



MALDIVES CIVIL AVIATION AUTHORITY
Republic of Maldives

AIR TRANSPORT CIRCULAR
AT 01/2007

**DISINSECTION OF AIRCRAFT ARRIVING FROM COUNTRIES
WHERE YELLOW FEVER AND MALARIA IS PREVALENT AND
ENDEMIC**

Issue 03, 15 May 2016

1.0 Introduction

- 1.1 The Health Protection Agency (HPA) advises Maldives Civil Aviation Authority to ensure that all International airlines and private aircrafts operating in the Maldives be reminded of the requirement to disinsect the aircraft arriving from Yellow Fever and Malaria prevalent countries using Aircraft Hold Spray.
- 1.2 Whilst it is recognized that the Yellow Fever does not exist in the Maldives and Malaria has been eradicated, all international flight Operators are to assist HPA in the efforts to prevent influx of mosquito borne diseases into the Maldives and comply with the laid standard procedures.

2.0 Requirement

- 1.1 All international flights operating in to Maldives, from/via airports situated in countries which have been indicated by World Health Organization (WHO) as Malaria or Yellow fever endemic, are required to disinsect the aircraft flight deck, cargo compartments, cargo containers etc., using methods approved by WHO.
- 1.2 This action must be properly recorded in the health section of the General Declaration (GD) and shall be submitted to International Border Health or Health offices along with the used Aerosol spray cans in within 3 hours of arrival.
- 1.3 A fact sheet containing a list of Malaria and Yellow fever endemic countries / territories and the directions for the aerosol spray required for aircraft spraying is given in Appendix-I.
- 1.4 Should you require further clarification with respect to WHO approved methods of disinsecting, kindly contact Health Protection Agency (Telephone: (960) 3323516, Hotline: (960) 7954333, E-Mail: porthealth_maleairport@health.gov.mv).



3.0 Applicability

3.1 The requirement applies to all international airlines and including private flights operating to the Republic of Maldives.

4.0 EFFECTIVITY

4.1 This Circular will come into effect from 15th June 2016 and will supersede the Air Transport Circular No. AT 01/2007 issue 02 dated 16th May 2011.



Hussein Jaleel
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APPENDIX – I

COUNTRY DATA, BY REGION

MALARIA - Regional and Sub-Regional classification of countries and territories

(a) The information from countries and territories considered to be Malaria-endemic is presented from three broad global regions: Africa, Asia and the Americas, which are further divided into sub-regions. Groupings are based on geographical proximity and secondarily, on existing WHO regional groupings (as defined by the World Malaria Report 2015, WHO).

AFRICA

West Africa: Algeria , Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo.

Central Africa: Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Sao Tome and Principe.

East Africa and areas of high transmission in southern Africa: Comoros, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Uganda United Republic of Tanzania Zambia

Countries with low transmission in southern Africa: Botswana, Namibia, South Africa, Swaziland Zimbabwe.

Eastern Mediterranean Region: Afghanistan, Djibouti, Iran (Islamic Republic of), Iraq, Pakistan, Saudi Arabia, Somalia, Sudan, Yemen.

European Region: Azerbaijan, Georgia, Kyrgyzstan, Tajikistan, Turkey, Uzbekistan.

South-East Asia Region: Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste.

Region of the Americas: Argentina, Belize, Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, Dominican Republic Ecuador, El Salvador, French Guiana-France, Guatemala, Guyana, Haiti, Honduras Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname Venezuela (Bolivarian Republic of).

Western Pacific Region: Cambodia, China, Lao, People's Democratic Republic Malaysia, Papua New Guinea, Philippines, Republic of Korea, Solomon Islands, Vanuatu, Viet Nam.

YELLOW FEVER

(b) The following 42 countries/areas are endemic for Yellow fever (as defined by the International Travel and Health publication, Annex I) – Update – As of 04 February 2016 (42 Countries).



AFRICA

Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Cote d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Sudan, South Sudan, Togo, Uganda.

AMERICAS

Argentina, Bolivia (Plurinational, state of), Brazil, Colombia, Ecuador, French Guiana, Guyana, Suriname, Trinidad and Tobago, Venezuela, Panama, Paraguay, Peru.

All travellers including passengers and crew arriving from countries at risk of Yellow fever transmission must present a valid Yellow fever vaccination certificate in accordance with the International Health Regulations (IHR) 2005. In the absence of such certificate, the person may not be allowed to enter Maldives, (or) be vaccinated upon arrival and placed under strict surveillance for a period of not more than 6 days or the last date of potential exposure to infection, whichever is earlier. International Border Health or health offices at the Points of Entry (POEs) will be responsible for ensuring that the procedures are followed by passengers and all related organizations.

(c) Aircraft and other means of transportation arriving from Yellow fever endemic areas must submit a certificate indicating that the appropriate disinsection has been performed in accordance with IHR (2005).

Note: For spraying instructions and quantity please refer to the instructions given by the disinsectant spray manufacturer in particular since quantity varies for composition of different types of sprays.

Please refer to the World Health Organization's website link below for complete instructions and guidance on standard disinsection procedure:

<http://www.who.int/ipcs/publications/ehc/ehc243.pdf>

