

SHIP SANITATION CERTIFICATES

**A consultation on how to provide in England
for the ship sanitation certificates required by
the International Health Regulations 2005**

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SUMMARY

1.1 On 15 June 2007, the World Health Organization's International Health Regulations (IHR) 2005 will come into force, replacing the IHR 1969. One of the consequences of this is that ship sanitation certificates will replace deratting certificates as internationally recognised documents.

1.2 Accordingly, this consultation paper sets out, and invites comments on, the UK Government's proposals for implementing the provisions of the IHR 2005 on ship sanitation certificates in England.

1.3 It is worth emphasising that **“no change” is not an option**. Other states will be implementing the IHR 2005 with their provision for ship sanitation certificates and in time are likely to cease to recognise the deratting certificates for which the IHR 1969 provide. No one benefits if ports in England cannot issue internationally recognised documents: ports might lose business and ships with deratting certificates issued in England might have to undergo unnecessary inspections at ports elsewhere. However, **the changes involved** are not radical or fundamental. They **concern operational details, rather than issues of principle**.

1.4 This consultation is being conducted in accordance with the criteria set out in the *Code of Practice on Consultation* issued by the Cabinet Office Better Regulation Executive in January 2004 (see Annex A for more information about the consultation process). The consultation document is being sent to shipping interests, to local authorities in England with responsibilities for ports, and to other bodies that are thought likely to be interested in the proposals. (Annex B provides more information about those to whom this consultation document is being sent). However, comments are also welcome from any other interested parties.

1.5 Comments on the proposals in this consultation paper should be sent to the Department of Health by Friday 23 March 2007. It will help analysis of responses if respondents use the form at Annex F when providing their views; that annex also gives the address to which to send comments. If you have any queries about the consultation process, please contact Ben Cole on 020 7972 4358.

1.6 This consultation is concerned with proposals for England. Arrangements in Scotland, Wales and Northern Ireland are the responsibility of, respectively, the Scottish Executive, the Welsh Assembly Government, and the Department of Health, Social Services and Public Safety in Northern Ireland. We understand, however, that all three bodies intend to replace deratting certificates with ship sanitation certificates:

- in Wales the Welsh Assembly Government intend to issue a consultation document that will be broadly similar to the consultation undertaken in England and will, as far as possible, be subject to the same timetable;
- the Department of Health, Social Services and Public Safety in Northern Ireland and the Scottish Executive are considering the timing for the introduction of ship sanitation certificates.

GENERAL BACKGROUND ON THE INTERNATIONAL HEALTH REGULATIONS

The World Health Organization

2.1 The World Health Organization (WHO) is the United Nations' specialized agency for health. WHO's objective, as set out in its constitution, is the attainment by all peoples of the highest possible level of health. The supreme decision-making body of WHO is the World Health Assembly, which is attended by delegations from all WHO's 193 member states.

The International Health Regulations

2.2 The International Health Regulations (IHR) are the means by which WHO aims to prevent, protect against, control, and provide a public health response to, the international spread of disease in ways that are commensurate with and restricted to the public health risks, and which avoid unnecessary interference with international traffic and trade. They form an international legal instrument that is binding on all states that are members of WHO.

2.3 The IHR that are currently in force were adopted in 1969 (with some later amendments). The IHR 1969 are concerned chiefly with three infectious diseases (cholera, plague and yellow fever) and have long been recognised as ineffective in dealing with a wider range of public health risks (such as Severe Acute Respiratory Syndrome (SARS), or threats from contamination rather than infectious disease).

2.4 Accordingly, the World Health Assembly adopted new IHR in May 2005. The IHR 2005, unlike the IHR 1969, are not concerned primarily with plague, cholera and yellow fever. They are concerned with disease in a more general sense, which includes not just infection but also contamination. The IHR 2005 are due to come into effect generally on 15 June 2007, although states that are bound by them have an extra year if necessary to adjust their domestic legislative and administrative arrangements to take account of them.

The UK Government's position on the IHR

2.5 The UK is a member of WHO and currently bound by the IHR 1969. Consequently, it will be bound by the IHR 2005 from 15 June 2007 (the date when the IHR 2005 generally come into force).

2.6 The UK Government, like the World Health Assembly, takes the view that the IHR 2005 provide a better basis than the IHR 1969 for responding to public health risks. Accordingly, it wants to see the IHR 2005 widely adopted, in the interests both of the UK and more generally.

2.7 The UK as a whole will benefit if an effective response is provided to public health threats both within the UK and globally. Additionally, travellers from the UK, and businesses operating from the UK, will benefit if, as a result of implementation of the IHR 2005, they and their conveyances and goods are not required to produce unnecessary documents or to undergo unnecessary procedures as a condition of entry to other countries.

2.8. The UK Government has already taken a number of steps to implement the IHR 2005, and is currently considering how to give effect to other aspects of the IHR 2005. This consultation paper is concerned with one specific aspect of the change from the IHR 1969 to the IHR 2005. Detailed background on this is provided in the next chapter.

BACKGROUND TO THE PROPOSALS IN THIS CONSULTATION

3.1 This consultation paper is concerned with one specific issue: how to implement in England the provisions in the IHR 2005 on ship sanitation certificates in place of the provisions in the IHR 1969 on deratting certificates.

The IHR 1969 and deratting certificates

3.2 As explained in paragraph 2.3, one of the three diseases with which the IHR 1969 are primarily concerned is plague. Plague can be spread by fleas carried on rats. Accordingly, the IHR 1969 provide for ships engaged in international journeys to be issued with:

- Deratting Exemption Certificates (where the public health authorities have inspected a ship and found no evidence of rat infestation); or with
- Deratting Certificates (where the public health authorities are satisfied that a procedure to ensure the ship is free of rats has been effectively carried out).

The IHR 2005 and ship sanitation certificates

3.3 As explained in paragraph 2.4, the IHR 2005 are concerned with disease in a wider sense that encompasses both infection and contamination. Potentially, a number of infectious diseases or kinds of contamination could be spread by ships. Accordingly, the IHR 2005 provide for ships engaged in international journeys to be issued with:

- Ship Sanitation Control Exemption Certificates (where the public health authorities have inspected a ship and found no evidence of infection or contamination, or of vectors or reservoirs of infection and contamination or of microbiological, chemical and other risks to human health, or signs of inadequate sanitary measures); or with
- Ship Sanitation Control Certificates (where the public health authorities are satisfied that procedures necessary to rid the ship of infection, contamination and/or their vectors/reservoirs have been effectively carried out).

The purpose of the certificates

3.4 The aim of deratting certificates and ship sanitation certificates¹ is to help public health authorities and those operating ships, by:

- providing internationally recognised evidence that at a certain point a ship was free of rats (in the case of deratting certificates) or of infection and contamination more generally (in the case of ship sanitation certificates); and thereby

¹ In this consultation paper, the term “deratting certificates” (with lower case initial letters) is used to cover both “Deratting Certificates” and “Deratting Exemption Certificates” (with upper case initial letters). Similarly, the term “ship sanitation certificates” is used to cover both “Ship Sanitation Control Certificates” and “Ship Sanitation Control Exemption Certificates”.

- reducing the need for further inspections of the ship during the period for which the certificate is valid.

3.5 It is worth emphasising that a certificate records the situation on a ship at a particular time; it does not, and cannot, guarantee that the situation will not change during the period for which the certificate is valid. This might suggest that we should try to design a different arrangement, with a view to guaranteeing that conditions on board a ship will pose no public health risk. However:

- it is difficult to see how a continuing guarantee of healthy conditions on board could be achieved without, for example, providing for more frequent routine inspections. These seem likely to be costly and burdensome for all concerned, and probably disproportionate to the public health benefit that might be achieved;
- although certificates are not guarantees, they have nevertheless over the years proved a useful tool, both for ensuring that ships are regularly checked for health risks and for helping public health authorities to focus their attention on ships that may be most likely to pose a risk (that is, those without valid certificates). Since certificates are not guarantees, it is important, of course, that public health authorities remain alert for any evidence of public health risk on ships even with valid certificates;
- more generally, the International Health Regulations are the best tool available to us for preventing the spread of disease internationally in a proportionate way. In the medium to long term, it is possible that the IHR may be amended, as they have been in the past, as and when better ways are identified of protecting public health while minimising disruption to international traffic and trade. In the immediate future, however, the UK, as a party to the IHR, is bound to accept the certificates for which the IHR provide, and is generally prevented from requiring documents for which the IHR do not provide.

Comparison of 1969 and 2005 provisions

3.6 Annex C compares the provisions in the IHR 1969 on deratting certificates with those in the IHR 2005 on ship sanitation certificates. The next chapter invites comments on proposals for giving effect in England to the ship sanitation certificate provisions of the IHR 2005.

PROPOSALS FOR IMPLEMENTING IN ENGLAND THE IHR 2005 PROVISIONS ON SHIP SANITATION CERTIFICATES

4.1 This chapter sets out proposals for implementing in England the provisions on ship sanitation certificates in the IHR 2005. Where the proposals relate directly to provisions in the IHR, reference is made to the discussion of those provisions in Annex C. Some proposals deal with matters that are not specifically dealt with in the IHR (for example, transitional arrangements, enforcement, and sanctions) but which need to be taken into account in planning for effective implementation of the IHR provisions.

Proposal 1: Form of the certificate

4.2 The form that ship sanitation certificates must take is prescribed by Annex 3 of the IHR 2005 (see paragraph C.2). In order to give effect to this in England, *we propose to amend the Public Health (Ships) Regulations 1979 to provide that ship sanitation certificates must have the form prescribed in the IHR 2005.*

4.3 The text of the IHR cannot be amended except by the World Health Assembly, and the operators of any ships issued with certificates in a format other than that prescribed by the IHR may find that the validity of those certificates is questioned. Consequently, in the short term, there is no alternative to using the format prescribed by the IHR. However, *if respondents to this consultation have strong views on the form of the certificate, we would be interested to know what these are*, so that they can be taken into account in any discussions of possible future amendments to the IHR.

Proposal 2: Supply of certificates

4.4 In the past, the Department of Health has supplied the bodies authorised to issue certificates with printed forms, numbered in sequence and ready for completion. The aim in doing this has been to ensure that all certificates issued in England meet the IHR requirements, and to provide a degree of security against forgery. (For example, printed forms have been issued only to bodies authorised to issue certificates).

4.5 However, developments in information technology since 1979 mean that it is not always convenient to complete paper forms by hand or typewriter. Additionally, Government policy now is that the Department of Health should not carry out functions that can be better discharged elsewhere. *We would therefore welcome views on:*

- a) whether there should continue to be a central supply point for forms for certificates issued in England; and if so*
- b) where this supply point should be; and*
- c) what form this supply should take.*

4.6 One possibility might be for a local authority body, such the Local Authorities Coordinators of Regulatory Services (LACORS), or the Association of Port Health Authorities, to make the form available to its members electronically, perhaps in a password-protected part of its website. We understand that this approach has worked well in relation to the “Ship Sanitation & Food Safety Report” that many authorities

in the UK now use as a way of recording inspections relevant, not only to the IHR and the Public Health (Ships) Regulations 1979, but also to the Environmental Protection Act 1990, the Food Safety Act 1990, the Food Safety (Ships and Aircraft) (England & Scotland) Order 2003, the Food Hygiene (England) Regulations 2006, and EC Council Regulations Numbers 852/2004, 853/2004, 854/2004 and 882/2004.

Proposal 3: Period of validity

4.7 The IHR 2005 provide that certificates are valid for a maximum of six months (see paragraph C.3). In principle, this means that it would be possible for the regulations made for England to provide that:

- a) all certificates issued in England should have a six month period of validity; or
- b) all certificates issued in England should have a period of validity of less than six months; or
- c) certificates issued in England might have different periods of validity, with periods of less than six months set where the circumstances on the ship concerned justified it.

4.8 We do not see any attractions in option b), which would generally make England a less attractive place for ships to obtain certificates. *Our inclination is towards option a).* Relevant to this is the point made at paragraph 3.5, that, whatever its period of validity, a certificate is not a continuing *guarantee* of conditions on a ship: even if a ship has a valid certificate, the public health authorities need to remain alert to evidence of public health risk. *However, we would be interested to hear of any arguments for adopting option c):* for example, are there circumstances in which it would be proportionate to the public health risk involved to issue a certificate with a validity of less than six months?

Proposal 4: Who should issue certificates?

4.9 The IHR 2005 envisage that certificates will be issued only by bodies (“competent authorities”) authorised for the purpose by (or on behalf of) the state concerned (see paragraph C.4). *We propose that authorised local authorities (including port health authorities) should be able to issue ship sanitation certificates.* This builds on current arrangements, whereby local authorities (including port health authorities) issue deratting certificates and also have a wider expertise in environmental health matters. In addition, the expectation is that the Ministry of Defence will, as now, authorise some of the ports for which it is responsible to issue certificates.² *We would welcome views on whether there is a case for being able to authorise any other kind of body too.* Because of the way the primary legislation is currently framed, it might not be possible in the short term to authorise bodies other than local authorities to issue certificates, but we would nevertheless be interested in the arguments for authorising a wider range of bodies in the longer term. Are there

² It is not currently possible to provide for these Ministry of Defence authorisations under the Public Health (Control of Disease) Act 1984. Ministry of Defence authorisations will therefore be issued on an administrative basis, rather than on a legislative basis, at least for the immediate future. The Ministry of Defence is committed, however, to ensuring that the ports it authorises meet the same standards and requirements as ports for which local authorities are responsible.

any other kinds of port (apart from Ministry of Defence ports) that it might be desirable to authorise?

Proposal 5: What standards should be met by bodies authorised to issue certificates?

4.10 The IHR 2005 do not specify what standards should be met before authorisation is granted to issue certificates (see paragraph C.5), although the concept of “authorisation” implies some form of quality control. In principle, it could be desirable to take into account the certification guidelines for ports that are to be developed by WHO, but the timetable on which WHO will publish these guidelines and begin its certification activities is not yet settled: we understand from WHO that the aim is that all the guidance materials relevant to points of entry will be available by June 2007, although possibly only in draft form. At least as an interim measure, it seems sensible to link authorisation to something which provides assurance that there will be proper arrangements both for inspecting a ship and for applying any control measures that are found to be necessary.

4.11 The approach taken in the existing Public Health (Ships) Regulations is to require inspection etc to be carried out by a person authorised by the body concerned. However, this does not in itself guarantee that the body will authorise a person with appropriate expertise. *We therefore envisage that a body authorised to issue certificates will ensure that the task of inspecting the ship with a view to issuing a certificate is carried out by an environmental health officer; if it is authorised to issue Ship Sanitation Control Certificates, it would also need to ensure that the necessary control measures are applied by or under the supervision of an environmental health officer.* This proposal assumes that an environmental health officer should be responsible for the inspection and for oversight of the control measures. We have considered whether it would be appropriate to allow these tasks instead to be carried out by or under the supervision of a technical officer, but although technical officers may be highly qualified in particular areas, such as food safety, their expertise is not as broad as that of environmental health officers. Given the different aspects of conditions on ships relevant to the issue of ship sanitation certificates, it seems appropriate to ensure the involvement of a person with a suitably broad expertise.

Proposal 6: Who should be authorised to extend the validity of certificates and what standards should they meet?

4.12 The IHR 2005 envisage that the validity of a certificate may be extended by one month by a body authorised by (or on behalf of) the state “if the inspection or control measures required cannot be accomplished at the port” (see paragraph C.6). They do not specify what standards should be met for a body to be authorised to extend the validity of certificates.

4.13 On the face of it, it seems odd to allow the validity of a certificate to be extended when it is not possible to establish whether the conditions that had to be satisfied in order for the certificate to be issued still apply. However, as noted in paragraph 3.5, even a valid certificate is not a continuing guarantee of conditions on a ship: even where a ship has a valid certificate, the public health authorities need to remain alert to evidence of a public health risk on board. The IHR 1969 have long provided for the extension of the validity of certificates. We understand the reason for this to be that it is not always convenient or feasible (for example, because of bad

weather or engine failure) for a ship to be at a port able to issue a new certificate when its old certificate expires. The ability to extend the validity of the old certificate, for one month only, is a pragmatic way of balancing the operational needs of the ship's operator against the public health case for minimising the risk of the ship's spreading infection or contamination. Moreover, since the IHR provide for authorities to extend the validity of certificates by a month, authorities in England will need to accept as valid certificates that have been so extended in other countries (unless there is other evidence of public health risk).

4.14 Against this background, if we were to decide not to allow validity to be extended at English ports, this might make ports in England less attractive to ships' operators, who might decide to take their custom elsewhere. *We therefore propose to authorise bodies in England to extend the validity of certificates; and we also propose that the bodies so authorised should come from the class of bodies authorised to issue certificates* (see paragraph 4.9 above).

4.15 *We also envisage that a body authorised to extend the validity of certificates should ensure that inspection of the ship will be carried out by an environmental health officer, as in paragraph 4.11 above.* The IHR 2005 allow the validity of a certificate to be extended even if an inspection "cannot be completed at the port", but *we would welcome views on whether it is necessary to make provision for this in the circumstances that apply in England.* It is difficult to see how extending the validity of the certificate without inspecting the ship protects public health. Are there times when a ship with a certificate at or near the end of its validity needs to leave a port before an environmental health officer can inspect the ship? If so, is the sensible course to extend the validity of the certificate? Might a more appropriate alternative be to take the action considered below under Proposal 9? (ie if the authority is not able to issue a new certificate, to allow the ship to depart but to inform the competent authority for the next known point of entry and to note on the certificate such information as it has about any evidence of risk found and control measures required?).

Proposal 7: Providing information to WHO

4.16 The IHR 2005 require that WHO be kept informed of ports for which there are bodies approved to issue, or extend the validity of, certificates (paragraph C.7). In England, *we propose to achieve this by requiring:*

- *bodies to provide their details to the Health Protection Agency, as a condition of their being authorised to issue (or extend the validity of) certificates; and*
- *the Health Protection Agency, on behalf of the UK Government, to keep WHO informed of authorised bodies.*

The Health Protection Agency is the main source of advice and support on health protection matters in England. It has also been designated the National IHR Focal Point for the UK. In either capacity, it may need to communicate rapidly with authorised bodies in England, so there are synergies between this activity and others with which the Agency is already involved.

Proposal 8: Provision of information by WHO

4.17 The IHR 2005 require WHO to publish the information it receives about authorised ports (see paragraph C.8). WHO last published a comprehensive list of authorised ports in 1998. (It has published subsequent changes to the list in its Weekly Epidemiological Review as and when it is informed of them). We are aware that this can make it difficult for local authorities to establish quickly whether a certificate produced by an arriving ship was issued by an authorised port. We understand that WHO are working to ensure that in future information about ports authorised under the IHR 2005 will be readily available on the WHO website. *We propose to continue to encourage WHO to pursue this.* If there are points that public health bodies and ship operators would like us to take into account in doing so, we would be interested to know of these.

Proposal 9: Action if a valid certificate is not produced/if there is evidence of a public health risk

4.18 Where a ship's operator does not produce a valid certificate, or if evidence of a public health risk is found on board a ship, the IHR 2005 allow the competent authority to pursue one of two courses of action (see paragraph C.9 and the Articles referred to there for full details). Broadly similar provisions in the IHR 1969 are reflected in regulation 18 of the Public Health (Ships) Regulations 1979, and *we propose to amend this so that:*

- if the competent authority is authorised to issue Ship Sanitation Control Certificates, it may apply necessary control measures to the ship or cause them to be applied, and when satisfied that the control measures have been satisfactorily completed it must then issue a Ship Sanitation Control Certificate;

- if the competent authority is not authorised to issue Ship Sanitation Control Certificates, it may allow the ship to depart, in which case it must inform the competent authority for next known point of entry, and note in the certificate³ the evidence of risk found and the control measures required.

4.19 Article 27.1 of the IHR 2005 provides that if the body applies additional health measures, including isolation of the ship, the National IHR Focal Point must be notified of this. *We propose to reflect this in the regulations,* in order to meet the requirement created by the IHR. We understand from WHO that the thinking behind this requirement is that it would be necessary to take additional health measures only in exceptional cases; those cases would need to be reported to national level, so that consideration can be given to reporting them to WHO.

Proposal 10: Charges for issuing certificates and applying control measures

4.20 The IHR 2005 allow charges to be made for applying health measures to ships, provided certain criteria are satisfied (see paragraph C.10). *We envisage that a body authorised to issue certificates should be able to recover from a ship's operator the costs (but no more than those costs) that it incurs in:*

³ Article 27.2(b) of the IHR 2005 says that "the evidence found and the control measures required shall be in noted in the Ship Sanitation Control Certificate." However, it would not be possible to do this, if a ship arrives without a certificate and the authority is not able to issue one; the regulations we propose to make will need to take account of this.

- *inspecting the ship;*
- *applying, or supervising the application of, control measures necessary before the issue of a Ship Sanitation Control Certificate;⁴ and*
- *issuing (or extending the validity of) the certificate.*

The underlying principle here is the same as that which currently applies: that is, the costs of maintaining ships in a hygienic condition should fall on ships' operators, not on public bodies (and ultimately on taxpayers) in England.

4.21 The way in which we would achieve this aim would differ in detail from current arrangements. Currently, the charges that authorities make for inspections related to the issue of certificates are set by the Secretary of State, with different charges for ships of different tonnage, while the costs an authority incurs in applying other health measures to the ship are recovered from the ship's operator (unless he arranges himself for the control measure to be applied). However, the arrangements for setting inspection charges centrally seem unsatisfactory for a number of reasons. For example:

- the charges set centrally have for a number of years been uprated annually in line with changes in the Retail Prices Index (RPI). It is not clear that RPI changes bear a close relationship to the changes in the actual costs to local authorities. (For example, the cost of carrying out inspections is likely to be determined chiefly by staff costs);
- nor is it clear that setting different charges for ships of different tonnage takes full account of the relevant variables. For example, an oil tanker fully loaded with oil is generally a hostile environment for vectors of infection. It is also likely to have a relatively small crew. On both accounts, the tanker is likely to be easier to inspect than a cruise ship with a large number of passengers and crew, several places for eating and drinking, and possibly swimming pools and spas;
- local authorities have sometimes been uncertain whether the inspection charge is intended to cover all, or only some, of the costs associated with an inspection. For example, the cost to the authority is greater if it needs to hire a boat to inspect a ship moored offshore than if its officers can board a ship moored in the port.

In general, it seems preferable to allow authorities to calculate their own costs and recover them, rather than to have charges set centrally as at present. However, we would not want this change to lead to unnecessary duplication of work for authorities, as might happen if each then feels it necessary to determine its own methodology for calculating its costs. *We would welcome views on whether it would be helpful to have some guidance on how costs should be calculated, and if so, on who should produce this: for example, might it be something LACORS or APHA could assist with?* Such

⁴ Where control measures are not required, a Ship Sanitation Control Exemption Certificate is issued.

guidance might be of interest to ships' operators, by explaining how costs are calculated, as well as of use to local authorities.

4.22 The IHR require that charges should be levied without distinction as to the nationality, flag, registry or ownership of the ships concerned, and that they should be published at least ten days before they come into effect. We understand that the intention behind this is to protect a ship's operator against the possibility that charges might be increased only after the ship reaches a particular port, and consequently has little alternative but to pay the charge there, no matter how unreasonable it might be. To ensure that these requirements are met, *we envisage that bodies authorised to issue certificates should publish their charges at least ten days in advance*. Because the costs involved in inspecting different ships may vary for legitimate reasons (as considered in the previous paragraph), we do not intend to require that bodies should publish in advance details of any charge that might conceivably be made, for any ship that might arrive. However, they should publish sufficient information about their charges for it to be possible for a ship's operator to have advance indication of the likely level of the charge, and to be able to see that he is not the victim of a discriminatory charge. If charges are made in line with the guidance considered in the previous paragraph, "publication" should be a straightforward matter for the body concerned: it might, for example, simply state that its charges will be calculated on the basis set out in the guidance.

Proposal 11: The armed forces

4.23 At international level, the IHR 1969 and the IHR 2005 apply to all ships on international voyages: there is no exemption for ships of the armed forces. Within England the Public Health (Ships) Regulations 1979 do not apply to UK and certain other armed forces,⁵ but the policy of the Ministry of Defence is nevertheless to ensure that the ships of those armed forces meet the same requirements, to the same standards, as other ships. Consequently, ships of those armed forces have deratting certificates, and in future will need to have ship sanitation certificates. In revising the Public Health (Ships) Regulations to take account of ship sanitation certificates, we do not propose generally to make it the responsibility of local authorities to issue ship sanitation certificates to ships of UK and certain other armed forces: as explained at paragraph 4.9 above, we envisage that the Ministry of Defence will continue to authorise some of its ports to issue certificates. However, experience has shown that it may sometimes be convenient for an armed forces ship to obtain a certificate from a local authority at a port for which that local authority, rather than the Ministry of Defence, is responsible. It might be argued that the armed forces exemption currently in the Public Health (Ships) Regulations does not allow this to happen. When the regulations are amended to take account of the IHR 2005 provisions on ship sanitation certificates, *we therefore propose to make clear that by agreement with a local authority, a ship of the exempt armed forces may nevertheless be issued with a*

⁵ Regulation 3 provides "Without prejudice to any enactment or rule of law which applies in relation to Her Majesty's armed forces or any of the other armed forces hereinafter mentioned as part thereof, nothing in these regulations shall apply to any ship forming part of Her Majesty's armed forces or of the armed forces of any country within the Commonwealth or of the armed forces of any other country for the time being designated for the purposes of all the provisions of the Visiting Forces Act 1952 following section 1(2) thereof, or to the officers and crew of any such ship." This armed forces exemption has been in place in some form since the 1950s.

certificate by that authority, once an inspection has been completed, and any health measures required have been applied, in the normal way.

Proposal 12: Mail

4.24 Article 48 of the IHR 1969 provides that mail shall not be subject to any health measure, but that postal parcels may be subject to health measures in certain circumstances.⁶ (The terms “mail” and “postal parcels” are not defined in the IHR 1969). The IHR 2005 provide (for example in Articles 22 and 23.1) that postal parcels may be subject to inspection and other health measures; “postal parcel” is defined in Article 1 of the IHR 2005 as “an addressed article or package carried internationally by postal or courier services”. There is no specific mention of “mail” in the IHR 2005, but the definition of “postal parcel” in the IHR 2005 seems to encompass what would normally be understood by “mail”.

4.25 From a public health point of view, it is desirable that public health authorities should be able to inspect and where necessary apply, or require the application of, health measures to items of mail, in the same way as to other items of cargo. Indeed, it is difficult to see how a public health body could issue a ship sanitation certificate if, for example, there was evidence of a health risk in mail carried on a ship but no health measures could be applied to deal with that risk.

4.26 This raises the question of what to do about regulation 41 of the Public Health (Ships) Regulations 1979, which currently provides that:

Nothing in these regulations shall render liable to detention, disinfection or destruction any article forming part of any mail conveyed under the authority of a universal service provider (within the meaning of the Postal Services Act 2000) in connection with the provision of a universal postal service (within the meaning of that Act) or of the postal administration of any other Government or shall prejudicially affect the receipt on board and delivery in due course at the place of destination of any such mail in accordance with the provisions of the Postal Services Act 2000.

To take account of the IHR 2005, *we propose to repeal this provision in the Public Health (Ships) Regulations and instead to allow inspections of, and the application of health measures where necessary, to mail.* We understand that very little of the mail that arrives in or leaves the UK travels by ship, so in itself this change seems unlikely to have much practical effect. However, as and when the Public Health (Aircraft) Regulations (which currently include an identical “saving for mail”) are revised, we would expect to make a similar change to those regulations too. (The Public Health (International Trains) Regulations do not include a saving for mail). *We would*

⁶ The full text of Article 48 is:

“1. Mail, newspapers, books, and other printed matter shall not be subject to any health measure.

2. Postal parcels may be subject to health measures only if they contain:

(a) any of the foods referred to in Article 63 which the health authority has reason to believe comes from a cholera-infected area;

(b) linen, wearing apparel, or bedding, which has been used or soiled and to which the provisions of Part V are applicable;

(c) infectious material; or

(d) living insects and other animals capable of being a vector of human disease if introduced or established.”

therefore welcome comments on the implications abolition of the saving for mail in the Public Health (Aircraft) Regulations might have. If there is no general saving for mail, are there other provisions that should be written into the regulations, for example to take account of the desirability of not delaying mail unduly, or to reflect the requirements of international agreements on mail?

Proposal 13: Enforcement and sanctions

4.27 The IHR themselves do not make provision for enforcement and sanctions, although such provision is necessary to ensure effective implementation of the IHR. Currently, regulation 35 of the Public Health (Ships) Regulations 1979 provides that “Every person to whom these regulations apply shall comply with every direction, requirement or condition given, made or imposed by an authorised officer or customs officer under these regulations”. The maximum penalty for failure to do so is a fine of £5,000 on summary conviction.⁷ For the time being, *we do not propose to change this*. However, we would welcome views on what approaches to enforcement, and what penalties, it would be appropriate to adopt in future, taking account, for example, of the final report of the Macrory review of penalties, published on 28 November 2006.⁸

Proposal 14: Protection against forgery

4.28 We are not aware of evidence that the use of forged certificates is widespread, but clearly it would be irresponsible to ignore the possibility that forgery might occur. *We would welcome views on what measures should be taken in the production and issue of certificates to guard against forgery*. In this connection, it would also be helpful to have views on how common fraud is and what form it takes (for example, changing the dates on an otherwise genuine certificate; forging a certificate in its entirety; or obtaining a certificate from a body that is not authorised to issue certificates).

4.29 Specifically, *we would welcome views on whether future regulations should repeat the provision in regulation 20(2) of the Public Health (Ships) Regulations 1979 that the body issuing a certificate should retain a copy of it*. Clearly, this can be helpful if queries arise over whether a certificate was issued at a particular port on a particular date. However, the provision could be read as requiring the issuing body to retain a copy of each certificate in perpetuity. This would cause practical difficulties, so it seems sensible to limit the requirement to a fixed period. *We would welcome views on what period should be chosen*. Queries about a certificate seem most likely to arise during its period of validity, but might also arise later (for example, if there are indications that a particular ship might repeatedly have relied on forged certificates). Would it therefore be sensible to limit the requirement to retain a copy to, say, a year or two years from the date of issue?

Proposal 15: Maximising benefits and minimising costs

4.30 The draft regulatory impact assessment (RIA) at Annex E considers the costs and benefits of the different options. *We would welcome comments on the draft RIA*. As noted in the draft RIA, it is possible that there are overlaps between the inspections required by the ship sanitation certificates for which the IHR provide and those which

⁷ Section 15 of the Public Health (Control of Disease) Act 1984.

⁸ http://www.cabinetoffice.gov.uk/regulation/reviewing_regulation/penalties/index.asp

are currently carried out in the UK under other legislation (for example under food safety legislation). *We would welcome any comments on whether there is a risk of duplication of effort/over-inspection, and if so, how this can be avoided.*

Proposal 16: When should ship sanitation certificates become available?

4.31 As explained above, the IHR 2005 come into force generally on 15 June 2007, although States that are parties to the IHR in certain circumstances have until 15 June 2008 to adjust their domestic arrangements. This suggests that provision for ship sanitation certificates should take effect in England between 15 June 2007 and 15 June 2008.

4.32 There are arguments for making the change on a relatively extended timescale, so that it can be prepared for thoroughly. The Government's aim is normally to allow at least three months between the making of regulations that affect business and their operative date, so that those affected can prepare for implementation with knowledge of what the new arrangements will be. There might, for example, be training issues to be addressed.

4.33 On the other hand, there are also arguments for making this particular change sooner rather than later, bearing in mind that deratting certificates are likely to become increasingly obsolete, with increasing numbers of states reluctant to rely on them as time passes. Ships' operators have been aware since the IHR 2005 were agreed in May 2005 that these changes would be made. Moreover, what is involved in this instance is not a major change of approach but an adjustment of some details. The arrangements for ship sanitation certificates in the IHR 2005 build on those for deratting certificates which have been in place for many years under the IHR 1969. Although the focus of the ship sanitation certificate is wider than that of the deratting certificate, UK authorities have already become accustomed to looking at many of the aspects covered by the ship sanitation certificate because of the certificate issued by LACORS described in paragraph 4.6 above.

4.34 On balance, we therefore believe that *there is a case for aiming to provide for ship sanitation certificates in England from 15 June 2007*, rather than from a later date. We would welcome comments on this proposal. If the decision is taken to introduce ship sanitation certificates from 15 June 2007, it will not be possible (given the closing date for this consultation) to finalise the regulations three months before they come into effect. *It would be helpful to have views from those affected (ships' operators and local authorities) on whether they would prefer early introduction at the expense of a preparation period shorter than the normal three months.*

Proposal 17: Transitional arrangements

4.35 Whatever date is chosen for the introduction of ship sanitation certificates in England, it is likely that some ships arriving in ports in England on or after that date will have deratting certificates that are valid under the IHR 1969. (Under the IHR 1969, deratting certificates are issued for six months, and may have their validity extended by a further month – see paragraph C.6). In principle, ways of dealing with this could be:

either: to make no transitional arrangements and consequently for the competent authority to treat a ship without a valid ship sanitation certificate as unable to produce a valid certificate.

This would mean, as envisaged under Proposal 9 (paragraph 4.18) above, that the competent authority would need to inspect the ship and issue a ship sanitation certificate, after application of any appropriate health measures, if it were authorised to do so; alternatively it could allow the ship to depart, but would need to inform the competent authority for the next known point of entry (and to note on the certificate) the evidence of risk found and the control measures required;

or: to make transitional arrangements, thereby enabling the competent authority to treat the ship as able to produce a valid certificate.

4.36 The major disadvantage with the first approach is the practical difficulties it would cause. From the date ship sanitation certificates are introduced in England, it would become impossible for authorities in England to accept deratting certificates as valid. Bodies authorised to issue ship sanitation certificates would be likely to need to carry out a large number of inspections in a short period – unless ships that had recently obtained deratting certificates decided against using ports in England. Instead of having a gradual transition from the old to the new arrangements, there would be a sharp “cliff-edge” that could be difficult for both authorities and ships’ operators to manage.

4.37 A disadvantage of the second approach is that it would not offer such strong protection of public health as the first approach appears to do, because deratting certificates do not require consideration of as many aspects of conditions on board as ship sanitation certificates do. However, as noted in paragraph 3.5, the issue even of a ship sanitation certificate does not provide a continuing *guarantee* that conditions on a ship will remain disease-free for the next six months (or for the further month that the IHR allow the certificate’s validity to be extended). Moreover, if there is evidence of a public health risk on the ship, then the authority would be able to take action in the ways envisaged at Proposal 9, which considers the action to take if there is evidence of public health risk even when a ship has a valid ship sanitation certificate. (We envisage that the holding of a deratting certificate, rather than a ship sanitation certificate, would not in itself be treated as evidence of a health risk).

4.38 On balance, the second course of action seems preferable. *We therefore propose that, at least for an interim period, public health authorities in England should recognise a deratting certificate, unless there is evidence of a public health risk.*

Next steps

4.39 Annex F provides a form for responding to this consultation. We would welcome your views.

ANNEX A: THE CONSULTATION PROCESS

A.1 This consultation is being conducted in accordance with the consultation criteria in the Cabinet Office Better Regulation Executive *Code of Practice on Consultation* (January 2004), which is available from the Cabinet Office website. This requires government departments to:

- Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy.
- Be clear about what the proposals are, who may be affected, what questions are being asked and the timescale for responses.
- Ensure that the consultation is clear, concise and widely accessible.
- Give feedback regarding the responses received and how the consultation process influenced the policy.
- Monitor the department's effectiveness at consultation, including through the use of a designated consultation co-ordinator.
- Ensure the consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

A.2 The Code also invites respondents to “comment on the extent to which the criteria have been adhered to and to suggest ways of further improving the consultation process”. For consultations by the Department of Health, comments or complaints (but not your response to this consultation) should be sent to:

Consultations Coordinator
Department of Health
Skipton House
80 London Road
London SE1 6LD

Email: (mb-dh-consultations-coordinator@dh.gsi.gov.uk)

Please do not send consultation responses to this address

A.3 Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004). If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be

maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

A.4 The Department will process your personal data in accordance with the DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

ANNEX B: THOSE TO WHOM THIS CONSULTATION PAPER IS BEING SENT

Local authorities (including port health authorities) in England with port health responsibilities

Administrations/departments responsible for other parts of the UK, the Channel Islands, and the Isle of Man

The Scottish Executive
The National Assembly for Wales
The Office of the Solicitor to the Advocate General

The Department for Health, Social Services and Public Safety, Northern Ireland

The Department of Health and Social Security Isle of Man
The Health and Social Services Department Guernsey
The Department of Health Jersey

Port/Local Authority Representative Organisations

Association of District Councils
Association of Port Health Authorities
British Ports Association
LACORS
Scottish Ports Liaison Network

Trades Unions

NUMAST
TGWU
RMT

The Shipping Industry.

106 companies which work in the shipping industry.*

Representative Organisations of the Shipping Industry

47 associations and other organisations representing the interests of the shipping industry.*

The Fishing Industry and its representative organisations

111 companies, associations and other organisations representing the fishing industry.*

Academic

Blackpool and Fylde College
Lowestoft College
The Nautical Institute
North Atlantic Fisheries College
Orkney College
South Tyneside College, Faculty of Nautical Studies
Teeside Tertiary College

Professional Organisations

Chartered Institute of Environmental Health
Chartered Institute of Logistics and Transport
Institute of Chartered Shipbrokers
Institute of Marine Engineers
Royal Institute of Naval Architects

International Bodies

International Association of Classification Societies
International Association of Maritime Institutes
International Group of P&I Clubs
The International Marine Contractors Association

Other Bodies with an interest

Health and Safety Executive
Health Protection Agency
Maritime and Coastguard Agency
Royal Mail
State Veterinary Service
World Health Organization

* A full list of those being consulted is available on the Department of Health website at www.dh.gov.uk/consultations

ANNEX C: COMPARISON OF PROVISIONS IN:

a) THE IHR 1969 ON DERATTING CERTIFICATES

b) THE IHR 2005 ON SHIP SANITATION CERTIFICATES

C.1 This annex compares the provision that the IHR 1969 make for deratting certificates and the provision that the IHR 2005 make for ship sanitation certificates. The appendices to this annex reproduce the most relevant provisions of the IHR in full. The footnotes explain how the provisions of the IHR 1969 have been put into effect in England (or in some cases more generally by WHO).

Form of the certificate

C.2 The form of the certificate is prescribed, for deratting certificates by Article 53.3 and Appendix 1 of the IHR 1969⁹ and for ship sanitation certificates by Article 39.3 and Annex 3 to the IHR 2005. The key difference between the two kinds of certificate is that the deratting certificate is concerned only with rats, while the ship sanitation certificate is concerned with evidence more generally of infection or contamination, in keeping with the IHR 2005's interest in any disease that might spread. There are also some other, minor, changes. (For example, the ship sanitation certificate no longer distinguishes between "cabin passengers" and "steerage").

Validity of the certificate

C.3 Certificates are valid for six months (IHR 1969 Article 53.2)¹⁰ or for a maximum of six months (IHR 2005 Article 39.1).

Issue of certificates

C.4 Both sets of IHR envisage that certificates will be issued only by bodies authorised for the purpose by (or on behalf of) the state concerned (IHR 1969 Article 53.2;¹¹ IHR 2005 Article 20.3, cf references to the "competent authority" in Article 39.5-7).

⁹ Regulation 20(1) of the Public Health (Ships) Regulations 1979 provides that "Every Deratting Certificate and Deratting Exemption Certificate shall be in the form specified in schedule 3" to those regulations. The form specified in schedule 3 is as provided for in the IHR 1969.

¹⁰ Regulation 2(1) of the Public Health (Ships) Regulations 1979 provides that "'valid" in relation to a Deratting Certificate or Deratting Exemption Certificate issued for a ship means, issued not more than six months before the production of the Certificate to the authorised officer, or, if the ship is proceeding immediately to an approved port or a designated approved port, not more than seven months before such production". (See paragraph C.6 on extending the validity of certificates).

¹¹ The Public Health (Ships) Regulations 1979 envisage that certificates will be issued only by authorities for approved ports (in the case of Deratting Exemption Certificates) or for designated approved ports (in the case of Deratting Certificates). Regulation 2(1) provides that "'approved port" means a port approved by the Secretary of State in accordance with paragraph 1 of Article 17 of the International Health Regulations for the issue of Deratting Exemption Certificates only" and that "'designated approved port" means an approved port designated by the Secretary of State in accordance with paragraph 2 of Article 17 of the International Health Regulations for the issue of both Deratting Certificates and Deratting Exemption Certificates". Regulation 19 provides that "Upon receipt of an application in writing from the owner of a ship in an approved port, or from the master acting for and on behalf of the owner, for a Deratting Certificate or a Deratting Exemption Certificate in respect of the ship, the authorised officer shall take any steps which he considers necessary to satisfy himself that the ship is kept in such a condition that it is free of rodents and the plague vector, or at a

Authorisation of ports

C.5 The IHR 1969 require ports to meet certain requirements if they are to be authorised for the issue of certificates, with lower requirements set for ports at which only Deratting Exemption Certificates (and not Deratting Certificates) are issued (Article 17.1 and 2).¹² The IHR 2005 do not state in terms what requirements are to be met by ports authorised to issue certificates, although the fact that they are to be authorised implies that they should meet some standard(s). There is provision in Article 20.4 and 5 of the IHR 2005 for WHO, in collaboration with competent intergovernmental organisations and international bodies, to develop and publish certification guidelines for ports, and, at the request of the State Party concerned, to arrange to certify that a port in its territory meets requirements.

Extending the validity of certificates

C.6 Both sets of IHR provide that the validity of certificates may be extended by one month in certain (different) circumstances (IHR 1969 Article 53.2; IHR 2005 Article 39.1). The IHR 1969 do not state in terms who may extend the validity of certificates (although presumably it is not the intention that this should be a matter for the discretion of, for example, ship operators).¹³ Article 20.3 (c) of the IHR 2005 envisages that the validity of a certificate may be extended only by a body authorised to do so by (or on behalf of) the state concerned.

Provision of information to WHO

C.7 Each State is required to keep WHO informed of the ports in its territory that are approved for the issue of certificates (IHR 1969 Article 20.1-2;¹⁴ IHR 2005 Article 20.3 (a) and (b)). The IHR 2005 also require States to keep WHO informed of ports authorised to extend the validity of certificates (Article 20.3 (c)).

Provision of information by WHO

C.8 WHO is required to share with States the information it receives about authorised ports (IHR 1969 Article 20.3;¹⁵ IHR 2005 Article 20.3 last sentence).

Action where a valid certificate is not produced

C.9 The IHR allow public health bodies to take certain action if a valid certificate is not produced (IHR 1969 Article 53.4-5; IHR 2005 Article 39.2, 4-7).¹⁶

designated approved port gives directions for the deratting of the ship, as the case may require, and, on being satisfied as to the condition of the ship or that the deratting has been properly carried out, he shall issue the appropriate Certificate.”

¹² Around fifty ports in England are authorised to issue Deratting Exemption Certificates (only) or Deratting Exemption Certificates and Deratting Certificates. A list of the ports that we understand are authorised is at Annex D. Authorisations were given administratively (that is, not in primary or secondary legislation) some years ago.

¹³ See footnote to paragraph C.3 for provision in the Public Health (Ships) Regulations.

¹⁴ We understand that this was done by the Department of Health when authorisations were issued (which has not happened for a number of years).

¹⁵ The most recent comprehensive WHO publication on such ports is *Ports designated in application of the International Health Regulations: Situation as on 1 January 1998*. Subsequent changes to the situation recorded in that publication have been published in WHO’s Weekly Epidemiological Record.

Charges

C.10 Article 82 of the IHR 1969¹⁷ and Article 41 of the IHR 2005 both allow charges to be made for applying certain health measures, provided certain requirements are met.

¹⁶ The Public Health (Ships) Regulations 1979 make the following provision:

“Regulation 18 Deratting Certificates and Deratting Exemption Certificates

(1) If the master of a ship which during its voyage has been in a foreign port cannot produce to the authorised officer for the district in which the ship arrives or for any district at which the ship calls a valid Deratting Certificate or Deratting Exemption Certificate in respect of the ship in the form set out in schedule 3, the authorised officer shall –

(a) if the district is an approved port or a designated approved port, require the ship to be inspected to ascertain whether it is kept in such a condition that it is free of rodents and the plague vector; or

(b) if the district is not such a port, direct the ship to proceed at its own risk to the nearest approved port or designated approved port convenient to the ship at which a Deratting Certificate or Deratting Exemption Certificate, as the case may be, can be obtained.

(2) If, after the ship has been inspected, the authorised officer for the approved port or designated approved port is satisfied that the ship is free from rodents and the plague vector, he shall issue a Deratting Exemption Certificate.

(3) If, after the ship has been inspected, such an authorised officer is not so satisfied, he shall –

(a) if the district is a designated approved port, require the ship to be deratted in a manner to be determined by him; or

(b) if the district is not a designated approved port, direct the ship to proceed at its own risk to the nearest designated approved port convenient to the ship for deratting.

(4) If the master produces a Deratting Certificate or a Deratting Exemption Certificate, but the authorised officer has evidence that the deratting was not satisfactorily completed or that there is evidence of rodents on board the ship the authorised officer may, notwithstanding such Certificate, exercise in relation to the ship his powers under the last preceding paragraph.

(5) The master shall forthwith make arrangements for any deratting required by the authorised officer for the designated approved port.

(6) When deratting has been completed to the satisfaction of the authorised officer for the designated approved port, he shall issue a Deratting Certificate.

(7) Before the authorised officer directs under this regulation that a ship shall proceed to another port, he shall consult with a customs officer for the district.”

¹⁷ Regulation 20(3) of the Public Health (Ships) Regulations 1979 provides that “(3) The owner or master of a ship shall pay to the health authority such charge as the Secretary of State may from time to time determine for the inspection of the ship for the purposes of regulation 18 or 19.” Following consultation with the Chamber of Shipping, the Association of Port Health Authorities and other interested parties, the practice with effect from 1 April 1997 has been to increase these charges from 1 April each year in line with the RPI inflation figure for the preceding September and to place an announcement of the new level in the London Gazette. (This practice was announced in a letter of 20/12/96 which also said there would be a review of the procedures every five years, the first being in 2002; in the event, work was by then under way on the new IHR). The rates from 1/4/06 are £45, £91, £137, £182, £227, and £272 for ships of, respectively below 1,001; 1,001 to 3,000; 3,001 to 10,000; 10,001 to 20,000; 20,001 to 50,000; and over 50,000 gross tonnage.

The regulations also provide:

“Regulation 38 Charges for services

(1) Where the master of a ship in a district is required by these regulations to carry out any measures with a view to reducing the danger or preventing the spread of infection, the health authority may themselves, at the request of the master cause any such requirement to be complied with at his cost, instead of enforcing the requirement against the master.

(2) The amount of the charge for any such measures or requirement undertaken by the health authority shall be such reasonable sum as represents the actual or estimated cost to be incurred in undertaking the work excluding any charge or claim on the part of the health authority in respect of profit, but shall not

Other provisions in the IHR

C.11 Article 27 of the IHR 1969 require disinfection, disinsecting, deratting etc to be carried out in certain ways (for example, avoiding injury, damage and undue discomfort).¹⁸ Related provision in the IHR 2005 is in Article 27.1(b) (which allows the body concerned to use methods and materials other than those recommended by WHO where it determines that they are as safe and reliable), Article 39.4 and 6, and Annex 4B.

C.12 Article 53.1 of the IHR 1969 requires every ship to be either permanently kept in such a condition that it is free of rodents and the plague vector or periodically deratted.¹⁹

C.13 Articles 53.4 and 57.2-3 of the IHR 1969 make some detailed provision about how deratting is to be carried out.²⁰

exceed the sum of four hundred pounds unless notice of the proposed charge has been given to the master before the work is undertaken.

(3) Where under this regulation the health authority causes any requirement to be complied with at the cost of the master they may require the amount of the charge for the work or a part thereof to be paid to, or deposited with them, before the work is undertaken.

(4) Where, under these regulations, any measures have been taken with regard to a ship, the health authority or the authorised officer shall, on the request of the master, furnish him free of charge with particulars in writing of those measures and the reasons why they were taken.

(5) Where, under these regulations, any measures have been taken with regard to any person or to any articles in his possession, the authorised officer shall, on request by such person, furnish him free of charge with particulars in writing of those measures, including the date on which they were taken.

Regulation 39 Recovery of charges

Every charge authorised by regulations 20 or 38 shall be recoverable either summarily as a civil debt, or as a simple contract debt in any court of competent jurisdiction.”

¹⁸ This is not specifically reflected in the Public Health (Ships) Regulations 1979, presumably on the basis that equivalent provision is made in other legislation, such as health and safety legislation.

¹⁹ This is not specifically reflected in the Public Health (Ships) Regulations 1979, presumably on the basis that it is achieved by the requirement for ships to produce valid certificates and to submit to health measures if they are not able to do so.

²⁰ Elements of this are reflected for example in Part 1 (Plague) of Schedule 4 to the Public Health (Ships) Regulations 1979, which includes the following provisions:

A Infected ships and suspected ships

(2) If there is any rodent infected with plague on board the medical officer or other authorised officer shall require the ship to be deratted in a manner to be determined by him, but without prejudice to the generality of this requirement the following special provisions shall apply to any such deratting: -

(a) the deratting shall be carried out as soon as the holds have been emptied or when they contain only ballast or other material, unattractive to rodents, of such a nature or so disposed as to make a thorough inspection of the holds possible. A Deratting Exemption Certificate may be issued for an oil tanker with full holds;

(b) one or more preliminary derattings of a ship with the cargo in situ, or during its unloading, may be carried out to prevent the escape of infected rodents;

(c) if the complete destruction of rodents cannot be secured because only part of the cargo is due to be unloaded, a ship shall not be prevented from unloading that part, but the medical officer or other authorised officer may apply any measure which he considers necessary to prevent the escape of infected rodents, including placing the ship in quarantine.

B Ships which have been in infected areas

(4) The medical officer may –

... (c) require, in exceptional circumstances and for well founded reasons, the destruction of rodents on the ship and disinsecting, but he shall give the master notice in writing of the reasons for the requirement.

APPENDIX C1: KEY PROVISIONS RELEVANT TO THE DERATTING OF SHIPS IN THE IHR 1969

(Taken from the Third Annotated Edition published by WHO)

Article 15

There shall be available to as many of the ports²¹ and airports in a territory as practicable an organized medical and health service with adequate staff, equipment and premises, and in particular facilities for the prompt isolation and care of infected persons, for disinfection, disinsecting²² and deratting, for bacteriological investigation, for the collection and examination of rodents for plague infection, for collection of water and food samples and their dispatch to a laboratory for examination, and for other appropriate measures provided for by these Regulations.

Article 16

The health authority²³ for each port and airport shall:

- (a) take all practicable measures to keep port and airport installations free of rodents;
- (b) make every effort to extend rat-proofing to the port and airport installations.

Article 17

1. Each health administration²⁴ shall ensure that a sufficient number of ports in its territory shall have at their disposal adequate personnel competent to inspect ships²⁵ for the issue of the Deratting Exemption Certificates referred to in Article 53, and the health administration shall approve such ports for that purpose.
2. The health administration shall designate a number of these approved ports, depending upon the volume and incidence of its international traffic, as having at their disposal the equipment and personnel necessary to derat ships for the issue of the Deratting Certificates referred to in Article 53.
3. Each health administration which so designates ports shall ensure that Deratting Certificates and Deratting Exemption Certificates are issued in accordance with the requirements of the Regulations.

Article 20^a

1. Each health administration shall send to the Organization²⁶ a list of the ports in its territory approved under Article 17 for the issue of:
 - (i) Deratting Exemption Certificates only and

²¹ "Port" is defined in Article 1 as "a seaport or an inland port".

²² "Disinsecting" is defined in Article 1 as "the operation in which measures are taken to kill the insect vectors of human disease present in ships, aircraft, trains, road vehicles, other means of transport, and containers".

²³ "Health authority" is defined in Article 1 as "the authority immediately responsible in its jurisdiction for the appropriate health measures permitted or prescribed by these Regulations".

²⁴ "Health administration" is defined in Article 1 as "the governmental authority responsible over the whole of a territory to which these Regulations apply for the implementation of the health measures provided herein".

²⁵ "Ship" is defined in Article 1 as "a seagoing or an inland navigation vessel making an international voyage". "International voyage" is defined in the case of a ship or an aircraft as "a voyage between ports or airports in the territories of more than one State, or a voyage between ports or airports in the territory or territories of the same State if the ship or aircraft has relations with the territory of any other State on its voyage but only as regards those relations".

²⁶ "Organization" is defined in Article 1 as "the World Health Organization".

- (ii) Deratting Certificates and Deratting Exemption Certificates.
- 2. The health administration shall notify the Organization of any change which may occur from time to time in the list required by paragraph 1 of this Article.
- 3. The Organization shall send promptly to all health administrations the information received in accordance with this Article.

^a Health administrations are urged to make from time to time a review of the ports designated under the Regulations in order to determine whether such designations meet the conditions of traffic. (WHO Official Records, No 127, 1963, p35).

Article 25

- 1. Disinfection, disinsecting, deratting, and other sanitary operations shall be carried out so as:
 - (a) not to cause undue discomfort to any person, or injury to his health;
 - (b) not to produce any deleterious effect on the structure of a ship, an aircraft, or a vehicle, or on its operating equipment;
 - (c) to avoid all risk of fire.
- 2. In carrying out such operations on cargo, goods, baggage,²⁷ containers²⁸ and other articles, every precaution shall be taken to avoid any damage.
- 3. Where there are procedures or methods recommended by the Organization they should be employed.

Article 53^a

- 1. Every ship shall be either:
 - (a) permanently kept in such a condition that it is free of rodents and the plague vector; or
 - (b) periodically derratted.
- 2. A Deratting Certificate or Deratting Exemption Certificate shall be issued only by the health authority for a port approved for that purpose under Article 17. Every such certificate shall be valid for six months, but this period may be extended by one month for a ship proceeding to such a port if the deratting or inspection, as the case may be, would be facilitated by the operations due to take place there.
- 3. Deratting Certificates and Deratting Exemption Certificates shall conform with the model specified in Appendix 1.
- 4. If a valid certificate is not produced, the health authority for a port approved under Article 17, after inquiry and inspection, may proceed in the following manner:
 - (a) if the port has been designated under paragraph 2 of Article 17, the health authority may derat the ship or cause the deratting to be done under its direction and control. It shall decide in each case the technique which should be employed to secure the extermination of rodents on the ship. Deratting

²⁷ "Baggage" is defined in Article 1 as "the personal effects of a traveller or of a member of the crew".

²⁸ "Container (freight container)" is defined in Article 1 as "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;
 - (d) so designed as to be easy to fill and empty,
- The term "*container (freight container)*" does not include vehicles or conventional packing".

^a Small parcels and boxes shall not be considered as containers. (WHO Official Records, No 177, 1969, p554)."

shall be carried out so as to avoid as far as possible damage to the ship and to any cargo and shall not take longer than is absolutely necessary. Wherever possible deratting shall be done when the holds are empty. In the case of a ship in ballast, it shall be done before loading. When deratting has been satisfactorily completed, the health authority shall issue a Deratting Certificate.

(b) At any port approved under Article 17, the health authority may issue a Deratting Exemption Certificate if it is satisfied that the ship is free of rodents. Such a certificate shall be issued only if the inspection of the ship has been carried out when the holds are empty or when they contain only ballast or other material, unattractive to rodents, of such a nature or so disposed as to make a thorough inspection of the holds possible. A Deratting Exemption Certificate may be issued for an oil tanker with full holds.

5. If the conditions under which a deratting is carried out are such that, in the opinion of the health authority for the port where the operation was performed, a satisfactory result cannot be obtained, the health authority shall make a note to that effect on the Deratting Certificate.

^a (1) Deratting Certificates and Deratting Exemption Certificates are valid for a maximum of six months but, under certain conditions, the validity of such certificates may be extended only once by a period of one month. (WHO Official Records, No 79, 1957, p502, No 87, 1958, p404, and No 95, 1959, p482).

(2) If inspection of a ship, carried out at the end of the period of validity of its Deratting Exemption Certificate, proves that the ship is still entitled to a Deratting Exemption Certificate, a new certificate should be issued. Periodic deratting of ships is not necessary if inspection proves that the ship is entitled to a Deratting Exemption Certificate. (WHO Official Records, No 87, 1958, p405).

(3) There is no provision in the Regulations for endorsement by a port health authority of a valid Deratting Certificate or Deratting Exemption Certificate to the effect that inspection of the ship has confirmed the accuracy of the information given on the certificate. (WHO Official Records, No 79, 1957, p502).

Article 57

1. On arrival²⁹ of an infected or suspected ship or an infected aircraft, the following measures may be applied by the health authority:

(a) disinsecting of any suspect and surveillance for a period of not more than six days reckoned from the date of arrival;

(b) disinsecting and, if necessary, disinfection of:

(i) any baggage of any infected person or suspect; and

(ii) any other article such as used bedding or linen, and any part of the ship or aircraft, which is considered to be contaminated.

2. On arrival of a ship, an aircraft, a train, road vehicle or other means of transport having on board a person suffering from pulmonary plague, or if there has been a case of pulmonary plague on board a ship within the period six days before its arrival, the health authority may, in addition to the measure required by paragraph 1 of this Article, place the passengers and crew of the ship, aircraft, train, road vehicle or other means of transport in isolation for a period of six days, reckoned from the date of the last exposure to infection.

3. If there is rodent plague on board a ship, or in its containers, it shall be disinsected and deratted, if necessary in quarantine,³⁰ in the manner provided for in Article 53 subject to the following provisions:

²⁹ "Arrival" is defined in Article 1 as "in the case of a seagoing vessel, arrival at a port", and "in the case of an inland navigation vessel, arrival either at a port or at a frontier post, as geographic conditions and treaties or arrangements among the States concerned, under Article 85 or under the laws and regulations in force in the territory of entry, may determine."

- (a) the deratting shall be carried out as soon as the holds have been emptied;
 - (b) one or more preliminary derattings of a ship with the cargo *in situ*, or during its unloading, may be carried out to prevent the escape of infected rodents;
 - (c) if the complete destruction of rodents cannot be secured because only part of the cargo is due to be unloaded, a ship shall not be prevented from unloading that part, but the health authority may apply any measures, including placing the ship in quarantine, which it considers necessary to prevent the escape of infected rodents.
4. If a rodent infected with plague is found on board an aircraft, the aircraft shall be disinfected and deratted, if necessary in quarantine.

Article 82^b

1. No charge shall be made by a health authority for:
 - (a) any medical examination provided for in these Regulations, or any supplementary examination, bacteriological or otherwise, which may be required to ascertain the state of health of the person examined;
 - (b) any vaccination of a person on arrival and any certificate thereof.
2. Where charges are made for applying the measures provided for in these Regulations, other than the measures referred to in paragraph 1 of this Article, there shall be in each territory only one tariff for such charges and every charge shall:
 - (a) conform with this tariff;
 - (b) be moderate and not exceed the actual cost of the service rendered;
 - (c) be levied without distinction as to the nationality, domicile or residence of the person concerned, or as to the nationality, flag, registry or ownership of the ship, aircraft, train, road vehicle, other means of transport, and containers. In particular, there shall be no distinction made between national and foreign persons, ships, aircraft, trains, road vehicles, other means of transport and containers.
3. The levying of a charge for the transmission of a message relating to the provisions of these Regulations by radio may not exceed the normal charge for radio messages.
4. The tariff, and any amendment thereto, shall be published at least ten days in advance of any levy thereunder and notified immediately to the Organization.

^b (1) It is not possible to exact or receive payment for medical examination carried out at any time of the day or night. The terms of Article 24 require that health measures shall be initiated forthwith and completed without delay. Arrangements should be made to enable quarantine services to do this at all times, particularly in airports and the larger ports. (WHO Official Records, No 56, 1954, p56, and No 72, 1956, p37).

(2) An aircraft operator, as the employer of the disembarking crew, might be held responsible for isolation expenses of its own employees (crew). However, isolation expenses for other international travellers cannot be the subject of a charge against the carrier; these expenses are for the traveller himself or for the country of disembarkation to pay. (WHO Official Records, No 135, 1964, p39, and No 143, 1965, p57).

(3) Fines such as those imposed on a ship for not hoisting on arrival a flag requesting free pratique, and any other charges not covered by the Regulations, such as port dues, are matters of maritime practice and the Regulations are not applicable. (WHO Official Records, No 87, 1958, p413).

³⁰ “In quarantine” is defined in Article 1 as “that state or condition during which measures are applied by a health authority to a ship, an aircraft, a train, road vehicle, other means of transport or container, to prevent the spread of disease, reservoirs of disease or vectors of disease from the object of quarantine”.

APPENDIX 1³¹**Deratting Certificate/Deratting Exemption Certificate^(a)**

Issued in accordance with Article 53 of the International Health Regulations

(Not to be taken away by Port Authorities)

Port of ...

Date...

THIS CERTIFICATE records the inspection and deratting/exemption^(a) at this port and on the above date of the ship/inland navigation vessel^(a) ... of ... net tonnage for a sea-going vessel/tonnage for an inland navigation vessel.^{(a)(f)} At the time of inspection/deratting^(a) the holds were laden with ... tons of ... cargo.

Compartments (b)	Rat indications (c)	Rat harbourage		Deratting				
		discovered (d)	treated	By fumigation			By catching, trapping or poisoning	
				Fumigant ...	Hours exposure ...			
				Space (cubic feet)	Quantity used (e)	Rats found dead	Traps set or poisons put out	Rats caught or killed
Holds 1								
2								
3								
4								
5								
6								
7								
Shelter deck space								
Bunker space								
Engineroom and shaft alley								
Forepeak and storeroom								
Afterpeak and storeroom								
Lifeboats								
Charts and wireless rooms								
Galley								
Pantry								
Provision								

³¹ The French version of the certificate that is included in the IHR 1969 has been omitted for the purposes of this consultation paper.

storerooms								
Quarters (crew)								
Quarters (officers)								
Quarters (cabin passengers)								
Quarters (steerage)								
Total								

- (a) Strike out the unnecessary indications.
- (b) In case any of the compartments enumerated do not exist on the ship or inland navigation vessel, this fact must be mentioned.
- (c) Old or recent evidence of excreta, runs, or gnawing.
- (d) None, small, moderate, or large.
- (e) State the weight of sulphur or of cyanide salts or quantity of HCN acid used.
- (f) Specify whether applies to metric displacement or any other method of determining the tonnage.

RECOMMENDATIONS MADE In the case of exemption, state here the measures taken for maintaining the ship or inland navigation vessel in such a condition that it is free of rodents and the plague vector.

Seal, name, qualification and signature of the inspector.

*See Article 25 and the WHO publication *Vector Control in International Health (1972)*.

APPENDIX C2: KEY PROVISIONS RELEVANT TO SHIP SANITATION IN THE IHR 2005

(The full text of the IHR 2005 is available on the WHO website, www.who.int).

Article 20 Airports and ports³²

1. States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1.
2. States Parties shall ensure that Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates are issued in accordance with the requirements in Article 39 and the model provided in Annex 3.
3. Each State Party shall send to WHO a list of ports authorized to offer:
 - (a) the issuance of Ship Sanitation Control Certificates and the provision of the services referred to in Annexes 1 and 3; or
 - (b) the issuance of Ship Sanitation Control Exemption Certificates only; and
 - (c) extension of the Ship Sanitation Control Exemption Certificate for a period of one month until the arrival of the ship³³ in the port at which the Certificate may be received.

Each State Party shall inform WHO of any changes which may occur to the status of the listed ports. WHO shall publish the information received under this paragraph.

4. WHO may, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1 and 3 of this Article. These certifications may be subject to periodic review by WHO, in consultation with the State Party.
5. WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports and ports under this Article. WHO shall also publish a list of certified airports and ports.

Article 27 Affected conveyances³⁴

1. If clinical signs or symptoms and information based on fact or evidence of a public health risk, including sources of infection³⁵ and contamination, are found on board a conveyance, the competent authority shall consider the conveyance as affected and may:
 - (a) disinfect, decontaminate, disinsect or derat³⁶ the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and

³² "Port" is defined in Article 1 as "a seaport or a port on an inland body of water where ships on an international voyage arrive or depart".

³³ "Ship" is defined in Article 1 as "a seagoing or inland navigation vessel on an international voyage".

³⁴ "Conveyance" is defined in Article 1 as "an aircraft, ship, train, road vehicle or other means of transport on an international voyage"; "affected" as "persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk".

³⁵ "Infection" is defined in Article 1 as "the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk".

³⁶ "Disinfection" is defined in Article 1 as "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"; "decontamination" as "a procedure whereby health measures are taken to eliminate an infectious or

- (b) decide in each case the technique employed to secure an adequate level of control of the public health risk³⁷ as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed, unless the competent authority determines that other methods are as safe and reliable.

The competent authority may implement additional health measures,³⁸ including isolation³⁹ of the conveyances, as necessary, to prevent the spread of disease. Such additional measures should be reported to the National IHR Focal Point.⁴⁰

2. If the competent authority for the point of entry⁴¹ is not able to carry out the control measures required under this Article, the affected conveyance may nevertheless be allowed to depart, subject to the following conditions:
 - (a) the competent authority shall, at the time of departure, inform the competent authority for the next known point of entry of the type of information referred to under subparagraph (b); and
 - (b) in the case of a ship, the evidence found and the control measures required shall be noted in the Ship Sanitation Control Certificate.

Any such conveyance shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

3. A conveyance that has been considered as affected shall cease to be regarded as such when the competent authority is satisfied that:
 - (a) the measures provided in paragraph 1 of this Article have been effectively carried out; and
 - (b) there are no conditions on board that could constitute a public health risk.

Article 39 Ship sanitation certificates

1. Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates shall be valid for a maximum period of six months. This period may be extended by one month if the inspection or control measures required cannot be accomplished at the port.
2. If a valid Ship Sanitation Control Exemption Certificate or Ship Sanitation Control Certificate is not produced or evidence of a public health risk is found on board a ship, the State Party may proceed as provided in paragraph 1 of Article 27.

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

³⁷ “Public health risk” is defined in Article 1 as “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”.

³⁸ “Health measure” is defined in Article 1 as “procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures”.

³⁹ “Isolation” is defined in Article 1 as “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”.

⁴⁰ “National IHR Focal Point” is defined in Article 1 as “the national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations”.

⁴¹ “Point of entry” is defined in Article 1 as “a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit”.

3. The certificates referred to in this Article shall conform to the model in Annex 3.
4. Whenever possible, control measures shall be carried out when the ship and holds are empty. In the case of a ship in ballast, they shall be carried out before loading.
5. When control measures are required and have been satisfactorily completed, the competent authority shall issue a Ship Sanitation Control Certificate, noting the evidence found and the control measures taken.
6. The competent authority may issue a Ship Sanitation Control Exemption Certificate at any port specified under Article 20 if it is satisfied that the ship is free of infection and contamination, including vectors and reservoirs. Such a certificate shall normally be issued only if the inspection of the ship has been carried out when the ship and holds are empty or when they contain only ballast or other material, of such a nature or so disposed as to make a thorough inspection of the holds possible.
7. If the conditions under which control measures are carried out are such that, in the opinion of the competent authority for the port where the operation was performed, a satisfactory result cannot be obtained, the competent authority shall make a note to that effect on the Ship Sanitation Control Certificate.

Article 41 Charges for baggage, cargo, containers, conveyances, goods or postal parcels

1. Where charges are made for applying health measures to baggage, cargo, containers, conveyances, goods or postal parcels under these Regulations, there shall be in each State Party only one tariff for such charges and every charge shall:
 - (a) conform to this tariff;
 - (b) not exceed the actual cost of the service rendered; and
 - (c) be levied without distinction as to the nationality, flag, registry or ownership of the baggage, cargo, containers, conveyances, goods or postal parcels concerned. In particular, there shall be no distinction made between national and foreign baggage, cargo, containers, conveyances, goods or postal parcels.
2. The tariff, and any amendment thereto, shall be published at least 10 days in advance of any levy thereunder.

ANNEX 1

A: Core Capacity Requirements for Surveillance and Response

1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:
 - (a) their surveillance, reporting, notification, verification, response and collaboration activities; and
 - (b) their activities concerning designated airports, ports and ground crossings.
2. Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core

capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of Article 13.

3. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.
4. At the local community level and/or primary public health response level

The capacities:

- (a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and
- (b) to report all available essential information immediately to the appropriate level of health-care response. At the community level, reporting shall be to local community health-care institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and
- (c) to implement preliminary control measures immediately.

5. At the intermediate public health response levels

The capacities:

- (a) to confirm the status of reported events and to support or implement additional control measures; and
- (b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.

6. At the national level

Assessment and notification The capacities:

- (a) to assess all reports of urgent events within 48 hours; and
- (b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9.

Public health response The capacities:

- (a) to determine rapidly the control measures required to prevent domestic and international spread;
- (b) to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (eg equipment, supplies and transport);
- (c) to provide on-site assistance as required to supplement local investigations;
- (d) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;
- (e) to provide direct liaison with other relevant government ministries;
- (f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;
- (g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and
- (h) to provide the foregoing on a 24-hour basis.

B: Core Capacity Requirements for Designated Airports, Ports and Ground Crossings

1. At all times

The capacities:

- (a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;
- (b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;
- (c) to provide trained personnel for the inspection of conveyances;
- (d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and
- (e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

2. For responding to events that may constitute a public health emergency of international concern

The capacities:

- (a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;
- (b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;
- (c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;
- (d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;
- (e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose;
- (f) to apply entry or exit controls for arriving and departing travellers; and

to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination

ANNEX 3: MODEL SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE

Port of Date:

This Certificate records the inspection and 1) exemption from control or 2) control measures applied

Name of ship or inland navigation vessel Flag Registration/IMO No

At the time of inspection the holds were unladen/laden with tonnes of cargo

Name and address of inspecting officer

Ship Sanitation Control Exemption Certificate

Ship Sanitation Control Certificate

Areas, [systems and services] inspected	Evidence found ¹	Sample results ²	Documents reviewed		Control measures applied	Re-inspection date	Comments regarding conditions found
Galley			Medical log				
Pantry			Ship's log				
Stores			Other				
Hold(s)/cargo							
Quarters:							
- crew							
- officers							
- deck							
- passengers							
- deck							
Potable water							
Sewage							
Ballast tanks							
Solid and medical waste							

Standing water							
Engine room							
Medical facilities							
Other areas specified – see attached							
Note areas not applicable, by marking N/A							

No evidence found. Ship/vessel is exempted from control measures.

Control measures indicated were applied on the date below.

Name and designation of issuing officer Signature and seal Date

¹ (a) Evidence of infection or contamination, including vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical and other risks to human health; signs of inadequate sanitary measures. (b) Information concerning any human cases (to be included in the Maritime Declaration of Health).

² Results from samples taken on board. Analysis to be provided to ship's master by most expedient means and, if re-inspection is required, to the next appropriate point of call coinciding with the re-inspection date specified in this certificate.

Sanitation Control Exemption Certificates and Sanitation Control Certificates are valid for a maximum of six months, but the validity period may be extended by one month if inspection cannot be carried out at the port and there is no evidence of infection or contamination.

**ATTACHMENT TO MODEL SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL
CERTIFICATE**

Area/facilities/systems inspected	Evidence found	Sample results	Documents reviewed	Control measures applied	Re-inspection date	Comments regarding conditions found
Food						
Source						
Storage						
Preparation						
Service						
Water						
Source						
Storage						
Distribution						
Waste						
Holding						
Treatment						
Disposal						
Swimming pools/spas						
Equipment						
Operation						
Medical facilities						
Equipment and medical devices						
Operation						
Medicines						
Other areas inspected						

Indicate when the areas listed are not applicable by marking N/A

ANNEX 4 TECHNICAL REQUIREMENTS PERTAINING TO CONVEYANCES AND CONVEYANCE OPERATORS

Section A Conveyance operators

1. Conveyance operators shall facilitate:
 - (a) inspections of the cargo, containers and conveyance;
 - (b) medical examinations of persons on board;
 - (c) application of other health measures under these Regulations; and
 - (d) provision of relevant public health information requested by the State Party.
2. Conveyance operators shall provide to the competent authority a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a Maritime Declaration of Health, or the Health Part of an Aircraft General Declaration as required under these Regulations.

Section B Conveyances

1. Control measures applied to baggage, cargo, containers, conveyances and goods under these Regulations shall be carried out so as to avoid as far as possible injury or discomfort to persons or damage to the baggage, cargo, containers, conveyances and goods. Whenever possible and appropriate, control measures shall be applied when the conveyance and holds are empty.
2. States Parties shall indicate in writing the measures applied to cargo containers or conveyances, the parts treated, the methods employed, and the reasons for their application. This information shall be provided in writing to the person in charge of an aircraft and, in the case of a ship, on the Ship Sanitation Control Certificate. For other cargo, containers or conveyances, States Parties shall issue such information in writing to consignors, consignees, carriers, the person in charge of the conveyance or their respective agents.

ANNEX 5 SPECIFIC MEASURES FOR VECTOR-BORNE DISEASES

1. WHO shall publish, on a regular basis, a list of areas where disinsection or other vector control measures are recommended for conveyances arriving from these areas. Determination of such areas shall be made pursuant to the procedures regarding temporary or standing recommendations, as appropriate.
2. Every conveyance leaving a point of entry situated in an area where vector control is recommended should be disinsected and kept free of vectors. When there are methods and materials advised by the Organization for these procedures, these should be employed. The presence of vectors on board conveyances and the control measures used to eradicate them shall be included:
 - (a) in the case of aircraft, in the Health Part of the Aircraft General Declaration, unless this part of the Declaration is waived by the competent authority at the airport of arrival;

- (b) in the case of ships, on the Ship Sanitation Control Certificates; and
 - (c) in the case of other conveyances, on a written proof of treatment, issued to the consignor, consignee, carrier, the person in charge of the conveyance or their agent, respectively.
3. States Parties should accept disinsecting, deratting and other control measures for conveyances applied by other States if methods and materials advised by the Organization have been applied.
4. States Parties shall establish programmes to control vectors that may transport an infectious agent that constitutes a public health risk to a minimum distance of 400 metres from those areas of point of entry facilities that are used for operations involving travellers, conveyances, containers, cargo and postal parcels, with extension of the minimum distances if vectors with a greater range are present.
5. If a follow-up inspection is required to determine the success of the vector control measures applied, the competent authorities for the next known port or airport of call with a capacity to make such an inspection shall be informed of this requirement in advance by the competent authority advising such follow-up. In the case of ships, this shall be noted on the Ship Sanitation Certificate.
6. A conveyance may be regarded as suspect and should be inspected for vectors and reservoirs if:
- (a) it has a possible case of vector-borne disease on board;
 - (b) a possible case of vector-borne disease has occurred on board during an international voyage; or
 - (c) it has left an affected area within a period of time where on-board vectors could still carry disease.
7. A State Party should not prohibit the landing of an aircraft or berthing of a ship in its territory if the control measures provided for in paragraph 3 of this Annex or otherwise recommended by the Organization are applied. However, aircraft or ships coming from an affected area may be required to land at airports or divert to another port specified by the State Party for that purpose.
8. A State Party may apply vector control measures to a conveyance arriving from an area affected by a vector-borne disease if the vectors for the foregoing disease are present in its territory.

ANNEX D: PORTS IN ENGLAND AUTHORISED TO ISSUE DERATTING EXEMPTION CERTIFICATES ONLY (ASTERISKED) OR BOTH DERATTING EXEMPTION CERTIFICATES AND DERATTING CERTIFICATES (Information taken from the website of the Association of Port Health Authorities)

Barrow-in-Furness	Plymouth – Yonderberry Jetty Thanks
*Berwick-upon-Tweed	
Blyth	Poole
*Boston	Portsmouth
Bristol	Portsmouth – HM Naval Base
	Portsmouth – Royal Clarence Yard
Colchester	*Ramsgate
Devonport	
Dover	River Tyne Ports
Exeter	Rochester
Falmouth/Truro ⁴²	*Seaham, Easington
	Southampton
Felixstowe	Sunderland
Fleetwood	
Folkestone	Teignmouth
Fowey	Weymouth
Gloucester	Whitehaven
	Wisbech
Goole	*Whitstable
Great Yarmouth	
Grimsby	Workington
Hartlepool	
Harwich	
Hull	
Immingham	
Ipswich	
King's Lynn	
Lancaster	
Littlehampton	
Liverpool	
London	
Lowestoft	
Manchester	
Middlesbrough	
Newhaven	
Plymouth ⁴³	
Plymouth – HM Naval Base	

⁴² Certificates issued also for the port of Penzance

⁴³ Certificates issued also for the ports of Barnstable and Bideford

ANNEX E: DRAFT REGULATORY IMPACT ASSESSMENT

Introduction

1. This is a draft regulatory impact assessment (RIA) for the proposals in this consultation paper on implementing in England the provisions in the International Health Regulations (IHR) 2005 on ship sanitation certificates

Purpose and Intended Effect

Objectives

2. The changes proposed will make it possible to meet in England the requirements of the IHR 2005 in relation to ship sanitation certificates. This should:

- help ships' operators, by enabling them to obtain in England ship sanitation certificates that will be recognised internationally;
- maintain the international attractiveness of ports in England (which would not happen if they were not able to issue ship sanitation certificates); and
- contribute to the overall purpose of the IHR 2005 of protecting public health without undue interference with international traffic and trade.

Background

3. The purpose of the International Health Regulations 2005 is "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and which avoid unnecessary interference with international traffic and trade" (Article 2 of the IHR). They were adopted by the World Health Assembly in May 2005. (The Assembly is the supreme decision-making body of the World Health Organization, attended by delegations from all 193 member states).

Rationale for Government Intervention

4. The UK is a member of the World Health Organization and currently bound by the IHR 1969. Consequently, it will be bound by the IHR 2005 from June 2007 (the date when the IHR 2005 generally come into force).

5. Even if the UK were not bound to implement the provisions in the IHR 2005 on ship sanitation certificates, there would be a strong case for doing so. The deratting certificates that ports in England currently issue (as provided for in the IHR 1969) will become obsolete as the IHR 2005 are implemented globally.

Consultation

Within Government

6. The measures proposed have been discussed within the UK Government by departments with an interest, for example, in transport, trade, local government, health and safety, animal and human health, and defence. They have also been discussed with the Scottish Executive, the Welsh Assembly Government and the Department of Health, Social Services and Public Safety in Northern Ireland.

Public Consultation

7. The IHR themselves were produced by the World Health Organization, which involved a wide range of governmental and non-governmental interests in an international process before the IHR were adopted by the World Health Assembly in May 2005.

8. The UK Government has held initial discussions with the Health Protection Agency, the Association of Port Health Authorities, the Chartered Institute of Environmental Health and the Royal Mail in developing the proposals reflected in this paper.

9. The public consultation that is now being conducted provides an opportunity for a wider range of interests to contribute to the shaping of the Government's proposals.

Options

10. Three main options have been identified for the implementation of the provisions on ship sanitation certificates in the IHR 2005:

Option 1 – do nothing

This option would entail not implementing the provisions on ship sanitation certificates in the IHR 2005.

Option 2 – implement the ship sanitation provisions from 15 June 2007

This option would entail implementing the ship sanitation provisions from the date the IHR 2005 generally come into force.

Option 3 – implement the ship sanitation provisions from 15 June 2008

This option would entail implementing the ship sanitation provisions a year later than under Option 2.

(It is possible to identify further variants, by choosing dates between June 2007 and June 2008 for implementation).

Costs and Benefits

Sectors and Groups Affected

11. The changes proposed to implement the IHR provisions on ship sanitation certificates will affect:

Directly

- the bodies responsible for issuing ship sanitation certificates (and those currently responsible for issuing deratting certificates);
- ships' operators, who will want to obtain ship sanitation certification certificates, rather than deratting certificates, because under the IHR 2005 only the former will be internationally recognised documents;
- the Health Protection Agency, which we propose should have some responsibilities in relation to ship sanitation certificates (providing to WHO details of bodies authorised to issue, or extend the validity of, certificates; receiving information from competent authorities if they use control measures such as isolation of a ship);
- any body or bodies that might provide support to those issuing certificates, for example by supplying forms and/or providing guidance on the calculation of charges;

Indirectly

- the population of the UK and of the world as a whole, who potentially benefit from the improved contribution to public health that will be made by the IHR 2005 compared with the IHR 1969.

Devolved Administrations

12. Public health is generally devolved, and it is for the National Assembly for Wales, the Scottish Executive, and the Department of Health, Social Services and Public Safety to implement in Wales, Scotland and Northern Ireland respectively the provisions in the IHR 2005 on ship sanitation certificates. However, the UK Government works closely with those bodies, and all four recognise the case for consistency in the requirements that are placed on conveyance operators in different parts of the UK.

Benefits

13. We have identified that the benefits for each option are as follows:

Option 1 – Do Nothing

There are no benefits.

Option 2 – Implement provisions on certificates from 15 June 2007

The benefits of this option are that from an early date:

- ships' operators will be able to obtain in England the ship sanitation certificates that they will be required to produce by an increasing number of other countries as the IHR 2005 are implemented;
- as a result, ports in England will maintain their attractiveness internationally;
- the associated public health benefits will begin to be achieved.

Option 3 – Implement provisions on certificates from 15 June 2008

The benefit of this approach is that it gives ships' operators and the bodies that will issue certificates more time to prepare for the implementation of the provisions on ship sanitation certificates.

Costs

14. We have identified that the costs of each option are as follows:

Option 1 – Do Nothing

If the provisions on ship sanitation certificates are not implemented in England, ports in England are likely to become less attractive to ships engaged on international voyages, since they will not be able to obtain in England the certificates that will be required by an increasing number of other countries as the IHR 2005 are implemented.

Internationally, the failure to provide for ship sanitation certificates in England might be the subject of comment. Other countries might use the UK example to justify failing to implement aspects of the IHR themselves. There could be a cost to public health as a result.

Option 2 – Implement provisions on certificates from 15 June 2007

Because ship sanitation certificates cover a wider range of health risks than the existing deratting certificates, it is *possible* that:

- inspections relating to them will take longer and so will cost more;
- inspections are more likely to identify the need for a health measure, or measures, to be applied.

Under Proposal 10, these costs would be charged to the ship's operator, not met from the public purse.

It is important, however, not to overstate these possible additional costs:

- additional inspection costs could certainly arise if the introduction of ship sanitation certificates meant a move from a position in which the only checks carried out on ships related to the presence of rats. In practice, of course, that is not the case: there are already checks on ships for a number of other reasons, although not currently under the Public Health (Ships) Regulations 1979. One of the issues raised in paragraph 4.30 of the consultation paper is how we can avoid duplication of effort and over-inspection;
- it is not clear that a significant number of additional health measures will be needed as a result of the introduction of ship sanitation certificates. For example, we understand that currently inspections at Southampton, which is a busy port, identify the need for only around two ships a year to be deratted.

Under option 2, any extra costs would arise from June 2007 (with the possibility of some start-up costs, for example to train staff in new procedures, before that). However, on the assumption that deratting certificates would continue to be recognised as valid, at least until June 2008, any extra costs or burdens would build up more gradually than under option 3.

In addition to the costs of inspections and health measures, there will also be some administrative costs to bodies authorised to issue/extend the validity of certificates and to the Health Protection Agency. These arise as a result of the proposals that:

- bodies authorised to issue/extend the validity of certificates should let the Agency have their details, and that the Agency should pass these details to WHO (proposal 7); and
- bodies authorised to issue/extend the validity of certificates should inform the Agency if they apply additional health measures, such as isolation (paragraph 4.19).

However, these costs seem likely to be de minimis, and in the latter case to arise only rarely.

Option 3 – Implement provisions on certificates from 15 June 2008

The same additional costs would arise as under Option 2. They would not arise until June 2008 (or earlier, in the case of start up costs), ie later than under Option 2; but they would not build up so gradually as under Option 2 (because there would be fewer ships with deratting certificates after June 2008). In addition, the benefits associated with early implementation under option 2 would not be achieved to the same extent.

15. As noted in relation to Proposal 10, carrying out inspections and issuing certificates would have costs to the bodies (local authorities) authorised to issue certificates, which we envisage should be recovered through charges to ships' operators. Applying, or supervising the application of, any health measures required before certificates could be issued would also have costs; where these are incurred by local authorities, we envisage that they would also be able to recover them from the ships' operators. We would welcome any comments on what costs are likely to arise/points to be taken into account in calculating them.

Equity and Fairness Including Race Equality Assessment

16. We have considered the potential impact of our proposals on race equality. The IHR 2005 envisage that all ships engaged in international traffic and trade will have ship sanitation certificates, so in that respect there are no equity or fairness issues. Different control measures might be called for in relation to different ships, but this would be on the basis of public health risk, not by race of the crew, passengers, or operators.

Small Firms Impact Test

17. There are no small firms issues [unless responses to the consultation indicate otherwise].

Competition Assessment

18. There are no competition issues [unless responses to the consultation indicate otherwise]. In informal discussions with the Royal Mail of Proposal 12, Royal Mail sought reassurance that any additional burdens that result from abolition of the saving for mail would apply equally to other postal carriers in a competitive market place. We envisage that:

- there would be powers to inspect/apply other health measures to all mail, no matter who carries it;
- but there might be a public health justification for using the powers in relation to one carrier (for example, because it was bringing mail from a dangerous location; or had a record of allowing its mail to become infested; or because there was evidence, visible to a public health officer inspecting the ship, of infection/contamination) and not in relation to another.

Rural Proofing

19. We envisage no adverse impact on rural areas as a result of these changes.

Enforcement, Sanctions and Monitoring

20. In the short to medium term, we envisage that the same arrangements for enforcement and sanctions will apply as now, although as made clear in the consultation paper we would welcome views on whether these arrangements need to be strengthened or revised in the light of other initiatives. In terms of monitoring, one of our proposals is that the Health Protection Agency should be kept informed of the use that is made of control measures such as isolation of ships.

Implementation and Delivery Plan

21. As explained above, the IHR 2005 come into effect on 15 June 2007, although States have until 15 June 2008 to adjust their domestic arrangements. The consultation invites views on what the implementation date should be for the ship sanitation provisions in England.

22. The provisions in the IHR 2005 on ship sanitation certificates build on those in the IHR 1969 on deratting certificates, and we therefore think that implementation will be a relatively straightforward matter for the bodies involved (assuming, as proposed in the consultation, that the bodies which are currently responsible for issuing deratting certificates are generally those which will become responsible for issuing ship sanitation certificates).

Post-implementation Review

23. In addition to the UK Government's commitment to review of all new legislation after three years, there is a requirement under the IHR to review our surveillance and public health capacities within two years of the IHR's coming into effect. In principle, this might lead us to identify changes that it would be desirable to make to the arrangements proposed in this consultation.

Summary and Recommendation

24. For the reasons set out above, and subject to views expressed in response to this consultation, the Department of Health considers that the right option is that reflected in the proposals made in the consultation paper.

Contact Point []
Department of Health

ANNEX F: FORM FOR RESPONDING TO THIS CONSULTATION

Please return this form to reach the Department of Health no later than Friday 23 March 2007. Responses can be:

- emailed to shipsanitation@dh.gsi.gov.uk;
- posted to Ben Cole, Department of Health, Wellington House, 135-155 Waterloo Road London SE1 8UG; or
- faxed to Ben Cole on 020 7972 1008.

Respondent details
Name
Address
Telephone
Email
Fax
If you are responding on behalf of an organisation, please give the name of the organisation and a brief account of its membership
Please see Annex A on disclosure of responses, and indicate if there is any information in your response that you do not wish to be disclosed.

Proposal 1: Form of the certificate

We propose to amend the Public Health (Ships) Regulations 1979 to provide that ship sanitation certificates must have the form prescribed in Annex 3 of the IHR 2005. If you have strong views on that form, we would be interested to know what these are, so that they can be taken into account in any discussions of possible future amendments to the IHR.

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Proposal 2: Supply of the certificate

Should there continue to be a central supply in England of forms for certificates?

Yes/no

If yes, where should this supply point be, and what form should this supply take (eg printed paper forms; material available electronically, perhaps on a password-protected website)?

Proposal 3: Period of validity

Our inclination is that all certificates issued in England should have a six month period of validity. Do you agree?

Yes/no

Alternatively, are there arguments for setting shorter periods of validity where the circumstances on the ship concerned justify it? (What might such circumstances be? Would this action be proportionate to the health risk involved?).

Proposal 4: Who should issue certificates?

Do you agree that authorised local authorities (including port health authorities) should be able to issue certificates?

Yes/no

If your answer is no, please give reasons

Are there other bodies that it should be possible to authorise to issue certificates?
What other bodies, and why?

Proposal 5: What standards should be met by bodies authorised to issue certificates?
Do you agree that a body authorised to issue certificates should ensure that:

a) the task of inspecting a ship with a view to issuing a certificate is carried out by an environmental health officer?

Yes/no

and that (in the case of a body authorised to issue Ship Sanitation Control Certificates)
b) any control measures necessary before the issue of the Ship Sanitation Control Certificate are applied by, or under the supervision of, an environmental health officer?

Yes/no

If your answer is no to either or both parts of this question, please give reasons and explain what approach you would adopt instead.

Proposal 6: Who should be authorised to extend the validity of certificates and what standards should they meet?

Do you agree that bodies in England should be authorised to extend the validity of certificates?

Do you agree that the kind of bodies authorised to issue certificates should be the kind of bodies that can be authorised to extend the validity of certificates?

Yes/no

If your answer is no to either of these questions, please give reasons:

Do you agree that inspection of a ship should be carried out by an environmental health officer before the validity of a certificate is extended?

Yes/no

If not, please give your reasons:

Is it necessary to make provision in England for extending the validity of a certificate without first completing an inspection of the ship?

Yes/no

If you have answered yes, please give your reasons.

Proposal 7: Providing information to WHO

Do you agree that bodies should be required to provide their details to the Health Protection Agency as a condition of being authorised to issue (or to extend the validity of) certificates?

Yes/no

And that the Agency should be required to keep WHO informed of authorised bodies in England?

Yes/no

If your answer is no to either or both parts of this question, please give reasons and explain what other means you would prefer in order to fulfil the requirement to notify WHO of authorised bodies.

Proposal 8: Provision of information by WHO

Are there any points about the availability of information on bodies authorised world-wide to issue, or extend the validity of, certificates, that you would like to draw to our attention? If so, what?

Proposal 9: Action if a valid certificate is not produced or if there is evidence of a public health risk

Do you have any comments on the proposal at paragraph 4.18 on the action to be taken if a ship cannot produce a valid certificate, or if evidence of a public health risk is found on board? (For example, points you would like us to bear in mind in making it possible in England to take the action envisaged by the IHR 2005?)

It is a requirement under the IHR 2005 that the National IHR Focal Point should be notified if the competent authority applies additional health measures, such as the isolation of the ship. Do you have any comments on the proposals at paragraph 4.19 for meeting this requirement?

Proposal 10: Charges for issuing certificates and applying control measures

Do you agree that ships' operators, rather than bodies authorised to issue certificates, should meet the costs of inspecting ships; applying, or supervising the application of, any control measures necessary before the issue of a Ship Sanitation Control Certificates; and issuing (or extending the validity of) certificates?

Yes/no

If your answer is no, please give your reasons.

Do you agree that inspection costs should be calculated by the body concerned, rather than set centrally by the Secretary of State?

Yes/no

If your answer is no, please give your reasons and explain what approach you would adopt instead.

Would it be helpful to have some guidance on how costs should be calculated?

Yes/no

If so, who should produce this?

Are there any points you would want the guidance to take into account?

Do you agree that bodies authorised to issue certificates should publish their charges at least ten days in advance? If not, how else would you meet the IHR requirement to publish charges at least 10 days in advance?

Proposal 11: The armed forces

Do you agree that, while generally maintaining the existing exemption for UK and certain other armed forces, it should be possible, by agreement with a local authority, for a ship of the exempt armed forces to be issued with a certificate by that local authority, once an inspection has been completed and any health measures required applied?

Yes/no

If your answer is no, please give your reasons.

Proposal 12: Mail

Do you agree that the “saving for mail” in the Public Health (Ships) Regulations should be repealed and that instead the regulations should allow the inspection of, and application of health measures to, mail?

Yes/no

If not, please give your reasons.

Do you have any comments on the possible abolition of the saving for mail in the Public Health (Aircraft) Regulations? If there is no general saving for mail, are there other provisions that should be written into the regulations, for example to take account of the desirability of not delaying mail unduly, or to reflect the requirements of international agreements on mail?

Proposal 13: Enforcement and sanctions

Do you have any views on what approach it would be appropriate to take to enforcement and sanctions in future? If so what, and why?

Proposal 14: Protection against forgery

Do you have any views on what measures should be taken in the production and issue of certificates to guard against forgery? If so what and why? (We would also be interested in any information on how common forgery is and what form it takes).

Should future regulations repeat the requirement for the body that issues a certificate to retain a copy of it?

Yes/no

If so, for how long should the copy be retained? Please give reasons

Proposal 15: Maximising the costs and minimising the benefits

What are your views on the draft regulatory impact assessment at Annex E?

Proposal 16: When should ship sanitation certificates become available?

Do you favour 15 June 2007; 15 June 2008; or an intermediate date?

How important is it, and why, to have the normal three months between the making of the new regulations and their coming into effect?

Proposal 17: Transitional arrangements

Do you agree that at least for an interim period public health authorities in England should treat a deratting certificate as equivalent to a ship sanitation certificate, unless they have reason to suspect that there is a risk of disease on a particular ship?

Yes/no

If your answer is no, please give your reasons.

Thank you for taking part in this consultation.