



**ARUBA**

**Known measures adopted following the A (H1N1) Flu outbreak**

Updated 06-May-2009 10:38 CET

	Available Information	Information Validation
<b>FACILITATION</b>		
	All passengers need to complete a form prior to arrival - See attachment	Reported, not confirmed
<b>TRAVEL ADVISORIES</b>	n/a	
<b>OPERATIONS</b>		
<b>Flights affected</b>	Public health measures for <u>arrivals only</u>	Official Source: Department of Public Health
<b>Measures</b>	<p><b><u>Information for control tower at the International Airport Reina Beatrix Aruba</u></b></p> <p>Confirm if captain has complied with completing every official Health Document and if there are any casualties on board. – See attachment</p> <p>Pilot in Command shall notify any indication of possible symptoms to their representative, FBO or ATC tower prior to landing or disembarking in a timely manner so that the public health authorities can be advised.</p>	Official Sources: Department of Public Health and NOTAM

Airlines are advised to refer travellers to IATA Travel Centre: <http://www.iatatravelcentre.com/> for the latest information regarding immigration restrictions and regulations.

**Statement from the Department of Public Health  
2009**

**Date 2 May,**

Following the international alert from the World Health Organization (WHO); pre-pandemic phase 5 for Influenza A H1/N1 virus and following the guidelines and measures stated by the International Health Regulations:

The Department of Public of Aruba will apply for the upcoming period Part V and VI, IHR 2005. These are public health measures on arrival and departure. Taking into account the high risk for imported cases from the affected areas on the island, Aruba is implementing at this time public health measures only on **arrival**.

This activity is enhanced border surveillance for import cases; this means that each aircraft, ship or vessel has to fill out certain official Health documents send by the Department of Public Health. To be able to get additional information from passengers the department of public health has sent the Travel Investigation Forms on board of each aircraft or cruise ship or vessel. These forms has to be filled out and screened by the health officer on board of a ship/vessel or the cabin crew on an airplane before arriving to the port or airport of Aruba.

Captain has to inform the port officials of any eventuality on board concerning these health documents previous on arrival. For the airport the captain must give this information to the traffic tower of the International Reina Beatrix airport and for cruise ships or vessels to the Aruba Ports Authority.

The Travel Investigation Forms has to be given at arrival at the public health officer at each port.

It is the obligation of the captain of each aircraft, cruise ship or vessel to comply with these regulations stated by the Department of Public Health of Aruba and International Health Regulations. Not complying with regulations measures according to IHR and local law will be taken.

Relying on your responsibility towards the Public Health  
of Aruba.

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Mr.T. L. van Gellecum, MD  
Director of the Department of Public Health Aruba

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Q)TNCF/QXXXX/IV/NBO/A/000/999

A)TNCA B)0904292200 C)UEN

E)PRIOR TO ARRIVING IN ARUBA ALL PASSENGERS AND CREW SHALL COMPLETE THE TRAVEL INVESTIGATION FORM ON SWINE FLU. AFTER THE REVIEW OF THE SWINE FLU FORM, THE PILOT IN COMMAND SHALL NOTIFY ANY INDICATION OF POSSIBLE SYMPTOMS TO THEIR REPRESENTATIVE, FBO OR ATC TOWER PRIOR TO LANDING OR DISEMBARKING IN A TIMELY MANNER SO THAT THE PUBLIC HEALTH AUTHORITY CAN BE ADVISED.

<b>AIRSIDE</b>	
Date:	MAY 04 2009
808/Amlog	
HAMU	u
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[Signature]	
04/05/09	

**Information for control tower at the International Airport Reina Beatrix Aruba**

Confirm if captain has complied with filling out every official Health Document and if there are any casualties on board.

Casualty has been reported from any aircraft arriving at the airport. Contact immediately the health official in charge at the international airport.

**Contact:**

**Influenza hotline telephone nr.: 5887130/ 5887280**

**Ground personnel of each aircraft/airline have to be responsible for collecting and delivering the Travel investigation forms at the Health authorities in charge.**

**Information for Aruba Ports Authority, Paardenbaai, Barcadera and Valero**

Confirm if captain has complied with filling out every official Health Document and if there are any casualties on board.

Casualty has been reported from any aircraft arriving at the port. Contact immediately the health official in charge at these ports.

**Contact:**

**Influenza hotline telephone nr.: 5887130/ 5887280**

**Cruise line agencies and shipment agencies are responsible for delivering the Travel Investigation Forms at the Health authorities in charge.**

**The Department of Public Health, date 2 may 2009.**

## APPENDIX 1. GENERAL DECLARATION

**GENERAL DECLARATION**  
(Outward/Inward)

Operator .....

Marks of Nationality and Registration ..... Flight No. .... Date .....

Departure from ..... Arrival at .....

(Place) (Place)

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**FLIGHT ROUTING**  
(“Place” Column always to list origin, every en-route stop and destination)

PLACE	NAMES OF CREW*	NUMBER OF PASSENGERS ON THIS STAGE**
		<i>Departure Place:</i> Embarking ..... Through on same flight .....
		<i>Arrival Place:</i> Disembarking ..... Through on same flight .....

*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 — temperature 38°C/100°F or greater — 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 .....

.....

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 .....

.....

Signed, if required, with time and date \_\_\_\_\_  
Crew member concerned

For official use only

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

SIGNATURE \_\_\_\_\_  
Authorized Agent or Pilot-in-command

297 mm (or 11 3/4 inches)

Size of document to be 210 mm × 297 mm (or 8 1/4 × 11 3/4 inches).

\* To be completed when required by the State.

\*\* Not to be completed when passenger manifests are presented and to be completed only when required by the State.

← 210 mm (or 8 1/4 inches) →

TRAVEL INVESTIGATION FORM  
 FORMULARIO DE INVESTIGACION PARA EL VIAJERO



SWINE FLU  
 GRIPE PORCINA



This form is important for your own protection.  
*Este formulario es importante para su propia proteccion*

For surveillance purposes and in order to comply with the International Health Regulations stated by the WHO (World Health Organization; IHR, rev. 2005).  
 To apply correct measures concerning the protection of you and your family you are requested to cooperate by filling out this form.  
*Para propósitos de vigilancia epidemiológica, y para cumplir con las Regulaciones de salud Internacionales iniciada por la OMS (World Health Organización; IHR, rev. 2005).*

REPORTING CENTRE: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
*Centro que reporta Fecha de reporte*

Airline: \_\_\_\_\_ Flight number: \_\_\_\_\_  
*Aerolinea Numero de vuelo*

Arrival date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
*Fecha de llegada*

How many family members are traveling with you? \_\_\_\_\_  
*Cuantos miembros de su familia viajan con usted?*

**A. TRAVELERS INFORMATION // INFORMACION DEL VIAJERO**

Traveler 1/ <i>Viajero 1</i>		
Name/ <i>Nombre</i>	Age <i>Edad</i>	Sex M F <i>Sexo H M</i>
Address/ <i>Direccion</i>	Phone <i>Telefono</i>	

Traveler 2/ <i>Viajero 2</i>		
Name/ <i>Nombre</i>	Age <i>Edad</i>	Sex M F <i>Sexo H M</i>
Address/ <i>Direccion</i>	Phone <i>Telefono</i>	

## B. CLINICAL DATA/ *Datos clínicos*

1. Are you or any family members showing any of the following symptoms? *Usted o alguno de los miembros de su familia presentan alguno de los siguientes síntomas?*

*Please circle the correct answer. Favor marcar con un círculo la respuesta correcta.*

	YES <i>Si</i>	NO <i>No</i>
FEVER/ <i>Fiebre</i>	YES <i>Si</i>	NO <i>No</i>
HEADACHE/ <i>Dolor de cabeza</i>	YES <i>Si</i>	NO <i>No</i>
SORE THROAT/ <i>Dolor de garganta</i>	YES <i>Si</i>	NO <i>No</i>
COUGH/ <i>Tos</i>	YES <i>Si</i>	NO <i>No</i>
DIARRHEA/ <i>Diarrea</i>	YES <i>Si</i>	NO <i>No</i>
LETHARGY (fatigue)/ <i>Cansancio</i>	YES <i>Si</i>	NO <i>No</i>
NAUSEA/ <i>Nauseas</i>	YES <i>Si</i>	NO <i>No</i>
VOMITING/ <i>Vomito</i>	YES <i>Si</i>	NO <i>No</i>

4. Has there been any hospitalization in the past 2 weeks of any family member or yourself?  
*Usted o alguno de los miembros de su familia ha sido hospitalizado en las últimas dos semanas?*  
YES / *Si*    NO

## C. EXPOSURE HISTORY/ *Historia de exposición*

5. Was there any close contact with a case of swine flu within the past 7 days?    YES/ *Si*                      NO  
*Ha tenido algún contacto directo con un caso de gripe porcina en los últimos 7 días?*

6. Are there known cases of swine flu in your country?                                      YES/*Si*                      NO  
*Hay casos conocidos de gripe porcina en su país?*

## D. TRAVEL HISTORY

7. Country of boarding prior to this arrival \_\_\_\_\_  
*País donde abordo antes de su llegada*

8. Countries visited since March 2009 until now \_\_\_\_\_  
*Países que ha visitado desde Marzo del 2009 hasta ahora*

9. Country/state of transit prior to this arrival \_\_\_\_\_  
*Países que visito en tránsito, previo a su llegada a Aruba*

10. Number of nights planned to stay on the island \_\_\_\_\_  
*Numero de días que planea quedarse en la isla*

11. Address/ Hotel while on the island \_\_\_\_\_  
*Dirección/ Hotel durante su estadía*

## E. SIGNATURE / *Firma*

I certify that the information submitted is all true and correct.  
*Certifico que la información proporcionada es verdadera y correcta*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Firma Fecha*

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More than two travelers travelling with you:  
*Más de dos viajeros que ingresan con usted*

<b>Traveler 3/ Viajero 3</b>		
Name/ <i>Nombre</i>	Age <i>Edad</i>	Sex M F <i>Sexo H M</i>
Address/ <i>Dirección</i>	Phone <i>Telefono</i>	

<b>Traveler 4/ Viajero 4</b>		
Name/ <i>Nombre</i>	Age <i>Edad</i>	Sex M F <i>Sexo H M</i>
Address/ <i>Dirección</i>	Phone <i>Telefono</i>	