

International Health Division

The Point of Entries (POEs) means the area where any international passenger may enter legally from one country into another country. Health units responsible for undertaking measures for surveillance and response health activities at airports/seaports/Land Border in India are known as APHOs (Airport Health Organizations) / PHOs (Port Health Organizations) and LHUs (Land Health Units). Airport/Port Health Organizations primarily undertake public health activities at international ports/airports. Primary objective of these organizations is preventing entry and transmission of infectious diseases/ PHEIC across international borders along with ensuring a safe environment for travellers at Point of Entries. Health measures at these entry points are undertaken as per International Health Regulations (WHO- IHR 2005) and in accordance with Indian Aircraft (Public Health) Rules and Indian Port Health Rules.

Prevention of international spread of diseases from one country to another is an important challenge in the present globalized world. In the present era diseases can spread far and wide via international travel and trade. A health crisis in one country can impact livelihoods and economies in many parts of the world. In earlier days, attempts to protect against spread of diseases across countries were in the form of efforts by rulers to isolate the incoming travellers. The procedure of “quarantine” was first introduced in Europe in the fourteenth century to prevent import of plague. The ships, crew, travellers and cargoes were detained for 40 days to give the dormant disease enough time to manifest. During the past few decades with emergence of infections like plague, Ebola virus infection, dengue hemorrhagic fever, Severe Acute Respiratory Syndrome (SARS), or avian influenza and crisis due to chemical spills, leaks and dumping, or nuclear melt-downs etc. pointed that public health emergencies of international concern can result in many other situations. These demonstrated the lacunae in IHR 1969 and highlighted the need for revision which resulted in farming of IHR 2005.

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