



UKHSA and implications for port health

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UKHSA – United Kingdom Health Security Agency



What UK Health Security Agency does



- UKHSA will ensure the nation can respond quickly and at greater scale to deal with pandemics and future threats.
- UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

(PHE – Public Health England) 1st Octb:

- UKHSA UK Health Security Agency
- OHID Office of Health Improvement & Disparities
- NHSEI NHS England and NHS Improvement
- NHSD NHS Digital
- LA/local NHS/CCGs (ICS) in England
- UKHSA is being created to ensure that the country has a single, empowered organisation with a clear focus on protecting the public's health and ensuring health security for the nation.
- The PM and SofS for health see UKHSA as taking the lead across government and the health & care system for protecting the nation's health, building upon the lessons from our COVID response. Some of these ambitions for UKHSA mark clear evolutions from the current system, especially in certain areas which were highlighted in the PM's brief

1 System leader for health emergency planning / response

- UKHSA to have key role in resilience, emergency planning / response, and ensuring system readiness
- Connected into all tiers: globally, nationally, locally.
- Working in partnership with national & local government, and NHS.

2 Clear role in national security

- Positioning health security as a key component of national security
- Supporting the National Security Strategy
- UKHSA having presence within national security policy fora

3 Global leader in health security

- Supporting creation of stronger global health protection system
- International surveillance and knowledge sharing incl.
 Centre for Pandemic Preparedness
- International partnerships and engagement

4 Driver of world class health science & innovation

- Building upon strong existing scientific capabilities and links to industry and academia
- Being a hub for innovation through partnership with academia and industry
- Driving the UK's competitive advantage in health science, technology and academia

5 UK-wide role: needs more clarity

- UKHSA to provide leadership on health security for whole of UK
- Building on existing collaboration with DAs within existing legislation
- Potential review of mandate and powers

UKHSA role:

Crossgovernment influence

UK-wide role – needs clarity

A greater role in delivery and assurance

Operational excellence in Health Security









- UKHSA
- Public Health Wales
- Public Health Scotland
- Public Health Agency- Northern Island

Roles and responsibilities in England of port health

LAs and Port Health Authorities
(PHAs) have specific duties in the
Public Health (Control of Disease)
Act 1984.

PHAs have responsibility in the Public Health Aircraft/Ships Regulations 1979 and some local authorities have responsibilities for Public Health Ships Regulations and Public Health Aircraft Regulations. Oversight of their work is to the SoS

<u>DfT</u> (SoS for transport) has a duty to prevent danger to public health from arriving conveyances (aircraft) and to prevent the spread of infection by means of any aircraft leaving any aerodrome.
 There is also a duty to ensure health and safety for travellers and to comply with international treaties

DHSC - SoS

Home Office / Border Force has the remit of border security

FCDO

IHR

<u>ICAO</u>

Issue:

1 Lack of clarity on the "health aspects of the regulations" and where responsibilities for implementation lie.

2 It is clear there is a shared set of responsibilities, but the accountabilities and responsibilities need to be explicitly recorded and shared.

UKHSA 'new' Border Health Directorate

- PHE Port Health Team
- Border Health Director new post
- MQS (Managed Quarantine Service) staff (some)
- Others.....

High level strategic discussion are underway.

PHE - Port Health Team

- Small team based at Heathrow Health Control Unit, T-3 arrivals
- Robert Sookoo Head of Port health and Dr Bharat Sibal CCDC and Dr Nicol Black CCDC for x2 days/week plus Dr Vinay Ketkar PPMI x2 days/week and Port health staff.
- Provide 24/7, 365 days service to HPTs and all stakeholders for COVID and non-COVID related issues
- Physical presence of the team only at LHR and rest is provided over phone
- Key Stakeholders:
- Department of Transport (DfT)/CAA
- Department of Health DHSC
- → /Home Office / Border Force
- FCDO
- Airports/Airlines
- Port Health Authorities

- Seaports large and small
- Shipping companies and maritime
- Land and border crossings
- Devolved Administrations
- ICAO/IATA/WHO/ECDC
- M5HRG



Contact details for your region and local centre

The North of England region has 3 centres:

- North East
- North West
- Yorkshire and the Humber

The Midlands and East of England region has 3 centres:

- East Midlands
- East of England
- West Midlands

The South of England region has 2 centres:

- South East
- South West

UKHSA London is an integrated region and centre.



Contacts: UKHSA health protection teams

Health protection teams (HPT) provide specialist public health advice and operational support to NHS, local authorities and other agencies.

From: UK Health Security Agency

Published 21 July 2015

Last updated 20 April 2021 - See all updates

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Related content

Contacts: UKHSA regions and local centres

Notifiable diseases and causative organisms: how to report

UKHSA South West: advice, support and services

UKHSA regions, local centres and emergency contacts

Notifiable diseases: last 52 weeks

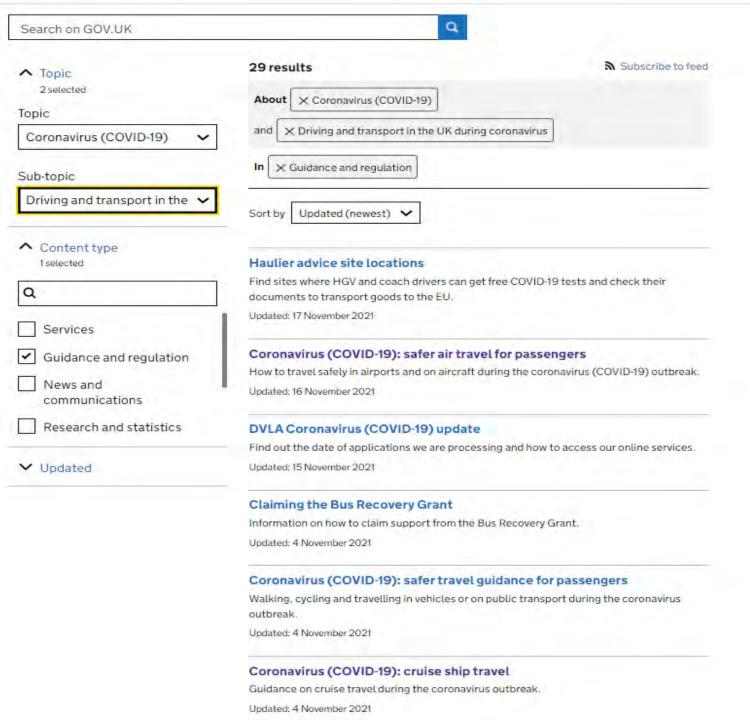
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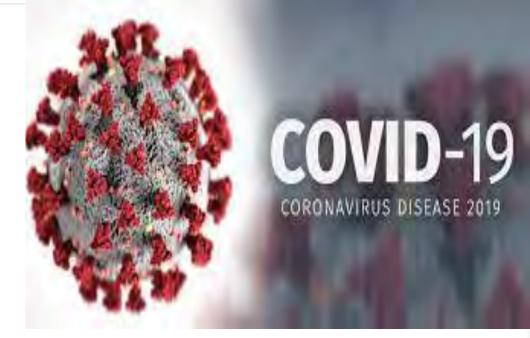
UKHSA regions, local centres and emergency contacts

Brexit

Check what you need to do









Protecting and improving the nation's health

COVID-19 – Interim Frequently Asked Questions (FAQs) v7 for Airports - England

(Based on interpretation of national COVID-19 guidance and questions asked at weekly airport meetings to Port Health team)

Q1. Where do I find the latest information on coronavirus and currently what is the state of the outbreak in the UK and the world?

On 31 December 2019, the World Health Organization (WHO) was informed of a <u>cluster of</u> cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China.

On <u>12 January 2020</u> it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is <u>referred to as SARS-CoV-2</u>, and the associated disease as COVID-19.

As of 19 June 2020 (10:00am CET), over 8.45 million cases have been diagnosed globally with more than 453,000 fatalities. In the 14 days to 19 June, more than 1.85 million cases were reported (European Centre for Disease Prevention and Control, situation update worldwide).

The WHO coronavirus dashboard has country by country information. WHO also publishes a daily international situation report.

The <u>total number of confirmed cases in the UK</u> is published by the Department of Health and Social Care, and is available in a <u>visual dashboard</u>.

All the latest information can be found at https://www.gov.uk/government/publications/wuhan-novel-coronavirus-backgroundinformation

Q2. Will temperature exit screening be introduced at ports?

Resource package (maritime incidents) for HPTs

V12 17 May 2021

The national guidance for Covid-19 has frequently proved problematical to apply in maritime situations. The guidance for shipping and seaports COVID-19 on gov.uk website is administered by PHAGE and is available at: https://www.gov.uk/government/publications/covid-19-shipping-and-sea-ports-guidance-for-shipping-and-sea-ports-on-coronavirus-covid-19

The first line of response for maritime incidents is the HPT, backed up by the national Port Health Team. HPTs should have generic plans discussed and agreed at LRFs with multiple stakeholders to deal with maritime situations. The nature of maritime incidents is such that every situation is different, each of them must be considered on its own merits. Over the course of the last year, in response to queries and problems from across the whole maritime sector, there has grown up a body of principles and policy interpretation to provide some assistance to HPTs (and others). This has been an organic process, not least because Government policy has been evolving and ever-changing.

Initial guidance was produced by the Port Health Team in February 2020, with joint fortnightly question & answer sessions regularly with DfT and maritime industry from March 2020. Some of the early advice has been superseded and is now out-of-date. This resource package re-states the original principles, has an example of a locally produced checklist and edits of the (now discontinued) DfT FAQs. The package will be distributed to all the HPTs and can be accessed from the Health Control Unit at Heathrow Heathrow.hcu@phe.gov.uk.

Original advice (March 2020) for ships which have suspected Covid-19 cases on board was;

- It is generally not possible to self-isolate on ships without the risk of continuing transmission on board, due to the confined accommodation available.
- 2. As such, our advice is to get people off ships if Covid-19 is suspected.
- 3. The same guidance applies as on <u>shore;</u> seriously ill to hospital, mildly ill and contacts to self-isolate ashore.
- 4. For ill crew, queries for sourcing accommodation ashore should be made in the first instance to the Border Force officer at the port or, failing that see question 9.
- 5. For contacts, ask the shore agents for the ship operator to arrange shore-side accommodation for

Pilots and others in close contact are advised to wear face coverings as per current government guidance. Otherwise, there is no change in PPE advice. Ships arriving in UK waters have no right to insist on pilots wearing additional PPE.

Q3 What is a sensible level of PPE for marine Pilots boarding a vessel with a suspected case of COVID-19 on board?

Suspected cases should be isolated in their cabins. Pilots should adopt straightforward precautions such as the use of heavy gloves. Pilots and others in close contact are advised to wear face coverings as per current government guidance. Additional PPE, such as overshoes, is not required and may cause other safety issues (e.g. ascending / descending ladders). The most effective safeguard against inadvertent transmission of virus, such as through changing boots, using handrails etc. is thorough handwashing or the use of sanitising hand gel (minimum 60% alcohol content) and minimising hand to face contact. All efforts should be made to maintain 2m distancing, but it is accepted that might not be possible, e.g. on ship's bridge. In such circumstances common sense should be used e.g. keep symptomatic people or close contacts off the bridge. There is no evidence to confirm that heating, ventilation or air conditioning systems are conduits of COVID-19. As Q4, Ships arriving in UK waters have no right to insist on pilots wearing additional PPE

Q4 Does a ship with suspected or confirmed Covid 19 cases on board need to be quarantined?

<u>A No.</u> The ship should be allowed to dock as usual. This will allow easy access for affected individuals on board to be removed on shore if required and public health staff to board if required. If the ship is unable to leave the port, it can then be moved to a different anchorage if the berth is required for another ship.

Q5 Should a ship with suspected or confirmed Covid 19 cases on board be treated as a household?

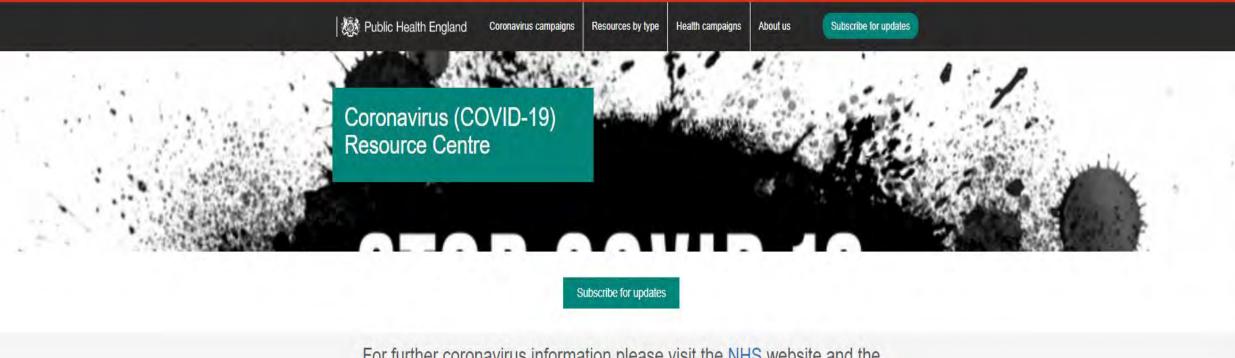
<u>A Not</u> necessarily. Individuals who are confined to their cabins should follow the same guidance as those confined at home. This does not mean that everyone on board automatically <u>has to</u> self-isolate for 10 days. As the living conditions on different ships vary widely, **each case should be considered individually**. In England, the local HPT will advise (similar but separate arrangements apply elsewhere in the UK).

Q6 What should happen to suspected or confirmed cases of Covid 19 on board?

A In port, the same guidance applies as for domestic cases. Seriously ill cases should be transferred to hospital (as an urgency). Access to ambulance transfer can be arranged via 111 (similar but separate arrangements apply elsewhere in the UK). Symptomatic individuals who are not seriously ill should ideally be transferred for care ashore, if this is available and as per local IMTs decision based on risk assessment

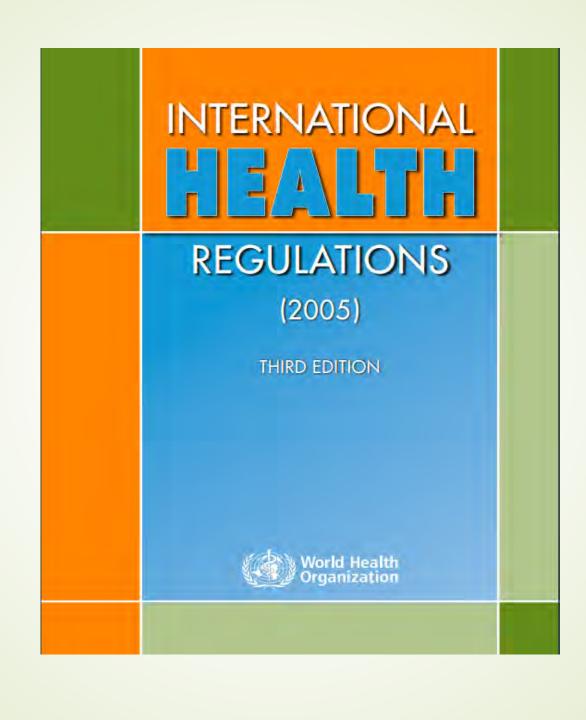
Partnership working is key

- Variants VOCs/VUIs
- MQS red list/hotel quarantine
- PLFs Passenger Locator Forms
- COVID vaccination
- Outbreak management ships/aircraft/hotel
- Deaths on board ships
- Staff Testing PCR/LFD, Daily contact testing etc
- International Contact tracing
- Passenger/Staff mask wearing/social distancing/PPE
- Communications/resources
- Haulier Certificates
- Documents/Policy/FAQs
- Biweekly meetings –aviation and maritime industry/DfT
- Emails/Phone calls



For further coronavirus information please visit the <u>NHS</u> website and the <u>GOV</u> webpage.





UKHSA responsibilities and geographical coverage – IHR NFP

- The IHR NFP is responsible for:
 - Communicating with WHO on events that may have international public health significance.
 - Disseminating information from WHO regarding international events with potential significance to the UK.
 - Communicating with NFPs in other Member States regarding international contact tracing.
- Geographical coverage includes all UK territory:
 - Devolved administrations: Scotland, Wales, Northern Ireland
 - Crown dependencies: Isle of Man, Jersey, Guernsey
 - Overseas territories: Anguilla, Bermuda, British Antarctic Territory, British Indian Ocean Territory, British Virgin Islands, Cayman Islands, Falkland Islands, Gibraltar, Montserrat, Pitcairn Islands, St Helena and Dependencies, South Georgia and South Sandwich Islands, Turks and Caicos Islands.

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Thank you

Any questions?