

The impact on maritime transport of health threats due to biological, chemical and radiological agents, including communicable diseases

Acronym: SHIPSAN ACT

(Joint Action Agreement Number: 2012 2103)

Introduction

Maritime transport can impact population health in European Union (EU). In 2011, approximately 60 000 port calls of merchant ships were recorded in EU Member States (MS). Around 390 million ferry passengers passed through their ports in 2013, 6.4 million Europeans cruised in 2013 and about 62 400 European seafarers were employed in cruise ships. In 2013, 43 cruise lines with 198 cruise ships operated in Europe. Many different authorities (up to five) are responsible for conducting inspections within the same country without always having clearly defined roles and responsibilities. Lack of communication, knowledge and training in relation to hygiene inspections from competent authorities has been observed. The practices of hygiene inspections on board ships vary between European countries and many times and within the same country or even within the same port. Finally, difficulties occurred in Europe in the implementation of the International Health Regulations (IHR 2005) and issuance of Ship Sanitation Certificate (SSC).

To address these issues the European Commission funded two European projects: SHIPSAN (http://www.eu-shipsan.gr) and SHIPSAN TRAINET (http://trainet.shipsan.eu/) from 2006 until 2011. In February 2013, the new EU SHIPSAN ACT Joint Action started addressing health issues in maritime transport.

Objectives

The general objective of this action is to strengthen an integrated strategy and sustainable mechanisms at EU level for safeguarding the health of travelers and crew of passenger and cargo ships and preventing the cross-border spread of diseases, improving citizens' health security. Actions will focus on prevention, identification, assessment and link with existing mechanisms for response coordination to serious cross border threats to health caused by CBRN agents. Actions will facilitate the implementation of EU legislation: a) Decisions 2119/98/EC, 2000/57/EC, linking SHIPSAN communication platform with existing systems, b) Directive 2010/65/EU, by supporting EMSA to implement Maritime Declaration of Health (MDH), c) Directive 2009/13/EC, by developing an outline of a risk assessment tool for occupational health on ships, d) the IHR, by supporting core capacities Annex 1 b by training, inspections, contingency planning guidance and IHR provisions for conveyances and conveyance operators including SSC.

The duration of the Joint Action is 39 months and 32 partners from 24 countries participate.

The **Specific Objectives** of the Joint Action are:

- To produce a report describing evidence for events and consequences due to CBRN agents in all types of ships; training needs for core capacities under IHR and practices related to fishing vessels and inland waterways in at least 18 EUMS, by month 24
- 2. To develop guidance on risk assessment and response to chemical/radiological events (accidental/deliberate release) on ships, by month 16, to be used as part of the IHR contingency planning at points of entry of EUMS
- To develop an outline of a risk assessment tool for occupational and public health risks per cargo ship type, by month 24
- To increase port health staff and crew competencies on prevention/risk assessment/response to CBRN threats by

- training more than 5 trainers within each EUMS and by e-learning courses available to staff in all EUMS and companies operating in EU
- 5. To improve quality of inspections and bring a consistent/proportionate approach to inspection of all ship types, by providing on the job training, issuing yearly inspection schedule, operating information tools for recording/sharing inspection results.
- 6. To maintain and update SHIPSAN information tools for MDH transmission, risk assessment/response to events, issuance of SSC and information communication and support establishment of the National Single Window(Directive 2010/65/EU) in relation to MDH

Expected outcomes

Competencies of authorities' staff and industry on prevention/control/response to health threats due to chemical, radionuclear, and biological agents (CBRN) including infectious diseases will be improved. Information tools will allow risk assessment, standard response, rapid information sharing, follow up of events related to maritime transport. The Joint Action will contribute to improved governance in public health risk management and a better coordinated and balanced response to cross-border health threats. Guidelines will be produced to allow consistent preparedness planning in MS based on shared and common standards, facilitating IHR implementation. SHIPSAN ACT partnership will be trusted and recognized by target groups and stakeholders for its scientific capacity and in supporting industry to prevent and respond to untoward public heath events. EU SHIPSAN ACT tools will be widely known and recognized for their usefulness and validity by target groups and stakeholders. Inland navigation and ferry industry will be engaged to SHIPSAN ACT actions and recognize their value.

Work Packages

Work Package 1: Coordination

Work package leader: University of Thessaly, Larissa,

Greece

Work Package 2: Dissemination

Work package leader: University of Thessaly, Larissa,

Greece

Work Package 3: Evaluation

Work package leader: Ministry of Health, Rome, Italy

Work Package 4: State of the Art covering sea and inland water vessels

Work package leader: National Institute of Public Health, Organisation, Instituto de Salud Carlos III, Madrid, Spain

Work Package 5: Integrated Inspection Programme Work package leader: University of Thessaly, Larissa, Greece Work Package 6: Chemical and radiological incidents on ships risk assessment and management

Work package leader: Public Health England Agency, Chilton, United Kingdom

Work Package 7: SHIPSAN ACT information system (SIS)

Work package leader: University of Thessaly, Larissa, Greece

Work Package 8: Training

Work package leader: National Institute of Public Health, Ljubljana, Slovenia

Work Package 9: Occupational health and hygiene in maritime transport

Work package leader: Institute for Occupational and Maritime Medicine, ZfAM, Hamburg State Department for Health and Consumer Protection, Hamburg, Germany

The partnership

Associated Partners

- 1. Regional Health Inspection, Burgas, Bulgaria, RHI-Burgas-BG
- 2. Regional Health Inspection, Varna, Bulgaria, RHI-Varna-BG
- Institute for Occupational and Maritime Medicine, ZfAM, Hamburg State Department for Health and Consumer Protection, Hamburg, Germany, UKE-DE
- 4. Robert Koch-Institut, Berlin, Germany, RKI-DE
- Laboratory of Hygiene and Epidemiology, University of Thessaly, Larissa, Greece, UTH-EL
- 6. National School of Public Health, Athens, Greece, NSPH-EL
- 7. Directorate of Health, Reykjavik, Iceland, DOH-IS
- 8. Health Service Executive, Naas, Ireland, HSE-IE
- 9. Ministry of Health, Rome, Italy, MOH-IT
- Klaipeda Public Health Centre, Klaipeda, Lithuania, KPHCLIT-LT
- 11. National Institute of Public Health, Ljubljana, Slovenia, NIPH-SI
- **12.** National Institute of Public Health, Instituto de Salud Carlos III, Madrid, **Spain**, ISCIII-ES
- Association of Port Health Authorities, London, United Kingdom, APHA-UK
- 14. Public Health England, Chilton, United Kingdom, PHE-UK

EU Collaborating Partners

- 1. Ministry of Health, Vienna, Austria
- Federal Public Service of Health, Food Chain Safety and Environment, Brussels, Belgium
- Ministry of Health and Social Welfare, Directorate of Sanitary Inspection, Zagreb, Croatia
- Ministry of Health, Public Health Services of the Medical and Public Health Services, Nicosia, Cyprus
- Centre of Maritime Health and Society, University of Southern Denmark, Denmark
- 6. Health Board, Health Care Department, Tallinn, Estonia
- 7. Ministry of Labour, Employment and Health, Paris, France
- 8. Environmental Health Directorate, Port Health Services,
 Malta
- 9. Municipal Health Services Rotterdam, Rijnmond, Netherlands
- National Center for Hygiene and Safety (LCHV), National Institute for Health and the Environment (RIVM), Amsterdam, Netherlands
- 11. Norwegian Directorate of Health, Oslo, Norway
- Medical University of Gdansk, Interdepartmental Institute of Maritime and Tropical Medicine, Gdansk, Poland
- 13. Ministry of Health, Lisbon, Portugal
- Ministry of Health Department public health, Bucharest, Romania
- 15. Ministry of Health, social services and equality, Madrid, Spain
- Public Health Authority of the Ministry of Transport, Bratislava, Slovakia

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Non-EU Collaborations

- Ministry of Health Directorate General of Health for Border and Coastal Areas, Turkey
- 2. Taiwan Centres for Disease Control, Taiwan

Advisory Board

- 1. Directorate General for Health and Food Safety (DG SANTE)
- Consumers, Health, Agriculture and Food Executive Agency (CHAFEA)
- 3. European Centre for Disease Prevention and Control (ECDC)
- 4. World Health Organization (WHO)
- Centre for Diseases Control and Prevention, Vessel Sanitation Program, USA (CDC-VSP)

Synergies with other organisations, agencies, projects

European Union agencies and projects

- 1. European Agency for Safety and Health at Work (EU-OSHA)
- Advanced National Networks for Administrations (AnNa) project
- 3. EU AIRSAN project (AIRSAN)
- Mediterranean Programme for Intervention Epidemiology Training (MediPIET)
- European Chemical Emergency Network project (ECHEMNET)

International organisations

6. International Maritime Organization (IMO)

Non-EU organization and projects

- 7. **EUROMED** countries
- 8. Brazilian Health Surveillance Agency (ANVISA)
- 9. Ministry of Health, China

Maritime Industry

- 10. Cruise Line Industry Association (CLIA)
- 11. European Community Ship-owners Associations (ECSA)