

**INDIAN AIRCRAFT  
(PUBLIC HEALTH)  
RULES, 2015**

[TO BE PUBLISHED IN THE GAZETTE OF INDIA, PART 6 II, SECTION -3,  
SUB-SECTION (i)]

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

New Delhi, the 2015

NOTIFICATION

The following draft of certain rules which the Central Government proposes to make in exercise of the powers conferred by section 8A of the Aircraft Act, 1934 (22 of 1934), and in supersession of the Indian Airport (Public Health) Rules, 1954, for information of all the Stakeholders and persons likely to be affected for their comments to be taken into consideration after a period of thirty days from the date on which the draft Rules are uploaded on the website.

Any objection or suggestion which may be received from any person with respect to the said draft rules before the expiry of the period specified above will be considered by the Central Government.

Objections or suggestions, if any, may please be submitted either to the Director General of Health Services, Nirman Bhawan, New Delhi - 110011 or through email ID [sk.singh59@nic.in](mailto:sk.singh59@nic.in) by 25<sup>th</sup> January, 2015.

DRAFT RULES  
PART 66I 6 PRELIMINARY

1. Short title and commencement. 66 (1) These rules may be called the Indian Aircraft (Public Health) Rules, 2015.

(2) They shall come into force on the date of their final publication in the Official Gazette.

2. Definitions. 66 In these rules, unless the context otherwise requires, 66

- (1) "airport" means any airport declared as such by the Central Government and where international flight arrives or departs;
- (2) "airport health officer" means the officer appointed by the Central Government or any other officer appointed by the Central Government to perform the functions as airport health officer;
- (3) "aircraft operator" and "pilot-in-command" shall have the same meanings assigned to them as in the Aircraft Rules, 1937;
- (4) "affected" means persons, baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, which constitute a public health risk;
- (5) "affected area" means a geographical location specifically for which health measures have been recommended under International Health Regulations, 2005;
- (6) "arrival" means arrival of persons or conveyances, cargo, aircraft or, goods in the defined area of an airport;
- (7) "baggage" means the personal effects of a traveler or of a member of the crew;
- (8) "cargo" means goods carried on a aircraft or conveyance;
- (9) "container" means an article of transport equipment 66
  - (a) of a permanent character and accordingly strong enough to be suitable for repeated use;
  - (b) specially designed to facilitate the carriage of goods by one or more modes of transport, without intermediate reloading;
  - (c) fitted with devices permitting its ready handling, particularly its transfer from one mode of transport to another; and
  - (d) specially designed as to be easy to fill and empty;
- (10) "container loading area" means a place or facility set aside for containers used in international traffic;

- (11) "contamination" means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including aircraft or conveyance, that may constitute a public health risk;
- (12) "crew" means personnel of aircraft or conveyance employed for duties on board;
- (13) "decontamination" means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including aircraft or conveyance, that may constitute a public health risk;
- (14) "departure" means, for persons, baggage, conveyances, cargo, aircraft or conveyance, postal parcels or goods, the act of leaving the country;
- (15) "designated airports" means the airports designated as such by the Central Government as per the principles laid down in the International Health Regulations, 2005;
- (16) "disease" means an illness or medical condition, irrespective of origin or source, that may cause significant harm to humans;
- (17) "disinfection" means the procedure whereby health measures are taken to control or kill infectious agents on a human or animal body surface or in or on baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels by direct exposure to chemical or physical agents;
- (18) "disinsection" means the procedure whereby health measures are taken to control or kill the insect vectors present in baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels;
- (19) "event" means a manifestation of disease or an occurrence that creates a potential for disease;
- (20) "free pratique" means permission for aircraft after landing, to embark or disembark, discharge or load cargo or stores;
- (21) "goods" mean tangible products, including animals and plants, transported on an international voyage, including for utilisation on board a aircraft or conveyance;
- (22) "health measure" means procedures applied to prevent the spread of disease or contamination and shall not include security measures;
- (23) "infected area" means, in relation to
- (i) yellow fever disease, any area declared as such by the World Health Organisation;
  - (ii) public health emergency of international concern, any area declared as such by the World Health Organisation or National IHR focal point;

(24) "infected person" means a person who is suffering from yellow fever disease or public health emergency of international concern, or who is believed to be infected with such a disease;

(25) "ill person" means an individual suffering from or affected with a physical ailment that may pose a public health risk;

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

(27) "inspection" means examination, by the airport health officer of areas, baggage, containers, aircraft or conveyances, facilities, goods or postal parcels, including relevant data and documentation, to determine if a public health risk exists;

(28) "international flight" means a flight for which the place of departure and the place of destination are situated within the territories of two or more countries;

(29) "invasive" means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity and shall not include medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; radioscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography;

(30) "isolation" means separation of ill or contaminated persons or affected baggage, containers, aircraft or conveyance, facilities, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;

(31) "National IHR focal point" means a national center as such designated by the Central Government for the purpose of these rules;

(32) "medical examination" means the preliminary assessment of a person by an authorised health worker or by a person under the supervision of the airport health officer, to determine the person's health status and potential public health risk to others, and shall include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case;

(33) "point of entry" means a passage for international entry or exit of persons, baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels providing services to them on entry or exit;

(34) "period of incubation" means,

(i) in respect of yellow fever, it will be six days; and

(ii) in respect of other diseases, such period as may be declared by the Central Government;

(35) "public health emergency of international concern" means an extraordinary event which is determined

(i) to constitute a public health risk to the country and other countries through the international spread of disease; and

(ii) to potentially require a coordinated international response;

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

(37) "quarantine" means the restriction of activities and, or, separation from others of suspect persons who are not ill or of suspect baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels in such a manner as to prevent the possible spread of infection or contamination;

(38) "surveillance" means the systematic ongoing collection, collation and analysis of data and the timely dissemination of public health information for assessment and public health response as may be considered necessary for public health purposes;

(39) "suspect" means those persons, baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels considered by the airport health officer as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

(40) "traveler" means any person undertaking an international voyage including crew;

(41) "vector" means an insect or other animal which normally transports an infectious agent that constitutes a public health risk;

## PART II – PUBLIC HEALTH RESPONSE

3. Functions of Central Government. (1) The Central Government shall designate a National IHR focal point for the implementation of health measures provided under these regulations and notify occurrence of public health emergency of international concern and constituted a task force to deal with such occurrence of public health emergency of international concern or any other infection disease.

(2) The National IHR focal point designated under sub-regulation (1) shall

(a) coordinate the public health response within the country;

(b) report occurrence of public health emergency of international concern to the contact point designated by the World Health Organisation; and

(c) disseminate information to, and consolidate input from, the concerned government departments dealing with surveillance and reporting, points of entry, public health services, clinics and hospitals.

4. Role of airport health officer. Airport health officer shall

(a) be responsible for surveillance and application of public health measures at the airports, including health screening and medical examination of the travelers, if necessary;

and inspection of baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels, human remains and relevant documents, whenever necessary;

(b) supervise and coordinate with the concerned agency to ensure that facilities used by travelers are maintained in a sanitary and hygienic condition including potable water supplies, public wash rooms, appropriate liquid and solid waste disposal facilities and are kept free of sources of infection and contamination, including vectors by conducting periodic inspections;

(c) supervise and provide technical guidance to the concerned agency for disinfection, disinsection and decontamination of baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels and human remains as appropriate;

(d) provide technical guidance to the concerned agency for removal and safe disposal of any contaminated water, food, human or animal remains or excreta, waste water and any other contaminated matter from an aircraft and airport premises;

(e) provide in place effective contingency plan to deal with public health emergency of international concern and any other infectious disease and shall direct the aircraft or conveyance operator for taking preventive measures;

(f) disseminate information to the concerned agencies at the airport regarding the public health emergency of international concern and the measures to deal with it;

(g) communicate as quickly as possible, with the National IHR focal point on the relevant surveillance activities, potential public health risk, and public health measures;

(h) take all practicable measures to monitor and control the potentially disease causing agents which might contaminate the airport premises;

(i) coordinate additional health measures at the airport as decided by the Central Government in the event of public health emergency of international concern;

(j) consider, if there are verifiable indications or evidence that the measures applied on departure from the affected area were unsuccessful, imposition of and additional health measures for travelers, aircraft or cargo, containers, conveyances, goods, postal parcels and human remains arriving from an affected area on arrival;

### PART III ó ARRIVAL

5. General provisions for incoming aircraft.óó (1) Except as provided under these rules, aircraft shall not be refused *free pratique* for public health reasons.

(2) Any airline, company or an agent on its behalf operating an aircraft engaged in any international flight to India shall provide, óó

(a) prior to arrival, passenger manifest and information regarding illness or death on board and any health measures applied on board;

(b) on arrival, a duly filled and signed Aircraft General Declaration as provided at Annexure 5.

(3) An aircraft in transit shall be restricted to a particular area of the airport and no embarkation, disembarkation, loading, unloading and discharge shall be allowed:

Provided that such aircraft shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and medication.

(4) When the airport health officer has reason to believe that the baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels have become contaminated by the infection of public health emergency of international concern or may serve as a vehicle for the spread of any such disease, such baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels shall be subjected to health measures provided for under these rules.

(5) Mail, newspapers, books, and other printed matters shall not be normally subjected to any sanitary measures.

(6) Cargo pertaining to food items and live stocks shall be dealt with as provided under rule 13.

(7) Till such time of clearance by the airport health officer, the cargo containing hazardous material shall be subject to strict inspection measures:

Provided that laboratory samples, blood, blood products and life saving medicines shall be exempted from the inspection.

6. Health measures during public health emergencies.— (1). Any aircraft having an infected person, (live or dead), on board shall beóó

- (i) required to land at an airport other than the airport of destination;
- (ii) inspected after granting *free pratique* and, if a source of infection or contamination is found on board, airport health officer may cause necessary disinfection, decontamination, disinsection, or any other measures to be carried out, to prevent the spread of the infection or contamination; and
- (iii) restricted, if the circumstances so require, to a particular area of the airport, and embarkation, disembarkation, loading, unloading and discharge shall be allowed only when the airport health officer is satisfied with the health measures undertaken:

Provided that such aircraft shall be permitted to take on, under the supervision of the airport health officer, fuel, water, food and medication.

- (2) Any aircraft cleared at one airport in the country shall be deemed to have been cleared for all other airports in the country subject to no untoward health event occurring during the journey.
- (3) Immediately on arrival and before disembarkations, the pilot-in-command of the aircraft shall provide the following information to the airport health officer, namely:óó



- (i) format of General Declaration as specified at Annexure 5;
- (ii) voluntary health form (when applicable);
- (iii) travelers' destination and telephone numbers and addresses, so that the traveler can be contacted;
- (iv) travelers' itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review of the travelers' health documents if they are required;
- (v) the aircraft configuration, cargo manifest, passengers' seat number and other such details to facilitate in the medical examination of passengers and crew, if necessary.

(4) The aircraft that has been considered as affected shall cease to be regarded as such when the airport health officer is satisfied that

- (i) the measures provided under these rules have been effectively carried out; and
- (ii) there are no conditions on board that could constitute a public health risk.

(5) Health measures taken pursuant to these rules shall be completed without delay and applied in a transparent and non-discriminatory manner.

#### 7. Additional health measures during public health emergency.

The airport health officer may,

- (a) require all travelers to undergo least intrusive or invasive medical examination to achieve the public health objective;
- (b) keep under isolation any infected or affected or suspected traveler for such period as he may consider necessary.
- (c) require travelers who have been exposed to infection, if they disembark, be placed under isolation or quarantine or surveillance for a period not exceeding the incubation period of the public health emergency of international concern to which they have been exposed, such period being reckoned from the time of the last exposure to infection;
- (d) require documents related to vaccination or other prophylaxis as recommended by World Health Organisation;
- (e) Apply additional health measures that prevent or control the spread of disease, including isolation, quarantine, and prophylaxis or placing the traveler under public health observation, if necessary; and
- (f) either require the traveler to undergo medical examination including laboratory investigations and undertake public health measures to the extent necessary to

control such a risk, or deny entry, as deemed fit, if there are reasonable grounds to believe that there is an imminent public health risk.

8. Special circumstances. (1) The following provisions shall apply if an aircraft, lands at an airport other than the airport at which it was scheduled to land on health grounds
- (i) the pilot-in-command of the aircraft shall make every effort to communicate with the nearest air port health officer without delay about the emergency landing;
  - (ii) as soon as the airport health officer has been informed of the landing, he may apply health measures provided in these rules or any other health measures as he deems fit;
  - (iii) no traveler on board shall be allowed to leave its vicinity and no cargo shall be removed from that vicinity, unless required for emergency purposes, authorised by the airport health officer.

(2) When all health measures required by the airport health officer have been completed, the aircraft shall be allowed to proceed to the airport.

9. Isolation and quarantine facilities. (1) The Central Government shall make suitable arrangements for isolation and quarantine of the passengers at the designated airports, as may be notified in this behalf.

(2) In case of other airports where suitable arrangements for isolation and quarantine are not available, the airport health officer may require the travelers to be diverted to the designated airports by the concerned airlines.

(3) The passengers suffering from public health emergency of international concern shall be treated free of cost at the identified hospitals as may be decided by the Central Government or any State Government in consultation with the Central Government.

(4) Any person, who is required to be disembarked and isolated for any period, may be removed, or caused to be removed, to an identified hospital detaining him therein for a period, as required.

(5) Persons who are under isolation for diseases may, in exceptional circumstances, at the discretion of the airport health officer be allowed to continue their journey before the expiry of the isolation period provided measures to safeguard the health of the other passengers and crew are taken.

#### PART 6 IV 6 DEPARTURE

10. General provisions before departure. (1) The provisions of this Part shall apply to all aircrafts leaving India on an international flight.

(2) The airport health officer shall, persuade the person to avoid travel or, if necessary, prohibit the embarkation on any aircraft if,

- (i) any person showing symptoms of any public health emergency of international concern; and

(ii) any person whom the airport health officer considers likely to transmit infection because of his close contact with a person showing symptoms of public health emergency of international concern,

in order to safeguard the health of other passengers and crew.

(3) Whenever the airport health officer considers it necessary, he may undertake health screening or medical examination of departing travelers, and take other health measures as are required.

(4) The airport health officer shall require a valid vaccination certificate or other documents from the departing travelers.

(5) A person in transit on an international flight, who is under surveillance, may be allowed to continue his journey in which case the airport health officer shall record this fact in the Aircraft General Declaration at Annexure 5.

(6) Subject to the provisions contained in this part, the airport health officer shall, before the aircraft departs, ensure the application of health measures to the travelers, baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels appropriate for the public health emergency of international concern.

#### PART 6 VECTOR CONTROL

11. Vector control measures. (1) All arriving aircraft,

(i) shall be required to be disinfected before landing at any airport in India in accordance with the provisions specified at Annexure 1 and the recommended methods of disinfection for aircrafts and laid down by the World Health Organisation as specified at Annexure 4.

(ii) notwithstanding the provisions contained in clause (i), if the pilot-in-command certifies that the aircraft

(a) has not visited a yellow fever affected country, as specified at Annexure 6 during the last thirty days; or

(b) has visited a yellow fever affected country during the last thirty days but has been disinfected thereafter; and

(c) is not carrying on board any passenger who has visited yellow fever affected country during the last six days; or

(d) has a valid residual insecticide spray certificate,

the aircraft shall not require disinfection; and

(iii) in case of public health emergency of international concern, may be subjected to additional measures as deemed necessary by the airport health officer.

(2) At airports

(i) the buildings, places used by travelers shall be required to be equipped with suitable equipment and all the necessary measures shall be taken to maintain the public places free from all kinds of vectors including mosquitoes, rats and such other insects;

(ii) occupants or owner of the premises in any area shall be responsible for undertaking appropriate anti vector measures so as keep their premises free from vectors of all types and the airport health officer shall supervise vector status within the airport premises so that it is kept free of all types of vectors for the purpose of these rules;

(iii) the airport health officer shall coordinate with concerned agencies to keep a distance of at least four hundred meters around the perimeter of every airport free of vectors of yellow fever, with extension of the minimum distance, if vectors with greater range are present.

#### PART -VI-PROVISIONS RELATED TO DEAD BODIES

12. Special provisions relating to the carriage of dead bodies and cremated remains. 66 (1) No person shall bring into India any human dead body or remains of persons who may have died of public health emergency of international concern, yellow fever or such other disease as may be notified by the Central Government without prior approval of the airport health officer.

(2) The airport authorities shall ensure that the dead body or human remains transported from abroad are kept at a separate designated place and shall observe proper professional etiquette while clearing the dead body.

(3) The consignee as well as the operator shall give prior information, of at least twelve hours of importation of the human dead body or remains or ashes of cremated bodies, to the airport health officer of the airport of arrival. The Format of dead body clearance is as specified in at Annexure 7:

Provided that nothing in this rule shall apply to the dead body of a person who dies during flight before arrival of the aircraft in India:

(4) The pilot-in-command of the aircraft shall send, prior information to the airport health officer of the airport, where he proposes to land in India, regarding the occurrence and, if possible, cause of death. On landing of the aircraft no passenger or member of the crew shall disembark until appropriate health measures have been taken by the airport health officer.

(5) All human remains arriving at Indian airports shall be accompanied by the following documents for the health clearance, namely: 66

(i) Documents required for clearing a dead body 66

(a) embalming certificate stating that the dead body or human remains have been embalmed and placed in a hermetically sealed (airtight and water proof) casket;

(b) death certificate or a true copy thereof with proper translation in English;

(c) a certificate or endorsement by the consignee that the casket contains the dead body or human remains of the person whose documents are presented for clearance to the airport health officer and nothing else;

(d) a certificate or endorsement of death from the Indian Diplomatic representatives, at the country of origin:

Provide that where there is no such Diplomatic representative, the airport health officer may waive off the requirement on the basis of accompanying documents;

(e) in case death has occurred due to chemical, radiation hazard, nuclear, food related event, the necessary documentation to this effect shall also be obtained.

(ii) In case where embalming is not undertaken death due to drowning or severe burns bodies or human remains have to be packed in a hermetically sealed urn or container. Un-embalmed human remains shall be required to meet additional packing requirements as may be assessed by the airport health officer as per the provisions contained in the Air Craft (Carriage of Dangerous Goods) Rules, 2003 along with the Aircraft Rules, 1937.

(iii) If the dead body or human remains have been properly cremated, the cremated ashes shall be placed in a hermitically sealed urn or a similar container.

(iv) In the case of un-cremated remains, the following procedure shall be adopted, namely:óó

(a) where a coffin has been exhumed and proves on examination to be intact, sound and free from offensive odour, it should be enclosed in hermetically sealed zinc or tinóólined wooden packing case filled with sawóódust impregnated with carbolic powder;

(b) where a coffin has been exhumed and is not intact and free from odour, its contents should be dealt with in accordance with the requirements of clause (a) above.

(v) Subject to the provisions of these rules, a package containing a dead body or human remains or ashes of cremated remains, which is in transit through India, shall not be subjected to any restrictions if it has been packed and sealed in the manner prescribed under these rules or in a manner which, in the opinion of the airport health officer, is considered to be equally satisfactory.

(vi) In cases of deaths due to communicable diseases not reported in India and having public health risk, such as viral hemorrhagic fevers (Lassa, Marburg, Ebola, Congo Crimean), avian influenza and senior acquit respiratory syndrome or others not yet isolated or named, the airport health officer may restrict the importation of human remains. While such restrictions are not generally employed, the health officer reserves the right to do so on a case to case basis, with the approval of the Central Government. Such bodies when permitted will be cremated under the supervision of airport health officer with the help of local police.

(vii) The package containing dead body or human remains or ashes of cremated bodies shall not be opened during its transit and shall be in sound sealed condition at the time of arrival. It shall not be removed from the precincts of the airport until the airport health official has permitted in writing its removal.

(viii) In case death has occurred due to chemical, radiation hazard, nuclear, food related event, the package containing dead body or human remains or ashes of cremated bodies shall not be opened during its transit and shall be in sound sealed condition at the time of arrival. It shall not be removed from the precincts of the airport until the airport health officer gives permission in writing for such removal.

#### PART 6 VII 66 FOOD HYGIENE AND SAFETY

13. Food hygiene requirements.66 (1) All food outlets within the airport or flight kitchens shall be licensed by the airport health officer or such other appropriate authority in accordance with the provisions contained in the Food Safety and Standards Act, 2006 (34 of 2006)

(2) Drinking water and food provided at the airport or on the aircraft must be maintained in hygienic condition. Service provider shall ensure mandatory microbiological testing of drinking water quality at the source and submit regular reports to the airport health officer. Airport health officer shall verify such reports to ensure the safety of water;

(3) Food suppliers from outside airport premises shall be required to submit a copy of Food Safety License in respect of the outlet from the concerned designated officer of the outlet to the airport health officer. Airport health officer may however supervise the ready to eat food items served or supplied to the aircraft or airports or outlets in the premises of the airport.

(4) All the food delivery personnel shall undergo periodic medical check-up.

(5) The airport health officer shall supervise the sanitary and food hygiene of all the food establishments including flight kitchens at the airport premises and of the food served within aircraft.

(6) The airport health officer shall discard the food to which is found unhygienic, adulterated and unsafe for human consumption and thereupon shall order for closure of any such food establishment and drinking water source.

#### PART VIII 6 SPECIAL PROVISIONS FOR YELLOW FEVER DISEASE

14. Health measures.66 (1) A traveler who has visited or transited through a yellow fever affected country and has arrived in India within six days of departure from such country shall be required to possess a valid certificate of vaccination against yellow fever, failing which he shall be quarantined (in a quarantine facility) up to a maximum period of six days from the date of departure from that country.

(2) All the quarantined travelers shall be kept in a mosquito free quarantine facility provided for the purpose at the international airport where the traveler has arrived or at the nearest quarantine facility if there is no such facility at the airport. The cost of transportation of the traveler to the quarantine facility will have to be borne by the traveler or the concerned airlines.

15. Provisions for transit travelers. Subject to the provisions contained in rule 14, travelers who are in transit and remain in the direct transit area of an airport or, if the airport is not yet provided with such an area, who submit to the measures for segregation prescribed by the airport health officer, shall not be subjected to any health measures other than the medical examination.

#### PART-IX-MISCELLANEOUS

16. Container and container loading areas in the airport premises. (1) Disinsection, disinfection, decontamination and other health procedures shall be carried out so as to avoid injury and possible discomfort to persons, or damage to the environment in a way which impacts on public health, or damage to baggage, cargo, containers, aircraft or conveyances, facilities, goods and postal parcels.

(2) Consignees and consignors of containers shall make every effort to avoid cross-contamination when multiple uses loading of containers is employed.

(3) All the agencies responsible for handling of containers shall ensure that facilities for the inspection and isolation of containers are available at container loading areas.

(4) Any sanitary measures, which has been applied to an aircraft at a previous airport of the country, shall not be repeated unless

(i) after the departure of the aircraft from the airport where the measures were applied, an incident of epidemiological significance calling for a further application of any such measure has occurred either in that airport or on board the aircraft; or

(ii) The airport health officer has reason to believe that the individual measure so applied was not substantially effective.

(5) Goods other than live stock in transit shall not be subject to health measures or detained for public health purposes unless the airport officer feels it necessary.

#### PART X SERVICE CHARGES AND FIXATION OF TARIFF

17. Service charges and tariff for services. (1) No charges shall be levied on passengers for accommodation, transportation, and treatment during quarantine or isolation period:

Provided that the traveler shall pay charges for food and personal requirements utilized by him.

(2) The airport health officer shall also not levy charges for

(i) any medical examination or investigations which may be required to ascertain the state of health of a traveler within the available means at his disposal;

(ii) any vaccination, if required, to be given to a traveler on arrival and issuance of vaccination certificate at the time of departure.

(3) The airport health officer shall, on request, issue free of charge

(i) to any traveler a certificate specifying the date of his arrival or departure and the measures applied to him and his baggage;

(ii) to the consignor, the consignee and the operator a certificate indicating the measures applied to the cargo.

(4) Where charges are levied for applying any health measures to travelers under these rules, there shall be uniform tariff for such charges and every charge shall, óó

(i) not exceed the actual cost of the service rendered; and

(ii) be levied without distinction as to the nationality, domicile or residence of the traveler concerned.

(5) If any traveler refuses or fails to pay any charges due from him, then without prejudice to any proceedings that may be taken against him, such charges shall be recoverable from the owner of the aircraft on which such person or member of the crew arrives.

(6) The Central government shall fix the charges for applying public health measures under these rules, which shall be notified in the official Gazette at least ten days in advance.

(7) All the health measures shall be undertaken in accordance with the ethical issues specified in Annexure óó8.

## PART ó XI óó OFFENCES AND PENALTIES

18. Offences and penalties.óó(1) All passengers, air carriers and agencies at the airport shall comply with the directions given and all measures lawfully imposed by the airport health officer in pursuance of these rules and shall extend the airport health officer co-operation for the discharge of responsibilities vested under these rules.

(2) Any person who, óó

(i) obstructs or impedes, or assists in obstructing or impeding any authorized officer in execution of his duties;

(ii) disobeys any lawful order issued by any authorised officer;

(iii)refuses to furnish any information required under these rules;

(iv)furnishing false information,

commits an offence under these rules.

(3) Whoever contravenes any provision of these rules, or disobeys, or fails to comply with, any order given in pursuance of these rules, shall be punishable with imprisonment for a term not exceeding six months or with fine which may extend to ten thousand rupees or with both.



SPECIFIC MEASURES FOR VECTOR66BORNE DISEASES

1. Every conveyance leaving an area where vector control is recommended by World Health Organisation or where vector of yellow fever exists, should be disinfected and kept free of vectors. The presence of vectors on board conveyances and the control measures used shall be included, in the Health Part of the Aircraft General Declaration,
2. Airport health officer shall ensure that various agencies or airport operator undertake control measures for 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 distance if vectors with a greater range are present. For such measures airport health officer, may seek assistance from local municipal agency and other concerned agencies.
3. A conveyance may be regarded as suspect and should be inspected for vectors and reservoirs, if 66
  - (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 on66board vectors could still carry disease.
4. Airport health officer may require application of vector control measures to a conveyance arriving from an area affected by a vector-borne disease including yellow fever, if the vectors for the foregoing disease are present on board.
5. The pilot-in-command shall, during the stay of the aircraft in an airport take such precautions as the Airport health officer may specify in order to prevent rodents gaining access to the aircraft.

VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES

1. Vaccines or other prophylaxis specified in this annexure or recommended under these rules shall be of suitable quality; those vaccines and prophylaxis designated by WHO shall be subject to its approval.
2. Persons undergoing vaccination or other prophylaxis shall be provided with an international certificate of vaccination or prophylaxis (hereinafter the "certificate") in the form specified in this Annexure.
3. Certificates under this Annexure are valid only if the vaccine or prophylaxis used has been approved by WHO.
4. Certificates must be signed by authorised health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.
5. Certificates shall be fully completed in English.
6. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.
7. Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children.
8. A parent or guardian shall sign the certificate when the child is unable to write. The signature of an illiterate shall be indicated in the usual manner by the person's mark and the indication, that this is the mark of the person concerned.
9. Travelers with exemption certificate for yellow fever vaccination would be permitted entry only after the mandatory quarantine period as provided under these rules related to yellow fever.
10. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate in the form shown in this Annexure if:
  - (a) it embodies medical information substantially the same as that required by such form;
  - (b) it contains a statement in English or in French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination or prophylaxis and to the effect that it is issued in accordance with this paragraph.

MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] ....., date of birth ....., sex ....., nationality ....., national identification document, if applicable .....whose signature follows í í í í í í í í í í í í í í í í ..... has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition) í í í í í í í í í í í í í í í í í í . in accordance with the International Health Regulations.

| Vaccine or prophylaxis | dated | Signature and professional status of supervising clinician | Manufacturer and batch No. of vaccine or prophylaxis | Certificate valid from ..... until ..... | Official stamp of administering centre |
|------------------------|-------|--|--|--|--|
| 1.                     |       |  |  |  |  |
| 2                      |       |  |  |  |  |

1. This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.
2. This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.
3. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.
4. The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS  
FOR SPECIFIC DISEASES

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated for which proof of vaccination or prophylaxis shall be required for travelers as a condition of entry in to India.

Vaccination against yellow fever:

2. Recommendations and requirements for vaccination against yellow fever:

- (a) For the purpose of this Annexure:
  - (i) the incubation period of yellow fever is six days;
  - (ii) Yellow fever vaccines approved by WHO provide protection against infection starting ten days following the administration of the vaccine;
  - (iii) this protection continues for life long (in case of residents of yellow fever endemic countries) and ten years( in case of residents of countries non-endemic for yellow fever); and
  - (iv) the validity of a certificate of vaccination against yellow fever shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the case of a revaccination within such period of ten years, from the date of that revaccination.
- (b) Vaccination against yellow fever shall be required of any traveler leaving an area where WHO has determined that a risk of yellow fever transmission is present.
- (c) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where WHO has determined that a risk of yellow fever transmission is present.
- (d) Only Yellow fever vaccination certificate from designated by the country and notified to WHO will be accepted.
- (e) If a traveler is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveler may be permitted to depart, but the provisions of paragraph (f) of this Annexure may be applied on arrival.
- (f) Any traveler from an area where the WHO has determined that a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against yellow fever, shall be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever occurs first.

WHO RECOMMENDED METHODS OF DISINSECTION FOR AIRCRAFTS

As per the IPCS 1995 WHO recommends the following methods of disinsection, and will be accepted for flight disinsection:

1. Blocks ó away method
  2. Top on Descent
  3. Residual disinsection
2. The details of procedure, disinsectant, chemicals and its validity will be as per the specifications recommended by WHO
3. Proof of disinsection will have to be submitted to the airport health officer on arrival, failing which the airport health officer reserves the right to disinsect the aircraft.

FORMAT FOR GENERAL DECLARATION OF HEALTH

THIS DOCUMENT IS PART OF THE AIRCRAFT GENERAL DECLARATION, PROMULGATED BY THE INTERNATIONAL CIVIL AVIATION ORGANIZATION HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION

*Declaration of Health*

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever ó temperature 38°C/100 °F or greater ó associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of

|   |             |        |   |          |      |
|---|-------------|--------|---|----------|------|
| illness   | disembarked | during | a | previous | stop |
| í í í í í í .....   |             |        |   |          |      |
| í |             |        |   |          |      |
| í í ...   |             |        |   |          |      |

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

|   |
|---|
| í |
| í í í   |
| í |
| í í ...   |

Signature, if required, with time and date

---

Crew member concerned

## YELLOW FEVER ENDEMIC COUNTRIES LIST

## AFRICA

1. Angola
2. Benin
3. Burkina Faso
4. Burundi
5. Cameroon
6. Central African Republic
7. Chad
8. Congo
9. Ivory Coast
10. Democratic Republic of Congo (Zaire)
11. Equatorial Guinea
12. Ethiopia (Eritrea Removed)
13. Gabon
14. Gambia
15. Ghana
16. Guinea
17. Guinea ó Bissau
18. Kenya
19. Liberia
20. Mali
21. Niger
22. Nigeria
23. Rwanda
24. Senegal
25. Sierra Leone
26. Sudan
27. Togo
28. Uganda
29. Zambia

## SOUTH AMERICA

1. Bolivia
2. Brazil
3. Colombia
4. Ecuador
5. French Guiana
6. Guyana
7. Panama
8. Peru
9. Suriname
10. Trinidad & Tobago
11. Venezuela
12. Argentina

Note: Total Yellow Fever endemic Countries as of norms are 29 in African continents and 12 South American continents

## FORMAT FOR DEAD BODY CLEARANCE



## GOVERNMENT OF INDIA भारत सरकार

Airport Health Organisation, I.G.I. Airport, New Delhi  
 विमानपत्तन स्वास्थ्य संगठन, इन्दिरा गांधी अंतर्राष्ट्रीय विमानपत्तन,  
 टोल ब्रिज के पास, महिपालपुर, नई दिल्ली-110037

## NO OBJECTION CERTIFICATE / स्वास्थ्य अनापत्ति प्रमाण-पत्र

S. NO. / क्र. सं.

601

Dated / दिनांक

Certified that the dead body/ashes of Late.....  
 सत्यापित किया जाता है कि मृत शरीर/मृत शरीर अवशेष दिवंगत श्री/श्रीमती.....

bearing passport No..... Age..... Sex.....  
 पासपोर्ट संख्या..... उम्र..... पुरुष/स्त्री जो कि.....

arrived by Flight No. .... On ..... At.....  
 उड़ान संख्या..... से..... बजे..... लाई गई।

who died on date ..... at (Place)..... is free from  
 प्रात संभवित कागजालों के अनुसार मृत्यु का कारण.....

transmission of diseases. The cause of death as shown in the death certificate  
 मृत्यु स्थान..... दिनांक..... है।

is.....  
 There is no objection from this office to remove the dead body/ashes from the Airport Premises.  
 This certificate does not have any legal bindings.

उपरोक्त मृत शरीर/मृत शरीर अवशेष को इंदिरा गांधी विमानपत्तन से ले जाने हेतु स्वास्थ्य दृष्टि से कोई  
 आपत्ति नहीं है। यह अनापत्ति प्रमाण-पत्र केवल जन स्वास्थ्य हेतु मान्य है।

Duty Medical Officer / ड्यूटी स्वास्थ्य अधिकारी

A. P. H. O. Delhi / ए.पी.एच.ओ. दिल्ली

I.G.I. Airport, New Delhi

इन्दिरा गांधी अंतर्राष्ट्रीय विमानपत्तन, नई दिल्ली



ETHICAL ISSUES ON HEALTH MEASURES UNDER THESE RULES

The treatment of travellers shall be with respect for their dignity, human rights and fundamental freedoms and minimise any discomfort or distress associated with such measures, including by:

- (a) Treating all travellers with courtesy and respect;
- (b) Taking into consideration the gender, socioóóultural, ethnic or religious concerns of travellers; and
- (c) providing or arranging for adequate food and water, appropriate accommodation and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible in a language that they can understand and other appropriate assistance for travellers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes.

2. If a traveller for whom airport health officer may rules require a medical examination, vaccination or other prophylaxis under these Rules and as per paragraph 1 of Article 31 of IHR-2005 fails to consent to any such measure, or refuses to provide the information or the documents referred to in paragraph 1(a) of Article 23 of IHR-2005, the airport health officer concerned may, subject to Articles 32, 42 and 45 of IHR-2005, deny entry to that traveller. If there is evidence of an imminent public health risk, the airport health officer may, in accordance with its national law and to the extent necessary to control such a risk, compel the traveller to undergo or advise the traveller, pursuant to paragraph 3 of Article 23 of IHR-2005, to undergo:

- (a) the least invasive and intrusive medical examination that would achieve the public health objective;
- (b) Vaccination or other prophylaxis; or
- (c) Additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.

[F.No:í í í í í í í í í í í í ..]

Sd/-  
Designation of the officer