



Special Commission of Inquiry into the Ruby Princess

EXHIBIT 101

Statement of Dr Leena Gupta dated 12 June 2020 (with annexures)

SPECIAL COMMISSION OF INQUIRY INTO THE RUBY PRINCESS

Statement of Leena Gupta, 12 June 2020

A Introduction

- 1 My full name is Leena Gupta.
- 2 I hold the following qualifications: MBBS (Sydney), Masters of Public Health (UNSW), Fellow, Australasian Faculty of Public Health Medicine, Doctorate of Public Health (Flinders), Grad Dip. Applied Epidemiology, Graduate Certificate Climate Change and Health (Yale).
- 3 I am presently the Clinical Director, Public Health at Sydney Local Health District (**SLHD**). Whilst my title has changed over time, I have been in the same role since 1996. I am also an Adjunct Professor at the University of Notre Dame Australia School of Medicine, Sydney and a Clinical Associate Professor, Faculty of Medicine and Health, Sydney University.
- 4 I have a team of approximately 30 people reporting to me, including six people directly reporting to me. Dr Isabel Hess is one of two senior doctors who report directly to me.
- 5 At the time of making this statement, I have been shown a bundle of documents called "**Annexures to NSW Health Witness Statements**". While I have not reviewed every document in that bundle, throughout this statement I refer to the documents in the bundle by referring to the tabs behind which they appear.
- 6 I also annexe additional documents not contained in the Annexures to NSW Health Witness Statements bundle.

B Terminology

- 7 I understand the terms "acute respiratory illness" and "acute respiratory infection" to be interchangeable, and to refer to a broad range of respiratory illnesses including illnesses as mild as the common cold. They are "acute" in

the sense that they are short-term as opposed to “chronic” or long-term. Acute does not necessarily mean “severe”.

- 8 I understand “influenza like illness” to refer to an “acute respiratory illness” with the addition of a fever, or possibly other symptoms indicating a higher degree of severity. In practice, I think of “influenza like illness” as an illness where a patient is exhibiting flu-like symptoms, and so might include fever, chills, rigors, muscle aches and/or other symptoms.
- 9 I am not overly familiar with the term “acute respiratory disease” – it is not a term I would ever use myself. I would have to see the term used in context to know what it meant.

C Development of cruise ship screening procedures

- 10 Prior to January 2020, I had no substantive involvement in cruise ship surveillance.
- 11 In early February 2020, Dr Jeremy McNulty asked me to take part in a discussion with a number of NSW Health public health colleagues to establish a cruise ship screening procedure to respond to the increase in COVID-19 cases internationally and in Australia.
- 12 I believe I was asked to participate because the White Bay Cruise Terminal is within the SLHD area, and it was intended that, if a cruise ship were to come into White Bay Cruise Terminal, SLHD would be asked to send a Health Assessment Team on board the ship.
- 13 I was extremely busy throughout February and March 2020 with matters relating to COVID-19. I had an unprecedented amount of new and complex issues to address and questions to answer, both clinical, organisational and public health-related. Whilst I received a large number of emails relating to the development of cruise ship screening procedures, I did not review every email I received, nor their attachments, in detail. In relation to the emails, my usual

practice at that time was to delegate responsibility to senior doctors or other senior staff who report to me within my Public Health Unit with a request to review and provide detailed comments on documents in mark-up which I forwarded on to colleagues at other Public Health Units and the Ministry. If I had something specific to add or wanted to highlight a particular issue, I would generally provide my own general comments on documents I received in the body of emails, rather than providing marked-up comments on documents themselves.

- 14 I set out my primary involvement in the development of cruise ship procedures in the following paragraphs.
- 15 On 13 February, I dialled into a teleconference to discuss cruise ship procedures with a number of public health colleagues. Various drafts and comments were circulated before and after that teleconference. The entire email chain, setting out my comments at 2.53pm and 3.06pm, appears at **Tab 5**. The policy referred in my email of 2.53pm, which was sent to me by Dr Sheppard at 1.18pm appears at **Annexure LG-1**.
- 16 In my email at 2.53pm, I stated: *"Strongly recommend on public health grounds that all results [be] available for cruise ships where this is the final port for disembarkation for the cruise ships before disembarkation commences."* When I referred to "public health grounds", I was referring to infection control, resulting in the need to do contact tracing in the event that a case tested positive. I considered that contact tracing passengers and crew may be more difficult logistically, and less systematic, if passengers and crew disembarked rather than staying on board the ship because they would have gone home or travelled onwards to other locations. In my email of 2.53pm, I referred to the "Japan incident". That was a reference to the Diamond Princess cruise ship, which was refused permission to dock in Yokohama, leading to what was reported in the media at that time and later in a publication as resulting in the widespread transmission of disease on board the ship worsening considerably by the passengers not being allowed to disembark the ship. When I referred to "community expectation in light of the Japan incident" I was referring to an

expectation that we should ensure there was no repeat of the incident in Australia, which involved people staying on board too long, the disease perpetuating on board the ship resulting in a large outbreak and people becoming very unwell and hospitalised as a result of being unable to disembark the ship.

- 17 On the evening of 14 February, at 11.31pm, I sent Dr Jeremy McAnulty (Executive Director, Health Protection NSW), Professor Mark Ferson (Director of the Public Health Unit at SESLHD) and others comments on NSW Health's approach to cruise ship screening, including a proposed division of responsibilities between the Public Health Units and the Public Health Emergency Operations Centre (**PHEOC**) at the Ministry. My email appears at **Tab 7**.
- 18 In the context of discussing the management of The Dream cruise ship due to dock at White Bay Cruise Terminal the following weekend, I referred to circumstances where there is "a respiratory outbreak on board". By the phrase "respiratory outbreak", I meant an outbreak of influenza like illness (**ILI**) on board. This was because at around that time my public health colleagues and I were discussing the identification of ILI outbreaks on board cruise ships. I recall either or both Professor Ferson and Dr Sheppeard explaining that the SESLHD Public Health Unit had data from their cruise ship surveillance program to demonstrate that a background rate of ILI on cruise ships was generally up to 1%. Accordingly, I understood that an outbreak may be identified on a cruise ship where a rate of ILI exceeds 1%.
- 19 On 15 February at 10.25am, I emailed Professor Ferson, copying others, setting out what I saw as "critical decisions" in our approach to the cruise ship surveillance program. These critical decisions included whether the ship should "not be allowed to disembark until all of those [COVID-19] tests are confirmed negative". My email appears at **Annexure LG-2**.
- 20 On 15 February, at 1.14pm, I emailed Dr McAnulty and others a set of questions and comments regarding the development of our cruise ship screening

procedure. My email appears at **Tab 7**. In that email, I asked whether we needed a “high level hub with an expert panel” as part of our cruise ship surveillance program. I recall that some time prior to me sending my email, Dr McAnulty proposed the idea of an expert panel being appointed to assess the risk posed by incoming cruise ships.

- 21 In the same email I also again identified “whether disembark[ation] should not occur until all tests negative” as an issue for discussion, as I had in my earlier email to Professor Ferson.
- 22 A few hours later on 15 February, at 4.55pm, I sent Dr McAnulty, Professor Ferson and others a further email, attaching a document titled “Draft Cruise Ship Screening Procedure for Ports of First Entry into Australia”. Consistent with my usual practice, my comments on the draft appear in the body of the email; the mark-up in the attachment is not mine. My email and the attachment appear at **Tab 8**. In my email, I note that the “[m]ain point of difference is that in my view, in current situation is that we should wait for test results irrespective of risk category before announcing pratique”. When I refer to “pratique” here, I meant permission to disembark, as opposed to permission to dock.
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- 23 At some point over the weekend of 15 and 16 February, I had conversations with Dr Forssman about the overwhelming workload for the SLHD Public Health Unit. Dr Forssman offered to assist with the resources of his unit in the screening process on the ships.
- 24 On 17 February at 2.03pm, Dr Sheppard circulated an updated version of the draft “Cruise Ship Screening Procedure for Ports of First Entry Into Australia” for comments. Her email and the attachment appear at **Tab 12**.
- 25 I circulated comments on Dr Sheppard’s draft at 2.38pm. My email appears at **Annexure LG-3**.
- 26 On 19 February at 7.41pm I received an updated version of the draft “Cruise Ship Screening Procedure for Ports of First Entry Into Australia” from Dr

McAnulty (the **19 February Procedure**). Dr McAnulty's email appears at **Tab 20**.

- 27 I do not believe I gave specific comments on the risk assessment form attached to the 19 February Procedure.
- 28 I can now see that the 19 February Procedure refers to the presence of a "respiratory outbreak" defined as "affecting at least 1% of those on board" in the "High Risk" and "Medium Risk" criteria, and that the phrase "respiratory outbreak" is also referred to in the "Low Risk" criteria. I did not particularly notice that the 19 February Procedure used the phrase "respiratory outbreak" rather than "ILI outbreak" at the time. I had understood the criteria used to determine whether an incoming ship was "high", "medium" or "low" risk to rely upon (in part) the presence of an ILI outbreak (defined as over 1% of persons presenting with ILI) as we had discussed this on the previous teleconferences as I explained above. I believe that the public health practitioners involved in this process who read the 19 February Procedure would have understood this to be the case.
- 29 Over the course of 21 February, Dr McAnulty and I participated in an email exchange regarding the developing cruise ship screening process. My email exchange with Dr McAnulty appears at **Tab 22**.
- 30 As I stated in my email to Dr McAnulty at 11.32am, I was still of the view, at that time, that in a "medium risk" scenario, all passengers and crew should remain on board a ship until results had been received from any swabs taken for COVID-19 testing. However, shortly after this email, I became satisfied with an approach, for a "medium risk" ship, where disembarkation would not be allowed until:
- (1) an assessment team conducted a thorough onboard screening process on the ship which would involve identifying all symptomatic passengers and staff, carrying out temperature testing, taking swabs as appropriate, and discussing respiratory illness on the ship with the ship's doctor; and

- (2) a decision as to disembarkation would then be made by the Human Biosecurity Officer based on the information from the thorough onboard screening.
- 31 I believed that if there were any concerns that there was a COVID-19 outbreak on the ship following this process, then the Human Biosecurity Officer could then make a decision to wait for test results before disembarking the ship.
- 32 On 22 February, Dr Kerry Chant sent a letter to cruise ship industry representatives, attaching a document titled Enhanced Covid-19 Procedures for the Cruise Line Industry ("**22 February Enhanced COVID-19 Procedure**"). I received the letter and its attachment on 24 February at 12.53pm. The email and its attachment appear at **Annexure LG-4**. Whilst I have a vague recollection of discussing the 22 February Enhanced COVID-19 Procedure with either Dr McAnulty or Dr Tobin, I do not believe I gave any substantive comments on that Procedure.
- 33 On 26 February at 4.59pm I emailed Dr McAnulty, Dr Tobin, Professor Ferson, Associate Professor Forssman and others with comments from my Public Health Unit on a draft document titled "NSW Health COVID-19 Cruise Ship Response Procedure for Confirmed Cases in Passenger or Crew". My email and its attachment appears at **Annexure LG-5**.
- 34 On 3 March at 4.28pm, Dr Tobin sent me and others a draft document titled "Enhanced COVID-19 Procedures for Cruise Line Industry". Dr Tobin's email and attachment appear at **Tab 30**. I understood that this document was intended to be distributed to cruise line companies to provide greater clarity on cruise ships' responsibilities, particularly around ensuring NSW Health would get the information required to carry out the risk assessments.
- 35 On 4 March, Dr Hess and I had an email exchange regarding Dr Tobin's draft "Enhanced COVID-19 Procedures for Cruise Line Industry". In that exchange, Dr Hess sent me her detailed comments on Dr Tobin's draft, and I responded to the effect that my main overall comment was that everything should be

centralised until a ship gets into port. A copy of this email exchange is **Annexure LG-6**.

- 36 On 9 March at 5.48pm, I was sent a document titled "Enhanced COVID-19 Procedures for the Cruise Line Industry" (**9 March Enhanced Procedure**). While it is not obvious on the face of the email that I received it, I was "BCCed". A copy of Dr Tobin's email and its attachment appears at **Tab 44**. While I received it, I don't believe I looked at this document at the time.
- 37 During the last two weeks of February, SLHD staff including me worked on a Standard Operating Procedure to prescribe what was to be done operationally by our cruise ship screening team when boarding a ship at WBCT. I have not referred to each of those emails in this statement as the SLHD did not run the onboard assessment of the Ruby Princess on 8 March 2019.

D Risk assessment process

- 38 I understood that the risk being assessed by the expert panel was the risk of COVID-19 circulating on cruise ships.
- 39 I understood the criteria for when a ship was to be assessed as "high", "medium" or "low" risk was initially as set out in our ongoing discussions as documented in the draft 19 February Procedure. However, as I explained above, the risk criteria were refined as the expert panel performed risk assessments and developed a better understanding of disease on cruise ships, as well as gaining further information and understanding of the epidemiology of COVID-19. I relied on my expertise as a public health physician and applied my judgment in assessing the risk posed by an incoming ship, rather than applying the risk criteria in the 19 February Procedure in a formulaic way.
- 40 In my mind, by 7 March, I considered a ship to be "high" risk if there was a known case of COVID-19 on board, if someone on board was known to have been a close contact of a confirmed case, or there was otherwise a clear

outbreak of ILI on board which was not explained by positive influenza diagnoses.

- 41 I considered a ship to be “medium risk” if I identified any “red flags” that suggested to me that there was a substantial risk that COVID-19 was circulating on the ship. Identifying a “red flag” involves applying one’s expertise, and judgement, that was developed over many years of doing public health risk assessments, by reference to available information about the countries where there were outbreaks of COVID-19 and what was known about its clinical presentation at that time (and, in particular, the Communicable Diseases Network Australia guidelines). I was also aware that the CDNA criteria for what might constitute a suspected case were changing almost daily and I was keeping up to date with that. The passengers who had travelled through Singapore prior to embarking on the Ruby Princess cruise arriving in Sydney on 8 March (which I discuss in further detail below) are an example of a “red flag” which I had arrived at without reference to a procedure. Another “red flag” would be a rate of ILI on board over 1% that was not explained by positive influenza diagnoses.

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- 42 I considered a ship to be “low risk” if I did not identify any “red flags” in the manner I have described above.

E Ruby Princess

8 March Arrival

- 43 I was a member of the expert panel that carried out a risk assessment in respect of the Ruby Princess cruise due to arrive on 8 March 2020.
- 44 On 7 March at 12.52pm, I received a completed Risk Assessment Form from Dr Sheppeard. In her cover email, Dr Sheppeard stated “*While the ILI rate is low I am concerned that two pax who spent several days in Singapore prior to boarding had onset of ARI on 29/2 and 4/3, and both were assessed on 6/3. Both were swabbed for flu (despite no fever) and were negative.*” Dr Sheppeard

suggested that we find out more information from the ship in respect of those passengers, and also ask for swabs to be obtained and retained from anyone else who presents with ARI. Dr Sheppeard's email and the attached Risk Assessment Form appear at **Tab 39**.

45 I agreed with Dr Sheppeard's proposed plan, and emailed to confirm at 12.57pm. The other expert panel members, namely Associate Professor Forssman and Dr Tobin also agreed. Dr Sheppeard therefore took steps to find out further information, and emailed again at 4.12pm to confirm additional information had been received and we were now in a position to discuss. Our email chain appears at **Tab 40**.

46 Later that afternoon, the expert panel had a teleconference to discuss our risk assessment of the Ruby Princess, and came to the view that the ship should be assessed as "medium risk", and that a health team should board the ship upon arrival to conduct health screening.

47 The main factor in my view that the Ruby Princess was "medium" risk was the presence of two symptomatic passengers on board who had travelled through Singapore in the 14-days prior to embarkation (a country that had known COVID-19 outbreaks at that time), and who had tested negative for influenza. The negative influenza tests suggested to me that there was no known alternative cause for the two passengers' respiratory symptoms, which led me to consider that COVID-19 was a possible diagnosis, given the passengers' travel history and no other reason for the symptoms.

48 Whilst the rate of ILI on the ship was low (0.43%), this did not lead me to change my view that the ship was "medium" risk because of the symptomatic passengers who had travelled through Singapore and no other alternative explanation was identified.

49 As at 7 March, I do not believe that I was especially conscious of the 19 February Procedure, or the fact that, technically speaking, the Ruby Princess would not have satisfied the criteria for "medium risk" under that Procedure,

given the fact that the rate of ILI on board was below 1%. That is because the expert panel's approach to risk assessments evolved over time based on our experience in assessing each of the cruise ships over the previous two weeks. In my view I had a reasonable sense of what I would describe as "red flags" for further investigation with an onboard assessment of the ship, in respect of the risk of COVID-19 circulating on a cruise ship at that time.

- 50 I therefore assessed the Ruby Princess as "medium risk" on 7 March; as at that date, based on the my understanding of the countries where there were COVID-19 outbreaks at the time, the presence of symptomatic passengers who had travelled from Singapore and did not have a positive influenza result was, in my view, a "red flag" that led me to decide that the SESLHD team should board the ship upon arrival and carry out onboard health screening, notwithstanding the fact that, under the 19 February Procedure, the ship would not have been classified as "medium risk".
- 51 Following the expert panel's assessment of the Ruby Princess as "medium risk" on 7 March, I understand that a team from SESLHD Public Health Unit led by Dr Sheppeard boarded the ship when it docked at the Overseas Passenger Terminal on 8 March to conduct onboard health screening of symptomatic passengers. I was not involved in this onboard health screening process, though I received correspondence from Dr Sheppeard outlining the health screening performed and later confirming that all swabs taken tested negative for COVID-19. Dr Sheppeard's email correspondence appears at **Annexure LG-7**.
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19 March Arrival

- 52 On 9 March at 1.58pm, I emailed Dr Tobin giving notice that I had delegated my role on the expert panel to Dr Hess on Tuesdays to Fridays. A copy of my email appears at **Annexure LG-8**.
- 53 As such, I was not on the expert panel that carried out a risk assessment of the Ruby Princess cruise that arrived in Sydney on 19 March. While I may have

been copied into email correspondence concerning that arrival, I did not review any documents relating to that ship, and did not discuss the risk assessment process with anyone at that time.

Signed: 

Name: Leena Gupta

Date: 12 June 2020

From: Vicky Sheppeard (South Eastern Sydney LHD)
Sent: Thursday, 13 February 2020 1:18 PM
To: Darrin Eade; Peta Pippas (Ministry of Health); Christine Selvey; William Rawlinson (NSW Health Pathology); Anna Condylis (NSW Health Pathology); Jeremy McAnulty; Mark Ferson (South Eastern Sydney LHD); David Durrheim (Hunter New England LHD); Craig Dalton (Hunter New England LHD); MOH-PHEOPlanning; MOH-PHEOOperations; Tracey Oakman; Leena Gupta (Sydney LHD); Tony Merritt (Hunter New England LHD)
Subject: RE: URGENT TELECONFERENCE - Cruise ships
Attachments: Cruise ship procedure - App A - patient assessment form.docx; Cruise ship procedure.docx
Follow Up Flag: Follow up
Flag Status: Flagged

[Draft procedure for discussion](#)

-----Original Appointment-----

From: Darrin Eade
Sent: Thursday, 13 February 2020 12:56 PM
To: Darrin Eade; Peta Pippas (Ministry of Health); Christine Selvey; William Rawlinson (NSW Health Pathology); Anna Condylis (NSW Health Pathology); Vicky Sheppeard (South Eastern Sydney LHD); Jeremy McAnulty; Mark Ferson (South Eastern Sydney LHD); David Durrheim (Hunter New England LHD); Craig Dalton (Hunter New England LHD); MOH-PHEOPlanning; MOH-PHEOOperations; Tracey Oakman; Leena Gupta (Sydney LHD); Tony Merritt (Hunter New England LHD)
Subject: URGENT TELECONFERENCE - Cruise ships
When: Thursday, 13 February 2020 1:15 PM-2:15 PM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: Teleconference Dial: 1800 108 839 Code: 539810
Importance: High

Dear Directors

Apologies for the late notice, this teleconference is to discuss the consistent approach to the management of cruise ship arrivals.

Dial in – 1800 108 839
Code: [REDACTED]

Kind regards

Darrin Eade

Logistics Team
[REDACTED]

Tel [REDACTED] | [REDACTED] | [REDACTED]
www.health.nsw.gov.au

<< OLE Object: Picture (Device Independent Bitmap) >>

TRAVELLER RECORD FORM

Arrival date:

Vessel name:

Assessors name:

Patient details

FAMILY NAME:

D.O.B.:

Sex: F/M

GIVEN NAMES:

Patient/parent contact details:

Email:

Mobile:

HAS THE PERSON BEEN IN CHINA (including HK and Macau) SINCE 1 FEBRUARY Y/N

Travel details prior to joining the cruise/flight:

Date	Location

Contact in Australia (if not Australian resident):

Symptoms of illness:

Measured Temp:

Other clinical notes (if applicable):

PLAN (if applicable)

CoVID-19 Response - Screening of Cruise Ships –

1. SESLHD Cruise Ship Program to Notify All Cruise Companies of New Requirements:

Cruise Ship Program to email all cruise ship companies on 13/2/20 requesting all ships arriving into NSW ports are to:

- 1.1. Confirm arrangements on accepting passengers who have been in China (including Hong Kong & Macau) or in contact with a confirmed case of CoVID-19 in the 14 days prior to embarking
- 1.2. Ensure they have stocks of viral swabs and transport medium
- 1.3. Collect a second viral swab from anyone presenting with ILI and store at 4°C
- 1.4. Notify the Cruise Ship Program of any ILI in passengers or crew (including date of onset, travel history, symptoms, and result of rapid test) who have been in a country with local transmission¹ or in contact with a confirmed case of CoVID-19 at least 48 hours out from port
- 1.5. Provide a report at least 48 hours before arrival on the number of:
 - people who have been in contact with a confirmed case within 14 days of embarking
 - people who have been in a country with local transmission of CoVID-19 within 14 days of embarking
 - people who have presented with respiratory illness or fever
 - people who have been tested for influenza, and the number of positive results
 - swabs collected for CoVID-19 testing
- 1.6. Ensure any persons with respiratory symptoms and fever are isolated and provided with alcohol based hand gel and surgical masks to wear when disembarking
- 1.7. Provide a list of people meeting the criteria in 2.7 24 hours prior to arrival
- 1.8. Retain a list of all passengers and contact details

2. Pre-arrival Procedure

- 2.1. Cruise Ship Program to maintain and disseminate to relevant PHUs list of arriving ships, including travel history and passenger numbers
- 2.2. Cruise Ship Program to monitor MARS reports and follow up with any ships on ILI greater than ?%
- 2.3. Cruise Ship Program to forward to relevant PHU pre-arrival reports received from ships
- 2.4. Should any ship's report indicate ILI in passengers who had been in countries with local transmission¹ in 14 days before onset, Cruise Ship Program to also advise PHEOC to facilitate helicopter retrieval of specimens before arrival
- 2.5. Local PHU to liaise with Health Pathology to arrange pick up and transport to SaVID-SEALS or ICPMR of viral swabs collected from other passengers
- 2.6. Local PHU to liaise with Patient Transport to be available to transport any persons requiring CoVID-19 testing to a suitable location (RPA Clinic for Sydney ports, local ED for regional ports)

¹ Currently China (including Hong Kong) and Singapore

- 2.7. Cruise Ship Program to ask the ship doctor to provide a list of all passengers who have:
- been in a country with local transmission of CoVID-19 within 14 days of **disembarking**
 - current symptoms of fever or respiratory illness (sore throat, cough, shortness of breath, rhinorrhoea)
 - been diagnosed with pneumonia on the cruise
- 2.8. Cruise doctor to arrange for all people who meet the criteria in 2.7 to be cohorted in a location for health screening prior to disembarkation
- 2.9. PHU to liaise with port biosecurity officers for arrival time and
- 2.10. PHU to arrange for at least two officers to meet each ship – suggest an environmental health officer and a registered nurse
- 2.11. PHU to confirm that any swabs from any person in 2.4 above are negative for CoVID-19 – if results are not through, or positive, notify CHBO immediately

3. Screening Passenger and Crew on Arrival

- 3.1. Screening team to arrive at port per instructions from local biosecurity
- 3.2. Screening team to have supplies of PPE including contact and droplet precautions, patient assessment forms, no touch thermometers, fact sheets and waste bags
- 3.3. Screening team to apply the patient assessment form and measure the temperature of each person in 2.7 (see detailed procedure Appendix 2)
- 3.4. Any person who has been in a country with local transmission in the previous 14 days who has a fever or respiratory symptoms to be transported to local clinic for testing
- 3.5. Any other person screened who has a fever or respiratory symptoms to be asked to self-isolate, provided with a mask, and advised to contact their GP or HealthDirect should they need medical attention
- 3.6. Well persons screened who have been in mainland China in the past 14 days should be advised to home quarantine until 14 days since leaving China passes, and provided a home quarantine fact sheet.

Annexure LG-2

From: Leena Gupta (Sydney LHD)
Sent: Sat, 15 Feb 2020 10:25:43 +1100
To: Mark Ferson (South Eastern Sydney LHD)
Cc: Jeremy McNulty; MOH-Bunker; Christine Selvey; Sean Tobin; Vicky Sheppeard (South Eastern Sydney LHD); Marianne Gale (South Eastern Sydney LHD); Kelly-Anne Ressler (South Eastern Sydney LHD); Sven Nilsson (Sydney LHD); Teresa Anderson (Sydney LHD)
Subject: Re: Cruise ships - coordination, screening teams, decision-making

Hi
Thanks Mark.

The other critical decisions are :

- 1) whether all patients with respiratory illness should now be tested with the broadening of testing criteria to 5 additional countries ,especially if there is an outbreak
- 2) on public health grounds whether the ship should not be allowed to disembark until all of those tests are confirmed negative (I say it should not be allowed if we are consistent with what is happening elsewhere)
- 3) if the ship is allowed to disembark pending tests- this will have operational and communication challenges for hospitals GPS hotels and LHDs, how will this be managed given how many ships are coming in?
- 4) what will be the process to decide next steps if there are positive results and what happens to the ship in the meantime?

We are probably ok for the ships over the weekend due to their itinerary but after that these issues need substantially thinking through. It's very challenging as we have seen with the situation in Japan and the Philippines.

Regards

Leena

Sent from my iPhone

On 15 Feb 2020, at 9:16 am, Mark Ferson (South Eastern Sydney LHD)
<[REDACTED]> wrote:

□

Hi Leena

This is a more reasonable division of responsibilities.

As this forms part of the emergency response, some responsibilities listed for SESLHD will be undertaken on behalf of and in consultation with the PHEOC. Others are PHEOC/CHBO responsibilities.

In addition, as i am concerned about the mental health of my staff, i will say that we are unlikely to be able to resource this constantly for the next week or two without completely burning out so PHEOC will need to take it on and I am happy to work out a training process for PHEOC Planning staff.

see changes below - i can't apply colour from this computer.

Mark

From: Leena Gupta (Sydney LHD)

Sent: Friday, 14 February 2020 23:31

To: Jeremy McAnulty; Sven Nilsson (Sydney LHD); Mark Ferson (South Eastern Sydney LHD); Teresa Anderson (Sydney LHD)

Subject: Cruise ships - coordination, screening teams, decision-making

HI Jeremy and Mark

This is challenging to organise at short notice firstly because SLHD has never done this before and the secondly because of the scale of the exercise, as well as the likely public scrutiny.

We need a bit more time to plan this properly from a logistics perspective. Sven has organised 3 staff to go to the Overseas Passenger terminal on Sunday to learn how it is done (he will be attending, one PHU staff member and one community health staff member). We will send more staff on Monday and Tuesday for training so that various SLHD staff are trained in doing this. SES has understands the processes at the Port, how to liaise with the authorities as well as airport screening. We do not have any of this knowledge and experience, we do not want to make errors. My understanding that our responsibilities would be at the Port, not for risk assessment whilst at sea, liaising with the ships directly etc.

In light of this could I suggest/request the following:

- 1) In the event that there is a respiratory outbreak on board the "Dream" which is docking at WBCT on Sunday- given that it is only on an Australian journey, SES Cruise Ship Programme should manage this as they would any other respiratory outbreak on a ship. SES has always managed these to date, irrespective of whether they arrive at WBCT
- 2) Several LHD staff (clinical, managerial and PHU) could be trained to do Port Screening over the period of Sunday, Monday and Tuesday. In this learning period, SES could lead the teams, we would try to provide staff for WBCT assessments
- 3) Could the finalised SOP mentioned below be forwarded to me, Sven and the HSFAC ASAP so that the staffing requirements can be organised. We also need the equipment list to organise equipment.
- 4) It is critically important to delineate roles and responsibilities.

Specifically, if we could confirm that for all ships **irrespective of Port** where the ship will be docked:

the **SES Cruise Ship Programme staff** will continue to:

- a) Liaise with all of the various bodies and individual ships as per their previous role
- b) Do a risk assessment on paper of every ship with respect to its itinerary, who is on the ship and whether they are from, as to whether it is high risk, medium or low risk for coronavirus infection, what other issues/outbreaks are on board and checks any concerns this with the Chief Human Biosecurity Officer as per their previous role
- c) Advise SLHD where relevant (based on this risk assessment) whether a team will be required for a particular ship
- d) Liaises with incoming ships about their passengers/staff with respiratory illness and sends the attached letter-

CHANGES BELOW

- e) reviews the response with the PHEOC and makes a decision as to whether pre-arrival testing for novel coronavirus of passengers/staff is required, PHEOC LOGISTICS arranges that testing, helicopter etc and SESLHD/PHEOC makes sure the logistics of this are addressed with SEALS and reviews the results;
- f) Provides the necessary paperwork to SLHD prior to the ship's arrival so that the team knows the current status and what they will be required to do for a particular ship.
- g) SESLHD/PHEOC Interprets the results of the pre-arrival testing and coordinates with the Ministry and SLHD (for WBCT) about the approach on arrival
- h) SESLHD/PHEOC Conveys by email the decision about the approach, the risk level and what is expected of the team to SLHD.
- i) PHEOC/CHBO Liaises with the Ports authority , the Human Biosecurity Officer and Captain about allowing for disembarkation after the SLHD team has done its screening and assessment and reported back the findings.

For ships arriving at WBCT where there are no positive coronavirus results from the above and where temperature and symptoms screening is required, SLHD will

- a) At the Port provide teams to WBCT to do temperature screening and triage of any unwell staff or passengers, and decide on a person by person basis for every symptomatic person the following outcomes: a) referral to hospital for those who are requiring hospitalisation as deemed by the doctors on board, b) sending to the coronavirus clinic for anyone who fits the new case definition, or c) sending home, on their way, with no specific instructions to be tested or isolate for anyone else who has respiratory symptoms.

In other words, the operational aspects of the port screening for ships coming into WBCT will be done by SLHD, the rest of the programme will remain with the SES Cruise Ship Programme.

In light of the recommendation tonight from CDNA, it might be prudent for any respiratory outbreak involving 2 or more persons who are not in the same travelling party, that anyone with respiratory symptoms as part of that outbreak is tested for novel coronavirus prior to arrival at Port.

Perhaps this has been considered in the updated SOP, but we haven't seen it.

If any cases of coronavirus are identified on a ship, we will operationalise the decisions, but communication pre-arrival and coordination of the response with the ship should remain with SES Cruise ship programme.

Could you let us know if this is a reasonable way forward and could we have the SOP (even if not quite finalised) as soon as possible so we can review and work out what we need to do. We need to be really clear on who is doing what and confirm the stakeholder communication processes.

Thanks

Leena

Annexure LG-3

From: Jeremy McAnulty
Sent: Mon, 17 Feb 2020 14:42:00 +1100
To: MOH-PHEOPlanning
Subject: Fwd: Cruise Ship Risk Assessment Meeting

Dr Jeremy McAnulty
Director, Health Protection NSW
[REDACTED]

Begin forwarded message:

From: "Leena Gupta (Sydney LHD)"
Date: 17 February 2020 at 2:38:06 pm AEDT
To: "Vicky Sheppard (South Eastern Sydney LHD)" , MOH-PHEOLogistics , Jeremy McAnulty , Sean Tobin , Christine Selvey , "Sven Nilsson (Sydney LHD)" , Tracey Oakman , Darrin Eade , MOH-Bunker
Cc: "Mark Ferson (South Eastern Sydney LHD)"
Subject: RE: Cruise Ship Risk Assessment Meeting

□

Thanks.

I had provided comments on this before but here are my additional comments

1. Suggest PHEOC convey negative results to the ship, to other government bodies, Not the "health team"- they are operational on site only on the morning of the ship arrival. Otherwise if SES is keen to maintain links with the cruise lines, authorities- they should do for all ships.
2. This is a policy, but there also needs to be a Standard Operating Procedure which is more operational, detailing who, when, where. These are practical issues which the team encountered today. This should include:
 - all the logistical information including address of SEALS
 - what staffing does a team need
 - what equipment does the team need
 - what steps should the team take when it gets to the cruise ship
 - what forms should a team should complete
 - what forms are needed to be completed for SEALS and where these forms should go after completion
 - what are the timings for SEALS and what is the address of SEALS
 - who in the PHEOC (ie which position and phone number) will be liaising with SEALS about facilitating urgent testing
 - who will be calling who, and when,
 - who are the liaison persons with the various government and port authorities before and after,

- how will formal release of the ship be communicated and documented, is PHEOC doing this and if so how
- what is the direct phone number for PHEOC during these screening operations that the screening team leader can call
- what will be the final process of deciding about a ship following the screening process. When does that call take place, who is on the call, how will those results be documented

All the necessary forms should be attachments to this SOP including the letters that are being sent to the ships. The approach would be much the same as the procedures that the immunisation nurses have when they do the school vaccination programme.

3. I would suggest a generic cruise ship email address be available so that ships are not sending emails to individuals directly and so that multiple people are not getting multiple emails from different ships, which is both confusing and poses a risk if one person is offline for a few hours then something critical could be missed. Suggest this is centralised and checked at regular intervals.

My understanding is that Kerry agreed on the weekend to centralise much of the logistical work as detailed above which does not need to be done by PHU technical staff who are already dealing with a number of complex issues in LHD-land or the Ministry clinical staff.

Whilst I agree that the risk assessment process should be high level and involve PHU Director level personnel, much of the rest is logistical.

As discussed with a prolonged containment phase, it's important that our scarce and highly trained public health staff in the Ministry and LHDs are not doing operational and logistic work which could be done by managers or similar. Staff in our two LHDs are doing long days and lots of overtime already and we need to prevent burnout.

I made the suggestion to pull together a centralised cruise ship team from capacity in other LHDs (that could work remotely for the cruise ship season), to ensure continuity, promote efficiency and that can do much of these functions. Suggest this is included in the SOP

Leena

Dr Leena Gupta

Clinical Director | **Public Health**

Tel [REDACTED] | Fax [REDACTED] | Mob [REDACTED]

<http://www.slhd.nsw.gov.au/populationHealth/PHU.html>

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From: Vicky Sheppeard (South Eastern Sydney LHD)

Sent: Monday, 17 February 2020 2:03 PM

To: MOH-PHEOLogistics ; Jeremy McAnulty ; Sean Tobin ; Christine Selvey ; Leena Gupta (Sydney LHD) ; Sven Nilsson (Sydney LHD) ; Kelly-Anne Ressler (South Eastern Sydney LHD) ; Tracey Oakman ; William Rawlinson (NSW Health Pathology) ; Darrin Eade ; MOH-Bunker

Cc: Isabel Hess (Sydney LHD) ; Zeina Najjar (Sydney LHD) ; Emma Quinn (Sydney LHD)

Subject: RE: Cruise Ship Risk Assessment Meeting

[Updated policy for discussion.](#)

[Vicky << File: Cruise Screening Policy DRAFT 1702.docx >>](#)

-----Original Appointment-----

From: MOH-PHEOLogistics

Sent: Monday, 17 February 2020 10:55 AM

To: MOH-PHEOLogistics; Jeremy McAnulty; Sean Tobin; Christine Selvey; Leena Gupta (Sydney LHD); Sven Nilsson (Sydney LHD); Mark Ferson (South Eastern Sydney LHD); Vicky Sheppeard (South Eastern Sydney LHD); Kelly-Anne Ressler (South Eastern Sydney LHD); Tracey Oakman; William Rawlinson (NSW Health Pathology); Darrin Eade; MOH-Bunker

Cc: Isabel Hess (Sydney LHD); Zeina Najjar (Sydney LHD); Emma Quinn (Sydney LHD)

Subject: Cruise Ship Risk Assessment Meeting

When: Monday, 17 February 2020 3:30 PM-4:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Dial In: 1800 108 839 - Code: [REDACTED]

Hello,

Please find this time for the Daily Risk Assessment for the incoming cruise ships

For quick reference, the below is an incoming Cruise Ship Listing **up to and including 23rd of February**
Cruise Ship Schedule updated per Kelly-Anne's email, 17.02.2020

<< OLE Object: Picture (Device Independent Bitmap) >>

Kind Regards

Mandy Fung

Logistics

Public Health Emergency Operations Centre (PHEOC) | **NSW Ministry of Health**

Tel [REDACTED] | [REDACTED]

<https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx>

<< OLE Object: Picture (Device Independent Bitmap) >>

Annexure LG-4

From: Leena Gupta (Sydney LHD)
Sent: Mon, 24 Feb 2020 12:56:49 +1100
To: Emma Quinn (Sydney LHD); Zeina Najjar (Sydney LHD); Jennifer Thorncraft (Sydney LHD); Sven Nilsson (Sydney LHD)
Subject: FW: Cruise ship industry letter
Attachments: Enhanced COVID-19 procedures for cruise line industry.pdf

Dr Leena Gupta

Clinical Director | **Public Health**

Tel [REDACTED] | Fax [REDACTED] | Mob [REDACTED] | [REDACTED]
<http://www.slhd.nsw.gov.au/populationHealth/PHU.html>



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From: Caitlin Swift (Ministry of Health) **On Behalf Of** MOH-PHEOOperations
Sent: Monday, 24 February 2020 12:53 PM
To: Leena Gupta (Sydney LHD) <[REDACTED]>
Cc: MOH-PHEOOperations <[REDACTED]>
Subject: Cruise ship industry letter

Hi Leena

As discussed, the letter sent from the Ministry to cruise ship industry is attached.

Kind regards

Caitlin

Operations Team | [REDACTED] |
Public Health Emergency Operations Centre
[REDACTED]
Tel (02) 9391 7056 | www.health.nsw.gov.au



Health



**IMPORTANT INFORMATION FOR CRUISE SHIP OPERATORS:
MEASURES TO CONTAIN THE RISK OF COVID-19 SPREAD**

Dear Cruise Ship Industry Representative,

The cruise ship industry provides important services for the community and visitors to NSW. I appreciate that the industry has been very active in taking measures to minimise the risk of an outbreak of COVID-19 among passengers and crew.

The recent outbreak of COVID-19 on the Diamond Princess cruise ship in Japan demonstrates the serious impact this disease can have in cruise ship environments.

To further reduce the risk in NSW, NSW Health has instituted a number of enhanced measures to assess the risk of COVID-19 in cruise ships entering NSW ports, and manage any cases detected in passengers or crew. These are in addition to existing requirements under the *Biosecurity Act (2015) (Commonwealth)*.

To assist in protecting cruise ship passengers and crew, I seek your urgent assistance to confirm that each cruise ship docking in NSW is able to meet the attached guidance, *Enhanced COVID-19 Procedures for the Cruise Line Industry*. Please make sure this is shared with relevant staff, particularly the medical team for each ship.

Should any sample test positive for SARS-CoV-2, the virus causing COVID-19, then a major public health response will be mounted to investigate and manage a potential outbreak and to reduce the risk of further infection among passengers, crew and the broader community.

I appreciate your ongoing efforts to help prevent outbreaks of COVID-19 on cruise ships and the broader community.

I would appreciate your response to [REDACTED]@health.nsw.gov.au. If you have any questions please contact this email address, or Dr Sean Tobin, [REDACTED].

Yours sincerely

Dr Kerry Chant PSM

Deputy Secretary, Population and Public Health
and Chief Health Officer
NSW Ministry of Health



Enhanced COVID-19 Procedures for the Cruise Line Industry

Supplies

Each cruise ship vessel should ensure that they have sufficient supplies of materials to manage a respiratory outbreak on board, including:

- face masks, alcohol hand rub for ill passengers and crew
- personal protective equipment for clinic staff.

Procedures to identify and manage cases of respiratory infection

Cruise ship vessel staff should ensure that:

- They actively identify and passengers or crew with respiratory symptoms (cough, sore throat, fever or difficulty breathing) and ask them to attend the medical clinic for free assessment and management 12 – 24 hours before arrival
- Passengers who may be infectious are appropriately isolated
- An accurate electronic list of all passengers and crew, including mobile/home phone number/email addresses can be provide to NSW Health within 1 hour of a request should a confirmed case be identified after disembarkation
- All passengers are advised that they may be contacted if a fellow passenger is later found to be positive for COVID-19.

Reporting requirement to NSW Health

At least 24 hours before arrival at port - each cruise ship vessel should ensure that the following information is provided to NSW Health:

- A copy of full acute respiratory diseases (ARD) log (including details of patients presenting with fever or acute respiratory illness, a list of countries they have visited in the 14 days prior to embarkation, and results of rapid influenza testing)
- A list of any passengers and crew who have been in contact with a confirmed case of COVID-19 within 14 days before embarking (if known)
- A list of passengers and crew who have been in China (including Hong Kong), Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation
- Number of swabs collected for COVID-19 testing. If respiratory swabs are collected during a cruise (i.e. for rapid flu testing), please store at fridge temperature so they can be taken for COVID-19 testing
- The details for any identified respiratory outbreak on board ¹
- A list of the on-board medical staff and their contact details
- A list of any planned medical disembarkations
- A list of any deaths during the cruise, including cause of death.

Please note that the ship will not be granted pratique / allowed to disembark passengers or crew until given clearance by the Human Biosecurity Officer.

¹ A respiratory outbreak is defined as >1% of people on board affected. Smaller numbers of cases with mild respiratory illness are expected and do not necessarily represent an outbreak.

Pre-arrival preparations for Health Screening

NSW Health will conduct a risk assessment based on the aforementioned information. The risk assessment will determine if enhanced health screening is required by the Health Team prior to disembarkation. NSW health will notify the ship the day before arrival into port if enhanced health screening is required.

If a Health Team is to conduct enhanced health screening for COVID-19, ships are required to make a series of announcements **the day before arrival** (and if possible provide written communication) to notify passengers and crew that the following people will be required to present for assessment by a Health Team prior to disembarking:

- Anyone who is feeling sick with respiratory symptoms or fever or
- Anyone who is a close or casual contact of a confirmed case or
- Anyone who has travelled or transited through mainland China (regardless of current physical health status)
- Anyone who has travelled (excluding transit) in Hong Kong, Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation (regardless of current physical health status).

The Ship should then:

- Designate a senior officer, for example the Hotel Director, to liaise with the Health Team both prior to boarding and whilst on the vessel.
- Arrange a suitable space on the ship for the assessment. This should be a large, open area (e.g. function room, conference room) capable of holding at least 60 people, set up with 4 stations consisting of a desk and 3 chairs.
- Please provide separate seating and bottled water for those waiting for assessment and hand rub dispensers at entry and exit points.
- Ensure that any crew or passengers requiring assessment are wearing a surgical mask while waiting.
- Have medical and other staff available to facilitate the assessment process, including bilingual staff if relevant (wearing surgical masks).
- Assign sufficient crew to check the contact details of passengers and crew being assessed, and to assist with crowd control and flow of people.

The Ship's medical team will be requested to assist in the collection of swabs for any passengers and crew as requiring testing to exclude COVID-19.

The following procedures should be used to collect nasopharyngeal swabs:

- Collect two viral swabs using droplet precautions. One swab can be used for rapid influenza testing on board immediately but the other swab must be placed in a sheath/tube (preferably transport medium) and stored in a refrigerator in preparation for disembarkation and COVID-19 testing. Samples that do not meet biohazard standards will not be processed and will need to be retaken.
- Ensure the sample is fully labelled with at least 3 points of ID (name, DOB, address), and accompanied with a pathology request form. Please ensure that any test results or collections are noted on the ARD log.
- Once the test has been taken, the passengers staying on the ship should be advised to self-isolate in their rooms, and be provided with face masks and alcohol hand rub.
- Any samples taken on board will be forwarded to the lab for COVID-19 testing on arrival into the port (even if the passenger's symptoms have resolved).

Enhanced COVID-19 Procedures for the Cruise Line Industry

- If an individual room is not possible, then face masks should also be supplied to any room-mates and advice given regarding strict hand hygiene and limiting contact.
- Disembarking passengers will be given isolation instructions to follow while they wait for their results.

Should any sample test positive for SARS-CoV-2, the virus causing COVID-19, then a specific NSW Health public health response will be mounted to investigate and manage any potential outbreak, in close coordination with senior Ship staff and the Cruise Line operator.

Annexure LG-5

From: Leena Gupta (Sydney LHD)
Sent: Wed, 26 Feb 2020 16:59:27 +1100
To: Jeremy McNulty; Sean Tobin; MOH-PHEO Planning; Mark Ferson (South Eastern Sydney LHD); Bradley Forssman (Nepean Blue Mountains LHD); Rebecca Hogbin (Sydney LHD); Sven Nilsson (Sydney LHD)
Subject: Cruise ship procedure responses
Attachments: NSW Cruise Ship COVID-19 Case ~ Procedure - Draft 24 Feb 2020. SLHD feedback..docx

Hi

I missed the discussion yesterday so it's likely some of our comments are covered, but here are comments from PHU staff at SLHD collated by Rebecca.

Regards

Leena

Dr Leena Gupta

Clinical Director | **Public Health**

[Redacted]

Tel [Redacted] | Fax [Redacted] | Mob [Redacted] | [Redacted]
<http://www.slhd.nsw.gov.au/populationHealth/PHU.html>



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NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES IN PASSENGERS OR CREW

DRAFT 24 Feb 2020

This procedure describes response measures and communication mechanisms in response to the detection of one or more confirmed cases of COVID-19 disease among travellers (passengers and crew) on a cruise ship that is soon to dock, or a has already docked, in a NSW port.

A similar procedure would be used in the event of a confirmed case of COVID-19 in a crew member or passenger on another maritime vessels in NSW, such as a cargo vessel.

This document does not refer to the enhanced COVID-19 screening procedures for cruise ships which are described in a separate policy document.

Commented [IH1]: Should this be Suspected since it is not usually known prior to the ship docking whether the result will be positive or negative?

Commented [TS2]: I meant this is just for confirmed cases. It should not cover scenarios that don't include confirmed cases.
There is a separate document that talks about the screening process.

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This procedure should be read in conjunction with the policy document 'Cruise ship COVID-19 assessment procedure for ports of first entry into Australia.'

1. SCENARIOS

A traveller may be identified as a confirmed COVID-19 case in four main scenarios. Each scenario requires a tailored response, particularly with respect to the identification, assessment and management of traveller contacts.

1.1 Scenario 1: A possible case is identified pre-arrival

In this scenario, the cruise ship medical team have identified a possible case of COVID-19 prior to arrival. This ship will be considered **high risk** as defined in 'Cruise ship COVID-19 assessment procedure for ports of first entry into Australia'. Pre-collected specimens from the ship will be obtained for COVID-19 testing before docking and a NSW Health Team will be sent to the vessel prior to disembarking to assess the situation. All passengers and crew will remain on the ship until the test results of unwell passengers is received. (Figure 1).

Positive test results

If one (or more) passengers or crew return a positive result they will be transferred to hospital or their home/appropriate accommodation depending on the severity of their symptoms (refer to section 2 for detailed information on case management). **Statewide risk assessment teleconference and follow up teleconference required.**

All other passengers and crew will undergo rapid on board screening and education before disembarking. Passengers and crew identified as close contacts will be required to undergo self-isolation for 14 days.

Negative test results

The cruise ship will be re-classified as 'low risk' and all passengers and crew are allowed to disembark.

1.2 Scenario 2: A possible case is identified during a NSW Health Team assessment after docking

In this scenario, a cruise ship has been assessed as **medium or high risk** for COVID-19, as defined in the 'Cruise ship COVID-19 assessment procedure for ports of first entry into Australia'. A NSW Health Team will be sent on board the vessel after docking and before disembarkation to assess any suspected cases and collect specimens for testing.

Following a medium risk classification, the cruise ship will be processed by the LHD Health Assessment Team and all passengers and crew would disembark with a 'Novel Coronavirus (COVID-19) Cruise Ship Factsheet' (Appendix X). Unwell passengers or crew who have been tested can disembark if they are able to self-isolate or stay in alternative accommodation (arranged by the PHU) until their test result is received (Figure 1).

Positive test results

If one (or more) passengers or crew members return a positive result for COVID-19, a rapid contact protocol will be used to contact all passengers and crew (Appendix X). All passengers and crew identified as close contacts will be required to self-isolate for 14 days following disembarkation from the ship. Further detail is provided in section three. Detailed information regarding transportation and accommodation is outlined in section 4. **Statewide risk assessment teleconference and follow up teleconference required.**

Negative test results

Commented [IH3]: I can only see three scenarios?

Commented [CD4]: Comment from previous version: Alternatively a positive case may be identified in a traveller who has recently disembarked in another port and tested positive, with likely exposure of other travellers still on the ship- is this more a risk assessment issue? i.e. this would be classified as high risk.

Commented [IH5]: Further down in the document all positive cases are transferred to hospital?

Commented [RH6]: (LG) What is the definition of this? Does it mean testing of all symptomatic fevers, ?close contacts ?need to clarify.

Commented [IH7]: Would this be the cruise ship factsheet?

Commented [ZN8]: What advice are they being given? Won't everyone be at least a casual contact? And can distinction confidently be made between close and casual contacts in this setting? Need to have correct contact details – what about those with no local phone etc?

Commented [ZN9]: How will this assessment be made?

Commented [IH10]: Where is this to happen for a large cruise ship? Presumably most passengers are not from Sydney or surrounds, therefore it could be problematic to accommodate this many people in self-isolation

Commented [IH11]: It might be worthwhile repeating here what constitutes a high risk versus a medium risk assessment?

Commented [IH12]: What happens following a high risk classification? This is in the index on page 4 but missing here. I guess that would make four scenarios?

Commented [IH13]: Presumably these are all low risk cases, therefore they can disembark? This is why it would be good to repeat what constitutes a high risk versus medium risk assessment of a ship

Commented [RH14]: (LG) Not by PHU. These will be many. It needs to be escalated through welfare plan.

Commented [IH15]: Again, how do we distinguish between close and casual contacts in this context?

The cruise ship will be re-classified as 'low risk' and all passengers and crew are allowed to disembark.

Commented [ZN16]: Confusing as they would already have disembarked as per further up.

Commented [IH17]: Haven't they already disembarked?

1.3 Scenario 3: A case is identified in the days after the passenger or crew member disembarked the ship

This scenario could apply to cruise ships classified as low, medium or high risk as cases may be identified soon after local disembarkation through testing in NSW or testing in states/countries where the person has travelled to after disembarking.

Under this scenario, a rapid contact protocol will be used to contact all passengers and crew. All passengers and crew identified as close contacts will be required to self-isolate for the 14 day period following disembarkation (the length of self-isolation will vary depending on when the positive case is identified and when the passengers and crew disembarked the ship). For example, if a positive case is identified 10 days post disembarkation, passengers and crew will need to self-isolate for the remaining 4 of the 14 day period.

Commented [IH18]: Refer to correct appendix here would be useful – I'm assuming same protocol as in 1.2?

Commented [ZN19]: Critical to have contact information

Commented [IH20]: See above

Commented [TS21]: This section was just meant to describe how a confirmed case might be identified. I could only think of three. It was not meant to consider suspected or negative cases or go into detail about how confirmed cases would be managed – that is the next section.

2. Confirmed COVID-19 cases

2.1 Case management

Isolate suspected cases in a single room with negative pressure air-handling and an en-suite bathroom (if available). Use standard and transmission-based precautions (contact and airborne).

2.2 Isolation arrangements

The passenger should be isolated until further arrangements for admission to a tertiary hospital have been made. The passenger should follow the advice available on the NSW Health website:

Confirmed cases:

<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/advice-for-confirmed.aspx>

2.3 Transport

NSW Ambulance will transfer all confirmed cases from the cruise ship to the tertiary hospital.

2.4 Reporting

Public health units should immediately notify PHEOC of suspected cases linked to an Alert Case Cluster, and Confirmed cases and enter onto the NCIMS database within one working day of notification/report.

PHEOC Operations should immediately notify the State Public Health Controller and State Deputy Public Health Controller.

The State Public Health Controller or delegate will notify the Minister's Office and the National Incident Room.

PHEOC will liaise with communications and media to develop media releases as requested.

3. Close or casual contacts

3.1 Classification of close or casual contacts

CDNA

According to the Communicable Diseases Network Australia (CDNA) National Guidelines for Public Health Units, classification of contacts on cruise ships with one or more confirmed cases of COVID-19 should be made on a case-by-case basis.

Close contacts on cruise ships can be difficult to identify, and a case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts

Casual contacts may include passengers and crew onboard the same cruise ship as a symptomatic confirmed case (or cases), who are not considered to be close contacts

NSW Health

Scenario 1: A possible case is identified pre-arrival

- The cruise ship is classified as high risk and all passengers and crew will not be permitted to disembark.
- Assuming the confirmed case was symptomatic on-board, all passengers and crew will be classified as close contacts.

Commented [IH22]: Is this just for confirmed cases as the title implies or for suspected cases? Confusing.

Commented [ZN23]: Where will this be if they don't have a home or hotel room to go to? Is it appropriate to send them to hotel?

Commented [ZN24]: Not always going to be possible – either off-shore or on ship.

Commented [SSWAHS25]: This should be clarified as it is different to the current recommendations in the SONG which notes single room with contact and droplet precautions unless AGPs

Commented [IH26]: If this is for suspected cases, I wonder if ships have these requirements available? Or is this for confirmed cases once admitted to hospital?

Commented [IH27]: Further above in section 1, this procedure states the following: "will be transferred to hospital or their home/appropriate accommodation depending on the severity of their symptoms" Here you state the positive

Commented [ZN28]: Should be consistent with guidelines, i.e. only for aerosolising procedures etc

Commented [RH29]: (LG) Will be OK if a few, if may → needs escalation to distribute

Commented [ZN30]: Need to consider scenarios where they have family members they need to be with, e.g. elderly, children etc. Welfare issues also

Commented [ZN31]: How will communication occur? Through who?

Commented [TS32]: This section is about reporting the fact that we have a new confirmed case, not about cruise ship reporting. E.g. Jeremy, CHO, Minister's Office, Commonwealth NIR, Media

Commented [ZN33]: Does this mean all cases that are tested?

Commented [TS34]: Yes but we need to describe the process we will undertake to classify contacts. Who will be involved, what information will we need, how will we go about it.

Commented [IH35]: It would be good to have clearer guidelines, at least guidance on what type of information

Commented [ZN36]: Need much clearer guidelines. Given the nature of cruise ships, it will be difficult to

Commented [CD37]: Comment from previous version: Alternatively a positive case may be identified in a traveller

Commented [ZN38]: Until when? Test results available?

Commented [SSWAHS39]: This is confusing when this scenario is addressing a possible case. Is this meant to be in

Commented [IH40]: So therefore, wouldn't all cruise ship passengers and crew be close contacts for any other

Commented [SSWAHS41]: This is also confusing that it is ALL passengers when the definition for close contacts

- All symptomatic passengers and crew will be tested immediately by the Health Assessment Team. They will remain on-board until test results are returned.
 - Negative result: can return home or accommodation for 14 days isolation with a welfare pack if they have appropriate transport and isolation arrangements (See transport and accommodation protocol)
 - Positive result (confirmed case): transported to hospital as per confirmed case management guideline above
- Close contacts who are not symptomatic can return home if they live in Sydney, their own private transport or we provide transport
 - Close contacts who do not have appropriate isolation accommodation or transport – activate SEOC plan

Scenario 2: A case is identified after testing during a NSW Health Team assessment after docking, passengers disembarked

The PHEOC and PHU will need to classify whether cruise ship passengers and crew are close or casual contacts. The following information needs to be collected:

- If the confirmed case is a resident of NSW, the relevant PHU where the case resides should interview the case. All other cases will be interviewed by PHEOC.
- Interview confirmed case, ascertain where they have been.
 - If they isolated themselves ASAP, people will be casual contacts – Service NSW
 - If they did not isolate, classify close contacts
 - Is the cruise cohorted in anyway e.g. adult section?
- Option 1: Obtained a detailed history – send to all passengers and crew onboard
- Option 2: Classify passengers and crew as known close contacts or presumed close contacts
 - Known close contacts – isolated, tested if symptomatic
 - Presumed close contacts – risk assessment or assume all are close contacts and isolate

Scenario 3: A case is identified in the days after the passenger or crew member disembarked the ship

- If the case has become symptomatic after the ship, everyone on the cruise will be assessed as casual contacts.
- If the person was symptomatic while onboard, please refer to Scenario 2 above

3.2 Close contact management

Cruise ships should provide a full list of passengers and crew. Further details will be collected by the LHD assessment team.

Close contacts of confirmed cases are required to be isolated and monitor their health until 14 days after last exposure to the infectious person.

Initial communication

Service NSW will contact passengers through the following methods:

- SMS – Passengers will receive an SMS via Prodocom notifying them of a positive case
- Email – Passengers will receive an email asking them to contact Service NSW or their local Public Health Unit and including website link to resources
- Phone call – Passengers will receive a phone call from Service NSW on behalf of NSW Ministry of Health to notify of them of their contact and their need to self-isolate.

Commented [ZN42]: ?in symptomatic contact being tested

Commented [IH43]: Again, conflicting with section 1 above where a positive case could go home

Commented [ZN44]: Refer to self-isolation, advice etc

Commented [ZN45]: This contradicts the table below.

Commented [ZN46]: As above, this distinction may be difficult to make. If passenger was symptomatic on board it is best to be cautious

Commented [SSWAHS47]: Again confusing when scenario 1 states all passengers and crew identified as close contacts if confirmed symptomatic on board

Commented [RH48]: (LG) Needs to be coordinated centrally.

Commented [ZN49]: Of the port or of LHD of residence?

Commented [RH50]: (LG) Ask about specific activities, places visited on the cruise.

Commented [IH51]: The close contact definition now includes people in close contact 24h prior to symptom onset – likely this is the whole cruise ship...

Commented [RH52]: (LG) ?After what

Commented [IH53]: These are the kinds of questions that may possibly help to distinguish close versus casual contacts.

Commented [IH54]: As in where they have been on the ship whilst infectious?

Commented [SSWAHS55]: This is unclear. Is this a detailed history from the case that is being shared with all passengers and crew? Is this meant to guide risk assessment of level of contact? If so how is this being collected for all passengers and crew

Commented [IH56]: Disembarking the ship – would we need to add the 24hours prior to developing symptoms?

Commented [CD57]: Service NSW questions/Planning response

• Customer data (format, content, etc.) – I understand the cruise ship companies would provide an excel (?csv) file of names of passengers (in the event of a case on board)

• Preferred first contact method (SMS, email, outbound call) – I understand that the sms and email won't be sent by Service NSW but prodocom(?). The outbound call would be to confirm that they got the msg about a case and that they should be in isolation

• First contact key messaging – key messages would be there has been a confirmed case, that they are a contact and should be in isolation (provide relevant advice in regards to being in isolation and when to seek medical attention)

Commented [IH58]: What about the crew? Do they remain on the cruise ship? Would they have to disembark

Commented [IH59]: The majority of tourists/visitors staying in Sydney would be calling SESLHD or SLHD –

Commented [ZN60]: Not appropriate. This could be up to thousands of patients, in various LHDs. Process of initial

Accommodation and transport

Transport for close contacts will correspond with HealthShare NSW Coronavirus Plan – Transporting passengers. The plan will transport between 400 and 4,000 passengers from cruise ships to accommodation in Sydney.

PHUs will arrange accommodation as required.

Scenario	Accommodation	Transport
Scenario 1: A possible case is identified pre-arrival	All close contacts will not be permitted to disembark and must remain in isolation on-board until 14 days after last contact with the confirmed case.	Not permitted to disembark.
Scenario 2a: Medium risk ship: A case is identified after testing during a NSW Health Team assessment after docking	All close contacts will not be permitted to disembark and must remain in isolation on-board until 14 days after last contact with the confirmed case.	Not permitted to disembark.
Scenario 2b: High risk ship: A case is identified after testing during a NSW Health Team assessment after docking	Passengers must self-isolate at home as per the <i>Home isolation guidance for close contacts factsheet</i>	
Scenario 3: A case is identified in the days after the passenger or crew member disembarked the ship	Passengers must self-isolate at home as per the <i>Home isolation guidance for close contacts factsheet</i>	

Commented [IH61]: Accommodating a potential 4,000 passengers and crew would be a massive task... Not sure it is appropriate for PHU to arrange

Commented [ZN62]: Not appropriate. Which PHU is being referred to? SES and/or SLHD? What about Sydney residents in other LHDs that don't have appropriate accommodation. Where would available accommodation be located? For a potentially large group of people, no one LHD will be able to accommodate so many people.

Commented [TS63]: This is a critical point and needs detail.

Commented [RH64]: (LG) Absolutely not possible. This needs to be escalated to welfare or CE, not the PHU.

Commented [IH65]: Suspected? Or anyone under investigation?

Commented [IH67]: As in all passengers and crew – should be clear

Commented [IH69]: Until result available? Otherwise it does not align with scenario 1 above

Commented [ZN70]: This contradicts what is said in Scenario 1 above.

Commented [IH66]: Add here that this would be a high risk ship

Commented [IH68]: In scenario 1 above it states passengers and crew can disembark once result available and then home isolate

Commented [ZN72]: As above

Commented [IH71]: As above

Commented [IH73]: This scenario is not discussed above. Why do close contacts from a medium risk ship need to stay onboard and close contacts from a high risk ship can go home? This needs revising for consistency and scenarios described in above sections

Commented [ZN74]: Is this in addition to initial contact? Need to establish early that they have what they need in isolation etc.

Commented [CD75]: To be confirmed with logs

Symptom and welfare monitoring

Service NSW will conduct a welfare check of all cases and contacts after 1 week of isolation.

Plan daily symptom check using NCIMS automated system linked to PHU workflows if no response or symptoms reported.

Response plan for symptomatic contacts

PHEOC will deliver home isolation kits to PHUs for all cases and contacts requiring isolation. The kit includes:

- 1x bag
- 1x Aqium sanitizer
- 5x surgical masks
- COVID-19 and home isolation guidelines and factsheets

3.3 Casual contact management

Casual contacts of confirmed cases are required to monitor their health until 14 days after last exposure to the infectious person.

Initial communication

Service NSW to send SMS via Prodocom notifying them of positive case.

Service NSW will follow-up communication.

Further communications

4. Interstate and overseas contacts

4.1 Interstate contacts

Procedure for communicating to other states if contact have travelled on

- Contact the respective State Communicable Disease Branch, cc National Incident Room
- The state will be responsible for contact follow-up
- NIR is responsible for overall coordination **if required**

Commented [RH76]: (LG) National coordination important.

4.2 Overseas contacts

Contact the National Incident Room with details of the passenger (contact information, travel plans etc.). The NIR is responsible for contacting the appropriate health or border authority in the country

5. Legal aspects

COVID-19 is a scheduled medical condition - Schedule 1, Category 2 and 4 in NSW under the *Public Health Act*. The following actions are sanctioned:

- If the Secretary, NSW Health suspects someone has COVID-19 and may be a risk to public health, she can order that they undergo an examination. This power is delegated to the Chief Health Officer - s61
- The Chief Health Officer, NSW Health can make a public health order in relation to someone who has COVID-19 or is a contact of someone with COVID-19, if they are at risk to public health - s62 and Schedule 1 and Schedule 1A
- A public health order may order that the person refrain from certain conduct, undergo treatment or counselling or in serious cases order the detention of the person - s62
- Public health orders are time limited and can require a review by NCAT - s62, s63, s64, s65 and s66
- It is an offence not to comply with a public health order (maximum penalty 100 penalty units and/or six months imprisonment) - s70
- The Chief Health Officer may apply for a warrant if a person is contravening a public health order, and the police can arrest the person. Police assistance can be sought to serve an order on a person - s71
- A person subject to a public health order ordering their detention can also be arrested if they escape from a place they are detained under a public health order - s72
- The Minister for Health and Medical Research also has extensive powers to manage serious public health risks that include preventing access to areas. This generally requires an order in the gazette and lasts 90 days and would generally only be considered in a state of emergency or similar situation - s7 and s8

6. Resources

Close contact factsheet

<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx>

Home Isolation Guide for travellers

<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx>

Frequently asked questions

<https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx>

Appendix 1: Flow chart - scenarios

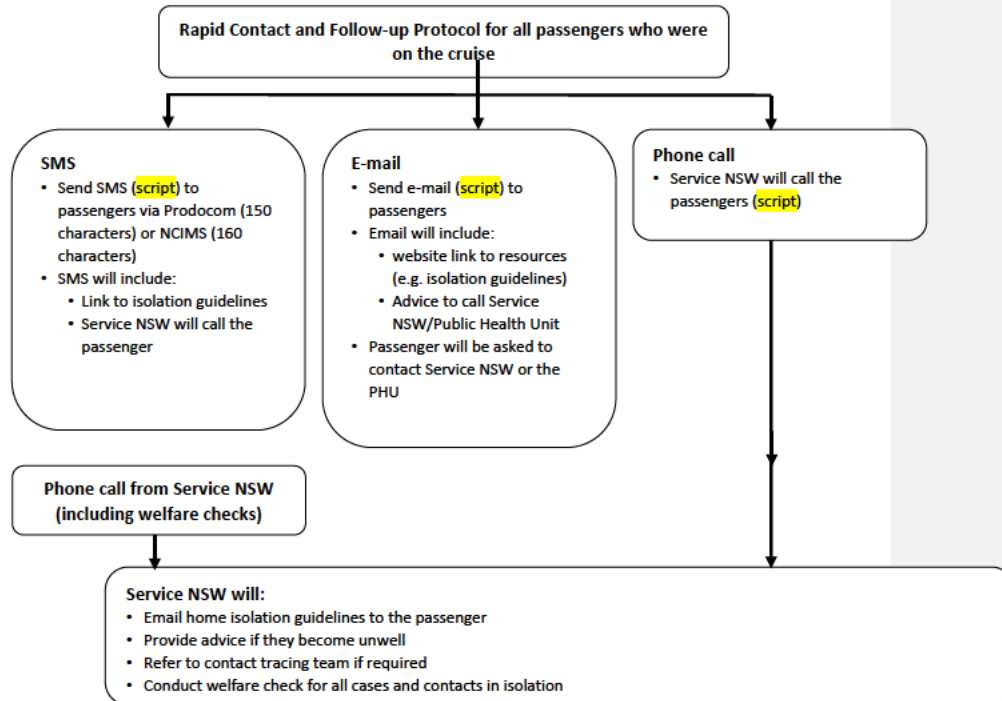
Scenario 1: **A possible case is identified pre-arrival**

Scenario 2: A case is identified during a NSW Health Team assessment after docking

Scenario 3: A case is identified in the days after the passenger or crew member disembarked the ship

Appendix 2: Rapid Contact and Follow-up Protocol for close contacts

Commented [IH77]: Passengers and crew in below table – or who will be following up crew?



Appendix 2: Script (draft)

Text message	The text message options are limited to either 150 characters for NCIMS or 160 characters prodocom.
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	"A passenger on your cruise has been diagnosed with coronavirus. Click [here] for more information. NSW Health will contact you further." (134 characters)
Email	<p>"Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19). NSW Health is following up ALL NSW residents that were on this cruise.</p> <p>All passengers are advised to self-isolate and wear a mask for 14 days following day of disembarkation. You should not attend work or school, and should not leave your home or hotel to go shopping until [date of 14 days of isolation]. Further information regarding home isolation and answers to frequently asked questions is provided below.</p> <p>You will receive a call from Service NSW on behalf of NSW Health to provide you with an opportunity to discuss any further questions you may have.</p> <p>Please reply to this email or contact xxxx xxxx between [give the bunker hours xxx] for further enquiries.</p> <p>Close contact factsheet https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx</p> <p>Home Isolation Guide for travellers https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx</p> <p>Frequently asked questions https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx</p> <p>Yours Sincerely,"</p>
Service NSW call	<p>"Hi, this is ... and I'm calling from Service NSW on behalf of the NSW Ministry of Health. We've been advised that you were recently a passenger on board (name of vessel, date of arrival).</p> <p>One of the other passengers has been confirmed as having novel coronavirus also known as COVID-19. All passengers need to home isolate for 14 days from the day of disembarkation. This means you should not attend work or school, and should not leave your home or hotel to go shopping until midnight of [date of 14 days of isolation].</p> <p>If you are sharing your home with other people who are not in home isolation, you should try to separate yourself as much as possible. It is recommended that you:</p> <ul style="list-style-type: none"> • wear a surgical mask when you are in the same room as someone not in

Commented [IH78]: Different message for crew members? Or will this all go via the cruise ship? What if the crew members disembarked?

Commented [GC79]: Reply is not possible via Service NSW

Commented [GC80]: Who are they best to call?

Commented [KM81]: Jeremy s comment 23.2

	<p>home isolation</p> <ul style="list-style-type: none">• use a separate bathroom, if available• avoid shared or communal areas and wear a surgical mask when moving through these areas, and• not have other people visit your home while you are in isolation (except to deliver groceries and other supplies and you should wear a facemask if you are face to face with anyone delivering things). <p>If you develop symptoms, including cough, sore throat, fever or difficulty breathing, please contact your public health unit on XXXX (I think we would want to know about each one) or in an emergency you should arrange to see your GP or local emergency department. Please ensure you phone a head to let the staff know your travel history.</p> <p>You will be provided information regarding home isolation via email and you can access further information regarding novel coronavirus on the NSW Health Website. If you have not yet received this information, please give me your email address I can send it to you now"</p>
--	---

Commented [KM82]: Jeremy s comment 23.2

Annexure LG-6

From: Isabel Hess (Sydney LHD)
Sent: Wed, 4 Mar 2020 14:39:46 +1100
To: Leena Gupta (Sydney LHD)
Subject: RE: Updated Enhanced COVID-19 screening advice for Cruise Lines

Yes agree – that document I just sent you however is just the letter/information Sean wants to send to the cruise line industry.

I'm currently also reviewing the SOP that Vicky sent and the latest cruise ship response procedure for confirmed cases that Sean sent. There was three documents overall to review!

I'll send to you when done.

Isabel

From: Leena Gupta (Sydney LHD)
Sent: Wednesday, 4 March 2020 2:36 PM
To: Isabel Hess (Sydney LHD) <[REDACTED]>
Subject: RE: Updated Enhanced COVID-19 screening advice for Cruise Lines

Thanks. Basically my issue is everything should be centralised until they get into Port.

I haven't had a chance to look through but will do it today thanks that's great. I can't recall if I sent it to Sven, I think I did but he was busy.

Dr Leena Gupta

Clinical Director | **Public Health**

[REDACTED]

Tel [REDACTED] | Fax [REDACTED] | Mob [REDACTED] | [REDACTED]
<http://www.slhd.nsw.gov.au/populationHealth/PHU.html>



Please note new email address

=====

"This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please destroy it and notify the sender. Views expressed in this message are those of the individual sender, and are not necessarily the views of Sydney Local Health District."

From: Isabel Hess (Sydney LHD)
Sent: Wednesday, 4 March 2020 2:17 PM
To: Leena Gupta (Sydney LHD) <[REDACTED]>
Subject: FW: Updated Enhanced COVID-19 screening advice for Cruise Lines

Hi Leena

Were you going to provide feedback to Sean?
I have looked through the information for cruise industry and attached some comments here.
Do you want me to incorporate yours and then send together?
Isabel

From: Sean Tobin
Sent: Tuesday, 3 March 2020 4:29 PM
To: Mark Ferson (South Eastern Sydney LHD) <[REDACTED]>; Leena Gupta (Sydney LHD) <[REDACTED]>; Bradley Forssman (Nepean Blue Mountains LHD) <[REDACTED]>; Vicky Sheppard (South Eastern Sydney LHD) <[REDACTED]>; Kelly-Anne Ressler (South Eastern Sydney LHD) <[REDACTED]>; Isabel Hess (Sydney LHD) <[REDACTED]>
Cc: Jeremy McAnulty <[REDACTED]>; Christine Selvey <[REDACTED]>; MOH-PHEOPlanning <[REDACTED]>; MOH-PHEOOperations <[REDACTED]>
Subject: Updated Enhanced COVID-19 screening advice for Cruise Lines

Hi All

Draft update as discussed for your comments.
I thought this would be emailed as a follow-up to the previous correspondence, without a new cover letter.

Best regards
Sean

Dr Sean Tobin

Medical Epidemiologist
Manager, Respiratory and Biopreparedness
Communicable Diseases Branch | **Health Protection NSW**
LMB 961, NORTH SYDNEY NSW 2059
Tel [REDACTED] | Fax [REDACTED] | [REDACTED]
www.health.nsw.gov.au www.health.nsw.gov.au/infectious



Annexure LG-7

From: Vicky Sheppeard (South Eastern Sydney LHD)
Sent: Sun, 8 Mar 2020 17:11:41 +1100
To: Sean Tobin
Cc: MOH-PHEOOperations; MOH-PHEOLogistics; Leena Gupta (Sydney LHD); Bradley Forssman (Nepean Blue Mountains LHD); Kelly-Anne Ressler (South Eastern Sydney LHD); Toni Cains (South Eastern Sydney LHD); Reannon Johnson (South Eastern Sydney LHD); Tracey Papa (South Eastern Sydney LHD)
Subject: RE: Outcome of Ruby Princess assessment

All nine swabs from the Ruby Princess are NEGATIVE

From: Vicky Sheppeard (South Eastern Sydney LHD)
Sent: Sunday, 8 March 2020 12:06 PM
To: Sean Tobin [REDACTED]
Cc: MOH-PHEOOperations [REDACTED]; MOH-PHEOLogistics [REDACTED]; Leena Gupta (Sydney LHD) [REDACTED]; Bradley Forssman (Nepean Blue Mountains LHD) [REDACTED]; Kelly-Anne Ressler (South Eastern Sydney LHD) [REDACTED]; Toni Cains (South Eastern Sydney LHD) [REDACTED]; Reannon Johnson (South Eastern Sydney LHD) [REDACTED]; Tracey Papa (South Eastern Sydney LHD) [REDACTED]
Subject: Outcome of Ruby Princess assessment

Hi all

We boarded the ship around 5:50.

We screened ~360 people, with either symptoms, travel risk or both.

On top of the two passengers that the ship had already identified and screened we have tested an additional four passengers and three crew (9 swabs in total). We swabbed and found positive flu A in a couple of other symptomatic people.

Swabs were received at SAViD before 10, so expected around 4.

We have disembarked the ship with the exception of the 9 people awaiting results, who remain isolated in their cabins.

Ship has delayed embarking new passengers until swab results are known.

If any cases are positive, three are Australian (2 NSW, SA), 2 UK – one planning to stay in Sydney, one due to fly home, and one South African (not sure of her travel plans).

Our nurses disembarked around 9, and the rest of us around 10:20.

Vicky

Dr Vicky Sheppeard

Deputy Director | South Eastern Sydney Public Health Unit

[REDACTED] Locked Bag 88, Randwick NSW 2031

Tel [REDACTED] | Fax [REDACTED] | Mob [REDACTED]
<https://www.seslhd.health.nsw.gov.au/public-health>



Health
South Eastern Sydney
Local Health District



HEP C

CURE IS EASY

Annexure LG-8

From: Leena Gupta (Sydney LHD)
Sent: Mon, 9 Mar 2020 13:58:22 +1100
To: Sean Tobin; Vicky Sheppeard (South Eastern Sydney LHD); Bradley Forssman (Nepean Blue Mountains LHD)
Cc: MOH-PHEOLogistics; Christine Selvey; MOH-Bunker; Sven Nilsson (Sydney LHD); Mark Ferson (South Eastern Sydney LHD); MOH-PHEOPlanning; Tracey Oakman; MOH-PHEOOperations; Kelly-Anne Ressler (South Eastern Sydney LHD); Jeremy McAnulty; Darrin Eade
Subject: RE: Cruise Ship Risk Assessment Meeting

Hi Sean

In future, Dr Isabel Hess will be doing the cruise ship risk assessments for SLHD on Tuesday- Friday as there are now clashes with a critical district meeting. I will do on Mondays. On the weekends, it will be the specialist person on call for public health.

Could you please ensure that me, Isabel and Sven Nilsson are copied in on the documentation and meeting invites. Others from SLHD do not need to be on this t/c

Thank you

Leena

Dr Leena Gupta

Clinical Director | **Public Health**

[Redacted]

Tel [Redacted] | Fax [Redacted] | Mob [Redacted] | [Redacted]
<http://www.slhd.nsw.gov.au/populationHealth/PHU.html>



Please note new email address

=====

"This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please destroy it and notify the sender. Views expressed in this message are those of the individual sender, and are not necessarily the views of Sydney Local Health District."

From: Sean Tobin
Sent: Monday, 9 March 2020 1:22 PM
To: Vicky Sheppeard (South Eastern Sydney LHD) <[Redacted]>; Bradley Forssman (Nepean Blue Mountains LHD) <[Redacted]>
Cc: MOH-PHEOLogistics [Redacted] Christine Selvey [Redacted] MOH-Bunker [Redacted]; Sven [Redacted]

Nilsson (Sydney LHD) [REDACTED] Mark Ferson (South Eastern Sydney LHD)
 [REDACTED] MOH-PHEOPlanning [REDACTED]
 [REDACTED] Tracey Oakman [REDACTED]; MOH-PHEOOperations [REDACTED]; Kelly-Anne Ressler (South Eastern Sydney LHD) [REDACTED]; Deb Welsby (Ministry of Health) [REDACTED]; Jeremy McNulty [REDACTED]; Darrin Eade [REDACTED]; William Rawlinson (NSW Health Pathology) [REDACTED] Leena Gupta (Sydney LHD) [REDACTED]; Peta Pippas (Ministry of Health) [REDACTED]; George Truman (Nepean Blue Mountains LHD) [REDACTED]; Emma Quinn (Sydney LHD) [REDACTED] Isabel Hess (Sydney LHD) [REDACTED]; Jane Thomas (Nepean Blue Mountains LHD) <Jane.Thomas@health.nsw.gov.au>; Zeina Najjar (Sydney LHD) [REDACTED]; Denise Gibbons (Nepean Blue Mountains LHD) [REDACTED]

Subject: RE: Cruise Ship Risk Assessment Meeting

I agree Low Risk.

I think the agreement was that if the initial assessment from SES was low risk then we would consult via email.

If anyone else has concerns about the assessment then we would arrange a teleconference.

All medium or higher risk assessments will trigger a teleconference to discuss and plan.

Best regards
 Sean

Communicable Diseases Branch
 Health Protection NSW

From: Vicky Sheppeard (South Eastern Sydney LHD)
Sent: Monday, 9 March 2020 12:36 PM
To: Bradley Forssman (Nepean Blue Mountains LHD) [REDACTED]
Cc: MOH-PHEOLogistics [REDACTED]; Christine Selvey [REDACTED]; MOH-Bunker [REDACTED]; Sven Nilsson (Sydney LHD) [REDACTED]; Mark Ferson (South Eastern Sydney LHD) [REDACTED]; MOH-PHEOPlanning [REDACTED]; Tracey Oakman [REDACTED]; MOH-PHEOOperations [REDACTED]; Kelly-Anne Ressler (South Eastern Sydney LHD) [REDACTED]; Deb Welsby (Ministry of Health) [REDACTED]; Jeremy McNulty <Jeremy.McAnulty@health.nsw.gov.au>; Darrin Eade [REDACTED]; William Rawlinson (NSW Health Pathology) [REDACTED]; Leena Gupta (Sydney LHD) [REDACTED]; Sean Tobin [REDACTED]; Peta Pippas (Ministry of Health) [REDACTED]; George Truman (Nepean Blue Mountains LHD) [REDACTED]; Emma Quinn (Sydney LHD) [REDACTED] Isabel Hess (Sydney LHD) [REDACTED] Jane Thomas (Nepean Blue Mountains LHD) [REDACTED] Zeina Najjar (Sydney LHD) [REDACTED]; Denise Gibbons (Nepean Blue Mountains LHD) [REDACTED]

Subject: RE: Cruise Ship Risk Assessment Meeting

Thanks – I'm a bit confused – are we having a teleconference?

From: Bradley Forssman (Nepean Blue Mountains LHD)
Sent: Monday, 9 March 2020 12:34 PM
To: Vicky Sheppard (South Eastern Sydney LHD) [REDACTED]
Cc: MOH-PHEOLogistics [REDACTED]; Christine Selvey [REDACTED]; MOH-Bunker [REDACTED]; Sven Nilsson (Sydney LHD) [REDACTED]; Mark Ferson (South Eastern Sydney LHD) [REDACTED]; MOH-PHEOPlanning [REDACTED]; Tracey Oakman [REDACTED]; MOH-PHEOOperations [REDACTED]; Kelly-Anne Ressler (South Eastern Sydney LHD) [REDACTED]; Deb Welsby (Ministry of Health) [REDACTED]; Jeremy McAnulty [REDACTED]; Darrin Eade [REDACTED]; William Rawlinson (NSW Health Pathology) [REDACTED]; Leena Gupta (Sydney LHD) [REDACTED]; Sean Tobin [REDACTED]; Peta Pippas (Ministry of Health) [REDACTED]; George Truman (Nepean Blue Mountains LHD) [REDACTED]; Emma Quinn (Sydney LHD) [REDACTED]; Isabel Hess (Sydney LHD) [REDACTED]; Jane Thomas (Nepean Blue Mountains LHD) <[REDACTED]>; Zeina Najjar (Sydney LHD) [REDACTED]; Denise Gibbons (Nepean Blue Mountains LHD) [REDACTED] >

Subject: Re: Cruise Ship Risk Assessment Meeting

Thanks Vicky, I agree

A/Prof Bradley Forssman

Director Public Health & HSFAC | **Public Health**
 Nepean Blue Mountains Local Health District
 PO Box 63 Penrith 2751
 Tel [REDACTED] | Mob [REDACTED] | [REDACTED]
www.health.nsw.gov.au



On 9 Mar 2020, at 12:31 pm, Vicky Sheppard (South Eastern Sydney LHD) <[REDACTED]> wrote:

Hi all

Please see risk assessment for Sea Princess.

We think it is low risk – it is only the second day of the cruise.

Vicky

-----Original Appointment-----

From: MOH-PHEOLogistics

Sent: Monday, 17 February 2020 10:55 AM

To: MOH-PHEOLogistics; Christine Selvey; MOH-Bunker; Sven Nilsson (Sydney LHD); Mark Ferson (South Eastern Sydney LHD); Vicky Sheppard (South Eastern Sydney LHD); MOH-PHEOPlanning; Tracey Oakman; MOH-PHEOOperations; Kelly-Anne Ressler (South Eastern Sydney LHD); Deb Welsby (Ministry of Health); Jeremy McAnulty; Darrin Eade; William Rawlinson (NSW Health Pathology); Leena Gupta (Sydney LHD); Sean Tobin; Peta Pippas (Ministry of Health)

Cc: George Truman (Nepean Blue Mountains LHD); Emma Quinn (Sydney LHD); Isabel Hess (Sydney LHD); Jane Thomas (Nepean Blue Mountains LHD); Zeina Najjar (Sydney LHD); Denise Gibbons (Nepean Blue Mountains LHD); Bradley Forssman (Nepean Blue Mountains LHD)

Subject: Cruise Ship Risk Assessment Meeting

When: Monday, 9 March 2020 12:30 PM-1:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Dial In: 1800 108 839 - Code: [REDACTED] (Room 5.01 for those at MOH)

Hello,

Please note the updated time and teleconference details for these meetings.

Agenda:

1. Risk Assessment Panel Discussion

Panel members include Sean Tobin, Jeremy McAnulty, Mark Fersson (or delegate), Leena Gupta (or delegate)

Panel members will discuss tomorrow's cruise ship arrivals and make an assessment of risk

2. Operations Discussion

Based on Risk Assessment Panel Decisions, rest of working group discuss operational issues/actions

For quick reference, the below is an incoming Cruise Ship Listing **up to and including 23rd of February**

Cruise Ship Schedule updated per Kelly-Anne's email, 17.02.2020

<< OLE Object: Picture (Device Independent Bitmap) >>

Kind Regards

Mandy Fung

Logistics

Public Health Emergency Operations Centre (PHEOC) | **NSW Ministry of Health**

Tel [REDACTED]

<https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx>

<< OLE Object: Picture (Device Independent Bitmap) >>

<DRAFT Risk Assessment Sea Princess COVID-19 health assessment Sydney arrival 10 March - OPT.docx>