



**Coronavirus (COVID-19)
in Brazil**

Coronavirus (COVID-19) in Brazil

Practical Guidance

Content

Foreword	3	4. Shipboard COVID-19 cases	18
1. Background	4	4.1. Responsibility matrix	18
1.1. Evolution of the pandemic	4	4.1.1. Shipowner and ship operator.....	18
1.2. Current situation	4	4.1.2. Shipmaster.....	18
1.3. Vaccination progress	6	4.1.2. Crew.....	19
1.4. Restrictive measures	7	4.1.3. Health authority.....	19
1.4.1. Legal framework.....	7	4.2. Handling suspect cases	19
1.4.2. Essential services.....	8	4.2.1. Case detection underway.....	19
1.4.3. Public services and businesses.....	8	4.2.2. Case detection in port.....	20
1.4.4. Courts and time bars.....	9	4.2.3. Disembarkation from affected vessels.....	20
2. Travel restrictions	10	4.2.4. Embarkation of infected persons.....	21
2.1. International travel policy	10	4.3. COVID-19 testing	21
2.2. Restrictions in place	10	5. Quarantine procedures	23
2.3. Exceptions	12	5.1. Compulsory quarantine	23
2.3.1. Foreign travellers.....	12	5.1.1. Quarantine on board.....	23
2.3.2. Seafarers.....	12	5.1.2. Quarantine ashore.....	24
2.3.3. Stowaways.....	12	5.2. Completion of quarantine	24
2.4. Air travel	12	6. Crew transfers	25
2.5. Land travel	14	6.1. Seafarer migratory status	25
2.6. Sea travel	13	6.1.1. Seafarer document.....	25
3. Ship and port health controls	15	6.1.2. Seafarer exception.....	25
3.1. Regulations	15	6.2. Shore leave	26
3.2. Preventive health measures	15	6.3. Crew change	26
3.2.1. Masters on vessels from overseas.....	15	6.3.1. Off-signers.....	26
3.2.2. Shipowners and ship operators.....	15	6.3.2. On-signers.....	26
3.2.3. Port workers and ship visitors.....	16	6.3.3. Airport transfers.....	27
3.2.4. Port authorities and port operators.....	16	7. Ship and crew certification	28
3.2.5. Pilotage services.....	17	7.1. Ships' and seafarers' documents	28
3.3. Disinfection and PPE	17	7.1.1. Ships and platforms.....	28
		7.1.2. Seafarers and maritime workers.....	28
		7.2. Ship sanitation certificates	28
		8. Port operation and services	30
		8.1. Access to ports	30
		8.2. Cargo operations	30
		8.3. Cargo clearance	30
		8.4. Port labour	30
		8.5. Bunkers and supplies	31
		8.6. Spare parts and courier services ..	31
		9. Conclusion	32

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Foreword

As quickly as the pandemic advanced, the rules and procedures were revised and updated, making it hard to follow the regulatory framework's evolution. The extensive and somewhat confusing health and travel restrictions are particularly challenging for visiting shipowners, captains, and crew members unfamiliar with the local language and the evolving regulations.

To help our clients and associates keep up with the ever-changing procedures, we have updated this publication with the latest recommendations and restrictions applicable to ports, vessels, and crew transfers. This practical guide also summarises the standing protocols issued by the port health authority on the identification and handling of shipboard COVID-19 cases, quarantine rules, crew changes and port services during the pandemic. For ease of access, the guide is divided into topical chapters identifying the source of information at a glance.

In late December 2019, the novel coronavirus disease (COVID-19), detected in Wuhan, the most populous city in Central China, was reported to the World Health Organization. A month later, the SARS-CoV-2 virus transmission was declared a Public Health Emergency of International Concern. In March 2020, when the first deadly case was recorded in Brazil, WHO escalated the outbreak into a global pandemic. In a matter of few weeks, five million deaths from the COVID-19 disease will have been recorded worldwide, despite the vaccination rollout.

During the year and a half year since the SARS-CoV-2 arrived in Brazil, multiple laws and regulations have emerged in response to the widespread viral transmission, which has claimed nearly 600,000 lives so far and further aggravated the complicated economic and political situation of the country.

While specific advice on the current situation and health control measures at different ports should always be sought directly from the local maritime and health authorities concerned, we hope this guide will be a useful source of practical information, however fluid. We will endeavour to keep an up-to-date version available for free download on our website.

REPRESENTAÇÕES PROINDE LTDA.

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1. Background

1.1. Evolution of the pandemic

On 30 January 2020, the World Health Organization - WHO declared the outbreak of the SARS-CoV-2 virus, which transmits the novel coronavirus disease (COVID-19)¹, a Public Health Emergency of International Concern (PHEIC). Following suit, on 3 February 2020, Brazil's Ministry of Health declared a Public Health Emergency of National Concern (PHENC). No travel or trade restrictions were then implemented, and the country went to celebrate the carnival holidays at the end of that month.

The first confirmed case of COVID-19 in Latin America was registered in São Paulo, Brazil's most populous metropolis, on 26 February 2020. The first recorded death resulting from the infection happened on 17 March 2020, also in the city of São Paulo.

As of 20 March 2020, air and sea travel to Brazil was temporarily banned, and land borders closed. The Ministry of Health declared a state of community transmission, ruling that *"to contain the transmissibility of COVID-19, non-pharmacological measures must be adopted, such as domestic isolation of the person with respiratory symptoms and people residing in the same household, even if asymptomatic, and they must remain isolated for a maximum period of 14 (fourteen) days"*². Since then, entry restrictions have been regularly updated, and land and sea travel remain generally closed, with some exceptions. In contrast, air travel has been allowed, except for a few countries. **[Chapter 2]**

1.2. Current situation

On 1 October 2021, the WHO COVID-19 dashboard recorded 227 million global cases with nearly 4.8 million casualties. According to the WHO, Brazil, with over 210 million inhabitants, reported about 21.4 million laboratory-confirmed cases, including 596,122 resulting deaths. **[Figures 1 & 2]**

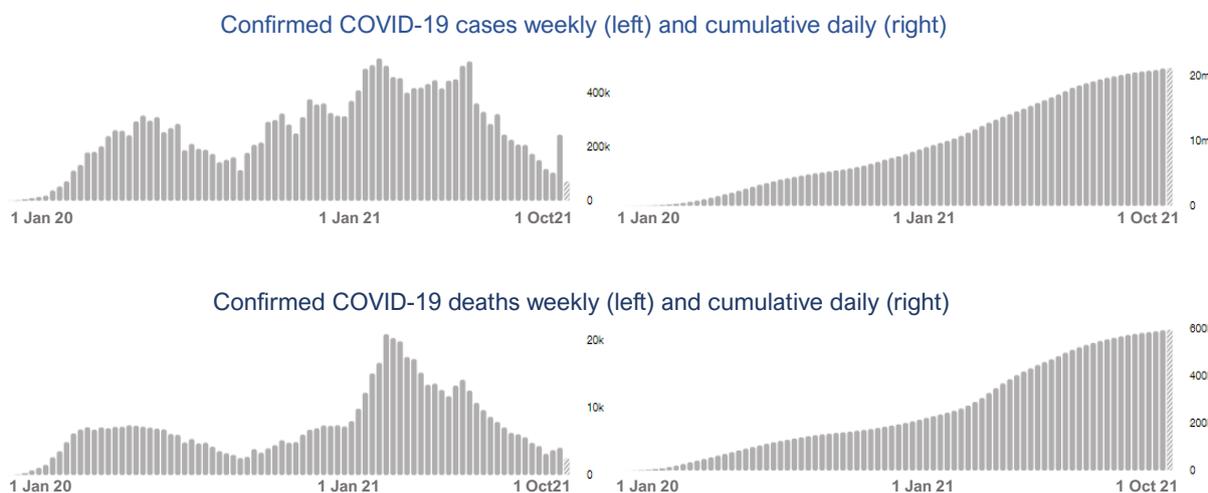


Figure 1: number of COVID-19 lab-confirmed cases (top) and fatalities in Brazil until 18 September 2021 (Source: WHO)

WHO's latest tally leaves Brazil in third place in the number of confirmed cases, behind the United States (43 million) and the Republic of India (33.7 million), followed by the United Kingdom (7.8 million) and Russia (7.5 million). The country comes second in the number of fatalities, after the USA with a death toll of 688,100 people, and followed by India (448,339), Mexico (276,142) and the Russian Federation (208,142). In terms of notified cases and fatalities per 100,000 inhabitants, Brazil ranks 35th (10,033 cases per 100k) and 9th (280 deaths per 100k), respectively³.

¹ Ministry of Health Ordinance n° 188 of 3 Feb 2020

² Interministerial Ordinance n° 126 of 19 Mar 2020; Ministry of Health's Ordinance n° 454 of 20 Mar 2020

³ WHO COVID-19 Dashboard [retrieved 02/10/21 PM]



Figure 2: timeline of Brazil COVID-19 events and cumulative deaths from 17 March 2020 to 1 October 2021. Source: ANVISA/G1/WHO

In the same period, the dashboard of the Ministry of Health of Brazil registered similar figures. It confirmed the national cumulative count of 21.4 million laboratory-confirmed cases (about 10% incidence rate), with 597,255 people losing their lives to the COVID-19 disease (2.8% mortality rate)⁴.

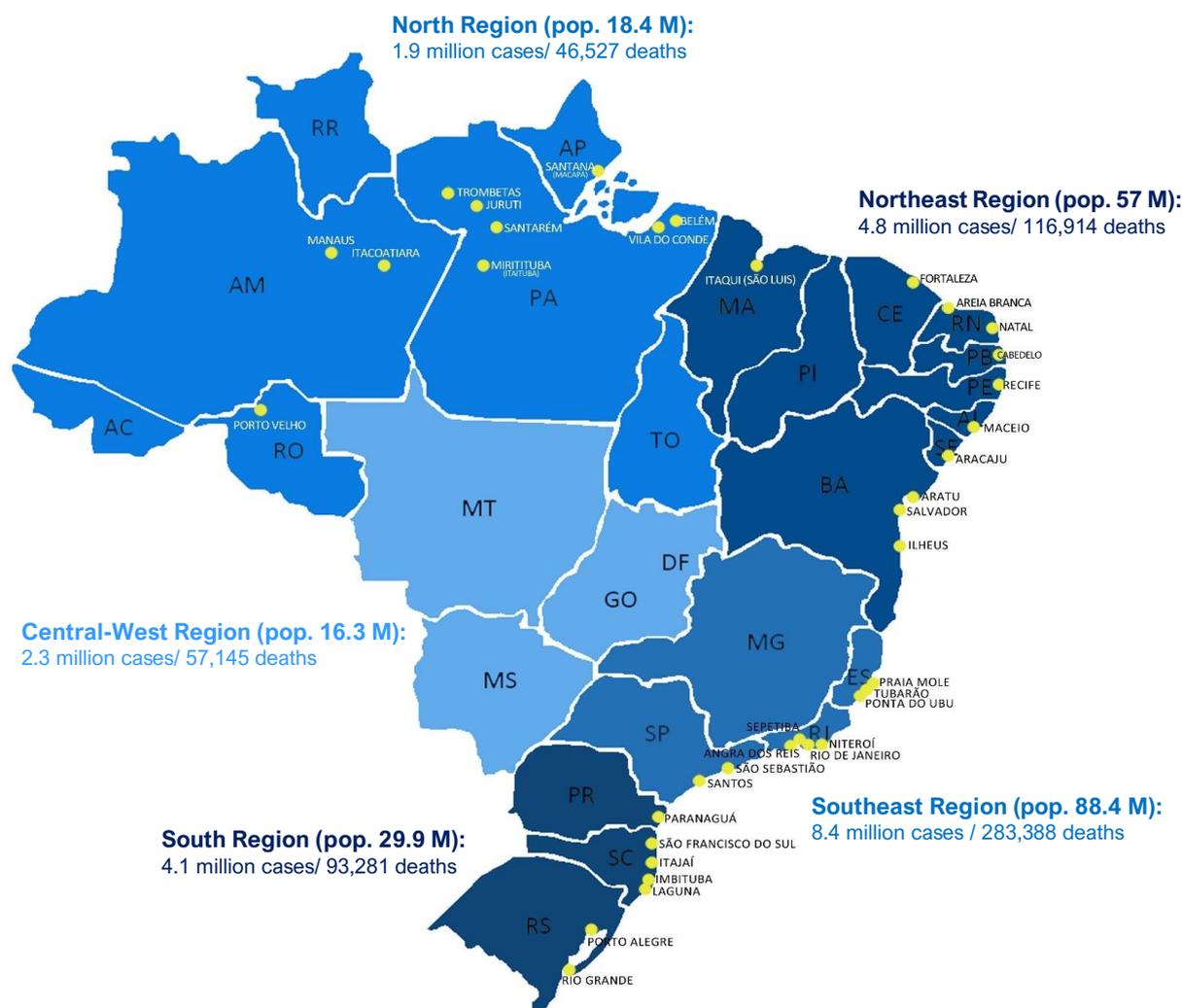


Figure 3: number of COVID-19 cases and deaths by region. Yellow dots represent sea and river ports. Source: Ministry of Health

Since the onset of the outbreak, 20.4 million people have recovered from the infection. It corresponds to more than 97% of those infected. Additionally, 415,757 people diagnosed with COVID-19 are being monitored by health agents or are recovering at home.

⁴ Ministry of Health's COVID-19 Dashboard [retrieved 02/10/21 PM]

The highest number of infections and deaths is in the south-eastern states of Sao Paulo, tallying 4.4 million cases with 149,953 deaths, Minas Gerais (2.2 million cases with 54,613 deaths) and Rio de Janeiro (1.3 million cases and 66,261 deaths). Although the latter state has one of the lowest incidence rates in the country, it has the most significant mortality rates (384 deaths per 100,000 population). The lowest proportional mortality rate is in Bahia (181 deaths per 100k). [Figures 3 & 4]

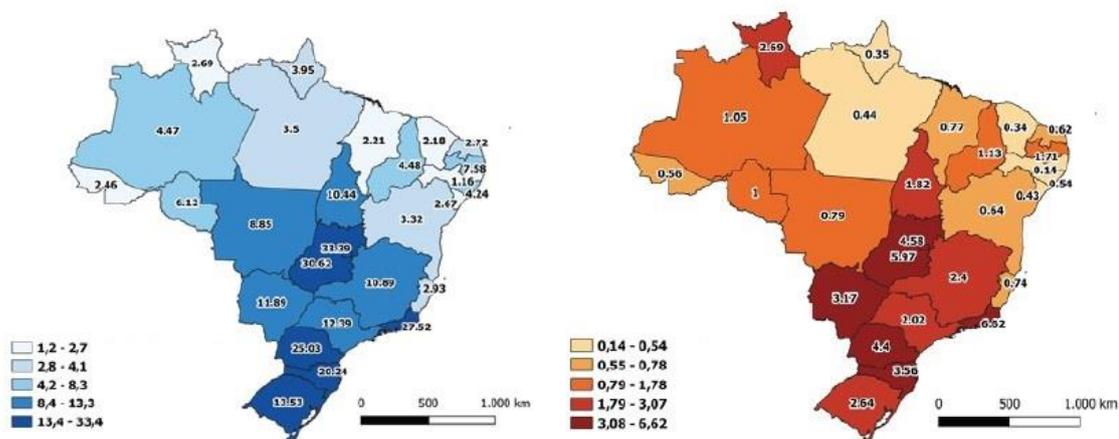


Figure 4: rates of incidence (left) and mortality (right) of SARS by COVID-19 by state, EW 32 to 35. Source: Ministry of Health

The city of São Paulo, South America's most densely populated metropolis with more than 12 million inhabitants, has the highest count of accumulated cases (963,509) and deaths (38,287) by COVID-19 in Brazil, followed by the cities of Rio de Janeiro (484,234 cases with 33,982 deaths) and Brasilia (496,186 cases with 10,480 deaths).

1.3. Vaccination progress

Brazil rolled out its vaccination campaign against COVID-19 on 17 January 2021, when around 210,000 people had already died of the disease. Mass immunisation campaign continues in full swing, with occasional disruptions in supply to specific regions amid political disagreements between the federal government and some state governors.

Given the occasional shortage of some vaccines in the public health system, in some locations, the second dose is being administered with a different vaccine product than the first jab (heterologous priming schedule) over the last few weeks. [Table 1]

Definitive registry		Approved for emergency use		Under ANVISA analysis	
Laboratory (manufacturer)	Doses	Laboratory (manufacturer)	Doses	Laboratory (manufacturer)	Doses
AstraZeneca/Oxford (Fiocruz)		Jansen (Johnson & Johnson)		Covaxin (Bharat Biotech)	
Pfizer (BioNTech)		CoronaVac (Butantan)		Sputnik-V (União Química)	

Table 1: status, manufacturer, and dosage of vaccine products against COVID-19 in Brazil. Source: Ministry of Health

As of 1 October 2021, more than 240 million vaccination doses against COVID-19 were administered; 147.2 million people received the first dose and 92.8 million the second or single dose⁵. This means that around 42% of the Brazilian people is fully vaccinated and 28% is only partially vaccinated, which represents about 71% of the entire population; that is, 93% of the Brazilian adults (158 million people) received the first dose, and 57% have a complete vaccination schedule. [Figure 5]

⁵ Ministry of Health's COVID-19 Dashboard; Our World in Data's COVID-19 Vaccination Database [retrieved 02/10/21 PM]

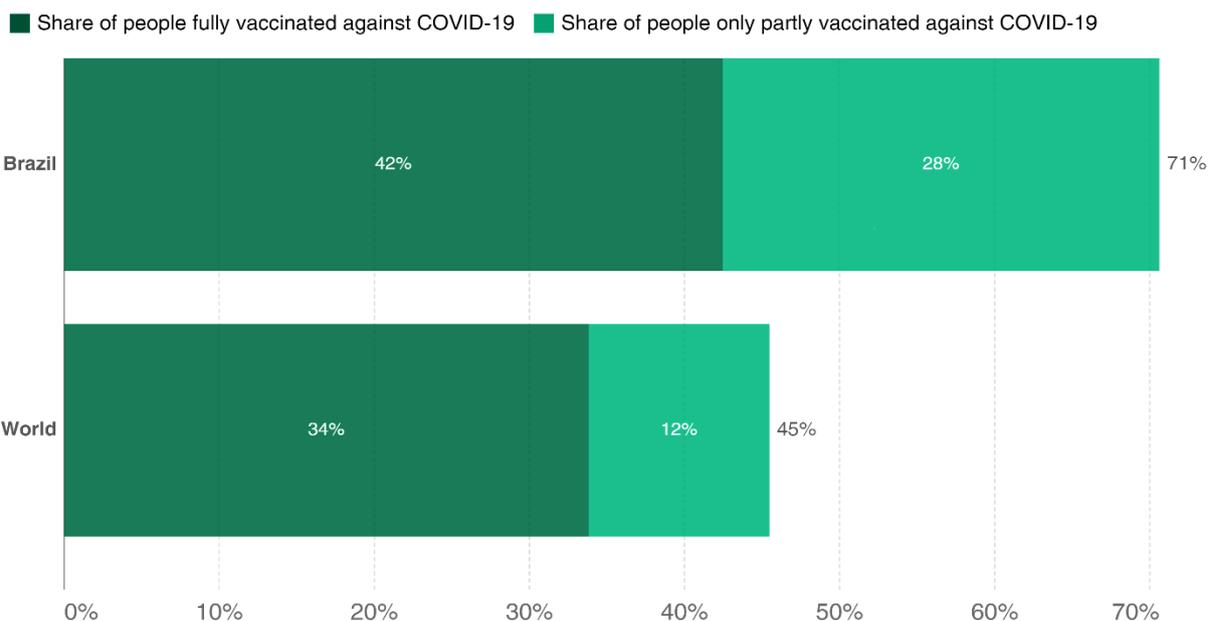


Figure 5: Share of people vaccinated against COVID-19 in Brazil and the world. Source: Ministry of Health/Our World in Data

The government expects to complete the vaccination of the adult population by November 2021.

Currently, booster doses are being given to seniors over 60 years old, immunosuppressed people and healthcare professionals at the forefront of the fight against the pandemic. These professionals will also receive a booster six months after the completion of the vaccine cycle⁶.

With the progress of the vaccination campaign, the records of cases and deaths have maintained a downward trend in the last three months. The Ministry of Health reported a drop in occupancy rates of COVID-19 beds (clinical and ICU), which are now within what is considered normal by the health secretariats of at least 22 Brazilian states.

Vaccines are only available in the public health system of the Unified Health System (*Sistema Único de Saúde* - SUS). At present, although port workers and employees of Brazilian shipping companies are among the priority groups for vaccination, there is no prospect of free or paid vaccination of visiting foreign maritime crews anytime soon.

1.4. Restrictive measures

1.4.1. Legal framework

The ongoing public health emergency (PHEIC/PHENC) is managed by the Interministerial Executive Group on Public Health Emergency of National and International Concern (GEI-ESP/II) under the coordination of the Ministry of Health⁷.

On 7 February 2020, the Brazilian National Congress passed, and President Jair Bolsonaro sanctioned Law 13,979⁸ ("COVID-19 Law"), providing for specific preventive and restrictive measures that may be taken by public authorities concerned to deal with the novel coronavirus outbreak and its consequences and repercussions.

⁶ According to a press release by the Ministry of Health dated 2 Octo 2021, these audiences for the booster dose were chosen as priorities because they are among the groups with the highest risk of being affected by the severe forms and deaths caused by the disease. The booster is preferably done with the immunizing agent from Pfizer. The booster is directed at people who took the second dose more than six months ago, regardless of the vaccine product used in the first immunisation cycle

⁷ Grupo Executivo Interministerial de Emergência em Saúde Pública de Importância Nacional e Internacional - GEI-ESP/II (Interministerial Executive Group on Public Health Emergency of National and International Concern) was created by Decree 10,211/2020 to monitor and articulate measures to prepare and deal with public health events, allocate resources, establish guidelines and prepare reports on emergency situations

⁸ As regulated by Ministry of Health Ordinance 356/2020, Interministerial Ordinance 5/2020, and Federal Decree 10,282/2020, as amended

These restrictive measures include isolation and quarantine⁹, wearing face masks in public spaces, and exceptional and temporary restrictions for entering the country. **[Chapter 3]**

With the rollout of vaccines and all age groups (except pre-teens and children) being fully or partially immunised, state governments and municipalities broadly eased restrictions. Nevertheless, wearing masks in public areas and observing social distancing remain mandatory and subject offenders to penalties, though compliance is not consistently enforced. State governments are considering waiving the use of masks in open spaces within the next weeks.

1.4.2. Essential services

Law 13,979/2020, as amended, establishes that exceptional measures must safeguard the exercise and functioning of vital public services and essential activities. It also prohibits restricting the movement of key workers and the handling and transport of goods of any kind that may lead to the shortage of foodstuffs and necessary supplies for the population. Port and airport operations and cargo logistics services are among the activities considered essential.

On 15 April 2020, the Federal Supreme Court (STF) ruled that, regardless of the Ministry of Health guidelines, states and municipalities have constitutional powers to concurrently combat the outbreak and decide which services and activities are considered critical in their jurisdiction. After that, governors and mayors decreed stricter measures, such as curfews and lockdowns to varying extents and duration. The more severe restrictions were relaxed from mid-2021 onwards.

1.4.3. Public services and businesses

As of mid-March 2020, all private businesses and public not defined by law as essential services have been forced to close temporarily, with employees working from home whenever possible. Labour legislation has been reformed to allow employers to enter into agreements with employees seeking to preserve jobs during the pandemic by teleworking, early vacation or holidays, collective vacation, comp time, reduced working hours with proportional wage reduction, among other arrangements.

Employers are responsible for taking measures to reduce the risk of transmission in the workplace and ensure compliance with the health guidelines and recommendations issued by the authorities. They are also responsible for assuring that employees who display symptoms or have been tested positive for COVID-19 are adequately isolated and cared for.

State governors and mayors issued rules and procedures for operating non-essential businesses and activities throughout the pandemic. In some states, commerce and industry were closed or allowed to work with some restrictions, depending on the outbreak evolution and ICU bed occupancy rates.

In general, as of June 2020, the states resumed commercial and industrial activities and relaxed requirements for opening and public occupancy in confined areas. By April 2021, several Brazilian states, notably São Paulo, had implemented measures for the gradual reopening of businesses and services and, around July 2021, activities involving public presence were mostly retaken. Public gatherings such as music concerts and football matches resumed from early October 2021 in most states. Yet, strict limitations on opening hours and occupancy in a few locations are still in place but not consistently enforced.

⁹ In line with the International Health Regulations (IHR 2005), Law 13,979/2020 defines isolation as “separation of ill or contaminated persons or luggage, containers, conveyances, goods or affected postal parcels from others in such a manner to prevent the spread of the coronavirus or contamination”. Quarantine, in turn, is defined as “restriction of activities and/or separation of suspect persons who are not ill or of suspect luggage, containers, animals, conveyances or goods in such a manner as to prevent the spread of the coronavirus or possible contamination”

1.4.4. Courts and time bars

To standardise procedures across Brazilian law courts, except the high courts, as of 19 March 2020, the National Justice Council (CNJ) suspended judicial timeframes for digitalised and physical case files. The duration of the break varied amongst the state civil courts. The federal and labour court systems have also implemented suspensions in varying lengths. An extraordinary duty regimen was put in place, with magistrates and lawyers working remotely.

The Brazilian courts have, in general, managed to work remotely with reasonable efficiency, particularly in new lawsuits whose files are paperless facilitating processing during remote work.

From March 2020, the Maritime Tribunal (Admiralty Court)¹⁰ successively suspended time limits. Judgment sessions were eventually restarted via videoconference since April 2020. Procedural deadlines were resumed from July 2020. In-person attendances to hearings and judgements were suspended and gradually retaken.

Administrative tax proceedings pending before Brazil's Department of Federal Revenue (customs and tax authority), including tax payments, were halted and slowly resumed from August 2020.

Despite the temporary suspensions, mostly revoked at this point, time bars (statute of limitations) continued to flow normally throughout the pandemic. It can only be prevented judicially through simple electronic petitioning.

¹⁰ The *Tribunal Marítimo* (Maritime Tribunal or Admiralty Court) is an administrative, autonomous body auxiliary of the judiciary branch linked with Ministry of Defence and the Navy Command. It is based in Rio de Janeiro and has jurisdiction to judge casualties and facts of navigation and to manage the Brazilian Special Ship Registry (REB)

2. Travel restrictions

2.1. International travel policy

WHO's standing advice is that countries apply a risk-based approach when implementing international travel measures to tackle COVID-19, consistent with the public health risk posed by travel on import and export cases, including emerging virus variants of concern and the vaccine rollout¹¹.

The [National Health Surveillance Agency \(ANVISA\)](#) is the federal regulatory agency under the purview of the Ministry of Health with jurisdiction over sanitary surveillance in Brazilian points of entry. ANVISA also functions as the National Focal Point to enforce the WHO International Health Regulations (IHR 2005). The agency is responsible for advising the federal government on the emergency health measures to address the outbreak, including restrictions on the entry of persons, goods, and conveyances in Brazilian ports, airports, and land crossings¹².

Most countries have advised their nationals to avoid non-essential travels to Brazil. Indeed, some have banned flights from Brazil altogether, while others have conditioned entry to quarantine abroad or full immunisation of the traveller with one of the authorised COVID-19 vaccine products.

As the pandemic wanes in Latin America's largest country, international borders have been opened in recent weeks to flights from Brazil without the need for quarantine, only full vaccination or negative testing for COVID-19 being required. Argentina has just lifted its restriction on Brazilian tourists, and the UK is expected to follow suit soon. Entry into the US by non-citizens who were physically present in Brazil in the last 14 days remains temporarily prohibited, with some exceptions.

2.2. Restrictions in place

Following ANVISA guidance and recommendations, as of 19 March 2020, the federal government gradually put in place exceptional and temporary restrictions on the entry of non-resident foreign nationals, with some exceptions. At first, it banned foreigners arriving from selected countries; after that, it closed its air, sea, and land borders to all foreigners, regardless of country of origin. Port operation and services remained permitted since the outset of the pandemic. **[Chapter 8]**

Gradually, entry restrictions were relaxed, while procedures and protocols were fine-tuned among the authorities and stakeholders. Since June 2020, Brazil has opened its air borders to foreigners of all nationalities. However, owing to fears of coronavirus variants of concern, the federal administration had suspended the entry of non-resident foreigners who have been in the United Kingdom of Great Britain and Northern Ireland, Republic of South Africa, and the Republic of India during the 14-day period preceding their intended arrival in Brazil, starting from December 2020. With a few exceptions, such as seafarers, Brazil's land and sea borders were closed to foreign nationals.

The government has issued a series of interministerial ordinances (called *portarias*) Throughout the pandemic to regulate restrictions on travel to Brazil, in accordance with the epidemiological conditions, as assessed by the Ministry of Health.

The most recent regulation on travel restrictions is Ordinance 658 of 5 October 2021, which eventually removed the travel ban on passenger flights from the UK, South Africa, and India but maintained the restriction on entry by land and sea for non-resident foreigners. Regardless of the country of origin, all air travellers, including Brazilians, must present a negative antigen or PCR testing for SARS-CoV-2 before boarding to Brazil, in addition to having to observe the health protocols published by ANVISA. **[Table 2, Sections 2.4 & 4.3]**

¹¹ COVID-19 Weekly Epidemiological Update, Edition 57, 14 September 2021, by the WHO

¹² Art. 3, IV, of Law 13,979/2020, as amended

Evolution of travel restrictions in Brazil during COVID-19 pandemic

Date	Regulation (Status)	Description
19 Mar 2020	Ordinance 125/2020 (no express revocation)	Imposed a 15-day ban on entry by land of non-resident foreigners of any nationality arriving from Argentina, Bolivia, Colombia, French Guiana, Guyana, Paraguay, Peru, and Suriname
19 Mar 2020	Ordinance 126/2020 (revoked)	Imposed a 30-day ban on entry by air of non-resident foreigners of any nationality arriving from China, EU, Iceland, Norway, Switzerland, UK, Australia, Japan, Malaysia, and Korea. Revoked by Ordinance 133/2020
23 Mar 2020	Ordinance 133/2020 (revoked)	Imposed a 30-day ban on entry by air of non-resident foreigners of any nationality (including seafarers) arriving from China, EU, Iceland, Norway, Switzerland, UK, Australia, Japan, Malaysia, Korea, and Iran. Revoked by Ordinance 152/2020
26 Mar 2020	Ordinance 47/2020 (revoked)	Imposed a 30-day ban on entry of non-resident foreigners of any nationality (including seafarers) at Brazilian ports. Disembark of seafarers seeking medical assistance or for air connection to their country. Revoked by Ordinance 201/2020
27 Mar 2020	Ordinance 152/2020 (revoked)	Imposed a 30-day ban on air travel to Brazil, effective from 30 March 2020. Revoked by Ordinance 203/2020
2 Apr 2020	Resolution 7,653/2020 (revoked)	ANTAQ regulated restrictive measures and guided the transportation of fared passengers within inland waterways and ports. Revoked by ANTAQ Resolution 7,781/2020
24 Apr 2020	Ordinance 201/2020 (revoked)	Extended for 30 days the ban on entry by sea. Revoked by Ordinance 255/2020
28 Apr 2020	Ordinance 203/2020 (revoked)	Extended for 30 days the ban on entry by air. Revoked by Ordinance 255/2020
29 Apr 2020	Ordinance 204/2020 (revoked)	Extended for 30 days the ban on entry by land. Revoked by Ordinance 255/2020
22 May 2020	Ordinance 255/2020 (revoked)	Consolidated previous regulation and extended for 30 days the ban on entry by sea, air, and land. Revoked by Ordinance 340/2020
29 May 2020	Resolution 7,781/2020 (in force)	ANTAQ updated the regulation on restrictive measures and guidance on the transportation of fared passengers within inland waterways and port installations
20 Jun 2020	Ordinance 319/2020 (revoked)	Extended for 15 days the ban on entry by air, sea, and land. Revoked by Ordinance 340/2020
30 Jun 2020	Ordinance 340/2020 (revoked)	Extended for 30 days the ban on entry by air, sea, and land. Allowed entry by air of foreigners to carry out artistic, sporting or business activities, without the intention of fixing residence. Revoked by Ordinance 1/2020
29 Jul 2020	Ordinance 1/2020 (revoked)	Extended for 30 days the ban on entry by sea and land and allowed air travel for short-term visits. It introduced a requirement for health insurance valid in Brazil for the duration of the stay. Revoked by Ordinance 419/2020
26 Aug 2020	Ordinance 419/2020 (revoked)	Extended for 30 days the ban on entry by sea and land. It reaffirmed the requirement for health insurance valid in Brazil throughout the stay for a minimum cover of BRL 30,000. Revoked by Ordinance 456/2020
24 Sep 2020	Ordinance 456/2020 (revoked)	Extended for 30 days the ban on entry by sea and land and maintained the requirement for health insurance for air travellers. Revoked by Ordinance 470/2020
2 Oct 2020	Ordinance 470/2020 (revoked)	Extended for 30 days the ban on entry by sea and land. It removed the obligation of air travellers to purchase health insurance. Revoked by Ordinance 478/2020
14 Oct 2020	Ordinance 478/2020 (revoked)	Extended for 30 days the ban on entry by sea and land. It allowed the entry of foreigners through the land border with Paraguay. Revoked by Ordinance 518/2020
12 Nov 2020	Ordinance 518/2020 (revoked)	Extended for 30 days the ban on entry by sea and land. Revoked by Ordinance 615/2020
11 Dec 2020	Ordinance 615/2020 (revoked)	Extended for seven days the ban on entry by sea and land. Revoked by Ordinance 630/2020
17 Dec 2020	Ordinance 630/2020 (revoked)	Extended, for an indefinite period, the ban on entry by sea and land, effective 30 December 2020. It required Brazilian and foreign air travellers to present a negative RT-PCR test, performed 72 hours before boarding, and fill out the "Traveller's Health Declaration (DSV)" form upon check-in to Brazil. Revoked by Ordinance 648/2020
23 Dec 2020	Ordinance 648/2020 (revoked)	It reiterated the ban on entry of non-resident foreigners by land and sea and the need for all air travellers to present a PCR-RT test and complete the DSV form. It banned flights departing from or passing through the UK and Northern Ireland. Revoked by Ordinance 651/2021
8 Jan 2021	Ordinance 651/2021 (revoked)	It maintained the ban on entry by sea and land and the previous conditions for entry by air. It introduces a protocol for aircrews in Brazil. Revoked by Ordinance 652/2021
25 Jan 2021	Ordinance 652/2021 (revoked)	It maintained the ban on entry by sea and land. It adds the Republic of South Africa to the list of countries whose flights are temporarily prohibited. Revoked by Ordinance 653/2021

Date	Regulation (Status)	Description
14 May 2021	Ordinance 653/2021 (revoked)	It maintained the ban on entry by sea and land. It adds the Republic of India to the list of countries whose flights are temporarily prohibited. Revoked by Ordinance 654/2021
28 May 2021	Ordinance 654/2021 (revoked)	It maintained the ban on entry by sea and land. Seafarers arriving from the temporarily banned countries (UK, Northern Ireland, South Africa, and India) must undergo a 14-day quarantine. Revoked by Ordinance 655/2020
23 Jun 2021	Ordinance 655/2021 (revoked)	It maintained the ban on entry by sea and land and flights from banned countries and updated requirements for disembarkations and crew changes. Revoked by Ordinance 657/2021
2 Oct 2021	Ordinance 657/2021 (revoked)	It maintained the ban on entry by sea and land and flights from banned countries. Effective 1 November 2021, it allowed cruise ships with foreign passengers exclusively in Brazilian waters. Revoked by Ordinance 658/2021
5 Oct 2021	Ordinance 658/2021 (in force)	It maintains the ban on entry of foreigners by sea, except seafarers and cruise ships carrying passengers exclusively within Brazilian ports and by land. It lifted the restrictions on entry of non-resident travellers from the UK, Northern Ireland, South Africa and India

Table 2: evolution of regulation on travel restrictions to Brazil during the COVID-19 pandemic. Source: Chief of Staff/Official Gazette

Failure to comply with the current travel restrictions will subject the offender to civil, administrative, and criminal liabilities, repatriation, deportation, or disqualification of asylum or refugee status, if any¹³.

2.3. Exceptions

2.3.1. Seafarers

As in previous releases of the regulation, restrictions currently in force do not prevent seafarers who arrive to join a ship or platform operating in Brazilian waters, as long as the migratory requirements applicable to their nationality or status as a seafarer are met¹⁴.

Likewise, foreign crewmembers continue to be able to disembark in Brazilian ports, with prior permission from the Federal Police and ANVISA, for medical assistance or repatriation for operational issues or termination of the employment contract. Nevertheless, crew changes are subject to strict pre-boarding and pre-landing procedures, including COVID-19 tests verified by ANVISA. **[Chapter 6]**

2.3.2. Stowaways

Current regulation allows emergency care measures to host and regularise the migratory status of persons in vulnerable situations, including immigrants who entered the country between 18 March 2020 and 5 October 2021¹⁵.

It is up to the Federal Police to decide on landing illegal immigrants for repatriation or seeking refuge in Brazil upon ANVISA's clearance, usually involving a health examination and RT-PCR testing.

Repatriating stowaways during the pandemic has proven more challenging than usual but feasible.

2.4. Air travel

Brazil's air borders remained closed between March and June 2020, and, since then, the commercial air network has been slowly and gradually reactivated. Although domestic flights have recovered 80% of the volume of passengers they had before the COVID-19 outbreak, international flights are still far from a recovery, with only about 30% of the pre-pandemic passenger flow.

¹³ Art. 7 of Ordinance 658 of 5 Oct 2021

¹⁴ Art. 5, § 5 & § 6 of Ordinance 658 of 5 Oct 2021

¹⁵ Art. 4, § 2, V, & § 3 of Ordinance 658 of 5 Oct 2021

Currently, the country's airspace is open to passenger flights from all over the world. The last restrictions on entry that applied to foreign passengers coming from or passing by UK, South Africa and India in the last 14 days were removed on 5 October 2021.

All foreign nationals are now allowed to enter the country by air for short stays up to 90 days, provided they meet the necessary immigration requirements, including having a visa when one is required.

At check-in, Brazilian and foreign travellers must present the following documents to the airline as a condition for commencing the journey to Brazil¹⁶:

- a) Traveller's Health Declaration (Declaração de Saúde do Viajante - DSV) form filled out, on printed paper or digitally, within 24 hours before boarding, agreeing with health measures that must be observed during the stay in Brazil. The form is available on the ANVISA website, also in Spanish and English¹⁷
- b) COVID-19 test for infection by SARS-CoV-2, with a negative or undetectable result, of the antigen type, performed up to 24 hours before boarding, or laboratory PCR test taken within 72 hours before boarding. The report must be written in Portuguese, Spanish or English **[Section 4.3]**

For flights with connections or stopovers in which the passenger remains in a restricted area of the transit airport, the 24-hour period will be considered for the first leg of the journey. Passengers who leave the airport's transit area for more than 72 hours since the molecular test, or 24 hours after the rapid antigen test, must perform a new test with negative or non-reactive results at check-in for the final flight to Brazil.

Before travelling to Brazil, it is prudent to check with the travel provider and local agent for health recommendations in effect for the intended port and period of travel, and monitor the flight status for eventual cancellations, delays, and last-minute changes, mindful of the validity of the mandatory pre-departure COVID-19 testing.

ANVISA recommends travellers arriving from abroad to self-isolate for a week or quarantine for two weeks for those displaying symptoms of COVID-19. The agency issued specific guidelines on measures to be taken at airports and by the air crews during the pandemic¹⁸, though they should be revised soon.

2.5. Sea travel

Entry by waterways of non-resident foreign nationals has been forbidden since 17 March 2020, except for seafarers on vessels and platforms and travellers falling under any of the exempt categories.

Because of the growing number of shipborne COVID-19 cases on cruise ships – and the escalating travel restrictions imposed by port cities, Brazil's 2020/21 season ended a month ahead of schedule. Planned departures were cancelled, and vessels in ports and anchorages had to undergo quarantines before passengers could disembark for repatriation. Some ships already underway turned back to Brazil to land passengers after completing health screenings and quarantine measures as directed by ANVISA.

The National Commission of Port Authorities (Conaportos) issued specific regulations¹⁹ to guide public entities and companies operating in Brazilian ports and port facilities. It determined the immediate suspension of new cruise departures and restricted landing of passengers and crewmembers.

¹⁶ Art. 3, I & II & Annex I of Ordinance 658 of 5 Oct 2021

¹⁷ The *Declaração de Saúde do Viajante* – DSV (Traveller's Health Declaration) can be accessed on <https://formulario.anvisa.gov.br/?lang=en>

¹⁸ ANVISA Collegiate Board Resolution RDC 456 of 17 Dec 2020, as amended by RDC 477 of 11 Mar 2021

¹⁹ Resolution 2 of 25 March 2020, later replaced by Resolution 3 of 27 May 2020, issued by the *Comissão Nacional de Autoridades nos Portos* – Conaportos (National Commission of Port Authorities) is chaired by the Ministry of Infrastructure's Secretariat of the Ports and comprise members of the other ministries as well as ANVISA and ANTAQ

The National Waterways Transportation Agency also issued specific regulations and guidance on the carriage of passengers within Brazilian inland waterways²⁰.

Until September 2021, ANVISA adamantly recommended keeping cruise travel in Brazil suspended. Nonetheless, following discussions between the various federal authorities and stakeholders in the cruise industry on safety protocols, the federal government authorised the cruise season, exclusively within Brazilian jurisdictional waters, to commence on 1 November 2021 and subject to ANVISA fully overhauling its current set of protocols²¹.

For the 2021/22 cruise season, at least two operators will deploy seven cruise liners to cover the Brazilian coast, offering more than 566,000 beds, reportedly the highest offer in the last four seasons. The Ministry of Tourism estimates that from November 2021 to April 2022, when the season ends, 130 cruises and 570 cruise calls would have been made.

Popular destinations in previous seasons, ports in Argentina and Uruguay remain prohibited, as are other overseas ports. Landings of non-resident foreign passengers from cruise ships arriving from abroad are still restricted and pending regulation.

2.6. Land travel

Brazil is the largest and most populous country in South America, and, except for Chile and Ecuador on the West Coast, it borders all other countries of the continent. As of 17 March 2020, the government gradually closed the land borders, which remain closed to date, except with the Republic of Paraguay²².

The restrictions of entry by land do not apply to Brazilian citizens or foreign nationals falling into one of the following categories²³:

- Implementation of cross-border humanitarian actions authorised by local health authorities
- The transit of residents in twin cities of neighbouring countries that reciprocate the treatment
- Transport of cargo or to road freight's drivers and helpers
- Emergency assistance measures for the reception and regularisation of migration, per the immigration laws, to persons in vulnerable situations resulting from migratory flow caused by a humanitarian crisis
- Professionals on a mission at the service of an international organisation, if duly identified
- Spouse, partner, children, parents, or guardian of a Brazilian citizen
- Foreign nationals whose entry is authorised by the Brazilian Government in the public interest or for humanitarian reasons
- Holders of the National Migration Register card (*Registro Nacional Migratório – RNM*)
- Foreign officials accredited to the Brazilian government

Foreigners who are in one of the land border countries and need to cross over to board a flight home may exceptionally be authorised by the Federal Police to enter the country, provided there is a formal request from the travellers' consular authority in this regard, they present the corresponding air tickets and head directly to the airport²⁴.

²⁰ ANTAQ Resolution 7,653 of 31 March 2020, later replaced by ANTAQ Resolution 7,781 of 29 May 2020, provides recommendations to port administrations, port facilities and companies engaged in the carriage of passengers and ensures the circulation of key workers and handling of cargoes that may result in a shortage of necessary supplies for the population

²¹ To comply with conditions imposed by Ordinance 658 of 5 October 2021 in the coming weeks, ANVISA will review and update its protocols for crew changes, case identification, and management of outbreaks and quarantine of COVID-19 cases on vessels and platforms in Brazilian waters. Port cities to be called by cruise ships must have an operational plan approved by local health authorities establishing conditions for the safe disembarkation of crews and passengers for medical care in Brazil

²² Art. 4, § 2, I, of Ordinance 658 of 5 Oct 2021

²³ Art. 4, § 2, of Ordinance 658 of 5 Oct 2021

²⁴ Art. 4, § 1, of Ordinance 658 of 5 Oct 2021

3. Ship and port health controls

3.1. Regulations

ANVISA sets the standards for enhanced health surveillance and controls at Brazilian points of entry. Since the coronavirus reached Brazil in February 2020, the federal health agency has published a wide range of recommendations, guidelines, and procedures in the form of technical notes, information notes and resolutions. The regulation is revised and updated following the Ministry of Health's epidemiological bulletins and WHO guidelines and recommendations.

Specific health measures and controls were issued in the wake of the pandemic and regularly updated for land borders and vehicles, airports and aircraft, ports, ships and platforms. These standards are enforced by the respective federal regulatory agencies (ANTT, ANAC and ANTAQ), which also issue specific guidelines of their own as the outbreak evolved.

Under the current regulatory framework, cargo vessels arriving from overseas are not subject to automatic quarantine. As a matter of course, they will receive the certificate of free pratique to enter the port, discharge or load cargo and stores after a satisfactory remote documentary analysis by ANVISA.

3.2. Preventive health measures

ANVISA's Technical Note 5 of 30 April 2021²⁵ and related protocols establish preventive measures for ships, platforms, port administrations, port workers and service providers to avoid contagion and manage shipborne COVID-19 cases. The main action plan is summarised below.

3.2.1. Masters on vessels arriving from overseas

- Adhere to the IHR 2005, flag state and ANVISA regulations
- Provide a copy of the medical logbook for the past 30 days and the Maritime Declaration of Health (MDS)²⁶, filled out in the ANVISA form when applying for free pratique²⁷
- ANVISA will grant the free pratique remotely unless there was a health event on board in the last 30 days
- In case of a COVID-19 event, adopt ANVISA's specific protocol²⁸. The free pratique will only be issued after a shipboard sanitary inspection or compliance with health measures indicated by ANVISA, including quarantine
- Ensure that crew contact with shore personnel is kept to a minimum with a distancing of at least one metre and that crewmembers and visitors wear proper PPE **[Section 3.3]**

3.2.2. Shipowners and ship operators

- Disclose informative materials about COVID-19 to the crew and passengers, according to ANVISA's recommendations, and keep updated Contingency Plan for dealing with COVID-19
- Access of third parties and contractors on board must be restricted to the performance of strictly necessary activities. In this case, shipping companies must demand compliance with safety requirements, including mandatory use of masks and hand hygiene before shoreside professionals meet the crew and access the vessel's touchable surfaces
- Ensure that workers of service providers are asymptomatic and have not had contact with a suspect or confirmed case of COVID-19 in the last 14 days
- Avoid physical contact among the crew, passengers, and shore personnel

²⁵ ANVISA Technical Note 5/2021/SEI/GQRIS/GGPAF/DIRE5/ANVISA of 30 Apr 2021 updates the sanitary measures to be adopted in ports and vessels to respond to the Public Health Emergency of National (PHENC) and International (PHEIC) by the novel SARS-CoV-2

²⁶ The MDS must be accurately completed and signed by the master or a designated officer with false or omissive information that may give rise to introduction of a health risk is subject to penalties and criminal liability

²⁷ The documents provided by the vessel to the shipping agents is submitted electronically to ANVISA stations via the Paperless Port (PSP) single-window system for preliminary documentary review and issuance of the Certificate of Free Pratique. ANVISA may request additional information or carry out a sanitary inspection on site before granting the Certificate

²⁸ "Protocolo – Detecção e Atendimento de Casos Suspeitos COVID-19 em Portos, Aeroportos e Fronteiras" (Protocol for Detecting and Responding to COVID-19 Suspect Cases at Ports, Airports and Borders), Mar 2020, by ANVISA

- In the case of isolation of suspect or confirmed case onboard, observe the recommendations of ANVISA's respective protocols²⁹ **[Section 5.1]**
- In the case of foreign crew members, the landing authorisation issued by ANVISA to enable repatriation is subject to the presentation of an RT-PCR lab test with a negative or undetectable result. The test must be carried out before disembarkation, still on the vessel **[Section 4.3]**

3.2.3. Port workers and ship visitors

- Maintain at least one metre of distance from each other, use appropriate PPE, and adhere to the safety practices outlined in the protocol for ports, airports, and ground crossings
- Crewmembers must not disembark except for medical/dental care, or repatriation upon the termination of the employment contract
- Regardless of the use of PPE, port workers and seafarers must always adopt preventive measures, including:
 - Self-isolate at home if showing symptoms of COVID-19
 - Wash the hands frequently with water and liquid soap
 - When water and liquid soap are not available, or when the hands are not visibly dirty, use hand sanitiser 70% alcohol
- Adopt respiratory etiquette:
 - Use a disposable tissue for nasal hygiene
 - Cover nose and mouth when sneezing or coughing
 - Avoid touching mucous membranes of the eyes, nose, and mouth
 - Sanitise the hands after coughing or sneezing

3.2.4. Port authorities and port operators

- Adhere to the IHR 2005 and relevant ANVISA regulations
- Promote the use of adequate PPE, hand hygiene and prevention against COVID-19
- Adopt teleworking (home office) for activities of an administrative nature, except for jobs in which face-to-face meetings are essential
- Immediately report the occurrence of a suspect or confirmed case to the health authority via e-mail, as provided for in the port's Contingency Plan
- Follow terminal's Contingency Plan, including referral for evaluation or medical care, in the event of a suspect or confirmed case at port facilities, and make surgical or PFF2 (N95) masks available for the suspect and confirmed cases
- Crewmembers and passengers embarking or disembarking from vessels must not share the same means of transport available to the terminal's workers. The shipping agency must provide private transportation to and from the vessel
- In case crewmembers transiting within the port facilities for joining or leaving a vessel, a minimum contact between them and port workers must be maintained
- Disembarking and embarking crewmembers or passengers for medical or odontological consultations must follow the terminal's Public Health Emergency Contingency Plan³⁰
- Map and provide strategic places for sanitising stations for hand hygiene, equipped with liquid soap, running water, paper towels and garbage bin
- Keep rooms with HVAC systems in operation with the air renewal at full capacity. In places without air renewal, doors and windows must be kept open
- Ensure compliance with the Maintenance, Planning and Control - MPC
- Do not adopt spraying procedures or use disinfection tunnels and cabins
- Suspend mass or private events in port areas during the pandemic

²⁹ "Protocolo para Quarentena de Embarcação com Caso Confirmado para COVID-19" (Protocol for Quarantining Vessels with Confirmed Cases of COVID-19), Apr 2020, by ANVISA; "Protocolo para Quarentena de Viajantes em Hotéis" (Protocol for Quarantining Travellers in Hotels), Apr 2020, by ANVISA

³⁰ It is necessary to prove that the landing or boarding was authorised by ANVISA through the Term of Sanitary Control of Traveller - TCSV or other documents as appropriate

3.2.5. Pilotage services

ANVISA advises port pilots to wear an apron and goggles, in addition to a face mask, avoid physical contact and keep a distance of at least one metre from the master and crew. The health authority has issued a specific protocol for pilots³¹.

3.3. Disinfection and personal protection

ANVISA provides specific guidance and protocols on cleaning and disinfection routines and the use of face masks and personal protective equipment (PPE) to minimise the spread of COVID-19³². [Table 3]

PPE required	Vessel without COVID-19				Vessel with COVID-9			
	Shipboard cleaning or disinfection and solid waste collections (Group D) ¹	Cleaning or disinfection of toilets and collection of waste from Group A	Effluent collection or spill cleaning or disinfection	High-level disinfection	Shipboard cleaning or disinfection and collection solid waste (Group D) ¹	Cleaning or disinfecting toilets and solid waste collection	Effluent collection or spill cleaning or disinfection	High-level disinfection
Nitrile or vinyl glove with cuff ⁴⁶	X	X	X	X	X	X	X	X
Respiratory semi-facial filtering for particles (PFF-2/N95 or similar)		X	X	X	X	X	X	X
Respiratory type semi-facial filtering for particles (min. PFF-1)	X							
Waterproof footwear	X	X		X	X	X		X
PVC boots			X				X	
Waterproof apron, which can be disposable	X	X	X	X				
Disposable apron, long sleeves, knitted cuff, weight 50					X	X	X	X
Safety glasses	X	X	X	X	X	X	X	X
Acrylic face shield with translucent display ²			X				X	

1- On-board cleaning means collecting, conditioning, and transporting solid waste and the disinfection procedures of the cabin, kitchen, deck, cafeterias, restaurants, crew quarters, and bridge. 2- Should be used in situations that generate mists, spraying sanitisers or other products that are contraindicated for contact with skin, eyes, mucous membranes, or according to the manufacturer's guidance

Table 3: Guidance on the use of PPE according to the required cleaning and disinfection procedure. (Source: ANVISA)

Port workers, crewmembers, inspectors and all visitors to ports facilities and vessels must wear an appropriate face mask regardless of the activity performed. It is forbidden to use acrylic or plastic masks, face shields alone, masks with exhalation valves (including N95 and PFF2), handkerchiefs, bandanas or any other material that is not a protective mask for professional or non-professional use. It must be well-adjusted to the face and cover the nose, mouth, and chin, minimising spaces that allow air and respiratory droplets to enter and escape.

³¹ “Recomendações para a Atividade de Praticagem Durante a Pandemia de COVID-19” (Recommendations for Pilotage Services During the COVID-19 Pandemic), May 2020, by ANVISA

³² ANVISA Technical Note 34/2020/SEI/COSAN/GHCOS/DIRE3/ANVISA of 9 Apr 2020 provides recommendations and warnings on disinfection procedures in public places during the COVID-19 pandemic

4. Shipboard COVID-19 cases

4.1. Responsibility matrix

Whenever a suspect or confirmed case of COVID-19 is identified onboard, the ANVISA station at the port of destination must be notified immediately to provide guidance and instructions on handling the case. The communication with the vessel is made through the local shipping agents.

The various regulations issued by the authorities lay down the general recommendations and procedures to be adopted following detection. ANVISA regulations define response to "suspect" or "confirmed" COVID-19 cases, as defined by the WHO³³, and allocate the role and responsibilities of the stakeholders, as summarised below.

4.1.1. Shipowner and ship operator

- Undertake full financial liability for affected crewmembers and passengers embarking or disembarking in Brazil
- Review and enforce contingency plans for crew transfers and granting access to shore workers and other service providers
- Ensure the well-being and medical assistance to crew and passengers, including pre-boarding and pre-repatriation health screenings
- Concentrate the landing of suspect cases in the locations with the best service support and infrastructure, considering the places defined by ANVISA in conjunction with the state and municipal health secretariats
- Arrange daily health monitoring during quarantine on board or ashore and provide psychological support to the affected crewmember or passenger as needed
- Keep ANVISA up to date on the facilities used by the shipowner to isolate or quarantine passengers and crew as well as the hotels used for pre-boarding quarantine purposes, testing and isolation of suspect or confirmed cases, daily updating information on the number of people in isolation in each location, as well as the facilities used for diagnosis and medical treatment
- Arrange repatriation of crewmembers upon completion of quarantine and medical discharge

4.1.2. Shipmaster

- Adopt the measures provided for in relevant regulations, especially those issued by IMO, WHO, ILO, flag state, and ANVISA
- Submit required documents to the authorities, through the shipping agency, and inform:
 - Origin of the suspect case, including the previous ports of call in the last 30 days
 - General status of the suspect or confirmed case
 - If the suspect case travels alone or in a group and, if so, how many people
 - Total number of people on board
 - Vessel's particulars
 - ETA at the next port or berth
 - Autonomy (fuel, water, food, and stores)
- Designate a crewmember, wearing appropriate PPE, to tend to the suspect case
- Report health events to ANVISA directly or through the shipping agents

³³ In the context of the International Health Regulations (IHR 2005) and the regulations of Brazil's Ministry of Health, a "suspect case" means those persons who have been potentially exposed to public health risk and could be a possible source of disease spread while a "confirmed case" means those persons who have been confirmed by medical examinations to be infected or contaminated, or who carry sources of infection or contamination, constituting a public health risk

4.1.2. Crew

- Provide a surgical mask to the suspect case. If he is unable to wear it because of breathing difficulties, he should be provided with towels or tissue and exercise respiratory etiquette
- Accommodate the suspect case in an individual cabin (do not use a room previously occupied by the suspect case before it is thoroughly decontaminated and disinfected)
- If possible, assign a toilet for the exclusive use of the suspect case; otherwise, regularly clean frequently touched objects and surfaces with soap and water or disinfectant
- Avoid sharing glassware, cutlery, and dishware. These must be cleaned and disinfected with sodium hypochlorite or, ideally, replaced with disposable utensils

4.1.3. Health authority

- Request vessels in international and national transit with a suspect case to provide the medical logbook for evaluation, together with the Maritime Declaration of Health, crew list and ship sanitation certificate **[Section 7.2]**
- After assessment of the case in conjunction with the epidemiological surveillance service, ANVISA will define if:
 - the case will be discarded (diagnosis of a disease other than COVID-19)
 - the infected person will be quarantined on board the vessel, or
 - the infected person will be disembarked for medical assistance or quarantine ashore
- Inform the maritime authority, port authority and shipping agency if the vessel with a confirmed case should be directed to an anchorage point designated for quarantine
- Advise the affected person to remain in isolation for 14 days (after medical examination) and seek health care in case of worsening of clinical condition
- Advise close contacts, through express notification, of the need for self-isolation for 14 days

4.2. Handling suspect cases

ANVISA's Technical Note 5/2021 updates the health measures for ports and vessels responding to the public health emergency brought about by the COVID-19 pandemic. Specific protocols complement the regulation for detecting and handling cases, quarantining, disembarking, and embarking affected crewmembers and passengers.

On ocean-going vessels crewed with up to 30 people, everyone is considered "close contact" of a suspect or confirmed case³⁴. Exceptionally, even on vessels with more than 30 crew members, all of them may be regarded as close contacts, depending on the objective risk assessment by the health authority. A suspect shipborne case typically implies the need to test the entire crew.

Laboratory confirmation of a suspect COVID-19 case is through a diagnostic test of the RT-PCR type. In the absence of this lab investigation, the diagnosis will be confirmed by clinical-epidemiological criteria. If an RT-PCR test is carried out, ANVISA will evaluate the result to end the quarantine eventually.

4.2.1. Case detection underway

When a suspect or confirmed case of COVID-19 is detected while the vessel is heading to a Brazilian port, ANVISA issues the free pratique after the case has been discarded or the mandatory quarantine completed. The health authority may grant permission for the vessel to come alongside but not to operate cargoes or transfer crews.

³⁴ Shipboard "close contacts", as defined by ANVISA's Technical Notice 5/2021, are companions and family members of a suspect or confirmed case of COVID-19; all persons who have shared a cabin or toilet with the case; travellers who shared tables in a restaurant/cafeteria with a COVID-19 case; any traveller who has had close contact with another affected traveller; travellers with an epidemiological link with a suspect or confirmed case; traveller who had close contact (less than 1 m away) or was in a closed environment for at least 15 minutes with a COVID-19 case; group member who travelled with or participated in common activities on board the ship with a suspected or confirmed COVID-19 case; crew who participated in common activities on board the ship or who work in the same area of the ship as the COVID-19 case

The crewmember must be kept isolated, preferably in an individual cabin, and wear a non-valved PFF2/N95 mask. A medical team arranged by the shipowner may visit vessels at anchorage or alongside for medical examination and collection of material from the crew, under ANVISA supervision, for RT-PCR testing.

If infection by the SARS-CoV-2 virus is ruled out, the vessel receives free pratique; otherwise, the health authority will decide whether the confirmed case will be isolated onboard or disembarked for medical care.

The affected crewmember or passenger will remain in quarantine for 14 days. The vessel will be directed to a specific anchorage point or a layby berth, as defined in the port's contingency plan or agreed with the port and maritime authorities.

Brazilian Navy is responsible for coordinating medical evacuations at sea, following the protocols relating to PPE and cleaning and disinfection procedures. ANVISA, or the local port authority in its absence, will oversee the transfer of the suspect case to a healthcare facility ashore, provided by the shipowner or its shipping agents.

4.2.2. Case detection in port

When a suspect or confirmed case is detected during port operations, the crewmembers must be immediately isolated in their cabins. No landings are permitted, except for emergency medical assistance or Brazilian seafarers who may disembark for home isolation, at the discretion of the health authority. The vessel's operations will be suspended, except those necessary for the safety of navigation – she may be allowed to shift to another berth or head the anchorage after case detection.

All the crew will have to be clinically examined and tested for COVID-19 using the RT-PCR method. After analysing the medical reports and lab results, ANVISA will define whether the suspect case will be discarded (presence of a disease other than COVID-19) or whether the confirmed case will be isolated onboard or disembarked to receive medical care.

The eventual resume of cargo operation will be assessed by ANVISA's local team, primarily considering the level of risk of exposure of port workers to infected crewmembers. The control measures to be adopted during the operation must be in line with the contingency plans of the terminal and the shipowners, considering the standing sanitary recommendations and the type of vessel and operation involved.

4.2.3. Disembarkation from affected vessels

In principle, no landings are allowed during quarantine, except for emergency medical assistance not available onboard or through telemedicine. In the case of a Brazilian crewmember, ANVISA may permit disembarkation for isolation at home or in a hotel, subject to a prior risk assessment.

Following a health risk assessment, ANVISA may exceptionally authorise changing the whole crew on affected vessels, provided the following conditions are met:

- The entire crew must be replaced (100%)
- Off-signers must be tested for COVID-19 infection prior to the landing authorisation
- The shipping company must provide a pre-boarding protocol to mitigate the risk of contagion and evidence that on-signers underwent pre-boarding monitoring for at least 14 days and clinical evaluation at the time of boarding
- On-signers must be RT-PCR tested within 72 hours of the scheduled boarding. The collection of material must necessarily be carried out within the city of embarkation

In that case, the shipowner must present a protocol to the health authority. The document must contemplate procedures to be implemented for the safe disembarkation and transfer of affected persons to shore quarantine or hospitalisation, including high-level cleaning and disinfection prior to the departure of the off-signers and before the arrival of the on-signers. The protocol must have proof of compliance³⁵. **[Section 5.1.2]**

4.2.4. Embarkation of infected persons

Boarding of symptomatic or positively tested people is not allowed, except on the inland waterways of the Amazon, where infected persons need to be transported by boat to seek health assistance along the riverside, provided they keep their distance and wear a face mask during the journey.

4.3. COVID-19 testing

The Ministry of Health adopts the WHO guidelines for testing suspect cases for SARS-CoV-2 (COVID-19) infection. ANVISA licenses pharmacies and health facilities to perform tests, following the various approved methodologies, with the duty of disclosing the testing results to the public healthcare system.

4.3.1. Travellers and seafarers

Regardless of nationality, passengers and seafarers must provide evidence of a negative COVID-19 molecular (PCR) or antigen test as a condition to enter Brazil.

The test must be performed in a laboratory accredited to the health authority of the country of departure and the report written in Portuguese, Spanish or English

4.3.2. Children

Children under twelve years old travelling accompanied do not need to provide a test, provided the companions present documents with negative or undetectable results of laboratory-type RT-PCR or rapid antigen test for the SARS-CoV-2. Minors aged two years or older and under twelve years of age travelling unaccompanied must present the test as a condition to boarding. Children under the age of two years are exempt.

4.3.3. Persistence COVID-19

Travellers who have had COVID-19 in the past 90 days, but are asymptomatic and persistent with detectable RT-PCR tests, will only be able to travel to Brazil upon presentation of³⁶:

- i) Two detectable RT-PCR results with an interval of at least 14 days between them; the latter performed up to 72 hours before boarding at the airport of origin;
- ii) Antigen test with negative or undetectable result, after the last detectable RT-PCR test; and
- iii) Medical report, issued in Portuguese, Spanish or English, certifying that the individual is asymptomatic and fit to travel. The document must contain the intended date of flight and the name and signature of the physician

4.3.4. Gold standard testing

RT-PCR testing is the gold standard for diagnosing novel coronavirus infection, not only for health controls at entry points in Brazil. Molecular testing is also preferred for most port terminals and ship managers controlling access to port facilities and vessels in the port. **[Section 8.1]**

³⁵ Item 2.3.5 of ANVISA Technical Note nº 5/2021/SEI/GQRIS/GGPAF/DIRE5/ANVISA of 30 Apr 2021

³⁶ Annex I of Ordinance 658 of 5 Oct 2021

Rapid antibody tests (serology immunoassays) are limited but acceptable as part of the health assessment of vessels calling at Brazilian ports and preliminary pre-boarding and pre-landing crew screenings. However, while serological testing can indicate whether an individual has had the disease, it does not help diagnose an ongoing infection since it can take weeks for antibodies to develop and become detectable.

Accordingly, the exclusion or confirmation of the presence of the SARS-CoV-2 virus cannot be based on a rapid test alone. A healthcare provider must interpret the result together with clinical data and molecular laboratory analyses to confirm the diagnosis. The last word always falls with ANVISA station with jurisdiction over the port involved.

Test type			Interpretation
Molecular	Serology		
rRT-qPCR	IgM	IgG	
Positive	Negative	Negative	The patient may be in the window period of infection
Positive	Positive	Negative	The patient may be in the early stage of infection
Positive	Positive	Positive	The patient may be in the active stage of infection
Positive	Negative	Positive	The patient may be in a late or recurrent stage of infection
Negative	Positive	Negative	The patient may be in the early stage of infection. RT-PCR test result may be false negative, or the antibody test result may be false positive
Negative	Negative	Positive	The patient may have had an infection and has recovered, or the antibody test result may be false positive
Negative	Positive	Positive	The patient may be in the recovery stage of an infection, or the RT-PCR result may be false negative, or the antibody test result may be false positive

Table 3: clinical interpretation of molecular and serological test result for COVID-19 (Source: WHO/Ministry of Health/ANVISA)

ANVISA highlights that all currently available tests have a varying degree of uncertainty and inaccuracy. COVID-19 transmission can occur even before the individual has the first signs and symptoms of the disease. While it is possible to determine whether an individual is or has been infected, no test can categorically rule out whether a person, with or without symptoms, has been exposed to the virus. Depending on the stage of the infection, the test may be either false positive or false negative. Therefore, the port health authority can keep emergency health measures, such as quarantine, in place based on clinical-epidemiological information, regardless of the test result.

[Table 3]

Serologic and molecular tests are widely available at licensed pharmacies and health clinics across the country. Costs typically range from around BRL 80 for a rapid test to BRL 350 for an RT-PCR screening. The serologic test result takes 15 minutes while the molecular test is ready on the same or the following day in large cities. In ports in remote regions like Amazon, RT-PCR testing may be limited, unavailable, or available with longer response times.

The federal health agency has issued a specific regulation for conducting rapid tests³⁷.

³⁷ ANVISA Technical Note nº 7/2021/SEI/GRECS/GGTES/DIRE1/ANVISA of Jan 2021, provides guidance on the performance of rapid tests, such as immunochromatographic assays to search for antibodies and antigens, for investigation of infection by SARS-CoV-2 as well as recommendations to prevent transmission in the environment where rapid tests are carried out

5. Quarantine procedures

5.1. Compulsory quarantine

The presence of a confirmed case on board requires the vessel and her entire crew to quarantine for 14 days. It starts from the onset of symptoms or the collection of material for the diagnostic examination of the last reported shipboard case.

Should ANVISA identifies inconsistencies in the laboratory examination, such as an inconclusive report or a negative result outside the immunological window, it may, at its discretion, quarantine the vessel and crew.

The health authority must be closely informed about the form and location of the quarantine. A healthcare professional or the shipping agent must inquire the crewmember, by teleconsultation no less than twice a day, about his health condition, including the presence of symptoms and body temperature. The health monitoring log of the quarantine must be sent to ANVISA to obtain permission for on or off-signing crews.

ANVISA has published a protocol for embarking and disembarking crews of vessels and platforms, identifying suspect cases, and containing the virus spread³⁸. The publication also covers procedures for testing, voluntary or compulsory quarantine, and guidance on disinfecting conveyances used in crew transfers.

5.1.1. Quarantine on board

If moored alongside the port during the quarantine, the vessel must remain isolated with the gangway ladder raised. Access by unauthorised personnel is forbidden, except in an emergency for navigation and human life safety, always observing the correct use of PPE. **[Section 3.3]**

The measures for quarantine after detection of a shipboard COVID-19 event is outlined in ANVISA protocols under which confirmed cases must be closely monitored throughout the confinement period, as follows:

- Twice a day, inquire the isolated person, through the telephone extension (it is not necessary to physically approach the interviewee) about his condition and, if there are serious complaints, the ill person must be referred to medical service for examination, and the event reported to ANVISA for case assessment together with the epidemiological surveillance service
- If possible, hand out thermometers to each person on board for self-monitoring of body temperature, at least twice a day, during the quarantine
- Strictly follow the protocols on social distancing, cleaning and disinfection, bedding changing, laundering and waste removal
- Carefully record all health events into the vessel's medical logbook
- Take meals inside the cabin and leave the utensils outside after use (in the corridor, next to the cabin's door) for collection and subsequent cleaning and disinfection, even if not used³⁹

The identification of a new laboratory-confirmed case implies restarting the time count of the vessel's quarantine.

³⁸ "Protocolo Procedimentos para Embarque e Desembarque de Tripulantes de Embarcações e Plataformas" (Protocol on Procedures for Embarking and Disembarking Crewmembers from Vessels and Platforms), May 2020, by ANVISA

³⁹ ANVISA advises crews not to share kitchen utensils, such as glasses, cutlery, and dishes. If this is not possible, disposable utensils should be preferred. In the absence of disposables, utensils should be washed with running water and soap. If the vessel has dishwashers, washing must take place at a hot wash temperature and with the use of a soap solution according to the manufacturer's instructions (ideal hot wash temperature: between 55°C - 65°C, and rinse water between 80°C - 90°C). All utensils made available for use at mealtime must be sanitized, even if not used

When a vessel has no condition of safely keeping the crewmembers isolated onboard, the company responsible must provide a contingency plan with a safe landing flow for the isolation and quarantine of her crew. Quarantine outside the vessel is always subject to the health authority's prior permission. **[Section 4.2.3]**

5.1.2. Quarantine ashore

The health authority may exceptionally authorise the landing of asymptomatic suspect cases for quarantine in a shore lodging as outlined in the protocol for quarantining travellers in hotels⁴⁰.

When so authorised by ANVISA and the Federal Police, the following measures must be observed during quarantine ashore:

- After a medical examination when disembarking, including a rapid test for COVID-19, the shipowner must provide a place to keep affected persons in isolation for 14 days, counted from the onset of symptoms (or positive test result) of the latter suspect shipboard case
- Travellers must remain in the hotel room until the authorities approve the repatriation plan
- Shipowner's medical team must monitor isolated persons by telephone and ask them twice a day about their health condition and report to ANVISA, even if there are no symptoms or complaints
- If possible, hand out thermometers to each person in isolation for self-monitoring of body temperature, at least twice a day, during the quarantine
- Strictly follow the protocols on social distancing, cleaning and disinfection, bedding changing, laundering and waste removal
- Take meals inside the room and leave the utensils outside after use (in the corridor, next to the room's door) for collection and subsequent cleaning and disinfection, even if not used
- Provide advice and counselling on psychological care and arrange means of improving the well-being and mental health of the isolated persons by adopting measures such as:
 - Unlimited Wi-Fi connection to enable phone and video calls with friends and relatives
 - TV package with as many channels as possible for entertainment
 - Step out of the room in small groups (wearing face masks and adopting social distancing) from time to time unless the isolated person is symptomatic or tested positive for COVID-19

Persons quarantined in hotels must be distributed on floors reserved for isolation purposes, in individual rooms, except when accompanied, for example, in couples. If occupying more than one floor, prefer sequential floors at either end of the building (rooms on upper or lower floors) not accessible to other hotel guests. The rooms must have windows and be well-ventilated.

5.2. Completion of quarantine

It is recommended to verify the continuity of viral transmission and adopt complementary sanitary strategies during the vessel's quarantine. To this end, intermediate tests of the crew are helpful but will not be a determining factor to lift the quarantine. On the contrary, the detection and confirmation of a new case may reset the quarantine, at ANVISA's discretion.

Upon completing the 14-day quarantine, ANVISA will release the vessel as long as there are no new cases of shipboard infections during that period. It is possible that, after a health risk assessment, the health authority releases the vessel before the lapsing of 14 days on presentation of undetectable RT-PCR tests of material collected after the tenth day of quarantine.

⁴⁰ "Protocolo para Quarentena de Viajantes em Hotéis" (Protocol for Quarantining Travellers in Hotels), Apr 2020, by ANVISA

6. Crew transfers

6.1. Seafarer migratory status

For immigration purposes, any crew member holding a valid seafarer document and performing professional functions onboard a vessel is considered a professional seafarer⁴¹.

Following suit with other IMO state members, in December 2020, Brazil pledged to recognise seafarers as key workers and ensure that restrictions on crew changes and shore leaves were lifted. In practice, since then, no substantive measures have been taken by the government regarding the treatment afforded by public authorities to seafarers during the pandemic.

6.1.1. Seafarer document

The immigration authority accepts a seafarer's identity document (SID), often colloquially – and misleadingly – referred to as "seaman's book", as a stand-alone travel document with the same standing as a passport and other forms of personal identification⁴².

Brazil ratified Convention 185 of 2003 by the International Labour Organisation – ILO (ILO C185) concerning SIDs, expressly revoking ILO C108⁴³. ILO C185 came into full force in 2015; nevertheless, the Federal Police continued to accept SIDs issued under the repealed convention.

Triggered by regulatory changes amid the pandemic, the Federal Police adopted a legalist approach. From October 2020, the immigration authority started to accept SIDs issued under ILO C185 only, meaning that seafarers with a document under the revoked convention needed a passport and, depending on their nationality, also a visa. From that point, shipowners and manning agents were prevented from performing crew changes, and some have been fined for having crewmembers without ILO C185 SIDs⁴⁴.

Responding to calls from the ILO and member states to the ILO C185, which still issue SIDs in the C108 format due to constraints imposed by the pandemic, the Federal Police decided that, until 15 June 2021, seafarers of C185 member states who have not yet issued with SIDs in the new format, could enter Brazil using SIDs under the revoked convention⁴⁵. As the pandemic persists in full swing, the immigration authority has further extended acceptance of ILO C108 SIDs until 1 May 2022, when the position will be reconsidered according to the status of the pandemic.

6.1.2. Seafarer exception

On the onset of travel bans in response to the COVID-19 outbreak, the government had restricted the disembarkation of non-resident crews and passengers arriving by sea, except for medical care or catching a flight home after the conclusion of employment. As the air border had also been temporarily closed to non-resident foreign nationals, with some exceptions, and few passenger flights were then available, it was almost impossible to repatriate maritime crews from Brazilian ports at that stage.

Boarding of on-signing crewmembers was only permitted as from April 2020. **[Sections 2.2 & 6.3]**

⁴¹ Art. 6 of ILO C185; art. 4, sole paragraph of Normative Resolution 5 of Dec 2017 (IN 5/2017)

⁴² Art. 5, V, of the Migration Law

⁴³ Brazil ratified the "Seafarers' Identity Documents Convention (Revised), 2003", known as ILO C185, in 2010 and enacted it through Decree 8,605/2015, revoking Decree 58,825/1966 that used to regulate ILO C108 of 1958. ILO C185 provides that the seaman's book can only be issued to a national or to a permanent resident of the issuing country

⁴⁴ Foreign seafarers carrying a SID not in conformity with ILO C185 standards could remain on board the vessel, but could not come ashore

⁴⁵ According to Federal Police statement on the, the fines that were levied under that situation, i.e., seafarers from ILO C185 countries that entered Brazil with SIDs in the ILO C108 format, were to be reviewed and cancelled by order of the authority or by way of an administrative appeal

As restrictions on air travel were slowly eased and airspace reopened to foreign tourists from June 2020, the change of foreign crews became less restrictive, albeit still demanding, due to the complicated logistics involved and the scarcity of commercial flights.

The general concern of municipal authorities – and the fear of populations in port cities - over coronavirus variants being potentially introduced by seafarers pose yet another challenge for crew transfers despite the progress of vaccination.

6.2. Shore leave

Currently, no crewmember can go ashore at Brazilian ports, except for technical reasons associated with the regular operation of the vessel (such as for reading draft marks or inspecting the hull, rudder, and propeller), upon permission of the port operator, or receive medical or dental treatment.

Seafarers who came ashore to receive medical treatment need a negative RT-PCR screening to re-join the vessel.

6.3. Crew change

Crew movements are subject to the shipowner or shipping agent providing an undertaking to the immigration authority to bear the costs and expenses associated with the stay and repatriation of the foreign seafarer, together with the express clearance by the port health authority⁴⁶.

As for all travellers entering Brazil, RT-PCR screening on seafarers is a condition for their entry into Brazil by sea, air, or land. [Sections 2.4 & 4.3]

6.3.1. Off-signers

It is possible to disembark seafarers whose employment contract has expired for direct repatriation⁴⁷. It is also possible to land crewmembers for emergency medical or dental assistance not available onboard, under the following conditions:

- a) A financial undertaking of the shipping agents defraying the costs incurred with the off-signers during their transit in Brazil
- b) An RT-PCR laboratory test for COVID-19 performed within 72 hours before disembarkation, with a negative or inconclusive result
- c) ANVISA prior consent
- d) Presentation of the corresponding air tickets

6.3.2. On-signers

Seafarers who arrive to work aboard vessels and platforms in Brazilian jurisdictional waters are welcome as long as they meet the migratory requirements appropriate to their status as seafarers and provide:

- a) Traveller's Health Declaration (Declaração de Saúde do Viajante - DSV) form filled out, on printed paper or digitally, within 24 hours before boarding, agreeing with health measures that must be observed during the stay in Brazil. The form is available on the ANVISA website, also in Spanish and English⁴⁸

⁴⁶ Arts. 41 & 42 of the Migration Law; arts. 172, 174 & 175 of Decree 9,199/2017; art. 5, § 5, of Ordinance 658 of 5 Oct 2021

⁴⁷ The signing off crewmember must be transferred from the vessel directly to the airport. Only in exceptional cases the authorities may allow the off signer to stay in overnight accommodation to board the outward flight the next day

⁴⁸ The *Declaração de Saúde do Viajante* – DSV (Traveller's Health Declaration) can be accessed on <https://formulario.anvisa.gov.br/?lang=en>

- b) COVID-19 test for SARS-CoV-2, with a negative or undetectable result, of the antigen type, performed up to 24 hours before boarding, or laboratory PCR test taken within 72 hours before boarding. The report must be written in Portuguese, Spanish or English **[Section 4.3]**
- c) ANVISA prior consent

Those who have already entered and were tested positive for COVID-19 before actually embarking will have to undergo quarantine in a hotel or as otherwise directed by ANVISA before being able to join the vessel. **[Sections 4.2 & 5.1]**

6.3.3. Airport transfers

Crew transfers should be carefully coordinated to ensure minimal physical contact between crew and staff of ports, airports, hotels, and transport services.

Land transfers of seafarers must comply with local preventive health measures and be carried out exclusively in private vehicles; no public transportation is permitted. The crew must not share the same car or launch to and from the vessel with the port terminal's personnel.

The crewmember must sit in the rear seat, ideally keeping the windows open with the air conditioning off. Passengers and drivers must always wear masks during transfers. The vehicles must be cleaned and disinfected after service⁴⁹.

⁴⁹ All the touchable surfaces and materials must be sanitised, particularly: doorknobs, handles, seat belts, hand grips, dashboards, pullers, among others. The cleaning must be made with water and soap and the disinfection must be made with alcohol 70% or sodium hypochlorite 0.5%. Observe the use of PPE

7. Ship and crew certification

7.1. Ships' and seafarers' documents

To ensure minimal disruptions in maritime trade during the COVID-19 outbreak, the Brazilian Navy's [Directorate of Ports and Coasts \(DPC\)](#) granted automatic and successive extensions of documents and certificates issued to Brazilian-flagged vessels, foreign vessels operating in national waters, and Brazilian seafarers⁵⁰. The validity of expired papers was automatically extended, with no need to appear at the maritime authority office to endorse the expired documents and certificates.

7.1.1. Ships and platforms

The expiry date of the following documents has been postponed until 30 June 2022:

- Vessel register and small vessel register (TIE/TIEM)
- Provisional document of property (DPP) and protocols for registration, transfer of ownership or jurisdiction of Brazilian ships
- Annual, intermediate and renewal surveys relating to statutory certificates issued under IMO conventions and the Brazilian Maritime Authority Standards (NORMAM)
- International oil pollution prevention certificate (IOPP Certificate)
- Statement of compliance for the operation of platforms
- Statement of compliance for the carriage of ethanol, oil and its derivatives
- Permits for operation or permanence of a foreign vessel in Brazilian jurisdictional waters
- Condition survey statement for bulk carriers
- Licenses for researching sunk, submerged, grounded, or lost objects and goods in Brazilian waters (extension counted from the date the permits were granted)

7.1.2. Seafarers and maritime workers

The certificates of competence (DPC-1031/33) and proficiency (DPC-1034) and the personal data labels in the Brazilian seafarer's book document that expired in 2020 and during 2021 had their validity extended until 31 December 2021 and 31 July 2022, respectively.

7.2. Ship sanitation certificates

Foreign vessels operating in national waters and those flying the Brazilian flag sailing overseas must have the ship sanitation certificate (SSC) under the terms of the IHR 2005, valid for six months and extendable for one month. SSCs are issued in the form of an SSCC (Ship Sanitation Control Certificate) or an SSCEC (Ship Sanitation Control Exemption Certificate). A valid SSC is a condition to obtain the free pratique certificate.

The domestic equivalents to the international SSC are the NSSCC (National Ship Sanitation Control Certificate) and the NSSCEC (National Ship Sanitation Control Exemption Certificate), which must be carried on Brazilian vessels navigating exclusively in domestic cabotage, as well as manned platforms⁵¹.

When the pandemic broke out, ANVISA suspended the issuance of SSCs and began to offer 30-day extensions under the condition that the application was submitted before the certificate expires. Unless the master can prove that, due to the routing and quarantine restrictions faced along the way, it was impossible to renew or extend the certificate before reaching Brazil, the vessel had to undergo a sanitary inspection to be issued with a new SSC.

⁵⁰ DPC Ordinance 85 of 19 Mar 2020 and DPC Ordinance 86 of 24 Mar 2020, as amended by DPC Ordinance 334 of 16 Sep 2021

⁵¹ ANVISA Regulation RDC 373/2020 of 16 Apr 2020 amended the National Ship and Port Health Technical Regulation (RDC 72/2009) to provide a one-off extension of 30 days of the NSSCC /NSSCEC which until then was not possible

As ANVISA inspectors do not attend to vessels at anchorages, those arriving with the CSC expired had to come alongside a layby berth to undergo a sanitary inspection and have the SSC renewed. Invariably, this operation generated additional costs with fuels, wharfage, tugs, pilots, mooring gangs and watchmen.

In response to a joint statement by WHO, IMO, and ILO⁵², ANVISA published a regulation⁵³ introducing a temporary procedure enabling the port health authority to remotely assess the health of the crew and the sanitation of the vessel and thus issue the SSC without exposing health inspectors to unnecessary risks and using their resources on other fronts against the pandemic.

Applications for renewal or extension of SSCs are processed through the single-window system 'Paperless Port' (PSP). They must be accompanied by digitised copies of the documents listed below, in addition to those mandatory pre-arrival documents (Medical Declaration of Health, current SSC, crew list, and medical logbook for the past 30 days):

- **Potable water:** reports, records, and certificates on the control of the quality of water supplied and the cleanliness of drinking water tanks
- **HVAC system:** maintenance and operation control plan (M&O) spreadsheets, reports or service orders related to the cleaning and disinfection procedures
- **Food management:** manuals and standard operation procedures (SOP); temperature measurement logs of cold chambers and the benches where food was offered in the last seven days
- **Medical Facilities:** Maritime Declaration of Health; medical logbook with appointments for the last 30 days; list of drugs on board; inventory of equipment in the medical facilities
- **Sanitary Effluents:** International Sewage Pollution Prevention Certificate (ISPP), when applicable, or other document describing the type of existing system and its operation
- **Accommodations:** vessel cleaning checklists; records of procedures performed and at least three high-resolution pictures of the facilities
- **Synanthropic fauna harmful to the health:** integrated pest management programme (IPM) and updated records or certificates of actions performed on board
- **Solid Waste Management:** garbage book; solid waste management plan and at least one high-resolution picture of the waste storage area

The extension or issuance of a new ship sanitation certificate after a document review does not preclude a shipboard sanitary inspection at any time during the vessel's stay if the health authority deems it fit.

SSCs are issued or extended only by WHO-authorized ports around the globe. Certificates issued at a port not explicitly mentioned (strictly the same five-letter UN/LOCODE code list of the port) on the IHR List of Authorised Ports are not accepted as proof of compliance with international health regulations. In this case, a new certificate must be issued after a sanitary inspection.

⁵² On 22 April 2020, WHO, IMO and ILO issued a joint statement urging member states to take measures to minimise unnecessary interference with global traffic and trade regarding ship and crew certificates. The statement encouraged national authorities to grant extensions of ship sanitation certificates "...on one or more occasions as necessary, provided that no authorised port along the ship's route is able to conduct ship inspection and issuance of sanitation certificates; and provided that such exceptional extension does not extend beyond the termination of the current Public Health Emergency of International Concern by the WHO Director-General".

⁵³ Collegiate Resolution ANVISA RDC 384 of 12 May 2020 has amended the National Ship and Port Health Regulation (RDC 72/2009, as amended) for issuance of ship sanitation certificates after a documentary review during the COVID-19 pandemic

8. Port operation and services

8.1. Access to ports

Land access to the main ports and terminals throughout Brazil remains normal. Security checks and health controls on crewmembers and visitors to port facilities were gradually heightened as the outbreak developed. Some facilities require COVID-19 screening (rapid or RT-PCR test) to be carried out as a condition for granting access to the port premises.

Depending on the location of the port facility and how far in advance the test should be taken, there may be delays in the access of service providers, such as correspondents, surveyors, and experts, to the port facilities to attend onboard berthed vessels. **[Section 4.3]**

8.2. Cargo operations

Major Brazilian ports and cargo handling facilities continue to operate without disruptions other than a reduced workforce. Non-essential employees and civil servants in bureaucratic services, such as those from the Customs and the Ministry of Agriculture, work primarily from home. Preventive health protocols were increased and reorganised at all ports and terminals throughout the pandemic. Port facilities must follow ANVISA's protocols and regulations for health controls at points of entry. **[Sections 3.1 & 3.2]**

8.3. Cargo clearance

Even with the substantial slowdown in the workforce in the public administration and regulatory agencies, customs-bonded ports and terminals continue to function normally. Cycle time for cargo release remains close to pre-pandemic levels.

8.4. Port labour

In April 2020, the government enacted a provisional measure, later converted to law⁵⁴, to protect the workforce during the pandemic and preserve jobs in the port sector, regarded by the federal administration as critical to the supply chain and the domestic economy.

Among other provisions, the law introduces changes in how port operators recruit casual port workers (dockers, stevedores, watchmen, etc.) through the Casual Port Work Management Body (OGMO). It also regulates the compensation scheme for the self-employed port workers infected with the coronavirus or belonging to a risk group.

Casual port workers who eventually meet any of the conditions outlined in the law⁵⁵ are entitled to a monthly remuneration corresponding to 70% of the individual's average income⁵⁶. This payment is borne by the port operators (or the port workers' contracting party) in proportion to the workforce employed. As the indemnity is compensatory, no income tax or social duties will be charged to the port operators or the workers.

Port operators are allowed to hire the workers directly, under a contract of employment and for a predetermined period not exceeding 12 months, in case of a shortage of casual port workers resulting from strikes, downtime movements, and work-to-rule actions.

⁵⁴ Provisional Measure 945 of 4 April 2020, converted into Law 14,047 of 24 Aug 2020, with amendment

⁵⁵ Under Law 14,047/2020, the Casual Port Work Managing Body (OGMO) will not recruit casual port workers who display COVID-19-like symptoms, tested positive for COVID-19 or cohabite with a confirmed case, are pregnant or breastfeeding, are aged 65 or older and unable bodied to carry out his activities or when the worker has been diagnosed with acquired immunodeficiency, respiratory or cardiovascular diseases or other chronic or severe pre-existing comorbidities

⁵⁶ If the increase in costs resulting from the indemnity has an impact on the port lease agreements already in place, these must be adjusted to promote economic and financial rebalancing

8.5. Bunkers and supplies

The COVID-19 pandemic hit Brazil just a few weeks after the entry into force of the IMO 2020⁵⁷. The state-owned oil major Petrobras already supplied very low sulphur fuel oil (VLSFO) long before the international regulation on emission reduction was implemented. Except for adjustments in interactions between vessel and barge crews and the adoption of sanitary protocols, there were no interruptions in regular bunker supply services in Brazilian ports attributable to the pandemic.

Delivery of stores and water to vessels at main Brazilian ports remained normal throughout the pandemic. During the emergency health situation, the supply of water and provisions, and the removal of solid residues and effluents, must be previously approved by the port health authority.

Vessels undergoing compulsory quarantine at anchor or alongside can be serviced with ANVISA's consent, preferably via e-mail, always following the sanitary protocols in place.

8.6. Spare parts and courier services

Arrival, clearance and on-board deliveries of spare parts and other supplies for vessels in Brazil continue to function normally at the international airports handling cargo, despite reduced customs staff.

The pandemic saw an increase in demand for courier services across the world. Shipping and delivery of international courier parcels, including cargo samples, were slow in the wake of the epidemic, due to the global retraction of the air network, with some courier companies levying high temporary surcharges. Service remains regular, with pick-up and delivery delays occurring in smaller cities and less-occupied offices temporarily closed.

⁵⁷ As of 1 Jan 2020, new emission standards are enforced for fuel oil used by ocean vessels. The so-called "IMO 2020" regulation demands global sulphur content limit in marine fuels from 3.5% sulphur in marine fuels to 0.5%

9. Conclusion

Despite the difficulties encountered in combating the pandemic, it is encouraging that effective COVID-19 vaccines have been approved and are being administered, expected to reach over 90% of the adult population in a few weeks. At the same time, the international community has deployed unprecedented resources and efforts to research more effective types of immunising agents to control the pandemic. However, given the complexity of vaccine production and distribution for such a new disease, particularly in poor and underdeveloped countries, it will take some time for the COVID-19 outbreak to end.

Inevitably, in the maritime transport sector, seafarers, in particular, will continue to experience restrictions on their movements and deprivations of their right to rest and well-being and to disembark to unite with their family and loved ones at home upon ending the employment contract.

As the COVID-19 regulatory framework changes by the day, it is strongly recommended that before the vessel arrives, a proper assessment of the current situation on a given port is made with the local maritime and port health authorities through the agents.

We closely monitor the progress of the outbreak in Brazil and the impacts of emergency health measures in the maritime sector. And we will continue our efforts to publish quality information on our website about significant changes in the immigration and port health regulations impacting the shipping and marine insurance industries.

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