

# SOLOMON ISLANDS GOVERNMENT Ministry of Health and Medical Services P O Box 349, HONIARA, Solomon Islands

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# <u>Travel advisory for travellers arriving in Solomon Islands: Protection against measles importation into Solomon Islands.</u>

NOTE the travel advisories issued on 13<sup>th</sup> December and 17<sup>th</sup> December 2019 have been cancelled.

FURTHER NOTE that this is the current updated travel advisory issued by the Ministry of Health and Medical Services (MHMS) on behalf of the Solomon Islands Government (SIG) for persons entering Solomon Islands.

The current Travel Advisory issues by MHMS on behalf of the Solomon Islands Government is as follows:

#### **Affected Countries**

- 1. The list of affected countries as of 17<sup>th</sup> December 2019 were American Samoa, Samoa, Fiji, Tonga, Australia, New Zealand and Philippines ("the Original Affected Countries").
- 2. The list of affected countries now includes American Samoa, Samoa, Fiji, Tonga, Kiribati, Australia, New Zealand, Papua New Guinea and Philippines ("the Updated Affected Countries").
- 3. Solomon Islands Government continues to monitor the measles spread regionally and internationally and will issue updated Travel Advisory when necessary.

#### **Traveller Health Declaration Card**

4. Solomon Islands Government requires that as of 28<sup>th</sup> December, 2019 all persons travelling to the Solomon Islands are required to fill up a Travellers Health Declaration Card (copy attached).

#### **Measles Vaccination Requirement**

- 5. Solomon Islands Government requires for the purposes of entry into the Solomon Islands, as of 28<sup>th</sup> December, 2019, persons travelling from Original Affected Countries to show proof of vaccination. Failure to provide proof of vaccination, passengers may be required to undergo medical examination by medical authorities.
- 6. In addition for persons travelling from Papua New Guinea and Kiribati, the effective date for the requirement of proof of vaccinations will come into force on January 20, 2020.

#### Visitors to Solomon Islands

7. Non-Citizens who have not been vaccinated or do not have proof of vaccination against Measles are required to provide their address and telephone contact in Solomon Islands and report to the National Diabetic Centre at the National Referral Hospital or call phone 25256, 7513627 or 7498113 immediately if they develop fever and/or rash. The health authorities may contact these travellers to enquire about development of symptoms.

### Solomon Islands Citizens or Returning Residents

- 8. Solomon Islands Citizens or Returning Residents ("Solomon Islands Citizens or Residents") returning to Solomon Islands from Original Affected Countries will be required to produce proof of vaccination. Note the effective dates for this requirement for Papua New Guinea and Kiribati is 20<sup>th</sup> January, 2020.
- 9. Solomon Islands Citizens or Resident returning to Solomon Islands who have not been vaccinated against Measles or have no documented proof of vaccination will be required to provide their address and telephone contact and report to the National Diabetic Centre or call phone 25256, 7513627 or 7498113 immediately if they develop fever and/or rash. The health authorities may contact these travellers to enquire about development of symptoms.

#### **Proof of Vaccination**

- 10. Proof of vaccination will be in the form of:
  - a) a vaccine Card (yellow card) or other documentation that lists the Measles vaccine as having been administered at any date prior to the 15 days before arrival in Solomon Islands as stipulated in the travel advisory; or
  - b) in case of children, proof of immunisation such as baby book/vaccination record; or
  - c) A medical certificate from a recognized medical practitioner/hospital that states that a traveller's blood test confirms the presence of Measles antibodies or that the test reactive for Measles, which means that the traveller is protected, in lieu of a vaccination record.
- 11. These requirements concerning vaccination are not applicable for infants less than 6 months of age, pregnant women and persons where there is evidence of contraindications for vaccine administration such as immune-deficiency and allergies.

### **Transit Passengers**

- 12. Solomon Islands Government advices that the mandatory requirement for vaccination against measles is not applicable to persons transiting through the Updated Affected Countries (where the original port of boarding/ departure/embarkation was not one of the affected countries.
- 13. For the purpose of this advisory, a transit applies to staying temporarily within the airport terminal complex before continuing on to your next destination and includes transfer; and

### **Obligation of Aircraft and Vessel Operators**

14. Airlines and Ships operating to Solomon Islands are required to inform booked and paid passengers of the travel advisory immediately.

The necessary directive may be issued by the Ministry of Foreign Affairs and Immigration to all countries with whom Solomon Islands has Diplomatic relations including regional bodies such as the SPC and Pacific Forum as well as airlines and shipping companies that serve the Solomon Islands to implement these measures.

Hon. Dickson Mua

Minister of Health and Medical Services

# TRAVELLER PUBLIC HEALTH DECLARATION CARD

Please fill up this form. The information is being collected as a part of the public health response to the outbreak of measles in many countries in the World. The information will be used by public health authorities in accordance with applicable national laws.

Tuescalles Info	rmation: Flight number / ship number or name / ground	crossing	I	
Traveller into				
Seat/ cabin/ o	coach number/name:			
Last (Family)	name:First (given) name:			
Birth Date: Da	ayMonthYear			
Sex: Male	Female			
Passport Cou	ntry:Passport Number			
	) Day:MonthYear			
	S:			
Home addres	s in country of residence:			
Telephone Nu	umber in country of residence: (Include country code or c	ountry r	name:	
Address for n	ext 21 days:Telephone number in Solı	mon Isla	nds for	next 21 days:
Public Health	Information:			
	Information:			
Public Health	Information:			
SECTION 1:	Information: ne past 10 days, have you had any of the following sympton	m?		
SECTION 1:		m?	YES	NO
SECTION 1: Today or in th	ne past 10 days, have you had any of the following sympton	m?	YES YES	NO NO
SECTION 1: Today or in the	ne past 10 days, have you had any of the following sympton Fever (38°C / 100°or higher) or feeling feverish	m?		
SECTION 1: Today or in the Question 1: Question 2:	ne past 10 days, have you had any of the following sympton  Fever (38°C / 100°or higher) or feeling feverish  Rash	m?	YES	NO
SECTION 1: Today or in the Question 1: Question 2: Question 3:	ne past 10 days, have you had any of the following sympton  Fever (38°C / 100°or higher) or feeling feverish  Rash  Red Eyes	m?	YES YES	NO NO
SECTION 1: Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:	Fever (38°C / 100°or higher) or feeling feverish Rash Red Eyes Cough	m?	YES YES YES	NO NO NO
SECTION 1: Today or in the Question 1: Question 2: Question 3: Question 4:	Fever (38°C / 100°or higher) or feeling feverish Rash Red Eyes Cough	m?	YES YES YES	NO NO NO
SECTION 1:  Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:  SECTION 2:	Fever (38°C / 100°or higher) or feeling feverish Rash Red Eyes Cough	m?	YES YES YES	NO NO NO
SECTION 1:  Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:  SECTION 2:	Fever (38°C / 100° or higher) or feeling feverish Rash Red Eyes Cough Breathing Difficulty  L days, have you done any of the following?	m?	YES YES YES	NO NO NO
SECTION 1:  Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:  SECTION 2: In the past 21 Question 6:	Fever (38°C / 100°or higher) or feeling feverish Rash Red Eyes Cough Breathing Difficulty  Lived in the same households or had contact (e.g. friends, relatives) with a person sick with Measles?	YES	YES YES YES YES	NO NO NO NO
SECTION 1:  Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:  SECTION 2: In the past 21	Fever (38°C / 100°or higher) or feeling feverish Rash Red Eyes Cough Breathing Difficulty  Lived in the same households or had contact (e.g. friends, relatives) with a person sick with Measles?  Worked in a health care facility treating measles		YES YES YES YES	NO NO NO NO
SECTION 1:  Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:  SECTION 2: In the past 21 Question 6:	Fever (38°C / 100°or higher) or feeling feverish Rash Red Eyes Cough Breathing Difficulty  Lived in the same households or had contact (e.g. friends, relatives) with a person sick with Measles?	YES	YES YES YES YES	NO NO NO NO
SECTION 1:  Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:  SECTION 2: In the past 21 Question 6:	Fever (38°C / 100° or higher) or feeling feverish Rash Red Eyes Cough Breathing Difficulty  Lived in the same households or had contact (e.g. friends, relatives) with a person sick with Measles?  Worked in a health care facility treating measles patients or worked in a laboratory analysing measles	YES	YES YES YES YES	NO NO NO NO
SECTION 1:  Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:  SECTION 2: In the past 21 Question 6:	Fever (38°C / 100° or higher) or feeling feverish Rash Red Eyes Cough Breathing Difficulty  Lived in the same households or had contact (e.g. friends, relatives) with a person sick with Measles?  Worked in a health care facility treating measles patients or worked in a laboratory analysing measles	YES	YES YES YES YES	NO NO NO NO
SECTION 1:  Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:  SECTION 2: In the past 21 Question 6: Question 7:	Fever (38°C / 100° or higher) or feeling feverish Rash Red Eyes Cough Breathing Difficulty  Lived in the same households or had contact (e.g. friends, relatives) with a person sick with Measles? Worked in a health care facility treating measles patients or worked in a laboratory analysing measles specimens	YES	YES YES YES YES	NO NO NO NO
SECTION 1:  Today or in the Question 1: Question 2: Question 3: Question 4: Question 5:  SECTION 2: In the past 21 Question 6: Question 7:	Fever (38°C / 100° or higher) or feeling feverish Rash Red Eyes Cough Breathing Difficulty  Lived in the same households or had contact (e.g. friends, relatives) with a person sick with Measles?  Worked in a health care facility treating measles patients or worked in a laboratory analysing measles	YES	YES YES YES YES NO	NO NO NO NO Dont know

transits and where you live). List the most recent country first (Where you boarded).