

Guidelines for the prevention of sexually transmitted infections, including HIV/AIDS on board merchant ships

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Healthier, fitter, safer.



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“Nearly a million people get an STI every day”



The International Seafarers' Welfare and Assistance Network, aware of the importance of lifestyle aspects in the health of seafarers, has produced “Prevention of sexually transmitted infections including HIV/AIDS” as one of the topics in the Seafarers' Health Information Programme, sponsored by the ITF Seafarers' Trust.

1. Introduction

Sexually transmitted infections (STIs) are very common — up to 75% of sexually active people will, during their lifetime, have an STI of some kind. An estimated 340 million episodes of curable sexually transmitted infections (chlamydial infections, gonorrhoea, syphilis, trichomoniasis) occur throughout the world every year. Viral infections, which are more difficult to treat, are also very common in many populations.

Genital herpes is becoming a major cause of genital ulcers, and subtypes of the human papillomavirus are associated with cervical cancer.

This means that nearly a million people get an STI every day.

Sexually transmitted infections are a major cause of acute illness, infertility, long-term disability and death, with severe medical and psychological consequences for millions of men, women and children.

“Sexually transmitted infections are a major cause of acute illness, infertility, long-term disability and death.”

Apart from being serious diseases in their own right, sexually transmitted infections increase the risk of HIV infection. The presence of an untreated disease (ulcerative or non-ulcerative) can increase, by a factor of up to ten, the risk of becoming infected with HIV and transmitting the infection to others. On the other hand, early diagnosis and improved management of other sexually transmitted infections can reduce the incidence of HIV infection by up to 40%. Prevention and treatment of all sexually transmitted infections are therefore important for the prevention of HIV infection.

Medically, an STI is an infection before and after it causes symptoms and becomes a disease. An STD — sexually transmitted disease — is an infection that has symptoms. Therefore the term STI is preferred because STIs can be passed from one person to another — even when there are no symptoms. It's also a lot easier to prevent getting most STIs than it is to treat most STDs.

2. Risk for seafarers

“Even a single unprotected sexual contact can be enough to become infected.”

The risk of STIs is increased for seafarers because of:

- Working and living away from spouses and partners.
- Working in isolation with limited social interaction and limited health facilities.
- Single-sex working and living arrangements dominated by men, where women are in a small minority.
- Limited control by the individual on protection against infection.
- Lack of information about risk and preventive measures.
- Travel enhances the probability of having sex with casual partners.

There is no risk of acquiring any sexually transmitted infection from casual day-to-day contact onboard or socially.

A large proportion of sexually transmitted infections occur as a result of unprotected sexual intercourse during international travel. Seafarers are international travellers.

Unprotected vaginal and anal intercourse carries the highest risks for the most dangerous sexually transmitted infections. Even a single unprotected sexual contact can be enough to become infected with:

- Trichomoniasis
- Gonorrhoea
- Chlamydia
- Syphilis
- Chancroid
- Pubic lice
- Scabies
- Hepatitis B virus (HBV)
- Cytomegalovirus (CMV)
- Human papilloma viruses (HPVs)
- Some HPVs can cause genital warts

- Some can cause cancer
- Herpes simplex virus (HSV)
- Can cause oral and genital herpes
- Human immunodeficiency virus (HIV)
- Can cause AIDS

Unprotected oral sex carries high risk for:

- Gonorrhoea
- Syphilis
- HSV
- HBV
- CMV

And even sex play without intercourse can even create a risk in catching:

- CMV
- HPV
- Pubic lice
- Scabies

Lots of other infections, from the flu to mononucleosis, can also be transmitted during sex play.

The fewer sexual partners a person has, the lower the risk of infection.

Many unsafe sexual contacts are often unplanned. Approximately 5% (and sometimes up to 50%) of international travellers have 'casual' sex; on average only one in eight use a condom correctly.

In addition to transmission through sexual intercourse (both heterosexual and homosexual – anal, vaginal or oral), some of these infections can be passed from an infected mother to her unborn or newborn baby. Hepatitis B, HIV and syphilis are also transmitted through transfusion of contaminated blood or blood products and the use of contaminated needles. There is no evidence that HIV or other sexually transmitted infections can be acquired from insect bites.

3. Symptoms of some STIs

Chlamydia

Men with Chlamydia commonly experience a urethral discharge from the penis, and may have inflammation of the tube leading from the bladder to the tip of the penis (urethritis), or of the tube leading from the testes to the penis. This discomfort may then disappear but the infection can still be passed on to a sexual partner. In women, genital chlamydial infection often does not cause any symptoms. However, there may be non-specific symptoms such as cystitis, a change in the vaginal discharge, or mild lower abdominal pain.

Genital warts

Many people who get the virus (HPV) that leads to genital warts do not show any recognisable symptoms, this is why the infection can go undiagnosed for a long time. However, if symptoms are present, they may include small white spots or lumps on the penis and around the vulva or anus but also hidden inside the vagina or anus.

Genital herpes

Like genital warts, genital herpes is a condition that often presents no symptoms and can remain undiagnosed for long periods of time. Symptoms may show in the form of flu-like symptoms, itchiness, burning or tingling around the genitals, small, fluid-filled blisters that burst to leave sores, and pain when passing urine.

Gonorrhoea

Gonorrhoea is an infection that is found in both sexes and can affect the genitals, anus, rectum and throat. About half of all women infected with gonorrhoea, and over 90% of men experience symptoms, including a thin, watery discharge from the vagina or tip of the penis that can appear yellow or green, and pain when urinating.

Syphilis

The symptoms of syphilis usually begin with a small sore on the penis or vagina. Up to six months after the initial symptoms occur, you may experience flu-like symptoms, such as aches and shivering.

Hepatitis B

This viral STI is spread in a similar way to HIV, but is generally more infectious. Symptoms of hepatitis include feeling generally tired and unwell with fevers, aching joints, rashes and jaundice. Some people can be infected without having any symptoms and make a full recovery. Others can be very ill but still recover completely. However, long term infection is also possible. This can lead to progressive liver damage. People who are at higher risk of catching hepatitis B, such as men who have sex with men, or people who come into contact with human blood at work, can be immunised against the infection.

HIV

Many people do not develop any symptoms when they first become infected with HIV. Some people, however, get a flu-like illness within three to six weeks after exposure to the virus. The only way to know if you are HIV-positive is to have a test. Over time, infection with HIV weakens the immune system leading to difficulty in fighting off certain infections.

Non-specific urethritis

Non-specific urethritis is an STI that affects men. It causes discomfort of the urethra (the tube that leads from the bladder to the tip of the penis, along which urine is passed), and a urethral discharge is also common.

“The absence of symptoms does not guarantee absence of infection. However, seafarers exposed to unprotected sex should have themselves tested for infection.”

Trichomoniasis

Trichomoniasis is an infection of the genitals that is caused by the bacterium *trichomonas vaginalis* (TV). The condition often has no symptoms, but symptoms may include a yellow or green discharge from the vagina with soreness. Men usually act as carriers and do not show symptoms.

Pubic lice

Symptoms of pubic lice include itchy skin, and black powder (lice droppings) in underwear and white eggs.

Scabies

Scabies can occur anywhere on the body, but sometimes the signs are hard to see. Symptoms can appear weeks after first contact and include itching (especially at night), a rash, and tiny spots.

Thrush

Symptoms of thrush include intense itching around the penis or vagina, with a thick, white discharge, and the appearance of tiny white spots around the genitals.

4. Treatment of STIs

Seafarers with signs or symptoms of a sexually transmitted disease should cease all sexual activity and seek medical care immediately.

The absence of symptoms does not guarantee absence of infection. However, seafarers exposed to unprotected sex should have themselves tested for infection.

Most sexually transmitted infections can be cured if they are diagnosed and treated in their early stages.

Some sexually transmitted infections (STIs) can be treated using a single dose or a course of antibiotics. These include Chlamydia, gonorrhoea (although some strains are now showing signs of resistance to antibiotics), syphilis and urinary tract infections. However, throughout the world, many of these bacteria are showing increased resistance to penicillin and other antimicrobials.

Antiviral drugs may be used to relieve the symptoms of genital herpes, but infection by the virus cannot be cured. Genital warts can be treated although they do eventually heal and disappear without treatment.

Many people choose to have genital warts removed, for cosmetic reasons. Caustic agents or liquid nitrogen are used to burn them away, or freeze them.

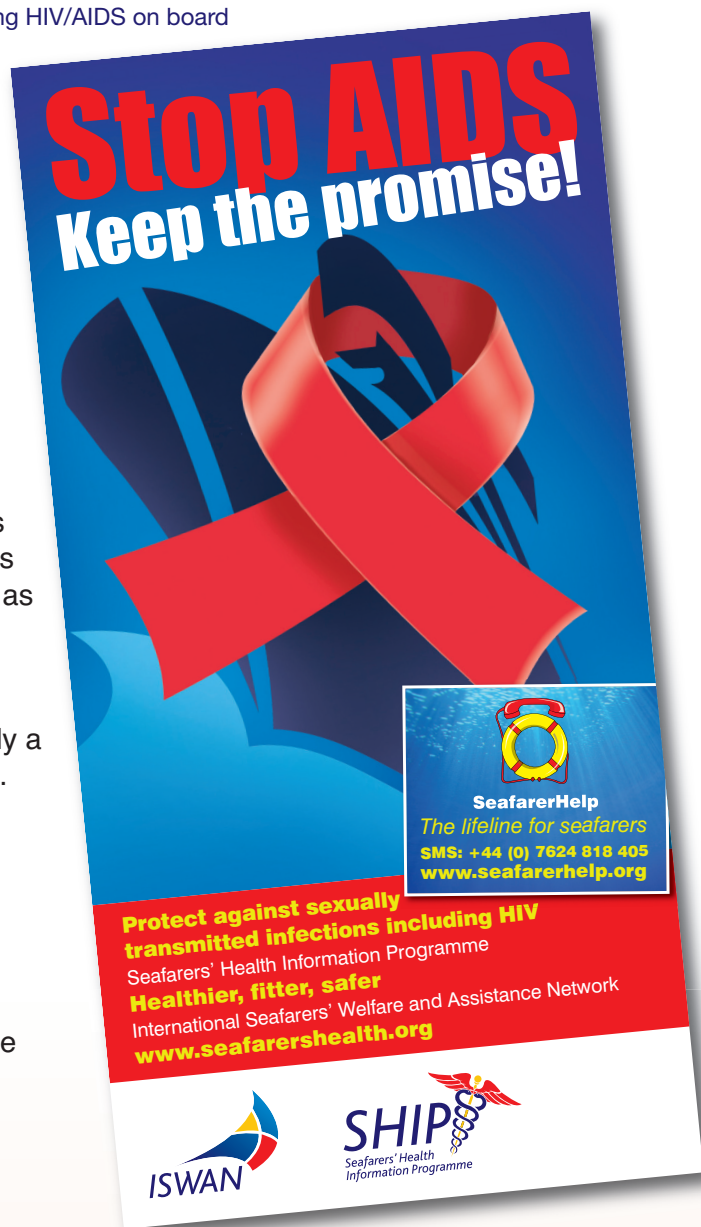
As STIs are easily passed on through sexual contact, it is important that current and past sexual partners are notified and treated, in order to reduce the risk of spreading and re-infection.

Below is a basic summary of the treatments that are used to treat the main STIs:

- Chlamydia is treated with antibiotics, either using a single dose, or a course for a couple of weeks.
- Genital warts are treated by either painting them with a liquid, or freezing them with a spray. However, some people need a number of treatments, and if the warts return, further treatment will be required.
- The virus for genital herpes remains in the body as there is no treatment that gets rid of it completely. Antiviral drugs may be used to relieve the symptoms. Self-help measures can reduce symptoms, or prevent outbreaks, for example: avoiding stress, resting, stopping smoking, cutting-down on drinking, and avoiding direct sunlight.

“According to UNAIDS, in 2011 an estimated 34 million people were living with HIV worldwide.”

- Early treatment for gonorrhoea involves a single dose of antibiotics. If complications occur, further treatment will be needed.
- Syphilis can be treated during the early stages using a course of antibiotics. It can also be treated during the later stages of infection, but any damage to the heart or nervous system may be irreversible.
- While there is no cure for AIDS, drugs can be used to suppress the HIV virus and preserve the immune system for as long as possible. Antiretroviral drugs cannot completely eradicate HIV infection; treatment is expensive and complex and most countries have only a few centres that are able to provide it. AIDS-related illnesses that arise can also be treated, and advice from specialists such as dieticians, physiotherapists, counsellors, and support groups is also available.
- Non-specific urethritis (NSU) is treated with antibiotics, although damage to the urethra can take time to heal.
- Trichomonas vaginalis (TV) is easily treated with a course of antibiotic tablets.
- Pubic lice are easily treated. Special shampoos, creams or lotions are used to kill the lice and their eggs.
- Scabies is easily treated. A special lotion is applied all over the body and is washed off 24 hours later.
- Thrush is easily treated using pessaries (tablets that are inserted into the vagina), cream or tablets. Creams are usually used to treat men who have thrush.



In any case, consult a doctor if you think you have taken a risk, even if there are no symptoms.

Follow-up consultations are needed after three and six months, covering the period during which the lab tests can still become positive after a possibly infective contact.

An earlier consultation is obviously needed if there are any symptoms.

5. HIV/AIDS

“HIV/AIDS is a maritime issue. Not only because it affects the workforce, but also because ships have a role to play in the wider struggle to limit the spread and effects of the epidemic.”

According to UNAIDS, in 2011 an estimated 34 million people were living with HIV worldwide. The vast majority of those are unaware of their status. Two thirds live in sub-Saharan Africa, the most affected region in the world.

In 2011, approximately 1.7 million people died of AIDS and 2.5 million people became newly infected.

Women make up almost half of the number of people living with the virus. In sub-Saharan Africa young women aged 15 to 24 are up to three times more likely to be infected than boys.

Worldwide, less than one in five people at risk have access to prevention services.

HIV prevention programmes are failing to reach those at greatest risk. Fewer than 50% of young people achieve comprehensive knowledge levels.

HIV/AIDS is a maritime issue. Not only because it affects the workforce, but also because ships have a role to play in the wider struggle to limit the spread and effects of the epidemic.

On a company level, HIV/AIDS is now a factor that affects managers, workers' representatives and employees in areas most affected. HIV/AIDS also affects human resources management, employee welfare, operations efficiency and customer relations.

Untreated employees may cost their company over three times as much as their annual salaries.

HIV cannot be transmitted by normal social contact, via insects, via normal skin contact or via toilets.

The most important route of infection is without doubt unprotected sexual contact.

Several factors increase the chance of transmission after single exposure:

- Anal intercourse is more infectious than vaginal.
- Men with HIV are more likely to infect women than vice versa.

- The presence of other sexually transmitted infections (STIs) increases the risk of HIV transmission during sexual intercourse.

The seafarer also runs the risk of HIV infection via infected needles (unnecessary intramuscular injections, intravenous drug use, and also tattooing, acupuncture, ear (or other) piercing, razor blades, etc). An injection should only be accepted if administration by mouth or by suppository is absolutely impossible.

The HIV virus is transmitted in the blood and bodily fluids and so infection arises from sexual contact, needle sharing in drug users and from contamination during medical procedures. It is less infectious by these routes than hepatitis B.

The infection, apart from sometimes showing mild symptoms, remains latent for a long period. During this time the HIV virus can be detected in the blood as can its effects in terms of damage to white blood cells (C4 lymphocytes). The infected person can transmit infection to others if there is contact with their blood or other body fluids.

Untreated, it progresses until the body's immune mechanisms are damaged enough to allow infection by other micro organisms, for example fungi and/or the TB bacillus. This is called the AIDS stage, and the sufferer is likely to be unwell and death follows from one of these secondary infections.

Treatment may delay damage to the immune system and thus prevent secondary infection. The effectiveness of treatment regimes is increasing, but the HIV virus can develop resistance to anti viral agents and for this reason more than one is often used. This can increase the likelihood of side effects and adverse interactions between medications. The incidence of HIV+ status varies markedly between countries and between groups of people depending on their exposure to the risks of sexual, blood borne or mother to child infection.

6. STIs, HIV/AIDS and fitness to work on board

Active acute sexually transmitted infections render a seafarer temporarily unfit whilst under treatment. Cases under surveillance post treatment will usually be fit for normal service but restricted service may be necessary if the facilities for supervision are inadequate. In all cases, evidence of satisfactory tests of cure should be produced.

Pre-employment HIV testing is not recommended. It is illegal in many jurisdictions. It can only be justified if it can be shown to predict likely risks while working at sea prior to the next medical assessment. HIV testing should be a matter for the individual and their clinical advisers and not a condition for obtaining employment.

Screening for HIV positive status prior to or during employment creates a range of practical and ethical problems. Knowledge of HIV positive status has implications for the individual, mostly psycho-social. It may also lead to discrimination against the person either by denial of employment or harassment by other workers.

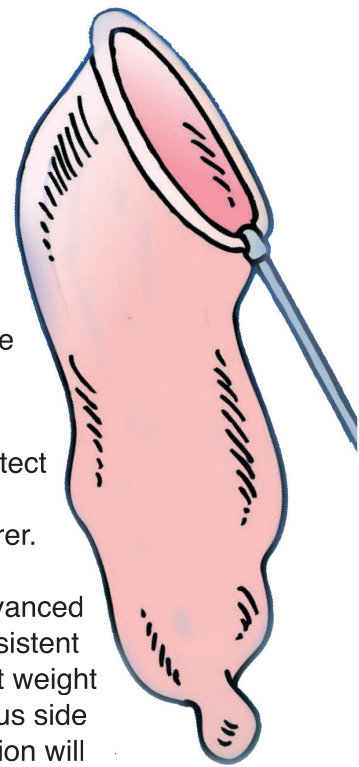
The progression from asymptomatic infection to the AIDS syndrome, where serious complications arise is relatively

slow and is unlikely to occur between one medical assessment and the next.

It is impossible to detect an HIV positive asymptomatic seafarer. However, signs and symptoms of the advanced disease such as persistent infections, significant weight loss as well as serious side effects from medication will normally mean that the seafarer is unfit to work.

HIV positive seafarers, who are aware of their status and have declared it, need to be given a fair examination based on rational and fair criteria to determine whether a seafarer is fit, unfit or temporarily unfit (and the appropriate time to be allowed for rehabilitation).

Some countries have adopted entry and visa restrictions for people with HIV/AIDS. The World Health Organisation has taken the position that there is no public health justification for entry restrictions that discriminate solely on the basis of a person's HIV status.



7. STIs, HIV/AIDS on board

Sexual or blood borne transmission are not likely routes for transmission of infection in the normal course of work at sea. Occupational exposure risks are slight and limited to the treatment of injuries and to procedures undertaken by the small number of healthcare staff working on large vessels.

Medical injections using unsterile equipment are a possible source of infection. If an injection is essential, the needles and syringes have to come from a sterile package or have been sterilised properly by steam or boiling water for 20 minutes.

Simple standards of infection control practices have to be used in the care of all diseases and injuries on board to minimise the risk of all blood-borne pathogens including STIs and HIV.

- Careful handling and disposal of sharp objects (needles or other sharp objects).
- Hand-washing before and after a procedure.
- Use of gloves, gowns and masks for direct contact with blood and other body fluids.

- Safe disposal of waste contaminated with body fluids and blood.
- Proper disinfection of instruments and other contaminated equipment.
- Proper handling of soiled linen and clothing.

It is essential to avoid injecting drugs for non-medical purposes, and particularly to avoid any type of needle-sharing in order to reduce the risk of acquiring hepatitis, HIV, syphilis and other infections from contaminated needles and blood.

Blood transfusions should be avoided in most developing countries as donors are seldom tested for HIV antibodies. The chance of having a serious accident which would necessitate a blood transfusion is small. There is therefore no point in taking blood or blood products on board (blood needs to be stored at 4°C and only keeps for a few weeks). Companies provide plasma expanders such as crystalloid or macro-molecular solutions.

Sexual transmission at sea can be prevented by using the same precautions as used on shore. Most sexually transmitted infections can be avoided to a large extent by practicing safe sex (e.g. using condoms).

Reducing the number of partners you have reduces overall risk. Abstinence from sex represents the lowest risk of all.

Accidental exposure to blood or other body fluids

Accidental exposure to blood or other body fluids may occur in health care settings, during natural or man-made disasters, or as a result of accidents or acts of violence. This may lead to infection by blood borne pathogens, particularly hepatitis B and C viruses and HIV. The average risk of seroconversion to HIV after a single percutaneous exposure to HIV-infected blood is 0.3%; the risk for hepatitis C is 3% and for hepatitis B it is 10–30%.

Accidental exposure to potentially infected blood or other body fluids is a medical emergency. The following measures should be taken without delay.

Percutaneous exposure in the case of injury with equipment contaminated with blood or contact of broken skin with blood or other body fluids, allow the wound to bleed freely; wash the wound and surrounding skin immediately with soap and water and rinse. Disinfect the wound and surrounding skin with a suitable disinfectant such as:

- povidone iodine 2.5% for 5 minutes.
- alcohol 70% for 3 minutes.

Exposure of the eyes or mucous membranes

Rinse the exposed area immediately with an isotonic saline solution for 10 minutes. In the case of contamination of mucosa of the eye, disinfect with chlorhexidine–cetrimide 0.05%, 3 drops given twice at an interval of 10 minutes. If neither saline nor disinfectant is available, use clean water.

In all cases, a physician should be contacted immediately.

Under certain conditions, the use of a combination of antiretroviral drugs is the recommended prophylactic intervention to prevent transmission of HIV after accidental exposure to infected blood or other body fluids. The decision to provide this treatment depends on a number of factors, including the HIV status of the source individual, the nature of the body fluid involved, the severity of exposure and the period between the exposure and the beginning of treatment (which should never be more than 48 hours). Repatriation should be carried out as soon as possible.

If HIV and hepatitis B and C testing has been done, subsequent tests will be necessary in six weeks following exposure and six months following exposure. People who test positive at these stages should be offered psychological support. After accidental exposure, the exposed individual should not have unprotected sexual intercourse until six months post-exposure tests confirm that s/he is not seropositive. Women should avoid becoming pregnant during this period.

8. Precautions

“Sexual transmission at sea can be prevented by using the same precautions as used on shore.”

Vaccination against hepatitis B is strongly recommended!

Preventive vaccines against types of human papillomavirus (HPV) prevent cervical cancer in women.

Safer sex reduces risks. Safer sex is about protection and sexual pleasure.

The most important ways to reduce risk are:

- Keep your partner’s body fluids out of your body’s vagina, anus, or mouth. The body fluids to be most careful about are blood, cum, pre-cum, vaginal fluids, and the discharge from sores caused by sexually transmitted infections.
- Don’t touch sores or growths that are caused by sexually transmitted infections.

Safer sex also means protecting your partner.

- Don’t allow your body fluids to get into your partner’s body.
- Don’t have sex if you have sores or other symptoms of infection.
- Have routine checkups for infections.

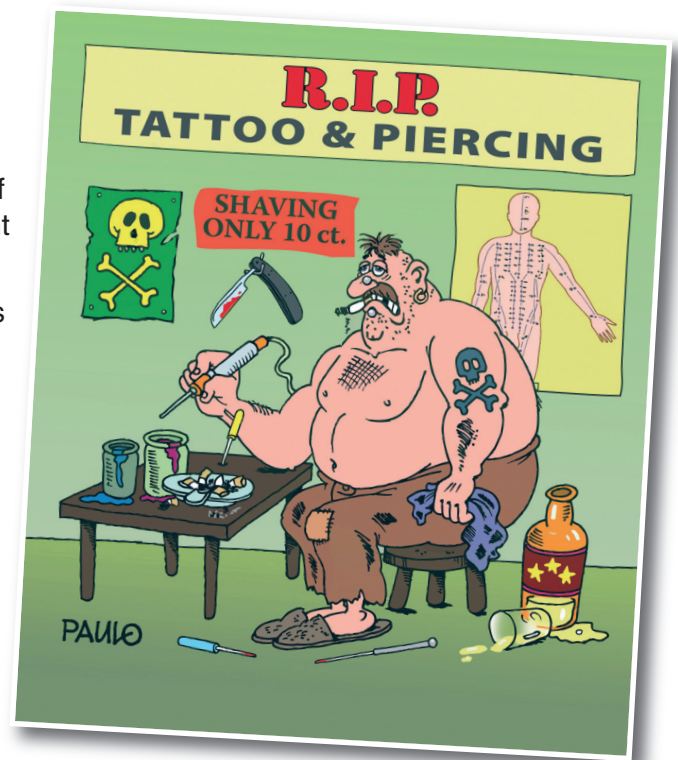
The ideal for many people is to have sex with only one partner.

Women and men don’t need to worry about getting sexually transmitted infections:

- If neither partner has ever had sex.
- If neither partner has ever shared needles.
- If neither partner currently has or ever had an infection.

Most people have more than one sexual partner during their lifetime.

It may not be planned that way, but it happens. This means that one may also get an infection from one partner and carry it to another. The partners who transmitted such an infection:



- May not have known they had an infection.
- May have hoped they wouldn’t pass on the infection.
- May not have been totally honest about their sexual history.

Most women who get HIV from having sex thought they were their sex partners’ only sexual partner.

When it comes to safer sex, rely on yourself. Believing you are your sexual partner’s only partner will not make it true.

Lower-risk activities include:

- Masturbation
- Mutual masturbation
- Erotic massage
- Body rubbing
- Cybersex
- Kissing
- Deep kissing
- Oral sex
- Vaginal or anal intercourse with a latex or female condom

“A lot of unplanned and above all unsafe sexual contacts occur while under the influence of alcohol!”

Condoms are the best protection when enjoying sexual intercourse. Condoms help make sex last longer by preventing premature ejaculation.

A man should always use a condom during sexual intercourse, from start to finish, and a woman should make sure that her partner uses one. A woman can also protect herself from sexually transmitted infections by using a female condom – essentially, a vaginal pouch – which is now commercially available.

Latex and female condoms reduce the risk of:

- Vaginitis caused by trichomoniasis
- Chlamydia
- Syphilis
- PID
- Gonorrhoea
- HIV/AIDS

Latex and female condoms may offer more limited protection against

- Bacterial vaginosis
- CMV
- HPV
- Herpes
- HBV

Condoms have to be available free of charge on board, especially when arriving in port for seafarers who go on land. The officer in charge of medical care on board has to make sure that seafarers have access to free condoms in a discrete way, with respect to their privacy.

People who are at increased risk of catching an STI (for instance, people who change sexual partners frequently) should have a checkup at a clinic every few months.

Patients under medical care who require frequent injections, should carry sufficient sterile needles and syringes for the duration of their trip and a doctor's authorisation for their use.

Unsterile dental and surgical instruments, needles used in acupuncture and tattooing, ear-piercing devices, and other skin-piercing instruments can likewise transmit infection and should be avoided.

Remember that the safety rules listed above are often ignored when drink is involved. A lot of unplanned and above all unsafe sexual contacts occur while under the influence of alcohol!



9. Tips for successful implementation of a “STI HIV Prevention” campaign

“SeafarerHelp is available 24 hours a day, 7 days a week, 365 days a year, in more than ten languages.”

The ship, where seafarers not only work but spend all their time during a voyage, is the best place for health intervention.

Encourage and stimulate the crew members to prevent STIs and practice safe sex. Pay attention to prevention of STIs in meetings, at medical checkups etc.

Use a broad approach to inform and motivate the seafarers on board. Offer information and protection. Make protection readily available at no cost.

The whole vessel has to be behind the programme: captain and officers have to show their commitment. It is not only a matter of good policy development but also of good policy implementation. It takes time to implement a prevention programme on board. Make sure it gets where it is needed. Behavioural changes take several months and benefits may take even longer to become measurable.

Make a systematic plan of what you want to achieve in respect of prevention of STIs

on board and over what period of time. Involve key persons and link the plan to a company policy on health.

Budget the programme, make sure the activities adopted are evaluated and be prepared to adapt the plan if some initiatives are not as successful as others.

Announce the planning and changes, organise an event to celebrate the start of the plan. Make sure the ship has condoms and medication that is easily accessible.

Provide information (posters or leaflets) on the prevention of STIs all over the ship.

Ask crew members to participate and give comments on the campaign. Fill out questionnaires. Give crew members the possibility to make suggestions on prevention activities.

Link prevention of STIs, HIV/AIDS with SHIP topic Safe travel. Provide Fit on board, and other SHIP health initiatives

10. Where to find advice?

If you would like to have more information on STI, HIV/AIDS and are not able to consult your doctor or a medical clinic, you can contact SeafarerHelp, a free and confidential service provided by the International Seafarers' Welfare and Assistance Network (ISWAN).

SeafarerHelp is available 24 hours a day, 7 days a week, 365 days a year, in more than ten languages including Arabic, Chinese, English, Filipino, Hindi and Russian. You can reach SeafarerHelp by telephone, email, fax or SMS.

As well as being there for information about health, SeafarerHelp exists to help you with any issues or problems you may want to discuss, about anything from working conditions to family problems. Our trained helpline staff will help you by putting you in touch with the agency which is most likely to be able to help you.

Ring SeafarerHelp free (landlines only) on the numbers overleaf.

Call SeafarerHelp free (landlines only) from the following countries*:

Australia	00 11 800 7323 2737
Austria	00 800 7323 2737
Bahrain	8000 4090
Belgium	00 800 7323 2737
Brazil	0800 891 9181
Canada	011 800 7323 2737
China	10 800 441 0168
Cyprus	00 800 7323 2737
Denmark	00 800 7323 2737
Finland	00 800 7323 2737
France	00 800 7323 2737
Germany	00 800 7323 2737
Hong Kong	00 1 800 7323 2737
Hungary	00 800 7323 2737
Iceland	00 800 7323 2737
India	1 800 425 4357
Ireland	00 800 7323 2737
Israel	012/013/014 800 7323 2737
Italy	00 800 7323 2737
Japan	001/0041/0061 010 800 7323 2737
Korea	001/002/008 800 7323 2737
Luxembourg	00 800 7323 2737
Macau	00 800 7323 2737
Malaysia	00 800 7323 2737
Mexico	01 800 33 7323 2737
Netherlands	00 800 7323 2737
New Zealand	00 800 7323 2737
Norway	00 800 7323 2737
Philippines	00 800 737283 00
Portugal	00 800 7323 2737
Russia	810 800 2136 2044
Singapore	00 1 800 7323 2737
South Africa	09 800 7323 2737
Spain	00 800 7323 2737
Sweden	00 800 7323 2737
Switzerland	00 800 7323 2737
Taiwan	00 800 7323 2737
Thailand	001 800 442 096
UK	0800 7323 2737
United Arab Emirates	800 044 0104
USA	011 800 7323 2737

* Free phone may not be available in some areas

Worldwide support for seafarers from SeafarerHelp

- 24/7 assistance, 365 days per year.
- We speak a wide range of languages.
- Whatever the problem ask SeafarerHelp

Contact SeafarerHelp

SMS: +44 (0)762 481 8405

Skype: info-seafarerhelp.org

Live chat: www.seafarerhelp.org

For countries where there is no free phone:

Call collect on +44 (0) 207 323 2737

Alternatively ask us to call you straight back.

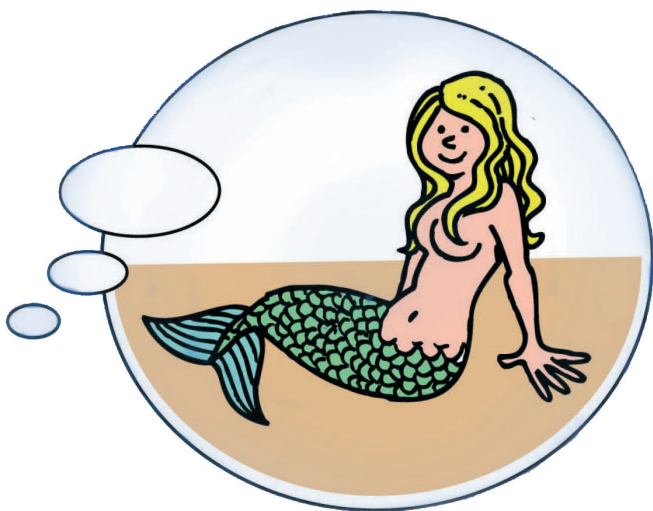
Email SeafarerHelp:

help@seafarerhelp.org



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The lifeline for seafarers



If you would like more information and materials, go to:

www.seafarershealth.org

where you can download guidelines, posters and leaflets on more health topics for seafarers: Food safety, Fit on board, Safe travel, Healthy food, Malaria, Overweight and HIV/AIDS.

Find us on:



International Seafarers' Welfare
and Assistance Network

E iswan@iswan.org.uk

W www.seafarershealth.org

