

**i** N H E M A C O <sup>S.A.</sup>

International Health Management Consultants



## SOUTH AFRICAN GOVERNMENT

## EBOLA VIRUS DISEASE RELATED

## TRAVEL RESTRICTIONS

## Corporate Client Travel Guide

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VERSION 1

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## 1 INTRODUCTION

On 21 August 2014 the South African Cabinet imposed TRAVEL RESTRICTIONS on various categories of travellers originating from a variety of countries affected in some real or perceived way by Ebola Virus Disease.

The declaration made can be found on Page 4

On 22 August 2014 the author attended a meeting called by the Department of Health in Pretoria to explain the Cabinet's actions and discuss the practicalities of the implementation of the restrictions on companies and individuals operating and working in and travelling to and from the affected areas.

The Director General of Health, Ms Malebona Precious Matsoso, Chaired the meeting and the Minister of Health, Dr Aaron Motsoaledi addressed the meeting shortly after Dr Sarah Barber, WHO Representative, provided the group with an overview of the situation in West Africa.

A number of mining companies, representatives from the private health care sector and air ambulance providers were present. Retail and services companies were represented by individuals such as the author.

After the Minister explained that the Cabinet introduced the travel restrictions to be seen to protect the health care workers and citizens of South Africa there was some discussion on the practicalities surrounding the measures being introduced by the Department of Health and the Port Health Authorities.

A number of representatives pointed out challenges they would face and an open discussion followed on how the DOH and PHA would apply the restrictions.

The most pertinent points clarified were the interpretation of:

- + **“A total travel ban for all non-citizens travelling from these high risk countries, unless the travel is considered absolutely essential”**
  - There is in fact NOT a ‘total travel ban’ on this category of traveller and the Minister deliberately did not define **“...absolutely essential (travel)” so that there is room for consideration of individual (Business) Travellers.**
- + A mechanism was put in place whereby a bona fide traveller in this category (Non-SA citizen from one of the affected countries) could submit a Pre-travel Questionnaire (Copy to be found on Page 4 and can be downloaded from [www.inhemaco.com](http://www.inhemaco.com)) to the DoH (With immediate effect the email address of the Director, Communicable Diseases Cluster). The DoH would provide the traveller with advance clearance to travel to South Africa and ensure that the appropriate Port Health Authority is aware of his / her arrival.
  - It should be noted that all such applications should at present be directed to iNHEMACO S.A. for processing with the DoH WELL IN ADVANCE of the intended travel date (At least five working days)
  - We will in turn ensure that the request is processed and that the traveller receives confirmation from the DoH in time prior to his / her intended date of arrival from West Africa.

- + The Minister made it clear that NO South African Health Care Practitioner is in a position to provide an “Ebola Free Certificate of Health” to any traveller and that such action would be viewed as unethical and unscientific.
  - o According to the Minister it is impossible to make such a statement without a blood test; and
  - o An Ebola screening test costs in the region of ZAR21 000-00 which makes it impractical to do for the reason of issuing a visa.
  - o The WHO Representative undertook to address such requests at WHO level with the countries in question - at the time of writing, Zambia and Indonesia.
- + It was noted that the BSL-4 Laboratory at the NICD in Johannesburg is the only such laboratory in Africa capable of testing for EVD and that all testing for SADEC countries is done here. By inference the DoH would always be aware of any suspected or actual cases in the SADEC region.

The DoH will reconvene the group whenever there is an urgent need to do so due to a sudden change in the situation and in any event reschedule a meeting in the second half of September 2014.

The author would like to invite our clients to address any questions related to this document or the practical matters arising from it to [inbound@inhemaco.com](mailto:inbound@inhemaco.com)

Dr Albie de Frey  
Johannesburg  
23 August 2014

## 2 TRAVELLER'S GUIDELINES

### 2.1 OUTBOUND TRAVELLERS:

The following guidelines would apply to all companies and individuals who travel to West Africa (Liberia, Guinea and Sierra Leone [Nigeria]) for medium to long term work assignments:

1. Travelling to any of the affected countries for work is considered to be "Absolutely essential travel" and the Government of South Africa has no intention at this point in time of prohibiting travel to West Africa.
2. The DoH urge South Africans travelling to West Africa for work to take precautions to ensure that they do not get exposed to EVD - core elements of this being:
  - a. Avoid Bush meat
  - b. Avoid health care facilities
  - c. Avoid funerals
  - d. Practice meticulous (hand) hygiene.
3. Our advice concurs with that of the DoH but we would add:
  - a. Avoid getting sick and in particular ill with a febrile illness, by ensuring that:
    - i. *Malaria is avoided by avoiding mosquito bites and taking appropriate malaria prophylaxis religiously*
    - ii. *Ensuring all childhood and 'travel' / adult vaccines are up to date.*
4. Report any illness immediately to INHEMACO S.A. *before* seeking local medical care in any of the affected countries.
5. Ensure that you have adequate travel health insurance in place and understand exactly what they will and will NOT cover should you fall ill / injured. Be realistic about what you can expect in reality...


### 2.2 INBOUND TRAVELLERS

The following rules effectively apply to all our inbound corporate travellers originating from West Africa:

1. Complete an Inbound Traveller Questionnaire *at least five working days* prior to your intended return to South Africa.
  - a. Department of Health form - see Page 4. Note that the form is from the DoH of South Africa but that we have made it a fillable PDF for ease of completion.
  - b. The form can be downloaded from our website at [www.inhemaco.com](http://www.inhemaco.com)
  - c. If you cannot download it from the website you may request one from [inbound@nhemaco.com](mailto:inbound@nhemaco.com)
  - d. Please make sure to ENTER YOUR DATE OF ARRIVAL next to the flight number.
2. Submit the Travel Questionnaire to us on [inbound@nhemaco.com](mailto:inbound@nhemaco.com)
  - a. If you can sign the form electronically – the "submit" button will work, alternatively fill out, print and scan the document.
3. We will forward it to the appropriate clearance centre at the DoH - for now a single address and temporary... Once the DoH have sorted themselves out it should be possible to submit the application for travel directly to them. Until such time we will facilitate this for all our corporate clients.
4. We will forward confirmation of your clearance to you as soon as we receive it:
  - a. Print a copy of the form you sent
  - b. Print a copy of the confirmation you received from us
  - c. Bring both along to present at your port of entry, should it be asked for.

5. Don't look sick when you arrive... (Tell The Boss you have to fly Business Class...)

### 3 EXAMPLE OF DOH TRAVELLER HEALTH QUESTIONNAIRE

TRAVELLER HEALTH QUESTIONNAIRE			
 <b>health</b> Department: Health REPUBLIC OF SOUTH AFRICA			<input type="button" value="Submit"/>
<b>Traveler details</b>			
Name and surname*			
Country or place of origin*			
Passport number			
Flight/Vessel number/name*			
Seat number*			
Countries visited in the last month*			
Reasons for visiting			
Duration of stay			
Cell in South Africa:	Tel in South Africa*:	e-mail:	
Address of place to be visited in South Africa*			
<b>Health assessment*</b>			
Are you suffering from any of the following symptoms? (please tick)			
<input type="checkbox"/> Fever	<input type="checkbox"/> Nausea and lack of loss of appetite for food		
<input type="checkbox"/> Severe headache	<input type="checkbox"/> Oral/throat lesions		
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Persistent diarrhoea and vomiting		
<input type="checkbox"/> Chest and/or abdominal pain	<input type="checkbox"/> Dehydration		
<input type="checkbox"/> Body/ muscles/abdominal pain	<input type="checkbox"/> Dry cough		
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Bleeding		
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Bruising		
<input type="checkbox"/> General feeling of discomfort, illness, or unease whose exact cause is difficult to identify			
<p>The traveller hereby certifies that the information he/she has provided is true and that he/she subjects himself/herself to further assessment at a designated health facility (if he/she has any of the signs and symptoms listed above) OR subjects himself/herself to be monitored, either telephonically or physically at the place of destination in South Africa (if he/she does not have any of the signs and symptoms listed below), for development of ebola symptoms (for a maximum of 21 days); and that he/she will notify health authorities if he/she develops any symptom of Ebola in the 21-day period following his/her suspected ebola exposure date.</p>			
Signature of traveller:		Date: <input type="text"/>	
<b>FOR OFFICE USE ONLY</b>			
<b>Port Health Official details</b>			
Name:	Province:	Port of entry:	
Tel:	Cell:	E-mail	
<b>Health facility details if traveller referred:</b>			
Name of Health Facility			
Examining clinician			
Tel no. of Facility			
GENERAL COMMENTS:			

Form Sample

## 4 CABINET DECISION ON EBOLA

21 Aug 2014

The Cabinet met on 20 August 2014 and was presented with an update on the Ebola outbreak in Guinea, Sierra Leone, Liberia and Nigeria by the Minister of Health, Dr Aaron Motsoaledi.

Cabinet noted with concern the extent of the outbreak and the increase of cases in three of these countries, i.e. Guinea, Sierra Leone and Liberia, over the last week. Cabinet recognised that even though the outbreak has been limited to these countries in West Africa, the spread to other countries need to be contained. Cabinet recognized that containing the outbreak at source will be essential and limit the spread and mortality caused by the disease to these particular parts of the world.

Cabinet noted that the Department of Health has taken measures<sup>i</sup> in South Africa to enhance surveillance, distribute guidelines to all hospitals in public and private sectors, designate health facilities for the treatment of patients<sup>ii</sup>, deployed personal protective equipment (PPE) to designated facilities, conducted training, activated outbreak response teams and is operating a hotline for clinicians through the [National Institute for Communicable Diseases \(NICD\)](#).<sup>iii</sup> Countries have been divided into three categories, viz

1. High risk countries (Guinea, Liberia and Sierra Leone);
2. Medium risk countries (Nigeria, Kenya and Ethiopia). Please note that some of these countries like Kenya and Ethiopia have no Ebola yet, but are mentioned here because most people travelling from West Africa to South Africa travel via these countries;
3. Low risk countries (all other countries excluding the above)

For the first category countries, that is the high risk countries, there are four types of travelers likely to enter South Africa i.e.

(a) South Africans based in the affected countries; (b) People with permanent residence status who may come from affected countries; (c) South Africans who may be traveling to affected countries to conduct business; and (d) Citizens of the affected countries who want to travel to South Africa<sup>iv</sup>

For all these travellers, Cabinet decided as follows:

- + A total travel ban for all non-citizens<sup>v</sup> travelling from these high risk countries, unless the travel is considered absolutely essential<sup>vi</sup>;
- + For citizens of South Africa who wish to travel to these countries, they will be requested to delay their travel unless it is also absolutely essential<sup>vii</sup> for them to travel;
- + For South African citizens<sup>viii</sup> returning from these countries, they will have to be subjected to a stricter screening process that is as follows:
  - o Completing a comprehensive health questionnaire before being allowed entry back into the country;
  - o If the comprehensive medical questionnaire and the temperature screening reveal something, they will have to subject themselves to a complete medical examination

For medium and low risk countries, the normal surveillance that has been going on will just be enhanced.

There is a special category of individuals who are South Africans but work there in the mines, communications, security and retail. For these groups, we have called a special meeting tomorrow (22 August 2014), which will deal with their unique situation.<sup>ix</sup>

Cabinet also accepted the Southern African Development Community's (SADC) decision that South Africa be a centre of excellence for training, laboratory diagnosis and clinical expertise.

Cabinet also established an Inter-Ministerial Committee (IMC) to deal with the coordination of the response. This IMC will consist of the following Departments:

- + Department of Health (Convenor);
- + Department of Agriculture, Fisheries and Forestry;
- + National Treasury;
- + Departments of Defence and Military Veterans (South African Military Health Service);
- + Department of International Relations and Cooperation;
- + Department of Transport;
- + Department of Home Affairs;
- + Department of State Security;
- + Department of Tourism
- + Department of Basic Education; and
- + Department of Sports and Recreation

#### 4.1 FUNDING

Cabinet further approved funding requested by the Department of Health to the tune of ZAR32.5 million, from the African Renaissance Fund to support containment and prevent further spread of the virus to South Africa and other countries.

Part of the funds will be used to deploy the mobile laboratory in Sierra Leone, fund transport and accommodation for the team and training for health care workers.

Cabinet remains committed to ensuring the health and wellbeing of all our citizens and requests the public to adhere to limited travel restrictions announced in this briefing. A travel advisory has also been prepared and copies are available and will be distributed to the media and relevant parties.

SOURCE: [www.gov.za/speeches/view.php?sid=47818](http://www.gov.za/speeches/view.php?sid=47818)



## 5 NOTES TO THE CABINET DECISION ON EBOLA

- i The author can testify to the fact that the DoH is indeed very pro-active in this respect.
- ii We are aware of the designated facilities should any of our clients or employees require referral.
- iii We have direct lines of communication with the NICD.
- iv An additional category noted in the meeting on 22 August 2014 is that of non-citizens of the affected countries who work there (“Expats”) but may want to conduct business in South Africa.
- v This point was raised and qualified in the meeting - non-citizens on bona fide business to South Africa would be allowed to come to South Africa based on a pre-screening process whereby they complete a pre-travel questionnaire (See Page 4) and receive clearance to travel from the DoH. (Interestingly it does NOT state that “citizens of the affected countries face a “total travel ban” ...?
- vi “Absolutely essential” was deliberately poorly defined by Cabinet to allow for ad hoc interpretation - bona fide business travellers would be allowed to travel from affected countries to South Africa provided they are not ill, subject to “... enhanced medical screening” on arrival at a South African Port of Entry.
- vii Contractual commitments in any of the affected countries is considered to be “absolutely essential”...
- viii This will effectively apply to ALL travellers arriving in South Africa from affected countries.
- ix This is the meeting attended by the author

