

Advisory for Immigration:

1. Brief:

Since 2012 MERS-CoV (formerly called “novel coronavirus”) has caused outbreaks of respiratory illness in a number of people in the Middle East, including Saudi Arabia. Most people infected with MERS-CoV had severe illness and pneumonia, and about half of them have died. The disease has High mortality and there is no available vaccine or specific treatment for illness.

The virus can spread from person to person through close contact, so pilgrims living and travelling in close quarters may be at risk, even though the risk is considered very low.

The risk of infection can be minimised by general health precautions.

2. Measures to be taken:

On departure: The responsibility of Immigration lies in ensuring that the Hajj pilgrims with health fitness certificate are permitted to travel for Hajj.

On Arrival: the Immigration staff needs to be aware of the reporting format and in case the person is reporting fever along with respiratory symptoms upon disembarkation or during the flight or history of any such contact either with a serious case diagnosed with MERS Cov should be brought for facilitation at medical unit of the POE. Self reporting by pilgrims (the symptoms of the case can be displayed at the immigration counters).

2013/08/02

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HEALTH ALERT

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ALL THE TRAVELRS WHO HAVE VISITED OR TRANSITED FROM:

SAUDI ARABIA, FRANCE, ITALY, JORDEN, QATAR, TUNISIA, UK, UAE

AND ARE SUFFERING FROM:

COUGH, FEVER AND OR SHORTNESS OF BREATH

OR

HAVE BEEN IN CONTACT WITH A PERSON SUFFERING FROM SUCH ILLNESS

SHOULD REPORT TO AIRPORT HEALTH OFFICER FOR BASIC CHECK-UP

ADVISORY:

ANY TRAVELR WHO AFTER VISITING ABOVE COUNTRIES DEVELOPS ABOVE MENTIONED SYMPTOMS WITHIN 14 DAYS OF ARRIVAL IN INDIA-

THEY SHOULD VISIT NEAREST HOSPITAL FACILITY

Health Check-Form for Returning HAJ pilgrims

Flight No.	Date:	From:	To:
Passenger's name:		Father's name:	
Passenger's address of residence & contact details including phone:			
1. Age (years):	2. Sex:	3. Occupation:	
4. Date of illness onset:			
5. Describe Symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Runny Nose <input type="checkbox"/> Sore Throat <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of Breath			
Other Symptoms: _____			
6. Have you come in contact with any person suffering from Severe respiratory illness?		7. Was the person diagnosed as MERS-CoV?	
<input type="checkbox"/>		Yes <input type="checkbox"/> Unknown <input type="checkbox"/>	
		No <input type="checkbox"/>	

Signature:

Immigration official Name:

Signature:

Health Official Name: