



GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
(DIRECTORATE GENERAL OF HEALTH SERVICES)  
PORT HEALTH ORGANISATION, KANDLA  
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Q-1/Mpox/2024/ 504-517

Date: - 21<sup>st</sup> August, 2024

To,

All the Shipping Agencies,  
Operating at Kandla Port & Minor Ports,  
Kandla, Gujarat.

**Sub:-** Mpox preparedness, prevention and control at Kandla & Minor Seaports -  
Regarding.

**Ref:-** The Video Conference conducted under the Chairmanship of the Director General of Health Services (DGHS), Ministry of Health & Family Welfare (MOHFW), Govt. of India, on 18th August 2024 from Nirman Bhavan, New Delhi.

Sir/ Madam,

Please find attached herewith the advisory related to Mpox for PoE Kandla Port and other minor ports of Gujarat, issued on dated 14.08.2024 by the PH(IH) Section of DGHS, MoH & FW, New Delhi for your reference and compliance.

In the light of the recent developments concerning Mpox (formerly known as Monkey pox), the Port Health Organization (PHO) Kandla wishes to emphasize the importance of preparedness, prevention, and control measures for Infectious Diseases of Public Health Emergencies of International Concern (PHEIC) at Seaports. Monkey pox, a viral zoonosis disease with potential for international spread, necessitates proactive measures to safeguard public health and maintain smooth operations within our port facilities. The main objective of PHO is to prevent transmission of infectious diseases of international concern at Seaports. This office is in continuous surveillance on vessels activity arriving from the affected countries, and also in contact with the DPA and State Government to facilitate transport of the suspect to the designated nodal hospital. However, further updates will be communicated upon receiving any further advisory from the Ministry of Health and Family Welfare, Govt of India for doing the needful.

Kindly feel free to contact this office for any assistance, as and when required.

Regards



*S.K. Prajapati*  
(Dr. S. K. Prajapati)  
Port Health Officer, Kandla  
Port Health Organization, Kandla.

Encls: - As stated above.

Copy for information is forwarded, to:-

- 1) The Chairman, Deendayal Port Authority, Gandhidham.
- 2) Addl. Deputy Director General (IH), Dte. GHS, MoHFW, New Delhi.
- 3) The In-charge Commissioner of Customs, Kandla Seaport.
- 4) The Officer In-charge, Bureau of Immigration Wing, Kandla Seaport
- 5) The CDDO Kachchh District
- 6) The SSO, IDSP, Gujarat
- 7) All the Port Officer GMB Ports of Gujarat
- 8) The Chief Medical Officer, Rambaug Hospital, Gandhidham.
- 9) Taluka Health Officer, Gandhidham
- 10) The Deputy Conservator, DPA, Kandla.
- 11) The Traffic Manager, DPA, Kandla.
- 12) The Chief Medical Officer, DPA Hospital, Gopalpuri/Kandla.
- 13) The Sr Commandant, CISF Unit, DPA, Kandla.

Encls:- As stated above.



*S.K. Prajapati*  
Dr. S. K. Prajapati,  
Port Health Officer, PHO Kandla.

No: L-21021/46/2024-PH(IH)  
Government of India  
Ministry of Health and Family Welfare  
Directorate General of Health Services  
PH(IH) Section

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20.08.2024

**Advisory for POEs in view of Mpox (Monkey pox) declared as PHEIC on 14.08.2024**

**A. Key points about the disease:**

- Mpox is a viral zoonotic disease that occurs primarily in tropical rainforest areas of Central and West Africa and is occasionally exported to other regions.
- Mpox typically presents clinically with rash, fever and swollen lymph nodes and may lead to a range of medical complications.
- Mpox is **usually a self-limited disease** with the symptoms lasting from 2 to 4 weeks. Severe cases can occur. **Case fatality rate may vary from 1-10% Mpox can be transmitted from Animal to Humans as well as Human to Human.** The virus enters the body through broken skin (even if not visible), respiratory tract, or the mucous membranes (eyes, nose, or mouth).
- Animal-to-human transmission may occur by bite or scratch, bush meat preparation, direct contact with body fluids or lesion material, or indirect contact with lesion material, such as through contaminated bedding.
- Human to human transmission occurs through close contact includes being face-to-face (such as talking or breathing close to one another which can generate droplets or short-range aerosols); skin-to-skin (such as touching or vaginal/anal sex); mouth-to-mouth (such as kissing); or mouth-to-skin contact (such as oral sex or kissing the skin).
- It is also possible for the Mpox virus to persist for some time on clothing, bedding, towels, objects, electronics and surfaces that have been touched by a person with Mpox.
- The virus can also spread during pregnancy to the fetus, during or after birth through skin-to-skin contact, or from a parent with Mpox to an infant or child during close contact.
- The clinical presentation of monkeypox resembles that of smallpox, a related orthopoxvirus infection which was declared eradicated worldwide in 1980.
- Monkeypox is less contagious than smallpox and causes less severe illness. **Incubation period is usually 6-13 days** but can range from 5-21 days and the person is usually not contagious during this period.
- An infected person may transmit the disease from 1-2 days before appearance of the rash and **remain contagious till all the scabs fall off.**

**B. Current Scenario:**

**Global:** As on date (18<sup>th</sup> August 2024) cases of Monkey pox have been reported from South Africa, Kenya, Rwanda, Uganda, Democratic Republic of Congo, Burundi, Central African



Republic, Congo Brazzaville, Cameroon, Nigeria, Ivory Coast, Liberia, (imported cases in Sweden and Pakistan)

**Indian context:** Few cases of Mpox have been reported in India during the last outbreak. The last reported case was from Kerala in March 2024 (with history of international travel). However, with declaration of Mpox as PHEIC on 14th August 2024, the preparedness and response capacities have been reviewed at the highest level.

With new cases being detected from various countries chances of this disease occurring in India cannot be ruled out. The cases that have been reported worldwide are both due to local transmission and due to travel to African countries. As a proactive approach, several public health actions at PoEs to be initiated in event of suspected cases being reported from India.

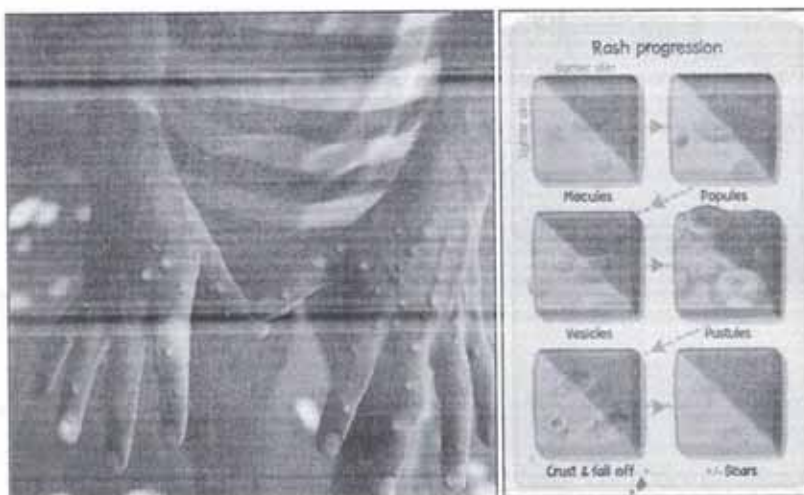
### **C. Recommended Public health actions**

1. International Travellers Health Desk at Airports and Ships or with Crew coming from the affected countries at Seaports or Passengers at Land Borders (specially Attari, Petrapole & Agartala) at POEs to keep heightened suspicion in passengers:
  - Who present with fever, profound weakness & an otherwise unexplained rash and
  - Who have travelled, in the last 21 days, to a country that has recently had confirmed or suspected cases of Mpox or report and contact with a person or people with confirmed or suspected Mpox.
2. All suspected cases identified at PoE to be isolated at transit isolation facilities and information to be shared immediately with State or District Surveillance Officer of Integrated Disease Surveillance Programme.
3. All infection control practices to be followed while handling such suspect cases.
4. The suspect to be transferred to isolation facility at identified/designated referral hospital by the State/District IDSP team in an ambulance.
5. Laboratory samples will be sent to identify labs from the referral hospital.
6. In case of suspect case identified, PoEs to keep ready list of contacts and share immediately with State/District IDSP team, if the suspect turns positive.
7. Self-Reporting format for suspect cases to be shared to Nodal Officer of Referral Hospitals, SSO/DSO of the respective POE. The same format can be used in the event alert generated in IHIP. **Annexure 1**
8. The WHO FAQ link (<https://www.who.int/news-room/questions-and-answers/item/monkeypox>) given for education for all stakeholders at POEs.
9. **NCDC helpline number — (+91) 011-23909348**
10. Role of immigration & PoE/Airline operators:
  - All Airport/seaport/landport operators to provide all necessary assistance to the APHO/PHO/LPHO in managing this PHEIC.
  - Conveyance/Immigration staff to report any sick passenger to APHO/PHO/LPHO



**PART - B**

11	Have you experienced any of the following symptoms in the last 21 days? <i>[mark all applicable]</i>	<input type="checkbox"/> Rash on face, hands, feet, genitalia or perianal <input type="checkbox"/> Rash in mouth, throat, eyes, vagina or anus <input type="checkbox"/> Swollen lymph nodes <input type="checkbox"/> Fever <input type="checkbox"/> Headache <input type="checkbox"/> Muscle aches <input type="checkbox"/> None of the above
12	Have you had close contact with someone suffering from Mpox in the last 21 days? <i>[mark only one]</i>	Yes / No
13	Have you travelled to any countries with reported Mpox cases in the past 21 days? <i>Indicative list last updated on 18 August 2024:</i> South Africa, Kenya, Rwanda, Uganda, Democratic Republic of Congo, Burundi, Central African Republic, Congo Brazzaville, Cameroon, Nigeria, Ivory Coast, Liberia	Yes / No
14	Mention all countries visited in the last 21 days	



*Examples of Mpox skin lesions*

I declare that the information provided above by me is true to the best of my knowledge and that no facts have been concealed.

Date:

Place:

Signature