THOMAS MILLER
CLAIMS MANAGEMENT

Thomas Miller Claims Management Ltd
Prestwick Park
Newcastle upon Tyne
NE20 9SJ
T +44 (0)1661 822904
F +44 (0)1661 825620
www.thomasmillerclaims.com

Ebola Viral Haemorrhagic Fever – Movement of affected and non-affected crew

Initial response

Where Ebola infection is found to be present on board a vessel or even suspected, the handling and control of the response will be largely removed from shipowners and underwriters.

Once a crewmember exhibits the symptoms of Ebola, he must be treated locally in a clinic operated by a competent NGO such as Medecins Sans Frontiers (MSF) or government/intergovernmental agency.

Those who have been in close proximity to the infected crewmember may be subject to isolation and quarantine upon the orders of the local authorities, and a quarantine of an entire crew, regardless of proximity, cannot be ruled out.

A vessel whose crew have been affected by the disease may be ordered to a remote quarantine anchorage for a considerable period of time, as well as being subject to sanitary inspections and fumigations of accommodation, public and cargo spaces.

Where the patient becomes symptomatic outside the West Africa region, where the outbreak and the international response are focussed, there may be few suitable facilities available and cooperation with the competent authorities will be crucial.

Following a slow start, the domestic response and international assistance in the affected West African countries have improved, in terms both of the capacity to isolate and treat symptomatic patients and of the tracking and monitoring of people thought to be at risk of having contracted Ebola.

Movement of symptomatic patients

It is best to assume that no private sector providers or government/military agencies will transport any patient exhibiting the specific symptoms of Ebola, characterised by vomiting, diarrhoea and haemorrhaging amounting to several gallons of fluid per day.

These cases will usually remain isolated in shore-side hospitals until they can be stabilised and recovery is well underway.

Patients in the “dry symptomatic” phase, where fever has begun but there are not yet any “wet” symptoms, can in theory be transported in aircraft which have complete isolation facilities; however there are very few aircraft with this capacity and it is unlikely that they will be able to transfer the patient before the “wet” phase begins

(typically 12-24 hours after the onset of “dry” symptoms), or that they will be willing to try.

A very small number of military transport aircraft have been fitted with complete isolation and intensive care units in which severely symptomatic patients can be transported and treated; however, these will be reserved for government and military personnel or for their fellow nationals working in NGOs in the affected region.

Fluid samples from crewmembers who are concerned about possible infection would be tested on-site in the first available country. Testing is fast and fairly simple. Ebola is different to novel coronaviruses such as SARS or MERS, where samples were sent to specialised centres for secondary testing and verification.

Evacuation and repatriation of non-symptomatic crewmembers

A crewmember who has not displayed any symptoms of Ebola but who has been involved in a recognisable “hazard event”- such as accidentally coming into contact with the fluids of an infected person- has 48 hours from the time of that event to be moved out of the area, and should travel in an air ambulance in case they become symptomatic in-flight.

It is not guaranteed, however, that an air ambulance carrying them will be allowed overflight or refuelling clearance in third countries, meaning that only larger (and more expensive) aircraft with sufficient range to fly over-ocean routes may be able to make the transfer.

Crewmembers who have not had any recognisable hazard event and who have not displayed any symptoms remain at very low risk of contracting the virus. During routine repatriation they will be screened at airports by the airlines still operating into the region but otherwise can travel relatively easily and should not be unduly concerned.

Whether or not home-country governments take a more drastic approach to those arriving home from Ebola-affected regions, especially those who have had a hazard event, remains to be seen. The US government has tightened up measures considerably after the poor handling of the cases in Dallas, Texas. Others may do the same.

Repatriation of crewmembers suffering injury or non-Ebola illness

We are advised that crewmembers hospitalised for unrelated illnesses, or for injury, should seek written confirmation that they are not thought to be carrying Ebola. This should come from a clinic operated by a credible NGO such as MSF or a competent UN or governmental clinic. This will assist with airline clearance and repatriation when the time comes.

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It should be noted, however, that non-Ebola cases which require an air ambulance- such as severe heart attacks or serious injuries- may still face problems of overflight clearance from nervous third countries.

Further information

The best protection is to ensure that crewmembers take every possible precaution and minimise access to the vessel in affected ports, having only the minimum necessary contact with shore personnel and taking great care to avoid exposure risk situations while ashore.

TMCM continues to monitor this rapidly developing situation, and we are receiving regular updates from our air ambulance and government partners. Our own dedicated medical team will be happy to assist with any queries on the practicalities and implications of the Ebola outbreak, both within and beyond the affected region.

For further information, please contact:

Stephen Hunt, Operations Director

Tel: +44 (0)1661 822 904

Email: tmcm@thomasmiller.com