

**31. रिपोर्ट करने में विफलता**

- (1) संक्रामक या सांसर्गिक रोग को रिपोर्ट करने में विफलता, रिपोर्ट करने में विलंब, या सूचना का लोप, अधिनियम के उल्लंघन के रूप में माना जाएगा।
- (2) पत्तन प्राधिकरण निम्न अधिरोपित कर सकता है—
  - (क) अधिनियम के तहत दंड;
  - (ख) पत्तन निकासी की अस्वीकृति;
  - (ग) जलयान का डिटेंशन;
  - (घ) निरोधन, क्वारंटीन या आपातकालीन उपायों के लिए लागत की वसूली।

**32. गोपनीयता और रिकॉर्ड रखना**

- (1) संरक्षक और स्वास्थ्य अधिकारी, संक्रामक या संक्रामक रोग रिपोर्ट का एक गोपनीय रजिस्टर बनाएगा।
- (2) रिकॉर्ड कम से कम सात वर्षों के लिए बनाए रखे जाएंगे।
- (3) विधि के अनुसार डब्ल्यूएचओ, राज्य स्वास्थ्य विभाग, और प्रवासन अधिकारियों सहित प्राधिकृत एजेंसियों के साथ जानकारी साझा की जा सकती है।

**33. बचत**

इस अध्याय में कुछ भी समय-समय पर लागू किसी भी कानून के तहत संरक्षणकर्ता, प्राधिकरण या स्वास्थ्य अधिकारी की सार्वजनिक स्वास्थ्य और सुरक्षा के लिए आपातकालीन उपाय करने की शक्तियों को सीमित नहीं करेगा।

**34. भारतीय पत्तन जन स्वास्थ्य नियम, 2026 का आवेदन**

इन नियमों के प्रावधान, भारतीय पत्तन जन स्वास्थ्य नियम, 2026 के अतिरिक्त होंगे और इनके अल्पीकरण में नहीं होंगे।

[फा. सं. पीडी-24015/1/2025-पीडी-1-भाग(1)/ई-378339]

मुकेश मंगल, अपर सचिव

**MINISTRY OF PORTS, SHIPPING AND WATERWAYS****NOTIFICATION**

New Delhi, the 22nd April, 2026

**G.S.R. 304(E).**— Draft rules proposed to be made by (i) the Central Government in exercise of the powers conferred under section 76(2)(g) read with section 24(4)(b); and (ii) the Central Government in consultation with the State Governments, in exercise of the powers conferred under section 78(2)(c) and (d) read with section 24(5)(a) and 24(5)(b) of the Indian Ports Act, 2025 (27 of 2025), on or after the date of coming into force of the Act, are hereby published for the information of all persons likely to be affected thereby; and notice is hereby given that the said draft rules shall be taken into consideration after 21<sup>st</sup> May, 2026.

Objections and suggestions, if any, may be addressed to Shri Naveen Kumar, Under Secretary to the Government of India, Ministry of Ports, Shipping and Waterways, Room No. 547, 5th Floor, Transport Bhawan, Parliament Street, New Delhi – 110001 or by email at (uspd-psw@gov.in and sopd1-psw@gov.in) on or before the 21<sup>st</sup> May, 2026.

The objections and suggestions which may be received from any person with respect to the said draft rules before the expiry of the period specified above shall not be attributed publicly to the persons submitting the same and shall be held in a fiduciary capacity, to enable stakeholders to provide their views freely, and shall be duly considered by the Central Government before finalisation of the rules.

## DRAFT RULES

### CHAPTER I- PRELIMINARY

#### 1. Short Title, Commencement and Applicability. –

- (1) These rules may be called the Infected Zone Management, Reporting and Control of Communicable Disease at Ports Rules, 2026.
- (2) They shall come into force on the date of their publication in the Official Gazette.
- (3) Chapter I shall be applicable to major ports and to such part of the port limits of a major port as is declared as an infected zone under section 24(4)(a).
- (4) Chapter II and III shall be applicable to all ports to which the Act extends and to every vessel arriving at, departing from, or being within any such port.

#### 2. Definitions. –

(1) In these rules, unless the context otherwise requires;

- (a) “communicable disease” means an illness due to a specific infectious agent or its toxic products capable of being directly or indirectly transmitted from human to human;
  - (b) “contagious disease” are those that can be spread between humans without an intervening vector or vehicle;
  - (c) “infectious diseases” are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another and may cause potential public health risk;
  - (d) “infected zone” means any territory or space or geographical location which is experiencing ongoing Public Health Emergency of International Concern or Pandemic emergency or public health risk within the limits of any port or its adjoining areas that is declared infected under Section 24(4)(b) of the Act on account of the presence, suspected presence, or risk of transmission of an infectious, contagious, communicable disease, pest, vector, hazardous (CBRNE) contaminant, or any other notified public health threat and that requires surveillance and control measures;
  - (e) “International Health Regulations” or “IHR” means the International Health Regulations (2005) of the World Health Organization;
  - (f) “Inland Vessel” means as defined under sub-section (q) of section 3 of Inland Vessels Acts, 2021 (No. 24 of 2021);
  - (g) “Inland Waterways Authority of India” or “IWAI” means the Inland Waterways Authority of India constituted under section 3 of the Inland Waterways Authority of India Act, 1985 (No.82 of 1985);
  - (h) “port health officer” in major port includes health officer and an officer appointed by the Ministry of Health and Family Welfare (MoHFW) as per Central Health Service rules or any officer working on his behalf to perform the functions of Port Health Organization;
  - (i) “public health emergency of international concern (PHEIC)” means an extraordinary event which is determined: -
    - (i) to constitute a public health risk to the country and other countries through international spread of disease; and
    - (ii) to potentially require a coordinated international response;
  - (j) “public health emergency contingency plan” is a contingency plan for real and potential PHEIC, especially those caused by emerging infectious diseases or any infectious or contagious diseases that do not respect port boundaries, state and national borders and can spread internationally;
  - (k) “suspected case” means persons, baggage, cargo, containers, ship or conveyances, goods, postal parcels considered by Port health officer as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;
- (2) Words and expressions used and not defined in these rules but defined in the Act, and Indian Ports Rules, 2026, shall have the meanings respectively assigned to them therein.

## CHAPTER II – INFECTED ZONE MANAGEMENT

### 3. Objectives and guiding principles. –

For the purposes of clause (b) of sub-section (4) of section 24, the measures prescribed in these rules shall be implemented with the following objectives and principles, namely:—

- (a) to prevent, control or contain the spread of infectious or contagious diseases from, within, or through an infected zone;
- (b) to maintain a safe environment for seafarers, workers, passengers and the local community, while minimising unnecessary interference with port operations, trade and travel;
- (c) to ensure that measures are—
  - (i) risk-based and proportionate to the assessed public health risk;
  - (ii) time-bound and subject to periodic review;
  - (iii) consistent with India's obligations under applicable international instruments relating to public health and maritime transport; and
  - (iv) implemented with due regard to dignity, human rights and fundamental freedoms of individuals.

### 4. Infected Zone Management Plan. –

- (1) Every major port shall prepare and maintain a Port Infected Zone Management Plan for implementation in the event of a declaration of an infected zone under sub-section (4) of section 24.
- (2) The Plan shall, *inter-alia*, provide for—
  - (a) organisational structure and designation of responsible officers for implementing these rules;
  - (b) procedures for rapid delineation and marking of infected zones;
  - (c) protocols for health screening, isolation, quarantine and medical referral of persons;
  - (d) environmental sanitation, disinfection and vector-control arrangements;
  - (e) continuity of essential port operations, including safe handling of cargo and critical supplies;
  - (f) communication, information-sharing and escalation mechanisms with the Port Health Organisation, district or State health authorities and other agencies; and
  - (g) training, drills and periodic review.
- (3) The Plan shall be prepared in consultation with the Port Health Organisation and shall be reviewed at least once in two years or earlier, as may be directed by the Central Government.

### 5. Declaration and Notification of an Infected Zone. –

- (1) The Authority may, on the advice of the health officer and conservator, declare any berth, terminal, anchorage, warehouse, or other area of the port as an infected zone.
- (2) Every declaration of an infected zone shall;
  - (a) specify the geographical boundaries of the zone;
  - (b) identify the nature of infection or hazard;
  - (c) state the duration of applicability, subject to review; and
  - (d) be published on the port website, notice to Mariners, and communicated to shipping lines, terminal operators, customs, immigration, and other agencies.
- (3) If the infected zone includes any portion of a national waterway overlapping with port limits, IWAI shall be informed for navigation management and issuing advisories.
- (4) The Authority shall review the declaration every seven days or at such intervals as the health officer may determine.

### 6. Restriction on Entry, Movement, and Operations. –

- (1) No vessel, crew, passenger, port worker, or visitor shall enter or exit an infected zone except with the written permission of the health officer or an authorised officer.

- (2) Cargo operations, berthing, pilotage, bunkering, provisioning, or any other port activity in the infected zone shall be regulated, restricted, or suspended as specified by the health officer.
- (3) The Authority may direct:
  - (a) movement of vessels to designated quarantine berths;
  - (b) segregation of infected cargo or contaminated material;
  - (c) isolation of affected workers or crew; and
  - (d) diversion of port traffic to alternate terminals.
- (4) The applicability of these rules to inland vessels shall be limited to such vessels which are port-bound or operating within the notified port limits.

**7. Health Surveillance and Screening. –**

- (1) Continuous surveillance shall be maintained within the infected zone by the health officer, in coordination with the conservator and the Authority, to monitor the spread of infectious or contagious disease.
- (2) Every vessel arriving at or operating within the infected zone shall furnish:
  - (a) a Maritime Declaration of Health;
  - (b) crew/passenger health records; and
  - (c) any additional health information required under the IHR.
- (3) The health officer may conduct temperature screening, medical examination, testing, and risk assessment of crew, passengers, and port workers.
- (4) Any person suspected of infection shall be placed under isolation, quarantine, or medical observation in accordance with national public-health protocols.

**8. Sanitation and Disinfection. –**

- (1) The Authority may require the master or terminal operator to undertake:
  - (a) disinfection, fumigation, or vector control of the vessel, cargo, containers, equipment, or premises;
  - (b) safe disposal of contaminated waste; and
  - (c) water sanitation, ballast water checks, and air-quality control.
- (2) Disinfection measures shall conform to guidelines issued by the Ministry of Health, WHO, IMO, or any competent authority.

**9. Operational Controls on Cargo and Containers. –**

- (1) Cargo originating from, transiting through, or unloaded in the infected zone shall be subjected to such additional checks, treatment, or certification as the health officer may direct.
- (2) No contaminated cargo or material shall be released from the port without written clearance.
- (3) Container-handling equipment used within the infected zone shall undergo mandatory sanitization before redeployment.

**10. Worker Safety and Protective Measures. –**

- (1) The Authority shall, in consultation with the health officer and employers operating within the infected zone, ensure that—
  - (a) workers who are required to enter or remain in the infected zone are provided with appropriate personal protective equipment and training in its correct use;
  - (b) work schedules and deployment are so arranged as to reduce exposure, including, where feasible, by rotation of duties and minimisation of overtime in high-risk areas; and
  - (c) any worker who is unwell, or who is identified as a suspected or confirmed case or close contact, is promptly relieved from duty and referred for medical assessment.
- (2) Employers shall not require any worker to enter or remain in the infected zone in contravention of any direction issued by the health officer or the Authority. Terminal operators shall maintain logs of worker deployment, PPE issuance, and exposure records.
- (3) No worker shall be deployed in an infected zone without adequate training in infection-control procedures.

**11. Communication, Coordination, and Reporting. –**

- (1) The Authority shall establish a unified incident command structure, including representatives from Customs, Immigration, Coast Guard, Police, Shipping agents, and the Health Department.
- (2) Masters of vessels shall immediately report any signs of illness, contamination, or unusual mortality on board.
- (3) The Authority shall provide daily updates on the status of the infected zone to stakeholders, including shipping lines and port users.
- (4) Port health officer shall report to the Directorate General of Health Services and surveillance data to be shared with the port authorities and the Integrated Disease Surveillance Programme (IDSP).

**12. Compliance Obligations. –**

- (1) Every master, vessel agent, terminal operator, and port user shall comply with directions issued under these rules.
- (2) Failure to comply shall constitute a contravention under the Act and may attract penalties, suspension of operations, denial of berthing priority, or any other action deemed necessary.

**13. De-notification of an Infected Zone. –**

- (1) The Authority may, on the advice of the health officer, de-notify an infected zone after confirming that:-
  - (a) no active threat remains;
  - (b) all vessels, equipment, and premises have been sanitised;
  - (c) surveillance indicators conform to national and international norms.
- (2) The de-notification shall be communicated through the same channels as the original declaration.

**14. Power to Issue Guidelines. –**

The Authority may issue detailed guidelines, standard operating procedures, and contingency protocols consistent with these rules to ensure effective management of infected zones.

**15. Residual Powers. –**

Where any doubt arises in the interpretation or implementation of these rules, the decision of the Authority, based on the advice of the health officer, shall be final.

**CHAPTER III – ACTION TO BE TAKEN BY THE CONSERVATOR AND THE DIRECTIONS TO BE ISSUED IN THIS REGARD**

**16. Powers and Duties of the Conservator. –**

- (1) For the purpose of clause (a) of sub-section (5) of section 24, the conservator shall act whenever—
  - (a) any infectious or contagious disease has broken out, or is reasonably suspected to break out, on a vessel arriving at or being in any port; and
  - (b) such fact is brought to the knowledge of the conservator through—
    - (i) a report by the master under clause (b) of sub-section (5) of section 24 or rules made thereunder; or
    - (ii) a report or advice from the health officer or port health officer; or
    - (iii) information from any other reliable source, including other competent authorities.
- (2) For the purposes of sub-rule (1), “reasonably suspected to break out” includes situations where—
  - (a) one or more suspected cases are present on board; or
  - (b) there has been known exposure to a confirmed case or outbreak at a previous port or during the voyage.

**17. Levels of response. –**

- (1) Having regard to the advice of the health officer or port health officer, the conservator may categorise the situation, for operational purposes, into one of the following levels:
  - (a) Level 1 – Enhanced vigilance: isolated suspected case(s) with low risk of onward transmission;
  - (b) Level 2 – Containment: one or more confirmed cases, or cluster of suspected cases, on a single vessel with potential for spread;

- (c) Level 3 – Escalated response: multiple cases or high transmissibility disease with potential spread to other vessels, port workers or the community, including in the context of a declared public health emergency of international concern.
- (2) The level of response shall guide the intensity of action and directions under hereunder, without limiting the conservator's powers under the Act.

**18. Directions that may be Issued by the Conservator. –**

The conservator may issue directions, written or oral (with subsequent written confirmation), to any master, owner, agent, or person in charge of a vessel, structure, or premises within port limits, including directions:

- (a) To Vessels:
  - (i) to shift anchorage or berth;
  - (ii) to heave up anchor, move, tow, or moor at designated locations;
  - (iii) to cease operations, including cargo handling, bunkering, or passenger movement;
  - (iv) to comply with speed limits, navigational routes, tidal windows, or pilotage requirements;
  - (v) to take measures to prevent grounding, collision, pollution, or obstruction.
- (b) To Terminals and Operators:
  - (i) to suspend or modify operations in affected areas;
  - (ii) to remove equipment or objects creating obstructions;
  - (iii) to implement emergency pollution-control, fire-safety, or spill-containment measures.
- (c) To Individuals or Organisations:
  - (i) to vacate unsafe zones;
  - (ii) to comply with safety protocols;
  - (iii) to provide access, documents, or cooperation for inspections.

**19. Coordination with health authorities and other agencies. –**

- (1) The conservator shall, as soon as practicable after becoming aware of a situation under rule 5, inform and coordinate with—
  - (a) the health officer or port health officer;
  - (b) any local or State public health authority designated for the purpose; and
  - (c) such other agencies as may be required, including immigration, customs, coast guard or police.
- (2) Decisions on diagnosis, treatment, isolation or quarantine of persons shall rest with the health officer or other competent health authority; and the conservator shall take operational measures to support and give effect to such decisions within port limits.
- (3) The conservator may establish a joint incident coordination mechanism with the port health officer and other key agencies for significant events (Level 2 or Level 3), including regular situation updates and joint planning.

**20. Record of Directions Issued. –**

- (1) The conservator shall maintain a register of all directions issued, including date, time, nature of direction, and compliance status.
- (2) A consolidated monthly report shall be submitted to the Port Authority.

**21. Communication and Publication. –**

- (1) The conservator may disseminate urgent directions through:
  - (a) VHF radio;
  - (b) Local Notices to Mariners;
  - (c) email/SMS alerts;
  - (d) VTS advisories.
- (2) Copies of major directions affecting port operations shall be made available on the port website.

**22. Assistance from Other Agencies. –**

The conservator may request the assistance of pilotage services, Harbour Master, Coast Guard, Police, Fire Services, environmental agencies, and any other authority necessary for implementing actions under these rules.

**23. Proportionality, review and withdrawal of measures. –**

- (1) The conservator shall ensure that measures taken under these rules—
  - (a) are commensurate with the risk level determined under rule 6;
  - (b) are periodically reviewed in consultation with the health officer; and
  - (c) are withdrawn or relaxed as soon as the risk is assessed to have reduced to a level where such measures are no longer necessary.
- (2) For significant events (Level 2 or Level 3), the conservator and health officer shall jointly review the situation at intervals not exceeding seven days and record any decision to continue, modify or discontinue specific measures.

**24. Savings. –**

Nothing contained in this Chapter shall limit any other powers of the conservator or the Authority under any law for the time being in force relating to navigation, environmental protection, maritime safety, or emergency management.

**CHAPTER IV - REPORTING OF COMMUNICABLE DISEASE BY MASTER OF VESSEL****25. Reporting of the particulars of any such disease by the Master. –**

(1) In pursuance of clause (b) of sub-section (5) of section 24 of the Act, the master of every vessel arriving at, or being in, any port shall report the particulars of any infectious or contagious disease, or suspected outbreak thereof, on board the vessel to—

- (a) the Government, through the port health officer or health officer designated for that port; and
- (b) the conservator or such other port officer as the port may specify for operational coordination.

(2) The duty to report shall arise whenever—

- (a) a case or suspected case of any infectious or contagious disease is identified on board;
- (b) there has been a death on board from unknown causes or suspected infectious disease during the voyage or while in port; or
- (c) there is an unusual aggregation of cases of illness on board which may indicate an outbreak.

(3) Reporting under sub-rule (1) shall be mandatory regardless of whether the vessel is:

- (a) at anchorage,
- (b) underway,
- (c) berthed, or
- (d) engaging in cargo, bunkering, or passenger operations.

(4) No vessel shall obtain outward or inward clearance until compliance with these reporting requirements is confirmed.

**26. Timing of Report. –**

(1) Where a suspected case of infectious or contagious disease is known before arrival, the master shall report at least:

- (a) 24 hours before arrival, or
- (b) at the earliest possible time if voyage duration is less than 24 hours.

(2) If an infectious or contagious disease arises during voyage, the master shall report immediately upon detection.

(3) If infectious or contagious disease occurs after berthing, the master shall notify the conservator and health officer without delay.

**27. Manner of Reporting. –**

The master shall report disease using the following steps:

(a) Primary Reporting (Initial Notification)

Report may be made through—

- (i) VHF radio (Channel designated by the port),
- (ii) Email to the Port Health Office,
- (iii) Electronic portal designated by the Port Authority,
- (iv) Written communication via the agent.

(b) Submission of Maritime Declaration of Health (MDH)

The master shall submit a Maritime Declaration of Health, containing—

- (i) symptoms and nature of infectious or contagious disease;
- (ii) number of affected persons;
- (iii) details of isolation measures taken on board;
- (iv) port of call list for 30 days with arrival and departure dates;
- (v) any deaths on board;
- (vi) sanitary measures already conducted.

(c) Supplementary Reporting

The master shall provide:

- (i) updated medical logs;
- (ii) crew and passenger lists;
- (iii) details of last medical inspection;
- (iv) vaccination certificates or health documents if required;
- (v) details of any stowaways on board as per IMO standard format; touched any ports in the Yellow Fever Endemic Countries in the last 30 days, before arrival (If yes, provide details of Port ..... Country..... Departure date.....).

**28. Information to be Provided. –**

A report submitted by the master shall include the following details:

- (a) Vessel name, IMO number, flag, and type;
- (b) Last port of call and next port of call;
- (c) Description of the infectious or contagious disease or symptoms detected;
- (d) Number of affected persons (crew/passengers separately);
- (e) Condition of each affected person;
- (f) Measures undertaken on board (isolation, disinfection, treatment);
- (g) Any request for medical evacuation or assistance;
- (h) Whether the vessel requires quarantine or special berthing instructions.

**29. Duties of the Master After Reporting. –**

After reporting, the master shall—

- (a) isolate the affected person(s) as per WHO protocol;
- (b) restrict movement of crew/passengers (as advised by health officer);
- (c) prohibit shore leave unless permitted;
- (d) comply with directions of the conservator and health officer;
- (e) maintain sanitation and hygiene measures on board;
- (f) make the vessel available for inspection by port health officials.

**30. Directions by conservator and health officer. –**

Upon receipt of the master's report, the conservator may direct the vessel after taking into consideration the health officer's directions: -

- (a) to anchor at quarantine anchorage;
- (b) to berth at an isolated/quarantine berth;
- (c) to cease cargo/passenger operations;
- (d) to undertake cleaning, disinfection, fumigation;
- (e) to disembark affected individuals for treatment;
- (f) to undergo medical inspection or testing;
- (g) to comply with any public-health advisory.

**31. Failure to Report. –**

- (1) Failure to report infectious or contagious disease, delay in reporting, or concealment of information shall be treated as a violation of the Act.
- (2) The Port Authority may impose—
  - (a) penalties under the Act;
  - (b) refusal of port clearance;
  - (c) detention of the vessel;
  - (d) recovery of costs for containment, quarantine, or emergency measures.

**32. Confidentiality and Record Keeping. –**

- (1) The conservator and health officer shall maintain a confidential register of infectious or contagious disease reports.
- (2) Records shall be retained for at least seven years.
- (3) Information may be shared with authorised agencies including WHO, State Health Department, and Immigration authorities in accordance with law.

**33. Savings. –**

Nothing in this Chapter shall limit the powers of the conservator, the Authority, or health officer under any law for the time being in force to take emergency measures for the protection of public health and safety.

**34. Application of Indian Port Public Health Rules, 2026. –**

The provisions of these rules shall be in addition to, and not in derogation of, the provisions of the Indian Port Public Health Rules, 2026.

[F. No. PD-24015/1/2025-PD-I-Part(1)/E-378339]

MUKESH MANGAL, Addl. Secy.