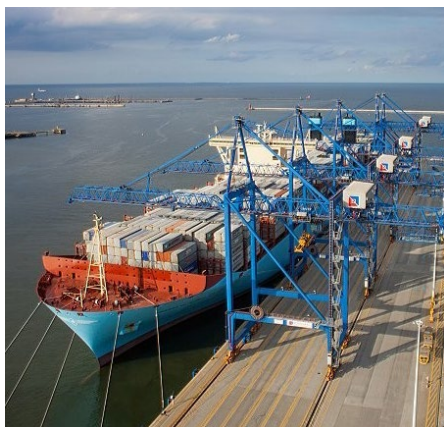
Public health emergency preparedness – Core competencies for EU Member States

European Centre for Disease Prevention and Control. Stockholm: ECDC; 2017

Abstract

This report seeks to identify both the strengths and the areas for improvement of public health emergency preparedness (PHEP) in the European Union Member States. With the eventual goal of developing competency-based training programmes intended to improve PHEP, an initial step towards this goal consisted of the development of an ECDC public health emergency preparedness logic model that focuses particularly on cross-border threats to health in the European context. This logic model provides a structure for assessing preparedness in the Member States and, in its list of public health emergency preparedness capabilities, a language for describing and identifying gaps in the knowledge and skills of public health and preparedness professionals.

Available from the following link: <https://ecdc.europa.eu/en/publications-data/public-health-emergency-preparedness-core-competencies-eu-member-states>



Ballast water sediment management in ports

Mar Pollut Bull. 2017 Sep 29. pii: S0025-326X(17)30800-7. doi: 10.1016/j.marpolbul.2017.09.065. [Epub ahead of print]
Maglić L, Frančić V, Zec D, David M.

Abstract

In order to estimate the possible effects of existing ballast tank sediment management routine in ports the respective legal framework from different states was examined and the operational modes of selected Adriatic shipyards was analysed. The goal was to determine if the States' administration and ports' management are aware of risks which sediments pose to human health and environment due to possible presence of harmful aquatic organisms and pathogens (HAOP) or high concentrations of heavy metals. The

analysis revealed that sediments from ballast tanks after being collected, are subject to the same handling procedure as any other waste material generated during ships' repair and maintenance. In addition, measures preventing sediment drainage into the sea or procedures for analysing the presence of heavy metals or toxics have not been identified. The paper proposes the procedures ensuring the more advanced level of protection from HAOP and potentially toxic substances from ballast sediment.

Medical emergencies on large passenger ships without doctors: the Oslo-Kiel-Oslo ferry experience

Int Marit Health. 2017;68(3):153-158. doi: 10.5603/IMH.2017.0027
Holt TE, Tveten A, Dahl E.

Abstract

BACKGROUND: The Oslo-Kiel-Oslo route is currently the only direct ferry crossing between Norway and Germany, covered by 2 cruise-and-cars ferries carrying about 2,600 passengers each and sailing every day (20 h at sea, 4 h in port). Unlike most ocean going cruise vessels, they are not required to carry a physician but an on-board paramedic handles medical emergencies. The aim of the study was to provide data on medical emergencies leading to helicopter evacuations (helivacs) or other urgent transfers to facilities ashore from the two ferries during a 3-year period.

MATERIALS AND METHODS: Data about the ferries, passengers, crew, helivacs and other medical transfers were collected from official company statistics and the paramedics' transfer reports.

RESULTS: A total of 169 persons, including 14 (8.3%) crewmembers, were transferred from the ferries to land-based facilities by ambulance while alongside (n = 80; 47.3%) or evacuated by helicop-

ter (n = 85; 50.3%) and rescue boat (n = 4; 2.4%) during the 3-year period. Transfer destinations were Denmark (n = 53), Germany (n = 49), Norway (n = 48) and Sweden (n = 19). The passenger helivac rate was 2.4 per 100,000 passenger-days. One person was airlifted from a ferry every 2 weeks. Among helivacs, 40% were heart-related, and more cardiac cases were airlifted than transferred by ambulance in port.

CONCLUSIONS: All helivac requests were made after discussion between the ferry's paramedic and telemedical doctors ashore and agreement that the medical challenge exceeded the ferry's capability. This close cooperation kept the threshold for arranging helivacs from the ferries low, enabling short transport times to land-based facilities for critically ill patients. Further studies, including feedback from the receiving hospitals, are needed to determine measures that can reduce possible helicopter overutilisation without compromising patient safety and outcome.