

DEPARTMENT OF HEALTH

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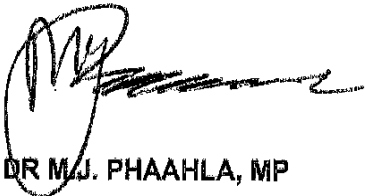
15 March 2022

INTERNATIONAL HEALTH REGULATIONS ACT, 1974 (ACT No. 28 OF 1974)

REGULATIONS RELATING TO PUBLIC HEALTH MEASURES IN POINTS OF ENTRY

The Minister of Health intends, in terms of section 3(2) of the International Health Regulations Act, 1974 (Act No.28 of 1974) after consultation with the National Health Council to make Regulations in the Schedule hereto.

Interested persons are invited to submit within 30 days from the date of publication of this Notice substantiated comments or representations on the proposed regulations to the Director-General, Department of Health, Private Bag X 828, Pretoria, 0001 (for the attention of the Chief Directorate: Environmental Health & Port Health Services), by fax to: 012- 395 8802, attention: Ms Funeka Bongweni, or by email to: Funeka.Bongweni@health.gov.za.



DR M.J. PHAAHLA, MP
MINISTER OF HEALTH

DATE: 14/03/2022

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CHAPTER 1

DEFINITIONS

Definitions

1. In these Regulations, any word or expression to which a meaning has been assigned in the Act bears such meaning and, unless the context otherwise indicates: -

“**affected**” means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, to constitute a public health risk;

“**affected area**” means a geographical location specifically for which health measures have been recommended by WHO under IHR (2005);

“**aircraft**” means an aircraft making an international voyage;

“**airport**” means any airport in the Republic where international flights arrive or depart;

“**aircraft general declaration**” means a document which must conform to the model specified in **Annexure B** and is completed by a pilot in command of an aircraft or pilot’s agent/ designated crew member.

“**arrival**” of a conveyance means:

- (a) in the case of a seagoing vessel, arrival or anchoring in the defined area of a port;
- (b) in the case of an aircraft, arrival at an airport;
- (c) in the case of an inland navigation vessel on an international voyage, arrival at a point of entry; and

(d) in the case of a train or road vehicle, arrival at a point of entry;

“baggage” means the personal effects of a traveler;

“cargo” means goods carried on a conveyance or in a container;

“competent authority” means an environmental health practitioner appointed by the State and is responsible for the implementation of health measures at points of entry under these Regulations or any other person authorized by the Director-General;

“container” means an article of transport equipment:

- (a) of a permanent character and accordingly strong enough to be suitable for repeated use;
- (b) specially designed to facilitate the carriage of goods by one or more modes of transport, without
intermediate reloading;
- (c) fitted with devices permitting its ready handling, particularly its transfer from one mode of
transport to another; and
- (d) specially designed as to be easy to fill and empty;

“container loading area” means a place or facility set aside for containers used in international traffic;

“contamination” means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances that may constitute a public health risk;

“conveyance” means an aircraft, ship, train, road vehicle or other means of transport on an international voyage;

“conveyance operator” means a natural or legal person in charge of a conveyance or their agent;

“crew” means persons on board a conveyance who are not passengers;

“decontamination” means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances that may constitute a public health risk;

“departure” means, for persons, baggage, cargo, conveyances or goods, the act of leaving a territory;

“deratting” means the procedure whereby health measures are taken to control or kill rodent vectors or human disease present in baggage, cargo, containers, conveyances, facilities, goods and postal parcels at the point of entry;

“Director-General” means the Director-General of Health;

“disease” means an illness or medical condition, irrespective of origin or source that presents or could present significant harm to humans;

“disinfection” means the procedure whereby health measures are taken to control or kill infectious agents on a human or animal body surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents;

“disinsection” means the procedure whereby health measures are taken to control or kill the insect vectors of human diseases present in or on baggage, cargo, containers, conveyances, goods and postal parcels and disinsected has a corresponding meaning;

“event” means a manifestation of disease or an occurrence that creates a potential for disease;

“environmental health practitioner” means a person registered as such in terms of section 34 of the Health Professions Act, 1975 (Act No.56 of 1974) and who performs functions as listed in the Schedule of the Scope of Professions of Environmental Health (Government Notice No. R888 of 26 April 1991);

“free pratique” means permission for a ship to enter a port, embark or disembark, discharge or load cargo or stores; permission for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores; and permission for a ground transport vehicle, upon arrival, to embark or disembark, discharge or load cargo or stores;

“goods” mean tangible products, including animals and plants, transported on an international voyage, including for utilization on board a conveyance;

“ground crossing” means a point of land entry in a State Party, including one utilized by road vehicles and trains;

“ground transport vehicle” means a motorized conveyance for overland transport on an international voyage, including trains, coaches, lorries and automobiles;

“health measure” means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures;

“ill person” means an individual suffering from or affected with a physical ailment that may pose a public health risk;

“infection” means the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk;

“inspection” means the examination, by the competent authority or under its supervision, of areas, baggage, containers, conveyances, facilities, goods or postal parcels, including relevant data and documentation, to determine if a public health risk exists;

“International Health Regulations ” means the IHR that were adopted by the fifty-eighth World Health Assembly on 25 July 1969; and includes subsequent revisions

“international traffic” means the movement of persons, baggage, cargo, containers, conveyances, goods or postal parcels across an international border, including international trade;

“international voyage” means:

- (a) in the case of a conveyance, a voyage between points of entry in the territories of more than one State, or a voyage between points of entry in the territory or territories of the same State if the conveyance has contacts with the territory of any other State on its voyage but only as regards those contacts;
- (b) in the case of a traveler, a voyage involving entry into the territory of a State other than the territory of the State in which that traveler commences the voyage;

“intrusive” means possibly provoking discomfort through close or intimate contact or questioning;

“invasive” means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography are considered to be non-invasive;

“isolation” means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;

“medical examination” means the preliminary assessment of a person by an authorized health worker or by a person under the direct supervision of the competent authority, to determine the person’s health status and potential public health risk to others, and includes the scrutiny of health

documents, and a physical examination when justified by the circumstances of the individual case;

“national IHR focal point” means the national centre, designated by each State Party, which must be accessible at all times for communications with World Health Organizations (WHO) IHR Contact Points under the International Health Regulations (2005);

“personal data” means any information relating to an identified or identifiable natural person;

“point of entry” means a passage for international entry or exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit; and includes a frontier post, as contemplated in the Act;

“port health officer” means an environmental health practitioner employed by the National Department of Health and registered in terms of section 34 of the Health Professions Act, 1974 (Act 56 of 1974) and who performs port health functions in a point of entry;

“port” means a seaport or a port on an inland body of water where ships on an international voyage arrive or depart;

“postal parcel” means an addressed article or package carried internationally by postal or courier services;

“Pratique” refers to the permission granted to a conveyance to have dealings with a port, given after quarantine or on showing a clean bill of health;

“public health emergency of international concern” means an extraordinary event which is determined, as provided in IHR (1969):

- (a) to constitute a public health risk to other States through the international spread of disease; and
- (b) to potentially require a coordinated international response;

“public health observation” means the monitoring of the health status of a traveler over time for the purpose of determining the risk of disease transmission;

“public health risk” means a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger;

“quarantine” means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

“reservoir” means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk;

“road vehicle” means a ground transport vehicle other than a train;

“scientific evidence” means information furnishing a level of proof based on the established and accepted methods of science;

“scientific principles” mean the accepted fundamental laws and facts of nature known through the methods of science;

“ship” means a seagoing or inland navigation vessel on an international voyage;

“surveillance” means the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary;

“suspect” means those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

“the Act” means the International Health Regulations Act, 1974 (Act No. 28 of 1974);

“transit” means a conveyance arriving in a Point of Entry with no embarking and disembarking or loading and discharging

“traveler” means a natural person undertaking international travel, including crew;

“vector” means an insect or other animal which normally transports an infectious agent that constitutes a public health risk; and

“World Health Organization (WHO)” means a specialized agency of the United Nations that is concerned with international public health.

CHAPTER 2 IMPLEMENTATION PRINCIPLES AND RESPONSIBILITIES

Implementation principles

2. (1) These Regulations must be implemented with full respect for the dignity, human rights and fundamental freedom of persons as enshrined in the Constitution of the Republic of South Africa, 1996.

(2) These Regulations must be implemented in consideration of the International Health Regulations (1969).

Responsibilities of the Director-General

3. The Director-General must: -
- (a) authorize a competent authority who will be responsible for the implementation of health measures in points of entry under these Regulations and is in the employ of the National Department of Health or any other person or organ of state the Director-General may deem fit;
 - (b) assess and develop core public health capacities in points of entry as required by the International Health Regulations;
 - (c) ensure points of entry are compliant with the requirements of the International Health Regulations ;
 - (d) designate and ensure the functioning of the National IHR Focal Point;
 - (e) submit to the World Health Organization, a list of ports authorized to offer;
 - (i) the issuance of Ship Sanitation Control Certificates,
 - (ii) the issuance of Ship Sanitation Control Exemption Certificates only,
 - (iii) extension of the Ship Sanitation Control Exemption Certificates for a period of one month until the arrival of the ship in the port at which the Certificate will be received;
 - (f) communicate changes to the status of ports referred to in paragraph (e) above to the WHO on regular basis.

Functions of a Port Health Officer

4. A port health officer must: -
- (a) inspect and monitor baggage, cargo, containers, conveyances, goods, postal parcels and human remains departing and arriving into the Republic to determine compliance with applicable legislation and that they are free of sources of infection or contamination, including vectors and reservoirs;
 - (b) inspect and monitor that facilities used by travelers at points of entry are maintained in a hygienic condition and are kept free of sources of infection or contamination, including vectors and reservoirs;
 - (c) supervise or cause to be supervised, any disinfection, derating or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels and human remains or hygiene measures for persons;
 - (d) implement surveillance measures for early detection and response of suspect cases;
 - (e) advise conveyance operators, as far in advance as possible, of their intent to apply control measures to a conveyance and provide, where available, written information concerning the methods to be employed;
 - (f) supervise or cause to be supervised the removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance or in the point of entry;
 - (g) take all practicable measures consistent with these Regulations to monitor and control the discharge by ships of sewage, refuse, ballast water and any other potentially disease-causing matter which might contaminate the waters of a port, river, canal, lake or other international waterway;
 - (h) supervise or cause to be supervised service providers for services concerning travelers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains at points of entry, including conducting inspections and medical examinations as necessary;
 - (i) have effective contingency arrangements to deal with a public health event;
 - (j) communicate with the National IHR Focal Point on the relevant public health measures taken pursuant to these Regulations and the IHR ; and
 - (k) Support other stakeholders with the implementation of recommended surveillance protocols for travelers.

CHAPTER 3 ARRIVAL OF CONVEYANCES

General provisions for incoming conveyances

5. (1) Subject to provisions in these Regulations, a ship or aircraft may not be refused free pratique for public health reasons.

(2) Where the granting of free pratique may result in a public health risk, the applicable health measures should be applied to prevent such public health risk prior to the granting of such free pratique.

(3) Subject to subregulation (2), free pratique may be granted by radio or other communication means to a ship or an aircraft when, based on information received prior its arrival, the competent authority is of the opinion that such arrival of the ship or aircraft will not result in the introduction or spread of disease.

(4) Officers in command of ships and pilots in command of aircrafts or persons or agents in charge of a conveyance entering the Republic must: -

- (a) prior to arrival at a point of entry within the Republic, inform the competent authority of any illness of an infectious nature, or evidence of a public health risk, or death on board the conveyance;
- (b) inform the competent authority of any emergency measures taken for the health and safety of travelers on board;
- (c) Submit a passenger manifest to the competent authority on arrival;
- (d) In the case of ships, upon arrival, furnish the competent authority with a signed Maritime Declaration of Health, a model of which is provided in **Annexure A**; and
- (e) In the case of aircraft, upon arrival, furnish the competent authority with a signed Aircraft General Declaration, of which, the Declaration of Health must also be completed, a model of which is provided in **Annexure B**.

(5) If, for reasons beyond the control of the officer in command of a ship, pilot in command of an aircraft persons or agents in charge of a conveyance, a suspect or affected ship, aircraft or any conveyance lands, berths or arrives within the Republic in a point of entry other than a point of entry at which it was due to land, berth or arrive or at a point of entry where there is no competent authority:-

- (a) the officer in command of the ship or the pilot in command of the aircraft or any other person in charge of a conveyance must communicate without delay, with the nearest competent authority; and
- (b) the competent authority contemplated in paragraph (a) must, as soon as he or she is informed of such landing, berthing or arrival apply any health measures provided in these Regulations.

(6) Except where required for emergency purposes or for communicating with the competent authority, no person on board such ship, aircraft or conveyance must disembark and no cargo must be offloaded, unless authorized by a competent authority.

Affected conveyances

6. (1) A conveyance is affected if, on arrival it has on board: -

- (a) A person with clinical signs or symptoms of a communicable disease; and
- (b) evidence of a public health risk, whether based on fact or evidence.

(2) In the case of conveyances contemplated in sub-regulation (1) above a competent authority must: -

- (a) disinfect, decontaminate, disinsect or derat the conveyance or cause these measures to be carried out under his or her supervision; and
- (b) implement any other health measure he or she may deem to be effective, including isolation of the conveyance or persons to prevent the spread of disease.

(3) If for any reasons, the competent authority is not able to implement measures referred to in sub-regulation (2), the conveyance may be allowed to depart, provided that:

- (a) the competent authority informs the competent authority of the next point of entry of the information regarding the affected conveyance; and

(b) in the case of a ship, the evidence found, and control measures required must be included in the ship sanitation control certificate.

(4) Conveyances referred to in sub-regulation (3) must be allowed, under the supervision of a competent authority, to take on fuel, water, food and supplies.

(5) A conveyance that has been considered as affected must cease to be regarded as such when: -

(a) measures provided for in sub regulation (2) have been effectively carried out; and

(b) there are no conditions on board that could constitute a public health risk.

Ground and air medical evacuations

7. (1) No person may bring into the Republic an ill person without prior written approval from the port health officer of the point of entry at which the conveyance is entering the Republic.

(2) Persons or medical evacuation companies intending to undertake medical evacuations for medical reasons, must obtain approval from the port health officer prior arrival into the Republic.

(3) Requests for approval for such medical evacuation must be submitted using Forms AC 1 and AC 2 provided for in **Annexure E** and **Annexure D** respectively.

(4) Medical evacuation crew must adhere to personal protective equipment requirements and must be subjected to screening at the point of entry on arrival.

(5) In addition to screening, the medical evacuation crew member may be subjected to a medical examination and any other additional relevant health measures.

Medical evacuations from vessels

8. (1) All emergency medical evacuations to be conducted on vessels out at sea must be communicated by the shipping agent and Maritime Rescue Coordination Centre (MRCC) to Port Health Services of the nearest harbour.

(2) Evacuation of seafarers, passengers, mariners on board all ships along the South African coastline must be allowed in terms of Search and Rescue as well as the Merchant Shipping Act, 1951 (Act No. 57 of 1951), and subject to the following:

- (a) The evacuation must comply with the provisions of Medical Evacuations as contained in the South African Maritime and Aeronautical Search and Rescue Act, 2002 (Act No. 44 of 2002).
- (b) The evacuation to be carried out in terms of the MRCC SOPS and Marine Notice 24 of 2020.

Conveyances in transit

9. No health measures must be applied, unless authorized by international agreements or obligations or evidence of a public health risk exists or clinical signs and symptoms of a communicable disease, to: -

- (a) a ship not coming from an affected area which passes through the shores of the Republic on its way to a port in another Country, however any such ship may be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies; and
- (b) an aircraft in transit at an airport in the Republic, with no embarking and disembarking or loading and discharging, however, any such aircraft may be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

Ship sanitation certificates

10. (1) Ships arriving on an international voyage must produce a valid Ship Sanitation Control Certificate or valid Ship Sanitation Control Exemption Certificate.

(2) If, on arrival of a ship the master is unable to produce a valid Ship Sanitation Control Exemption Certificate or Ship Sanitation Control Certificate, the competent authority must:

- (a) apply applicable health measures and thereafter furnish the master with a Ship Sanitation Control Certificate; provided that the point of entry is authorised in terms of regulation 3(e).
- (b) subject the ship to an inspection in ports designated in terms of regulation 3(e).

(3) If a competent authority is, after subjecting a ship to an inspection referred to in sub-regulation (2)(b) above, satisfied that the ship is free of infection and contamination, furnish the master with a Ship Sanitation Control Exemption Certificate.

(4) If a competent authority deems that measures referred to in sub-regulation (2)(a) above are not effective, he must indicate such on the Ship Sanitation Control Certificate; provided that the point of entry is designated in terms of regulation 3(e).

Maritime safety precautions

11. (1) Masters of vessels must maintain a medical log of daily temperature screening of all persons on board and this must be presented to the Port Health Officer on request.

(2) Persons disembarking and embarking vessels must comply with general hygiene and precautionary measures to prevent the occurrence or spread of a communicable disease.

CHAPTER 4 REQUIREMENTS FOR TRAVELLERS

Health measures relating to travelers

12. (1) Persons entering the Republic must be subjected to screening on arrival at the point of entry.

(2) A person who, during screening, is found to have had exposure to a communicable disease or is presenting with any signs and symptoms of a communicable disease, must be subjected to a medical examination which may include testing, isolation or quarantine.

(3) Travelers must be subjected to medical examination, vaccination or prophylaxis or required to produce proof of vaccination or prophylaxis as a condition of entry: -

- (a) when necessary to determine whether a public health risk exists.
- (b) as a condition of entry for travelers.

(4) A traveler for whom medical examination, vaccination or other prophylaxis referred to in sub-regulation (3) is required may be denied entry if;

- (a) he or she fails to consent to such measure,
- (b) he or she refuses to provide information or documents referred to in sub-regulation (5) or regulation 13.

(5) A traveler arriving into the Republic or the agent responsible for a conveyance transporting travelers into the Republic is required, for public health reasons to: -

- (a) provide information concerning the traveler to allow the traveler to be contacted;
- (b) Provide information of travelers for the purposes of contact tracing;
- (c) provide information concerning the traveler's itinerary to determine whether any travel from or near an affected area was undertaken by the traveler; and
- (d) undergo medical examination if necessary.

(6) A traveler suspected of having contracted a communicable disease must not be permitted to disembark from a conveyance unless he or she has complied with the requirements of the competent authority.

(7) If a traveler is suspected of having contracted a communicable disease, a competent authority must-

- (a) subject traveler to medical examination;
- (b) isolate, or cause such traveler to be isolated;
- (c) quarantine, or cause such traveler to be quarantined;
- (d) place such traveler under public health surveillance for a period not exceeding the incubation period of the disease or as determined by the competent authority;
- (e) implement any other measures he or she deems necessary in order to prevent the spread of such disease; or
- (f) refer a traveler to the nearest health care facility designated to handle the suspected disease condition.

(8) A traveler placed under public health surveillance may be required to report, at specified times during the period of surveillance or isolation, to a health officer or any institution as determined by the Director-General.

Requirements for Yellow Fever

13. (1) No traveler arriving from an area where vaccination against Yellow Fever is required may be permitted entry into the Republic unless he or she complies with requirements for Yellow Fever as stipulated in **Annexure C**.

(2) Any traveler who is not in possession of a valid certificate of vaccination against Yellow Fever must be: -

- (a) denied entry into the Republic, or
- (b) placed under quarantine for a period not exceeding six days.

Additional health measures during a public health emergency

14. (1) The Director-General must during a public health emergency of international concern or pandemic, issue Directives on any additional health measures required to prevent or contain the spread of the event and where required, exemptions of persons to such health measures.

(2) The competent authority may, during a public health emergency of international concern or pandemic: -

- (a) require all travelers to undergo medical examination;
- (b) require travelers to complete and submit a travel health questionnaire;
- (c) keep in isolation an infected or suspected traveler for such period as he or she considers necessary to contain;
- (d) place travelers and goods exposed to infection, in isolation or quarantine or surveillance for a period not exceeding the incubation period of such disease;
- (e) require arriving passengers and crew to produce a test result for a timeframe stipulated by the Director-General; or
- (f) subject travelers to quarantine.

CHAPTER 5 VECTOR CONTROL

Vector control requirements for conveyances

15. (1) Conveyances arriving from areas where vector control measures are required must be disinfected using methods recommended by the World Health Organization prior to arriving at any point of entry in South Africa and must be kept free of vectors.

(2) Where conveyances referred to in sub-regulation (1) are not disinfected, the competent authority must ensure the conveyance is disinfected.

(3) The competent authority must not allow any person to disembark from a conveyance referred to in sub regulation (2) unless he or she is satisfied that the disinsection has been effective.

(4) If any vectors are detected on board any conveyance, the conveyance must be subjected to measures specified in regulation 6(2).

(5) The presence of vectors on board a conveyance and control measures implemented to eradicate such vectors must be included: -

- (a) in the case of aircrafts, in the Health Part of the Aircraft General Declaration;
- (b) in the case of ships, on the Ship Sanitation Control Certificate;
- (c) in the case of other conveyances, on a written proof of treatment issued to the person in charge of the conveyance or their agent.

(6) If a public health emergency of international concern has been declared by WHO, conveyances arriving from affected areas may be subjected to additional health measures stipulated by the Director-General whenever necessary.

Vector control requirements for point of entry facilities

16. (1) The owner or person in charge of a point of entry or premises in a point of entry must implement vector control measures to ensure the premises are kept free from vectors.

(2) The owner or person in charge of a point of entry must develop, in consultation with the competent authority and implement an integrated vector control management plan.

(3) The competent authority must monitor the implementation of the integrated vector control management plan.

CHAPTER 6 REQUIREMENTS FOR BAGGAGE AND CONTAINERS

Containers and container loading areas

17. (1) The owner or a person in charge of the container loading areas must keep the areas free from sources of infection or contamination, including vectors and reservoirs.

(2) A competent authority must conduct routine inspections to determine if container loading areas and warehouses are kept free from sources of infection or contamination.

Cargo and baggage

18. (1) If the competent authority has reason to believe that any goods have become contaminated by a communicable disease or may serve as a vehicle for the spread of any disease, he or she must require such goods to be subjected to health measures provided for in these Regulations.

(2) The provisions of subregulation (1) do not apply to laboratory samples, blood and blood products.

CHAPTER 7 GENERAL MATTERS

Requirements for departure from the Republic

19. A competent authority must, if he or she has grounds to believe that any person who is about to depart from the Republic by air, sea, rail or road may be suffering from or has come into contact with any other person suffering from a communicable disease:-

- (a) subject such person to a medical examination and prohibit the departure of such person if he or she is of the opinion that he or she is suffering or suspected to be suffering or is likely, as a result of such contact, to contract any such disease until he or she: -
 - (i) has recovered from;
 - (ii) is free from; or
 - (iii) is no longer likely, as a result of such contact, to contract any such disease;
- (b) prohibit the removal from the Republic of any goods or baggage in the possession of any such person which is considered likely to be contaminated, until it has been disinfected, disinfected or decontaminated; and
- (c) Supervise the disinfection, disinsection or decontamination of any goods or baggage referred to in paragraph (b).

Quarantine and isolation

20. (1) Owners or persons in charge of point of entry facilities must designate a specific area for the temporary isolation of suspect travelers by a competent authority.

(2) Owners or persons in charge of passenger vessels must designate facilities for the temporary quarantine or isolation of suspect travelers.

(3) When the competent authority places in quarantine or isolation or treatment in a medical facility any person who has not been granted authority to enter the country by an immigration officer he or she must immediately after examination, inform the immigration officer of the name of such

person, the means by which he or she arrived in the country and the place of quarantine, isolation or name of medical facility.

(4) The competent authority must also notify the medical officer or other official in charge of the quarantine or isolation facility or medical facility of the means by which such person arrived into the country, the name and address of the owner or agents; or operator of the mode of transport and that such person has not been authorized to enter the country and must not be discharged or released from detention until the master or agents of the ship, if he has arrived by ship, or the operator if he or she arrived by aircraft or the person in charge, owner or agents of the means of transport, have been notified of the intended time of discharge or release.

(5) The competent authority must give the immigration officer and the master or agents of the ship, or operator of the aircraft or the person in charge, owner or agents of the means of transport, as the case may be, due notice in advance of the release or discharge of such person, and upon being so released or discharged such person must revert to the custody of the master or agents of the ship or operators of the aircraft or of the person in charge, owner or agents of the means of transport, as the case may be, until authorised by the immigration officer to enter the country.

(6) All expenses in connection with the quarantine, isolation or treatment of such person until permitted to enter the country and in connection with his or her repatriation in the event of being declared a prohibited person, must be borne by the person, master of the ship, operator of the carrier or the person in charge, owner or agents of the means of transport and nothing in these regulations must be construed as relieving any such person, master, operator, person in charge, owner or agent of his obligations and responsibilities under the Immigration Act, 2002 (Act No. 13 of 2002).

Certificates to be issued by the Competent Authority

21. When any measures have been applied for the removal or eradication of any communicable disease or public health risk by the competent authority in terms of these Regulations, the competent authority must, if so requested by the master of the ship, agents, pilot in command or by the person in charge, owner or agents of any conveyance, furnish a statement of the measures taken and the reasons therefore.

Prevention of public health nuisance

22. (1) No owner or person in charge of a point of entry facility, master of a ship, agents, pilot in command or person in charge of any other conveyance may cause or permit to be caused, any health nuisance or condition that is a danger to health to exist at the point of entry facility or on board such conveyance.

(2) Should any such nuisance or condition that is a danger to health arise, the competent authority must require the master, operator or person in charge to remedy such immediately and to take such measures as he or she may specify, for preventing its recurrence.

(3) The competent authority must conduct routine inspections at point of entry facilities to ensure no health nuisance or condition that may be a danger to health exists in the point of entry facility.

Charges for health measures regarding travelers

23. (1) No charge may be made by the Director-General on the traveler for the following measures for the protection of public health without prior notification of such charge and cost:-

- (a) a medical examination provided for in these Regulations, or any supplementary examination which is required to ascertain the health status of the traveler examined;
- (b) vaccination or other prophylaxis provided to a traveler on arrival;
- (c) isolation or quarantine requirements of travelers;
- (d) testing required as a condition of entry or departure or on arrival;
- (e) health measures applied to baggage accompanying the traveler; or
- (f) any other relevant health measures.

(3) Where charges are made for applying health measures to travelers under these Regulations, such charges must:

- (a) not exceed the actual cost of the service rendered; and
- (b) be levied without discrimination of the nationality, domicile or residence of the traveler concerned.

(4) The tariff of such charges and any amendment thereto, must be published at least 10 days in advance.

(5) The Director-General may require reimbursement for expenses incurred in providing the health measures in sub regulation (1): -

- (a) from conveyance operators or owners with regard to their employees; or
- (b) from applicable insurance sources.

(6) Any incidental cost other than those stipulated above which may arise as a result of the implementation of health measures on conveyances or travelers shall be borne by traveler, operator or employer.

Charges for baggage, cargo, containers, conveyances, goods and postal parcels

24. (1) The Director-General may impose charges for the application of health measures on baggage, cargo, containers, conveyances, goods or postal parcels under these Regulations.

(2) The charges contemplated in sub regulation (1): -

- (a) may not exceed the actual cost of the service rendered; and
- (b) be levied without discrimination as to the nationality, flag, registry or ownership of the baggage, cargo, containers, conveyances, goods or postal parcels concerned.

(3) The tariff of such charges and any amendment thereto, must be published at least 10 days in advance.

(4) Where goods, cargo, consignments or postal parcels which have been imported into the Republic and deemed after inspection by a competent authority, to not be in compliance with applicable legislation and must undergo destruction processes as provided for in applicable legislation, such destruction must be at the cost of the owner, importer or agent representing such owner or importer of such goods, cargo, consignment or postal parcels.

Charges in respect of a vessel

25. (1) The following charges apply in respect of the services carried out by or on the instructions of a competent authority in relation to maritime traffic, under these regulations: -

- (a) for the complete fumigation or fumigation of any part of a ship, or fumigation of any cargo on a ship, the tariffs as determined by the approved and or registered service provider;
- (b) for the issuing of a Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate by a competent authority, charges at the following specified rates are payable:

CODE	NETT TONNAGE OF VESSEL	FEES (R)
1	Up to 1 000 tonnes	300.00
2	Exceeding 1 000 tonnes but not exceeding 3 000 tonnes	600.00
3	Exceeding 3 000 tonnes but not exceeding 10 000 tonnes	875.00
4	Exceeding 10 000 tonnes but not exceeding 20 000 tonnes	1 150.00
5	Exceeding 20 000 tonnes but not exceeding 50 000 tonnes	1 425.00
6	Exceeding 50 000 tonnes	1 700.00

- (c) for the issuing of a 30-day Extension of the Ship Sanitation Control Exemption Certificate by a port health officer, a fee of R100.00 applies; and
- (d) for the transmission of a message by a port health officer relating to an application for the request for free pratique, a fee of R100.00 applies.

(2) The Director-General must determine and publish the annual increase of charges contemplated in sub regulation (1).

Reapplication of health measures

26. (1) The competent authority must reapply on arrival, if there is an indication or evidence that measures applied on departure in an affected area were unsuccessful, any health measures for travelers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains.

(2) Disinsection, deratting, disinfection, decontamination and other health measures must be carried out so as to avoid injury and as far as possible discomfort to persons and animals or damage to the environment in a way which impacts on public health, or damage to baggage, cargo, containers, conveyances, goods and postal parcels.

**CHAPTER 8
GENERAL**

Offences and penalties

27. Any person who contravenes a provision of these Regulations or allows such a contravention to take place is guilty of an offence and liable on conviction to imprisonment not exceeding six years or an equivalent fine or both as determined by the court of law.

Appeals

28. (1) A person affected by a decision taken in terms of these regulations who wishes to appeal against the decision, must lodge an appeal with the Minister, as the case may be, within 30 days after that person has been notified of the decision.

(2) The Minister, may, as the case may be, in writing, on good cause extend the period within which an appeal must be submitted.

(3) The Minister must, after considering all relevant information, uphold or dismiss the appeal and inform the appellant.

Short title

29. These Regulations are called the Regulations Relating to Public Health Measures in Points of Entry, 2022.



ANNEXURE A

MODEL OF MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of Date

Name of ship or inland navigation vessel Registration/IMO No arriving from sailing to.....

(Nationality) (Flag of vessel) Master's name.....

Gross tonnage (ship)

Tonnage (inland navigation vessel)

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes..... No Issued at date

Re-inspection required? Yes No

Has ship/vessel visited an affected area identified by the World Health Organization? Yes... No

Port and date of visit

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

.....

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name joined from: (1) (2) (3)

(2) Name joined from: (1) (2) (3)

(3) Name joined from: (1) (2) (3)

Number of crew members on board

Number of passengers on board

Health questions

(1) Has any person died on board during the voyage otherwise than as a result of accident? Yes No

If yes, state particulars in attached schedule. Total no. of deaths.....

(2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes.....

No.....

If yes, state particulars in attached schedule.

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes No

How many ill persons?

(4) Is there any ill person on board now? Yes..... No

If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? Yes..... No

If yes, state particulars of medical treatment or advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes..... No

If yes, state particulars in attached schedule.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes..... No

If yes, specify type, place and date.....

(8) Have any stowaways been found on board? Yes..... No If yes, where did they join the ship (if known)?

(9) Is there a sick animal or pet on board? Yes..... No.....

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

(b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed Master

Countersigned Ship's Surgeon (if carried)

Date



ANNEXURE B

AIRCRAFT GENERAL DECLARATION

<p>GENERAL DECLARATION (Outward/Inward)</p> <p>Operator</p> <p>Marks of Nationality and Registration Flight No. Date</p> <p>.....</p> <p>Departure from Arrival at</p> <p style="text-align: center;">(Place) (Place)</p>		
<p>FLIGHT ROUTING ("Place" Column always to list origin, every end-route stop and destination)</p>		
PLACE	NAMES OF CREWS	NUMBER OF PASSANGERS ON THIS STAGE
		<p><i>Departure Place:</i> Embarking</p>

		Through on same flight
		Arrival Place:
		Disembarking
		Through on same flight
<p>Declaration of Health</p> <p>Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop</p> <p>Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting</p> <p>Signed, if required, with time and date</p> <p>_____</p> <p style="text-align: center;">Crew member concerned</p>		<p>For official use only</p>
<p>I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.</p> <p style="text-align: center;">SIGNATURE _____</p> <p style="text-align: center;">Authorized Agent or Pilot-in-command</p>		



ANNEXURE C

REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR SPECIFIC DISEASES

1. In addition to any recommendation concerning vaccination or prophylaxis, the following disease is the only disease specifically designated under International Health Regulations (2005) for which proof of vaccination or prophylaxis may be required for travelers as a condition of entry into South Africa.

Vaccination against yellow fever.

2. Recommendations and requirements for vaccination against yellow fever:
 - (a) For the purpose of this Annex:
 - (i) the incubation period of yellow fever is six days;
 - (ii) yellow fever vaccines approved by WHO provide protection against infection starting 10 days following the administration of the vaccine;
 - (iii) yellow fever vaccine offers life long protection ; and
 - (iv) the validity of a certificate of vaccination against yellow fever commences 10 days after vaccination and doesnot expire.
 - (b) Vaccination against yellow fever may be required of any traveler leaving an area where WHO has determined that a risk of yellow fever transmission is present.
 - (c) If a traveler is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveler may be permitted to depart, but the provisions of paragraph 2(h) of this Annex may be applied on arrival.
 - (d) A traveler in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where WHO has determined that a risk of yellow fever transmission is present.
 - (e) In accordance with paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the WHO
 - (f) States Parties shall designate specific yellow fever vaccination centers within their territories in order to ensure the quality and safety of the procedures and materials are employed.
 - (g) Every person employed at a point of entry in an area where WHO has determined that a risk of yellow fever transmission is present, and every member of the crew of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.
 - (h) A State Party(such as South Africa) in whose territory vectors of yellow fever are present, shall require a traveler from an area where WHO has determined that a risk of yellow fever transmission is present, to be vaccinated. A person who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever occurs first.
 - (i) Travelers who possess an exemption (medical waiver) from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travelers not be quarantined, they may be required to report any fever or other symptoms to the competent authority and be placed under surveillance.



ANNEXURE D

FORM AC1

**NOTIFICATION OF TRANSPORTATION OF A PATIENT/SICK PASSENGER PER AIRCRAFT/VESSELS/VEHICLE
TO SOUTH AFRICA (AC1)**

To be completed faxed or sent by e-mail (or phoned through) to the Port Health Officer at:

Port of Entry:..... Tel: Fax:

E-mail:..... Province:

MODE OF TRANSPORT INFORMATION

Mode of Transportation: _____

Flight/Vessel/registration no: _____

Port of Entry/ departure: _____

Date of departure: _____ Time of departure: _____

Point of Entry of disembarkation: _____

Date of arrival: _____ Time of arrival: _____

Seat no: _____

INFORMATION OF PATIENT/SICK PASSENGER

Name of patient/sick passenger: _____

Age: _____ Gender: _____

Nationality: _____

Passport no: _____

Medical condition of patient / Diagnosis (confirmed or suspected): _____

Presenting Condition _____

Date of onset _____

Treatment given thus far _____

Has the patient had fever during this illness or few days earlier (yes or no) _____

Countries lived in or visited during previous 21 days: _____

INFORMATION OF HOSPITAL/INSTITUTION IN SOUTH AFRICA

Name of hospital/institution responsible for treatment of patient: _____

Treating Doctor: _____

Contact person: _____

Tel: _____ Fax no: _____

Email: _____

MEDICAL EVACUATION COMPANY:

Medical Evacuation Company: _____

Contact Person: _____

Tel: _____ Email: _____

Airline/vessel/vehicle company responsible: _____

Signature of Applicant: _____

Date: _____



ANNEXURE E

FORM AC2

NOTIFICATION OF SYMPTOMS OF PATIENT/SICK PASSENGER TRANSPORTED PER VESSELS/VEHICLE/AIRCRAFT TO SOUTH AFRICA (AC2)

1. To be completed by Medical companies

The form should be faxed or sent by e-mail to the Port health Officer (PHO) or may be submitted to the PHO on arrival. The form should be given to pilot/captain/driver who should give the information to the Port Coordinators/immigration officers or control tower of the destination port;

Reference number of PHO on form PH1 to approve transportation

A completed Form AC1 should accompany this form if not yet submitted to PHO.

To be completed and faxed/ sent by e-mail (or phoned through) to the Port Health Officer at:

NAME:..... Port of Entry:..... Tel:

..... Fax: E-mail:.....

Province:

OR

To be completed by Pilot/Captain/driver (crew member on his/her behalf) with the sick passenger on board.

Information should be provided to Port Coordinators/immigration officers or the control tower of the destination airport; or the form should be submitted to the PHO on arrival.

Flight no:		Seat no:		Date:	
Name of patient/sick passenger:					
CONDITION OF PATIENT/SICK PASSENGER (Tick in relevant box)					
NO	SIGNS/SYMPTOMS	YES	NO	UNCERTAIN	
	Does the patient have the following symptoms?				
1	Fever				
	Temperature if above 38° C	°C/	°F		
2	Severe headache				
3	Abnormal sweating				
4	Rapid breathing (Shortness of breath)				
5	Excessive coughing				
6	Severe vomiting				
7	Diarrhoea				
8	Bleeding				

Other symptoms/Diagnosis (Confirmed or working): _____

NB Temperature to be written down, whether the patient has a fever or not (Compulsory)

I hereby confirm that the above-mentioned information is true and correct:

Name and Surname: _____

Signature: _____ Date: _____