

## Vanuatu National Novel Coronavirus (COVID-19) Taskforce



# Novel Coronavirus (COVID-19) Public Advisory # 5

28<sup>th</sup> 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 8<sup>th</sup> February 2020, Vanuatu continue to enhance surveillance response measures have been further updated as follows:

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

### International Travelers

- 1.1. Travellers of ALL nationalities (except Ni Vanuatu) MUST complete an incoming Passenger Health Declaration form (appendix A) prior to boarding any craft entering Vanuatu. (See example attach at the end of the advisory) This form provides information on their travel itinerary over the last 14 days, previous travel to **main land of China, Taiwan, Hong Kong SAR, Macao SAR, South Korea, Japan and Singapore** and details of their current health status, phone number, email address and physical address while visiting Vanuatu. It is an offense 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 of the following ports; **main land of China, Taiwan, Hong Kong SAR and Macao SAR, South Korea, Japan and Singapore** in the previous 14 days will be denied entry to Vanuatu until further notice.
- 1.3. Any foreign National wishing to enter Vanuatu who has originated from or has transited through any ports in China including **Taiwan, Hong Kong SAR and Macao SAR or South Korea, Japan and Singapore** since 31<sup>st</sup> December 2019, who have spent the previous 14 days outside the places mentioned above MUST obtain a medical certificate from a registered medical practitioners certifying that they are free from any respiratory illness suspected of Corona Virus.
- 1.4. Passengers planning to come to Vanuatu via Plane or Cruise but having symptoms of respiratory illness (flu, running nose, fever, headache, chest pain, or difficulty in breathing) are strongly advice to postpone their traveling to Vanuatu.
- 1.5. Any visitors travelling to Vanuatu MUST have a return ticket.

### For Residents of Vanuatu ONLY

- 1.6. Residents of Vanuatu are advised not to travel to or transit any of the following ports; **main land of China, Taiwan, Hong Kong SAR, Macao SAR, South Korea, Japan and Singapore** until further notice.
- 1.7. Returning residents holding a Vanuatu Passport, who have been away in another country excluding main land of China, within the last two months, may transit from **Hong Kong SAR or Singapore** to Vanuatu given that the transit period is not more than eight hours and must remain in the terminal and refrain from going outside.
- 1.8. Returning residents with a Vanuatu passport who will be transiting for more than eight hours in Hong Kong SAR or leave the terminal must be self-Quarantined for 14 days outside of Vanuatu before coming into the country.
- 1.9. All airlines are required to adhere to the above traveling instructions. Failure to comply with these instructions will result to heavy penalties.

***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 crews 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.

2.2.3. Travellers showing symptoms of respiratory illness (flu, running nose, fever, headache, chest pain, or difficulty in breathing) must report their conditions to the shipping Authorities and health Authorities ASAP

## **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. Passenger who have been in any of the places mentioned above and presenting with suspected symptoms of acute respiratory illness will be immediately isolated and monitored for the appropriate period of time as advised by the health Authorities.

### **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 agents excepted). Any passenger with suspected

symptoms of acute respiratory illness will be immediately isolated for further medical assessment.

- 3.2.3. Passengers with symptoms of flue will be monitored and must be convened in the cabin and not to enter Vanuatu or until cleared by the medical officer on the ground.

### **Post Arrival Measures (Private Dwellings, Hotels and Resorts)**

- 3.3. All arriving passenger records are kept and monitored under the Ministry of Health database monitoring system.
- 3.4. 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.**

**Vila Central Hospital - 22100 or 112 (Emergency) - Dr. Vincent Atua Mobile: +678 771 6135**

**Health Surveillance Monitoring - Mr. Vanua Sikon Mobile: +678 572 4903**

**Media Focal Person – Mr. Russel Tamata: rtamata@vanuatu.gov.vu (+678 7108442)**

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**



The image shows a handwritten signature in blue ink to the left of a circular official seal. The seal is also in blue ink and contains the following text: 'REPUBLIC OF VANUATU' at the top, 'Ministry of Health' and 'Acting Director of Public Health' in the center, and 'Directeur Par Interim de la Santé Publique' and 'Ministère de la Santé' at the bottom. The seal also features a central emblem of a person holding a staff with a snake, similar to the Rod of Asclepius.

## Appendix A



### 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*

Name	Age	Sex	Date of Birth
<b>Section A</b>			
Residential address (Home address):			
Email address:	Transiting passenger:		Yes      No
Phone Number:	Flight No:		
<b>Section B</b>			
Have you been or transit in any of the following places of China in the last 14 days?			
Mainland of China	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Taiwan      Yes <input type="checkbox"/> No <input type="checkbox"/>
Hong Kong SAR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Macau SAR      Yes <input type="checkbox"/> No <input type="checkbox"/>
South Korea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Japan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Singapore	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>If your answer is "YES" to any of the above places, please consult the airline crew immediately. <b>You are NOT allowed to board this flight.</b></i>			
<b>Section C</b> (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?			
Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cough      Yes <input type="checkbox"/> No <input type="checkbox"/>
Running nose	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shortness of breath      Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If your answer is "YES" to any of the above, please consult the airline crew immediately. <b>You are NOT allowed to board this flight</b></i>			
<b>Signature:</b>		<b>Date:</b>	

**Appendix B**



**MEDICAL CLEARANCE FORM 1  
FOR TRAVEL TO THE REPUBLIC OF THE VANUATU**

Surname	First Name(s)	Date of Birth _ / _ / _	Sex: (circle) M / F
Residential address			
<b>Screening Questions</b>			
Do you have:			
1. A history of travelling to China including Hong Kong SAR, Macau SAR and Taiwan? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Close contact* with a confirmed or probable case of COVID-19 infection, while that patient was symptomatic? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>			
3. Have you been to a healthcare facility where COVID-19 infections have been managed? Yes <input type="checkbox"/> NO <input type="checkbox"/> Not known <input type="checkbox"/>			
4. Have you been to a laboratory handling suspected or confirmed COVID – 19 samples? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>			
5. Have you had direct contact with animals in countries where the COVID-19 is known to be circulating in animal populations, or where human infections have occurred as a result of presumed transmission from animals? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>			
<b>Physical Examination</b>			
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.

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
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  $\geq 38^{\circ}\text{C}$  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 presentation<sup>1</sup> 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 contact<sup>2</sup> with a confirmed or probable case of COVID -19 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

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1. Clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised;

2. Close contact<sup>2</sup> 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**

Surname	First Name(s)	Date of Birth _ / _ / _	Sex: (circle) M / F
Residential address			
<b>Medical physician Declaration</b>			
I, Dr _____ (Name and Qualifications)			
of _____ (Practise or Hospital Address)			
Hereby certify that Mr/Ms/Mrs _____			
Has been tested for COVID- 19 at the following WHO appointed COVID- 19 referral laboratory. Nabs nasopharyngeal swap is the only recommended test COVID-19 at present			
_____ (Name of WHO appointed COVID-19 reference Laboratory)			
and I also hereby certify that this test returned a _____			
result for COVID_19 for the above individual			
_____ Doctor's Signature	_____ Date (DD/MM/YYYY)	_____ Company Stamp or seal	