Implementation of the International Health Regulations 2005 at points of entry from the German perspective

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Transformation of IHR 2005 into national law

The International Health Regulations (IHR 2005) entered into force on 15 June 2007 following its adoption by the 58. World Health Assembly May 23rd 2005 in Geneva. Germany adopted the international treaty into German law on July 20th 2007. The national law includes statutory regulations concerning the National IHR Focal Point (appointment of the Federal Ministry of the Interior) and an amendment to § 12 of the National Infectious Diseases act to satisfy notification of events under IHR 2005 Annex 2.

In addition, the law authorizes the federal government to release future statutory regulations. The federal government will take action if there is a need to further harmonize, govern and specify the implementation of IHR 2005 by the means of statutory regulations in Germany. To the IHR 1969 statutory regulations concerning ground crossings, airports and ports were released. Those regulations are still valid until they will be replaced by revised acts under IHR 2005.

The federal government is authorized to release statutory regulations under IHR 2005 to the following areas of interest:

1) Designation of ports and airports (Art 20 IHR 2005)
2) Obligations of shipmasters and pilots to disembark to a designated port or airport in case of disease on board (Art 28 IHR 2005)
3) Issuance of Ship Sanitation (Exemption) Certificates (Art 20 IHR 2005)
4) Contact tracing of travellers (Art 23 IHR 2005)
5) Obligation of travellers to present health documents (Art 35 IHR 2005)
6) Entry and exit screening of travellers (Art 23 IHR 2005)
7) Obligation of carriers to implement health recommendations, to inform travellers and to keep vessels free from sources of infection (Art 24 IHR)
8) Vector control of containers (Art 34 IHR 2005)
9) Notification requirements of ship and masters and pilots (Art 38 IHR 2005)
10) Designation of yellow fever Centres (Art 7 IHR 2005).

Involvement of competent authorities into the revision process

The global implementation of the IHR 2005 in June 2007 was preceded by years of technical, legal and administrative discussions in the WHO regions, the EU and the member states. The international revision process had been initiated by the World Health Organization as early as 1995 but was accelerated under the impression of the SARS epidemic in the year 2002, the spread of avian influenza and global influenza pandemic planning.

The National Ministry of Health involved the 16 German States into the negotiation process at an early stage in the late 90’s. Health issues in general and infectious diseases control in particular are under the competency of the federal states. With regard to these responsibilities the states contributed their opinions on notification issues, core capacities at points of entry and designation of yellow fever vaccination centres. The Arbeitskreis der Küstenländer für Schiffshygiene, a standing working group of 6 Northern German States contributed to all aspects of ship and port sanitation. The Working group consist of state representatives, port health authorities and guests from national ministries, the navy, Maritime Accident Prevention and Insurance Association and professional organizations in maritime health. The Association aims to harmonize the performance of the Port Health
Authorities and publishes guidelines and recommendation (www.hphc.de).

Implementation of IHR 2005 in German Ports

Thanks to the involvement of the responsible bodies of the states in the revision process the port health authorities were well aware of the new requirements and challenges by the IHR 2005. The Association of German Coastal States in Ship Sanitation (Arbeitskreis der Küstenländer für Schiffhygiene) undertook extensive prearrangements towards the implementation of the Ship Sanitation (Exemption) certificate in the ports such as the creation of guidelines, information of ship owners and managers, training of port health officers, development of databases and adjustment of fees.

German Sea Ports and some inland going ports started issuing the SSC by June 15th 2007. By now 29 ports are authorized and listed by WHO. One year into the implementation of IHR 2005 most authorized ports in Germany have managed to train their personnel for the issuance of the new certificates. Overall the acceptance of the new procedure by shipmasters and crew, management companies and owners and by port health inspectors is very good and acknowledged to be a appropriate tool for prevention and control of communicable disease risks.

Consistency of sanitary inspections, training and quality control is an ongoing challenge to the German port health authorities. There is no professional formation dedicated solely to port and ship inspection. Port Health Inspectors typically are from a nautical, environmental, technical or medical background. The Hamburg Port Health Center as a service agency for the coastal states offers a 2 –day training class (“Crashkurs SS(E)C”) in cooperation with the Public Health Academy in Düsseldorf (Akademie für das Öffentliche Gesundheitswesen). This is in addition to the yearly conference of port health authorities which takes place in September of each year in Bremerhaven. The curriculum follows the model workshop of the World Health Organization which is currently field tested globally. A self learning was developed by the Hamburg Port Health Center.

Port Health Authorities in Germany are under the leadership of Medical Doctors. Most Port Health Authorities (with the exception of Hamburg) are part of the local health authority which serves the local community. Some port authorities serve a small volume of ship traffic only. Multiple tasks in the community and understaffing of local health departments often do not allow them to invest time in a specialized training for ship inspection. Staffing shortage of port health authorities is aggravated by the rise in time needed to handle a Ship Sanitation Inspection according to the guidance of the World Health Organization as compared to the “Deratting (Exemption) Certificate under IHR 1969. The Association of German Coastal States in Ship Sanitation (Arbeitskreis der Küstenländer für Schiffhygiene) has estimated that the time rise is x2 in cargo ships and x2 to x4 in passenger ships.

New information technology plays an important role in quality control. The Hamburg Port Health Center in cooperation with an external company has developed a new ship’s database which is freely available to all port health authorities of the federal states. However some authorities do not meet the system requirements or the local administration has decides against the new system which may generate extra costs for maintenance.

Germany has a tradition of requiring all international ships to declare “free pratique” on the grounds of a Maritime Declaration of Health. Currently the statutory regulation to the IHR 1969 is still in place. According to this act all international ships are asked to deliver the Maritime Declaration of Health and to notify any disease on board. The act also specifies civil penalties if notification is not done or control measures are not observed. The Association of German
Coastal States in Ship Sanitation (Arbeitskreis der Küstenländer für Schiffshygiene) is currently working on a revision of the enforcement act as a suggestion to the federal government.

Uncertainty exists to the implementation of IHR 2005 along rivers like the Elbe, Rhine or Donau where ships operate internationally. The Central Rhine Commission has taken the lead to clarify legal and practical issues. Triggered was this process by the occurrence of several outbreaks of diarrhoea caused by Norovirus on river cruise boats. A conference in Strasbourg initiated by the central Rhine Commission in November 26th 2007 exemplified that outbreaks on river cruise boats are frequent (“tip of the iceberg”), legal uncertainties exist and communication structures between health authorities along the river are lacking. Currently most health authorities along rivers do not ask shipmasters on international ships to present valid Ship Sanitation (Exemption) Certificates. Only a few health authorities are authorized to issue SS(E)c’s (along th river Rhine). Notification requirements under IHR 2005 are mostly unknown to shipmasters. In December 2008 the central Rhine Commission will offer the above mentioned 2-day training class in ship inspection in cooperation with the Hamburg Port Health Center. Future debate and research is needed to asses what are the public health risks from inland-going ship traffic and how the IHR 2005 is best implemented on international rivers in terms of notification requirements, issuing of SS(E)C and designation of ports.

By the process of implementing the IHR 2005 the informal and formal communication between port health authorities in Germany has improved considerably. The same is true to some extent internationally. However, the German experience shows that the international communication in case of an affected ship as required under Art. 27 IHR 2005 is still insufficient. Often international port health authorities can not be reached. But there are also uncertainties what information may be disseminated (privacy issues) and in what instances the information needs to be communicated through the National Focal Point.

So far German ports have not been designated under Article 20 IHR. Designation of ports is under the responsibility of the states. It may be assumed that most ports which are listed as authorized ports under Art. 20 for issuing of SS C certificates will be targets for designation. The federal government has the authority to release a statutory regulation to the IHR 2005 which specifies the framework for capacities based on the requirements given by Annex 1. The main line of discussion is on the allocation of personnel outside regular working hours at 24 h/7d.

**Implementation of IHR 2005 in German Airports**

Currently the statutory regulation concerning the implementation of the IHR 1969 in airtraffic (Verordnung zur Durchführung der Internationalen Gesundheitsvorschriften im Luftverkehr) which dates back to October 1979 is till in place. On the ground of this act states had designated international airports in their territory.

A revised regulation will come into force in 2009. The regulation will frame a common standard to the designation of airports and aims to an adequate and uniform coverage of capacities across the country. The designation of airports according to Art 20 IHR is in the responsibility of the federal states which will also have to negotiate with airport operators on issues of financing and infrastructure. While it is unquestionable that large international airports like Frankfurt, Düsseldorf, Munich, Berlin or Hamburg will be designated, the federal states will be challenged by the question if relatively small airports from which “discount- carriers” operate internationally like Lübeck-Blankensee and Frankfurt-Hahn need to be designated. “Entry and exit screening” in the context of influenza
pandemic planning is another area of uncertainty and debate.

**Implementation of IHR 2005 at ground-crossing**

Due to the Schengen border code no ground crossings are designated.

**Global implementation of IHR a 2005 at ports and airports – a view from Germany**

Under the guidance of the World Health Organization the adoption of IHR 2005 at ports and airports has seen successes in many regions. However the level of political commitment and implementation differs considerably between countries. Consistency of training, inspection and documentation, the reliability of communication, the awareness of public health risks between countries is low. The further release of technical guidance will close a gap to this issue. There is a need to build technical aids for communication and a port health database under the leadership of WHO. Treatment of personal data (Art 45 IHR 2005) and human rights issues will need more attention and guidance. The benefits of an audit program for the delivery of services from port health authorities under IHR 2005 need further attention.

The relation of the IHR 2005 to other international treaties is in need of further clarification. An important example is the International Maritime Labour Convention which was adopted in 2006. It touches health and sanitation issues in relation to seafarer’s health and wellbeing. Though currently only Liberia, Marshall Islands and Panama have ratified the treaty further ratification (Germany being one of them) and acceptance of the shipping industry are anticipated. The inspections under this regulation will be performed by Port State Control and will result in a Maritime Labour Certificate. Port State and Port Health Control will need to mutually recognize certificates and point to the differences and similarities of public health and employers’ protection.

Supporting the Capacity building for the implementation of IHR 2005 in EU Member States through research projects is an important example of added value of the EC to the implementation of IHR 2005 in Europe. There are currently two EU projects running which will have an impact to the implementation of IHR 2005 at points of entry:

- Project 1011028 EU Ship Sanitation Network builds capacities on surveillance and control of communicable diseases in passenger ships. The project will create a network of ports and strengthen surveillance and response capacities
- Project 2006230 Increasing public health safety alongside the new east European border line will build public health capacities at points of entrance.

As a “side effect” of the new regulation state parties and competent authorities are now communicating in many novel ways. Following the meetings of competent authorities and National Focal Points in the Netherlands, Germany and UK the need for building an International Port Health Association evolved. As a first step the Association of Port Health Authorities in the UK and the Arbeitskreis der Küstenländer für Schiffsyhgiene in Germany sign an agreement in Manchester on September 11th 2008. The parties agree to the sharing of best practice, joined up training, research collaboration, and arrangement of site visits, access to websites and databases and others.

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