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17.08.2021

Konu : ICS COVID-19 Güncel Duyurusu

Sirküler No: 873

Sayın Üyemiz,

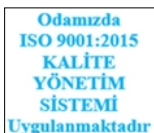
Uluslararası Deniz Ticaret Odası (International Chamber of Shipping-ICS) tarafından gönderilen 9 Ağustos 2021 tarihli Ek'te sunulan yazıda, Dünya Sağlık Örgütü'nün (World Health Organization-WHO) yayınladığı, 9 Ağustos 2021 tarihi itibarıyla bütün ülkelerden bildirilen "Yeni Koronavirüs" (COVID-19) akut solunum yolu hastalık vaka tablosunu içeren güncel istatistik bilgileri Odamıza iletilmiştir.

Bahse konu yazıda, 9 Ağustos 2021 tarihi itibarıyla toplam 200.840.180 adet Covid-19 vakası tespit edildiği, mevcut durumda 220 ülke ve bölgeden vaka bildirildiği belirtilmekte olup, rapor tarihi itibarıyla en fazla Covid-19 vakası tespit edilen ilk 12 ülke, Covid-19 salgını vaka ve vefat sayılarının olduğu tablo ve ülkeler hakkında güncel bilgiler bulunmaktadır.

Yazıda ayrıca, Covid-19 salgınıyla mücadele kapsamında uygulanan iyi örnekler ile ülkeler tarafından sürdürülen aşı programları hakkındaki gelişmelere ait bilgilerin yanı sıra aşağıdaki konulara yer verilmektedir.

- Dünya Sağlık Örgütü tarafından oluşturulan, Covid-19'a yönelik haftalık epidemiyolojik ve operasyonel güncel bilgilerin bulunduğu bültenin (<https://bit.ly/3k1pGvp>) adresinde,
- Dünya Sağlık Örgütü'nün Covid-19 Aşı Takip web sitesinin (<https://bit.ly/2VPAKDs>) adresinde,
- Uluslararası Sivil Havacılık Örgütü (International Civil Aviation Organization – ICAO) tarafından hazırlanan ICAO Covid-19 Ekonomik Etki belgesinin (<https://bit.ly/3IUaVwE>) web adresinde,
- "Our World in Data" tarafından hazırlanan, ülkelere özgü ayrıntılı bilgilerin olduğu web sitesinin (<https://bit.ly/2UcDgDc>) adresinde,
- COVID-19 vakalarına yönelik hazırlanan ve günlük olarak güncellenen veri kaynağına (<https://bit.ly/3xCF5ae>) adresinde yer aldığı belirtilmektedir.
- Uluslararası Denizcilik Sağlığı Birliği'nin (International Maritime Health Association-IMHA) tarafından Delta ve Delta Plus varyantlarının ortaya çıktığı ve yayıldığı bölgelerde özellikle J&J tarafından üretilen aşılardan olmak üzere mevcut aşılardan test edilmesine yönelik çalışmalara destek vermek istediği; gemi personelinin büyük bir kısmının enfekte olduğuna dair bazı vakaların ortaya çıktığı, bu durumun geminin kapalı ortamından ya da Delta Varyantı'nın baskın olduğu bölgelerden gelen deniz çalışanlarından kaynaklandığının belirlenmesinin talep edildiği ifade edilmektedir.

Bu belge, 5070 sayılı Elektronik İmza Kanuna göre Güvenli Elektronik İmza ile İmzalanmıştır.



Evrakı Doğrulamak İçin : <https://ebys.denizticaretodasi.org.tr/enVision/Dogrula/6PLK74>
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- Denizcilere aşı uygulanan Amerika Birleşik Devleti'ndeki limanların listesi (<http://namma.org/vaccines/>) web adresinde sunulmaktadır.
- Ayrıca, Hindistan'daki bölgelerin çoğunluğu dahil olmak üzere denizcilere aşı uygulanan küresel limanların listesi (<https://icma.as/vaccines/>) web adresinde yer almaktadır.

Bilgilerinize arz/rica ederim.

Saygılarımla,

İsmet SALİHOĞLU
Genel Sekreter

Ek:ICS'in 09.08.2021 Tarihli Yazısı (9 sayfa)

Dağıtım:

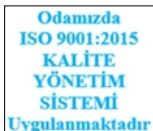
Gereği:

- Tüm Üyeler (WEB sayfası ve e-posta ile)
- İMEAK DTO Şube ve Temsilcilikleri
- Türk Armatörler Birliği
- S.S. Gemi Armatörleri Motorlu Taşıyıcılar Kooperatifi
- GİSBİR (Türkiye Gemi İnşa Sanayicileri Birliği Derneği)
- VDAD (Vapur Donatanları ve Acenteleri Derneği)
- TÜRKLİM (Türkiye Liman İşletmecileri Derneği)
- KOSDER (Koster Armatörleri ve İşletmecileri Derneği)
- Yalova Altınova Tersane Girişimcileri San.ve Tic.A.Ş.
- UTİKAD (Uluslararası Taşımacılık ve Lojistik Hizmet Üretenleri Derneği)
- WISTA Türkiye Derneği
- Türk Uzakyol Gemi Kaptanları Derneği
- GEMİMO (Gemi Makineleri İşletme Mühendisleri Odası)

Bilgi:

- Yönetim Kurulu Başkan ve Üyeleri
- İMEAK DTO Şube YK Başkanları
- İMEAK DTO Çevre Komisyonu
- İMEAK DTO Meslek Komite Başkanları

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9 August 2021

COVID-19(21)36

**TO: LABOUR AFFAIRS COMMITTEE
ALL MEMBERS & ASSOCIATE MEMBERS
BIWEEKLY MEMBERS MEETING PARTICIPANTS
INTERNATIONAL ASSOCIATION GROUP PARTICIPANTS**

FORTNIGHTLY COVID-19 UPDATE AS OF 9 AUGUST 2021

Action Required: *Members are invited to note:*

- **200,840,180** Confirmed cases of COVID-19 **8,555,973** additional cases have been confirmed since the last report **4.26%**. **4,265,903** fatalities were recorded which is **129,385** additional deaths **3.03 %** growth since the last report. **220** Countries and territories currently have cases and not all are reported on a timely basis.
- **3,984,596,440** vaccines today compared with **3,646,156** on 25/7/21.
- [WHO weekly update reports](#)
- [WHO vaccine Tracker website](#)
- [ICAO Covid 2021 Economic Impact document](#)
- Our World in Data information detailed list of all country-specific sources
- Open access to in the daily-updated repository of cases
- IMHA wishes to support studies to test where present vaccines and specifically J&J in settings with occurrence and spread of the delta –variant (&delta plus variant). Several cases have emerged of large parts of crews on board infected, it is being requested to establish if this is impacted more in a closed environment of a ship, or in groups of seafarers coming from areas where the delta variant is dominant. Companies wishing to support this initiative should advise Natalie.Shaw@ics-shipping.org accordingly.
- US ports currently administering vaccinations to Seafarers are listed [Here](#)
- Global ports currently administering vaccinations to Seafarers are listed [Here](#) including many Indian locations. If you know of additional locations please advise Natalie.Shaw@ics-shipping.org accordingly.

SITUATION IN NUMBERS BY WHO REGION FOR 9 AUGUST 2021

Global	200,840,180	4,265,903
Americas	78,118,399	2,023,469
Europe	60,941,033	1,227,956
South-East Asia	38,961,269	585,063
Eastern Mediterranean	12,949,856	240,395
Africa	5,087,596	120,721
Western Pacific	4781,263	68,286

	TOP 12 COUNTRIES	MOST CASES YESTERDAY	HIGH FATALITIES YESTERDAY
1	USA	US	Indonesia
2	India	India	Brazil
3	Brazil	Iran	Russian Federation
4	Russia	Indonesia	United States
5	France	Brazil	Mexico
6	UK	UK	India
7	Turkey	France	South Africa
8	Argentina	Turkey	Iran
9	Colombia	Russian Federation	Argentina
10	Spain	Thailand	Myanmar
11	Italy	Malaysia	Colombia
12	Iran	Mexico	Bangladesh

Covid vaccines: How fast is progress around the world?

Over 4.4 billion doses of coronavirus vaccines have been used in over 190 countries. However, there are vast differences in the pace of progress across the world. Some countries have secured and delivered doses to a large proportion of their population but others are some way behind. Click or tap the map [here](#). This information from Our World in Data, ONS, gov.uk dashboard is regularly updated but may not reflect the latest totals for each country. Total vaccinations refers to the number of doses given, not the number of people vaccinated. It is possible to have over 100 doses per 100 population as some vaccines require two doses per person. Aiming to give doses to nearly every adult around the world, this is the largest vaccination programme in history.

China and India have administered the highest number of doses, with almost 1.8 billion and more than 500 million respectively. The US ranks third, with around 350 million. While countries in Europe and the Americas are progressing well with vaccination campaigns, many African states are experiencing supply issues. Many poorer countries rely on deliveries from Covax, a scheme led by Gavi, together with WHO and the Coalition for Epidemic Preparedness Innovations (CEPI), which is trying to ensure everyone globally has access to a Covid vaccine. Ghana was the first country to receive such vaccines. Covax plans to deliver about two billion vaccine doses globally by the end of the year, but many vaccines require two doses per person. G7 country leaders have pledged to supply one billion vaccine doses to poorer countries, either directly or through the Covax scheme.

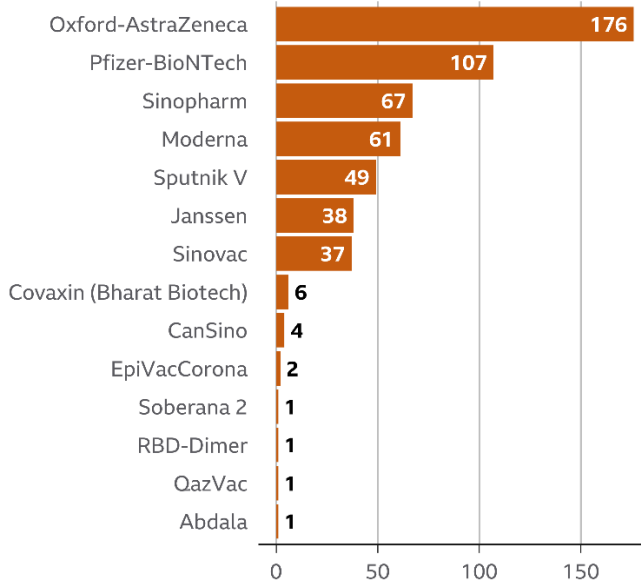
Which vaccines are in use?

The vaccine produced by Pfizer and BioNTech was the first approved by WHO, followed by several others. The Oxford-AstraZeneca vaccine is now the most widely used around the globe. Unlike Pfizer's jab - which must be kept at an extremely cold temperature (-70C) - the Oxford vaccine can be stored in a normal fridge, making it easier to distribute.

The African Union has started distribution of 400 million vaccines produced by Janssen (J & J) - which, unlike the Pfizer and Oxford-AstraZeneca vaccines, only requires one dose.

Which vaccine has greatest global reach?

Number of countries and territories using each vaccine



Note: Only includes locations where data on doses administered is available

Source: Our World In Data, 09:30 BST on 9 Aug

BBC

Most governments start by vaccinating the over-60s, health workers and clinically vulnerable people. Countries such as Israel and the UK have had promising signs the vaccines reduce hospital admissions and deaths. Worldwide, over 200 possible vaccines are undergoing trials to test their efficacy and safety.

AUSTRALIA

- Northern Territory (NT) –Howard Springs closed to people ‘passing through’ - i.e. workers travelling from Eastern states to WA
- Western Australia (WA) Update – details expected in 10 days; unclear what happens in the meantime; marine pilots getting through
- Mandatory Vaccines
- Queensland (QLD) – continues to be good

NT

NT are stopping use of Howard Springs to quarantine people from Eastern States enroute to WA including workers headed to WA to work. This was the final avenue open to vessel operators to move staff around. MIAL is reviewing what can be done, including a Federal Government crisis meeting to facilitate worker movements into WA.

WA

See: [Notice to Shipping Industry](#) (and [ABC news report](#)) A protocol is being drafted re how they will implement the notice within the next 10 days. Currently there is no clarity re what ships already enroute will need to do/experience upon arrival. MIAL are aware of the unsatisfactory behaviour and are trying to obtain more detail immediately. Anyone with a specific ship enroute is probably already discussing their specific circumstances with WA directly – if you want MIALs help please let contact them. PPA have managed to get some marine pilots from all States into WA with 14 days hotel quarantine. While this is a good outcome, it begs the question how can a pilot a lower risk than maritime crew?

Mandatory Vaccines

Much has been said recently about employers ability to mandate vaccinations in some workplaces. It may be reasonable for a given workplace to require this, and some workplaces have sought to introduce mandatory vaccinations, but ultimately the lawfulness any such requirement must be tested through the courts. There is some limited case law in the Fair Work Commission as to reasonableness of mandatory vaccine policies which are fairly narrow and relate to aged care and other high risk settings. While this is a national issue, it is understood that WA is proceeding with directions requiring anyone captured by maritime directions to be mandatorily vaccinated. What this actually means is unclear and further detail is sought. MIAL will request WA to provide the same level of indemnity as the Fed Govt have provided to GPS administering AZ to under 60s.

QLD

QLD is doing excellent work managing COVID and ships, they have facilitated a ship with a deceased seafarer (not COVID) last week turned away by Singapore, Malaysia and PNG and given they acted when others refused is to be commended.

CHINA

According to the BBC, an Air China Flight CA910 touched down in Nanjing China on 10 July carrying more than just a planeload of passengers. A traveller from Moscow had the Delta variant of Covid-19. Upon leaving the plane, staff from Lukou airport swooped in to collect the rubbish. According to Chinese officials, when cleaners exiting the aircraft transmitted the virus sparking China's widest outbreak since Wuhan. In recent weeks, the height of the summer travel season, Delta has been detected in at least 16 Chinese provinces and municipalities. Many clusters being linked to Nanjing. Though there are a few hundred cases relatively low for a country of 1.4 billion people many are unnerved that Covid has appeared in major cities including Beijing, Shanghai and Wuhan. In response, China has fallen back on familiar methods testing Millions, sometimes more than once. Cities have returned to lockdown and transport links in some areas have been cut.

This zero-tolerance or elimination strategy as seen in China, Australia, New Zealand and Singapore has also prompted questions if the approach is truly sustainable in the face of a more transmissible Delta Covid variant.

Experts have stated there were already signs of people reducing their guard, with several smaller outbreaks in Guangdong and the Russian and Myanmar borders. Mask-wearing is less common than at the start of the pandemic, and mass gatherings are normal. A theatre performance in Zhangjiajie, with around 2,000 attendee was recently identified as a potential super-spreader event. State media has also highlighted "glaring loopholes" at Nanjing airport where Officials believe the plane cleaners did not follow Covid protection protocols and admitted that the flight landed despite being barred from flying multiple times for carrying Covid-positive passengers. The quick swing from relaxed attitudes to hard lockdown illustrates a common issue in Chinese governance with often little room for nuance, according to a Hong Kong University academic. "We have the saying, 'kill it when you catch it, chaos when you let go'.

Meanwhile, some worried whether Chinese vaccines are effective after authorities revealed many early Nanjing cases were for fully vaccinated people. Health authorities

have given public reassurances, even as they consider booster shots. The Chinese Center of Disease Control and Prevention said while no vaccine could prevent Covid infection, currently vaccines could still control all covid variants.

China has already administered over 1.7 billion vaccine doses, though it has not said how many people are fully vaccinated. Unlike other countries which have opened up after mass vaccinations, China is not seem willing to change course with how it has reacted to the latest outbreak. "There appears to be a lack of confidence in their vaccines that justifies this continuance of strategy," Professor Huang, senior fellow for global health at the Council on Foreign Relations, stated.

A recent Global Times editorial rejected the idea of a UK-style re-opening, saying it was "almost politically inconceivable" as it would result in "unimaginable social costs and pain". It called instead for a dynamic zero-Covid approach with controllable windows to the outside world. But in a Caixin commentary a top medical expert acknowledged that the latest outbreak once again reminds us of the ever-present virus. Whether we like it or not, there will always be risks in future, he said, adding that among other things China should promote a return to normal life while protecting citizens from fear of covid. It may not be easy to switch to a mitigation strategy, focussing on reducing deaths not cases.

A big challenge for authorities is how to convince a risk averse Chinese public. There was a massively traumatic experience, seeing what happened in Wuhan where health systems were completely overwhelmed. If they reopen, they are afraid that the Chinese health system would not be unable to handle another surge, especially in rural areas.

The state media has depicted the virus fuelling fear with some outlets presenting the Indian outbreak as if it was the end of days, and the UK and US situation as hellish and there is also concern regarding losing face. The successes of zero Covid allowed the Chinese government to claim this approach is superior to the Western approach, associated with general failure to contain the virus, and even claim superiority of the Chinese political system, if they abandon it and turn to mitigation, they are basically endorsing the Western approach they trashed." said Prof Huang.

With relatively few deaths since Wuhan and a rebounding economy some in China may question the need to change but a long-term zero Covid strategy also has risks. Mass lockdowns affect poorer people more than others and affect long term mental health the, according to a professor of bioethics at the University of Washington School of Medicine If China doesn't shift fast, the effects would be more severe at all levels of society. She called for a more nuanced approach, such as more localised lockdowns and prioritising certain groups, like allowing schools to open whilst gyms and restaurants remain closed.

Prof Huang warned of a long-term image problem for China as other countries reopen. Australia and Singapore recently announced plans pegged to 80% vaccination rates. Eventually the world will split into two types of countries those which pursue a zero Covid strategy and those who have switched to mitigation. Ultimately we may not have a choice but to accept it in a post-pandemic phase, deaths will recede but covid may reappear annually like a cold. If that's right, then China will have to live with it.

FRANCE

The extension of a controversial health pass designed to limit the spread of Covid-19 and encourage vaccinations has come into force in France. France has seen widespread protests against a health pass in recent weeks. President Macron has championed the pass which will be needed to access many public spaces such as cafes, restaurants, and shopping centres. A health pass can be generated as a QR code if a person is fully vaccinated, has tested negative within 72 hours, or recently recovered from Covid.

Last week, France's highest court upheld a law requiring the public to hold a health pass. But critics say the pass infringes liberties and discriminates against the unvaccinated. The plan has led to four weekends of protests, with almost 250,000 people protesting across France on Saturday. Protesters marched in Paris, Toulon, Nice and other cities, where there were isolated clashes between demonstrators and police. The health pass was already required to access swimming pools, museums and nightclubs. The government has given businesses a one-week grace period to adjust to extend its use.

INDIA

According to the BBC, India has increased coronavirus vaccine production amid warnings of a third wave. India has so far given more than 500 million doses of three approved vaccines - Covishield, Covaxin and Russia's Sputnik V.

It has approved Johnson & Johnson's single-dose vaccine for emergency use. The vaccine, has shown 85% efficacy and will be introduced in India through a supply agreement with homegrown vaccine maker Biological E. It's still unclear when it will be available for use in India – J & J said it was too early to give a delivery timeline. J & J's jab is the second foreign vaccine granted emergency use authorisation in India under a new policy not requiring manufacturers to conduct local clinical trials if the vaccine has been approved by WHO or US, EU, UK and Japan regulators.

In June, the federal government approved Cipla to import Moderna vaccine which has shown nearly 95% efficacy. Jabs are yet to arrive as the company is tussling with India's federal government as Moderna wants legal protection against claims arising from use of the vaccines which no vaccine maker in India has currently has and India has refused.

India has reported nearly 32 million Covid cases, second only to the US, which has reported over 35 million cases. Daily case counts have fallen sharply from 400,000 at the second wave peak, but still average around 30,000 - 40,000. Experts have warned a third wave of infections is inevitable. India is also only the third globally to record over 400,000 deaths - behind the US and Brazil.

The government aims to vaccinate all Indians by the end of this year, but the drive has been hobbled by slow pace, shortage of doses and vaccine hesitancy. About 11% of people have been fully vaccinated since the beginning of the drive in January. To make up for lost time, the government is now accelerating vaccine production and procurement. It is preparing to use a local version of Novavax vaccine, to be produced by the Serum Institute of India (SII). The vaccine was over 90% effective in a late-stage US-based clinical trial, according to the company. The government has also ordered 300 million doses of another vaccine from Indian firm Biological E.

Last September, Novavax contracted with the SII to produce 2 billion vaccine doses. Its CEO hoped to launch the Covovax vaccine in India, by September saying clinical trials

should conclude by November, but SII can apply for a licence earlier due to global trial data. The jab given in two doses, was shown as 91% effective among volunteers at high risk of severe infection and 100% effective in preventing moderate and severe covid cases in US trials. The government ordered 300 million doses of a vaccine from Biological E developed in collaboration with Dynavax and Baylor College of Medicine. The \$206m order is the first India has signed for a jab without emergency approval. The vaccine is in the key third phase of clinical trials and has been given to thousands of people and tested for efficacy and safety after showing promising results in the first two phases.

The Sputnik V vaccine, developed by Moscow's Gamaleya Institute, initially generated controversy after roll out before final trial data was released. Scientists say its benefits are now demonstrated. It uses a cold-type virus, engineered to be harmless, as a carrier to deliver a small coronavirus fragment. After vaccination, the body produces antibodies tailored to the virus. It can be stored at temperatures between 2 and 8C degrees making it easier to transport and store, but unlike other similar jabs, it uses two different versions of the vaccine for dose one and two given 21 days apart. They both target the coronavirus's distinctive spike using different vectors - the neutralised virus that carries the spike to the body. By using two different formulas to boost the immune system even more than using the same version twice may give longer-lasting protection. India received its first batch of 125 million doses of the vaccine in May. The Russian Direct Investment Fund (RDIF), which markets the vaccine, reportedly signed deals to produce over 750 million vaccine doses with six more Indian vaccine makers. 60 Countries have approved Sputnik V.

Covaxin is an inactivated vaccine which means that it is made up of killed coronaviruses, making it safe to be injected into the body. Bharat Biotech, a 24-year-old vaccine maker with a portfolio of 16 vaccines and exports to 123 countries, used a sample of the coronavirus isolated by India's National Institute of Virology. When administered, immune cells can still recognise the dead virus, prompting the immune system to make antibodies against the pandemic virus. Two doses are given four weeks apart. It can be stored at 2C to 8C and has an efficacy rate of 81%, according to preliminary data from its phase 3 trial. India's regulators gave the vaccine emergency approval in January while the third trial phase was still underway, sparking scepticism and questions from experts which began when the regulator in January said the vaccine had been approved for "restricted use in emergency situations in public interest as an abundant precaution, in clinical trial mode, especially in the context of infection by mutant strains". Experts wondered how a vaccine was cleared for emergency use by millions of vulnerable people when trials were still underway. The All India Drug Action Network stated it was baffled to understand the scientific logic to approve an incompletely studied vaccine. Both the manufacturer and drug regulator defended Covaxin, saying it was safe and provides a robust immune response. Bharat Biotech said Indian clinical trial laws allowed accelerated authorisation for drug use after phase two of trials for unmet medical needs of serious, life-threatening diseases in India promising to publish full data for third phase of trials in July.

The Oxford-AstraZeneca vaccine is being manufactured locally by SII. The vaccine is made from a weakened version of a common cold virus (adenovirus) from chimpanzees. It has been modified to replicate coronavirus - although it can't cause illness. When the vaccine is injected into a patient, it prompts the immune system to start making antibodies and primes it to attack any coronavirus infection. The jab can be safely stored at temperatures of 2C to 8C and is administered in two doses given 4to 12 weeks apart.

International clinical trials of the Oxford-AstraZeneca vaccine showed that when people were given a half dose and then a full dose, effectiveness hit 90%. But there was not enough clear data to approve the half-dose, full-dose idea. However, unpublished data suggests that leaving a longer gap between the first and second doses increases the overall effectiveness of the jab - in a sub-group given the vaccine this way it was found to be 70% effective after the first dose. SII, the Indian vaccine maker, says Covishield is "highly effective" and backed by phase III trial data from Brazil and United Kingdom. Clinical trials are a three-phased process to determine if the vaccine induces good immune responses and if it causes any unacceptable side-effects. Other candidates in different stages of trials in India to test safety and efficacy include:

- ZyCov-Di, being developed by Ahmedabad-based Zydus-Cadila
- HGCO19, India's first mRNA vaccine made by Genova collaborating with Seattle's HDT Biotech Corporation, uses bits of genetic code to cause an immune response
- A nasal vaccine by Bharat Biotech

India has shipped 66 million vaccine doses to 95 countries. Both Covishield and Some Covaxin was exported as gifts, others under commercial agreements signed between the vaccine makers and recipient nations, and the rest for the WHO Covax scheme and hopes to deliver over two billion doses to 190 countries in under a year. But in March, the Indian government placed a temporary hold on all Oxford-AstraZeneca vaccine exports as rising cases increased domestic demand so doses were needed for India's own rollout.

JAPAN

Japanese update as of August 2 Kindly provided by JSA

Countries with a required quarantine period of 3 days are; Argentina, Belarus, Belgium, Bolivia, Brazil, Canada (Ontario)*, Chile, Colombia, Costa Rica, Cuba, Denmark, Dominican Republic, Ecuador, Estonia*, Fiji, Finland, France*, Georgia, Greece, Iran, Ireland, Jordan, Kazakhstan, Libya, Luxembourg, Namibia, Netherlands, Nigeria*, Oman, Paraguay, Peru, Philippines, Portugal, the Russian Federation (Astrakhan Oblast, Chelyabinsk Oblast, Ivanovo Oblast, Krasnoyarsk, Moscow Oblast, Saint Petersburg, Republic of Karelia, Saratov Oblast, Sakha, Nizhny Novgorod Oblast, Tyva Republic, Udmurt Republic, Vladimir Oblast), Seychelles, Spain, South Africa, Suriname, Tanzania, Thailand, Trinidad and Tobago, Tunisia, Turkey, USA (Arizona, Arkansas, Colorado, Delaware, Florida, Indiana, Idaho, Kansas, Kentucky, Louisiana, Maine, Minnesota*, Mississippi, Missouri, Montana, Nevada, Oklahoma, Oregon, Texas, Utah, Washington, Wyoming), Uganda, Uruguay, Venezuela, and Zimbabwe (PCR Test is required on the 3rd day after the arrival) (*) Countries are for seafarers only.

Countries with a required quarantine period of 6 days are; Afghanistan, Bangladesh, Malaysia, Myanmar, Pakistan, the Russian Federation (Moscow), UAE, and the United Kingdom. (PCR Tests are required on the third and sixth day after the arrival)

Countries with a 10 day quarantine period are; India, Indonesia, Kyrgyzstan, Maldives, Nepal, Sri Lanka, and Zambia. (PCR Tests required on days 3, 6, and 10 after arrival)

No vaccination service for crew members in Japan.

On August 02, the Government declared the state of emergency over Chiba, Kanagawa, Saitama, Osaka again and extended the period it over Tokyo and Okinawa. This declaration will continue to the end of August. Please note that

- medical capacity is currently very tight, for COVID-19 infectors and others.
- it is still tough to disembark for “Positive” crew members in Japan.

The Quarantine authority has warned about the increasing number testing “Positive” on arrival in Japan and during the quarantine period (particularly after 3 days). Mostly, seafarers are joining for vessels of non-Japanese shipping companies. Consequently, companies are strongly requested to conduct thorough pre-quarantine before departure to Japan. If this continues Japan will shut entry for seafarers.

MALAYSIA

ICS has been advised of several cases of ships being refused emergency medical care in Malaysia and a formal complaint is now being lodged with the UN agencies.

Natalie Shaw
Director Employment Affairs