



Special Commission of Inquiry into the Ruby Princess

# EXHIBIT 106

Statement and Exhibit of Dr Grant Tarling dated 29 June 2020

**IN THE SPECIAL COMMISSION OF INQUIRY INTO THE RUBY PRINCESS**

**GRANT ASHLEY TARLING**

**WITNESS STATEMENT**

**29 JUNE 2020**

## **I. Introduction**

1. My full name is Grant Ashley Tarling, and I currently reside in Santa Clarita, California, USA.
2. I am the Group Senior Vice President and Chief Medical Officer for Carnival Cruise Line and the four brands of the Holland America Group (**HAG**), namely, Princess Cruises, Holland America Line, Seabourn Cruise Line and P&O Cruises Australia.
3. Carnival Corporation and Carnival plc are sometimes referred to together as Carnival Corporation & plc, and they collectively have a number of subsidiaries, including nine cruise line brands. In this statement, I refer to the parent corporations as Carnival Corporation & plc, and I refer to the entire business as a whole, including the parent companies and subsidiaries, as “the Company” or “Carnival.” In referring to the operations of the cruise lines, I am principally referring to the HAG brands, including Princess, and not to the other five Carnival brands that are not part of HAG.
4. I volunteer this statement to the New South Wales Special Commission of Inquiry into the circumstances of the voyage of the Ruby Princess ending in Sydney on 19 March 2020 (**Voyage R007**).
5. I wish to record at the outset my sincere sympathy for everyone who was affected by the outbreak of COVID-19 on the Ruby Princess. The health of our passengers, crew and communities our ships visit have been at the forefront of my mind throughout this global health crisis. I care deeply about the health of the individuals, families and communities that have been impacted and have been proud to have dedicated my professional career to public health in a company that shares my commitment and care.
6. I wish to make a preliminary observation about the circumstances in which I have prepared this statement. In the period January to April 2020, the volume of communications, documents, information and data created across the Company increased significantly as a result of the pandemic. In the short time available, it has not been possible for me to review all of my own records, much less all the other records of Carnival, pertaining to Voyage R007 and the other issues of interest to the Special Commission. Accordingly, while I intend for this statement to be of assistance to the Commission, it is not comprehensive. It is possible my recollection could be refreshed by the review of additional documents.
7. I also think it is important to note that since the emergence of SARS-CoV-2, information and understanding of the virus has continued to rapidly evolve. Future scientific information about the origin, characteristics, diagnostics, infectivity, transmission, contagiousness, therapeutics and other information related to COVID-19 may affect conclusions being reached with respect to COVID-19.

8. Exhibited to me at the time of making this statement was a bundle of consecutively numbered documents marked “GT-1”. In this statement, where I refer to documents, I refer to them by their page number within “GT-1”.
9. In the time available, I have not been able to reconcile any time zone differences between times and dates mentioned in my statement or the exhibited correspondence. Generally, when I mention things I am doing, this time is the time in Santa Clarita, California. Times and dates referenced to local events on board the ship or its operations will either be Australian or New Zealand summer time, depending on the location. There sometimes appears to be a day difference.

## **II. Background**

10. My qualifications include:
  - a. Medical Doctorate Degree from the University of Witwatersrand, Johannesburg, South Africa;
  - b. Medical Licenses from the United Kingdom and Malta;
  - c. Master of Public Health Degree from the University of California, Los Angeles;
  - d. Global Health Certification from the University of California, Los Angeles;
  - e. Fellow of the Royal Society for Public Health.

## **III. Role and responsibilities as Chief Medical Officer**

11. My role as Chief Medical Officer (“CMO”) is to oversee the medical and public health practices across HAG and Carnival Cruise Line fleets. My responsibilities include fleet medical operations, clinical services, public health, administration and governance including oversight of our health quality accreditation and ISO 9001:2015 certification program.
12. I have four Health Divisions that report directly to me:
  - a. Public Health;
  - b. Fleet Medical Operations;
  - c. Clinical Services; and
  - d. Health Care Administration and Finance.
13. All shipboard Senior Doctors ultimately report to the head of Clinical Services.

#### **IV. Background to Carnival's protocols and measures in response to the COVID-19 pandemic**

14. On 31 December 2019, I became aware of the news that a cluster of pneumonia cases emerged in Wuhan, China. At this time, I began to receive news alerts regarding the pneumonia cluster, much like the rest of the world.
15. The first information I received was a written communication about what was then referred to as pneumonia of unknown origin in Wuhan, Hubei Province, China, through a professional newsletter to which I subscribe. The newsletter, "ProMED-mail", describes itself as "a program of the International Society for Infectious Diseases." The 31 December 2019 email identified the virus—which at that point had not been named—as an unexplained type of pneumonia located in Wuhan, China.
16. From that point on, I continuously received and read numerous reports and data about the disease that came to be known as COVID-19.
17. Since January 2020, I have had numerous communications with public health authorities, including the World Health Organization (**WHO**) and the United States Centers for Disease Control and Prevention (**CDC**) on COVID-19 related topics. In addition, I have had numerous communications with other regional, national and local public health authorities in the countries in which Carnival operates.
18. New South Wales (**NSW**) Health is one of the health authorities with which I collaborate in carrying out my responsibilities as CMO.
19. Over many years, I have periodically met in person with NSW Health personnel. By way of example, on 10 January 2020, I met with Professor Mark Ferson and Ms. Kelly-Anne Ressler from NSW Health to discuss a number of public health matters, including company public health program updates, and to coordinate disease specific responses, including influenza, acute gastroenteritis and measles.
20. During this particular meeting, we briefly discussed the emergence of the novel coronavirus in China and the need for all public health entities to closely monitor the situation.
21. However, our discussion around coronavirus at that time was short and at a very general level given what little information was known at that time.
22. On 18 February 2020, CDC released its Interim Guidance for COVID-19 which required that ships:

*"Deny boarding of a passenger or crew member who is suspected to have COVID-19 infection based on signs and symptoms, -plus travel history in China or other known exposure at the time of embarkation".*

23. A copy of the CDC Interim Guidance for COVID-19 dated 18 February 2020 can be found at page 1 of **GT-1**.
24. The CDC Interim Guidance for Health Care Professionals regarding COVID-19 dated 4 March 2020 required that:

*Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas [China, Iran, Italy, Japan, and South Korea] within 14 days of symptom onset.*

25. A copy of the CDC Interim Guidance for Health Care Professionals regarding COVID-19 dated 4 March 2020 can be found at page 13 of **GT-1**.

#### **V. Carnival and HAG guidance from January 2020 through 19 March 2020**

26. Generally speaking, the healthcare policies and practices to be followed by Carnival and HAG ships are promulgated in three main forms: (1) Instructional Notices (Carnival); and (2) Operational Directives (HAG); and (3) HESS-MS Policy (Carnival). I am responsible for issuance of the HAG Operational Directives. The HESS (Health, Environmental, Safety and Security) policies form the base policies and procedures for all the Brands. These policies have their own unique development and implementation processes, which existed within both Carnival and HAG well before the emergence of COVID-19.
27. One objective of the production of Company policy is to ensure that all of the ships in the 9 fleets comply with the laws, regulations and policies of the countries in which they operate. In my view, the Carnival group of companies and its practices are structured to consistently reflect a culture of corporate and social responsibility. In relation to matters of public health, my goal and expectation is that Carnival Cruise Line and HAG will comply with all laws, regulations and policies of the countries and areas in which they operate. Below I describe the relevant Instructional Notices and Operational Directives issued by Carnival and HAG, respectively, from 1 January 2020 through 19 March 2020, the day the Ruby Princess disembarked passengers. Prior to providing a detailed description, however, below is a more generalized description of the Instructional Notices and Operational Directives issued at the time to provide context by which to understand the detailed descriptions below.
28. From our first policy issuance on COVID-19 on 23 January, pursuant to Carnival and HAG practices for developing health and safety policies to address the spread of communicable diseases onboard, Carnival and HAG relied on case definitions promulgated by CDC, WHO and other equivalent organizations around the world to identify, evaluate and manage suspected COVID-19 cases. Until mid-March 2020, these case definitions included: (1) clinical criteria to identify a suspected COVID-19 case; and, (2) epidemiological criteria to identify a suspected COVID-19 case. The CDC and WHO case definitions required the presence of at least one clinical factor and at least one epidemiological factor

to designate an individual as a suspected case of COVID-19, or fever with severe acute lower respiratory illness (e.g., pneumonia or acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza). Thus, unless the patient had severe disease that required hospitalization, under CDC and WHO case definitions, an individual who did not have both a clinical factor and an epidemiological factor would not meet the case definition for a suspected case of COVID-19.

29. Beginning on 31 January 2020, and although not recommended or required by guidance from organizations such as CDC, WHO and CDNA, both Carnival and HAG decided to take a more restrictive approach by denying boarding, through Instructional Notice HEA/01/2020 Revision 1 (issued 30 January 2020), to anyone, regardless of symptoms, who had visited Hubei Province, China in the 14 days prior to boarding.
30. Prior to the emergence of COVID-19, both Carnival and HAG policy required isolating guests and crew who presented to a ship's medical center with influenza-like-illness (**ILI**) with fever but not Acute Respiratory Illness (**ARI**) (no fever). This aligned with CDC recommendations.
31. From 31 January to 19 March 2020, HAG's screening and isolation policies included the following protocol:
  - a. Passengers and crew were screened during preboarding for travel to or from an affected or restricted country, and denied boarding solely if they had traveled to a country or areas with known community spread of COVID-19 within the previous 14 days.
  - b. Once on board, passengers or crew who presented themselves to the medical center would be categorized as either having ILI or ARI, depending on the case. All persons presenting to the medical center with an ARI or ILI would be required to be assessed for risk of COVID-19 including taking a 14-day travel history. If the passenger or crew presented with ILI, then, in accordance with existing Carnival policy, that person would be isolated to prevent spread of the disease. But, if the person presented with ARI, the individual was not typically isolated or considered a suspected COVID-19 case because they did not satisfy the epidemiological or clinical criteria for that diagnosis.
  - c. My understanding is that during this period, there was a credible opinion held by experts in this field and a scientific basis, that a positive rapid influenza test was evidence that the person did have influenza. A positive influenza test was thought to be indicative of a low risk of the person also having COVID-19, as the evidence at that time suggested that influenza coinfection with SARS-CoV-2 was very low. A copy of certain articles relevant to this issue is at pages 16 to 21 of **GT-1**.
  - d. A person with ILI who had also tested negative for influenza would not, by reason of that fact alone, be suspected of being infected with COVID-19 unless they also had a history of travel from an area of known community spread within the previous 14 days or was a close contact of a COVID-19 case

or had severe disease requiring hospitalization and no alternate explanatory diagnosis. Persons who had visited these community-spread affected countries were to be denied boarding.

#### Instructional Notices

32. Over the period from late January to 19 March 2020, Carnival issued and frequently updated the Instructional Notices pertaining to COVID-19. These Carnival-issued Instructional Notices and the subsequent revisions constituted general fleet-wide policy for all the Carnival brands.
33. Specifically, Carnival issued revisions to its first Instructional Notice regarding COVID-19, issue 0 dated 23 January effective 27 January, revision 1 dated 30 January (effective 31 January), revision 2 dated 31 January (effective 1 February), revision 3 dated 6 February (effective 7 February), revision 4 dated 27 February (effective 29 February), revision 5 dated 5 March (effective 7 March), and revision 6 dated 13 March (effective 15 March).
34. I describe in detail the Instructional Notices that issued below. A copy of the relevant Instructional Notices between 1 January and 13 March 2020 can be found at pages 22 to 50 of **GT-1**.
35. On 23 January 2020, Carnival released its first Instructional Notice regarding COVID-19.
  - a. The Instructional Notice was titled "HEA/01/2020 Prevention and Control of 2019-Novel Coronavirus (-nCoV)." This Instructional Notice had an effective date of 27 January 2020.
  - b. The Notice required, among other things, that, during check-in, all ships must issue the "Standardized Traveler's Health Declaration" form to guests and crew who visited an affected area. As of 23 January 2020, only Wuhan, China was regarded as an affected area as set out on page two numbered paragraph 1 of HEA01/2020. As such, the Standardized Traveler's Health Declaration asked if passengers or crew had visited Wuhan, China in the past fourteen days, and also asked, in the past three days, whether the person had a fever (above 100.4 F or 38 C), felt feverish, had chills, or had symptoms of a cough or difficulty breathing.
  - c. Moreover, this Notice gave effect to the WHO and CDC guidance that existed as of 23 January 2020. Specifically, on 12 January 2020, the WHO reported that there was no clear evidence that the virus passes easily from person to person. On 23 January 2020, the WHO stated that China had reported limited spread of the virus from person to person, but that the evidence at that time only showed person to person transmission among persons in the same family, and among healthcare workers treating infected persons.
36. On 30 January 2020, Carnival released Revision 1 to its Instructional Notice regarding COVID-19, which became effective on 31 January 2020.



- a. Revision 1 increased the scope of the “affected area” to the entire Hubei Province, noting that individuals reporting travel history to the Hubei Province in the past 14 days must be denied boarding irrespective of any history of symptoms of respiratory illness.
  - b. Revision 1 also initiated a verbal screening of all passengers regarding their traveling to any part of China (including Hong Kong), and a secondary written screening process for individuals who responded affirmatively to the verbal screening or were travelling on a Chinese or Hong Kong passport.
- 37. On 31 January 2020, Carnival released Revision 2 to its Instructional Notice regarding COVID-19, which became effective on 1 February 2020.
  - a. Revision 2 increased the scope of the “affected area” to all of China, including Hong Kong and Macau. Under Revision 2, passengers who had travelled from or through mainland China in the past 14 days would be denied boarding. In addition, passengers who had travelled from or through Hong Kong or Macau in the past 14 days would be denied boarding if they had also reported fever or respiratory symptoms in the past 14 days. The close contacts of passengers who had travelled from or through Hong Kong or Macau in the past 14 days and reported fever or respiratory symptoms in the past 14 days would also be denied boarding.
- 38. On 6 February 2020, Carnival released Revision 3 to its Instructional Notice regarding COVID-19, which became effective on 7 February 2020.
  - a. Revision 3 added new language from the CDC regarding the background and status of the virus spread and increased the scope of passengers denied boarding to all passengers who had either (1) travelled from or through mainland China, Hong Kong, or Macau, within the last 14 days, regardless of reported symptoms; or (2) had contact with a suspected or confirmed case of novel coronavirus or a person under monitoring for coronavirus in the last 14 days. In addition, the close contacts of passengers in either category who also reported fever, cough, or difficulty breathing in the past 14 days would be denied boarding.
- 39. On 27 February 2020, Carnival released Revision 4 to its Instructional Notice Regarding COVID-19, which became effective on 29 February 2020.
  - a. Revision 4 added new language from the CDC regarding its three Warning Levels. At the time, Level 1, “Watch - Practice Usual Precautions,” applied to Hong Kong. Level 2, “Alert - Practice Enhanced Precautions,” applied to Italy, Japan, and Iran, and Level 3, “Warning - Avoid Non-Essential Travel,” applied to China (excluding Hong Kong, Macau, and Taiwan) and South Korea.

- b. Revision 4 also increased the scope of passengers denied boarding to include those who had travelled in the previous 14 days to South Korea and any other country that was then subject to quarantine restrictions.
  - c. Passengers who had travelled through Italy, Japan, Singapore, Taiwan, Thailand, Vietnam, or Iran were asked to report symptoms of fever, cough, or difficulty breathing in the past 14 days and were to be denied entry along with their close contacts upon such a report. Passengers who had travelled through Italy, Japan, Singapore, Taiwan, Thailand, Vietnam, or Iran and reported no fever or respiratory symptoms in the past 14 days were subject to additional screening to determine their permission to board.
- 40. On 5 March 2020, Carnival released Revision 5 to its Instructional Notice Regarding COVID-19, which became effective on 7 March 2020.
  - a. Removed the historical background details.
  - b. Provided that the Travelers' Health Declaration form now represents the minimum screening requirements. This may be added to or in order to create a Brand specific Traveler's Health Declaration which may include additional geographies.
  - c. Updated Question 1 in the Example Travelers' Health Declaration to include Iran.
  - d. Updated Question 3 in the Example Travelers' Health Declaration to remove Vietnam and upgrade Iran risk into question 1.
  - e. Added guidance to allow Operating Lines to implement additional clinical monitoring procedures for individuals who are at higher risk of COVID-19.
- 41. On 13 March 2020, Carnival released Revision 6 to its Instructional Notice Regarding COVID-19, which became effective on 15 March 2020.
  - a. Added requirements for thermal screening of all individuals prior to embarkation as soon as equipment could be purchased.
  - b. Included denial of boarding for those with a travel history from or through Italy.
  - c. Revised the pre-embarkation written screening requirements to include two sections: travel history and exposure risk (Section A) and symptoms of illness (Section B).
  - d. Included revised pre-deployment requirements for crew.

#### HAG Operational Directives

- 42. In addition to the Carnival Instructional Notices issued over the period of late January to 19 March 2020, HAG issued six major Operational Directives

regarding COVID-19: PHS 02-20 (2 revisions), PHS 02-21, PHS 03-20 and PHS 04-20 (2 revisions).

43. I set out below the Operational Directives that were issued during this period.
44. Based on the progression of COVID-19, on 25 January 2020, HAG modified the boarding denial policy set forth in Carnival IN HEA/01/2020 to take into account additional countries with risk of transmission as identified in the then-existing CDC and WHO guidance that fell within its region of operations.
45. Operational Directive PHS02/20 was emailed on 25 January to the ships operating in Asia (Diamond Princess, Sapphire Princess, Holland America Westerdam and Seabourn Ovation). The Operational Directive stated, in relevant part, that “[e]ffective immediately, for ships deployed in the East Asia Region, individuals who have visited Wuhan, China in the last 14 days prior to embarkation must be denied boarding, irrespective of the medical assessment.”
46. On 30 January 2020, HAG issued Operational Directive PHS 02-21.
  - a. The Directive provides: “Standardized surveillance, prevention and control measures have been adopted by Carnival Corporation and plc ships through IN HEA/01/2020 - Prevention and Control of 2019 Novel Coronavirus (nCoV). Based on the progression of 2019-nCoV, Carnival Corporation and plc has updated IN HEA/01/2020 as re-issued on 31 January 2020. Supplemental HA Group operational procedures have been developed to support implementation of Carnival IN HEA/01/2020 (Revision 2).”
  - b. Moreover, PHS 02-21 denied boarding to: (1) “all persons who have recently traveled from or through Mainland China (excluding Hong Kong and Macau) in the last 14 days prior to embarkation;” and, (2) “all persons who traveled from, or through Hong Kong or Macau, in the last 14 days AND who have reported fever or respiratory symptoms.”
47. On 6 February, HAG issued Operational Directive PHS 03-20, which provides, in relevant part:
  - a. “Carnival Corporation has decided to modify the boarding policy set forth in Carnival IN HEA/01/2020, as re-issued on 31 January 2020.”
  - b. “Effective immediately, the following individuals will not be allowed to board irrespective of illness symptoms:
    - i. ALL persons who have traveled from or through China, Hong Kong, or Macau in the last 14 days;
    - ii. ALL persons who report contact with a suspected or confirmed case of coronavirus, or a person under monitoring for coronavirus in the last 14 days; and
    - iii. The close contacts of the individuals in i) or ii) above.”

48. On 27 February 2020, HAG issued Operational Directive PHS 04-20, which provides, in relevant part:
- a. “Carnival Corporation has decided to modify the medical screening policy set forth in Carnival IN HEA/01/2020 (Rev. 3), as re-issued on 06 February 2020.”
  - b. “Effective immediately, the following individuals will not be permitted to board, irrespective of illness symptoms:
    - i. Traveled from, or through, Mainland China, Hong Kong, Macau or South Korea (including transiting through an airport in these locations), or a location currently subject to lockdown (quarantine) measures by government health authorities in the last 14 days; OR
    - ii. Had contact with a suspected or confirmed case of novel coronavirus (COVID-19) or a person under monitoring for coronavirus.”
  - c. “In addition, individuals who have traveled from, or through, Italy, Japan, Singapore, Taiwan, Thailand, Vietnam or Iran (including transiting through an airport in these locations), AND who report fever, cough or difficulty breathing in the last 14 days should be evaluated by medical staff in the terminal. These individuals and their close contacts will not be permitted to board.”
  - d. PHS 04-20 also specifically instructed that ships sailing in Australia use the Health Declaration forms marked “Australia,” as these forms incorporated additional regional requirements.
49. Accompanying the distribution of PHS 04-20 was a document entitled “Identification, Assessment and Management of Patients for Coronavirus Disease 2019 (COVID-19).” Among other things, it provided that for onboard management of patients presenting with ARD, medical staff were required to refer to “US CDC [“Interim Guidance for Ships on Managing 2019 Novel Coronavirus.”](#); and WHO: <https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>.” It further provided that:
- a. “All patients presenting with ARD (ARI or ILI) must provide a 14 day travel history as well as confirm no contact with a COVID-19 case. Record this in the medical notes.”
  - b. “All patients presenting with an ILI must be assessed for COVID-19 using the CDC form: [“Interim 2019 novel coronavirus \(2019-nCoV\) patient under investigation \(PUI\) form.”](#)
50. On 6 March 2020, HAG issued a revision to PHS 04-20 (revision 1). This revision expanded the regions identified for denial of boarding irrespective of symptoms to include Iran. It also provided that “individuals who have traveled

from, or through, Italy, Japan, Singapore, Taiwan, or Thailand. (including transiting through an airport in these locations), and who report fever, cough or difficulty breathing in the last 14 days should be evaluated by medical staff in the terminal.” Those individuals and their close contacts were not permitted to board.

51. On 8 March 2020, HAG issued a further revision to PHS 04-20 (revision 2), and provided in relevant part:

- a. “Prior to embarkation, all guests and crew (including visitors and contractors) must undergo temperature screening to determine if they have a fever. (Ships that do not have the proper equipment to meet this requirement yet, should send an email to [Dr. Tarling], Capt. Arjen van der Loo, within 24 hours of receiving this revised OD. The email should detail what date the ship expects to be able to meet this requirement).”
- b. “Individuals with an elevated temperature must undergo additional screening for confirmation. If the individual is confirmed to have a fever (temperature of 99.5F/37.5C or higher), the individual and their close contacts will not be permitted to board.”
- c. “The following individuals and their close contacts will not be permitted to board, irrespective of illness symptoms:
  - i. “Traveled from or through Mainland China, Italy, Hong Kong, Macau, South Korea, Japan, Singapore, Iran or a location currently subject to lockdown (quarantine) measures by government health authorities in the last 20 days OR
  - ii. Had contact with a suspected or confirmed case of Novel Coronavirus (COVID-19) or a person under monitoring for Novel Coronavirus.”
- d. “In addition, individuals who have traveled from, or through, Vietnam, Taiwan, or Thailand (including transiting through an airport in these locations), should be evaluated by medical staff in the terminal. These individuals and their close contacts will only be permitted to board based on successful secondary screening results conducted by the medical staff.”

52. On 12 March 2020, HAG issued PHS 05-20, which provided, in relevant part:

- a. “Prior to embarkation, all guests and crew (including visitors and contractors) must undergo temperature screening to determine if they have a fever. (Ships that do not have the proper equipment to meet this requirement yet, should send an email to me, Capt. Arjen van der Loo, within 24 hours of receiving this revised OD. The email should detail what date the ship expects to be able to meet this requirement). Individuals with an elevated temperature must undergo additional screening for confirmation. If the individual is confirmed to have a fever

(temperature of 99.5F/37.5C or higher), the individual and their close contacts will not be permitted to board.”

- b. “The following individuals and their close contacts will not be permitted to board, irrespective of illness symptoms: [(1)] Traveled from or through Mainland China, Italy, Hong Kong, Macau, South Korea, Iran or a location currently subject to lockdown (quarantine) measures by government health authorities in the last 14 days (21 days for ships calling in ports in the Caribbean and Bahama’s, including Princess Cays and Half Moon Cay) OR [(2)] [h]ad contact with a suspected or confirmed case of novel coronavirus (COVID-19) or a person under monitoring for coronavirus.”
- c. “The following individuals may be subject to additional entry restrictions or screening required by the national or local authorities at ports of call during the voyage: Individuals traveling on a Chinese, Hong Kong, Macau, South Korea, Italian or Iranian passport need to reconfirm no recent travel from, or through countries with active quarantine locations. Where specific and additional health screening is required by the local health authorities, the Chief Medical Officer must be informed. Individuals that are permitted to board following the additional screening may be subject to health monitoring on board. The required monitoring will be determined by the Chief Medical Officer.”

#### **VI. Sanitation Procedures**

- 53. Further enhancements to the fleet sanitation protocols were distributed on 27 February 2020. A copy of the protocol is at page 51 of **GT-1**.
- 54. These protocols added enhanced pre-embarkation checks for passports and health questionnaires as well as increased onboard environmental disinfection, health education messaging and the promotion of hand hygiene with expanded hand sanitizer locations.
- 55. On 7 March 2020 there was a further enhancement that wherever operationally possible, staff to serve all guests and crew at buffet stations: Horizon Courts, World Fresh Marketplace and ice cream machines. A copy of the email is at page 53 of **GT-1**.

#### **VII. NSW Health COVID-19 Procedures for the Cruise Line Industry**

- 56. On 23 February 2020, a copy of the NSW Health COVID-19 Procedures for the Cruise Line Industry was emailed to me.
- 57. On 9 March 2020 at 5:49PM, Dr. Tobin of NSW Health emailed the updated COVID-19 Procedures for the Cruise Line Industry to Mr. Katz of the Cruise Line Industry Association (**CLIA**). Mr. Katz forwarded that email to various Carnival personnel on the morning of 10 March 2020.
- 58. A copy of this email chain can be found at page 54 of **GT-1**.

- 59. On 10 March 2020 at 1:03PM Ken Flavell, Director of Guest Experiences for Princess Cruises forwarded the updated NSW Health COVID-19 Procedures to the Ruby's Senior Doctor, Dr. von Watzdorf.
- 60. A copy of this email can be found at page 60 of **GT-1**.
- 61. On 10 March 2020 at 2:35PM Dr. von Watzdorf forwarded the updated NSW Health COVID-19 Procedures to me.
- 62. A copy of this email can be found at page 65 of **GT-1**.

**VIII. Swabs on Board**

- 63. I am aware that the Commission is concerned about whether the Ruby Princess had an adequate number of viral swabs on board during the voyage between 8 and 19 March 2020, in order to meet the expectations set out in the 22 February NSW Health Enhanced COVID-19 Procedures for the Cruise Line Industry. Set out below is a summary of facts that the Company has found, in the time available, and of which I have made myself aware to prepare this statement.
- 64. The Holland America Group has an established system of logistics supply. I will confine my comments to medical supplies. The procedure for a ship's medical team to obtain medical supplies is as follows.
  - a. In the first instance, orders for supplies should be made through the Company's purchasing system known as "Crunchtime." That system is administered by the Holland America Group Supply Chain Team in California. When an order is placed, the ship may assign priority of "routine" or "expedited." It will then be up to the Supply Chain Team to identify a supplier able to supply the goods by the time required. The supply chain department sources items from all over the world and is not constrained to obtain supplies from US vendors. The Crunchtime database will contain options for vendor sourcing and supply chain personnel are trained to look for local supplies when the order is to be expedited. Typically, if supplies are available through our contracted vendors, the medical supplies needed on expedited basis are air freighted to the ship.
  - b. If, for whatever reason, the normal supply chain cannot meet the ship's urgent needs within the time required, the ship's doctor may take steps to acquire these necessary medical supplies locally through direct contact with suppliers, Carnival Corporation & plc local procurement people or through the ship's agents.
- 65. Set out below is a summary of facts I have made myself aware of to prepare this statement. Many of the facts set out below were not known to me until preparing this statement:
  - a. On or around 28 February, Dr. von Watzdorf, the Senior Doctor for the Ruby Princess, instructed Ms. Mary White, Senior Nurse on board the ship, to place an order on an urgent or expedited basis for medical supplies, including 30 viral swabs, via the ship's online ordering system known as "Crunchtime."

On the same day, in accordance with this instruction, Ms. White sent an email to the HAG Supply Chain Team to indicate the order was urgent. A copy of Ms. White's email and an extract from the Crunchtime system in respect of this order are at pages 70 and 71 of **GT-1**.

b. During voyage RU2006, Dr. von Watzdorf made attempts to obtain additional stock of viral swabs through port agents in New Zealand. The Senior Doctor was able to procure approximately 6 swabs. A copy of an email from Dr. von Watzdorf to Mike Reeve, port agent, Tauranga, on 29 February 2020 is at page 72 of **GT-1**.

c. At around 15:04 on 6 March 2020, Ms. White sent a further email to the HAG Supply Chain team asking for an update of when the order would be sent to the ship as the ship required viral swabs. A copy of Ms. White's email is at page 70 of **GT-1**.

d. On 7 March 2020, Dr. von Watzdorf instructed Ms. White to place a further order in Crunchtime for an additional 40 viral swabs, 2000 surgical face masks and 300 influenza test kits. At around 13:12 on 7 March, Ms. White sent a further email to the HAG Supply Chain team asking for them to expedite this order as the items were needed as soon as possible. A copy of Ms. White's email and an extract from the Crunchtime system in respect of this order are at pages 79 and 80 of **GT-1**.

e. At around 14:29 on 7 March 2020, Dr. von Watzdorf sent an email to Dr. Sheppard of NSW Health, copied to others, informing Dr. Sheppard that she had limited stock of viral swabs on board (6 swabs) and asking from where she could procure some more. A copy of Dr. von Watzdorf's email is at page 81 of **GT-1**. Dr. Sheppard did not respond to this request.

f. At around 18:03 on 7 March 2020, Dr. von Watzdorf sent a further email to Ms. Kelly-Anne Ressler of NSW Health, copied to Dr. Sheppard and others, advising that she did not have sufficient stock of viral swabs on board for the next voyage and enquiring whether NSW Health could bring additional stock on board as part of the on board health assessment to be conducted the next day on 8 March 2020. A copy of Dr. von Watzdorf's email is at page 85 of **GT-1**.

g. At around 18:36 on 7 March 2020, Ms. Ressler responded to Dr. von Watzdorf's email indicating she would be able to leave Dr. von Watzdorf with any leftover swabs not used but that Dr. von Watzdorf should try to purchase stock in one of the ship's next ports. A copy of Ms. Ressler's email is at page 91 of **GT-1**.

h. At around 19:19 on 7 March 2020, Dr. von Watzdorf sent a further email to Ms. Ressler stating that she had placed large amounts of swabs on order since she had come on board on 24 February 2020, but that the delivery time for this order was approximately two to four weeks. A copy of Dr. von Watzdorf's email is at page 97 of **GT-1**.



i. Following the health assessment conducted on board the Ruby Princess on 8 March 2020, Ms. Ressler provided Dr. von Watzdorf with a box of 25 viral swabs.

j. When the Ruby Princess left Sydney on 8 March it had 29 viral swabs for COVID-19 testing, in addition to a supply of rapid influenza test kits which contained their own viral swab;

k. At around 18:14 on 9 March 2020, Mr. Johan Matthee, the replacement Senior Nurse on board the Ruby Princess, sent an email to the HAG Supply Chain Team, copied to Dr. von Watzdorf, following up on the status of the order placed by Ms. White on 7 March 2020, and asking whether it was possible to order at least double the amount initially ordered. Mr. Matthee's email also noted that efforts had been made to order supplies locally with no success. A copy of Mr. Matthee's email is at page 104 of **GT-1**.

l. At around 11:48 on 10 March 2020, Dr. von Watzdorf responded to the email from Mr. Matthee asking the HAG Supply Chain Team whether the order could be expedited. A copy of Dr. von Watzdorf's email is at page 104 of **GT-1**.

m. On or about 10 March 2020, arrangements were made for order number 725-1638966 to be sent by air freight to Auckland, New Zealand so that the shipment could be delivered to the ship when it called at the port on 17 March 2020. At pages:

i. 105 to 122 of **GT-1** is a copy of the consignment note issued by Southampton Freight Services Ltd as agents for Emirates together with the invoice for the order; and

ii. 123 of **GT-1** is a copy of the Airfreight Shipment Alert issued by Southampton Freight Services Ltd in relation to the order.

n. At around 09:37 on 11 March 2020, Mr. Norman Hoffman from the HAG Supply Chain team responded to Dr. von Watzdorf and Mr. Matthee noting that he had increased the order of masks and was awaiting vendor confirmations. A copy of Mr. Hoffman's email is at page 124 of **GT-1**.

o. On 14 March 2020, 5 viral swabs were used for testing for COVID-19, with negative results obtained in Wellington, leaving Ruby Princess with approximately 24 viral swabs.

p. Between 12 and 15 March 2020, Dr. von Watzdorf exchanged a series of emails with New Zealand-based logistics agents used by the ship, ISS McKay and Hobbs Global, to arrange for two shipments of medical supplies, including swabs, to be delivered to the Ruby Princess when it arrived in Tauranga. Copies of these emails are at pages 125 to 129 of **GT-1**.

q. On 15 March 2020, the Australian Government announced that it would be denying entry to cruise ships that had left foreign ports from 1 March on 16 March 2020, but that there would be an exception for international cruise ships that had departed their last foreign port and were destined for Australia prior to

that time. Copies of communications received by the ships are at pages 130 to 131 of **GT-1**.

r. At around 18:43 on 15 March 2020, Dr. von Watzdorf sent a further email to representatives of ISS McKay and Hobbs Global notifying that the ship would not be visiting Tauranga or Auckland and requesting that the shipments be urgently re-routed to the ship's port agent in Sydney, Australia. A copy of Dr. von Watzdorf's email is at page 132 of **GT-1**.

s. In the period 15 to 16 March 2020, arrangements were made for the shipments of medical supplies to be sent from Auckland to Sydney. Copies of emails referring to these arrangements are at pages 136 to 140 of **GT-1**.

66. On 18 March 2020 Dr. von Watzdorf asked Ms. Ressler whether she wanted all US guests swabbed. Ms. Ressler responded by suggesting the doctor should prioritize based on the availability of swabs.
67. The 22 February 2020 NSW Protocol on page 2 refers to collecting two viral swabs, one of which was to be used for rapid influenza testing, and the other to be used for COVID-19 testing. I would interpret this to mean that NSW Health expected any passenger or crew member with ILI to be swabbed for COVID-19. There is no specific definition of how many swabs would be required to meet the requirement. HAG routinely collects and analyses data of respiratory illness on cruises. I am aware that this data for over a 4-year period shows approximately 2% of all passenger cruises reach outbreak thresholds. An outbreak of influenza is defined as 1% or more of either total passengers or crew presenting with an ILI. For the cruise commencing 8 March 2020, Ruby Princess had on board 3,795 people, consisting of 2,647 passengers and 1,148 crew. Applying standard cruise industry public health definitions, an outbreak threshold is met if there are 1% of passengers (n=27) or 1% of crew (n=12) reporting ILI during the voyage. Based on this information, one would normally expect that for a cruise ship of the size of the Ruby Princess fewer than 38 people would be expected to report an ILI during a voyage. Therefore, in my opinion, the 29 viral swabs specific for COVID-19 plus the additional rapid influenza test kits containing their own viral swabs, was reasonable to meet the requirement of the NSW Health Protocol dated 22 February 2020 when the ship left Sydney on 8 March 2020.
68. Noting that the Ruby Princess was at sea on 9 March 2020 when the updated NSW Protocol was issued, I consider that the ship's medical personnel took reasonable steps to try to obtain additional swabs from ports in New Zealand. The plan to obtain additional swabs in New Zealand was thwarted by unexpected changes to the ship's itinerary.

#### **IX. Onboard announcements regarding ARI assessments**

69. The NSW Health Protocol updated on 9 March 2020 required ships to identify passengers and crew with acute respiratory illness (ARI)—including cough, sore throat, fever or difficulty breathing—by making regular announcements throughout the cruise, inviting them to attend the clinic for assessment. The

Protocol asked cruise companies to consider making medical assessment for ARI/ILI free to passengers as well as crew.

70. I understand that during the Ruby Princess voyage between 8 and 19 March 2020, the following announcement was made over the ship's PA system: "Our medical team would like to see all guests and crew with fever or respiratory symptoms to present themselves to our medical centre located on deck 4 mid-ship during clinic hours. If you do not have a fever or respiratory symptoms there is no need to come to our medical centre, only guests that experience fever or respiratory symptoms". A copy of an email with the terms of the announcement is at page 141 of **GT-1**.
71. I understand that the medical centre adopted the following procedure in relation to charging passengers for consultations involving ARI:
- a. Passengers presenting with symptoms would sign a consent form to consult with a doctor, which would result in an automated charge being recorded on their cruise account;
  - b. The passengers were advised at the time that the charge against their account would be reversed on check out, or refunded to them;
  - c. The electronic health record system could not record a medical item or consultation without a charge being generated. The passengers were informed of this and that all respiratory illness charges would be reversed in their account
  - d. If those charges were not reversed before disembarkation they were refunded to the passenger after the cruise;
  - e. If some passengers were not refunded the charge, that was an unintentional oversight.
72. Although the NSW Health Protocol updated on 9 March 2020 did not require an announcement that respiratory disease consultations were to be free, I have been informed that when passengers presented to the medical center, they were informed there would be no fee for the service.
73. Finally, I wish to address the suggestion that the Company would not wish to advise passengers that assessments were free of charge by a desire to put profits over the health of its passengers. To the contrary, our policy and practice was to reimburse the relevant charges on the Ruby Princess where this had been an issue. Similar messages have been announced on other cruises in the past.

**X. Management of crew from 19 March 2020**

74. I am aware that on 16 March 2020, the Project Green Team Situation Report recorded that, following the disembarkation of guest from the Ruby Princess, the proposal with respect to crew accommodation was as follows:

“Need to self-isolate on ship for 14 days. Do not need to isolate in individual cabins. The ship is compared to someone’s home.”

75. This advice did not come from me or my team.
76. Following the announcement of the pause in cruising operations on 12 March 2020, planning commenced for all crew to be moved to single cabins fleetwide following the final disembarkation of passengers. On 20 March 2020, there was a fleet wide instruction to move all crew to single occupancy cabins, primarily passenger cabins in the interest of health and wellbeing. A copy of the email and attachments is at page 142 of **GT-1**.
77. On 20 March 2020, in response to the reports of positive COVID-19 cases, James Leonard Senior Manager, Public Health, in the Health Services department of the Holland America Group, emailed the Ruby Princess with Health and Sanitation Protocols for crew remaining on the Ruby Princess. In addition to requiring additional health protocols, it included moving all crew into single-occupancy cabins, preferably guest cabins with outside access where possible. A copy of the email and attachments is at page 173 of **GT-1**.

**XI. Statement of truth**

78. I believe that the facts stated in this witness statement are true.

Signed:

Dated:

Place of Signature:

**Grant**

**Tarling**

Digitally signed by Grant  
Tarling  
DN: cn=Grant Tarling, o=HA  
Group, ou=Health Services,  
email=[REDACTED]  
[REDACTED] c=US  
Date: 2020.06.28 20:56:23  
-07'00'

**IN THE SPECIAL COMMISSION OF INQUIRY INTO THE RUBY PRINCESS**

**GRANT ASHLEY TARLING**

**EXHIBIT CERTIFICATE**

**"GT-1"**

This and the following 195 pages is GT-1  
exhibited to me at the time of signing my statement

Grant  
Tarling

Digitally signed by Grant Tarling  
DN: cn=Grant Tarling, o=HA  
Group, ou=Health Services,  
email=[REDACTED],  
c=US  
Date: 2020.06.28 20:59:59 -0700

Grant A. Tarling

29 June 2020

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## Quarantine and Isolation

### Coronavirus Disease 2019 Guidance for Ships



#### Summary of Recent Changes

Revisions were made on February 18, 2020 to reflect the following:

- Clarified guidance on laundry and disposal of used PPE and other disposable items.

[Summary of Past Changes](#)

Early detection, prevention, and control of Coronavirus Disease 2019 (COVID-19) on ships is important to protect the health of travelers on ships and to avoid transmission of the virus by disembarking passengers and crew members who are suspected of having COVID-19.

The latest situation summary updates are available on CDC's web page [Coronavirus Disease 2019](#).

## *Purpose*

This document provides guidance for ships originating from, or stopping in, the United States to help prevent, detect, and medically manage suspected COVID-19 infections. As ships travel worldwide, ship management and medical staff need to be aware and respond to local jurisdictional requirements.

A patient's travel and exposure history, clinical presentation, and underlying medical conditions are essential in the assessment and decision-making process for patients who may need for further medical evaluation, testing, and treatment.

This document provides guidance for preventing spread of COVID-19 during and after a voyage, including personal protective measures for crew members.

CDC will update this interim guidance to ships as needed and as additional information becomes available.

## *Reducing the spread*

Commercial shipping, including cruise ships and other passenger vessels, involves the movement of large numbers of people in closed and semi-closed settings. Like other close-contact environments, ships may facilitate transmission of respiratory viruses from person to person through exposure to respiratory droplets or contact with contaminated surfaces.

To reduce spread of respiratory infections including COVID-19, CDC recommends that ships encourage crew members and passengers to

- Postpone travel when sick
- Watch their health
- Self-isolate and inform the onboard medical center immediately if they develop a fever (100.4°F / 38°C or higher), begin to feel feverish, or develop other signs or symptoms of sickness
- Use respiratory, cough, and hand hygiene
  - Advise passengers and crew of the importance of covering coughs and sneezes with a tissue. Dispose used tissues immediately in a disposable container (e.g., plastic bag) or a washable trash can.
  - Remind passengers and crew members to wash their hands often with soap and water, especially after coughing or sneezing. If soap and water are not available, they can use a hand sanitizer containing 60%-95% alcohol).

## *Clinical evaluation of suspect cases*

Identifying and isolating passengers and crew with possible symptoms of COVID-19 as soon as possible is needed to minimize transmission of this virus. Cruise ship medical personnel and telemedicine providers should reference CDC's COVID-19 website [Information Healthcare Professionals](#) for the latest information on infection control, clinical management, collecting clinical specimens, and evaluating patients who may be sick with or who have been exposed to COVID-19.

Symptoms may include fever, cough, and shortness of breath. Patients have a fever if they feel warm to the touch, give a history of feeling feverish, or have a measured temperature of 100.4°F (38°C) or higher. COVID-19 infections have ranged from little-to-no symptoms to severe illness and death. The [incubation period is believed to be 2–14 days](#). Cruise ship medical staff and telemedicine providers evaluating patients with fever or acute respiratory illness should obtain a detailed travel history and assess for any other potential exposures to a person with confirmed COVID-19 infection.

Although routes of transmission have yet to be definitively determined, CDC recommends a cautious approach to interacting with patients under investigation.

- Ask such patients to wear a facemask (a surgical mask, not N-95) as soon as they are identified.
- Evaluate patients in a private room with the door closed, ideally an airborne infection isolation room, if available.
- [Staff entering the room should use Standard Precautions, Contact Precautions, and Airborne Precautions, and use eye protection \(such as goggles or a face shield\)](#).
- Because the signs and symptoms of COVID-19 are non-specific, people onboard who have fever or acute respiratory illness should be tested for influenza. CDC's [influenza website](#) also includes recommendations for the clinical use of influenza diagnostic tests, information on available tests, specimen collection, and guidance on interpreting influenza testing results. CDC has published [Guidance for Cruise Ships on Influenza-like Illness \(ILI\) Management](#).

## *Managing sick passengers or crew when boarding and onboard*

Deny boarding of a passenger or crew member who is suspected to have COVID-19 infection based on signs and symptoms plus travel history in China or other known exposure at the time of embarkation.

Isolate passengers or crew onboard who are suspected of having COVID-19 infection in a single-occupancy cabin with the door closed until symptoms are improved. Discontinuing isolation precautions is made on a case-by-case basis, in consultation with CDC.

Ideally, medical follow-up should occur in the isolated person's cabin. Coordinate visits to the onboard medical center in advance, if needed, with medical staff. Have the sick person [wear a facemask](#) before leaving their cabin.



## *Managing passengers and crew after exposure*

Refer to [CDC guidance](#) for information about assessing exposure risk and recommended public health management. CDC is available for consultation on risk assessment and management of exposed passengers and crew. For consultation, contact the CDC Emergency Operations Center at 770-488-7100 or [eocreport@cdc.gov](mailto:eocreport@cdc.gov).

Passengers and crew members who have had high-risk exposures to a person suspected of having COVID-19 should be quarantined in their cabins. All potentially exposed passengers, cruise ship medical staff, and crew members should self-monitor under supervision of ship medical staff or telemedicine providers until 14 days after the last possible exposure.

## *Preventing infection in crew members*

Ensure your crew members are aware of the

- Global risk of COVID-19 during international travel
- Signs and symptoms that may indicate a sick traveler has COVID-19
- Requirement for the ship's medical unit to report a traveler with suspected or known COVID-19 to CDC, if ship is destined for a US port
- Importance of not working on a ship while sick with fever or acute respiratory symptoms

The ship's company should also review their sick leave policies and communicate them to employees.

CDC recommends that crew members who self-report or appear to have fever or acute respiratory symptoms (such as cough or shortness of breath) be immediately evaluated.

In addition to annual influenza vaccination, have crew members follow these recommendations when their work activities involve contact with passengers and other crew members who have fever or acute respiratory illness.

- Ask the sick person to wear a facemask if tolerated, [any time they leave their cabin or interact with other people](#).
- Maintain a distance of 6 feet from the sick person while interviewing, escorting, or providing other assistance.
- Keep interactions with sick people as brief as possible.
- Limit the number of people who interact with sick people. To the extent possible, have a

single person give care and meals to the sick person.

- Avoid touching your eyes, nose, and mouth.
- [Wash your hands often with soap and water](#) . If soap and water are not available and if hands are not visibly soiled, use a hand sanitizer containing 60%-95% alcohol.
- Provide tissues and access to soap and water and ask the sick persons to:
  - Cover their mouth and nose with a tissue (or facemask) when coughing or sneezing.
  - Throw away used tissues immediately in a disposable container (e.g., plastic bag) or a washable trash can.
  - Wash their hands often with soap and water for 20 seconds. If soap and water are not available and hands are not visibly soiled, the sick person should use a hand sanitizer containing 60%-95% alcohol.
- If soap and water are not available and hands are not visibly soiled, the sick person should use a hand sanitizer containing 60%-95% alcohol.

## *Personal protective equipment and instructions for crew members*

- Instruct crew members and other staff who may have contact with people with symptoms of COVID-19 in the proper use, storage, and disposal of personal protective equipment (PPE). Wrong use or handling of PPE can increase the spread of disease.
- Wear impermeable, disposable gloves if crew members need to have direct contact with sick people or potentially contaminated surfaces, rooms, or lavatories used by sick passengers and crew members. Instruct crew members to wash their hands with soap and water or use an alcohol-based hand sanitizer after removing gloves. Discard used gloves in the trash and don't wash or save for reuse. Avoid touching their faces with gloved or unwashed hands.
- Wearing N-95 respirators or face masks is not generally recommended for cruise ship crew members for general work activities. Wearing face masks can be considered for cruise ship workers who can't avoid close contact with people who have fever, cough, or difficulty breathing. Crew members need annual fit testing to wear N-95 respirators.

## *Reporting*

[CDC requires](#) that ships destined for a US port of entry immediately report any death onboard or illness that meets CDC's definition of "ill person," including suspected cases of COVID-19, to the [CDC Quarantine Station](#) with jurisdiction for the port.

Additional information for non-cruise ships: : If the signs and symptoms are consistent with CDC's standard [required reporting](#) requirements, please have the following information available before notifying the nearest [CDC Quarantine Station](#) :

- List of the sick traveler's signs and symptoms, including onset dates
- The sick traveler's highest recorded temperature
- The sick traveler's embarkation date and port
- The ship's ports of call during the 14 days before the person got sick
- List of ports of call where the sick traveler disembarked during the 14 days before the person got sick

For ships on international voyages, if an illness occurred on board, complete the Maritime Declaration of Health and send to the competent authority, according to the 2005 International Health Regulations and the national legislation of the country of disembarkation.

## *Consultation*


To consult CDC about assessing exposure risk and identifying contacts of ill travelers and crew, clinical management, laboratory specimen collection, or infection control concerns related to COVID-19, contact the CDC Emergency Operations Center at 770-488-7100 or [eocreport@cdc.gov](mailto:eocreport@cdc.gov) .

## *Managing passengers or crew upon disembarkation*

Before arriving at a US port, vessel medical staff and telemedicine providers or a cruise line representative must discuss the disembarkation of patients suspected of having COVID-19 with the [CDC Quarantine Station](#) having jurisdiction for the port and with the state and local health departments. CDC quarantine officials can help communicate with state and local health departments and will work with the ship's company, port partners, and health departments to ensure safe disembarkation and medical transportation of the patient upon arrival.

## *Additional recommendations*

## *Personal protective equipment*

Instruct crew members and other staff who may have contact with persons suspected of having COVID-19 in the proper storage, use (including [safe donning and doffing](#)  [PDF – 3 pages]), and disposal of PPE. Wrong use or handling of PPE can increase spread of disease.

## *Ship supplies*

Ships should ensure availability of conveniently located dispensers of alcohol-based hand sanitizer. Where sinks are available, ensure handwashing supplies (such as soap, disposable towels) are consistently available.

Ships should carry a sufficient quantity of

- PPE, including facemasks, NIOSH-certified disposable N95 filtering facepiece respirators, eye protection such as goggles or disposable face shields that cover the front and sides of the face, and disposable medical gloves and gowns.
- medical supplies to meet day-to-day needs. Have contingency plans for rapid resupply during outbreaks.
- sterile viral transport media and sterile swabs to collect nasopharyngeal and nasal specimens if COVID-19 infection is suspected.

These optimal recommendations can be modified to reflect individual ship capabilities and characteristics.

## *Cleaning and Disinfection*

At this time, in addition to routine cleaning and disinfection strategies, ships may consider more frequent cleaning of commonly touched surfaces such as handrails, countertops, and doorknobs. The primary mode of COVID-19 virus transmission is believed to be through respiratory droplets that are spread from an infected person through coughing or sneezing to a susceptible close contact within about 6 feet. Therefore, widespread disinfection is unlikely to be effective.


### *Cleaning when COVID-19 is suspected*

Cleaning recommendations are based on existing [CDC infection control guidance](#) for preventing COVID-19 from spreading to others in homes.

Standard practice for pathogens spread by air (such as measles, tuberculosis) is to restrict people


unprotected (for example, no respiratory protection) from entering a vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on [clearance rates under differing ventilation conditions](#) is available).

We don't yet know how long COVID-19 remains infectious in the air.


In the interim, it is reasonable to apply a similar time period before entering the sick person's room without respiratory protection as used for other pathogens spread by air (for example, measles, tuberculosis). [Using measles as the example](#)  [PDF – 13 pages], restrict access for two hours after the sick person has left the room.

Clean surfaces infected by the respiratory secretions of a sick person suspected with COVID-19 (for example, in the sick person's living quarters or work area, and in isolation rooms).

Use disinfectant products against COVID-19 with Environmental Protection Agency (EPA)-approved emerging viral pathogens claims. These products can be identified by the following claim:

- [Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.
  - Specific claims for "COVID-19" will not appear on the product or master label.
  - More information about EPA-approved emerging viral pathogens claims can be found [here](#) .
  - If there are no available EPA-registered products with an approved emerging viral pathogen claim for COVID-19, use products with label claims against human coronaviruses according to label instructions.


This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to healthcare facilities, physicians, nurses, and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related).

In addition to wearing disposable gloves during routine cleaning, wear disposable gowns when cleaning areas suspected to be contaminated by COVID-19. Wear PPE compatible with the disinfectant products being used and approved for use onboard the ship. [Remove carefully](#)  [PDF – 1 page] gloves and gowns to avoid cross-contamination and the surrounding area.

Perform [hand hygiene](#) upon removing and disposing gloves by washing hands often with soap and

water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol.

Clean all “high-touch” surfaces in the sick person’s room (for example, counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables) according to instructions described for the above EPA-registered product. Wear disposable gloves and gowns during cleaning activities.

If visible contamination (for example, blood, respiratory secretions, or other body fluids) is present, the basic principles for blood or body substance spill management are outlined in the United States Occupational Safety and Health Administration (OSHA) [Bloodborne Pathogen Standard](#) . CDC guidelines recommend removing bulk spill matter, cleaning the site, and then disinfecting the site with the above EPA-registered disinfectant. For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present, and wash according to the manufacturer’s instructions. Clean and disinfect unremovable materials with products mentioned above and allow to air dry.

When cleaning is completed, collect soiled textiles and linens in sturdy leak-proof containers; these can be laundered using conventional processes following your standard operating procedures. PPE should be removed and placed with other disposable items in sturdy, leak-proof (plastic) bags that are tied shut and not reopened. The bags of used PPE and disposable items can then be placed into the solid waste stream according to routine procedures. Follow your standard operating procedures for waste removal and treatment.

No additional cleaning is needed for the ship’s supply-and-return ventilation registers or filtration systems.

No additional treatment of wastewater is needed.

## Summary of Past Changes

Revisions were made on February 13, 2020 to reflect the following:

- Updated guidance title to include “Suspected”
- Updated 2019-nCoV to “Coronavirus Disease 2019 (COVID-19)”
- Updated guidance on managing sick passengers or crew when boarding and onboard to isolate passengers or crew onboard who are suspected of having COVID-19.

- Updated guidance on preventing infection in crew members to include asking the sick person to wear a facemask if tolerated, any time they leave their cabin or interact with other people.
- Updated guidance on additional items to report for non-cruise ships.

Page last reviewed: February 18, 2020

## Quarantine and Isolation

About Quarantine and Isolation 


Quarantine Stations 

Legal Authorities 

Airline Guidance 

Cruise Ship Guidance 

Interim Guidance During the Period of the No Sail Order

Reporting Death or Illness on Cruises 

Management of Ill Passengers/Crew 

### Coronavirus Disease 2019 Guidance for Ships

Measles Maritime Recommendations

Varicella (Chickenpox) Management

Influenza-like Illness (ILI) Management

Cargo Ship Guidance 

Maritime Resources 

Contact Investigation

Travel Restrictions



## Related Links

[Importation](#)

[United States - Mexico Public Health](#)

[Travelers' Health](#)

[Vessel Sanitation Program](#)

[Funding and Guidance for State and Local Health Departments](#)

[Emergency Preparedness and Response](#)

[Division of Global Migration and Quarantine](#)

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# Coronavirus Disease 2019 (COVID-19)

## Evaluating and Reporting Persons Under Investigation (PUI)

Summary of Recent Changes

Revisions were made on March 4, 2020, to reflect the following:

- Criteria for evaluation of Persons Under Investigation (PUI) were expanded to a wider group of symptomatic patients.


Revisions were made on February 28, 2020, to reflect the following:

- Updated recommendations for specimen collection.

Updated March 4, 2020

Limited information is available to characterize the spectrum of clinical illness associated with coronavirus disease 2019 (COVID-19). No vaccine or specific treatment for COVID-19 is available; care is supportive.

The CDC clinical criteria for a COVID-19 person under investigation (PUI) have been developed based on what is known about COVID-19 and are subject to change as additional information becomes available.



Contact your local or state health department

Healthcare providers should **immediately** notify their [local](#) or [state](#) health department in the event of a PUI for COVID-19.

## Criteria to Guide Evaluation of PUI for COVID-19

As availability of diagnostic testing for COVID-19 increases, clinicians will be able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by FDA under an Emergency Use Authorization (EUA). Clinicians will also be able to access laboratory testing through public health laboratories in their jurisdictions.

This expands testing to a wider group of symptomatic patients. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever<sup>1</sup> and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers<sup>2</sup>, who have had close contact<sup>3</sup> with a laboratory-confirmed<sup>4</sup> COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas<sup>5</sup> (see below) within 14 days of symptom onset.

International Areas with Sustained (Ongoing) Transmission

Last updated February 28, 2020

- China ([Level 3 Travel Health Notice](#))
- Iran ([Level 3 Travel Health Notice](#))

- Italy ([Level 3 Travel Health Notice](#))
- Japan ([Level 2 Travel Health Notice](#))
- South Korea ([Level 3 Travel Health Notice](#))

# Recommendations for Reporting, Testing, and Specimen Collection

Updated February 28, 2020

Clinicians should immediately implement [recommended infection prevention and control practices](#) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if a patient is classified as a PUI for COVID-19. State health departments that have identified a PUI or a laboratory-confirmed case should complete a [PUI and Case Report form](#) through the processes identified on CDC's Coronavirus Disease 2019 website. State and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours or on weekends or holidays.

For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal AND oropharyngeal swabs). CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens](#) from Patients Under Investigation (PUIs) for COVID-19 and [Biosafety FAQs](#) for handling and processing specimens from suspected cases and PUIs.

## Footnotes

<sup>1</sup>Fever may be subjective or confirmed

<sup>2</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

<sup>3</sup>Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#).





Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be

given to healthcare personnel exposed in healthcare settings as described in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#).

<sup>4</sup>Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

<sup>5</sup>Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all [COVID-19 Travel Health Notices](#).

## Additional Resources:

- [State health department after-hours contact list](#) 
- [Directory of Local Health Departments](#) 
- [World Health Organization \(WHO\) Coronavirus](#) 
- [WHO guidance on clinical management of severe acute respiratory infection when COVID-19 is suspected](#) 

Page last reviewed: March 4, 2020

## SARS-CoV-2 and influenza virus co-infection

Since December, 2019, coronavirus disease 2019 (COVID-19) has been an international public health emergency.<sup>1-3</sup> Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) mimics the influenza virus regarding clinical presentation, transmission mechanism, and seasonal coincidence.<sup>3</sup> Thus, co-infection by both viruses is feasible. To the best of our knowledge, only one case of co-infection is known, although the diagnosis was sequential.<sup>4</sup> Here, we present four cases of SARS-CoV-2 and influenza co-infection, diagnosed simultaneously.

Patients 1-3 were men aged 53, 78, and 56 years, respectively, and patient 4 was a woman aged 81 years (table). All four patients had a medical history of hypertension. Patients 1 and 4 had a history of end-stage kidney disease on haemodialysis, and patients 2 and 4 had type 2 diabetes. All four patients attended the emergency department because of non-productive cough, fever, and dyspnoea for 3 days.

Physical examination revealed tachypnoea and bronchospasm with low oxygen saturation for all patients except for patient 3, whose values were normal. Chest radiography

at admission was pathological in two patients: patient 2 had bilateral infiltrates, and patient 4 had a right bilobar pneumonia. The analytical findings are summarised in the table.

Rapid nucleic acid amplification test for influenza A was positive in patients 1 and 2. Patient 3 tested positive for both influenza A and B, and patient 4 tested positive for influenza B. Following the local diagnosis protocol for SARS-CoV-2, simultaneous RT-PCR was done and was positive for all four patients. Patient 3 was discharged after 48 h without treatment or complications. However, rapid respiratory deterioration, orotracheal intubation, and mechanical ventilation were required for patients 1, 2, and 4.

We initiated treatment with lopinavir-ritonavir 400/100 mg twice a day, oral hydroxychloroquine 200 mg twice a day (in haemodialysis patients, 100 mg twice a day), and oral oseltamivir 150 mg twice a day (in haemodialysis patients, 30 mg every 48 h). Subcutaneous interferon  $\beta$ -1b 8MU was added every 48 h in patients 2 and 4. Patient 1 showed clinical improvement and 72 h after admission he remained stable with minimal oxygen requirements. Patients 1 and 4 remained under mechanical ventilation 72 h after admission.

Here we highlight four cases of SARS-CoV-2 and influenza co-infection and show the implications

that such a co-infection can have. The clinical and analytical courses in these patients did not differ from those previously reported for COVID-19.<sup>5</sup> However, more studies are needed to assess the effect of the SARS-CoV-2 and influenza co-infection in clinical outcomes. We call on the medical community to be aware and take COVID-19 into account as a potential diagnosis even in patients with other viral causes, especially in epidemic areas.

We declare no competing interests. EC-P and EM-M contributed equally.

Elena Cuadrado-Payán,  
Enrique Montagud-Marrahi,  
Manuel Torres-Elorza, Marta Bodro,  
Miquel Blasco, Esteban Poch,  
Alex Soriano, \*Gaston J Piñeiro  
gjpineir@clinic.cat

Hospital Clinic of Barcelona, Barcelona 08036, Spain

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	CRP (mg/dL [ $<1$ mg/dL])			LDH (U/L [ $<234$ U/L])			Ferritin (ng/mL [20-400])			D-dimer (ng/mL [ $<500$ ])			Lymphocyte count ( $\times 10^9$ cells per L [0.9-4.5])			Platelets count ( $\times 10^9$ cells per L [130-400])			Ultrasensitive troponin I (ng/L [ $<45$ -2])		
	0 h	24 h	72 h	0 h	24 h	72 h	0 h	24 h	72 h	0 h	24 h	72 h	0 h	24 h	72 h	0 h	24 h	72 h	0 h	24 h	72 h
Patient 1 (man, 53 years)	4.3	10	10	NA	191	209	NA	905	1203	NA	700	1300	0.6	0.4	0.3	125	101	86	191	168	300
Patient 2 (man, 78 years)	14.0	15.0	3.6	314	340	283	NA	162	235	NA	NA	2100	0.3	0.3	0.5	60	60	81	NA	NA	NA
Patient 3 (man, 56 years)	2.1	3.18	NA	NA	NA	NA	280	305	NA	200	200	NA	1.2	1.8	NA	199	205	NA	2.8	2.9	NA
Patient 4 (woman, 81 years)	1.3	6.1	9.7	247	231	250	NA	NA	NA	200	NA	NA	0.5	0.5	0.7	99	78	78	1748	648	836

Numbers in square brackets correspond to the normal laboratory values. CRP=C-reactive protein. LDH=Lactate dehydrogenase. NA=not available.

**Table:** Analytical findings of four patients with severe acute respiratory syndrome coronavirus 2 and influenza virus co-infection



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## Rates of Co-infection Between SARS-CoV-2 and Other Respiratory Pathogens

[David Kim](#), MD, PhD,<sup>1</sup> [James Quinn](#), MD, MS,<sup>1</sup> [Benjamin Pinsky](#), MD, PhD,<sup>2</sup> [Nigam H. Shah](#), MBBS, PhD,<sup>3</sup> and [Ian Brown](#), MD, MS<sup>1</sup>

<sup>1</sup>Department of Emergency Medicine, Stanford University School of Medicine, Stanford, California

<sup>2</sup>Department of Pathology and Medicine, Stanford University School of Medicine, Stanford, California

<sup>3</sup>Department of Biomedical Data Science, Stanford University School of Medicine, Stanford, California

✉Corresponding author.

### Article Information

**Corresponding Author:** James Quinn, MD, MS, Department of Emergency Medicine, Stanford University School of Medicine, 300 Pasteur Dr, Alway Bldg M023, Stanford, CA 94305 ([quinnj@stanford.edu](mailto:quinnj@stanford.edu)).

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**Author Contributions:** Drs Kim and Brown had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

*Concept and design:* Kim, Quinn, Brown.

*Acquisition, analysis, or interpretation of data:* Kim, Quinn, Pinsky, Shah, Brown.

*Drafting of the manuscript:* Kim, Quinn.

*Critical revision of the manuscript for important intellectual content:* Kim, Quinn, Pinsky, Shah, Brown.

*Statistical analysis:* Kim, Shah.

*Administrative, technical, or material support:* Quinn, Pinsky, Brown.

*Supervision:* Quinn, Brown.

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This study describes the prevalence of SARS-CoV-2 co-infection with noncoronavirus respiratory pathogens in a sample of symptomatic patients undergoing PCR testing in March 2020.

As of April 3, 2020, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) had caused 972 303 cases of coronavirus disease 2019 (COVID-19) and 50 322 deaths worldwide. Early reports from China suggested that co-infection with other respiratory pathogens was rare. If this were the case, patients



positive for other pathogens might be assumed unlikely to have SARS-CoV-2. The Centers for Disease Control and Prevention endorsed testing for other respiratory pathogens, suggesting that evidence of another infection could aid the evaluation of patients with potential COVID-19 in the absence of widely available rapid testing for SARS-CoV-2. Here we report on co-infection rates between SARS-CoV-2 and other respiratory pathogens in Northern California.

## Methods

From March 3 through 25, 2020, we performed real-time reverse transcriptase–polymerase chain reaction tests for SARS-CoV-2 and other respiratory pathogens on nasopharyngeal swabs of symptomatic patients (eg, cough, fever, dyspnea). Our laboratory (Stanford Health Care) tested specimens from multiple sites in northern California. At some sites, specimens were simultaneously tested for a panel of non–SARS-CoV-2 respiratory pathogens (influenza A/B, respiratory syncytial virus, non–SARS-CoV-2 Coronaviridae, adenovirus, parainfluenza 1-4, human metapneumovirus, rhinovirus/enterovirus, *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*). We included only specimens from sites that tested for this panel in addition to SARS-CoV-2.

We calculated the proportions of specimens positive for SARS-CoV-2 and for each non–SARS-CoV-2 pathogen, stratified by SARS-CoV-2 infection status. We evaluated differences in proportions with  $\chi^2$  tests with continuity correction (significance threshold,  $P < .05$ ). We calculated mean ages of patients for all subgroups and compared means with 2-sided  $t$  tests. Analyses were conducted in R version 3.6.0 (R Foundation for Statistical Computing).

The analysis was performed as a quality assessment of a new diagnostic test, and the study was deemed exempt from human participants protection by the Stanford University institutional review board.

## Results

We studied 1217 specimens tested for SARS-CoV-2 and other respiratory pathogens, from 1206 unique patients; 116 of the 1217 specimens (9.5%) were positive for SARS-CoV-2 and 318 (26.1%) were positive for 1 or more non–SARS-CoV-2 pathogens. [Table 1](#) reports patient demographics and location of testing, stratified by presence of SARS-CoV-2 and non–SARS-CoV-2 pathogens.

Of the 116 specimens positive for SARS-CoV-2, 24 (20.7%) were positive for 1 or more additional pathogens, compared with 294 of the 1101 specimens (26.7%) negative for SARS-CoV-2 ([Table 1](#)) (difference, 6.0% [95% CI, –2.3% to 14.3%]). The most common co-infections were rhinovirus/enterovirus (6.9%), respiratory syncytial virus (5.2%), and non–SARS-CoV-2 Coronaviridae (4.3%) ([Table 2](#)). None of the differences in rates of non–SARS-CoV-2 pathogens between specimens positive and negative for SARS-CoV-2 were statistically significant at  $P < .05$ .

Of 318 specimens positive for 1 or more non–SARS-CoV-2 pathogens, 24 (7.5%) were also positive for SARS-CoV-2. Among 899 specimens negative for other pathogens, 92 (10.2%) were positive for SARS-CoV-2 (difference, 2.7% [95% CI, –1.0% to 6.4%]).

Results were not substantially changed by restricting the analysis to 1 specimen per patient (defaulting to the second specimen when results conflicted): of 115 patients positive for SARS-CoV-2, 23 (20.0%) were positive for other pathogens, compared with 292 of 1091 patients (26.8%) negative for SARS-CoV-2 (difference, 6.8% [95% CI, –1.5% to 15.0%]). Of 315 patients positive for other pathogens, 23 (7.3%) were positive for SARS-CoV-2, compared with 92 of 891 patients (10.3%) negative for other pathogens (difference, 3.0% [95% CI, –0.7% to 6.7%]).

Patients with co-infections did not differ significantly in age (mean, 46.9 years) from those infected with SARS-CoV-2 only (mean, 51.1 years) (4.2-year difference [95% CI, –4.8 to 13.2]).

## Discussion

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These results suggest higher rates of co-infection between SARS-CoV-2 and other respiratory pathogens than previously reported, with no significant difference in rates of SARS-CoV-2 infection in patients with and without other pathogens. The presence of a non-SARS-CoV-2 pathogen may not provide reassurance that a patient does not also have SARS-CoV-2.

The study is limited to a single region. Given limited sample size, restriction to multiply tested specimens, and spatiotemporal variation in viral epidemiology, the analysis is limited in the detection of specific co-infection patterns potentially predictive of SARS-CoV-2. Nonetheless, these results suggest that routine testing for non-SARS-CoV-2 respiratory pathogens during the COVID-19 pandemic is unlikely to provide clinical benefit unless a positive result would change disease management (eg, neuraminidase inhibitors for influenza in appropriate patients).

## Notes

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**Section Editor:** Jody W. Zylke, MD, Deputy Editor.

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## Figures and Tables

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**Table 1.****Patient Characteristics and Sites of Specimen Collection, by SARS-CoV-2 and Non-SARS-CoV-2 Pathogen Status**

Characteristic	SARS-CoV-2 status, No. (%)			
	Negative (n = 1101)		Positive (n = 116)	
	Positive for other respiratory pathogen	Negative for other respiratory pathogen	Positive for other respiratory pathogen	Negative for other respiratory pathogen
No. of samples	294	807	24	92
No. of patients <sup>a</sup>	292	800	23	92
Age, mean (range), y <sup>b</sup>	48.8 (7-82)	43.8 (1-100)	50.8 (9-88)	43.3 (1-98)
Female, No./total (%) <sup>b</sup>	161/292 (55.1)	443/800 (55.4)	12/23 (52.2)	52/92 (56.5)
Site of specimen collection, No./total (%) <sup>c</sup>				
Outpatient clinic	115/294 (39.1)	347/807 (43.0)	11/24 (45.8)	39/92 (42.4)
Emergency department				
Discharged	122/294 (41.5)	301/807 (37.3)	12/24 (50.0)	38/92 (41.3)
Admitted <sup>d</sup>	28/294 (9.5)	109/807 (13.5)	1/24 (4.2)	15/92 (16.3)
Inpatient	29/294 (9.9)	50/807 (6.2)	0/24	0/92

Abbreviation: SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

<sup>a</sup>Row sum (1207) is greater than the total number of unique patients (1206) because 1 patient was tested twice, 11 days apart, with different results for non-SARS-CoV-2 pathogens, and so appears in the first 2 columns.

<sup>b</sup>Mean age and proportion female are calculated with respect to unique patients.

<sup>c</sup>Proportions of samples collected at different sites are calculated with respect to numbers of samples.

<sup>d</sup>Denotes patients tested in the emergency department and admitted to an inpatient ward from the emergency department.

**Table 2.**

**Proportions of Specimens Positive for Non–SARS-CoV-2 Respiratory Pathogens and Mean Patient Ages for Each Subgroup, by SARS-CoV-2 Result<sup>a,b</sup>**

Pathogen	SARS-CoV-2 status			
	Negative (n = 1101)	Positive (n = 116)		
	Proportion positive for other respiratory pathogen, No. (%) <sup>b</sup>	Mean age of positive patients, y	Proportion positive for other respiratory pathogen, No. (%) <sup>b</sup>	Mean age of positive patients, y
Influenza				
A	29/1101 (2.6)	45.9	1/116 (0.9)	74.0
B	8/1101 (0.7)	21.6	0/116 (0)	
RSV	32/1101 (2.9)	26.0	6/116 (5.2)	52.3
Parainfluenza				
1	1/1101 (0.1)	71.0	1/116 (0.9)	43.0
2	0/1101 (0)		0/116 (0)	
3	2/1101 (0.2)	40.0	1/116 (0.9)	45.0
4	5/1101 (0.5)	26.6	1/116 (0.9)	36.0
Metapneumovirus	47/1101 (4.3)	41.1	2/116 (1.7)	67.0
Rhinovirus/enterovirus	133/1101 (12.1)	32.6	8/116 (6.9)	42.1
Adenovirus	10/1101 (0.9)	14.1	0/116 (0)	
Other Coronaviridae	39/1101 (3.5)	42.2	5/116 (4.3)	40.8
<i>Chlamydia pneumoniae</i>	0/1060 (0)		0/116 (0)	
<i>Mycoplasma pneumoniae</i>	6/1101 (0.5)	14.8	0/116 (0)	

[Open in a separate window](#)

Abbreviations: RSV, respiratory syncytial virus; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

<sup>a</sup>Positive results for non–SARS-CoV-2 pathogens may in some cases represent the detection of residual virus in resolved cases, rather than clinical co-infection as such.

<sup>b</sup>None of the differences in proportions positive between patients positive and negative for SARS-CoV-2 are statistically significant at  $P < .05$  ( $\chi^2$  tests with continuity correction).



## CARNIVAL CORPORATION & PLC

### Instructional Notice

#### Prevention and Control of 2019-Novel Coronavirus (nCoV)

<i>Instructional Notice#</i>	HEA/01/2020
<i>Issue Date</i>	23 January 2020
<i>Effective</i>	27 January 2020

#### **Background**

A Novel (new) Coronavirus, called 2019-nCoV, has been identified as the cause of an outbreak of a respiratory illness that began in December 2019 in the city of Wuhan, Hubei Province, China. Initial cases were linked to a live fish and animal market, the Wuhan South China Seafood City, which was closed and disinfected. Limited and non-sustained person-to-person spread has been confirmed, including in healthcare workers. A small number of cases that were exposed in Wuhan, have been exported outside of China to countries such as USA, Thailand, South Korea and Japan. Enhanced global surveillance systems are expected to identify further cases both within and outside of China.

Coronaviruses are a large family of viruses that can cause acute respiratory illnesses ranging from the common cold to severe acute respiratory syndromes such as with SARS-CoV and MERS-CoV. Signs and symptoms of 2019-nCoV illness include Fever ( $\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$ ) or feverishness, chills, cough, and difficulty breathing. Information on the illness can be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

In response to the outbreak, Chinese officials have implemented entry and exit restrictions and screening for all persons in Wuhan City. Several countries and territories have also implemented airport entry screening of traveler's arriving from Wuhan and/or China.

#### **International Health Alerts:**

##### **WHO –**

[https://www.who.int/ith/2020-0901\\_outbreak\\_of\\_Pneumonia\\_caused\\_by\\_a\\_new\\_coronavirus\\_in\\_C/en/](https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/)

##### **US Centers for Disease Control & Prevention (CDC) -**

<https://wwwnc.cdc.gov/travel/notices/alert/novel-coronavirus-china>

The US CDC has issued an Alert (Level 2) travel notice recommending people travelling to and from Wuhan, China practice enhanced precautions.

Certain regional health authorities have implemented enhanced screening and surveillance measures for cruise ships including for port entry requirements. As the situation is rapidly evolving, all ships should comply with any local health screening and reporting requirements in consultation with their shoreside medical and public health teams.

## **Carnival Corporation and plc Instructions**

Standardized surveillance, prevention and control measures will be adopted by the Carnival Corporation and plc ships. As the situation evolves, it may become necessary to implement modified and/or additional procedures.

The following measures must be adopted on all cruises from 27 January 2020.

- 1) Issue the 'Standardized Traveler's Health Declaration' during check-in for guests and crew who have travelled to an affected area only. All guest and crew who are residents of China are to be screened for travel to Wuhan as the affected area. The standardized declarations are attached to this Instructional Notice ('Standardized Traveler's Health Declaration for Guests' and 'Standardized Travelers Health Declaration for Crew'). Translations may be used to meet the specific language needs of the Operating Line.

Ship's medical staff should evaluate all persons declaring "YES" to both questions in the 'Standardized Travelers Health Declaration' in order to determine if their responses were accurate and to interview the person for travel history and illness symptoms.

Persons should be denied boarding if they have visited Wuhan, China in the last 14 days prior to the day of embarkation AND the medical assessment identifies a fever  $\geq 37.8^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ ), feverishness, or any respiratory symptoms of chills, a cough, or difficulty breathing.

Individuals who have visited Wuhan City and have no symptoms would have been pre-screened by the health authorities both on exiting and entering the country and so should be allowed to board. Once onboard, they should proceed directly to the Medical Center to undergo a medical evaluation for travel history and the presence of symptoms of acute respiratory illness, including a temperature check. If cleared for acute respiratory illness, they should be provided with written 2019-nCoV disease information and illness reporting advice and have no restriction placed on them for the cruise. An example health advisory letter is included with this notice.

- 2) The completed 'Standardized Travelers Health Declaration' forms should be managed as follows:
  - Those with "NO" as responses to both questions should be retained on board for the duration of the cruise and then destroyed.
  - Those with any "YES" responses should be scanned and retained in their clinical record.
- 3) Where specific and additional health screening is required by local health authorities, the Operating Lines' Head of the Medical and Public Health Departments must be informed.
- 4) Provide shipboard medical staff with the attached 'WHO Clinical management of severe acute respiratory infection when Novel Coronavirus (nCoV) infection is suspected, Interim Guidance 12 January 2020'.

- 5) Shipboard Medical staff are to regularly review the US CDC Health Alert Notice: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China and CDC 'Information for Healthcare Professionals'  
<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
- 6) Follow the US CDC recommendations for healthcare providers including:
  - Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. This includes for all patients presenting with Influenza-like-illness.
  - Patients who meet the following criteria should be evaluated as a 'Person Under Investigation' (PUI) in association with the outbreak of 2019-nCoV in Wuhan City, China:
    - a. Fever<sup>1</sup> AND symptoms of lower respiratory illness (e.g., cough, shortness of breath)
      - and in the last 14 days before symptom onset:
        - i. History of travel from Wuhan City, China
        - or-
        - ii. Close contact<sup>2</sup> with a person who is under investigation for 2019-nCoV while that person was ill.
    - b. Fever<sup>1</sup> OR symptoms of lower respiratory illness (e.g., cough, shortness of breath)
      - and in the last 14 days before symptom onset:
        - i. Close contact<sup>2</sup> with an ill laboratory-confirmed 2019-nCoV patient.
  - Immediately isolate any PUI for 2019-nCoV in the medical center.
  - Adopt the CDC 'Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus'  
<https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>
  - Immediately notify the on call/24/7 duty medical support by phone of any PUI.
- 7) No additional environmental sanitation measures are to be adopted beyond Baseline Level 1 (as per Global HESS procedure PHS-1101 - Acute Gastroenteritis (AGE) Response Levels and Management) unless instructed to do so by the Shoreside Public Health Department.

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<sup>1</sup> Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

<sup>2</sup> Close contact with a person who is under investigation for 2019-nCoV. Close contact is defined as:

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a Novel Coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a Novel Coronavirus case.
- or –
- b) having direct contact with infectious secretions of a Novel Coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

These standardized procedures must be implemented on all ships by 27 January 2020.

All Operating Lines are directed to distribute this Instructional Notice to all relevant shipboard and shore-based management and to send written confirmation of compliance with this Instructional Notice to the Director Health Policy, Carnival Corporation and plc by 1 February 2020.



## CARNIVAL CORPORATION & PLC

### Instructional Notice

#### Prevention and Control of 2019-Novel Coronavirus (2019-nCoV)

<i>Instructional Notice#</i>	HEA/01/2020
<i>Issue Date</i>	23 January 2020
<i>Revision Date</i>	30 January 2020
<i>Effective</i>	31 January 2020
<i>Revision No.</i>	1

#### **Background**

A novel (new) noronavirus, called 2019-nCoV, has been identified as the cause of an outbreak of a respiratory illness that began in December 2019 in the city of Wuhan, Hubei Province, China. Initial cases were linked to a live fish and animal market, the Wuhan South China Seafood City, which was closed and disinfected. Person-to-person spread has been confirmed. A number of cases have been exported inside and outside of China and enhanced global surveillance systems are expected to continue to identify additional cases.

Coronaviruses are a large family of viruses that can cause acute respiratory illnesses ranging from mild to severe acute respiratory syndromes such as with SARS-CoV and MERS-CoV. Signs and symptoms of 2019-nCoV illness include mild to severe respiratory illness with fever ( $\geq 38\text{ C}^\circ/100.4\text{ F}^\circ$ ) or feverishness, chills, cough, and difficulty breathing. Information on the illness can be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

To limit the spread of the illness, the health authorities in China have enforced travel restrictions across many cities in the affected areas, cancelled mass public gatherings and are conducting strict airport exit screening. Furthermore, many countries have also adopted entry screening of travelers from affected areas.

The outbreak of 2019-nCoV continues to expand in scope and magnitude. The epicenter has broadened from Wuhan City to Hubei Province and a significantly higher number of cases are expected as the illness spreads and laboratories improve testing capacity.

The evidence suggests the illness has an incubation period of up to 14 days and can be spread prior to symptom onset.

#### **International Health Alerts**

WHO –

[https://www.who.int/ith/2020-0901\\_outbreak\\_of\\_Pneumonia\\_caused\\_by\\_a\\_new\\_coronavirus\\_in\\_C/en/](https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/)

## US Centers for Disease Control & Prevention (CDC) -

<https://wwwnc.cdc.gov/travel/notices/alert/novel-coronavirus-china>

Certain regional health authorities have implemented enhanced screening and surveillance measures for cruise ships including for port entry requirements. As the situation is rapidly evolving, all ships should comply with any local health screening and reporting requirements in consultation with their shoreside medical and public health teams.

The US CDC has issued a Warning (Level 3) for people to avoid nonessential travel to China.

<https://wwwnc.cdc.gov/travel/destinations/clinician/none/china>

This Level 3 warning does not apply to Hong Kong or Taiwan:

- Hong Kong: <https://wwwnc.cdc.gov/travel/destinations/traveler/none/hong-kong-sar>
- Taiwan: <https://wwwnc.cdc.gov/travel/destinations/traveler/none/taiwan>

WHO's assessment of the risk of this event remains very high in China, high at the regional level and high at the global level.

<https://who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

## **Carnival Corporation and plc Instructions**

Standardized surveillance, prevention and control measures will be adopted by the Carnival Corporation and plc ships. As the situation evolves, it may become necessary to implement modified and/or additional procedures.

The following **updated** measures must be adopted on all cruises from **31** January 2020.

The affected area is expanded to include all of Hubei Province which includes Wuhan. Guests and crew who have visited China within the last 14 days must be screened for their travel history and acute respiratory symptoms. Individuals that report travel history to Hubei Province in the past 14 days must be denied boarding irrespective of any history of symptoms of respiratory illness.

### 1) Initial Verbal Screening of all Persons

All guests and crew are to be asked prior to boarding the vessel whether they, or anyone in their direct party, have visited China (including Hong Kong) in the last 14 days.

#### Eligibility for Secondary Written Screening

The screening process detailed below must be used for all guests and crew who:

- Answer "YES" to the initial question and indicate they have visited China or Hong Kong in the last 14 days, **OR**
- Are travelling on a Chinese or Hong Kong passport



## 2) Secondary Screening Process

All eligible persons should be issued with the 'Standardized Traveler's Health Declaration'. The standardized declarations are attached to this Instructional Notice ('Standardized Traveler's Health Declaration for Guests' and 'Standardized Travelers Health Declaration for Crew'). Translations may be used to meet the specific language needs of the Operating Line.

- a) All persons should be denied boarding if they have visited Wuhan OR Hubei Province, China, in the 14 days prior to the day of embarkation.
- b) Persons declaring "YES" to:
  - Any travel history to China (including Hong Kong) in the last 14 days, AND
  - Respiratory Symptoms in the last 14 days
 should be evaluated in the terminal by ship's medical staff.

A person and their immediate close contacts, should be denied boarding if they have visited China (including Hong Kong), in the 14 days prior to their day of embarkation and have acute respiratory symptoms.

- c) Persons declaring "YES" to:
  - Travel history to China (including Hong Kong) in the last 14 days OR
  - Respiratory symptoms in the last 14 days regardless of travel history
 may be evaluated either in the terminal, or escorted to the onboard Medical Center.

If the evaluation identifies they have travelled to China (including Hong Kong) in the last 14 days **and** have an acute respiratory illness, they should be denied boarding together with their immediate close contacts.

Decisions on other denial of boarding scenarios should be conducted in accordance with Company-specific instructions.

Those with no symptoms of acute respiratory illness, and who are allowed to travel, should be issued with written 2019-nCoV disease information. An example health advisory letter is included with this notice (see attached 'Example Health Advisory Coronavirus\_v0\_JAN\_2020') and may be adapted for guests and crew.

Additional screening procedures may be necessary based on brand, itinerary, guest demographic, suspect cases or local requirements, and will be directed by the Operating Lines' Head of the Medical Department. In these circumstances it is recommended that health information is issued to all guests and an example health advisory letter is included with this notice (see attached 'Example Health Advisory Coronavirus\_v0\_JAN\_2020').

- 3) The completed 'Standardized Travelers Health Declaration' forms should be retained as follows:
  - a) Those which resulted in a medical evaluation should be retained as part of the clinical record.
  - b) Those which did not result in a medical evaluation should be retained onboard for 14 days from the date of screening and then destroyed.
- 4) Where specific and additional health screening is required by local health authorities, the Operating Lines' Head of the Medical and Public Health Departments must be informed.
- 5) Provide shipboard medical staff with the attached 'WHO Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected, Interim Guidance 12 January 2020'.
- 6) Shipboard Medical staff are to regularly review the US CDC Health Alert Notice: Update and Interim Guidance on Outbreak of 2019 novel coronavirus (2019-nCoV) in Wuhan, China and CDC 'Information for Healthcare Professionals'  
<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
- 7) Follow the US CDC recommendations for healthcare providers  
<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>  
 These include:
  - a) Obtaining a detailed travel history for patients being evaluated with fever and acute respiratory illness (including all patients presenting with Influenza-like-illness).
  - b) Evaluating patients who meet their criteria as a 'Person Under Investigation' (PUI).
  - c) Immediately isolate any PUI for 2019-nCoV in the medical center.
  - d) Adopt the CDC 'Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 novel coronavirus'  
<https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>
  - e) Immediately notify the on call/24/7 duty medical support by phone of any PUI.
- 8) As all the Brand disinfectants are known to be effective against coronaviruses, no additional environmental sanitation measures are to be adopted beyond Baseline Level 1 (as per Global HESS procedure PHS-1101 - Acute Gastroenteritis (AGE) Response Levels and Management) unless instructed to do so by the Shoreside Public Health Department.

These standardized procedures must be implemented on all ships by 31 January 2020.

All Operating Lines are directed to distribute this Instructional Notice to all relevant shipboard and shore-based management and to send written confirmation of compliance with this Instructional Notice to the Director Health Policy, Carnival Corporation and plc by 3 February 2020.



## CARNIVAL CORPORATION & PLC

### Instructional Notice

#### Prevention and Control of 2019-Novel Coronavirus (2019-nCoV)

<i>Instructional Notice#</i>	HEA/01/2020
<i>Issue Date</i>	23 January 2020
<i>Revision Date</i>	31 January 2020
<i>Effective</i>	01 February 2020
<i>Revision No.</i>	2

#### **Background**

A novel (new) coronavirus, called 2019-nCoV, has been identified as the cause of an outbreak of a respiratory illness that began in December 2019 in the city of Wuhan, Hubei Province, China. Initial cases were linked to a live fish and animal market, the Wuhan South China Seafood City, which was closed and disinfected. Person-to-person spread has been confirmed. A number of cases have been confirmed inside and outside of China and enhanced global surveillance systems are expected to continue to identify additional cases.

Coronaviruses are a large family of viruses that can cause acute respiratory illnesses ranging from mild to severe acute respiratory syndromes such as with SARS-CoV and MERS-CoV. Signs and symptoms of 2019-nCoV illness include mild to severe respiratory illness with fever ( $\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$ ) or feverishness, chills, cough, and difficulty breathing. Information on the illness can be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

To limit the spread of the illness, the health authorities in China have enforced travel restrictions across many cities in the affected areas, cancelled mass public gatherings and are conducting strict airport exit screening. Furthermore, many countries have also adopted entry screening of travelers from affected areas.

The outbreak of 2019-nCoV continues to expand in scope and magnitude. The epicenter has broadened from Wuhan City to Hubei Province and a significantly higher number of cases are expected as the illness spreads and laboratories improve testing capacity.

The evidence suggests the illness has an incubation period of up to 14 days and can be spread prior to symptom onset.

#### **International Health Alerts**

WHO –

[https://www.who.int/ith/2020-0901\\_outbreak\\_of\\_Pneumonia\\_caused\\_by\\_a\\_new\\_coronavirus\\_in\\_C/en/](https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/)

## US Centers for Disease Control & Prevention (CDC) -

<https://wwwnc.cdc.gov/travel/notices/alert/novel-coronavirus-china>

Certain regional health authorities have implemented enhanced screening and surveillance measures for cruise ships including for port entry requirements. As the situation is rapidly evolving, all ships should comply with any local health screening and reporting requirements in consultation with their shoreside medical and public health teams.

The US CDC has issued a Warning (Level 3) for people to avoid nonessential travel to China.

<https://wwwnc.cdc.gov/travel/destinations/clinician/none/china>

This Level 3 warning does not apply to Hong Kong or Taiwan:

- Hong Kong: <https://wwwnc.cdc.gov/travel/destinations/traveler/none/hong-kong-sar>
- Taiwan: <https://wwwnc.cdc.gov/travel/destinations/traveler/none/taiwan>

On January 30, 2020 the WHO declared a Public Health Emergency of International Concern (PHEIC) surrounding the outbreak of nCoV 2019.

[https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

## **Carnival Corporation and plc Instructions**

Standardized surveillance, prevention and control measures will be adopted by the Carnival Corporation and plc ships. As the situation evolves, it may become necessary to implement modified and/or additional procedures.

The following updated measures must be adopted on all cruises from **01 February 2020**.

Guests and crew who **have travelled from, or through China including Hong Kong and Macau** within the last 14 days must be screened for their travel history and acute respiratory symptoms.

### 1) Verbal Screening of all Persons

All guests and crew are to be asked prior to boarding the vessel whether they, or anyone in their direct party:

- **Have traveled from or through China, Hong Kong, or Macau** in the last 14 days,
- **Are travelling on a Chinese or Hong Kong passport.**

All guests and crew who **answer "YES" to either of these questions must undergo the written screening process.**

### 2) Written Screening

**All people who have answered "YES" to either of the verbal screening questions** should be issued with the 'Standardized Traveler's Health Declaration'. Translations may be used to meet the specific language needs of the Operating Line.

They will not be cleared for boarding if they:

1. Have traveled from, or through Mainland China in the last 14 days.
2. Have traveled from or through Hong Kong or Macau in the last 14 days **AND** have reported fever or respiratory symptoms at any time during the last 14 days.  
In this case their close contacts will also not be cleared for boarding.

Other circumstances resulting in a decision not to clear a person for boarding should be conducted in accordance with Company-specific instructions.

Those with no symptoms of acute respiratory illness, and who are allowed to board, should be issued with **Company agreed** written coronavirus (2019-nCoV) disease information.

Additional screening procedures may be necessary based on brand, itinerary, guest demographic, suspect cases or local requirements, and will be directed by the Operating Lines' Head of the Medical Department. In these circumstances it is recommended that **Company agreed** health information is issued to all guests.

- 3) The completed 'Standardized Travelers Health Declaration' forms should be retained as follows:
  - a) Those which resulted in a medical evaluation should be retained as part of the clinical record.
  - b) Those which did not result in a medical evaluation should be retained onboard for 14 days from the date of screening and then destroyed.
- 4) Where specific and additional health screening is required by local health authorities, the Operating Lines' Head of the Medical and Public Health Departments must be informed.
- 5) **Shipboard clinical management of cases when novel coronavirus (nCoV) infection is suspected, should be in accordance with published guidelines recommended by the CDC and the World Health Organization** ["Clinical management of severe acute respiratory infection when novel coronavirus \(nCoV\) infection is suspected."](#)
- 6) Shipboard Medical staff are to regularly review the US CDC Health Alert Notice: Update and Interim Guidance on Outbreak of 2019 novel coronavirus (2019-nCoV) in Wuhan, China and CDC 'Information for Healthcare Professionals' <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
- 7) Follow the US CDC recommendations for healthcare providers <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

These include:

- a) Obtaining a detailed travel history for patients being evaluated with fever and acute respiratory illness (including all patients presenting with Influenza-like-illness).
- b) Evaluating patients who meet their criteria as a 'Person Under Investigation' (PUI).
- c) Immediately isolate any PUI for 2019-nCoV in the medical center.

- d) Adopt the CDC 'Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 novel coronavirus'  
<https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>
  - e) Immediately notify the on call/24/7 duty medical support by phone of any PUI.
- 8) As all the Brand disinfectants are known to be effective against coronaviruses, no additional environmental sanitation measures are to be adopted beyond Baseline Level 1 (as per Global HESS procedure PHS-1101 - Acute Gastroenteritis (AGE) Response Levels and Management) unless instructed to do so by the Shoreside Public Health Department.

These standardized procedures must be implemented on all ships by **01 February 2020**.

All Operating Lines are directed to distribute this Instructional Notice to all relevant shipboard and shore-based management and to send written confirmation of compliance with this Instructional Notice to the Director Health Policy, Carnival Corporation and plc by 3 February 2020.



## CARNIVAL CORPORATION & PLC

### Instructional Notice

#### Prevention and Control of 2019-Novel Coronavirus (2019-nCoV)

<i>Instructional Notice#</i>	HEA/01/2020
<i>Issue Date</i>	23 January 2020
<i>Revision Date</i>	06 February 2020
<i>Effective</i>	07 February 2020
<i>Revision No.</i>	3

#### **Background**

A novel (new) coronavirus, called 2019-nCoV, has been identified as the cause of an outbreak of a respiratory illness that began in December 2019 in the city of Wuhan, Hubei Province, China. Initial cases were linked to a live fish and animal market, which was closed and disinfected. Person-to-person spread has been confirmed through droplets, close contact and fomites (similar to colds and flu). Case numbers continue to rise.

Coronaviruses are a large family of viruses that can cause acute respiratory illnesses ranging from mild to severe acute respiratory syndromes such as with SARS-CoV and MERS-CoV. Signs and symptoms of 2019-nCoV illness include mild to severe respiratory illness with fever ( $\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$ ) or feverishness, chills, cough, and difficulty breathing. Information on the illness can be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

To limit the spread of the illness, health authorities in China and elsewhere have restricted travel in the affected areas, cancelled mass public gatherings and are conducting airport arrival screening. An increasing number of countries are adopting similar measures, including entry restrictions and screening requirements for travelers from affected areas.

Although Hong Kong and Macau are not currently subject to a Level 3 CDC travel health alert, an increasing number of countries and local health officials are restricting or denying entry to persons or ships who have individuals onboard that have traveled from, or through (including transiting through an airport) these two locations in the last 14 days, particularly if they have reported symptoms of acute respiratory illness.

The outbreak of 2019-nCoV continues to expand in scope and magnitude.

The evidence suggests the illness has an incubation period of up to 14 days and can be spread prior to symptom onset.

## **International Health Alerts**

### **WHO –**

[https://www.who.int/ith/2020-0901\\_outbreak\\_of\\_Pneumonia\\_caused\\_by\\_a\\_new\\_coronavirus\\_in\\_C/en](https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en)

### **US Centers for Disease Control & Prevention (CDC) -**

<https://wwwnc.cdc.gov/travel/notices/alert/novel-coronavirus-china>

Certain **national and local** health authorities have implemented enhanced screening and surveillance measures for cruise ships including for port entry requirements. As the situation is rapidly evolving, all ships should comply with any local health screening and reporting requirements in consultation with their shoreside medical and public health teams.

The US CDC has issued a Warning (Level 3) for people to avoid nonessential travel to China.

<https://wwwnc.cdc.gov/travel/destinations/clinician/novel/china>

This Level 3 warning does not apply to Taiwan:

- Taiwan: <https://wwwnc.cdc.gov/travel/destinations/traveler/novel/taiwan>

On 30 January 2020 the WHO declared a Public Health Emergency of International Concern (PHEIC) surrounding the outbreak of nCoV 2019.

[https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

## **Carnival Corporation and plc Instructions**

Standardized surveillance, prevention and control measures will be adopted by the Carnival Corporation and plc ships. As the situation evolves, it may become necessary to implement modified and/or additional procedures.

The following updated measures must be adopted on all cruises from **07** February 2020.

Guests and crew who have travelled from, or through China including Hong Kong and Macau within the last 14 days must be screened for their travel history and acute respiratory symptoms.

### **1) Written Screening**

**Prior to embarkation, all guests and crew (including visitors and contractors) must be** issued the 'Standardized Traveler's Health Declaration'. Translations may be used to meet the specific language needs of the Operating Line.

#### **Question 1 and 2 (in Section A)**

**Individuals** will not be **permitted to** board if they **answer "YES" to either question 1 or 2:**

1. Traveled from, or through Mainland China, **Hong Kong or Macau** in the last 14 days, **including transiting through an airport in these locations, OR**
2. Had contact with a suspected or confirmed case of novel coronavirus (2019-nCoV) or a person under monitoring for coronavirus in the last 14 days.



ONLY individuals that answer “YES” to either question 1 or 2, will be required to complete question 3 (in Section B).

### Question 3 (in Section B)

#### 3. Individuals that answer “YES” to either question 1 or 2 **AND**

- Report fever, cough or difficulty breathing in the last 14 days should be evaluated by medical staff in the terminal. This individual and their close contacts will not be permitted to board.
- Report “NO” to fever or respiratory systems, do not need to be evaluated by the medical staff and will not be permitted to board.

Other circumstances resulting in a decision not to **permit an individual to board** should be conducted in accordance with Company-specific instructions.

Individuals that respond “NO” to both question 1 and 2 (in Section A) should be permitted to board.

Additional screening procedures may be necessary based on brand, itinerary, guest demographic, suspect cases or local requirements, and will be directed by the Operating Lines’ Head of the Medical Department.

- 2) The completed ‘Standardized Travelers Health Declaration’ forms should be retained as follows:
  - a) Those which resulted in a medical evaluation should be retained **within a** clinical record.
  - b) Those which did not result in a medical evaluation should be retained onboard for 14 days from the date of screening and then destroyed.
- 3) Check-in staff should identify individuals traveling on Chinese, Hong Kong or Macau passports and reconfirm no recent travel from, or through these locations. Depending on itinerary, they may be subject to additional entry restrictions or screening required by the national or local authorities at ports of call during the voyage.
- 4) Where specific and additional health screening is required by local health authorities, the Operating Lines’ Head of the Medical and Public Health Departments must be informed.
- 5) Shipboard clinical management of cases when novel coronavirus (nCoV) infection is suspected, should be in accordance with published guidelines recommended by the CDC and the World Health Organization “[Clinical management of severe acute respiratory infection when novel coronavirus \(nCoV\) infection is suspected.](#)”
- 6) Shipboard Medical staff are to regularly review the US CDC Health Alert Notice: Update and Interim Guidance on Outbreak of 2019 novel coronavirus (2019-nCoV) in Wuhan, China and CDC ‘Information for Healthcare Professionals’  
<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>

- 7) Follow the US CDC recommendations for healthcare providers  
<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

These include:

- a) Obtaining a detailed travel history for patients being evaluated with fever and acute respiratory illness (including all patients presenting with Influenza-like-illness).
  - b) Evaluating patients who meet their criteria as a 'Person Under Investigation' (PUI).
  - c) Immediately isolate any PUI for 2019-nCoV in the medical center **if possible**.
  - d) Adopt the CDC 'Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 novel coronavirus'  
<https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>
  - e) Immediately notify the on call/24/7 duty medical support by phone of any PUI.
- 8) As all the Brand disinfectants are known to be effective against coronaviruses, no additional environmental sanitation measures are to be adopted beyond Baseline Level 1 (as per Global HESS procedure PHS-1101 - Acute Gastroenteritis (AGE) Response Levels and Management) unless instructed to do so by the Shoreside Public Health Department.

These standardized procedures must be implemented on all ships by **07** February 2020.

All Operating Lines are directed to distribute this Instructional Notice to all relevant shipboard and shore-based management and to send written confirmation of compliance with this Instructional Notice to the Director Health Policy, Carnival Corporation and plc by **09** February 2020.



## CARNIVAL CORPORATION & PLC

### Instructional Notice

#### Prevention and Control of **COVID-19**

<i>Instructional Notice#</i>	HEA/01/2020
<i>Issue Date</i>	23 January 2020
<i>Revision Date</i>	27 February 2020
<i>Effective</i>	29 February 2020
<i>Revision No</i>	4

#### **Background**

A novel (new) coronavirus, called **COVID-19** has been identified as the cause of an outbreak of a respiratory illness that began in December 2019 in the city of Wuhan, Hubei Province, China. Person-to-person spread has been confirmed through droplets, close contact and fomites (similar to colds and flu).

Coronaviruses are a large family of viruses that can cause acute respiratory illnesses ranging from mild to severe acute respiratory syndromes such as with SARS-CoV and MERS-CoV. Signs and symptoms of **COVID-19** illness range from mild to severe respiratory illness with fever ( $\geq 38\text{ }^{\circ}\text{C}/100.4\text{ }^{\circ}\text{F}$ ) or feverishness, chills, cough, and difficulty breathing. Information on the illness can be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

To limit the spread of the illness, health authorities in China and elsewhere have restricted travel in the affected areas, cancelled mass public gatherings and are conducting airport arrival screening. An increasing number of countries are adopting similar measures, including entry restrictions and screening requirements for travelers from affected areas.

The outbreak of **COVID-19** continues to expand in scope and magnitude.

The evidence suggests the illness has an incubation period of up to 14 days with a mean of between 5-6 days. People are thought to be most contagious when they are most symptomatic. Some spread might be possible before symptom onset; however, this is not thought to be the primary means of transmission.

## **International Health Alerts**

### **WHO**

[https://www.who.int/ith/2020-0901\\_outbreak\\_of\\_Pneumonia\\_caused\\_by\\_a\\_new\\_coronavirus\\_in\\_C/en](https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en)

On 30 January 2020 the WHO declared a Public Health Emergency of International Concern (PHEIC) surrounding the outbreak of COVID-19.

[https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

### **US Centers for Disease Control & Prevention (CDC)**

<https://wwwnc.cdc.gov/travel/notices/alert/novel-coronavirus-china>

Certain national and local health authorities have implemented enhanced screening and surveillance measures for cruise ships including for port entry requirements. As the situation is rapidly evolving, all ships should comply with any local health screening and reporting requirements in consultation with their shoreside medical and public health teams.

The US CDC has published a Travelers' Health page specific to cruise ship travel in Asia:

<https://wwwnc.cdc.gov/travel/page/cruise-ship-asia>

US CDC Travelers' Health Notices: <https://wwwnc.cdc.gov/travel/>

Destinations with apparent community spread of COVID-19 include: China, Hong Kong, Iran, Italy, Japan, Singapore, South Korea, Taiwan, Thailand and Vietnam.

Country or Region Specific CDC Travelers' Health Notices:

#### **Level 3 Warning - Avoid Non-essential Travel**

- China (excludes Hong Kong, Macau and Taiwan):  
<https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china>
- South Korea: <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-south-korea>

#### **Level 2 Alert – Practice Enhanced Precautions**

- Italy: <https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-italy>
- Japan: <https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-japan>
- Iran: <https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-iran>

#### **Level 1 Watch - Practice Usual Precautions**

- Hong Kong: <https://wwwnc.cdc.gov/travel/notices/watch/coronavirus-hong-kong>

### **US Department of State**

On 20 February 2020, the US Department of State has issued updated advice for citizens traveling by cruise ship to or within Asia:

<https://travel.state.gov/content/travel/en/international-travel/before-you-go/travelers-with-special-considerations/cruise-ship-passengers.html>

## **Carnival Corporation and plc Instructions**

Standardized surveillance, prevention and control measures will be adopted by the Carnival Corporation and plc ships. As the situation evolves, it may become necessary to implement modified and/or additional procedures.

The following updated measures must be adopted on all cruises from 29 February 2020.

### 1) Written Screening

Prior to embarkation, all guests and crew (including visitors and contractors) must be issued the 'Standardized Traveler's Health Declaration'. Translations may be used to meet the specific language needs of the Operating Line.

#### Question 1, 2 and 3 (in Section A)

Individuals will not be permitted to board if they answer "YES" to either question 1 or 2. If they answer "YES" to question 3 then they must answer question 4 (in Section B) to determine if they will be permitted to board.

#### **The Traveler's Health Declaration determines as follows:**

In the past 14 days, have you or any person listed above:

1. Traveled from, or through Mainland China, Hong Kong, Macau or South Korea, or a location currently subject to lockdown (quarantine) measures by government health authorities\* (including transiting through an airport in these locations) **OR**
2. Had contact with a suspected or confirmed case of novel coronavirus (COVID-19) or a person under monitoring for coronavirus.
3. Traveled from, or through Italy, Japan, Singapore, Taiwan, Thailand, Vietnam or Iran (including transiting through an airport in these locations).

\* Details of locations currently subject to government lockdown (quarantine) measures are detailed in the following link <https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19-specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk>

ONLY individuals that answer "YES" to any question will be required to complete question 4 (in Section B).

#### Question 4 (in Section B)

4. Individuals that answer "YES" to either question 1 or 2 **AND**
  - Currently report fever, cough or difficulty breathing should be evaluated by medical staff in the terminal. This individual and their close contacts "**will not**" be permitted to board.
  - Report "NO" to current fever or respiratory systems, do not need to be evaluated by the medical staff and "**will not**" be permitted to board.

Individuals that answer “YES” to question 3 **AND**

- Report fever, cough or difficulty breathing in the last 14 days should be evaluated by medical staff in the terminal. This individual and their close contacts “**will not**” be permitted to board.
- Report “NO” to fever or respiratory systems in the last 14 days are to be subject to additional screening in the terminal, which will determine their permission to board.

Other circumstances resulting in a decision not to permit an individual to board should be conducted in accordance with Company-specific instructions.

Individuals that respond “NO” to all questions (in Section A) should be permitted to board.

Additional screening procedures may be necessary based on brand, itinerary, guest demographic, suspect cases or local requirements, and will be directed by the Operating Lines’ Head of the Medical Department.

Crew members who have been in a location within the last 14 days that is currently subject to lockdown (quarantine) measures by government health authorities should remain at home and not be deployed (currently Mainland China and Italy).

- 2) The completed ‘Standardized Traveler’s Health Declaration’ forms should be retained as follows:
  - a) Those which resulted in a medical evaluation should be retained within a clinical record.
  - b) Those which did not result in a medical evaluation should be retained onboard for 14 days from the date of screening and then destroyed.
- 3) Check-in staff should identify individuals traveling on Chinese, Hong Kong or Macau passports and reconfirm no recent travel from, or through these locations. Depending on itinerary, they may be subject to additional entry restrictions or screening required by the national or local authorities at ports of call during the voyage.
- 4) Where specific and additional health screening is required by local health authorities, the Operating Lines’ Head of the Medical and Public Health Departments must be informed.
- 5) Shipboard clinical management of cases when **COVID-19** infection is suspected, should be in accordance with published guidelines recommended by the CDC and the World Health Organization “[Clinical management of severe acute respiratory infection when novel coronavirus \(nCoV\) infection is suspected](#)”.
- 6) Shipboard Medical staff are to regularly review the US CDC Health Alert Notice: Update and Interim Guidance on Outbreak of 2019 novel coronavirus (2019-nCoV) in Wuhan, China and CDC ‘Information for Healthcare Professionals’  
<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>

- 7) Follow the US CDC recommendations for healthcare providers  
<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

These include:

- a) Obtaining a detailed travel history for patients being evaluated with fever and acute respiratory illness (including all patients presenting with Influenza-like-illness).
  - b) Evaluating patients who meet their criteria as a 'Person Under Investigation' (PUI).
  - c) Immediately isolate any PUI for COVID-19 in the medical center if possible.
  - d) Adopt the CDC 'Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings'.  
[https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)
  - e) Immediately notify the on call/24/7 duty medical support by phone of any PUI.
- 8) As all the Brand disinfectants are known to be effective against coronaviruses, no additional environmental sanitation measures are to be adopted beyond Baseline Level 1 (as per Global HESS procedure PHS-1101 - Acute Gastroenteritis (AGE) Response Levels and Management) unless instructed to do so by the Shoreside Public Health Department.

These standardized procedures must be implemented on all ships by 29 February 2020.

All Operating Lines are directed to distribute this Instructional Notice to all relevant shipboard and shore-based management and to send written confirmation of compliance with this Instructional Notice to the Director Health Policy, Carnival Corporation and plc by 02 March 2020.



## CARNIVAL CORPORATION & PLC

### Instructional Notice

#### Prevention and Control of COVID-19

<i>Instructional Notice#</i>	HEA/01/2020
<i>Issue Date</i>	23 January 2020
<i>Revision Date</i>	05 March 2020
<i>Effective</i>	07 March 2020
<i>Revision No</i>	5

#### Summary of Changes Included in Revision 5

1. Updated Question 1 in the Example Traveler's Health Declaration to include Iran.
2. Updated Question 3 in the Example Traveler's Health Declaration to remove Vietnam and Iran.
3. The 'Traveler's Health Declaration' form now represents the minimum screening requirements. This may be added to in order to create a Brand specific 'Traveler's Health Declaration' which may include additional geographies.
4. Removed the historical background details.
5. Added guidance to allow Operating Lines to implement additional clinical monitoring procedures for individuals who are at higher risk of COVID-19.

#### Carnival Corporation and plc Instructions

Standardized surveillance, prevention and control measures will be adopted by the Carnival Corporation and plc ships. As the situation evolves, it may become necessary to implement modified and/or additional procedures.

**Denial of boarding criteria** and additional screening procedures may be necessary based on brand, itinerary, demographics, suspect cases or local requirements, and will be directed by the Operating Lines' Head of the Medical Department. **These denial criteria and additional screening details may be added to the Brand specific 'Traveler's Health Declaration' and any supporting guidance documents.**

The following updated measures must be adopted on all cruises no later than **07 March 2020**.

##### 1) Written Screening

Prior to embarkation, all guests and crew (including visitors and contractors) must be issued **a Brand specific 'Traveler's Health Declaration'**. **At a minimum, this must contain the elements included in the 'Example Traveler's Health Declaration'**. Translations may be used to meet the specific language needs of the Operating Line.



Question 1, 2 and 3 (in Section A)

Individuals will not be permitted to board if they answer “YES” to either question 1 or 2. If they answer “YES” to question 1, 2 or 3 then they must answer question 4 (in Section B).

**Example Traveler’s Health Declaration:**

In the past 14 days, have you or any person listed above:

1. Traveled from, or through Mainland China, Hong Kong, Macau, South Korea, or Iran (including transiting through an airport in these locations) OR.
2. Had contact with a suspected or confirmed case of novel coronavirus (COVID-19) or a person under monitoring for coronavirus.
3. Traveled from, or through Italy, Japan, Singapore, Taiwan, or Thailand (including transiting through an airport in these locations).

Question 4 (in Section B)

4. Individuals that answer “YES” to either question 1 or 2 **AND**
  - Currently report fever, cough or difficulty breathing should be evaluated by medical staff in the terminal. This individual and their close contacts “**will not**” be permitted to board.
  - Report “NO” to current fever or respiratory systems, do not need to be evaluated by the medical staff and “**will not**” be permitted to board.

Individuals that answer “YES” to question 3 **AND**

- Report fever, cough or difficulty breathing in the last 14 days should be evaluated by medical staff in the terminal. This individual and their close contacts “**will not**” be permitted to board.
- Report “NO” to fever or respiratory symptoms in the last 14 days **should undergo** additional screening in the terminal, which will **determine if they will be permitted to board. Those from locations that are subject to lockdown (quarantine) measures by government health authorities\* (see addendum 1) will not be permitted to board.**

Other circumstances resulting in a decision not to permit an individual to board should be conducted in accordance with Company-specific instructions.

Individuals that respond “NO” to all questions should be permitted to board.

Crew members who have been in a location within the last 14 days that is currently subject to lockdown (quarantine) measures by government health authorities should remain at home and not be deployed (currently Mainland China **and the lockdown municipalities in Italy**)\*.

**\*Italian municipalities under lockdown (quarantine):** Somaglia, Fombio, San Fiorano, Maleo, Castelgerundo, Terranova dei Passerini, Bertonico, Castiglione d’Adda, Casalpusterlengo, Codogno, and Vo. Source:

<http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5351&area=nuovoCoronavirus&menu=vuoto>.

**See Addendum 1 – Map of Italian Municipalities Subject to Lockdown.**

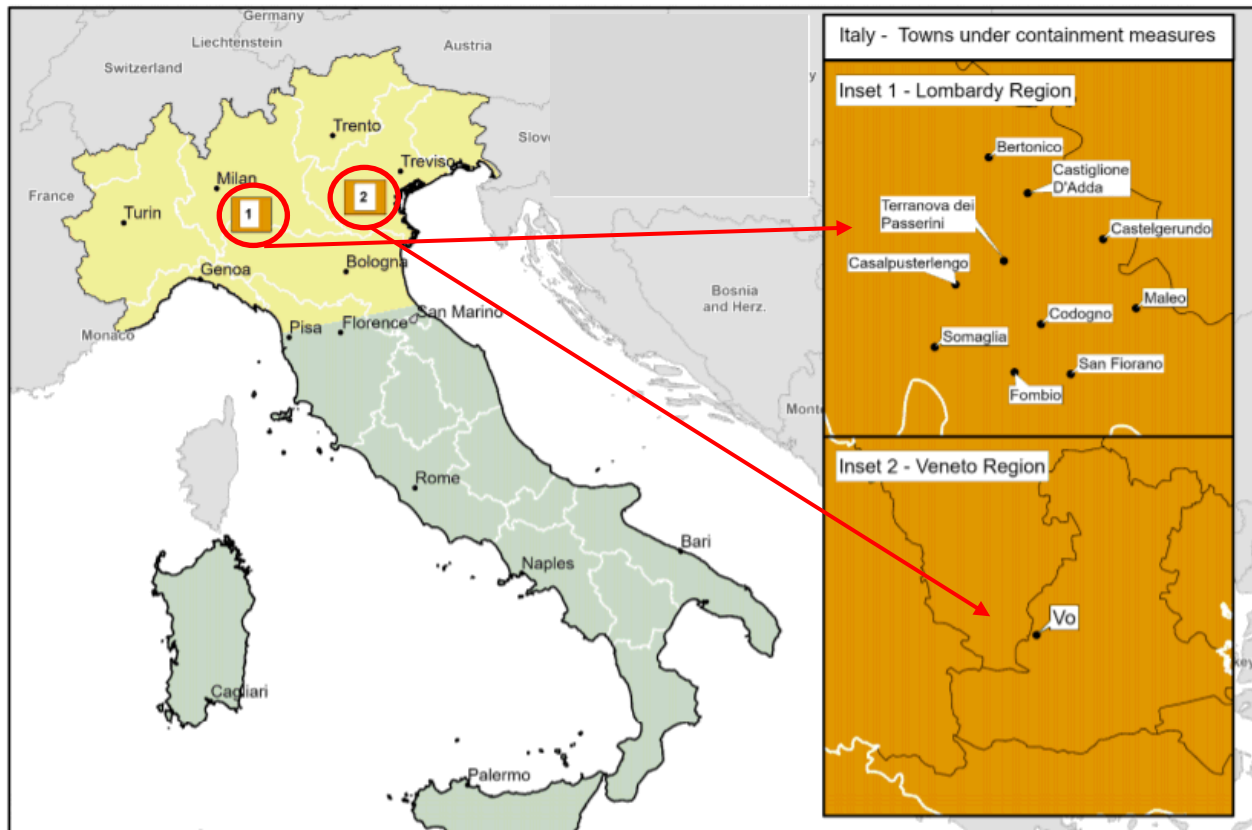
- 2) The completed **Brand specific** 'Traveler's Health Declaration' forms should be retained as follows:
  - a) Those which resulted in a medical evaluation **and permitted to board** should be retained within a clinical record.
  - b) Those which did not result in a medical evaluation should be retained onboard for 14 days from the date of screening and then destroyed.
- 3) Check-in staff should identify individuals traveling on Chinese, Hong Kong, Macau, **South Korea, or Iranian** passports and reconfirm no recent travel from, **or through countries with active quarantine** locations. Depending on itinerary, they may be subject to additional entry restrictions or screening required by the national or local authorities at ports of call during the voyage.
- 4) Where specific and additional health screening is required by local health authorities, the Operating Lines' Head of the Medical and Public Health Departments must be informed.
- 5) **Individuals that are permitted to board following additional screening may be subject to health monitoring onboard. The required monitoring will be determined by the Head of the Medical and Public Health Departments for the Brand.**
- 6) Shipboard clinical management of cases when COVID-19 infection is suspected, should be in accordance with published guidelines recommended by the CDC and the World Health Organization "[Clinical management of severe acute respiratory infection when novel coronavirus \(nCoV\) infection is suspected](#)".
- 7) Shipboard Medical staff are to regularly review the US CDC Health Alert Notice: Update and Interim Guidance on Outbreak of 2019 novel coronavirus (2019-nCoV) in Wuhan, China and CDC 'Information for Healthcare Professionals' <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
- 8) Follow the US CDC recommendations for healthcare providers <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>  
 These include:
  - a) Obtaining a detailed travel history for patients being evaluated with fever and acute respiratory illness (including all patients presenting with Influenza-like-illness).
  - b) Evaluating patients who meet their criteria as a 'Person Under Investigation' (PUI).
  - c) Immediately isolate any PUI for COVID-19 in the medical center if possible.
  - d) Adopt the CDC 'Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings'.  
[https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)
  - e) Immediately notify the on call/24/7 duty medical support by phone of any PUI.

- 9) As all the Brand disinfectants are known to be effective against coronaviruses, no additional environmental sanitation measures are to be adopted beyond Baseline Level 1 (as per Global HESS procedure PHS-1101 - Acute Gastroenteritis (AGE) Response Levels and Management) unless instructed to do so by the Shoreside Public Health Department.

These standardized procedures must be implemented on all ships by **07 March** 2020.

All Operating Lines are directed to distribute this Instructional Notice to all relevant shipboard and shore-based management and to send written confirmation of compliance with this Instructional Notice to the Director Health Policy, Carnival Corporation and plc by **08 March** 2020.

## Addendum 1 – Italian Municipalities Subject to Lockdown (quarantine) Containment Measures



Source: <https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19-specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk>



## CARNIVAL CORPORATION & PLC

### Instructional Notice

#### Pre-Cruise and Pre-Embarkation COVID-19 Risk Management Requirements

<i>Instructional Notice#</i>	HEA/01/2020
<i>Issue Date</i>	23 January 2020
<i>Revision Date</i>	13 March 2020
<i>Effective</i>	15 March 2020
<i>Revision</i>	6

#### **Summary of Requirements and Key Points**

1. Includes denial of boarding for those with a travel history from or through Italy. As per the updated Italian lockdown (red zone or quarantine area) as of 9 March 2020.
2. Revises the pre-embarkation written screening requirements to include two sections: travel history and exposure risk (Section A) and symptoms of illness (Section B).
3. Temperature screening to be conducted on all individuals prior to embarkation.
4. Includes revised pre-deployment requirements for crew.

***Note: This IN supersedes HEA/01/2020 Revision #5 in its entirety.***

#### **Carnival Corporation and plc Instructions**

Standardized COVID-19 prevention and control measures will be adopted by the Carnival Corporation and plc ships. As the situation evolves, it may become necessary to implement modified and/or additional procedures.

Denial of boarding criteria and additional screening procedures may be necessary based on brand, itinerary, demographics, suspect cases or local requirements, and will be directed by the Operating Lines' Head of the Medical Department. These denial criteria and additional screening details may be added to the Brand-specific 'Traveler's Health Declaration' and any supporting guidance documents.

The following updated measures must be adopted for all cruises no later than 15 March 2020.

## **Pre-Embarkation Requirements**

### 1. Temperature Screening

- Prior to embarkation, all guests and crew (including visitors and contractors) must undergo temperature screening to determine if they have a fever.
- Individuals identified with an elevated temperature must undergo additional screening to be determined by the Brand. If they are confirmed to have a fever (based on a temperature of 99.5°F/37.5°C or higher), this individual and their close contacts **will not** be permitted to board.
- This pre-embarkation requirement must be implemented once temperature screening equipment is supplied and available for use.

### 2. Written Screening

- Prior to embarkation, all guests and crew (including visitors and contractors) must be issued a Brand-specific 'Traveler's Health Declaration'.
- Translations may be used to meet the specific language needs of the Operating Line.

#### **Example Traveler's Health Declaration (see attachment):**

Brand specific health declarations must be created by adding Brand name/logo and region of operation to this attachment.

Note: Individuals that respond "NO" to all questions and do not have a fever should be permitted to board.

#### **Section A – Travel History**

**Individuals that answer "YES" to question 1 or question 3, and their close contacts, will not be permitted to board.**

**Individuals that answer "YES" to question 2 AND**

- Report fever, cough or difficulty breathing in the last 14 days (**"YES" to question 4**) should be evaluated by medical staff in the terminal. This individual and their close contacts **will not be permitted to board.**
- Report **"NO" to question 4** should undergo additional screening in the terminal, which will determine if they will be permitted to board. Those from locations that are subject to lockdown (quarantine) measures by government health authorities **will not be permitted to board.**

#### **Section B – Illness Symptoms**

Individuals that answer "YES" to question 4 should be managed in accordance with Brand specific instructions. Anyone who reports fever in the last 14 days **will not be permitted to board.**

### **Additional Considerations (for all cruises)**

Other circumstances resulting in a decision not to permit an individual to board should be conducted in accordance with Company-specific instructions.

The completed Brand specific 'Traveler's Health Declaration' forms should be retained as follows:

- a) Those which resulted in a medical evaluation and permitted to board should be retained within a clinical record.
- b) Those which did not result in a medical evaluation should be retained onboard for 14 days from the date of screening and then destroyed.

Check-in staff should identify individuals traveling on Italian, Chinese, Hong Kong, Macau, South Korean, or Iranian passports and reconfirm no recent travel from, or through countries with active quarantine locations. Depending on itinerary, they may be subject to additional entry restrictions or screening required by the national or local authorities at ports of call during the voyage.

Where specific and additional health screening is required by local health authorities, the Operating Lines' Head of the Medical and Public Health Departments must be informed.

### **Crew Deployment**

Crew members who have been in a location within the last 14 days that is currently subject to lockdown (quarantine) measures by government health authorities should remain at home and not be deployed. This is currently the Italian red zone (lockdown areas) and Mainland China.

These standardized procedures must be implemented on all ships by 15 March 2020.

All Operating Lines are directed to distribute this Instructional Notice to all relevant shipboard and shore-based management and to send written confirmation of compliance with this Instructional Notice to the Director Health Policy, Carnival Corporation and plc by 16 March 2020.

<b>Enhanced Cleaning Protocols</b>	
<b>Pre-cruise and during transfer to ship</b>	<ul style="list-style-type: none"> <li>• Add 'useful health tips/fun facts and guidance' to current pre-cruise messages (i.e. remember frequent hand washing, cough in elbow, etc.)</li> <li>• Provide hand sanitizers before boarding buses and transfer shuttles from airport/hotels to cruise terminals.</li> </ul>
<b>Check-in</b>	<ul style="list-style-type: none"> <li>• Thermal screening at entrance of cruise terminals.</li> <li>• Confirm health questionnaire has been completed.</li> <li>• Detailed passport review at check-in by embarkation staff.</li> <li>• Increase hand sanitizer dispensers (i.e. terminal entrances, check-in desks).</li> </ul>
<b>Onboard</b>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> stage - station staff to strongly encourage hand washing at buffet entrances.</li> <li>• 2<sup>nd</sup> stage (after hand wash stations) - staff to proactively approach and offer guest sanitizing solution from hand held dispensers.</li> <li>• Increase hand sanitizer dispensers in line with Level 3 protocols, such as Guest Services and Shore Excursion Desks, Gym entrances, public gatherings such as Welcome aboard Party, CCP, Elite Lounges, onboard revenue sales events.</li> <li>• Increase frequency of sanitizing for hand touch surfaces in public areas (every 15 minutes).</li> <li>• Add 'health tips and fun facts' (i.e. 'did you know') to onboard media, such as daily Wake Shows, digital screens throughout the ship, run down of activities announcements.</li> <li>• Provide a small/portable hand sanitizer in each guest stateroom</li> <li>• All public lounges and restrooms doors to be propped open to reduce door handles hand touch</li> </ul>
<b>Gangways</b>	<ul style="list-style-type: none"> <li>• Dedicated staff at bottom of gangways to proactively approach and offer returning guests sanitizing solution from hand held dispensers.</li> <li>• Increase number of hand sanitizer dispensers at gangways and for water shuttle operations shore side.</li> <li>• Increase frequency of sanitizing for hand touch surfaces every 15 minutes (i.e. handrails, gangways, and water shuttles).</li> </ul>
<b>Crew areas</b>	<ul style="list-style-type: none"> <li>• Enforce hand washing at all crew and officer Dining venues.</li> <li>• Provide hand sanitizer dispensers by crew/bar recreation rooms, crew internet, learning centers and gathering events.</li> </ul>
<b>Crew onboarding process in the terminal</b>	<ul style="list-style-type: none"> <li>• All crew join with a medical certificate of health.</li> <li>• Confirm health questionnaire has been completed.</li> <li>• Detailed passport review.</li> <li>• Provide a small/portable hand sanitizer to each crew member.</li> </ul>
<b>Manila Training Center</b>	<ul style="list-style-type: none"> <li>• Enhanced sanitation protocols curriculum.</li> </ul>





## update no. 2 for enhanced procedures

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**From:** "Rebagliati, Livio (PCL)" [REDACTED]  
**To:** ahpurs1 [REDACTED], Caribbean Hotel General Manager [REDACTED],  
 Coral Hotel General Manager [REDACTED], Crown Hotel General Manager [REDACTED],  
 [REDACTED], Diamond Hotel General Manager [REDACTED],  
 Emerald Hotel General Manager [REDACTED], Golden Hotel General Manager [REDACTED],  
 [REDACTED], Island Hotel General Manager [REDACTED],  
 Majestic Hotel General Manager [REDACTED], Pacific Hotel General Manager [REDACTED],  
 [REDACTED], Regal Hotel General Manager [REDACTED], Royal  
 Hotel General Manager [REDACTED], Ruby Hotel General Manager (RU) [REDACTED],  
 [REDACTED], Sapphire Hotel General Manager (SA) [REDACTED],  
 [REDACTED], Sea Hotel General Manager [REDACTED], Star  
 Hotel General Manager [REDACTED], Sun Hotel General Manager [REDACTED],  
 [REDACTED]  
**Cc:** "Stendebach, Michael (PCL)" [REDACTED], "Warren, Lorna (PCL)" [REDACTED],  
 [REDACTED], "Kent, Amanda (PCL)" [REDACTED]  
**Date:** Sun, 08 Mar 2020 07:51:21 +1100

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Team,

We have received further guidance from the Corporation and have been asked to urgently implement the below procedures as soon as operationally feasible.

Please let me know if you have any questions. We are gradually moving towards Level 3 sanitation protocols as you can see.

- \* Wherever operationally possible, staff is to now serve all guest and crew at buffet stations: Horizon Courts, World Fresh Marketplace and ice cream machines.

Thanks,

Livio

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To the extent that the matters contained in this email relate to services being provided by Princess Cruises and/or Holland America Line (together "HA Group") to Carnival Australia/P&O Cruises Australia, HA Group is providing these services under the terms of a Services Agreement between HA Group and Carnival Australia.

**FW: Updated NSW Enhanced COVID-19 measures for cruise line industry**

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**From:** Joel Katz [REDACTED]  
**To:** Adam Armstrong [REDACTED], Andrew Millmore [REDACTED],  
Anthony Laver [REDACTED], Ben Angell [REDACTED],  
"brigita.devries" [REDACTED], Dean Brazier [REDACTED],  
[REDACTED], Debra Fox [REDACTED], Emma Davie [REDACTED],  
[REDACTED], Gavin Smith [REDACTED], Jason Worth [REDACTED],  
[REDACTED], Jeff Gillies [REDACTED], Jennifer [REDACTED],  
Vandekreeke [REDACTED], Karen Christensen [REDACTED],  
[REDACTED], Lynne Clarke [REDACTED],  
"Mandy.Dwyer" [REDACTED], Mark Fifield [REDACTED],  
[REDACTED], Michael Goh [REDACTED], Mladen Vukic [REDACTED],  
[REDACTED], Neil Linwood [REDACTED], Robert Halfpenny [REDACTED],  
[REDACTED], Sandy Olsen [REDACTED],  
Sarina Bratton [REDACTED], Steve O'Dell [REDACTED], Sture Myrmell [REDACTED],  
[REDACTED], Susan Bonner [REDACTED], Peter Little [REDACTED]  
>  
**Date:** Tue, 10 Mar 2020 08:05:08 +1100  
**Attachments:** NSW Enhanced COVID-19 measures for cruise line industry - UPDATE 9 March 2020.pdf (147.1 kB)

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Hello - just in case you didn't receive this from NSW Health. Note in particular the "Enhanced data collection" requirement.

We are still trying to establish whether other states and territories will be following the same measures as NSW or are planning to introduce their own.

Joel

**From:** Sean Tobin [REDACTED]  
**Sent:** Monday, 9 March 2020 5:49 PM  
**To:** Joel Katz [REDACTED]

Dear Joel and Cruise Line Industry Colleagues

Please find attached an update on the advice we sent in late February.

Hopefully this clarifies some issues raised and provides more detailed instructions.

Thank you all for your continuing efforts to reduce the risk of COVID-19 of coming on board and spreading.

If you have any specific questions or feedback, please provide through our Planning Team [REDACTED] .

Best regards

Sean

**Dr Sean Tobin**

Medical Epidemiologist

Manager, Respiratory and Biopreparedness

Chief Human Biosecurity Officer (NSW)

Communicable Diseases Branch | **Health Protection NSW**

[REDACTED]

[REDACTED]

[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

[www.health.nsw.gov.au/infectious](http://www.health.nsw.gov.au/infectious)



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## Enhanced COVID-19 Procedures for the Cruise Line Industry

**Updated 9 March 2020**

Please note that these procedures should be applied to all cruise ship voyages, not just international voyages. This is because many domestic voyages will have passengers and crew arriving from other countries at higher risk of COVID-19 than Australia, increasing the risk of COVID-19 outbreaks.

### Supplies

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

- face masks and alcohol hand rub for passengers and crew with acute respiratory illness
  - personal protective equipment for clinic staff
  - sterile transport swabs for respiratory sample collection
- Flexible flocked swabs and universal transport medium are preferred. For example, *COPAN #321C Universal Transport Medium with Regular FLOQ Swab and Nasopharyngeal FLOQ Swab* are held by NSW Health for outbreak response.

### Enhanced data collection

Each ship should collect and retain for 14 days after each cruise in case required:

- a log of where passengers and crew have travelled in the 14 days prior to embarkation – in order to facilitate this, it is strongly recommended that pre-embarkation screening of crew and passengers include a history of travel in the previous 14 days
- an accurate electronic contact list for all passengers and crew after disembarkation, including mobile/home phone number/email addresses.

Please also advise all passengers that they may be contacted by health authorities if a fellow passenger is later found to be positive for COVID-19.

### Procedures to identify and manage cases of respiratory infection

Cruise ship staff should ensure that:

- They actively identify passengers and crew with acute respiratory illness (ARI) – including cough, sore throat, fever or difficulty breathing – by making regular announcements throughout the cruise, inviting them to attend the clinic for assessment.
- Clinic staff include on the acute respiratory diseases (ARD) log, details of ALL passengers and crew presenting with fever OR acute respiratory symptoms OR both.
- Clinic staff record on the ARD log all countries visited in the 14 days before onset.
- For all people with influenza-like illness (ILI) AND those with acute respiratory illness (ARI) with a history of travel to countries on the Australian list of countries at risk of COVID-19 transmission<sup>1</sup>, two swabs – one nasopharyngeal swab and one oropharyngeal swab should be collected and stored in the fridge for possible SARS-COV-2 testing using droplet precautions. A further swab should also be collected for rapid influenza virus testing on board.

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<sup>1</sup> See: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm> .

As of 9 March 2020 this included: Mainland China, Iran, Italy, South Korea, Cambodia, Hong Kong, Indonesia, Japan, Singapore, and Thailand.

## Enhanced COVID-19 Procedures for the Cruise Line Industry

- Every sample retained for SARS-CoV-2 testing is labelled with at least 3 points of ID (name, DOB, address), and accompanied by a pathology request form.<sup>2</sup>
- Details of any sample collected and test results are noted on the ARD log.
- Passengers with ARI/ILI who may be infectious are appropriately isolated, and provided with alcohol hand rub and face masks. If sharing a cabin, please also provide roommates with alcohol hand rub and face masks, and educate on how to protect themselves.

During this period of increased risk of COVID-19, cruise companies are also requested to consider making medical assessment for ARI/ILI free to passengers as well as crew. Ships not providing free consultations are at greater risk of being considered at risk of COVID-19 as ARI/ILI cases may be less likely to have been identified.

### Reporting requirement to NSW Health

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

- A copy of the full ARD log (including details of patients presenting with fever OR ARI OR both, a list of countries they have visited in the 14 days prior to illness onset, 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 countries on the Australian list of countries at risk of COVID-19 transmission in the 14 days prior to embarkation.<sup>1</sup>
- Number of swabs collected for possible SARS-CoV-2 testing.
- 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.**

### Pre-arrival preparations for Health Screening

NSW Health will conduct a risk assessment based on the above information. The risk assessment will determine if enhanced health screening is required by a 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 NSW 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 provide a supplied letter and traveller record form) to notify passengers and crew that the following people will be required to present for assessment by a NSW Health Team prior to disembarking:

- Anyone who is feeling sick with respiratory symptoms or fever, and
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## Enhanced COVID-19 Procedures for the Cruise Line Industry

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The IMT will also advise on what information is provided to other travellers at lower risk, and provide environmental infection control guidance to the Cruise Line Operator.



## Fw: NSW Enhanced COVID-19 measures for cruise line industry

**From:** ken.flavell [REDACTED]  
**To:** spdcapt1 [REDACTED], cpdcapt1 [REDACTED],  
 npdcapt1 [REDACTED], rudcapt1 [REDACTED],  
 sphpsdr1 [REDACTED], cphpsdr1 [REDACTED],  
 nphpsdr1 [REDACTED], ruhpsdr1 [REDACTED],  
 michele.olivier [REDACTED], jodie.graham [REDACTED],  
 vicki.hodge [REDACTED], casey.vanduin [REDACTED],  
 nicholas.kessell [REDACTED], sphsapc1 [REDACTED],  
 cphsapc1 [REDACTED], nphsapc1 [REDACTED],  
 ruhsapc1 [REDACTED]  
**Cc:** "Handisides, Caroline (CAU)" [REDACTED]  
 shiky.chen [REDACTED]  
**Bcc:** 15.01.1713.001  
**Date:** Tue, 10 Mar 2020 13:03:53 +1100  
**Attachments:** NSW Enhanced COVID-19 measures for cruise line industry - UPDATE 9 March 2020.pdf (147.1 kB)

Good day,

Please see notification from Peter Little re NSW Enhanced COVID 19 measurements.

Important to note that we have to have correct contact details of all departing guests and crew on file, so that if needs be, they can be contacted.

Best regards

Ken

**Kenneth Flavell**

Guest Experience Manager - PCL  
 Princess Cruises



w: [princess.com](http://princess.com) | w: [carnivalaustralia.com](http://carnivalaustralia.com)

----- Forwarded by Ken Flavell/PandO/AU on 10/03/2020 12:57 PM -----

**From:** Peter Little [REDACTED]  
**To:** Greg Jackson [REDACTED], Paul Mifsud [REDACTED], jvandeekreeke [REDACTED], BCoyne [REDACTED],  
 Ken Flavell [REDACTED], Stuart Allison [REDACTED], Michael Kerr [REDACTED], Sophie [REDACTED],  
 Linossier [REDACTED], Thomas Karlsson [REDACTED], Sandy Olsen [REDACTED], David Jones [REDACTED]  
**Date:** 10/03/2020 11:46 AM  
**Subject:** NSW Enhanced COVID-19 measures for cruise line industry

Hi all

Please find attached the updated NSW PH protocol for managing COVID-19.

Of note, is the following new requirement:

## Enhanced data collection

Each ship should collect and retain for 14 days after each cruise in case required:

- a log of where passengers and crew have travelled in the 14 days prior to embarkation – in order to facilitate this, it is strongly recommended that pre-embarkation screening of crew and passengers include a history of travel in the previous 14 days
- an accurate electronic contact list for all passengers and crew after disembarkation, including mobile/home phone number/email addresses.

Please also advise all passengers that they may be contacted by health authorities if a fellow passenger is later found to be positive for COVID-19.

Please feel free to distribute as necessary.

Regards Peter



Peter Little Senior Vice President, Guest Experience  
P&O Cruises Australia





## Enhanced COVID-19 Procedures for the Cruise Line Industry

**Updated 9 March 2020**

Please note that these procedures should be applied to all cruise ship voyages, not just international voyages. This is because many domestic voyages will have passengers and crew arriving from other countries at higher risk of COVID-19 than Australia, increasing the risk of COVID-19 outbreaks.

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

- face masks and alcohol hand rub for passengers and crew with acute respiratory illness
  - personal protective equipment for clinic staff
  - sterile transport swabs for respiratory sample collection
- Flexible flocked swabs and universal transport medium are preferred. For example, *COPAN #321C Universal Transport Medium with Regular FLOQ Swab and Nasopharyngeal FLOQ Swab* are held by NSW Health for outbreak response.

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- Clinic staff include on the acute respiratory diseases (ARD) log, details of ALL passengers and crew presenting with fever OR acute respiratory symptoms OR both.
- Clinic staff record on the ARD log all countries visited in the 14 days before onset.
- For all people with influenza-like illness (ILI) AND those with acute respiratory illness (ARI) with a history of travel to countries on the Australian list of countries at risk of COVID-19 transmission<sup>1</sup>, two swabs – one nasopharyngeal swab and one oropharyngeal swab should be collected and stored in the fridge for possible SARS-COV-2 testing using droplet precautions. A further swab should also be collected for rapid influenza virus testing on board.

---

<sup>1</sup> See: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm> .

As of 9 March 2020 this included: Mainland China, Iran, Italy, South Korea, Cambodia, Hong Kong, Indonesia, Japan, Singapore, and Thailand.

## Enhanced COVID-19 Procedures for the Cruise Line Industry

- Every sample retained for SARS-CoV-2 testing is labelled with at least 3 points of ID (name, DOB, address), and accompanied by a pathology request form.<sup>2</sup>
- Details of any sample collected and test results are noted on the ARD log.
- Passengers with ARI/ILI who may be infectious are appropriately isolated, and provided with alcohol hand rub and face masks. If sharing a cabin, please also provide roommates with alcohol hand rub and face masks, and educate on how to protect themselves.

During this period of increased risk of COVID-19, cruise companies are also requested to consider making medical assessment for ARI/ILI free to passengers as well as crew. Ships not providing free consultations are at greater risk of being considered at risk of COVID-19 as ARI/ILI cases may be less likely to have been identified.

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

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- 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 countries on the Australian list of countries at risk of COVID-19 transmission in the 14 days prior to embarkation.<sup>1</sup>
- Number of swabs collected for possible SARS-CoV-2 testing.
- A list of the on-board medical staff and their contact details.
- A list of any planned medical disembarkations.
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## FW: NSW Enhanced COVID-19 measures for cruise line industry

**From:** Ruby Senior Doctor [REDACTED]  
**To:** FOC (HA Group) [REDACTED], "Peyton, Dennis (PCL)" [REDACTED], "Tarling, Grant (PCL)" [REDACTED]  
**Cc:** Ruby Captain [REDACTED], Ruby Hotel General Manager (RU) [REDACTED]  
**Bcc:** 15.01.1713.001  
**Date:** Tue, 10 Mar 2020 14:35:19 +1100  
**Attachments:** NSW Enhanced COVID-19 measures for cruise line industry - UPDATE 9 March 2020.pdf (147.1 kB)

FYI

Warm Regards

Ilse

*Dr Ilse von Watzdorf*

Senior Physician  
 M/V Ruby Princess



*The information contained in this email and any attachment may be confidential and/or legally privileged and has been sent for the sole use of the intended recipient. If you are not an intended recipient, you are not authorized to review, use, disclose or copy any of its contents. If you have received this email in error please reply to the sender and destroy all copies of the message.*

**From:** Ruby Captain  
**Sent:** Tuesday, March 10, 2020 4:31 PM  
**To:** Ruby Senior Doctor [REDACTED]  
**Subject:** FW: NSW Enhanced COVID-19 measures for cruise line industry

Best Regards

Commodore Giorgio Pomata  
 Master m/v Ruby Princess

**From:** [Ken Flavell](#) [REDACTED]  
**Sent:** Tuesday, March 10, 2020 3:04 PM  
**To:** Sun Captain [REDACTED], Sea Captain [REDACTED], Golden Captain [REDACTED], Ruby Captain [REDACTED], Sun Hotel General Manager [REDACTED], Sea Hotel General Manager [REDACTED], Golden Hotel General Manager [REDACTED], Ruby Hotel General Manager (RU) [REDACTED], [Michele Olivier](#) [REDACTED], [Jodie Graham](#) [REDACTED], [Vicki Hodge](#) [REDACTED], [Casey VanDuin](#) [REDACTED], [Nicholas Kessell](#) [REDACTED], Sun Crew Manager [REDACTED], Sea Crew Manager [REDACTED], Golden Crew Manager [REDACTED], Ruby Crew Manager [REDACTED]  
**Cc:** Handisides, Caroline (CAU) [REDACTED]; [Shiky.Chen](#) [REDACTED]  
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Guest Experience Manager - PCL

Princess Cruises



w: [princess.com](http://princess.com) | w: [carnivalaustralia.com](http://carnivalaustralia.com)

----- Forwarded by Ken Flavell/PandO/AU on 10/03/2020 12:57 PM -----

From: Peter Little  
 To: Greg Jackson, Paul Mifsud, [ivandekreeke](#),  
[B.Coyne](#), Ken Flavell, Stuart Allison, Michael Kerr,  
 Sophie Linossier, Thomas Karlsson, Sandy Olsen, David  
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# RE: Urgent Crunchtime request 725-REQ-10202 RUM2008-Med-Syd-0333

**From:** Ruby Senior Nurse 1 [REDACTED]  
**To:** "Hoffman, Norman (PCL)" [REDACTED], "Vidal, Susie (PCL)" [REDACTED], "Bond, Dulcie (PCL)" [REDACTED], "Operations, Medical (HAGROUP)" [REDACTED], Ruby Senior Doctor [REDACTED]  
**Date:** Fri, 06 Mar 2020 15:04:54 +1100

Good Morning all  
 Can you up date when the above urgent indent will be sent to ship  
 we require the viral swabs now  
 can we urgently place this urgently

Mary White RN  
 Senior Nurse  
 Medical Department I Ruby Princess

**From:** Hoffman, Norman (PCL) [REDACTED]  
**Sent:** Tuesday, March 03, 2020 11:47 AM  
**To:** Ruby Senior Nurse 1 ; Vidal, Susie (PCL) ; Bond, Dulcie (PCL)  
**Subject:** RE: Urgent Crunchtime request 725-REQ-10202 RUM2008-Med-Syd-0333  
 Good Day Nurse Mary,  
 Master Order 10202 has arrived in CrunchTime and has been processed

**Norman Hoffman**

Expediting Supervisor | Supply Chain  
 Holland America Group | Serving Princess Cruises, Holland America Line, Seabourn, and P&O Australia  
 24305 Town Center Drive | Santa Clarita, CA 91355-1283

**From:** Ruby Senior Nurse 1 [REDACTED]  
**Sent:** Friday, February 28, 2020 4:15 PM  
**To:** Hoffman, Norman (PCL) [REDACTED]; Vidal, Susie (PCL) [REDACTED]; Bond, Dulcie (PCL) [REDACTED]  
**Subject:** Urgent Crunchtime request 725-REQ-10202 RUM2008-Med-Syd-0333  
**Importance:** High  
 Good Morning all  
 Can you process the below as urgent indent  
 725-REQ-10202 RUM2008-Med-Syd-0333  
 Many thanks

Mary White RN  
 Senior Nurse  
 Medical Department I Ruby Princess

The information contained in this email and any attachment may be confidential and/or legally privileged and has been sent for the sole use of the intended recipient. If you are not an intended recipient, you are not authorized to review, use, disclose or copy any of its contents. If you have received this email in error please reply to the sender and destroy all copies of the message. Thank you.

To the extent that the matters contained in this email relate to services being provided by Princess Cruises and/or Holland America Line (together "HA Group") to Carnival Australia/P&O Cruises Australia, HA Group is providing these services under the terms of a Services Agreement between HA Group and Carnival Australia.

**Purchase Order Detail** (Viewing Reconciled Order for UNIVERSAL MARINE MEDICAL LTD 01)

<b>Order Number :</b> 725-1638966	<b>Location Base Currency :</b> USD	<b>Vendor Invoice Number :</b> 95027146	<b>Reference Date :</b> 02/29/2020
<b>Reference Number :</b> RUM2008_Med_Syd_0333	<b>Conversion Rate :</b> 0.8080155139	<b>Invoice Date :</b> 03/12/2020	<b>Expected Receipt Date :</b> 03/21/2020
<b>Master Order Type :</b> Master	<b>Vendor Base Currency :</b> GBP	<b>Vendor Invoice Total :</b> 1,065.12	<b>Actual Receipt Date :</b> 04/06/2020
<b>Cruise :</b> Cruise # RU2009 14293.004 28 Day Sydney - Sydney (4/4/2020 - 5/2/2020) Bar Via Hotel -			<b>Post Date :</b> 5/1/2020

**Shipping Details**

**Consolidation :** RUM2008\_Med\_Syd\_0333Dry **Delivery Location :** Ruby Princess - 725

Number	Name	Category

Vendor Product Number	Product Name	Vend Unit	Con- vers. Factor	Inven- tory Pack	Order Quantity	Confirm Quantity	Confirm Price	Invoice Quantity	Physical Quantity	Contract Price	Invoice Price	GBP Invoice Extended Value	USD Invoice Extended Value
MED160370	Specimen Swabs: Viral	EA	1.0000	EA	30	30	1.38	30	30	1.3800	1.3800	41.40	51.24
MED160515	Urinometer Drainage Bag 2 Litre (for hourly output monitoring)	EA	1.0000	EA	6	6	0.62	6	6	0.6200	0.6200	3.72	4.60
MED160365	QBC Star: Accutubes for QBC Star Haematology System	PK	00.0000	Pkt	3	3	340.00	3	3	340.0000	340.0000	1,020.00	1,262.35
<b>SubTotal :</b>												1,065.12	1,318.19

## Re: Shoreside Prescription Ruby Princess

---

**From:** Ruby Senior Doctor [REDACTED]  
**To:** mike.reeve [REDACTED]  
**Cc:** Ruby Senior Nurse 1 [REDACTED]  
**Date:** Sat, 29 Feb 2020 09:04:26 +1100  
**Attachments:** RU Prescription Master Medical Centre.pdf (155.83 kB); RU Prescription Diane McCall.pdf (159.77 kB); Prescription Paula Roberts.pdf (44.99 kB)

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Good morning  
Can we please try and obtain the following medications. Please revert with availability and cost prior to confirming purchase?

I am also looking for some **viral culture medium** – would they happen to have some here?

Warm Regards

Ilse

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*Dr Ilse von Watzdorf*  
Senior Physician  
M/V Ruby Princess



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**MEDICAL CENTRE**  
**PRESCRIPTION**

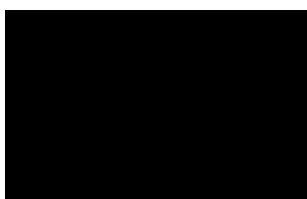
Saturday, February 29, 2020

Dear Pharmacist:

Please dispense the following medication for:

Onboard Medical Centre

1. Apixaban 10mg tablets (56 tablets)
2. Urimeters (10)



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**DR Ilse von Watzdorf**  
**MBCHB(UFS), DA(CMSA)**  
SENIOR DOCTOR  
RUBY PRINCESS  
Email: [REDACTED]



**MEDICAL CENTRE**  
**PRESCRIPTION**

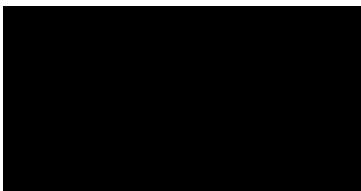
Saturday, February 29, 2020

Dear Pharmacist:


Please dispense the following medication for:

Onboard Medical Centre

1. Apixaban 10mg tablets (56 tablets)
2. Urimeters (10)



---

**DR Ilse von Watzdorf**  
**MBCHB(UFS), DA(CMSA)**  
SENIOR DOCTOR  
RUBY PRINCESS  
Email: 

**MEDICAL CENTRE****PRESCRIPTION**

Saturday, February 29, 2020

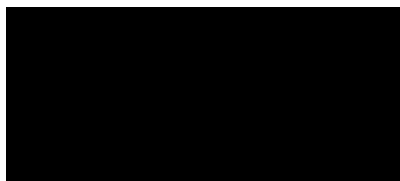
Dear Pharmacist:

Please dispense the following medication for:

Ms Diane McCall

DOB: [REDACTED]

1. [REDACTED]



---

**DR Ilse von Watzdorf**  
**MBCHB(UFS), DA(CMSA)**  
SENIOR DOCTOR  
M/V RUBY PRINCESS  
Email: [REDACTED]





**MEDICAL CENTRE**

**PRESCRIPTION**

Saturday, February 29, 2020

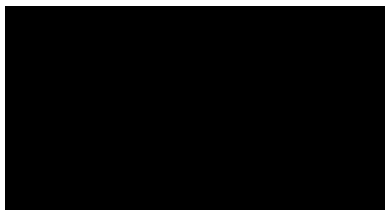
Dear Pharmacist:

Please dispense the following medication for:

Ms Diane McCall

DOB: [REDACTED]

1. [REDACTED]



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**DR Ilse von Watzdorf**  
**MBCHB(UFS), DA(CMSA)**  
SENIOR DOCTOR  
M/V RUBY PRINCESS  
Email: [REDACTED]

**MEDICAL CENTRE****PRESCRIPTION**

Tuesday, February 25, 2020

Dear Pharmacist:

Please dispense the following medication for:

Ms Paula RobertsDOB: [REDACTED]

1. [REDACTED]

[REDACTED]

**DR Ilse von Watzdorf**  
**MBCHB(UFS), DA(CMSA)**  
SENIOR DOCTOR  
M/V RUBY PRINCESS  
Email: [REDACTED]

[REDACTED]

**COMMODORE Giorgio Pomata**  
MASTER  
M/V RUBY PRINCESS  
E-mail: [REDACTED]



**MEDICAL CENTRE**

**PRESCRIPTION**

Tuesday, February 25, 2020

Dear Pharmacist:

Please dispense the following medication for:

Ms Paula Roberts

DOB: [REDACTED]

1. [REDACTED]

[REDACTED]  
\_\_\_\_\_  
**DR Ilse von Watzdorf**  
**MBCHB(UFS), DA(CMSA)**  
SENIOR DOCTOR  
M/V RUBY PRINCESS  
Email: [REDACTED]

[REDACTED]  
\_\_\_\_\_  
**COMMODORE Giorgio Pomata**  
MASTER  
M/V RUBY PRINCESS  
E-mail: [REDACTED]

**URGENT INDENT 725-Req-10237 Ru2009\_med Syd- 0335**

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**From:** Ruby Senior Nurse 1 [REDACTED]  
**To:** "Hoffman, Norman (PCL)" [REDACTED] Vidal, Susie (PCL)" [REDACTED] "Bond,  
Dulcie (PCL)" [REDACTED] "Operations, Medical (HAGROUP)" [REDACTED]  
**Cc:** Ruby Senior Doctor [REDACTED]  
**Date:** Sat, 07 Mar 2020 01:12:44 +1100

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Good Morning all  
Please can you expedite the above order submitted on crunchtime we are urgently requiring the items listed  
as soon as possible  
725-Req-10237 Ru2009\_med Syd- 0335  
Can you inform soonest when they can be loaded

---

Mary White RN  
Senior Nurse  
Medical Department I Ruby Princess  
[REDACTED]

Master Order Detail (Viewing Master Order for Master Order Vendor)									
<b>Order Number :</b>		725-REQ-10237		<b>Expected Delivery Date :</b>		04/04/2020			
<b>Reference Number :</b>		RU2009- Med_Syd_0335		<b>Create Date :</b>		03/07/2020			
<b>Usage From:</b>		00/00/0000		<b>To:</b>		00/00/0000		<b>Days</b> 28	
<b>Cruise :</b> Cruise # RU2009 14293.004 28 Day Sydney - Sydney (4/4/2020 - 5/2/2020) Sydney -									
<b>Master Order Type :</b>		Master							
<b>Comments :</b>									
<b>Filter :</b>						<b>Sort :</b>			
<b>Quantity :</b>		All		<b>Shipping Type :</b>		All		<b>Category :</b> All	
<b>Department :</b>		All		<b>Subcat :</b>				<b>Microcat :</b>	
<b>General Ledger:</b>		All							
<b>Group By:</b> Category									

Product Number	Product Name	Order Quantity	Pack Type	Conv.	On Hand + On Vendor Order	Available + On Vendor Order	Vendor Order 3/8/2020	Vendor Order 3/21/2020	Vendor Order 4/4/2020
<b>Category:</b>	<b>Medical Supplies</b>								
MED160370	Specimen Swabs: Viral	40	EA	1.0000	30.00	30.00	0.00	30.00	0.00
MED160766	Surgical Face Mask: Disposable	2,000	EA	50.0000	5,000.00	5,000.00	0.00	5,000.00	0.00
MED160345	Influenza A + B Test	300	EA	10.0000	150.00	150.00	0.00	50.00	0.00
	<b>Subtotal for Medical Supplies :</b>	2,340							
	<b>Total :</b>	2340							