

**Annexure 49**

**From:** Jeremy McNulty  
**Sent:** Mon, 30 Mar 2020 14:07:11 +1100  
**To:** Sean Tobin  
**Subject:** FW: Ruby Princess Risk Assessment Report  
**Attachments:** Ruby Princess Risk Assessment Report.docx  
**Importance:** High

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**From:** Jeremy McNulty  
**Sent:** Monday, 30 March 2020 2:05 PM  
**To:** MOH-PHEOOperations  
**Subject:** FW: Ruby Princess Risk Assessment Report  
**Importance:** High

Hi Laura / Planning

Thanks – I have added a few additional questions/points – we need to be really specific about times and events and the source of information, - were you able to find the transcript for Ports?

Many thanks .

Jeremy

# Ruby Princess Report

## National Protocol for Assessing COVID-19 Risk from Cruise Ships

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer or human biosecurity officer via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease.

The Australian Government is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.

In March, the Australian Government developed a 'National Protocol for Managing Novel Coronavirus Disease (COVID-19) Risk from Cruise Ships' (the National Protocol) (**Appendix 1**) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. The National Protocol does not direct jurisdictions to do such assessments, but instead leaves it to their discretion.

The national criteria for informing the risk management strategy for each vessel includes:

- the itinerary of the vessel, specifically
  - whether the vessel has visited a higher or moderate risk country<sup>1</sup> in the last 14 days
- the travel history of any person on-board the vessel, specifically
  - whether the traveller has visited a higher or moderate risk country<sup>2</sup> in the last 14 days
- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)<sup>3</sup>
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected

<sup>1</sup> Per the Australian Government Department of Health's '[COVID-19: Countries considered to pose a risk of transmission](#)'

<sup>2</sup> As above.

<sup>3</sup> Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members

- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)

Until advised otherwise, all cruise ships are required to provide any stored swabs urgently to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO. Provided there are no concerns about the COVID-19 risk profile of the ship or suspected COVID-19 cases reported, the HBO may advise the biosecurity officer that pratique can be granted and the ship may be allowed to continue the voyage while samples are being tested.

Additional guidance was provided by the Australian Government on 15 March 2020 following the announcement from the Prime Minister that any cruise ship that has left a foreign port will not be allowed to dock at an Australian port. There were a number of exceptions:

- Australian flagged ships
- Returning cruises to return Australians
- Ships in transit that have left the last international port as of 12 pm tonight
- Round Trip Cruises

These ships will need to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Ships will only be allowed to disembark at Sydney and Brisbane.

Travellers disembarking from cruise ships will need to commence the period of isolation from the time of arrival at their final destination in Australia. Time in isolation on board a ship does not count toward the 14 day isolation period. Foreign nationals will be allowed to disembark ships with permission to return to their home country.

Existing pre-arrival reporting and ill traveller processes will still apply to these ships.

## NSW Process for Assessing COVID-19 Risk from Cruise Ships

In addition to following the National Protocol, NSW Health wrote to the cruise ship industry on 22 February 2020 and again on 9 March 2020 seeking cruise ship companies' enhanced preparedness for COVID-19 (**Appendix 2 and 3**).

Since February, for cruise ships arriving into NSW from overseas a NSW Health expert panel has conducted a risk assessment based on the ports visited, whether passengers and crew have a risk of exposure to COVID-19, whether the ship's doctor has identified a respiratory outbreak on board, and the results of test results done on board the ship as per the National Protocol.

Following this risk assessment, if assessed as medium or high risk then further assessment is done when the ship docks, including checking people with fever and respiratory symptoms or who have risk of exposure to COVID-19, and testing them for respiratory infections, including COVID-19. As an additional precaution, swabs taken from passengers that were tested for influenza on-board are collected and tested for COVID-19 once the ship docks, again in line with the National Protocol.

Cruise ships have large number of passengers (often thousands), many of whom are older and have chronic medical conditions. Respiratory infections (unrelated to COVID-19) among passengers and crew are common on cruise ships. Cruise ships are responsible for, and have policies to prevent and manage outbreaks of disease on board.

The precautionary NSW approach is over and above that in place in other Australian jurisdictions, including the National Protocol. NSW Health has and will continue to work cooperatively with the Australian Government and other jurisdictions.

## Risk Assessment for the Ruby Princess

The Ruby Princess cruise to New Zealand left Sydney on 8 March 2020 and returned to Sydney and docked 19 March 2020. This cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020. 63 per cent of the passengers were Australian residents, 20 per cent are residents of the United States, and the rest are from a variety of other countries.

NSW Health conducted a risk assessment for the Ruby Princess prior to its docking on 19 March 2020 (**Appendix 4**). In line with the national criteria for informing the risk management strategy for a vessel, as outlined in the National Protocol:

- the itinerary of the vessel, specifically
  - whether the vessel has visited a higher or moderate risk country<sup>4</sup> in the last 14 days
  - **The Ruby Princess visited New Zealand, which was not on the list of higher or moderate risk countries provided by the Australian Government**
- **Add I that NZ test pateints and they were negative- where and why did they test an did they require people to stay on board before disembarkation ?**
- the travel history of any person on-board the vessel, specifically
  - whether the traveller has visited a higher or moderate risk country<sup>5</sup> in the last 14 days
  - **The Ruby Princess reported zero passengers and crew had visited higher or moderate risk countries in the previous 14 days**
- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
  - **The Ruby Princess reported zero passengers and crew had contact with a confirmed case of COVID-19 in the previous 14 days**
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
  - **The Ruby Princess had appropriate healthcare capability, including a medical assessment, isolation facilities and point of care testing for influenza**
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
  - **The Ruby Princess advised that no fee is charged for respiratory consultations and that they have made announcements requesting people with respiratory symptoms come to the medical centre for assessment**

<sup>4</sup> Per the Australian Government Department of Health's '[COVID-19: Countries considered to pose a risk of transmission](#)'

<sup>5</sup> As above.

- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)<sup>6</sup>
  - **The Ruby Princess reported 0.94% of passengers and crew had ILI, below the 1% threshold advised by the National Protocol**
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected
  - **The Ruby Princess reported that 48 people had been swabbed for flu, with 24 positive for influenza A, and that five people were tested in New Zealand for COVID-19 and were negative**
- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)
  - **There were no indications that the Ruby Princess had not implemented appropriate measures**

Additional information was provided to ?? by the Ruby Princess on 18 March 2020 at the request of the Port Authority of NSW, with the First Officer stating there were no crew members showing symptoms of COVID-19 on board. [can we reference this]

On 18 March 2020, the NSW Health risk assessment panel, consisting of 4 experienced public health physicians from 3 public health units and the Health Protection NSW [is this correct?] agreed by email that the Risk Assessment for the Ruby Princess was low risk given the information provided in alignment with the national criteria, and that swabs should be tested for COVID-19 as an additional precaution.

Also on 18 March 2020, NSW Ambulance received a phone call from the cruise company advising that there were two patients on board requiring medical transport to the Royal Prince Alfred Hospital due to respiratory symptoms, and that these two patients had been tested for COVID-19. The Ruby Princess had advised that all people tested in New Zealand for COVID-19 were negative.

On what date? How do we know this happened – can we reference a document or conversation ?

The Australian Border Force discussed the berthing of the Ruby Princess with the Port Authority of NSW and were given the information that NSW Health had been provided regarding the risk of COVID-19 on this vessel. The Australian Border Force advised that the ship was clear to dock.

In the early hours of 19 March 2020 2,647 passengers disembarked the Ruby Princess and all were advised [by whom – can we provide a documentation ] to self-isolate at home or in their accommodation for a period of 14 days as part of the management of returned travellers, in accordance with the Public Health Order for quarantine that is in place in New South Wales. [I don't think it was in place then was it] This process was in line with the updated national advice provided on 15 March 2020 following the announcement made by the Prime Minister banning cruise ships; that travellers disembarking from cruise ships commence their period of isolation from the time of arrival at their final destination in Australia, and that foreign nationals have permission to return to their home country. ??? Check

<sup>6</sup>Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members

## NSW Response

On 20 March 2020, NSW Health identified four people on the cruise ship Ruby Princess who tested positive to COVID-19. Three of the confirmed cases were passengers who disembarked from the ship after it docked at Circular Quay, and one was a crew member who remained in isolation on board under the care of the ship's medical team.

NSW Health first emailed and sent text messages to all cruise passengers on 20 March 2020 to advise of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. A media release was also issued on 20 March 2020 to support rapid dissemination of this information, and other states and territories and the National Incident Room were notified.

What date – include what process we have done since to contact them. NSW then called all passengers from the Ruby Princess to check on their health and to re-inforce the requirement to self-isolate and monitor their health.

On 22 March 2020 NSW implemented additional measures to the National Protocol for the risk assessment of cruises seeking port; no cruise ship crew or passengers will be allowed to disembark in NSW until anyone with symptoms of COVID-19 is assessed, swabbed and shown to test negative for COVID-19 (**Appendix 5**). This process will take several hours to complete for each ship. This process of screening people is not a failsafe as there is an incubation period (before symptoms develop and tests are positive) during which a person will not have symptoms for, or have a positive test for, COVID-19.

As of 29 March 2020, there have been 189 confirmed cases of COVID-19 in NSW that are the result of direct exposure to the virus whilst on board the Ruby Princess. The vast majority of these have had symptom onset after commencing self-isolation [what number and %]. In addition, there have unfortunately been two deaths reported in passengers from the Ruby Princess, one in NSW and one in Queensland. Mention secondary cases (check with Kate – I think its 6)

Include number of cases of ILI on board with crew

Also on 29 March 2020 a team of one Doctor and four paramedics completed a boat-to-boat transfer a few kilometres off Botany Bay to transport three crew members requiring hospitalisation to the Royal Prince Alfred Hospital. These crew members are likely to have COVID-19.

NSW is now treating all cruises as high risk despite the risk assessment guidance in the National Protocol, and will continue to enforce its strengthened COVID-19 screening requirements for any cruise ship that has been granted an exemption to dock in NSW by the Australian Government.

## Annexure 50

**From:** Vicky Sheppard (South Eastern Sydney LHD)  
**Sent:** Mon, 30 Mar 2020 16:29:41 +1100  
**To:** Laura Collie; Jennie Musto; Sean Tobin; Bradley Forssman (Nepean Blue Mountains LHD)  
**Cc:** MOH-PHEO Operations; Jeremy McAnulty  
**Subject:** RE: Ruby Princess Risk Assessment Report

Hi Laura

That looks fine – the one thing I would emphasise is the contrast between the information we were given about the medically disembarking passengers (both on Tamiflu, reasons for medical disembark cardiac for one and lower back pain for the other), in contrast to what was reported to Ambulance.

Regards

Vicky

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**From:** Laura Collie  
**Sent:** Monday, 30 March 2020 12:09 PM  
**To:** Jennie Musto ; Sean Tobin ; Vicky Sheppard (South Eastern Sydney LHD) ; Bradley Forssman (Nepean Blue Mountains LHD)  
**Cc:** MOH-PHEO Operations ; Jeremy McAnulty  
**Subject:** Ruby Princess Risk Assessment Report  
**Importance:** High

Hello all,

I have drafted up a report on the Ruby Princess (attached with 5 appendices). Due to Kerry by COB today.

I would very much value your input into this important report to ensure it accurately reflects the process.

Thanks,

**Dr Laura Collie** BSc MBBS MPH GradDipEnvHlth FAFPHM DrPH(Cand)  
Medical Advisor | **Office for Health and Medical Research**  
NSW Ministry of Health

Tel [REDACTED] | Mob [REDACTED]  
[www.health.nsw.gov.au](http://www.health.nsw.gov.au)



Health

**Annexure 51**

**From:** Sean Tobin  
**Sent:** Mon, 30 Mar 2020 19:34:58 +1100  
**To:** Jeremy McAnulty  
**Subject:** Ruby Princess draft report and appendices  
**Attachments:** Appendix 3.pdf, Appendix 4.pdf, Appendix 2 ABF Messaging for cruise ship travellers dated 17 March 2020.pdf, Ruby Princess Risk Assessment Report-JMc-ST.DOCX, Appendix 1.pdf, Appendix 5.pdf

Best regards  
Sean

**Dr Sean Tobin**

Public Health Physician  
Public Health Emergency Operations Centre (PHEOC) – COVID-19 Response



# NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

## Background to Australian Maritime Biosecurity Arrangements

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer<sup>1</sup> or human biosecurity officer<sup>2</sup> via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease.

The Australian Government is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.

The Act requires that the operator of an international aircraft or vessel must report any ill travellers that show signs and symptoms of infectious disease, or if there has been a death on board. The report must be made to a biosecurity officer prior to arrival in Australia through the Pre-Arrival Report (PAR). These reports and other information from the ship are documented in the maritime arrivals reporting system (MARS).

Biosecurity Officers, officers of the Australian Department of Agriculture, Water and the Environment, apply standard questionnaires to assess pre-arrival reports of illness among passengers or crew, and consult where required with medical officers from NSW Health designated as Human Biosecurity Officers under the Act.

## National Protocol for Assessing COVID-19 Risk from Cruise Ships

In early March, the Australian Government developed a 'National Protocol for Managing Novel Coronavirus Disease (COVID-19) Risk from Cruise Ships' (the National Protocol) (**Appendix 1**) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. The National Protocol does not direct jurisdictions to do such assessments, but instead leaves it to their discretion.

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<sup>1</sup> Biosecurity Officers are employed by the Australian Department of Agriculture, Water and the Environment.

<sup>2</sup> Human Biosecurity Officers are medical officers approved by the Director of Human Biosecurity under the Australian Biosecurity Act 2015. Each state and territory health department has a number of HBOs and one Chief Human Biosecurity Officer with specific powers under the Biosecurity Act.

NSW Health officials were involved in the development and approval of the National Protocol. NSW Health indicated that they were currently implementing, and would continue to implement additional risk assessment procedures for all cruise ships docking in NSW beyond those prescribed in the National Protocol.

Additional guidance was provided by the Australian Government on 15 March 2020 following the announcement from the Prime Minister that any cruise ship that has left a foreign port will not be allowed to dock at an Australian port. There were a number of exceptions:

- Australian flagged ships
- Returning cruises to return Australians
- Ships in transit that have left the last international port as of 12 pm tonight
- Round Trip Cruises

These ships will need to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Ships will only be allowed to disembark at Sydney and Brisbane.

A factsheet from the Australian Border Force dated 17 March (**Appendix 2**) for the Cruise Lines to distribute to incoming international cruise ship passengers advised that disembarking passengers would need to have an isolation period of 14 days, but commencing from the date of departure from the last foreign port, not from the date of arrival in Australia. The factsheet also notes that foreign nationals would be allowed to disembark ships with permission to return to their home country.

## NSW Process for Assessing COVID-19 Risk from Cruise Ships

NSW Health has two long-standing program public health programs for cruise ships visiting the Port of Sydney, managed by the South East Sydney Local Health District's public health unit (SES PHU). These are the Cruise Ship Health Surveillance Program and the Vessel Inspection Program. SES PHU respond to reports of infectious disease cases, outbreaks, and other incidents of public health concern, and conduct environmental health inspections of vessels.

The SESPHU Cruise Ship Health Surveillance Program has worked closely with the cruise ship industry and the Australian Department of Agriculture and Water Resources to improve health surveillance on cruise ships and respond to outbreaks of infectious disease.

Cruise ships often have several thousand passengers on board, many of whom are older and have chronic medical conditions, as well as large numbers of crew. Respiratory infections (unrelated to COVID-19) and gastrointestinal infections among passengers and crew are common on cruise ships, sometimes increasing to significant outbreaks. Cruise ships are responsible for, and have policies to prevent, detect and manage outbreaks of infectious disease on board.

From mid-February 2020 and in response to the growing outbreak of COVID-19, NSW Health implemented an enhancement to the existing risk assessment process for cruise ships, requiring additional pre-arrival information from cruise lines and cruise ship medical teams for all cruise ships

scheduled to dock in NSW ports. An additional pre-arrival risk assessment was introduced, whereby the pre-arrival information summarised by SES PHU would be reviewed by the day before arrival by senior public health officers from Health Protection NSW, from SES PHU and from the public health units of Sydney and Nepean Blue Mountains Local Health Districts.

The NSW Chief Health Officer wrote to Cruise Line representatives on 22 February 2020 to alert them to the enhanced risk assessment process for cruises and to provide specific guidance (*Enhanced COVID-19 Procedures for the Cruise Line Industry*) to reduce the risk of COVID-19 on their cruises (**Appendix 3**). Additional information was sent to the cruise lines on 9 March 2020 to recommend additional precautions and to strengthen their specimen collection capacity in case COVID-19 testing was required following the pre-arrival risk assessment (**Appendix 4**).

#### Enhanced pre-arrival risk assessment categories and response

Following the pre-arrival risk assessment for each incoming cruise ship, the NSW Health cruise ship expert panel assigns one of three risk categories – Low, Medium or High – which informs further public health action.

If a cruise is classified as Low Risk, no health team attends the ship dockside to conduct screening of sick passengers and crew. However, if respiratory samples had been collected by the Ship medical team and tested negative for influenza, these might be collected by NSW Health for COVID-19 on a case-by-case basis. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known.

If a cruise is classified as Medium Risk, a NSW Health team is arranged to meet the ship dockside to conduct a further assessment and screening of symptomatic travellers and other travellers of concern due to their recent travel history. Disembarkation is not granted for other travellers until this further risk assessment is completed. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known.

If a cruise is classified as High Risk, such as when an ill passenger is identified with suspected COVID-19, the ship would not be permitted to dock until an incident management team had been formed to assess the risk and prepare a plan of action to minimise the risk to the NSW community and to screen and manage other passengers and crew.

#### Previous Risk Assessment for the Ruby Princess

NSW Health had conducted a detailed pre-arrival risk assessment for the Ruby Princess cruise which docked in Sydney on 24 February. The expert panel assessed this cruise as being a low risk for COVID-19 and no NSW Health team attended dockside.

A pre-arrival risk assessment was also conducted for the Ruby Princess cruise which docked in Sydney on 8 March. The panel assessed this ship as medium risk.

While the reported influenza-like illness rate among travellers (passengers and crew) was low, the panel expressed concerns about two passengers who had spent several days in Singapore prior to boarding had onset of acute respiratory illnesses during the cruise. Both passengers had also been cleared of influenza after swabs collected on board had tested negative for influenza.

A NSW Health team from South East Sydney Local Health District met the ship when it docked and screened approximately 360 people who had fever or respiratory symptoms, or who had a travel history of concern for COVID-19.

In addition to the two passengers of concern, an additional four passengers and three crew were swabbed for COVID-19 testing. All nine swabs tested negative for COVID-19 on the same day, and these people were released from isolation.

## Risk Assessment for the Ruby Princess cruise 8-19 March

The Ruby Princess cruise to New Zealand left Sydney on 8 March 2020. The cruise included nine stops in various locations in New Zealand including a stop in Wellington on 14 March and a final stop in Auckland on 17 March before returning to Sydney to dock on 19 March 2020.

The itinerary for this cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020.

Pre-arrival information was provided to the South East Sydney Public Health Unit from the Ruby Princess through the maritime arrivals reporting system (MARS) and through direct communications with the ship's medical team. This information was used to prepare the risk assessment summary (**Appendix 5**) that was considered by the expert panel on 18 March 2020.

The pre-arrival information indicated that there were 2647 passengers and 1148 crew on board. None of the passengers or crew reported contact with a COVID-19 case, and none had been in China, Iran, South Korea or Italy within 14 days of embarking.

The ship doctor reported that 104 of the 3795 travellers had reported an acute respiratory infection at some time during the cruise, including 36 who reported an influenza-like illness (ILI). A total of 48 patients had been tested for influenza and 24 had tested positive. The ship doctor indicated that they had kept 10 respiratory swabs available for further testing.

The ship doctor also reported that five travellers had been tested for COVID-19 during their stop in Wellington (NZ) on 14 March, and that all five had tested negative for COVID-19.

The ship doctor reported that they were planning to medically disembark two unwell passengers by ambulance. One was an Australian man who had no travel history of significance apart from NSW and NZ. He had a fever and had been diagnosed with an upper respiratory tract infection and had tested negative for influenza. The reason for medical disembarkation was given as ischaemic heart disease, likely secondary to his infection, which had since improved.

The second passenger was an Australian woman who had no travel history apart from NSW and NZ. She had been diagnosed with a febrile upper respiratory tract infection and had tested negative for influenza. She reported an exacerbation of severe lower back pain with signs suggestive of a femoral nerve radiculopathy. She was to be referred to an emergency department for imaging and specialist referral as needed.

The NSW Health expert panel assessed the available pre-arrival information and agreed that the cruise should be classified as Low Risk. They noted that the itinerary only included ports in New

Zealand, considered a low risk country for COVID-19 and the lack of known contact with a COVID-19 among the travellers. The ILI rate was below the 1% threshold generally recommended to indicate a respiratory outbreak, and 24 travellers had been confirmed with influenza infections. However, given the higher than usual number of travellers reporting acute respiratory illness, it was recommended to have the specimens that had been collected by the ship doctor tested for COVID-19 when the ship docked.

## Communications to passengers

Carnival Corporation, the owner of the Ruby Princess have confirmed that the Australian Border Force factsheet (**Appendix 1**) was delivered to every passenger's cabin prior to arrival and that additional printed information was provided to passengers as they disembarked.

## Events of 19 March

The Ruby Princess docked at the Overseas Passenger Terminal in Sydney early in the morning of 19 March. The two passengers noted in the pre-arrival assessment were transferred by ambulance to Royal Prince Alfred Hospital for further medical assessment.

SES PHU arranged for transfer of the 10 respiratory samples collected by the Ship doctor for COVID-19 testing to the NSW Pathology COVID-19 reference laboratory at Randwick.

## NSW Response

On 20 March 2020, NSW Health was notified that four people on the cruise ship Ruby Princess had tested positive for COVID-19. Three of the confirmed cases were passengers who had disembarked the previous day and the other was a crew member who remained in isolation on board under the care of the ship's medical team.

NSW Health responded according to the NSW Health COVID-19 cruise ship response procedures for confirmed cases in passengers or crew (**Appendix 6**).

NSW Health immediately informed Carnival and obtained from them their passenger manifest with contact details for all passengers, and advised them to contact all of their crew about the need for self-isolation and to monitor for symptoms.

NSW Health first prepared and sent urgent communications to all Ruby Princess passengers by email and SMS messages on 20 March 2020 to advise them of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. A media release was also issued on 20 March 2020 to support rapid dissemination of this information. Other states and territories were notified, and the National Incident Room was also notified in relation to international passengers who might have already travelled out of Australia.

What date – include what process we have done since to contact them. NSW then called all passengers from the Ruby Princess to check on their health and to re-inforce the requirement to self-isolate and to monitor their health. The email also had as an attachment the NSW Health's factsheet for people in home isolation, and links to further information on the NSW Health website.

Commencing on 20 March, NSW Health commenced contacting passengers by telephone and also co-opted Service NSW to assist with telephone contact. A letter was also prepared for Carnival Australia which they distributed by email to all passengers on behalf of NSW Health to further ensure receipt of the NSW Health advice.

As of 29 March, NSW Health is aware of 189 cases of COVID-19 diagnosed in NSW which were acquired on the Ruby Princess, including one death in NSW, and six cases in close contacts of these cases. There are also reports of cases diagnosed in other states linked to the Ruby Princess cruise, including one death (in Queensland).

### Further measures implemented by NSW to reduce the risk of COVID-19 from cruise ships

On 22 March 2020 NSW implemented additional measures to further reduce the risk of COVID-19-infected passengers or crew transmitting infection within NSW. This included a direction that no cruise ship crew or passengers to be allowed to disembark in NSW until anyone with symptoms consistent with COVID-19 are assessed, swabbed and tested for COVID-19 and found to be negative.

On 28 March 2020, the Minister Hazzard, Minister for Health and Medical Research, in the Public Health (COVID-19 Maritime Quarantine) Order 2020, restricting disembarkation of any person arriving in NSW on a vessel unless authorised by the Police Commissioner, with additional directions regarding other persons boarding or disembarking from vessels. See

[https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette\\_2020\\_2020-61.pdf](https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2020_2020-61.pdf)

**Annexure 52**

**From:** Sean Tobin  
**Sent:** Mon, 30 Mar 2020 22:32:32 +1100  
**To:** Kerry Chant (Ministry of Health);Jeremy McNulty  
**Subject:** Ruby Princess report and appendices  
**Attachments:** Appendix 1 National protocol for managing risk of COVID-19 from cruise ....pdf, Appendix 2 ABF Messaging for cruise ship travellers dated 17 March 2020.pdf, Appendix 3 CHO letter for Cruise Ship Operators 22 Feb.pdf, Appendix 4 Enhanced COVID-19 Procedures for the Cruise Line Industry 9 M....pdf, Appendix 5 Risk Assessment for RP cruise arriving 19 March.pdf, Appendix 6 CDNA COVID-19 Case Definition.pdf, Appendix 7 NSW Health COVID-19 Cruise ship response procedure for confir.....pdf, Ruby Princess Risk Assessment Report 30 March.docx

Please find attached, including additional CDNA case definition current at that time.

Best regards  
Sean

**Dr Sean Tobin**

Public Health Physician  
Public Health Emergency Operations Centre (PHEOC) – COVID-19 Response





**Australian Government**

**Department of Health**

## **NATIONAL PROTOCOL FOR MANAGING NOVEL CORONAVIRUS DISEASE (COVID-19) RISK FROM CRUISE SHIPS**

March 2020

<b>Version</b>	<b>Date of Publication</b>	<b>Reason</b>	<b>Approved By</b>
V1.0	6 March 2020	Initial publication	Rhonda Owen, Assistant Secretary, Health Emergency Management Branch, Office of Health Protection

This protocol was endorsed by the Chief Human Biosecurity Officers (CHBO) on 3 March 2020.

### **CONSULTATION**

The following were consulted in the development of the protocol:

- Australian Government Department of Agriculture, Water and Environment
- Australian Government Department of Home Affairs
- Australian Government Department of Infrastructure, Transport, Cities and Regional Development
- Australian Health Protection Principal Committee
- Chief Human Biosecurity Officers
- Cruise Lines International Association (CLIA)

### **PURPOSE**

The purpose of this protocol is to clarify the intent, responsibility, and required action in responding to coronavirus disease 2019 (COVID-19) risk from cruise ships. It is primarily a border operations protocol.

Cruise ships may carry domestic or international travellers who pose human biosecurity risks. This may also lead to the spread of diseases to other travellers, particularly given the population density, the duration of cruises and the mixing patterns of people on board. It is therefore necessary to enhance surveillance and control measures among travellers to:

- protect the health of travellers on vessels;
- minimise the likelihood of large numbers of infected people returning to Australia and further spreading diseases among the community;
- manage the impact on the Australian health system; and
- prevent the spread of diseases among populations in cruise voyage destinations.

This protocol is limited to COVID-19 and has specific measures for assessing the risk of COVID-19 on the ship, screening of passengers and crew if required, and initial management of suspected cases. It is recognised that as the outbreak situation evolves, additional measures may become necessary and this protocol may be reviewed and revised as required.

This protocol does not address when a passenger or crew member is confirmed to have COVID-19 by laboratory testing, which will be managed on a case-by-case basis by jurisdictional public health authorities in close coordination with border agencies, the cruise ship operator and senior ship officers (see INFORMATION SHARING section).

While response protocols for confirmed COVID-19 cases will likely include requiring some passengers and crew identified as contacts to undergo a period of quarantine, where possible it is not intended that this occur on board the ship.

## LEGISLATION

- *Biosecurity Act 2015* (the Act) - Under section 44 of the Act, the Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease.
- The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer or human biosecurity officer via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).
- State and territory public health acts mandate the reporting of certain diseases to the relevant state or territory communicable diseases unit.

## NOVEL CORONAVIRUS DISEASE (COVID-19)

An outbreak of respiratory disease caused by a novel coronavirus (SARS-CoV-2) was first detected in Wuhan City, Hubei Province, China, and is ongoing. On 11 February 2020, the World Health Organization (WHO) named the disease caused by the virus Coronavirus Disease 2019 (COVID-19). Sustained human-to-human community transmission has been demonstrated in parts of China, largely in Wuhan city, and some human-to-human spread of the virus has been detected outside of China, including in Australia. On 30 January 2020, the International Health Regulations Emergency Committee of the WHO declared the outbreak a public health emergency of international concern (PHEIC). The WHO emphasised the urgent need to coordinate international efforts to reduce the risk of further international spread. Australia declared the then named 'human coronavirus with pandemic potential' as a LHD on 3 February 2020, enabling powers under the *Biosecurity Act 2015* to be used to manage the entry, spread and establishment of COVID-19.

The symptoms of COVID-19 include fever, sweats and chills, fatigue, rhinorrhoea, sore throat, cough, and difficulty breathing. Symptoms can take up to 14 days to develop after a person has been infected.

## PROTOCOL

This protocol has been developed for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. All individuals, groups and authorities involved in the cruise ship industry including crew, health care staff, cruise line operators, owners, and port health authorities should be aware of these procedures.

For the purposes of this protocol, a **traveller** means **a passenger or crew member**

## RISK ASSESSMENT

Respiratory illnesses (common cold and influenza) are some of the most common infections affecting people on cruise ships, and cases of COVID-19 aboard passenger ships have occurred. Because cases of seasonal influenza often occur on ships and sustained community transmission of COVID-19 has been observed, it is possible that passenger ships carrying thousands of people would have travellers with COVID-19. In the context of the PHEIC relating to COVID-19, assessing the public health risk of each vessel arrival to Australia from international ports is important before advice is given on implementation of control measures. Public health risk assessment involves appraisal of threats to travellers on board the ship, as well as to the population in the community.

Some jurisdictions may conduct a public health risk assessment for every ship, while in other jurisdictions a risk assessment for every ship may not be necessary if no illness has been reported and a standing risk assessment for the global situation may suffice in this circumstance. Assessing the risk of any reported event is necessary before proceeding with the enforcement of public health measures.

No single criterion will dictate any specific action in relation to the overall management of a vessel; however, each public health unit can use these criteria to inform their risk management strategy:

- the itinerary of the vessel, specifically
  - whether the vessel has visited a higher or moderate risk country<sup>1</sup> in the last 14 days
- the travel history of any person on-board the vessel, specifically
  - whether the traveller has visited a higher or moderate risk country<sup>2</sup> in the last 14 days

<sup>1</sup> Per the Australian Government Department of Health's [‘COVID-19: Countries considered to pose a risk of transmission’](#)

<sup>2</sup> As above.

- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)<sup>3</sup>
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected
- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)

#### ***Exposure Risk – Potential Contacts that are currently well***

The following exposure risk categories are provided to help guide initial biosecurity management of people following potential SARS-CoV-2 exposure, given the difficulty in identifying close contacts (as strictly defined by public health experts) in the cruise ship environment due to the physical environment, inability to confirm SARS-CoV-2 with laboratory testing, and variable preparedness of individual operators to respond to suspect cases.

##### **Highest Exposure Risk**

- Accommodated in the same cabin or small group of cabins with shared amenities as, being an intimate partner of, or providing care or cleaning services in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***without using recommended precautions***; OR
- Recent travel from a [higher risk country](#)

##### **Medium Exposure Risk**

- Accommodated in the same cabin or small group of cabins with shared amenities as, **not** being an intimate partner of, or providing care in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***while consistently using recommended precautions***

<sup>3</sup>Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members

- Being in the same semi-closed environment (e.g., a games-room, movie theatre, infirmary waiting room) as a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 *for a prolonged period of time*<sup>4</sup>, OR

- Travel from [moderate risk countries](#) (excluding transit).

AND

- not meeting the higher risk definition above

#### Lower Exposure Risk

- Interactions with a person with symptomatic clinically diagnosed suspect (or laboratory-confirmed) COVID-19 infection that do not meet any of the higher or medium-risk conditions above, such as walking by the person or being briefly in the same room

AND

- not having any exposures that meet a higher-risk or medium-risk definition

Note that if there are multiple suspect cases, the number of contacts in the higher exposure risk category will increase. In some situations it may be difficult to delimit exposure categories and as such, a whole ship could potentially be considered at higher exposure risk.

## BORDER SCREENING

The standard process at the border for screening for, and managing the presence of, LHDs will continue, which includes:

- Pre-arrival report and human health report
  - In accordance with biosecurity reporting obligations under Section 193 of the Act, information regarding any illness on-board must be lodged in the Maritime Arrivals Reporting System (MARS) between 96 and 12 hours prior to arrival. Vessels are required to update the MARS report if the human health status of persons on-board changes.
  - To support the enhanced COVID-19 border measures announced by the Prime Minister on 5 March 2020, the following additional questions will be asked on the pre-arrival report until advised otherwise:
    - Has the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
    - Has any person on the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
    - Has any person on the vessel been in contact with a confirmed case of novel coronavirus infection in the last 14 days?

<sup>4</sup> As per the COVID-19 SoNG.

- The Maritime National Coordination Centre (MNCC) will coordinate officer attendance at the relevant port. On a case by case basis, state/territory health authorities may also attend the port.
- Under the Act the ship's master must specifically report people with symptoms of an LHD, including human coronavirus with pandemic potential, before arrival.
- **Pratique**
  - Cruise vessels are assumed to have pratique from the vessel's first port of arrival in Australia unless there is illness or death on-board, or if the vessel has not provided a pre-arrival report. Pratique takes effect when the vessel arrives at the port.
  - If there is illness or death on-board reported, or if a pre-arrival report has not been provided in accordance with the requirements in the *Biosecurity Regulation 2016*, the vessel has negative pratique until a biosecurity officer has assessed that there is no human health risk associated with the vessel and has granted pratique.
- **Administration of the Traveller with Illness Checklist (TIC)**
  - Where the cruise ship has reported unwell travellers, the vessel will be met by a biosecurity officer.
  - Unwell travellers will be screened using existing LHD screening procedures.
  - The TIC screens for COVID-19 based on the case definition provided in the COVID-19 Series of National Guidelines (SoNG), and includes symptoms of COVID-19, exposure to cases of COVID-19 and travel history. The TIC will be updated on occurrence of a change to the case definition provided in the COVID-19 SoNG as needed.
- **Referral to a Human Biosecurity Officer (HBO), or Chief Human Biosecurity Officer (CHBO), for medical advice or assistance will occur where the TIC indicates a risk for COVID-19 or any other LHD.**

#### **ADDITIONAL BORDER MEASURES**

- **Until advised otherwise by Health or DAWE, all cruise ships are required to:**
  - provide any stored swabs urgently to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO. Provided there are no concerns about the COVID-19 risk profile of the ship or suspected COVID-19 cases reported, the HBO may advise the biosecurity officer that pratique can be granted and the ship may be allowed to continue the voyage while samples are being tested.
  - deliver on-board announcements to travellers prior to the vessel docking at an Australian seaport to encourage self-reporting of ill health by travellers and inform travellers of their obligation to declare whether they are

experiencing specific symptoms (DAWE will provide internationally operating cruise ships with pre-recorded messages for the on-board verbal announcement in a number of languages).

- Until advised otherwise by Health or DAWE, all ports are required to:
  - deliver verbal announcements at the Australian seaport to encourage self-reporting of ill health by travellers, and to inform travellers of their obligation to declare whether they are experiencing specific symptoms. DAWE will provide pre-recorded messages for the port announcement in a number of languages to the port authority who will be responsible for implementing this measure.

## **CASES OF INFLUENZA-LIKE ILLNESS (ILI) PRESENTING ON CRUISE SHIPS**

### ***On-Board Management***

Ships should actively encourage travellers with respiratory symptoms to seek immediate on-board medical assessment. Incentives such as free or subsidised consultations for travellers with respiratory illness should be considered by the ship, to reduce barriers for timely assessment.

Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerator, if able, for later SARS-CoV-2 testing.

## **REPORT OF LISTED HUMAN DISEASE - COVID-19 SUSPECT CASE or POTENTIAL OUTBREAK<sup>5</sup> OF RESPIRATORY ILLNESS**

### ***On-Board Management***

Where the ship's medical officer determines that there is either:

- a) a suspect case(s)<sup>6</sup> of COVID-19 on-board, or
- b) an outbreak<sup>7</sup> of ILI on-board with larger than expected numbers of tests are negative for influenza, the following measures should be taken:
  - The suspect case(s) or any person with ILI should be isolated in an isolation ward, cabin, room or quarters, with an independent ventilation and toilet system where possible.

<sup>5</sup> Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members.

<sup>6</sup> A suspect case is defined in 'Interim advice to public health units – COVID-19' available at [www.health.gov.au](http://www.health.gov.au)

<sup>7</sup> Outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members.

- Infection control procedures including droplet and standard precautions should be implemented. Medical staff should wear appropriate PPE when assessing patients with respiratory illness and collecting specimens.
- Medical staff should refer to the COVID-19 resources for health professionals, available at [www.health.gov.au](http://www.health.gov.au)
- Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerators, if able, for later SARS-CoV-2 testing.
  - Inappropriately stored samples may not be able to be tested for SARS-CoV-2 because of biosafety concerns in the laboratory.
- Where influenza can be confirmed, and the traveller does not meet the suspect case definition for COVID-19, the traveller should follow isolation recommendations in accordance with standard influenza outbreak protocols.
- Where influenza cannot be confirmed, confinement to isolation with infection control measures should continue until a decision to return to public areas can be made in collaboration with the public health authority at the next port of call.
- All those identified as higher exposure risk<sup>8</sup> should be identified and isolated as above and advised to monitor their health for development of symptoms until such time further assessment by public health authorities has determined whether or not they are truly a close contact in accordance with the Exposure Risk table above. Further, they should be managed as follows:
  - The traveller(s) should be placed under active surveillance for 14 days.
  - If after 14 days of isolation and observation, the travellers do not develop symptoms of COVID-19, they may be discharged from follow-up.
  - Both embarking and disembarking ports must be notified of COVID-19 suspected case contacts being on-board and measures taken.
  - Lower and medium risk contacts should be asked to self-monitor for COVID-19 symptoms for 14 days from their last exposure. They should be asked to immediately self-isolate and contact medical services if any symptoms appear during this time.
- A high frequency of cleaning and disinfection should be maintained on the vessel. Cabins and quarters occupied by suspected cases and close contacts of suspect COVID-19 cases should be cleaned and disinfected according to recommendations provided by the local public health authority.

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<sup>8</sup> Note that if there are multiple suspect cases, the number of likely close contacts will increase, and it may be that the all travellers could potentially be considered as close contacts.

### ***Pre-Arrival Requirements***

The vessel is required to:

- Immediately alert the public health authority at the next port of call to:
  - Determine if the necessary capacity for transportation, isolation, and care is available at the port (the vessel may be asked to proceed to another national port in close proximity if this capacity is not available or if warranted by the critical medical status of the suspected COVID-19 case).
  - Provide any information required for the authority to conduct a risk assessment.
  - Seek advice as to the infection prevention control requirements.
  - Ensure that [Health.Ops@Health.gov.au](mailto:Health.Ops@Health.gov.au) is a Cc addressee on all email communication.
- Update pre-arrival reporting in MARS to reflect the current health status of the vessel
- Advise the MNCC that there is a report of a listed human disease, suspected case of COVID-19 or potential outbreak of respiratory illness on board
  - The MNCC will provide the vessel or its agent with the traveller record form
- Ensure that accurate records of all traveller contact details are collated and provided to the MNCC prior to arrival. These should be in a format which supports ready contact of travellers (see Attachment 1).
  - The MNCC will distribute the record to [Health.Ops@health.gov.au](mailto:Health.Ops@health.gov.au) and the relevant state or territory health agency for test result notification and contact tracing purposes.
- Have a representative available to liaise with government agencies (see INFORMATION SHARING section).

### ***Management at First Port of Entry***

- The vessel will not be allowed to disembark travellers until the biosecurity officer, in consultation with the HBO, has made the appropriate assessments and pratique is granted.
- If the HBO determines that an unwell traveller meets the COVID-19 suspect case definition, or a positive test result is returned, the following is to occur:
  - The biosecurity officer will notify the port authority to provide access for medical transport.
  - The HBO will identify and coordinate transfer to an appropriate medical facility.
  - The traveller will be transported to the medical facility for further management, by the most appropriate means, using all necessary precautions as specified by the HBO.

- If COVID-19 is confirmed in a suspected case, the HBO and public health authorities will advise on the identification and management of other passengers and crew considered contacts based on a further risk assessment and using national guidance.
- When a positive test for COVID-19 is returned, those travellers who were initially identified as high exposure risk will be assumed to be a close contact, and managed as follows, unless it is subsequently determined by public health authorities they were not close contacts:
  - The traveller will be assessed by a biosecurity officer on disembarking and screened for symptoms of COVID-19 using the TIC. If symptoms are detected, the traveller will be managed as per a suspect case.
  - If no symptoms are detected, the traveller will be provided with information sheets for travellers on coronavirus and quarantine, available at [www.health.gov.au](http://www.health.gov.au), and will be allowed to disembark and undertake a period of self-quarantine.
  - The traveller is required to be quarantined either at home, if a returning Australian resident, or in appropriate accommodation for 14 days from disembarkation.
  - The traveller should be placed under active surveillance for the duration of isolation.
  - The traveller may be allowed to undertake domestic travel consistent with the CDNA COVID-19 SoNG.
  - The traveller should be restricted from undertaking international or further domestic travel until the period of isolation has ended and they have remained well.
- Contacts of suspected cases may be considered for contact management if there is likely to be a delay in confirming or excluding COVID-19 in the suspected case.
- As soon as the suspect case(s) (or subsequently confirmed case) has been removed from the cruise vessel, the cabin or quarters where the traveller was isolated and managed, it should be thoroughly cleaned and disinfected according to recommendations provided by the local public health authority.
- A biosecurity officer will provide information sheets on symptoms and transmission of COVID-19 to crew for distribution to all passengers and crew. The factsheets can also be sent to the shipping agent prior to arrival for distribution via email to all passengers and crew.
- After the HBO has determined that no other travellers have symptoms consistent with COVID-19 and possible contacts have been managed, pratique will be granted and remaining travellers will be allowed to disembark and the vessel may be permitted to commence embarkation procedures provided the required cleaning and disinfection measures have taken place.
- If requested, any stored swabs must urgently be provided to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO.

- The vessel may be allowed to proceed to its next port of call upon receipt of clearance from the biosecurity officer, who will consider advice from the public health authority following receipt of any laboratory results (see 'Possible management actions section').

### ***Possible management actions***

Actions taken by HBOs or state and territory health authorities will depend on the risk profile of the ship or of affected travellers (e.g. crew member suspect case is a higher risk for transmission than a passenger suspect case) and will need to be based on case-by-case assessment. However, the following represent some potential management actions that HBOs may consider:

- Ship granted pratique and allowed to continue voyage as planned while samples are tested, provided the suspected case(s) and all close contacts have been disembarked, and proper cleaning undertaken.
- Ship granted pratique but restrictions placed on the voyage, for example (but not limited to):
  - The ship may only disembark travellers at specified ports where there is capacity for ill traveller screening and health services to assess travellers, test samples and manage ill travellers
  - The ship may continue voyage but must not disembark travellers for day trips for a specified period of time
  - Crew must disembark for quarantine, noting that changing out an entire crew is not usually feasible and this option would effectively prevent the ship from continuing the current and subsequent voyages.
- Ship is not granted pratique until the results of testing are received, an assessment of risks has been completed and a management plan has been decided, for example where there is an outbreak of influenza-negative ILI.

In all cases, actions being considered should be notified to the ship's Master as soon as practicable to enable the ship to respond. This may be communicated from the Information Sharing Forum (see INFORMATION SHARING section).

### ***Management at Subsequent Australian Ports***

In accordance with standard biosecurity management procedures the vessel will continue to be required to provide pre-arrival reports and human health reports prior to docking in subsequent Australian ports and disembarking travellers. DAWE will manage any further reports of an LHD as required.

## **INFORMATION SHARING**

An Information Sharing Forum may be convened, consisting of relevant Commonwealth Government agencies, state and territory government agencies and the affected cruise ship or its representative. The forum will be convened by the state or territory health agency managing the response. The purpose of the forum will be to share information in a timely manner and promote consultation between these stakeholders. The forum may develop key communication messages during a response to facilitate consistency of messaging between

government and the cruise industry. The decision-making responsibility for any public health response will continue to rest with the state or territory health department.

## **RESPONSE TO ELEVATED RISK**

The decision to escalate border measures is an Australian Government decision informed by whole of Government advice with expert input from state and territories. The trigger points for escalating border measures will be determined by situational information on the epidemiology of COVID-19.

The Australian Government may establish the following, additional border control measures:

- Enhanced identification and assessment measures
  - Non-automatic pratique – classes of vessels may be subject to negative pratique and screened for LHD before pratique is granted.
  - Traveller screening may be conducted by healthcare workers and public health teams on disembarkation.
- Enhanced quarantine measures.
- Exit screening.

Advice from the CHBO will be sought prior to implementation of enhanced border measures.



## MESSAGING TO CRUISE SHIP PASSENGERS

On 15 March 2020 the Prime Minister of Australia announced that international cruise ship operations will cease and all travellers entering Australia from 0001 AEDST 16 March 2020 must undertake a precautionary self-isolation period for 14 days upon entry to Australia.

For any travellers who are entering Australia for less than 14 days, you must self-isolate for the entire duration of your stay.

The 14 day self-isolation period commences the day your cruise ship departs from the last international port before heading to Australia, unless you have been notified that people on board the ship are unwell and suspected of having COVID-19.

- As an example, if your cruise ship has travelled for 8 days since the last port of departure before arriving in Australia, the self-isolation period will be for the remaining six days.
- You will be provided further instructions if someone on board is suspected of having COVID-19.

We are working with the cruise industry to implement the restriction, particularly to bring everyone currently on a cruise safely back to port and on to their home destinations either in Australia or overseas.

The self-isolation period applies to any traveller (including passengers or crew) entering Australia including on a cruise ship.

### **If you are an Australian citizen or permanent resident:**

- If you have domestic connections to your final destination, you may travel to the airport for your flight.
  - If you are not travelling directly to the airport you must self-isolate at your hotel or other accommodation until you travel to the airport.
- You must then self-isolate at home or your final destination for the remainder of the 14 day period.

### **If you are an international visitor:**

- If you have an onward domestic or international connection:
  - You may travel to the airport for your departing flight.
  - If you are travelling domestically, you must self-isolate for the remainder of the 14 day period once you have arrived at your final destination in your accommodation.
- If you have existing domestic or international connections but are not travelling directly to the airport, you must self-isolate at your hotel or other accommodation until you travel to the airport.

- If you do not have any existing domestic or international connections, you must self-isolate at your accommodation upon arrival in Australia for the remainder of the 14 day period.

The Australian Government is closely monitoring the situation and this advice will be updated as needed. It is important to continue to monitor the [ABF website](#) and the [Department of Health website](#).

The Department of Health has published 'Information for Travellers' and 'Isolation guidance' fact sheets, including what to do if you become ill after arrival in Australia. These are available at [www.health.gov.au/covid19-travellers](http://www.health.gov.au/covid19-travellers).



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

Dear Cruise Ship Industry Representative,

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

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

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

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

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

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

I would appreciate your response to [MOH-PHEOPlanning@health.nsw.gov.au](mailto:MOH-PHEOPlanning@health.nsw.gov.au). If you have any questions please contact this email address, or Dr Sean Tobin, phone (02) 9391 9028.

Yours sincerely

Dr Kerry Chant PSM

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



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

### Supplies

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

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

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

Cruise ship vessel staff should ensure that:

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

### Reporting requirement to NSW Health

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

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

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

### Pre-arrival preparations for Health Screening

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

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

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

The Ship should then:

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

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

**The following procedures should be used to collect nasopharyngeal swabs:**

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

Enhanced COVID-19 Procedures for the Cruise Line Industry

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

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



## 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.

<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
- Anyone who is a close or casual contact of a confirmed case, and
- Anyone who has travelled or transited through mainland China or Iran (regardless of current physical health status), and
- Anyone who has travelled in any of the other countries included on the Australian list of countries at risk of COVID-19 transmission<sup>1</sup> in the 14 days prior to embarkation (regardless of current physical health status).

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<sup>2</sup> If the vessel is subject to a NSW Health team assessment on arrival, the Health Team will advise if any stored samples will be referred for SARS-CoV-2 testing or if they can be discarded. If the vessel is not subject to a NSW Health team assessment, any stored clinical samples can be discarded on disembarkation.

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

The ship should then:

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

The ship's medical team will be requested to assist in the collection of swabs for any passengers and crew requiring testing to exclude COVID-19, as described above, and to provide any stored samples for testing at a NSW Reference Laboratory if requested.

### **If COVID-19 testing is recommended**

If the NSW Health team has recommended COVID-19 testing for a traveller, advice will be provided on how the traveller should be managed pending the result. If the traveller was not intending to disembark, then they may be recommended to stay in isolation in their cabin until the result is available, in consultation with ship's medical team. If the traveller was disembarking then NSW Health will provide alternative arrangements for them to wait for the result.

If the pre-arrival risk assessment or assessment by the on-site NSW Health team determined there was a high risk of COVID-19 then pratique may not be granted for other passengers and crew to disembark until the results of testing are available.

### **If COVID-19 testing is positive**

If a traveller is confirmed as a COVID-19 case they will be hospitalised in isolation. NSW Health would urgently convene a senior incident management team (IMT) to assess the risk of transmission to other travellers and provide directions on how people identified as close contacts will be managed to ensure appropriate quarantine. The IMT will work closely with the affected ship and Cruise Line Operator and coordinate communications.

NSW Health will identify suitable accommodation for all travellers identified as close contacts to undergo their period of quarantine. It is expected that this will happen on shore.

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.

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

### Pre-arrival risk assessment form

Completed by: Laura-Jayne Quinn

Key questions	Answer	Details (names and dates, etc.)
Name of ship	Ruby Princess	83997 net tonnage (medium/large)
Date and time of <b>arrival</b> in NSW	19 March 06:00	
Terminal of arrival	Overseas Passenger terminal  <i><b>NB:Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</b></i>	
Port of <b>origin</b> of this cruise	Sydney, Australia	
Date of <b>departure</b>	8 March 2020	
Has the ship been in a <b>foreign</b> port during this cruise in last 14 days?	Yes	
Ports visited and dates during this cruise in last 14 days	4 March- Dunedin, New Zealand 5 March- Fiordland, New Zealand 8 March- Sydney, Australia 11 March Fiordland, New Zealand 12 March- Dunedin, New Zealand 13 March- Akaroa, New Zealand 14 March- Wellington, New Zealand 15 March- Napier, New Zealand 16 March- Tauranga, New Zealand 17 March- Auckland, New Zealand  (May not have stopped at all ports)	
Has the ship had a health <b>assessment</b> at the previous port?	Unknown	Have cut cruise short
Number of <b>passengers</b> on board	2647 (MARS)	
Number of <b>crew</b> on board	1148 (MARS)	

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

Number of passengers and crew have been in <b>contact</b> with a confirmed case	0	
Number of passengers and crew who have been in mainland <b>China, Iran, South Korea or Italy</b> within 14 days of embarking	0	
Has the ship obtained accurate <b>contact information</b> (mobile phone and email addresses) for all passengers?	Yes- confirmed by Doctor and attached to correspondence.	
Has the ship ensured all passengers with respiratory symptoms and fever are <b>isolated</b> while on board and provide them with hand <b>rub</b> and <b>masks</b> for onward travel?	Yes	Advised via email and confirmed isolation of passengers
Has the ship actively <b>asked</b> passengers and crew if they have respiratory symptoms or fever AND asked them to present to the ship's doctor for assessment before arrival?	Yes	Confirmed by Doctor
Is assessment <b>free</b> of charge?	Yes- confirmed by Doctor	
Number of passengers and crew who <b>presented</b> to ship's clinic with acute respiratory illness this cruise	104	104/3795 2.7%
% of ship's crew/passengers who had influenza like illness	0.94%	36/3795
Number of <b>ill</b> passengers and crew who have been in countries included in the <b>Australian CoVID-19 testing</b> criteria in the 14 days before embarkation	0	
Total number of passengers and crew <b>swabbed</b> for flu, and number tested positive this cruise	48	24 positive for influenza A
Number of swabs <b>available</b> for COVID-19 testing	8	Another 5 tested on board as negative for COVID-19.
<b>Other</b>	No deaths 2 medical disembarkations (see below) No further itinerary planned <i><b>Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</b></i>	
<b>Considering</b> <ul style="list-style-type: none"> <li>the exposures of the passengers and crew, and</li> <li>the nature of the illness and the results of flu testing</li> </ul> What is the risk that COVID-19 is circulating on board?		

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

If <b>low</b> , then <b>additional assessment</b> of the ship is not generally required.	
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### Medical disembarkations

**Mr ANTHONY LONDERO, A537** (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection which is improving on Oseltamivir, Influenza test neg; reason for medical disembarkation: signs of rate related cardiac ischaemia, likely secondary to infective process on initial presentation, which has since improved. He requires a cardiology consult with investigations prior to proceeding home) **Ambulance transfer required**

**Mrs LESLEY BACON, C518** (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection started on Oseltamivir, Influenza tests neg; reason for medical disembarkation: severe lower backpain with signs suggestive of a femoral nerve radiculopathy. This is pre-existing to the respiratory tract infection. She needs assessment in the ED with imaging and specialist referral as needed) **Ambulance transfer required**

## CDNA COVID-19 Case Definition (current on 19 March 2019)

### Confirmed case

A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture, at a reference laboratory.

### Suspect case

If the patient satisfies **epidemiological** and **clinical criteria**, they are classified as a suspect case.

#### **Epidemiological criteria**

International travel in the 14 days before the onset of illness.

Or

Close contact (see close and casual contact definitions below) in the 14 days before illness onset with a confirmed case of COVID-19.

#### **Clinical criteria**

Fever

Or

Acute respiratory infection (e.g. shortness of breath, cough or sore throat) with or without fever.

### Close contact definition

A close contact is defined as requiring:

greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case, or sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.

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

DRAFT 26 Feb 2020

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## 1 Context

This procedure describes response measures and communication mechanisms in response to the detection of one or more confirmed cases of COVID-19 disease among travellers (passengers and crew members) on a cruise ship before, after or at the time of docking in a NSW port.

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

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

This response procedure is to be used in the context of current COVID-19 containment strategies in the community. This response procedure may no longer be appropriate in the setting of sustained community transmission.

## 2 Legal aspects

Infection with novel coronavirus 2019 (known as COVID-19) is a Category 2 scheduled medical condition under the Public Health Act 2010. This means that novel coronavirus 2019 is a notifiable condition requiring obligatory reporting by laboratories and medical practitioners.

Novel coronavirus 2019 is also a [Category 4 condition and contact order condition](#) which means that an authorised medical practitioner may make a public health order in respect to a person with the condition, or in respect to other people believed to have been exposed to someone with the condition and at risk of developing the condition, under certain settings.

In deciding whether or not to make a public health order, the authorised medical practitioner must take into account the principle that any restriction on the liberty of a person should be imposed only if it is the most effective way to prevent any risk to public health.

A NSW Health policy directive – [Management of People Exposed to a Contact Order condition \(PD2019\\_037\)](#) – provides a process for the management of people who have been exposed to a contact order condition, and explains the process through which the health system may encourage, facilitate and, only if required, enforce compliance with recommendations to avoid certain behaviours and/or other quarantine requirements for people following exposure to a contact order condition.

Public health orders are measures of last resort to prevent a public health risk and, in the case of exposure to contact order conditions, are only used when voluntary quarantine recommendations are refused.

Under the Australian Biosecurity Act 2015 there are entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease, which includes disease caused by novel coronaviruses of pandemic potential, such as COVID-19. Biosecurity officers or human biosecurity officers (HBO) use a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).

NSW Health-based HBOs can make Human Biosecurity Control Orders under the Biosecurity Act, both for COVID-19 cases and their contacts, with similar powers to NSW public health orders. However, the preference will be to apply powers under the NSW Public Health Act wherever possible, if required.

A public health order does not take effect until it is served personally on the person subject to the order. See [Appendix X](#) for examples of Public Health Orders for cases and contacts.

### 3 Confirmed Case Scenarios

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

#### 3.1 Scenario 1: A case is identified pre-arrival

NSW Health may receive information about a case identified in a cruise ship traveller who has recently disembarked in another port and has subsequently been confirmed as a COVID-19 case, with likely exposure of other travellers still on the ship.

Other travellers still on board with fever or respiratory symptoms would be considered suspect cases who need to be tested, and many if not all of the other travellers would likely be considered close contacts.

Rarely, it may be possible to collect clinical samples of suspected cases from a high risk ship while still at sea so that a case may be able to be confirmed prior to arrival in port.

#### 3.2 Scenario 2: A case is identified during a NSW Health cruise ship assessment

A case may be confirmed by testing of specimens collected during a NSW Health assessment team screening exercise on board the cruise ship on its arrival.

If the pre-arrival ship assessment indicated a medium risk of COVID-19, the Ship will likely have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available, but other travellers would have been allowed to disembark.

If the pre-arrival ship assessment indicated a high risk of COVID-19, the Ship will likely not have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available. Other passengers and crew would also have been required to self-isolate in their cabins (passengers) or other areas (for crew) pending the results of testing.

#### 3.3 Scenario 3: A case is identified with links to a previous voyage

Cases may also be identified after local disembarkation through testing in NSW or testing in another state or country where the person has travelled to after disembarking.

In this scenario, passengers and crew may have travelled on to local homes or hotels, interstate or overseas destinations, or be part of a continuing voyage on the same cruise ship.

### 4 Incident management team (IMT)

An Incident management team (IMT) will be established to coordinate the public health and clinical response to any confirmed case(s). They will also coordinate the assessment and management of other travellers (passengers and crew members) on the same cruise ship, and of other people who may have been in contact with the case(s).

The IMT will be established by the NSW Health Public Health Controller and will likely include senior staff in the Ministry of Health, one or more PHU Directors and key PHU staff, and experts in Infectious Diseases, Infection Control and Clinical Microbiology, and be supported by the Public Health Emergency Operations Centre (PHEOC).

The IMT will work closely with the State HSFAC and State Emergency Operation Controller (SEOCON). The IMT will also work closely with the Cruise Ship Operator, Senior Cruise Ship Staff, NSW Ambulance, HealthShare NSW, NSW Pathology, and Service NSW.

## 5 Case management

The clinical management of a confirmed case is likely to be similar in all three scenarios, and will be undertaken in an appropriate isolation unit in a tertiary hospital (see below).

If the case is not already hospitalised they will need to be safely transferred by ambulance to a tertiary hospital with appropriate isolation facilities. This could be from the Ship (in Scenario 1 and possibly Scenario 2), from a residential address, or from a NSW Health facility where travellers have been placed awaiting COVID-19 test results (Scenario 2 or 3).

### 5.1 Isolation arrangements

Westmead Hospital's is the preferred site for admission of all confirmed COVID-19 cases (even those with mild symptoms), utilising their high consequence infectious disease isolation rooms. Critically ill patients may need to be transferred to a closer health facility if clinically necessary.

Alternative tertiary referral hospitals will need to be identified if there are multiple confirmed cases reported which exceeds Westmead Hospital's isolation room capacity.

The IMT will need to liaise directly with the receiving hospital to confirm arrangements for admission. This should be done directly with the ID Physician on-call.

### 5.2 Legal aspects – Public health orders

Travellers identified as COVID-19 cases who refuse to comply with recommendations for isolation in hospital may need to be served with a Public Health Order to enforce isolation restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Cases is included in [Appendix X](#).

### 5.3 Transport

The IMT will need to liaise with NSW Ambulance regarding transportation of a confirmed COVID-19 case to a designated hospital. Confirmation regarding specific crew and vehicle, collection and estimated drop off times should also be provided.

The NSW Ambulance contact number for COVID-19 ambulance requests is [9999 9999](#).

[NSW Ambulance has been asked to supply specific instructions on ordering ambulances for the transfer of both suspected and confirmed COVID-19 cases. Tracy Clarke has been contacted, she had indicated she can identify the appropriate person to ask within NSW ambulance (e-mail received 10.53am 26/2/20)]

### 5.4 Reporting

The PHEOC or IMT should immediately notify the following groups:

- NSW Health Senior Executive
- Minister's Office
- Senior Executive of the LHD and hospital where the case(s) will be admitted
- Relevant Public Health Units (by case's residence and hospital admitted).
- Australian Department of Health
- The Cruise Ship operator

A media and community communications response should be developed with the NSW Health Media team.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES

## 6 Contact classification

### 6.1 Classification as close or casual contacts

The SoNG assessment principles states that close contacts on cruise ships can be difficult to identify, and case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts.<sup>1</sup>

The IMT will be responsible for rapidly assessing the risk to other travellers on the cruise ship (and any other contacts of the case) and classify them as close contacts, casual contacts or non-contacts.

The risk assessment will be based on a range of information sources including:

- Detailed interviews of the patient, other people in the patient's travel group, ship medical staff and other senior ship crew to establish the patient's [movements](#) while infectious.
- Any information on room isolation of the patient following symptom onset and when this commenced.
- The presence of other confirmed cases on the Ship.
- The reporting of acute respiratory illness and influenza-like illness in other travellers not explained by positive influenza test results.

Close-contacts can be difficult to identify in the cruise ship environment but are defined as:

- people who have had greater than 15 minutes face-to-face contact, in any setting, with a suspect case in the period extending from 24 hours before onset of symptoms in the suspect case; or
- people who have shared a closed space with a suspect case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the suspect case.

Close contacts includes:

- people accommodated in the same cabin or small group of cabins with shared amenities
- people providing care in a healthcare or non-healthcare setting (such as a cabin) without using recommended personal protective equipment.

If there have been extensive and prolonged potential exposures by the case while infectious, or if there are multiple confirmed cases identified on the ship, the number of likely close contacts will likely increase markedly such that it may be concluded that the all travellers should be considered as close contacts.

## 7 Close contact management

NSW Health has requested that all cruise ships collect [comprehensive](#) passenger and crew contact details ~~and provide them to the relevant LHD at least 24 hours before arrival at port in format that to~~ enable them to be rapidly contacted in the event that a COVID-19 case is identified [in one of their travellers](#).

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<sup>1</sup> [COVID-19 CDNA National Guidelines for Public Health Units](#) (Accessed 26 February 2020).

### 7.1 Initial communication

Following notification of a confirmed case, contact details for all travellers will be immediately requested from the Cruise Ship operator so that contacts can be notified as soon as possible.

If travellers are still on board, initial contact notification can happen immediately although contact classification and subsequent management may require further investigation, as described in Contact classification section.

The Rapid Contact and Follow-up Protocol for traveller contacts (Appendix 1) describes the process for rapidly contacting travellers through SMS, Email and by phone. Draft scripts are provided in Appendices 2 and 3.

### 7.2 Legal aspects – Public health orders for contacts

People identified as close contacts who refuse to comply with voluntary quarantine recommendations may need to be served with a Public Health Order to enforce quarantine restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Contacts is included in Appendix 10.4.

### 7.3 Transport

Passengers and crew who are close contacts and are well and live locally can either take their own private transport, or will be transported home by NSW Health staff for isolation. This will be as per HealthShare NSW.

For passengers and crew who are close contacts and are well and do not live locally, high volume transport of passengers will be required. This will be arranged in accordance with the HealthShare NSW transport plan. This plan can be activated with two hours' notice. Up to 672 passengers would be able to be transported within 12 hours using rental vehicles and driven by NSW Health staff. While HSNSW, eHealth fleet and rental cars will be used for any remaining passengers.

### 7.4 Accommodation

Accommodation will be sought for passengers and crew who are close contacts and are well but do not live locally or do not have appropriate accommodation. High volume suitable accommodation is required for 14 days. This will include Hotels or other private facilities, Sports and recreation facilities or other government facilities. The facilities are required to have single/family rooms and en suites, access to meals, internet and mobile/telephone services, laundry, medical assessment areas, security, welfare support, as well as entertainment and appropriate recreation space in accordance with isolation and quarantine.

Responsible agency TBC

### 7.5 Symptom and welfare monitoring of close contacts

After Service NSW conducts initial notification phone calls (Appendix 1), close contacts will be monitored for symptoms by NCIMS automated checks.

NCIMS symptoms checks will be sent via text message daily and passengers to respond back via text. The relevant local health district will follow up these passengers as per their usual automated systems process.

Service NSW to conduct welfare checks one week into isolation to ask about wellbeing; issues with self-isolation; offer suggestions for food delivery, and check on symptoms.

## 7.6 Resources

HealthShare are packing and distributing 5000 Home Isolation kits directly to SESLHD and SLHD. The kits include 5 surgical masks, one personal hand sanitiser and the passenger and crew cruise ship information sheet on home isolation and FAQs. SESLHD and SLHD will transport kits to the port as appropriate.

The Information sheet for passengers and crew will be given to all those assessed once the cruise ship has docked. Method for distribution to passengers and crew is TBD by Katie Barker.

Food delivery will be required in the instance that passengers are required to remain on-board until all test results have been received. HealthShare have proposed to organise food packs/bags with shelf stable food. HealthShare have indicated that they would need 12 to 24 hours notice before catering is required. If a cruise ship is classified as high risk (following daily cruise ship risk assessment) operations team will contact HealthShare to indicate this need.

Refer to NSW Health Guideline on Public Health Contact Orders which gives some suggestions on how to support people in home quarantine.

## 8 Casual contact management

These are people who are considered to have had low level contact and who just need to be informed and provided information on self-monitoring for symptoms and who to contact if symptoms develop.

### 8.1 Initial communication

Once a positive case has been detected, casual contacts will be notified immediately via text and e-mail using the PRODOCOM system (see Appendix 1).

Casual contacts do not need to isolate but will need to look out for symptoms and seek medical attention.

If possible NSW Health will be made in partnership with the cruise ship staff.

### 8.2 Further communications

Possible a Service NSW call after one week?

### 8.3 Resources

Casual contact will be provided with the casual contacts information sheet via email.

## 9 Interstate and overseas contacts

### 9.1 Communications

Procedure required for communicating to states if contact have travelled on, and via the NIR for overseas travellers.

## 10 Appendices

### 10.1 Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts

#### 1. SMS

- Send SMS (**script**) to travellers via NCIMS (160 characters)
- SMS will include:
  - Link to further information
  - Reference that they will receive an email and phone call
- Different script for close and casual contacts?

#### 2. E-mail

- Send e-mail (**script**) to travellers
- Email will include:
  - website link to resources (e.g. isolation guidelines)
  - Advice to call Service NSW/Public Health Unit
- Travellers will be asked to contact Service NSW or the PHU

#### 3. Phone call

- Service NSW will call the travellers (**script**)
- Different script for close and casual contacts
- Check for any current symptoms requiring further assessment by PHU/LHD

#### 4. Daily SMS/Email from NCIMS

- Symptom check linked to Event and PHU workflows

#### 5. Weekly Service NSW welfare check:

- Conduct welfare check for all cases and contacts in isolation
- Provide advice if they become unwell
- Refer to contact tracing team if required

## 10.2 Appendix 2: Script (draft) - CLOSE CONTACTS

Text message	<p>The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.</p> <p>"NSW Health message to XXXXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed and you will be contacted by phone" (145 characters)</p>
Email	<p>"Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19). NSW Health is following up ALL NSW residents that were on this cruise.</p> <p>All passengers and crew members are advised to self-isolate and wear a mask for 14 days following day of disembarkation. You should not attend work or school, and should not leave your home or hotel to go shopping until [date of 14 days of isolation]. Further information regarding home isolation and answers to frequently asked questions is provided below.</p> <p>You will receive a call in the next 3 working days from Service NSW on behalf of NSW Health to provide you with an opportunity to discuss any further questions you may have.</p> <p>Please reply to this email or contact xxxx xxxx between [give the bunker hours xxx] for further enquiries.</p> <p>Close contact factsheet</p> <p><a href="https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx">https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx</a></p> <p>Home Isolation Guide for travellers</p> <p><a href="https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx">https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx</a></p> <p>Frequently asked questions</p> <p><a href="https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx">https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx</a></p> <p>Cruiseship workshop meeting 26/2: "Need a number for passengers to call if they have questions if Service NSW are slow to respond"</p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health"</p>
Service NSW call	<p>"Hi, this is ... and I'm calling from Service NSW on behalf of the NSW Ministry of Health. We've been advised that you were recently a passenger on board (name of vessel, date of arrival).</p> <p>One of the other travellers on the ship has been confirmed as having a novel coronavirus infection, also known as COVID-19. All passengers need to home isolate for 14 days from the day of disembarkation. This means you should not attend work or school, and should not leave your home or hotel to go shopping until midnight of [date of 14 days of isolation].</p> <p>Before I describe what home isolation means, can I ask if you currently sick...</p> <p>[I assume we would use the same wording already used in the welfare check, with urgent referral to Health if they do have symptoms].</p>

	<p>No? Great.</p> <p>If you are sharing your home with other people who are not in home isolation, you should try to separate yourself as much as possible. It is recommended that you:</p> <ul style="list-style-type: none"> <li>• <b>wear a surgical mask when you are in the same room as someone not in home isolation</b></li> <li>• <b>use a separate bathroom, if available</b></li> <li>• <b>avoid shared or communal areas and wear a surgical mask when moving through these areas, and</b></li> <li>• <b>not have other people visit your home while you are in isolation (except to deliver groceries and other supplies and you should wear a facemask if you are face to face with anyone delivering things).</b></li> </ul> <p>If you develop any new symptoms, including cough, sore throat, fever or difficulty breathing, please call health direct on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner. If you go to your GP or emergency department, please ensure you phone ahead to let the staff know your travel history.</p> <p>You will be provided information regarding home isolation via email and you can access further information regarding novel coronavirus on the NSW Health Website. If you have not yet received this information, please give me your email address I can send it to you now"</p>
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**10.3 Appendix 3: Script (draft) - CASUAL CONTACTS**

Text message	The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.
	"NSW Health message to XXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed to you"
Email	<p>"Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19).</p> <p>You are classified as a casual contact. You do not need to self-isolate, but if you develop symptoms of fever, sore throat, shortness of breath or cough, please call Healthdirect on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner.</p> <p>Frequently asked questions</p> <p><a href="https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx">https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx</a></p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health"</p>

#### 10.4 **Appendix 4** – Examples of a public health orders for ~~cases and~~ contacts

[See below.](#)

Public Health Act 2010Section 62Public Health Order

I, NAME, POSITION, and an authorised medical practitioner within the meaning of section 60 of the Public Health Act 2010 (Act), am satisfied on reasonable grounds that [NAME OF PERSON] is a person:

- Has been exposed to Novel Coronavirus 2019 and
- Is at risk of developing the Novel Coronavirus 2019 and
- Because of the way that [NAME OF PERSON] behaves, may be a risk to public health.

Therefore, in accordance with section 62 of the Act, I make this public health order requiring [NAME OF PERSON] to:

- a) Refrain from the following conduct:
  - a. Entering or remaining in any public place or any premises other than [NAME OF PERSON] usual place of residence unless permitted by .....NAME...
- b) Undergo oropharyngeal and nasopharyngeal swab testing for Novel Coronavirus 2019 as directed by .....NAME...
- c) Undergo a medical physical examination for signs of Novel Coronavirus 2019 as directed by .....NAME.....
- d) Notify .....NAME.....of persons you have been in contact with in the last 14 days.
- e) Notify .....NAME.....if you display SPECIFIED SIGNS OR SYMPTOMS

The circumstances justifying the making of this order are as follows:

- 1) I am satisfied on reasonable grounds that [NAME OF PERSON] has been exposed to Novel Coronavirus 2019 being a disease transmissible via close contact with someone with Novel Coronavirus 2019.
- 2) I am satisfied that [NAME OF PERSON] is not complying with the advice and directions of clinicians/will not comply with the reasonable advice and direction of clinicians
- 3) There is no other effective way to ensure that the health of the public is not endangered or likely to be endangered.

In deciding to make this order, I have taken into account the principle that any restriction on the liberty of the person should be imposed only if it is the most effective way to prevent any risk to public health pursuant to section 62(6) of the Public Health Act 2010.

I have not taken into account the matters listed in clause 39 of the Public Health Regulation 2012 as it is an emergency or otherwise not reasonably practicable.

Unless this order is earlier varied as to its duration or is earlier revoked it expires at the end 14 days. However, the order will expire at the end of 3 business days from the date of service on [NAME OF

PERSON] unless s/he is served with a copy of an application for its confirmation under section 64 of the Act within 3-business days from the date of service.

Dated this                      day of                      2020

Signature.....

[NAME]

[Position]

Authorised Medical Practitioner

This order was served on [NAME OF PERSON] on                      day of                      2020

.....  
Signature

.....  
Print name

TBA

# NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

## Background to Australian Maritime Biosecurity Arrangements

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer<sup>1</sup> or human biosecurity officer<sup>2</sup> via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease.

The Australian Government is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.

The Act requires that the operator of an international aircraft or vessel must report any ill travellers that show signs and symptoms of infectious disease, or if there has been a death on board. The report must be made to a biosecurity officer prior to arrival in Australia through the Pre-Arrival Report (PAR). These reports and other information from the ship are documented in the maritime arrivals reporting system (MARS).

Biosecurity Officers, officers of the Australian Department of Agriculture, Water and the Environment, apply standard questionnaires to assess pre-arrival reports of illness among passengers or crew, and consult where required with medical officers from NSW Health designated as Human Biosecurity Officers under the Act.

## National Protocol for Assessing COVID-19 Risk from Cruise Ships

In early March, the Australian Government developed a 'National Protocol for Managing Novel Coronavirus Disease (COVID-19) Risk from Cruise Ships' (the National Protocol) (**Appendix 1**) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. The National Protocol does not direct jurisdictions to do such assessments, but instead leaves it to their discretion.

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<sup>1</sup> Biosecurity Officers are employed by the Australian Department of Agriculture, Water and the Environment.

<sup>2</sup> Human Biosecurity Officers are medical officers approved by the Director of Human Biosecurity under the Australian Biosecurity Act 2015. Each state and territory health department has a number of HBOs and one Chief Human Biosecurity Officer with specific powers under the Biosecurity Act.

NSW Health officials were involved in the development and approval of the National Protocol. NSW Health indicated that they were currently implementing, and would continue to implement additional risk assessment procedures for all cruise ships docking in NSW beyond those prescribed in the National Protocol.

Additional guidance was provided by the Australian Government on 15 March 2020 following the announcement from the Prime Minister that any cruise ship that has left a foreign port will not be allowed to dock at an Australian port. There were a number of exceptions:

- Australian flagged ships
- Returning cruises to return Australians
- Ships in transit that have left the last international port as of 12 pm tonight
- Round Trip Cruises

These ships will need to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Ships will only be allowed to disembark at Sydney and Brisbane.

A factsheet from the Australian Border Force dated 17 March (**Appendix 2**) for the Cruise Lines to distribute to incoming international cruise ship passengers advised that disembarking passengers would need to have an isolation period of 14 days, but commencing from the date of departure from the last foreign port, not from the date of arrival in Australia. The factsheet also notes that foreign nationals would be allowed to disembark ships with permission to return to their home country.

## NSW Process for Assessing COVID-19 Risk from Cruise Ships

NSW Health has two long-standing program public health programs for cruise ships visiting the Port of Sydney, managed by the South East Sydney Local Health District's public health unit (SES PHU). These are the Cruise Ship Health Surveillance Program and the Vessel Inspection Program. SES PHU respond to reports of infectious disease cases, outbreaks, and other incidents of public health concern, and conduct environmental health inspections of vessels.

The SESPHU Cruise Ship Health Surveillance Program has worked closely with the cruise ship industry and the Australian Department of Agriculture and Water Resources to improve health surveillance on cruise ships and respond to outbreaks of infectious disease.

Cruise ships often have several thousand passengers on board, many of whom are older and have chronic medical conditions, as well as large numbers of crew. Respiratory infections (unrelated to COVID-19) and gastrointestinal infections among passengers and crew are common on cruise ships, sometimes increasing to significant outbreaks. Cruise ships are responsible for, and have policies to prevent, detect and manage outbreaks of infectious disease on board.

From mid-February 2020 and in response to the growing outbreak of COVID-19, NSW Health implemented an enhancement to the existing risk assessment process for cruise ships, requiring additional pre-arrival information from cruise lines and cruise ship medical teams for all cruise ships

scheduled to dock in NSW ports. An additional pre-arrival risk assessment was introduced, whereby the pre-arrival information summarised by SES PHU would be reviewed by the day before arrival by senior public health officers from Health Protection NSW, from SES PHU and from the public health units of Sydney and Nepean Blue Mountains Local Health Districts.

The NSW Chief Health Officer wrote to Cruise Line representatives on 22 February 2020 to alert them to the enhanced risk assessment process for cruises and to provide specific guidance (*Enhanced COVID-19 Procedures for the Cruise Line Industry*) to reduce the risk of COVID-19 on their cruises (**Appendix 3**). Additional information was sent to the cruise lines on 9 March 2020 to recommend additional precautions and to strengthen their specimen collection capacity in case COVID-19 testing was required following the pre-arrival risk assessment (**Appendix 4**).

#### Enhanced pre-arrival risk assessment categories and response

Following the pre-arrival risk assessment for each incoming cruise ship, the NSW Health cruise ship expert panel assigns one of three risk categories – Low, Medium or High – which informs further public health action.

If a cruise is classified as Low Risk, no health team attends the ship dockside to conduct screening of sick passengers and crew. However, if respiratory samples had been collected by the Ship medical team and tested negative for influenza, these might be collected by NSW Health for COVID-19 on a case-by-case basis. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known.

If a cruise is classified as Medium Risk, a NSW Health team is arranged to meet the ship dockside to conduct a further assessment and screening of symptomatic travellers and other travellers of concern due to their recent travel history. Pratique is not granted for disembarkation of other travellers until this further risk assessment is completed. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known.

If a cruise is classified as High Risk, such as when an ill passenger is identified with suspected COVID-19, the ship would not be permitted to dock until an incident management team had been formed to assess the risk and prepare a plan of action to minimise the risk to the NSW community and to screen and manage other passengers and crew.

#### Previous Risk Assessment for the Ruby Princess

NSW Health had conducted a detailed pre-arrival risk assessment for the Ruby Princess cruise which docked in Sydney on 24 February. The expert panel assessed this cruise as being a low risk for COVID-19 and no NSW Health team attended dockside.

A pre-arrival risk assessment was also conducted for the Ruby Princess cruise which docked in Sydney on 8 March. The panel assessed this ship as medium risk.

While the reported influenza-like illness rate among travellers (passengers and crew) was low, the panel expressed concerns about two passengers who had spent several days in Singapore prior to boarding had onset of acute respiratory illnesses during the cruise. Both passengers had also been cleared of influenza after swabs collected on board had tested negative for influenza.

A NSW Health team from South East Sydney Local Health District met the ship when it docked and screened approximately 360 people who had fever or respiratory symptoms, or who had a travel history of concern for COVID-19.

In addition to the two passengers of concern, an additional four passengers and three crew were swabbed for COVID-19 testing. All nine swabs tested negative for COVID-19 on the same day, and these people were released from isolation.

### Risk Assessment for the Ruby Princess cruise 8-19 March

The Ruby Princess cruise to New Zealand left Sydney on 8 March 2020. The cruise included nine stops in various locations in New Zealand including a stop in Wellington on 14 March and a final stop in Auckland on 17 March before returning to Sydney to dock on 19 March 2020.

The itinerary for this cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020.

Pre-arrival information was provided to the South East Sydney Public Health Unit from the Ruby Princess through the maritime arrivals reporting system (MARS) and through direct communications with the ship's medical team. This information was used to prepare the risk assessment summary (**Appendix 5**) that was considered by the expert panel on 18 March 2020.

The pre-arrival information indicated that there were 2647 passengers and 1148 crew on board. None of the passengers or crew reported contact with a COVID-19 case, and none had been in China, Iran, South Korea or Italy within 14 days of embarking.

The ship doctor reported that 104 of the 3795 travellers had reported an acute respiratory infection at some time during the cruise, including 36 who reported an influenza-like illness (ILI). A total of 48 patients had been tested for influenza and 24 had tested positive. The ship doctor indicated that they had kept 10 respiratory swabs available for further testing.

The ship doctor also reported that five travellers had been tested for COVID-19 during their stop in Wellington (NZ) on 14 March, and that all five had tested negative for COVID-19.

The ship doctor reported that they were planning to medically disembark two unwell passengers by ambulance. One was an Australian man who had no travel history of significance apart from NSW and NZ. He had a fever and had been diagnosed with an upper respiratory tract infection and had tested negative for influenza. The reason for medical disembarkation was given as ischaemic heart disease, likely secondary to his infection, which had since improved on oseltamivir treatment.

The second passenger was an Australian woman who had no travel history apart from NSW and NZ. She had been diagnosed with a febrile upper respiratory tract infection and had tested negative for influenza. She reported an exacerbation of severe lower back pain with signs suggestive of a femoral nerve radiculopathy. She was to be referred to an emergency department for imaging and specialist referral as needed.

The NSW Health expert panel assessed the available pre-arrival information and agreed that the cruise should be classified as Low Risk. They noted that the itinerary only included ports in New

Zealand, considered a low risk country for COVID-19 and the lack of known contact with a COVID-19 among the travellers. The ILI rate was below the 1% threshold generally recommended to indicate a respiratory outbreak, and 24 travellers had been confirmed with influenza infections. It was recommended to have the specimens that had been collected by the ship doctor tested for COVID-19 when the ship docked.

## Communications to passengers

Carnival Corporation, the owner of the Ruby Princess have confirmed that the Australian Border Force factsheet (**Appendix 1**) was delivered to every passenger's cabin prior to arrival and that additional printed information was provided to passengers as they disembarked.

## Events of 19 March

The Ruby Princess docked at the Overseas Passenger Terminal in Sydney early in the morning of 19 March. The two passengers noted in the pre-arrival assessment were transferred by ambulance to Royal Prince Alfred Hospital for further medical assessment.

SES PHU arranged for transfer of the 10 respiratory samples collected by the Ship doctor for COVID-19 testing to the NSW Pathology COVID-19 reference laboratory at Randwick.

## NSW Response

On 20 March 2020, NSW Health was notified that three of the ten swabs for people on the Ruby Princess cruise had tested positive for COVID-19 and were confirmed cases according to the national COVID-19 case definition current at that time (**Appendix 6**). Two of the cases were in passengers and one was in a crew member. The crew member had remained in isolation on board under the care of the ship's medical team. A fourth confirmed case was confirmed later on the same day in another Ruby Princess passenger who had sought medical assessment after disembarkation.

NSW Health responded according to the NSW Health COVID-19 cruise ship response procedures for confirmed cases in passengers or crew (**Appendix 7**).

NSW Health immediately informed Carnival and obtained from them their passenger manifest with contact details for all passengers, and advised them to contact all of their crew about the need for self-isolation and to monitor for symptoms.

NSW Health first prepared and sent urgent communications to all Ruby Princess passengers by email and SMS messages on 20 March 2020 to advise them of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. A media release was also issued on 20 March 2020 to support rapid dissemination of this information. Other states and territories were notified, and the National Incident Room was also notified in relation to international passengers who might have already travelled out of Australia.

NSW then called all passengers from the Ruby Princess to check on their health and to re-inforce the requirement to self-isolate and to monitor their health. The email also had as an attachment the

NSW Health's factsheet for people in home isolation, and links to further information on the NSW Health website.

Commencing on 20 March, NSW Health commenced contacting passengers by telephone and also co-opted Service NSW to assist with telephone contact. A letter was also prepared for Carnival Australia which they distributed by email to all passengers on behalf of NSW Health to further ensure receipt of the NSW Health advice.

As of 29 March, NSW Health is aware of 189 cases of COVID-19 diagnosed in NSW which were acquired on the Ruby Princess, including one death in NSW, and six cases in close contacts of these cases. There are also reports of cases diagnosed in other states linked to the Ruby Princess cruise, including one death (in Queensland).

### Further measures implemented by NSW to reduce the risk of COVID-19 from cruise ships

On 22 March 2020 NSW implemented additional measures to further reduce the risk of COVID-19-infected passengers or crew transmitting infection within NSW. This included a direction that no cruise ship crew or passengers to be allowed to disembark in NSW until anyone with symptoms consistent with COVID-19 are assessed, swabbed and tested for COVID-19 and found to be negative.

On 28 March 2020, Minister Hazzard, Minister for Health and Medical Research signed the *Public Health (COVID-19 Maritime Quarantine) Order 2020* restricting disembarkation of any person arriving in NSW on a vessel unless authorised by the Police Commissioner, with additional directions regarding other persons boarding or disembarking from vessels. See [https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette\\_2020\\_2020-61.pdf](https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2020_2020-61.pdf)

## Annexure 53

**From:** Sean Tobin  
**Sent:** Tue, 31 Mar 2020 15:33:02 +1100  
**To:** Jeremy McNulty;a.wilson [REDACTED]  
**Cc:** Kerry Chant (Ministry of Health)  
**Subject:** RE: Ruby Princess report and appendices  
**Attachments:** Ruby Princess Risk Assessment Report 30 March aw-st.docx

Dear Andrew

Please find a revised version incorporating your suggestions and some of your comments.

I'll call now.

Best regards  
Sean

Communicable Diseases Branch  
Health Protection NSW

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**From:** Jeremy McNulty  
**Sent:** Tuesday, 31 March 2020 12:12 PM  
**To:** Sean Tobin <[REDACTED]>  
**Cc:** Kerry Chant (Ministry of Health) <[REDACTED]>  
**Subject:** FW: Ruby Princess report and appendices  
**Importance:** High

Hi Sean  
Would you please review and prepare a response ?  
Thx  
Jeremy

---

**From:** Andrew Wilson [[mailto:\[REDACTED\]](mailto:[REDACTED])]  
**Sent:** Tuesday, 31 March 2020 11:56 AM  
**To:** Kerry Chant (Ministry of Health) <[REDACTED]>; Jeremy McNulty <[REDACTED]>  
**Cc:** Laura Changizi (Ministry of Health) <[REDACTED]>  
**Subject:** Re: Ruby Princess report and appendices

Kerry, Jeremy  
Some suggested edits and some queries in attached.  
Aw

---

**From:** "Kerry Chant (Ministry of Health)" <[REDACTED]>  
**Date:** Monday, 30 March 2020 at 11:32 pm  
**To:** Andrew Wilson <[REDACTED]>  
**Cc:** "Elizabeth Koff (Ministry of Health)" <[REDACTED]>, Jeremy McNulty <[REDACTED]>  
**Subject:** Fwd: Ruby Princess report and appendices

Dear Dr Wilson

Please find part 1 of the report into the assessment and response to the Ruby Princess cruise ship. This part of the report covers the risk assessment processes undertaken by NSW Health. This part will be incorporated into a broader report looking at the epidemiology of the cases including date of symptom onset and analysis of cases of secondary transmission as well as lessons learnt. Thank you for agreeing to assist in review. I would appreciate your comments on this component of the report which focuses on the processes and procedures in place.

Dr McAnulty will also be available to answer any of your queries in relation to the content of the report.

I will ask Dr McAnulty to also provide the epi curve by symptom onset date as this may provide additional context for your review.

It would be appreciated if you could please provide your feedback by Friday.

Regards  
Kerry Chant

Sent from my iPhone

Begin forwarded message:

**From:** Sean Tobin <[REDACTED]>  
**Date:** 30 March 2020 at 10:32:34 pm AEDT  
**To:** "Kerry Chant (Ministry of Health)" <[REDACTED]>, Jeremy McAnulty <[REDACTED]>  
**Subject:** Ruby Princess report and appendices

Please find attached, including additional CDNA case definition current at that time.

Best regards  
Sean

Dr Sean Tobin  
 Public Health Physician  
 Public Health Emergency Operations Centre (PHEOC) – COVID-19 Response

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

# NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

## Background to Australian Maritime Biosecurity Arrangements

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer<sup>1</sup> or human biosecurity officer<sup>2</sup> via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease.

The Australian Government is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.

The Act requires that the operator of an international aircraft or vessel must report any ill travellers that show signs and symptoms of infectious disease, or if there has been a death on board. The report must be made to a biosecurity officer prior to arrival in Australia through the Pre-Arrival Report (PAR). These reports and other information from the ship are documented in the maritime arrivals reporting system (MARS).

Biosecurity Officers, officers of the Australian Department of Agriculture, Water and the Environment, apply standard questionnaires to assess pre-arrival reports of illness among passengers or crew, and consult where required with medical officers from NSW Health designated as Human Biosecurity Officers under the Act.

## National Protocol for Assessing COVID-19 Risk from Cruise Ships

On the 6 March 2020, the Australian Government published a 'National Protocol for Managing Novel Coronavirus Disease (COVID-19) Risk from Cruise Ships' (the National Protocol) (**Appendix 1**) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. The National Protocol does not direct jurisdictions to do such assessments, but instead leaves it to their discretion.

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<sup>1</sup> Biosecurity Officers are employed by the Australian Department of Agriculture, Water and the Environment.

<sup>2</sup> Human Biosecurity Officers are medical officers approved by the Director of Human Biosecurity under the Australian Biosecurity Act 2015. Each state and territory health department has a number of employees who are approved HBOs and one Chief Human Biosecurity Officer with specific powers under the Biosecurity Act.

Public health representatives of all state and territory governments including NSW were involved in the development and approval of the National Protocol. NSW Health indicated that in addition to implementing the National Protocol, additional risk assessment procedures for all cruise ships docking in NSW would be applied beyond those prescribed in the National Protocol.

On 15 March 2020 the Prime Minister announced that international cruise operations would cease and all travellers entering Australia from 0001 AEDST 16 March 2020 must undertake a precautionary self-isolation period for 14 days upon entry to Australia. Subsequent Guidance provided by the Australian Government stated that cruise ships would not be allowed to dock at an Australian port. There were a number of exceptions:

- Australian flagged ships
- Returning cruises to return Australians
- Ships in transit that have left the last international port as of 12 pm on the 15 March
- Round Trip Cruises

Ships potentially meeting the exception criteria are required to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Exempted ships will only be allowed to disembark at Sydney and Brisbane.

As of at least the 17 March, a factsheet (**Appendix 2**) from the Australian Border Force was available for the Cruise Lines to distribute to incoming international cruise ship passengers to advise that disembarking passengers would need to have an isolation period of 14 days, but commencing from the date of departure from the last foreign port, not from the date of arrival in Australia. The factsheet also notes that foreign nationals would be allowed to disembark ships with permission to return to their home country.

## NSW Process for Assessing COVID-19 Risk from Cruise Ships

NSW Health has two long-standing program (originally commenced in 1998) public health programs for cruise ships visiting the Port of Sydney. These are the Cruise Ship Health Surveillance Program and the Vessel Inspection Program and they are managed by the South East Sydney Local Health District's public health unit (SES PHU). SES PHU respond to reports of infectious disease cases, outbreaks, and other incidents of public health concern, and conduct environmental health inspections of vessels.

The SESPHU Cruise Ship Health Surveillance Program works closely with the cruise ship industry and the Australian Department of Agriculture and Water Resources to improve health surveillance on cruise ships and respond to outbreaks of infectious disease.

Cruise ships often have several thousand passengers on board, many of whom are older and have chronic medical conditions, as well as large numbers of crew (crew numbers may be 30-50% of the total ship population during a cruise). Respiratory infections (unrelated to COVID-19) and gastrointestinal infections among passengers and crew are common on cruise ships, sometimes increasing to significant outbreaks. Cruise ships are responsible for, and have policies to prevent, detect and manage outbreaks of infectious disease on board.

SESPHU increased monitoring for respiratory illness during January 2020 in response to the growing number of COVID-19 cases, including several dockside assessments. By 15 February, NSW Health had implemented an enhanced surveillance process building on these existing risk assessment arrangements for cruise ships, and which required additional pre-arrival information from cruise lines and cruise ship medical teams for all cruise ships scheduled to dock in NSW ports. Pre-arrival information was summarised by SES PHU in a standard reporting template and reviewed the day prior to arrival into NSW by senior public health officers from Health Protection NSW, from SES PHU and from the public health units of Sydney and Nepean Blue Mountains Local Health Districts.

**Commented [AW1]:** Is there a date when some direction to implement was issued – even a email from CHO

On 22 February 2020 the NSW Chief Health Officer wrote to Cruise Line representatives to alert them to the enhanced risk assessment process for cruises and to provide specific guidance (*Enhanced COVID-19 Procedures for the Cruise Line Industry*) to reduce the risk of COVID-19 on their cruises (**Appendix 3**).

On 9 March 2020 additional information was sent to the cruise lines to recommend additional precautions and to strengthen their specimen collection capacity in case COVID-19 testing was required following the pre-arrival risk assessment (**Appendix 4**).

#### Details of enhanced pre-arrival risk assessment categories and response

Based on the pre-arrival risk assessment for each incoming cruise ship, the NSW Health cruise ship expert panel assigns one of three risk categories – Low, Medium or High – which informs further public health action.

**Commented [AW2]:** Are the criteria for this classification documented?

**Commented [TS3]:** No.

**If a cruise is classified as Low Risk**, usual disembarkation procedures are assumed and no NSW Health team attends the ship dockside to conduct screening of sick passengers and crew. In the event that NSW Health becomes aware that respiratory samples had been collected by the Ship medical team and tested negative for influenza, it was not required that these samples be routinely collected and tested by NSW Health for COVID-19 but an assessment on the need for further testing is made on a case-by-case basis.

**If a cruise is classified as Medium Risk**, a NSW Health team meets the ship dockside to conduct a further assessment and screening of symptomatic travellers and other travellers of concern due to their recent travel history. Pratique is not granted for disembarkation of other travellers until this further risk assessment is completed. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known. Other passengers are allowed to disembark with the standard national COVID-19 advice distributed to all international arrivals.

**If a cruise is classified as High Risk**, such as when an ill passenger with suspected COVID-19 is identified, the ship would not be permitted to dock until an incident management team had been formed to assess the risks and prepare a plan of action to minimise the risk to the NSW community and to screen and manage other passengers and crew.

Procedures for responding to and management of cruise ships where there are confirmed cases of COVID-19 in passengers and/or crew are set out in the 26 February 2020 draft policy (**Appendix 7**).

**Commented [AW4]:** Has this policy been finalised, and if so when?

**Commented [TS5R5]:** Not formally finalised. It has been pending a WoG advice about accommodation options for relocating passengers and crew.

## Risk Assessment for the Ruby Princess for cruises ending 24 February and 8<sup>th</sup> March 2020.

Prior to the 24 February docking of the Ruby Princess in Sydney NSW Health conducted a detailed pre-arrival risk assessment as required under the new enhanced pre-arrival risk assessment. The expert panel assessed this cruise of the Ruby Princess as being a **low risk** for COVID-19 and no NSW Health team attended dockside.

Prior to the 8 March docking of the Ruby Princess in Sydney NSW Health again conducted a detailed pre-arrival risk assessment for that cruise. The expert panel assessed the ship for that cruise as **medium risk**.

The basis for this higher risk assessment was that, while the overall reported influenza-like illness rate among travellers (passengers and crew) was low, the expert panel expressed concerns about two passengers who had had onset of acute respiratory illnesses during the cruise and had spent several days in Singapore prior to boarding the cruise. Both passengers had also been cleared of influenza after swabs collected on board had tested negative for influenza.

A NSW Health team from South East Sydney Local Health District met the ship when it docked and screened approximately 360 people who had fever or respiratory symptoms, or who had a travel history of concern for risk of COVID-19.

In addition to the two passengers of concern, an additional four passengers and three crew were swabbed for COVID-19 testing. All nine swabs tested negative for COVID-19 on the same day, and these people were released from isolation.

## Risk Assessment for the Ruby Princess cruise 8-19 March

On 8 March 2020 the Ruby Princess left Sydney to cruise to New Zealand. The cruise included nine stops in different locations in New Zealand including a stop in Wellington on 14 March and a final stop in Auckland on 17 March before returning to Sydney to dock on 19 March 2020.

The itinerary for this cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020.

Prior to docking on the 19 March pre-arrival information was provided to the South East Sydney Public Health Unit from the Ruby Princess through the maritime arrivals reporting system (MARS) and through direct communications with the ship's medical team.

On 18 March the expert panel reviewed the risk assessment summary prepared from this information (**Appendix 5**).

The pre-arrival information indicated that there were 2647 passengers and 1148 crew on board. No passengers or crew reported contact with a COVID-19 case, and none reported being had in China, Iran, South Korea or Italy within 14 days of embarking.

The Ruby Princess doctor reported that 104 of the 3795 travellers had reported an acute respiratory infection at some time during the cruise, including 36 who reported an influenza-like illness (ILI). A total of 48 patients had been tested for influenza of whom 24 tested positive. The ship doctor indicated that they had kept 10 respiratory swabs available for further testing.

The ship doctor also reported that five travellers had been tested for COVID-19 during their stop in Wellington (NZ) on 14 March, and that all five had tested negative for COVID-19.

The ship doctor reported that they were planning to medically disembark two unwell passengers by ambulance.

- One was an Australian man who had no travel history of significance apart from the visit to NSW and NZ. He had a fever and had been diagnosed with an upper respiratory tract infection and had tested negative for influenza. The reason for medical disembarkation was given as ischaemic heart disease, likely secondary to his infection, which had since improved on oseltamivir treatment.
- The second passenger was an Australian woman who had no travel history apart from NSW and NZ. She had been diagnosed with a febrile upper respiratory tract infection and had tested negative for influenza. She reported an exacerbation of severe lower back pain with signs suggestive of a femoral nerve radiculopathy. She was to be referred to an emergency department for imaging and specialist referral as needed.

The NSW Health expert panel assessed the available pre-arrival information and agreed that the cruise should be classified as Low Risk. They noted that the itinerary only included ports in New Zealand, considered a low risk country for COVID-19 and the lack of known contact with a COVID-19 among the travellers. The ILI rate was below the 1% threshold generally recommended to indicate a respiratory outbreak, and 24 travellers had been confirmed with influenza infections. It was recommended to have the specimens that had been collected by the ship doctor tested for COVID-19 when the ship docked.

## Communications to passengers

Carnival Corporation, the owner of the Ruby Princess have confirmed that the Australian Border Force factsheet (**Appendix 1**) was delivered to every passenger's cabin prior to arrival and that additional printed information was provided to passengers as they disembarked.

## Events of 19 March

On the morning of 19 March, the Ruby Princess docked at the Overseas Passenger Terminal in Sydney. The two passengers noted in the pre-arrival assessment were transferred by ambulance to Royal Prince Alfred Hospital for further medical assessment.

SES PHU arranged for transfer of the 10 respiratory samples collected by the Ship doctor for COVID-19 testing to the NSW Pathology COVID-19 reference laboratory at Randwick.

## NSW Response

On 20 March 2020, NSW Health was notified that three of the ten swabs for people on the Ruby Princess cruise had tested positive for COVID-19 and were confirmed cases according to the national COVID-19 case definition current at that time (**Appendix 6**). Two of the cases were in passengers and one was in a crew member. The crew member had remained in isolation on board under the care of the ship's medical team. A fourth Ruby Princess passenger was confirmed as a case later on the same day having sought medical assessment after disembarkation.

NSW Health responded according to the NSW Health COVID-19 cruise ship response procedures for confirmed cases in passengers or crew (**Appendix 7**).

NSW Health immediately informed Carnival and obtained from them their passenger manifest with contact details for all passengers, and advised them to contact all of their crew about the need for self-isolation and to monitor for symptoms.

On 20 March 2020, NSW Health prepared and sent urgent communications to all Ruby Princess passengers by email and SMS messages to advise them of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. The email had as an attachment the NSW Health's factsheet for people in home isolation, and links to further information on the NSW Health website.

In addition on the 20 March 2020,

- a media release was also issued to support rapid dissemination of this information;
- Other states and territories were notified; and,
- the National Incident Room was also notified in relation to international passengers who might have already travelled out of Australia.

Commencing on 20 March:

- NSW Health commenced contacting by telephone all passengers from the Ruby Princess to check on their health and to re-inforce the requirement to self-isolate and to monitor their health. The Service NSW call centre was co-opted to assist with telephone contact.
- A letter was also prepared for Carnival Australia which they distributed by email to all passengers on behalf of NSW Health to further ensure receipt of the NSW Health advice.

As of 31 March, **xxx** cases of COVID-19 have been diagnosed in NSW which were acquired on the Ruby Princess, including one death in NSW, and six secondary cases in close contacts of these cases. NSW Health is aware of a further **xx** cases (as of the 31 March) have been reported from other states linked to the Ruby Princess cruise, including one death (in Queensland).

**Commented [TS6]:** Waiting on a significant update of numbers for today.

## Further measures implemented by NSW to reduce the risk of COVID-19 from cruise ships

On 22 March 2020 NSW implemented additional measures to further reduce the risk of COVID-19-infected passengers or crew transmitting infection within NSW. This included a direction that no

cruise ship crew or passengers to be allowed to disembark in NSW until anyone with symptoms consistent with COVID-19 are assessed, swabbed and tested for COVID-19 and found to be negative.

On 28 March 2020, Minister Hazzard, Minister for Health and Medical Research signed the *Public Health (COVID-19 Maritime Quarantine) Order 2020* restricting disembarkation of any person arriving in NSW on a vessel unless authorised by the Police Commissioner, with additional directions regarding other persons boarding or disembarking from vessels. See [https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette\\_2020\\_2020-61.pdf](https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2020_2020-61.pdf)

Draft and Confidential

**Annexure 54**

**From:** Sean Tobin  
**Sent:** Tue, 31 Mar 2020 17:27:17 +1100  
**To:** Jeremy McNulty  
**Subject:** Revised draft RP report and appendices  
**Attachments:** Ruby Princess Risk Assessment Report 31 March 2020 - draft.docx, Appendix 8 CDNA COVID-19 Case Definition.pdf, Appendix 1 National protocol for managing risk of COVID-19 from cruise ....pdf, Appendix 2 ABF Factsheet for cruise ship travellers dated 17 March 2020.pdf, Appendix 3 Cruise Ship Screening policy DRAFT 19022020.pdf, Appendix 4 CHO letter for Cruise Ship Operators 22 Feb.pdf, Appendix 5 Enhanced COVID-19 Procedures for the Cruise Line Industry 9 M....pdf, Appendix 6 NSW Health COVID-19 Cruise ship response procedure for confir....pdf, Appendix 7 Risk Assessment for RP cruise arriving 19 March.pdf

Please find attached.

April is now updating the NSW and checking with interstate colleagues on their case numbers.

Best regards  
Sean

Dr Sean Tobin

Public Health Physician  
Public Health Emergency Operations Centre (PHEOC) – COVID-19 Response



# NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

## Background to Australian Maritime Biosecurity Arrangements

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer<sup>1</sup> or human biosecurity officer<sup>2</sup> via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease.

The Australian Government is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.

The Act requires that the operator of an international aircraft or vessel must report any ill travellers that show signs and symptoms of infectious disease, or if there has been a death on board. The report must be made to a biosecurity officer prior to arrival in Australia through the Pre-Arrival Report (PAR). These reports and other information from the ship are documented in the maritime arrivals reporting system (MARS).

Biosecurity Officers, officers of the Australian Department of Agriculture, Water and the Environment, apply standard questionnaires to assess pre-arrival reports of illness among passengers or crew, and consult where required with medical officers from NSW Health designated as Human Biosecurity Officers under the Act.

## National Protocol for Assessing COVID-19 Risk from Cruise Ships

On the 6 March 2020, the Australian Government published a 'National Protocol for Managing Novel Coronavirus Disease (COVID-19) Risk from Cruise Ships' (the National Protocol) (**Appendix 1**) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. The National Protocol does not direct jurisdictions to do such assessments, but instead leaves it to their discretion.

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<sup>1</sup> Biosecurity Officers are employed by the Australian Department of Agriculture, Water and the Environment.

<sup>2</sup> Human Biosecurity Officers are medical officers approved by the Director of Human Biosecurity under the Australian Biosecurity Act 2015. Each state and territory health department has a number of employees who are approved HBOs and one Chief Human Biosecurity Officer with specific powers under the Biosecurity Act.

Public health representatives of all state and territory governments including NSW were involved in the development and approval of the National Protocol. NSW Health indicated that in addition to implementing the National Protocol, additional risk assessment procedures for all cruise ships docking in NSW would be applied beyond those prescribed in the National Protocol.

On 15 March 2020 the Prime Minister announced that international cruise operations would cease and all travellers entering Australia from 0001 AEDST 16 March 2020 must undertake a precautionary self-isolation period for 14 days upon entry to Australia. Subsequent Guidance provided by the Australian Government stated that cruise ships would not be allowed to dock at an Australian port. There were a number of exceptions:

- Australian flagged ships
- Returning cruises to return Australians
- Ships in transit that have left the last international port as of 12 pm on the 15 March
- Round Trip Cruises.

Ships potentially meeting the exception criteria are required to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Exempted ships will only be allowed to disembark at Sydney and Brisbane.

As of at least the 17 March, a factsheet (**Appendix 2**) from the Australian Border Force was available for the Cruise Lines to distribute to incoming international cruise ship passengers to advise that disembarking passengers would need to have an isolation period of 14 days, but commencing from the date of departure from the last foreign port, not from the date of arrival in Australia. The factsheet also notes that foreign nationals would be allowed to disembark ships with permission to return to their home country.

## NSW Process for Assessing COVID-19 Risk from Cruise Ships

NSW Health has two long-standing program (originally commenced in 1998) public health programs for cruise ships visiting the Port of Sydney. These are the Cruise Ship Health Surveillance Program and the Vessel Inspection Program and they are managed by the South East Sydney Local Health District's public health unit (SES PHU). SES PHU respond to reports of infectious disease cases, outbreaks, and other incidents of public health concern, and conduct environmental health inspections of vessels.

The SESPHU Cruise Ship Health Surveillance Program works closely with the cruise ship industry and the Australian Department of Agriculture and Water Resources to improve health surveillance on cruise ships and respond to outbreaks of infectious disease.

Cruise ships often have several thousand passengers on board, many of whom are older and have chronic medical conditions, as well as large numbers of crew (crew numbers may be 30-50% of the total ship population during a cruise). Respiratory infections (unrelated to COVID-19) and gastrointestinal infections among passengers and crew are common on cruise ships, sometimes increasing to significant outbreaks. Cruise ships are responsible for, and have policies to prevent, detect and manage outbreaks of infectious disease on board.

SESPHU increased monitoring for respiratory illness during January 2020 in response to the growing number of COVID-19 cases, including several dockside assessments.

By 15 February, NSW Health had implemented an enhanced surveillance screening process building on these existing risk assessment arrangements for cruise ships, and which required additional pre-arrival information from cruise lines and cruise ship medical teams for all cruise ships scheduled to dock in NSW ports. The process used from 15 February was documented and further refined on 19 March (**Appendix 3**) and shared with other jurisdictions for consideration as a national approach.

Pre-arrival information was summarised by SES PHU in a standard reporting template and reviewed the day prior to arrival into NSW by senior public health officers from Health Protection NSW, from SES PHU and from the public health units of Sydney and Nepean Blue Mountains Local Health Districts.

On 22 February 2020 the NSW Chief Health Officer wrote to Cruise Line representatives to alert them to the enhanced risk assessment process for cruises and to provide specific guidance (*Enhanced COVID-19 Procedures for the Cruise Line Industry*) to reduce the risk of COVID-19 on their cruises (**Appendix 4**).

On 9 March 2020 additional information was sent to the cruise lines to recommend additional precautions and to strengthen their specimen collection capacity in case COVID-19 testing was required following the pre-arrival risk assessment (**Appendix 5**).

#### Details of enhanced pre-arrival risk assessment categories and response

Based on the pre-arrival risk assessment for each incoming cruise ship, the NSW Health cruise ship expert panel assigns one of three risk categories – Low, Medium or High – which informs further public health action. The screening process describes the criteria used in the risk assessment to classify the cruise (**Appendix 3**).

**If a cruise is classified as Low Risk**, usual disembarkation procedures are assumed and no NSW Health team attends the ship dockside to conduct screening of sick passengers and crew. In the event that NSW Health becomes aware that respiratory samples had been collected by the Ship medical team and tested negative for influenza, it was not required that these samples be routinely collected and tested by NSW Health for COVID-19 but an assessment on the need for further testing is made on a case-by-case basis.

**If a cruise is classified as Medium Risk**, a NSW Health team meets the ship dockside to conduct a further assessment and screening of symptomatic travellers and other travellers of concern due to their recent travel history. Passage is not granted for disembarkation of other travellers until this further risk assessment is completed. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known. Other passengers are allowed to disembark with the standard Australian Government COVID-19 advice provided to all international arrivals.

**If a cruise is classified as High Risk**, such as when an ill passenger with suspected COVID-19 is identified, the ship would not be permitted to dock until an incident management team had been

formed to assess the risks and prepare a plan of action to minimise the risk to the NSW community and to screen and manage other passengers and crew.

Procedures for responding to and management of cruise ships where there are confirmed cases of COVID-19 in passengers and/or crew are set out in the 26 February 2020 draft policy (**Appendix 6**).

## Risk Assessments for the Ruby Princess cruises ending 24 February 2020 and 8 March 2020.

On 23 February, NSW Health conducted a detailed pre-arrival risk assessment for the 24 February docking of the Ruby Princess in Sydney, as required under the new enhanced pre-arrival risk assessment. The expert panel assessed this cruise of the Ruby Princess as being a **low risk** for COVID-19 and no NSW Health team attended dockside.

On 7 March, NSW Health again conducted a detailed pre-arrival risk assessment for the 8 March docking of the Ruby Princess in Sydney. The expert panel assessed the ship for that cruise as **medium risk**.

The basis for this **medium risk** classification was that, while the overall reported influenza-like illness rate among travellers (passengers and crew) was low, the expert panel expressed concerns about two passengers who had had onset of acute respiratory illnesses during the cruise and had spent several days in Singapore prior to boarding the cruise. Both passengers had also been cleared of influenza after swabs collected on board had tested negative for influenza.

A NSW Health team from South East Sydney Local Health District met the ship when it docked and screened approximately 360 people who had fever or respiratory symptoms, or who had a travel history of concern for risk of COVID-19.

In addition to the two passengers of concern, an additional four passengers and three crew were swabbed for COVID-19 testing. All nine swabs tested negative for COVID-19 on the same day, and these people were released from isolation.

## Risk Assessment for the Ruby Princess cruise 8-19 March

On 8 March 2020 the Ruby Princess left Sydney to cruise to New Zealand. The cruise included nine stops in different locations in New Zealand including a stop in Wellington on 14 March and a final stop in Auckland on 17 March before returning to Sydney to dock on 19 March 2020.

The itinerary for this cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020.

Prior to docking on the 19 March pre-arrival information was provided to the South East Sydney Public Health Unit from the Ruby Princess through the maritime arrivals reporting system (MARS) and through direct communications with the ship's medical team.

On 18 March the expert panel reviewed the risk assessment summary prepared from this information (**Appendix 7**).

## NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

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The pre-arrival information indicated that there were 2647 passengers and 1148 crew on board. No passengers or crew reported contact with a COVID-19 case, and none reported being had in China, Iran, South Korea or Italy within 14 days of embarking.

The Ruby Princess doctor reported that 104 of the 3795 travellers had reported an acute respiratory infection at some time during the cruise, including 36 who reported an influenza-like illness (ILI). A total of 48 patients had been tested for influenza of whom 24 tested positive. The ship doctor indicated that they had kept 10 respiratory swabs available for further testing.

The ship doctor also reported that five travellers had been tested for COVID-19 during their stop in Wellington (NZ) on 14 March, and that all five had tested negative for COVID-19.

The ship doctor reported that they were planning to medically disembark two unwell passengers by ambulance.

- One was an Australian man who had no travel history of significance apart from the visit to NSW and NZ. He had a fever and had been diagnosed with an upper respiratory tract infection and had tested negative for influenza. The reason for medical disembarkation was given as ischaemic heart disease, likely secondary to his infection, which had since improved on oseltamivir treatment.
- The second passenger was an Australian woman who had no travel history apart from NSW and NZ. She had been diagnosed with a febrile upper respiratory tract infection and had tested negative for influenza. She reported an exacerbation of severe lower back pain with signs suggestive of a femoral nerve radiculopathy. She was to be referred to an emergency department for imaging and specialist referral as needed.

The NSW Health expert panel assessed the available pre-arrival information and agreed that the cruise should be classified as Low Risk. They noted that the itinerary only included ports in New Zealand, considered a low risk country for COVID-19 and the lack of known contact with a COVID-19 among the travellers. The ILI rate was below the one per cent threshold generally recommended to indicate a respiratory outbreak, and 24 travellers had been confirmed with influenza infections. It was recommended to have the specimens that had been collected by the ship doctor tested for COVID-19 when the ship docked.

### Communications to passengers

Carnival Corporation, the owner of the Ruby Princess have confirmed that the Australian Border Force factsheet (**Appendix 2**) was delivered to every passenger's cabin prior to arrival and that additional printed information was provided to passengers as they disembarked.

### Events of 19 March

On the morning of 19 March, the Ruby Princess docked at the Overseas Passenger Terminal in Sydney. The two passengers noted in the pre-arrival assessment were transferred by ambulance to Royal Prince Alfred Hospital for further medical assessment.

SES PHU arranged for transfer of the 10 respiratory samples collected by the Ship doctor for COVID-19 testing to the NSW Pathology COVID-19 reference laboratory at Randwick.

## NSW Response

On 20 March 2020, NSW Health was notified that three of the ten swabs for people on the Ruby Princess cruise had tested positive for COVID-19 and were confirmed cases according to the national COVID-19 case definition current at that time (**Appendix 8**). Two of the cases were in passengers and one was in a crew member. The crew member had remained in isolation on board under the care of the ship's medical team. A fourth Ruby Princess passenger was confirmed as a case later on the same day having sought medical assessment after disembarkation.

NSW Health responded according to the NSW Health COVID-19 cruise ship response procedures for confirmed cases in passengers or crew (**Appendix 6**).

NSW Health immediately informed Carnival and obtained from them their passenger manifest with contact details for all passengers, and advised them to contact all of their crew about the need for self-isolation and to monitor for symptoms.

On 20 March 2020, NSW Health prepared and sent urgent communications to all Ruby Princess passengers by email and SMS messages to advise them of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. The email had as an attachment the NSW Health's factsheet for people in home isolation, and links to further information on the NSW Health website.

In addition, on the 20 March 2020,

- a media release was also issued to support rapid dissemination of this information;
- other states and territories were notified; and,
- the National Incident Room was notified in relation to international passengers who might have already travelled out of Australia.

Commencing on 20 March:

- NSW Health commenced contacting by telephone all passengers from the Ruby Princess to check on their health and to re-inforce the requirement to self-isolate and to monitor their health. The Service NSW call centre was co-opted to assist with telephone contact.
- A letter was also prepared for Carnival Australia which they distributed by email to all passengers on behalf of NSW Health to further ensure receipt of the NSW Health advice.

As of 31 March, 329 cases of COVID-19 acquired on the Ruby Princess have been diagnosed in NSW, including one death, and there have been six secondary cases in close contacts of these cases. NSW Health is aware of a further XX cases (as of the 31 March) have been reported from other states linked to the Ruby Princess cruise, including two deaths (one in Queensland and one in the ACT).

## Further measures implemented by NSW to reduce the risk of COVID-19 from cruise ships

On 22 March 2020 NSW implemented additional measures to further reduce the risk of COVID-19-infected passengers or crew transmitting infection within NSW. This included a direction that no cruise ship crew or passengers to be allowed to disembark in NSW until anyone with symptoms consistent with COVID-19 are assessed, swabbed and tested for COVID-19 and found to be negative.

On 28 March 2020, Minister Hazzard, Minister for Health and Medical Research signed the *Public Health (COVID-19 Maritime Quarantine) Order 2020* restricting disembarkation of any person arriving in NSW on a vessel unless authorised by the Police Commissioner, with additional directions regarding other persons boarding or disembarking from vessels. See [https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette\\_2020\\_2020-61.pdf](https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2020_2020-61.pdf).

## CDNA COVID-19 Case Definition (current on 19 March 2019)

### Confirmed case

A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture, at a reference laboratory.

### Suspect case

If the patient satisfies **epidemiological** and **clinical criteria**, they are classified as a suspect case.

#### **Epidemiological criteria**

International travel in the 14 days before the onset of illness.

Or

Close contact (see close and casual contact definitions below) in the 14 days before illness onset with a confirmed case of COVID-19.

#### **Clinical criteria**

Fever

Or

Acute respiratory infection (e.g. shortness of breath, cough or sore throat) with or without fever.

### Close contact definition

A close contact is defined as requiring:

greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case, or sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.



Australian Government

Department of Health

## NATIONAL PROTOCOL FOR MANAGING NOVEL CORONAVIRUS DISEASE (COVID-19) RISK FROM CRUISE SHIPS

March 2020

Version	Date of Publication	Reason	Approved By
V1.0	6 March 2020	Initial publication	Rhonda Owen, Assistant Secretary, Health Emergency Management Branch, Office of Health Protection

This protocol was endorsed by the Chief Human Biosecurity Officers (CHBO) on 3 March 2020.

### CONSULTATION

The following were consulted in the development of the protocol:

- Australian Government Department of Agriculture, Water and Environment
- Australian Government Department of Home Affairs
- Australian Government Department of Infrastructure, Transport, Cities and Regional Development
- Australian Health Protection Principal Committee
- Chief Human Biosecurity Officers
- Cruise Lines International Association (CLIA)

### PURPOSE

The purpose of this protocol is to clarify the intent, responsibility, and required action in responding to coronavirus disease 2019 (COVID-19) risk from cruise ships. It is primarily a border operations protocol.

Cruise ships may carry domestic or international travellers who pose human biosecurity risks. This may also lead to the spread of diseases to other travellers, particularly given the population density, the duration of cruises and the mixing patterns of people on board. It is therefore necessary to enhance surveillance and control measures among travellers to:

- protect the health of travellers on vessels;
- minimise the likelihood of large numbers of infected people returning to Australia and further spreading diseases among the community;
- manage the impact on the Australian health system; and
- prevent the spread of diseases among populations in cruise voyage destinations.

This protocol is limited to COVID-19 and has specific measures for assessing the risk of COVID-19 on the ship, screening of passengers and crew if required, and initial management of suspected cases. It is recognised that as the outbreak situation evolves, additional measures may become necessary and this protocol may be reviewed and revised as required.

This protocol does not address when a passenger or crew member is confirmed to have COVID-19 by laboratory testing, which will be managed on a case-by-case basis by jurisdictional public health authorities in close coordination with border agencies, the cruise ship operator and senior ship officers (see INFORMATION SHARING section).

While response protocols for confirmed COVID-19 cases will likely include requiring some passengers and crew identified as contacts to undergo a period of quarantine, where possible it is not intended that this occur on board the ship.

## LEGISLATION

- *Biosecurity Act 2015* (the Act) - Under section 44 of the Act, the Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease.
- The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer or human biosecurity officer via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).
- State and territory public health acts mandate the reporting of certain diseases to the relevant state or territory communicable diseases unit.

## NOVEL CORONAVIRUS DISEASE (COVID-19)

An outbreak of respiratory disease caused by a novel coronavirus (SARS-CoV-2) was first detected in Wuhan City, Hubei Province, China, and is ongoing. On 11 February 2020, the World Health Organization (WHO) named the disease caused by the virus Coronavirus Disease 2019 (COVID-19). Sustained human-to-human community transmission has been demonstrated in parts of China, largely in Wuhan city, and some human-to-human spread of the virus has been detected outside of China, including in Australia. On 30 January 2020, the International Health Regulations Emergency Committee of the WHO declared the outbreak a public health emergency of international concern (PHEIC). The WHO emphasised the urgent need to coordinate international efforts to reduce the risk of further international spread. Australia declared the then named 'human coronavirus with pandemic potential' as a LHD on 3 February 2020, enabling powers under the *Biosecurity Act 2015* to be used to manage the entry, spread and establishment of COVID-19.

The symptoms of COVID-19 include fever, sweats and chills, fatigue, rhinorrhoea, sore throat, cough, and difficulty breathing. Symptoms can take up to 14 days to develop after a person has been infected.

## PROTOCOL

This protocol has been developed for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. All individuals, groups and authorities involved in the cruise ship industry including crew, health care staff, cruise line operators, owners, and port health authorities should be aware of these procedures.

For the purposes of this protocol, a **traveller** means **a passenger or crew member**

## RISK ASSESSMENT

Respiratory illnesses (common cold and influenza) are some of the most common infections affecting people on cruise ships, and cases of COVID-19 aboard passenger ships have occurred. Because cases of seasonal influenza often occur on ships and sustained community transmission of COVID-19 has been observed, it is possible that passenger ships carrying thousands of people would have travellers with COVID-19. In the context of the PHEIC relating to COVID-19, assessing the public health risk of each vessel arrival to Australia from international ports is important before advice is given on implementation of control measures. Public health risk assessment involves appraisal of threats to travellers on board the ship, as well as to the population in the community.

Some jurisdictions may conduct a public health risk assessment for every ship, while in other jurisdictions a risk assessment for every ship may not be necessary if no illness has been reported and a standing risk assessment for the global situation may suffice in this circumstance. Assessing the risk of any reported event is necessary before proceeding with the enforcement of public health measures.

No single criterion will dictate any specific action in relation to the overall management of a vessel; however, each public health unit can use these criteria to inform their risk management strategy:

- the itinerary of the vessel, specifically
  - whether the vessel has visited a higher or moderate risk country<sup>1</sup> in the last 14 days
- the travel history of any person on-board the vessel, specifically
  - whether the traveller has visited a higher or moderate risk country<sup>2</sup> in the last 14 days

<sup>1</sup> Per the Australian Government Department of Health's [‘COVID-19: Countries considered to pose a risk of transmission’](#)

<sup>2</sup> As above.

- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)<sup>3</sup>
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected
- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)

#### ***Exposure Risk – Potential Contacts that are currently well***

The following exposure risk categories are provided to help guide initial biosecurity management of people following potential SARS-CoV-2 exposure, given the difficulty in identifying close contacts (as strictly defined by public health experts) in the cruise ship environment due to the physical environment, inability to confirm SARS-CoV-2 with laboratory testing, and variable preparedness of individual operators to respond to suspect cases.

##### **Highest Exposure Risk**

- Accommodated in the same cabin or small group of cabins with shared amenities as, being an intimate partner of, or providing care or cleaning services in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***without using recommended precautions***; OR
- Recent travel from a [higher risk country](#)

##### **Medium Exposure Risk**

- Accommodated in the same cabin or small group of cabins with shared amenities as, **not** being an intimate partner of, or providing care in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***while consistently using recommended precautions***

<sup>3</sup>Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members

- Being in the same semi-closed environment (e.g., a games-room, movie theatre, infirmary waiting room) as a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 *for a prolonged period of time*<sup>4</sup>, OR

- Travel from [moderate risk countries](#) (excluding transit).

AND

- not meeting the higher risk definition above

#### Lower Exposure Risk

- Interactions with a person with symptomatic clinically diagnosed suspect (or laboratory-confirmed) COVID-19 infection that do not meet any of the higher or medium-risk conditions above, such as walking by the person or being briefly in the same room

AND

- not having any exposures that meet a higher-risk or medium-risk definition

Note that if there are multiple suspect cases, the number of contacts in the higher exposure risk category will increase. In some situations it may be difficult to delimit exposure categories and as such, a whole ship could potentially be considered at higher exposure risk.

## BORDER SCREENING

The standard process at the border for screening for, and managing the presence of, LHDs will continue, which includes:

- Pre-arrival report and human health report
  - In accordance with biosecurity reporting obligations under Section 193 of the Act, information regarding any illness on-board must be lodged in the Maritime Arrivals Reporting System (MARS) between 96 and 12 hours prior to arrival. Vessels are required to update the MARS report if the human health status of persons on-board changes.
  - To support the enhanced COVID-19 border measures announced by the Prime Minister on 5 March 2020, the following additional questions will be asked on the pre-arrival report until advised otherwise:
    - Has the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
    - Has any person on the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
    - Has any person on the vessel been in contact with a confirmed case of novel coronavirus infection in the last 14 days?

<sup>4</sup> As per the COVID-19 SoNG.

- The Maritime National Coordination Centre (MNCC) will coordinate officer attendance at the relevant port. On a case by case basis, state/territory health authorities may also attend the port.
- Under the Act the ship's master must specifically report people with symptoms of an LHD, including human coronavirus with pandemic potential, before arrival.
- **Pratique**
  - Cruise vessels are assumed to have pratique from the vessel's first port of arrival in Australia unless there is illness or death on-board, or if the vessel has not provided a pre-arrival report. Pratique takes effect when the vessel arrives at the port.
  - If there is illness or death on-board reported, or if a pre-arrival report has not been provided in accordance with the requirements in the *Biosecurity Regulation 2016*, the vessel has negative pratique until a biosecurity officer has assessed that there is no human health risk associated with the vessel and has granted pratique.
- **Administration of the Traveller with Illness Checklist (TIC)**
  - Where the cruise ship has reported unwell travellers, the vessel will be met by a biosecurity officer.
  - Unwell travellers will be screened using existing LHD screening procedures.
  - The TIC screens for COVID-19 based on the case definition provided in the COVID-19 Series of National Guidelines (SoNG), and includes symptoms of COVID-19, exposure to cases of COVID-19 and travel history. The TIC will be updated on occurrence of a change to the case definition provided in the COVID-19 SoNG as needed.
- **Referral to a Human Biosecurity Officer (HBO), or Chief Human Biosecurity Officer (CHBO), for medical advice or assistance will occur where the TIC indicates a risk for COVID-19 or any other LHD.**

#### **ADDITIONAL BORDER MEASURES**

- **Until advised otherwise by Health or DAWE, all cruise ships are required to:**
  - provide any stored swabs urgently to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO. Provided there are no concerns about the COVID-19 risk profile of the ship or suspected COVID-19 cases reported, the HBO may advise the biosecurity officer that pratique can be granted and the ship may be allowed to continue the voyage while samples are being tested.
  - deliver on-board announcements to travellers prior to the vessel docking at an Australian seaport to encourage self-reporting of ill health by travellers and inform travellers of their obligation to declare whether they are

experiencing specific symptoms (DAWE will provide internationally operating cruise ships with pre-recorded messages for the on-board verbal announcement in a number of languages).

- Until advised otherwise by Health or DAWE, all ports are required to:
  - deliver verbal announcements at the Australian seaport to encourage self-reporting of ill health by travellers, and to inform travellers of their obligation to declare whether they are experiencing specific symptoms. DAWE will provide pre-recorded messages for the port announcement in a number of languages to the port authority who will be responsible for implementing this measure.

## **CASES OF INFLUENZA-LIKE ILLNESS (ILI) PRESENTING ON CRUISE SHIPS**

### ***On-Board Management***

Ships should actively encourage travellers with respiratory symptoms to seek immediate on-board medical assessment. Incentives such as free or subsidised consultations for travellers with respiratory illness should be considered by the ship, to reduce barriers for timely assessment.

Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerator, if able, for later SARS-CoV-2 testing.

## **REPORT OF LISTED HUMAN DISEASE - COVID-19 SUSPECT CASE or POTENTIAL OUTBREAK<sup>5</sup> OF RESPIRATORY ILLNESS**

### ***On-Board Management***

Where the ship's medical officer determines that there is either:

- a) a suspect case(s)<sup>6</sup> of COVID-19 on-board, or
- b) an outbreak<sup>7</sup> of ILI on-board with larger than expected numbers of tests are negative for influenza, the following measures should be taken:
  - The suspect case(s) or any person with ILI should be isolated in an isolation ward, cabin, room or quarters, with an independent ventilation and toilet system where possible.

<sup>5</sup> Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members.

<sup>6</sup> A suspect case is defined in 'Interim advice to public health units – COVID-19' available at [www.health.gov.au](http://www.health.gov.au)

<sup>7</sup> Outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members.

- Infection control procedures including droplet and standard precautions should be implemented. Medical staff should wear appropriate PPE when assessing patients with respiratory illness and collecting specimens.
- Medical staff should refer to the COVID-19 resources for health professionals, available at [www.health.gov.au](http://www.health.gov.au)
- Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerators, if able, for later SARS-CoV-2 testing.
  - Inappropriately stored samples may not be able to be tested for SARS-CoV-2 because of biosafety concerns in the laboratory.
- Where influenza can be confirmed, and the traveller does not meet the suspect case definition for COVID-19, the traveller should follow isolation recommendations in accordance with standard influenza outbreak protocols.
- Where influenza cannot be confirmed, confinement to isolation with infection control measures should continue until a decision to return to public areas can be made in collaboration with the public health authority at the next port of call.
- All those identified as higher exposure risk<sup>8</sup> should be identified and isolated as above and advised to monitor their health for development of symptoms until such time further assessment by public health authorities has determined whether or not they are truly a close contact in accordance with the Exposure Risk table above. Further, they should be managed as follows:
  - The traveller(s) should be placed under active surveillance for 14 days.
  - If after 14 days of isolation and observation, the travellers do not develop symptoms of COVID-19, they may be discharged from follow-up.
  - Both embarking and disembarking ports must be notified of COVID-19 suspected case contacts being on-board and measures taken.
  - Lower and medium risk contacts should be asked to self-monitor for COVID-19 symptoms for 14 days from their last exposure. They should be asked to immediately self-isolate and contact medical services if any symptoms appear during this time.
- A high frequency of cleaning and disinfection should be maintained on the vessel. Cabins and quarters occupied by suspected cases and close contacts of suspect COVID-19 cases should be cleaned and disinfected according to recommendations provided by the local public health authority.

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<sup>8</sup> Note that if there are multiple suspect cases, the number of likely close contacts will increase, and it may be that the all travellers could potentially be considered as close contacts.

### ***Pre-Arrival Requirements***

The vessel is required to:

- Immediately alert the public health authority at the next port of call to:
  - Determine if the necessary capacity for transportation, isolation, and care is available at the port (the vessel may be asked to proceed to another national port in close proximity if this capacity is not available or if warranted by the critical medical status of the suspected COVID-19 case).
  - Provide any information required for the authority to conduct a risk assessment.
  - Seek advice as to the infection prevention control requirements.
  - Ensure that [REDACTED] is a Cc addressee on all email communication.
- Update pre-arrival reporting in MARS to reflect the current health status of the vessel
- Advise the MNCC that there is a report of a listed human disease, suspected case of COVID-19 or potential outbreak of respiratory illness on board
  - The MNCC will provide the vessel or its agent with the traveller record form
- Ensure that accurate records of all traveller contact details are collated and provided to the MNCC prior to arrival. These should be in a format which supports ready contact of travellers (see Attachment 1).
  - The MNCC will distribute the record to [REDACTED] and the relevant state or territory health agency for test result notification and contact tracing purposes.
- Have a representative available to liaise with government agencies (see INFORMATION SHARING section).

### ***Management at First Port of Entry***

- The vessel will not be allowed to disembark travellers until the biosecurity officer, in consultation with the HBO, has made the appropriate assessments and pratique is granted.
- If the HBO determines that an unwell traveller meets the COVID-19 suspect case definition, or a positive test result is returned, the following is to occur:
  - The biosecurity officer will notify the port authority to provide access for medical transport.
  - The HBO will identify and coordinate transfer to an appropriate medical facility.
  - The traveller will be transported to the medical facility for further management, by the most appropriate means, using all necessary precautions as specified by the HBO.

- If COVID-19 is confirmed in a suspected case, the HBO and public health authorities will advise on the identification and management of other passengers and crew considered contacts based on a further risk assessment and using national guidance.
- When a positive test for COVID-19 is returned, those travellers who were initially identified as high exposure risk will be assumed to be a close contact, and managed as follows, unless it is subsequently determined by public health authorities they were not close contacts:
  - The traveller will be assessed by a biosecurity officer on disembarking and screened for symptoms of COVID-19 using the TIC. If symptoms are detected, the traveller will be managed as per a suspect case.
  - If no symptoms are detected, the traveller will be provided with information sheets for travellers on coronavirus and quarantine, available at [www.health.gov.au](http://www.health.gov.au), and will be allowed to disembark and undertake a period of self-quarantine.
  - The traveller is required to be quarantined either at home, if a returning Australian resident, or in appropriate accommodation for 14 days from disembarkation.
  - The traveller should be placed under active surveillance for the duration of isolation.
  - The traveller may be allowed to undertake domestic travel consistent with the CDNA COVID-19 SoNG.
  - The traveller should be restricted from undertaking international or further domestic travel until the period of isolation has ended and they have remained well.
- Contacts of suspected cases may be considered for contact management if there is likely to be a delay in confirming or excluding COVID-19 in the suspected case.
- As soon as the suspect case(s) (or subsequently confirmed case) has been removed from the cruise vessel, the cabin or quarters where the traveller was isolated and managed, it should be thoroughly cleaned and disinfected according to recommendations provided by the local public health authority.
- A biosecurity officer will provide information sheets on symptoms and transmission of COVID-19 to crew for distribution to all passengers and crew. The factsheets can also be sent to the shipping agent prior to arrival for distribution via email to all passengers and crew.
- After the HBO has determined that no other travellers have symptoms consistent with COVID-19 and possible contacts have been managed, pratique will be granted and remaining travellers will be allowed to disembark and the vessel may be permitted to commence embarkation procedures provided the required cleaning and disinfection measures have taken place.
- If requested, any stored swabs must urgently be provided to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO.

- The vessel may be allowed to proceed to its next port of call upon receipt of clearance from the biosecurity officer, who will consider advice from the public health authority following receipt of any laboratory results (see 'Possible management actions section').

### ***Possible management actions***

Actions taken by HBOs or state and territory health authorities will depend on the risk profile of the ship or of affected travellers (e.g. crew member suspect case is a higher risk for transmission than a passenger suspect case) and will need to be based on case-by-case assessment. However, the following represent some potential management actions that HBOs may consider:

- Ship granted pratique and allowed to continue voyage as planned while samples are tested, provided the suspected case(s) and all close contacts have been disembarked, and proper cleaning undertaken.
- Ship granted pratique but restrictions placed on the voyage, for example (but not limited to):
  - The ship may only disembark travellers at specified ports where there is capacity for ill traveller screening and health services to assess travellers, test samples and manage ill travellers
  - The ship may continue voyage but must not disembark travellers for day trips for a specified period of time
  - Crew must disembark for quarantine, noting that changing out an entire crew is not usually feasible and this option would effectively prevent the ship from continuing the current and subsequent voyages.
- Ship is not granted pratique until the results of testing are received, an assessment of risks has been completed and a management plan has been decided, for example where there is an outbreak of influenza-negative ILI.

In all cases, actions being considered should be notified to the ship's Master as soon as practicable to enable the ship to respond. This may be communicated from the Information Sharing Forum (see INFORMATION SHARING section).

### ***Management at Subsequent Australian Ports***

In accordance with standard biosecurity management procedures the vessel will continue to be required to provide pre-arrival reports and human health reports prior to docking in subsequent Australian ports and disembarking travellers. DAWE will manage any further reports of an LHD as required.

## **INFORMATION SHARING**

An Information Sharing Forum may be convened, consisting of relevant Commonwealth Government agencies, state and territory government agencies and the affected cruise ship or its representative. The forum will be convened by the state or territory health agency managing the response. The purpose of the forum will be to share information in a timely manner and promote consultation between these stakeholders. The forum may develop key communication messages during a response to facilitate consistency of messaging between

government and the cruise industry. The decision-making responsibility for any public health response will continue to rest with the state or territory health department.

## **RESPONSE TO ELEVATED RISK**

The decision to escalate border measures is an Australian Government decision informed by whole of Government advice with expert input from state and territories. The trigger points for escalating border measures will be determined by situational information on the epidemiology of COVID-19.

The Australian Government may establish the following, additional border control measures:

- Enhanced identification and assessment measures
  - Non-automatic pratique – classes of vessels may be subject to negative pratique and screened for LHD before pratique is granted.
  - Traveller screening may be conducted by healthcare workers and public health teams on disembarkation.
- Enhanced quarantine measures.
- Exit screening.

Advice from the CHBO will be sought prior to implementation of enhanced border measures.



## MESSAGING TO CRUISE SHIP PASSENGERS

On 15 March 2020 the Prime Minister of Australia announced that international cruise ship operations will cease and all travellers entering Australia from 0001 AEDST 16 March 2020 must undertake a precautionary self-isolation period for 14 days upon entry to Australia.

For any travellers who are entering Australia for less than 14 days, you must self-isolate for the entire duration of your stay.

The 14 day self-isolation period commences the day your cruise ship departs from the last international port before heading to Australia, unless you have been notified that people on board the ship are unwell and suspected of having COVID-19.

- As an example, if your cruise ship has travelled for 8 days since the last port of departure before arriving in Australia, the self-isolation period will be for the remaining six days.
- You will be provided further instructions if someone on board is suspected of having COVID-19.

We are working with the cruise industry to implement the restriction, particularly to bring everyone currently on a cruise safely back to port and on to their home destinations either in Australia or overseas.

The self-isolation period applies to any traveller (including passengers or crew) entering Australia including on a cruise ship.

### **If you are an Australian citizen or permanent resident:**

- If you have domestic connections to your final destination, you may travel to the airport for your flight.
  - If you are not travelling directly to the airport you must self-isolate at your hotel or other accommodation until you travel to the airport.
- You must then self-isolate at home or your final destination for the remainder of the 14 day period.

### **If you are an international visitor:**

- If you have an onward domestic or international connection:
  - You may travel to the airport for your departing flight.
  - If you are travelling domestically, you must self-isolate for the remainder of the 14 day period once you have arrived at your final destination in your accommodation.
- If you have existing domestic or international connections but are not travelling directly to the airport, you must self-isolate at your hotel or other accommodation until you travel to the airport.

- If you do not have any existing domestic or international connections, you must self-isolate at your accommodation upon arrival in Australia for the remainder of the 14 day period.

The Australian Government is closely monitoring the situation and this advice will be updated as needed. It is important to continue to monitor the [ABF website](#) and the [Department of Health website](#).

The Department of Health has published 'Information for Travellers' and 'Isolation guidance' fact sheets, including what to do if you become ill after arrival in Australia. These are available at [www.health.gov.au/covid19-travellers](http://www.health.gov.au/covid19-travellers).

## CRUISE SHIP COVID-19 ASSESSMENT PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

DRAFT 11 AM 19 Feb 2020

This procedure describes measures and communication mechanisms to improve the detection and timely management of potential cases or outbreaks of COVID-19 on cruise ships.

### Existing measures

- Cruise ships are subject to biosecurity controls when entering Australia under the Biosecurity Act 2015 (Department of Agriculture, Water and the Environment [DAWE]). Under the Maritime Arrivals Reporting System (MARS), the vessel submits the Pre Arrival Report and Human Health Update to the Maritime National Coordination Centre between 96 and 12 hours before estimated time of arrival.
- As of 14 February 2020, these forms have been updated to include:
  - whether the vessel has been in mainland China less than 14 days ago
  - whether any person on the vessel has been in mainland China less than 14 days ago
  - whether any person on the vessel has been in contact with a proven case of novel coronavirus infection within the last 14 days.
- In addition to the reports, under the Act the ship's master must report people with symptoms of Listed Human Diseases (LHD) including coronavirus with pandemic potential, to Biosecurity before arrival. As a result, passengers and crew who are feeling unwell on arriving in Australia should see a Biosecurity Officer, who will ask about where the person has travelled, when they began to feel unwell, and what symptoms they have.
- Cruise ship operators have measures in place to detect and manage outbreaks of respiratory illness, with operating procedures in place to monitor rates of illness for comparison with expected rates according to the itinerary and cruise length.
- Operators often have relationships with public health units and share information in the event of unusual disease activity.

### Enhanced measures

All cruise ships that are arriving from international waters will be risk assessed by the Chief Human Biosecurity Officer.

Key criteria for the risk assessment include information from the ship before its arrival as to whether:

- any passengers or crew have been in high risk areas in the 14 days prior or contact with a confirmed case of COVID-19
- there is undiagnosed respiratory illness among passengers or crew that is clinically compatible with COVID-19.

For ships assessed to be at higher risk, an Assessment Team will meet the ship at a port designated by the Chief Human Biosecurity Officer. The composition of the Assessment Team may be agreed by the jurisdictional health authority and the DAWE.

## Pre-arrival requirements

- The ship is required to:
  - Maintain a list of passengers and crew who have been in mainland China<sup>1</sup> and countries included in Australian COVID-19 testing criteria<sup>2</sup> in the 14 days before embarking
  - Maintain a list of passengers and crew on the vessel who have been in contact with a confirmed case of COVID-19 within 14 days of embarking
  - Maintain accurate contact information (mobile phone and email addresses) for all passengers and crew to allow rapid communication if needed following disembarkation
  - Actively ask passengers and crew if they have respiratory symptoms or fever and ask them to present to the ship's doctor for assessment free of charge
  - Ensure all passengers with respiratory symptoms and/or fever are isolated while on board and provide them with hand rub and masks for onward travel
  - Ensure crew attending to isolated patients wear protective PPE (surgical masks) and practice good hand hygiene.
  - Identify an appropriate space on board for a medical team to assess passengers and assist in the assessment of passengers, if required.

## Pre-arrival respiratory illness screening

- Where passengers or crew present with respiratory illness, the ship's doctor must:
  - Request and record a history of all countries visited in the 14 days prior to embarkation.
  - Wear appropriate PPE while assessing patients with respiratory illness and collecting specimens.
  - Collect 2 swabs – perform rapid influenza test and store second sample for COVID-19 testing
  - Isolate patients as above
  - Update details on the ship's Acute Respiratory Disease (ARD) log
  - Refer to the coronavirus information for primary and community health workers for further information about management of the passengers:  
<https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-primary-and-community-health-workers>.

## Pre-disembarkation

The ship must:

- Inform the jurisdictional health authority where a respiratory outbreak (>1% of people on board affected) is identified on board
- Provide a list of any planned medical disembarkations
- Provide a list of any deaths during the cruise, including cause of death.
- Identify passengers and crew who require screening by the Assessment Team
  - Anyone with current respiratory symptoms
  - OR**
  - Anyone who has travelled in China (including Hong Kong), Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation.
  - OR**
  - Anyone who was seen by the clinic during the cruise with fever and/or ARI
- Provide the **Letter** and **Traveller Record Form** (attached) to all passengers who require assessment by the Assessment Team to complete

<sup>1</sup> May be expanded if suspect case definition changes

<sup>2</sup> As of 14 February 2020 includes China (including Hong Kong), Thailand, Japan, Indonesia, Singapore

Where a respiratory outbreak is reported, the cruise ship must also provide a report to the jurisdictional point of contact that includes:

- A copy of the full ARD log (including details of patients presenting with fever or acute respiratory illness, countries they have visited in the 14 days prior to embarkation, and results of rapid influenza testing)
- The patient details and total number of swabs/sputum samples for COVID-19 testing.

## Risk Assessment – High Risk

Where:

- a respiratory outbreak (affecting at least 1% of those on board) is reported on a cruise ship that is not explained by positive influenza tests, and
- affected passengers or crew have visited a mainland China in the 14 days before embarkation OR had contact with a confirmed case in the 14 days before embarkation

Where the Chief Human Biosecurity Officer assesses that there is a high risk that COVID-19 may be circulating on the ship:

- An Assessment Team will meet the ship
- The ship must urgently provide swabs from any person suspected with fever or respiratory infection for testing prior to disembarkation.
- The ship will **not** be allowed to disembark passengers or crew until given clearance by the Chief Human Biosecurity Office
- Clearance to disembark can only be granted following results of COVID-19 testing
- ***If the swabs test positive then:***
  - All passengers and crew must be asked about fever or respiratory symptoms by the Assessment Team
  - Passengers and crew who report fever or respiratory symptoms must be isolated and assessed for CoVID-19; if CoVID-19 is excluded they move to home quarantine for 14 days in case infection later develops.
- ***If the swabs test negative then the Assessment Team will assess passengers and crew as for low risk assessment***

## Risk Assessment – Medium Risk

Where:

- a respiratory outbreak (affecting at least 1% of those on board) is reported on a cruise ship, and either:
  - passengers or crew have visited a country included in Australian COVID-19 testing criteria in the 14 days before embarkation, or
  - there are other features of concern (such as where one or more cases has severe respiratory illness, or the outbreak is not explained by positive influenza tests)

Where the Chief Human Biosecurity Officer assesses that there is a medium risk that COVID-19 may be circulating on the ship:

- An Assessment Team will meet the ship
- Prior to the ship disembarking, the Assessment Team will review passengers and crew who report fever of respiratory symptoms, or who have visited a country included in Australian COVID-19 testing criteria in the 14 days before embarkation.

- The Assessment Team will measure temperature, review symptoms and exposure history and will swab for COVID-19 where clinically appropriate unwell passengers and crew. Passengers and crew may be disembarked to isolation.
- Any samples taken on board for influenza testing must be forwarded to the lab for COVID-19 testing on arrival into the port.
- The Assessment Team will provide clearance for other passengers and crew who are well to disembark.

## Risk Assessment – Low Risk

Where there is:

- no respiratory outbreak, or
- a respiratory outbreak that is explained by positive influenza test results and no one on board has visited a country included in Australian COVID-19 testing criteria in the 14 days before embarkation, or had contact with a confirmed case in the 14 days before embarkation

Where the Chief Human Biosecurity Officer assesses that there is a low risk that COVID-19 may be circulating on the ship:

- No further assessment is required

## Reporting of positive and negative COVID-19 test results

- Should any sample test positive for SARS-CoV-2, indicating COVID-19, a specific response will be mounted to manage the potential outbreak, including rapidly contacting all passengers to ensure that they self-isolate and to be tested and managed if symptomatic.
- The Assessment Team will keep contact details for all passengers/crew members who are being tested for COVID-19, and will reporting all negative test results to the individual passengers/crew members.

**Appendix 1: Traveller Record Form**

Arrival date:

Vessel name:

Assessors name: \_\_\_\_\_

FAMILY NAME:

Date of birth:

Sex: F/M

GIVEN NAMES:

Patient/parent contact details:

Email:

Mobile:

Contact in Australia (if not Australian resident):

Phone:

Address:

Travel details in the 14 days prior to joining the cruise:

Date	Location

Onward travel arrangements (dates, transport, accommodation, contact details)

Other accompanying travellers:

Symptoms of illness (tick if present):

☐ Cough    ☐ Fever    ☐ Runny nose    ☐ Shortness of breath  
☐ Other: \_\_\_\_\_ ☐ Nil

Onset of first symptom: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH USE ONLY:**

Measured temp: First:

Second (if needed):

Other clinical notes (if applicable):

PLAN (if applicable):

☐ Fact sheet    ☐ Hand gel/masks    ☐ Swab    ☐ Transfer    ☐ Other:

## Pre-arrival risk assessment form

Key questions	Answer	Details (names and dates, etc)
<b>Name</b> of ship		
Date and time of <b>arrival</b> in NSW		
<b>Terminal</b> of arrival		
Has the ship been in a <b>foreign</b> port during the cruise or in last 14 days?		
<b>Ports</b> visited and dates during the cruise or in last 14 days		
Has the ship had a health <b>assessment</b> at the previous port?		
Number of <b>passengers</b> on board		
Number of <b>crew</b> on board		
Port of <b>origin</b> of this cruise		
Date of <b>departure</b>		
Number of passengers and crew have been in <b>contact</b> with a confirmed case		
Number of passengers and crew who have been in mainland <b>China</b> within 14 days of embarking		
Has the ship obtained accurate <b>contact information</b> (mobile phone and email addresses) for all passengers?		
Has the ship ensured all passengers with respiratory symptoms and fever are <b>isolated</b> while on board and provide them with hand <b>rub</b> and <b>masks</b> for onward travel?		
Has the ship actively <b>asked</b> passengers and crew if they have respiratory symptoms or fever AND asked them to present to the ships doctor for assessment before arrival?		
Is assessment <b>free</b> of charge?		
Number of passengers and crew who <b>presented</b> to ship's clinic with acute respiratory illness this cruise		
% of ship's crew/passengers who had influenza like illness		
Number of <b>ill</b> passengers and crew who have been in countries (excluding transit) included in the <b>Australian CoVID-19 testing</b> criteria in the 14 days before embarkation		
Total number of passengers and crew <b>swabbed</b> for flu, and number tested positive this cruise		
Number of swabs <b>available</b> for COVID-19 testing		
<b>Considering</b> <ul style="list-style-type: none"> <li>the exposures of the passengers and crew, and</li> <li>the nature of the illness and the results of flu testing</li> </ul> what is the risk that COVID-19 is circulating on board?	High  Medium  Low	
If <b>low</b> , then <b>additional assessment</b> of the ship is not generally required.		
<b>If medium or high:</b>		
Do <b>swabs need to be urgently removed</b> from the ship before disembarkation for urgent COVID-19 testing? (High risk would usually require this, low would usually not, <b>medium</b> will require discussion)		

Can <b>passengers and crew disembark</b> because contact details are readily available and symptomatic people can on travel safely home with a mask, fact sheet and had rub, before the results are known? ( <b>Low</b> risk would usually allow this, <b>high</b> would usually not, <b>medium</b> will require discussion)		
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**IMPORTANT INFORMATION FOR CRUISE SHIP OPERATORS:  
MEASURES TO CONTAIN THE RISK OF COVID-19 SPREAD**

Dear Cruise Ship Industry Representative,

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

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

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

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

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

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

I would appreciate your response to [MOH-PHEOPlanning@health.nsw.gov.au](mailto:MOH-PHEOPlanning@health.nsw.gov.au). If you have any questions please contact this email address, or Dr Sean Tobin, phone [REDACTED]

Yours sincerely

Dr Kerry Chant PSM

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



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

### Supplies

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

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

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

Cruise ship vessel staff should ensure that:

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

### Reporting requirement to NSW Health

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

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

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

### Pre-arrival preparations for Health Screening

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

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

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

The Ship should then:

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

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

**The following procedures should be used to collect nasopharyngeal swabs:**

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

Enhanced COVID-19 Procedures for the Cruise Line Industry

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

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



## 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.

<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
- Anyone who is a close or casual contact of a confirmed case, and
- Anyone who has travelled or transited through mainland China or Iran (regardless of current physical health status), and
- Anyone who has travelled in any of the other countries included on the Australian list of countries at risk of COVID-19 transmission<sup>1</sup> in the 14 days prior to embarkation (regardless of current physical health status).

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<sup>2</sup> If the vessel is subject to a NSW Health team assessment on arrival, the Health Team will advise if any stored samples will be referred for SARS-CoV-2 testing or if they can be discarded. If the vessel is not subject to a NSW Health team assessment, any stored clinical samples can be discarded on disembarkation.

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

The ship should then:

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

The ship's medical team will be requested to assist in the collection of swabs for any passengers and crew requiring testing to exclude COVID-19, as described above, and to provide any stored samples for testing at a NSW Reference Laboratory if requested.

### **If COVID-19 testing is recommended**

If the NSW Health team has recommended COVID-19 testing for a traveller, advice will be provided on how the traveller should be managed pending the result. If the traveller was not intending to disembark, then they may be recommended to stay in isolation in their cabin until the result is available, in consultation with ship's medical team. If the traveller was disembarking then NSW Health will provide alternative arrangements for them to wait for the result.

If the pre-arrival risk assessment or assessment by the on-site NSW Health team determined there was a high risk of COVID-19 then pratique may not be granted for other passengers and crew to disembark until the results of testing are available.

### **If COVID-19 testing is positive**

If a traveller is confirmed as a COVID-19 case they will be hospitalised in isolation. NSW Health would urgently convene a senior incident management team (IMT) to assess the risk of transmission to other travellers and provide directions on how people identified as close contacts will be managed to ensure appropriate quarantine. The IMT will work closely with the affected ship and Cruise Line Operator and coordinate communications.

NSW Health will identify suitable accommodation for all travellers identified as close contacts to undergo their period of quarantine. It is expected that this will happen on shore.

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.

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

DRAFT 26 Feb 2020

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## 1 Context

This procedure describes response measures and communication mechanisms in response to the detection of one or more confirmed cases of COVID-19 disease among travellers (passengers and crew members) on a cruise ship before, after or at the time of docking in a NSW port.

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

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

This response procedure is to be used in the context of current COVID-19 containment strategies in the community. This response procedure may no longer be appropriate in the setting of sustained community transmission.

## 2 Legal aspects

Infection with novel coronavirus 2019 (known as COVID-19) is a Category 2 scheduled medical condition under the Public Health Act 2010. This means that novel coronavirus 2019 is a notifiable condition requiring obligatory reporting by laboratories and medical practitioners.

Novel coronavirus 2019 is also a [Category 4 condition and contact order condition](#) which means that an authorised medical practitioner may make a public health order in respect to a person with the condition, or in respect to other people believed to have been exposed to someone with the condition and at risk of developing the condition, under certain settings.

In deciding whether or not to make a public health order, the authorised medical practitioner must take into account the principle that any restriction on the liberty of a person should be imposed only if it is the most effective way to prevent any risk to public health.

A NSW Health policy directive – [Management of People Exposed to a Contact Order condition \(PD2019\\_037\)](#) – provides a process for the management of people who have been exposed to a contact order condition, and explains the process through which the health system may encourage, facilitate and, only if required, enforce compliance with recommendations to avoid certain behaviours and/or other quarantine requirements for people following exposure to a contact order condition.

Public health orders are measures of last resort to prevent a public health risk and, in the case of exposure to contact order conditions, are only used when voluntary quarantine recommendations are refused.

Under the Australian Biosecurity Act 2015 there are entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease, which includes disease caused by novel coronaviruses of pandemic potential, such as COVID-19. Biosecurity officers or human biosecurity officers (HBO) use a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).

NSW Health-based HBOs can make Human Biosecurity Control Orders under the Biosecurity Act, both for COVID-19 cases and their contacts, with similar powers to NSW public health orders. However, the preference will be to apply powers under the NSW Public Health Act wherever possible, if required.

A public health order does not take effect until it is served personally on the person subject to the order. See [Appendix X](#) for examples of Public Health Orders for cases and contacts.

### 3 Confirmed Case Scenarios

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

#### 3.1 Scenario 1: A case is identified pre-arrival

NSW Health may receive information about a case identified in a cruise ship traveller who has recently disembarked in another port and has subsequently been confirmed as a COVID-19 case, with likely exposure of other travellers still on the ship.

Other travellers still on board with fever or respiratory symptoms would be considered suspect cases who need to be tested, and many if not all of the other travellers would likely be considered close contacts.

Rarely, it may be possible to collect clinical samples of suspected cases from a high risk ship while still at sea so that a case may be able to be confirmed prior to arrival in port.

#### 3.2 Scenario 2: A case is identified during a NSW Health cruise ship assessment

A case may be confirmed by testing of specimens collected during a NSW Health assessment team screening exercise on board the cruise ship on its arrival.

If the pre-arrival ship assessment indicated a medium risk of COVID-19, the Ship will likely have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available, but other travellers would have been allowed to disembark.

If the pre-arrival ship assessment indicated a high risk of COVID-19, the Ship will likely not have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available. Other passengers and crew would also have been required to self-isolate in their cabins (passengers) or other areas (for crew) pending the results of testing.

#### 3.3 Scenario 3: A case is identified with links to a previous voyage

Cases may also be identified after local disembarkation through testing in NSW or testing in another state or country where the person has travelled to after disembarking.

In this scenario, passengers and crew may have travelled on to local homes or hotels, interstate or overseas destinations, or be part of a continuing voyage on the same cruise ship.

### 4 Incident management team (IMT)

An Incident management team (IMT) will be established to coordinate the public health and clinical response to any confirmed case(s). They will also coordinate the assessment and management of other travellers (passengers and crew members) on the same cruise ship, and of other people who may have been in contact with the case(s).

The IMT will be established by the NSW Health Public Health Controller and will likely include senior staff in the Ministry of Health, one or more PHU Directors and key PHU staff, and experts in Infectious Diseases, Infection Control and Clinical Microbiology, and be supported by the Public Health Emergency Operations Centre (PHEOC).

The IMT will work closely with the State HSFAC and State Emergency Operation Controller (SEOCON). The IMT will also work closely with the Cruise Ship Operator, Senior Cruise Ship Staff, NSW Ambulance, HealthShare NSW, NSW Pathology, and Service NSW.

## 5 Case management

The clinical management of a confirmed case is likely to be similar in all three scenarios, and will be undertaken in an appropriate isolation unit in a tertiary hospital (see below).

If the case is not already hospitalised they will need to be safely transferred by ambulance to a tertiary hospital with appropriate isolation facilities. This could be from the Ship (in Scenario 1 and possibly Scenario 2), from a residential address, or from a NSW Health facility where travellers have been placed awaiting COVID-19 test results (Scenario 2 or 3).

### 5.1 Isolation arrangements

Westmead Hospital's is the preferred site for admission of all confirmed COVID-19 cases (even those with mild symptoms), utilising their high consequence infectious disease isolation rooms. Critically ill patients may need to be transferred to a closer health facility if clinically necessary.

Alternative tertiary referral hospitals will need to be identified if there are multiple confirmed cases reported which exceeds Westmead Hospital's isolation room capacity.

The IMT will need to liaise directly with the receiving hospital to confirm arrangements for admission. This should be done directly with the ID Physician on-call.

### 5.2 Legal aspects – Public health orders

Travellers identified as COVID-19 cases who refuse to comply with recommendations for isolation in hospital may need to be served with a Public Health Order to enforce isolation restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Cases is included in [Appendix X](#).

### 5.3 Transport

The IMT will need to liaise with NSW Ambulance regarding transportation of a confirmed COVID-19 case to a designated hospital. Confirmation regarding specific crew and vehicle, collection and estimated drop off times should also be provided.

The NSW Ambulance contact number for COVID-19 ambulance requests is [9999 9999](#).

[NSW Ambulance has been asked to supply specific instructions on ordering ambulances for the transfer of both suspected and confirmed COVID-19 cases. Tracy Clarke has been contacted, she had indicated she can identify the appropriate person to ask within NSW ambulance (e-mail received 10.53am 26/2/20)]

### 5.4 Reporting

The PHEOC or IMT should immediately notify the following groups:

- NSW Health Senior Executive
- Minister's Office
- Senior Executive of the LHD and hospital where the case(s) will be admitted
- Relevant Public Health Units (by case's residence and hospital admitted).
- Australian Department of Health
- The Cruise Ship operator

A media and community communications response should be developed with the NSW Health Media team.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES

## 6 Contact classification

### 6.1 Classification as close or casual contacts

The SoNG assessment principles states that close contacts on cruise ships can be difficult to identify, and case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts.<sup>1</sup>

The IMT will be responsible for rapidly assessing the risk to other travellers on the cruise ship (and any other contacts of the case) and classify them as close contacts, casual contacts or non-contacts.

The risk assessment will be based on a range of information sources including:

- Detailed interviews of the patient, other people in the patient's travel group, ship medical staff and other senior ship crew to establish the patient's [movements](#) while infectious.
- Any information on room isolation of the patient following symptom onset and when this commenced.
- The presence of other confirmed cases on the Ship.
- The reporting of acute respiratory illness and influenza-like illness in other travellers not explained by positive influenza test results.

Close-contacts can be difficult to identify in the cruise ship environment but are defined as:

- people who have had greater than 15 minutes face-to-face contact, in any setting, with a suspect case in the period extending from 24 hours before onset of symptoms in the suspect case; or
- people who have shared a closed space with a suspect case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the suspect case.

Close contacts includes:

- people accommodated in the same cabin or small group of cabins with shared amenities
- people providing care in a healthcare or non-healthcare setting (such as a cabin) without using recommended personal protective equipment.

If there have been extensive and prolonged potential exposures by the case while infectious, or if there are multiple confirmed cases identified on the ship, the number of likely close contacts will likely increase markedly such that it may be concluded that the all travellers should be considered as close contacts.

## 7 Close contact management

NSW Health has requested that all cruise ships collect [comprehensive](#) passenger and crew contact details ~~and provide them to the relevant LHD at least 24 hours before arrival at port in format that to~~ enable them to be rapidly contacted in the event that a COVID-19 case is identified [in one of their travellers](#).

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<sup>1</sup> [COVID-19 CDNA National Guidelines for Public Health Units](#) (Accessed 26 February 2020).

## 7.1 Initial communication

Following notification of a confirmed case, contact details for all travellers will be immediately requested from the Cruise Ship operator so that contacts can be notified as soon as possible.

If travellers are still on board, initial contact notification can happen immediately although contact classification and subsequent management may require further investigation, as described in Contact classification section.

The Rapid Contact and Follow-up Protocol for traveller contacts (Appendix 1) describes the process for rapidly contacting travellers through SMS, Email and by phone. Draft scripts are provided in Appendices 2 and 3.

## 7.2 Legal aspects – Public health orders for contacts

People identified as close contacts who refuse to comply with voluntary quarantine recommendations may need to be served with a Public Health Order to enforce quarantine restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Contacts is included in Appendix 10.4.

## 7.3 Transport

Passengers and crew who are close contacts and are well and live locally can either take their own private transport, or will be transported home by NSW Health staff for isolation. This will be as per HealthShare NSW.

For passengers and crew who are close contacts and are well and do not live locally, high volume transport of passengers will be required. This will be arranged in accordance with the HealthShare NSW transport plan. This plan can be activated with two hours' notice. Up to 672 passengers would be able to be transported within 12 hours using rental vehicles and driven by NSW Health staff. While HSNSW, eHealth fleet and rental cars will be used for any remaining passengers.

## 7.4 Accommodation

Accommodation will be sought for passengers and crew who are close contacts and are well but do not live locally or do not have appropriate accommodation. High volume suitable accommodation is required for 14 days. This will include Hotels or other private facilities, Sports and recreation facilities or other government facilities. The facilities are required to have single/family rooms and en suites, access to meals, internet and mobile/telephone services, laundry, medical assessment areas, security, welfare support, as well as entertainment and appropriate recreation space in accordance with isolation and quarantine.

Responsible agency TBC

## 7.5 Symptom and welfare monitoring of close contacts

After Service NSW conducts initial notification phone calls (Appendix 1), close contacts will be monitored for symptoms by NCIMS automated checks.

NCIMS symptoms checks will be sent via text message daily and passengers to respond back via text. The relevant local health district will follow up these passengers as per their usual automated systems process.

Service NSW to conduct welfare checks one week into isolation to ask about wellbeing; issues with self-isolation; offer suggestions for food delivery, and check on symptoms.

## 7.6 Resources

HealthShare are packing and distributing 5000 Home Isolation kits directly to SESLHD and SLHD. The kits include 5 surgical masks, one personal hand sanitiser and the passenger and crew cruise ship information sheet on home isolation and FAQs. SESLHD and SLHD will transport kits to the port as appropriate.

The Information sheet for passengers and crew will be given to all those assessed once the cruise ship has docked. Method for distribution to passengers and crew is TBD by Katie Barker.

Food delivery will be required in the instance that passengers are required to remain on-board until all test results have been received. HealthShare have proposed to organise food packs/bags with shelf stable food. HealthShare have indicated that they would need 12 to 24 hours notice before catering is required. If a cruise ship is classified as high risk (following daily cruise ship risk assessment) operations team will contact HealthShare to indicate this need.

Refer to NSW Health Guideline on Public Health Contact Orders which gives some suggestions on how to support people in home quarantine.

## 8 Casual contact management

These are people who are considered to have had low level contact and who just need to be informed and provided information on self-monitoring for symptoms and who to contact if symptoms develop.

### 8.1 Initial communication

Once a positive case has been detected, casual contacts will be notified immediately via text and e-mail using the PRODOCOM system (see Appendix 1).

Casual contacts do not need to isolate but will need to look out for symptoms and seek medical attention.

If possible NSW Health will be made in partnership with the cruise ship staff.

### 8.2 Further communications

Possible a Service NSW call after one week?

### 8.3 Resources

Casual contact will be provided with the casual contacts information sheet via email.

## 9 Interstate and overseas contacts

### 9.1 Communications

Procedure required for communicating to states if contact have travelled on, and via the NIR for overseas travellers.

## 10 Appendices

### 10.1 Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts

#### 1. SMS

- Send SMS (**script**) to travellers via NCIMS (160 characters)
- SMS will include:
  - Link to further information
  - Reference that they will receive an email and phone call
- Different script for close and casual contacts?

#### 2. E-mail

- Send e-mail (**script**) to travellers
- Email will include:
  - website link to resources (e.g. isolation guidelines)
  - Advice to call Service NSW/Public Health Unit
- Travellers will be asked to contact Service NSW or the PHU

#### 3. Phone call

- Service NSW will call the travellers (**script**)
- + Different script for close and casual contacts
- Check for any current symptoms requiring further assessment by PHU/LHD

#### 4. Daily SMS/Email from NCIMS

- Symptom check linked to Event and PHU workflows

#### 5. Weekly Service NSW welfare check:

- Conduct welfare check for all cases and contacts in isolation
- Provide advice if they become unwell
- Refer to contact tracing team if required

## 10.2 Appendix 2: Script (draft) - CLOSE CONTACTS

Text message	<p>The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.</p> <p>"NSW Health message to XXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed and you will be contacted by phone" (145 characters)</p>
Email	<p>"Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19). NSW Health is following up ALL NSW residents that were on this cruise.</p> <p>All passengers and crew members are advised to self-isolate and wear a mask for 14 days following day of disembarkation. You should not attend work or school, and should not leave your home or hotel to go shopping until [date of 14 days of isolation]. Further information regarding home isolation and answers to frequently asked questions is provided below.</p> <p>You will receive a call in the next 3 working days from Service NSW on behalf of NSW Health to provide you with an opportunity to discuss any further questions you may have.</p> <p>Please reply to this email or contact xxxx xxxx between [give the bunker hours xxx] for further enquiries.</p> <p>Close contact factsheet</p> <p><a href="https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx">https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx</a></p> <p>Home Isolation Guide for travellers</p> <p><a href="https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx">https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx</a></p> <p>Frequently asked questions</p> <p><a href="https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx">https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx</a></p> <p>Cruiseship workshop meeting 26/2: "Need a number for passengers to call if they have questions if Service NSW are slow to respond"</p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health"</p>
Service NSW call	<p>"Hi, this is ... and I'm calling from Service NSW on behalf of the NSW Ministry of Health. We've been advised that you were recently a passenger on board (name of vessel, date of arrival).</p> <p>One of the other travellers on the ship has been confirmed as having a novel coronavirus infection, also known as COVID-19. All passengers need to home isolate for 14 days from the day of disembarkation. This means you should not attend work or school, and should not leave your home or hotel to go shopping until midnight of [date of 14 days of isolation].</p> <p>Before I describe what home isolation means, can I ask if you currently sick...</p> <p>[I assume we would use the same wording already used in the welfare check, with urgent referral to Health if they do have symptoms].</p>

	<p>No? Great.</p> <p>If you are sharing your home with other people who are not in home isolation, you should try to separate yourself as much as possible. It is recommended that you:</p> <ul style="list-style-type: none"> <li>• <b>wear a surgical mask when you are in the same room as someone not in home isolation</b></li> <li>• <b>use a separate bathroom, if available</b></li> <li>• <b>avoid shared or communal areas and wear a surgical mask when moving through these areas, and</b></li> <li>• <b>not have other people visit your home while you are in isolation (except to deliver groceries and other supplies and you should wear a facemask if you are face to face with anyone delivering things).</b></li> </ul> <p>If you develop any new symptoms, including cough, sore throat, fever or difficulty breathing, please call health direct on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner. If you go to your GP or emergency department, please ensure you phone ahead to let the staff know your travel history.</p> <p>You will be provided information regarding home isolation via email and you can access further information regarding novel coronavirus on the NSW Health Website. If you have not yet received this information, please give me your email address I can send it to you now"</p>
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**10.3 Appendix 3: Script (draft) - CASUAL CONTACTS**

Text message	The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.
	"NSW Health message to XXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed to you"
Email	<p>"Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19).</p> <p>You are classified as a casual contact. You do not need to self-isolate, but if you develop symptoms of fever, sore throat, shortness of breath or cough, please call Healthdirect on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner.</p> <p>Frequently asked questions</p> <p><a href="https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx">https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx</a></p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health"</p>

#### 10.4 **Appendix 4** – Examples of a public health orders for ~~cases and~~ contacts

[See below.](#)

Public Health Act 2010Section 62Public Health Order

I, NAME, POSITION, and an authorised medical practitioner within the meaning of section 60 of the Public Health Act 2010 (Act), am satisfied on reasonable grounds that [NAME OF PERSON] is a person:

- Has been exposed to Novel Coronavirus 2019 and
- Is at risk of developing the Novel Coronavirus 2019 and
- Because of the way that [NAME OF PERSON] behaves, may be a risk to public health.

Therefore, in accordance with section 62 of the Act, I make this public health order requiring [NAME OF PERSON] to:

- a) Refrain from the following conduct:
  - a. Entering or remaining in any public place or any premises other than [NAME OF PERSON] usual place of residence unless permitted by .....NAME...
- b) Undergo oropharyngeal and nasopharyngeal swab testing for Novel Coronavirus 2019 as directed by .....NAME...
- c) Undergo a medical physical examination for signs of Novel Coronavirus 2019 as directed by .....NAME.....
- d) Notify .....NAME.....of persons you have been in contact with in the last 14 days.
- e) Notify .....NAME.....if you display SPECIFIED SIGNS OR SYMPTOMS

The circumstances justifying the making of this order are as follows:

- 1) I am satisfied on reasonable grounds that [NAME OF PERSON] has been exposed to Novel Coronavirus 2019 being a disease transmissible via close contact with someone with Novel Coronavirus 2019.
- 2) I am satisfied that [NAME OF PERSON] is not complying with the advice and directions of clinicians/will not comply with the reasonable advice and direction of clinicians
- 3) There is no other effective way to ensure that the health of the public is not endangered or likely to be endangered.

In deciding to make this order, I have taken into account the principle that any restriction on the liberty of the person should be imposed only if it is the most effective way to prevent any risk to public health pursuant to section 62(6) of the Public Health Act 2010.

I have not taken into account the matters listed in clause 39 of the Public Health Regulation 2012 as it is an emergency or otherwise not reasonably practicable.

Unless this order is earlier varied as to its duration or is earlier revoked it expires at the end 14 days. However, the order will expire at the end of 3 business days from the date of service on [NAME OF

PERSON] unless s/he is served with a copy of an application for its confirmation under section 64 of the Act within 3-business days from the date of service.

Dated this                      day of                      2020

Signature.....

[NAME]

[Position]

Authorised Medical Practitioner

This order was served on [NAME OF PERSON] on                      day of                      2020

.....  
Signature

.....  
Print name

TBA

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

### Pre-arrival risk assessment form

Completed by: Laura-Jayne Quinn

Key questions	Answer	Details (names and dates, etc.)
Name of ship	Ruby Princess	83997 net tonnage (medium/large)
Date and time of <b>arrival</b> in NSW	19 March 06:00	
Terminal of arrival	Overseas Passenger terminal  <i><b>NB:Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</b></i>	
Port of <b>origin</b> of this cruise	Sydney, Australia	
Date of <b>departure</b>	8 March 2020	
Has the ship been in a <b>foreign</b> port during this cruise in last 14 days?	Yes	
Ports visited and dates during this cruise in last 14 days	4 March- Dunedin, New Zealand 5 March- Fiordland, New Zealand 8 March- Sydney, Australia 11 March Fiordland, New Zealand 12 March- Dunedin, New Zealand 13 March- Akaroa, New Zealand 14 March- Wellington, New Zealand 15 March- Napier, New Zealand 16 March- Tauranga, New Zealand 17 March- Auckland, New Zealand  (May not have stopped at all ports)	
Has the ship had a health <b>assessment</b> at the previous port?	Unknown	Have cut cruise short
Number of <b>passengers</b> on board	2647 (MARS)	
Number of <b>crew</b> on board	1148 (MARS)	

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

Number of passengers and crew have been in <b>contact</b> with a confirmed case	0	
Number of passengers and crew who have been in mainland <b>China, Iran, South Korea or Italy</b> within 14 days of embarking	0	
Has the ship obtained accurate <b>contact information</b> (mobile phone and email addresses) for all passengers?	Yes- confirmed by Doctor and attached to correspondence.	
Has the ship ensured all passengers with respiratory symptoms and fever are <b>isolated</b> while on board and provide them with hand <b>rub</b> and <b>masks</b> for onward travel?	Yes	Advised via email and confirmed isolation of passengers
Has the ship actively <b>asked</b> passengers and crew if they have respiratory symptoms or fever AND asked them to present to the ship's doctor for assessment before arrival?	Yes	Confirmed by Doctor
Is assessment <b>free</b> of charge?	Yes- confirmed by Doctor	
Number of passengers and crew who <b>presented</b> to ship's clinic with acute respiratory illness this cruise	104	104/3795 2.7%
% of ship's crew/passengers who had influenza like illness	0.94%	36/3795
Number of <b>ill</b> passengers and crew who have been in countries included in the <b>Australian CoVID-19 testing</b> criteria in the 14 days before embarkation	0	
Total number of passengers and crew <b>swabbed</b> for flu, and number tested positive this cruise	48	24 positive for influenza A
Number of swabs <b>available</b> for COVID-19 testing	8	Another 5 tested on board as negative for COVID-19.
<b>Other</b>	No deaths 2 medical disembarkations (see below) No further itinerary planned <i><b>Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</b></i>	
<b>Considering</b> <ul style="list-style-type: none"> <li>the exposures of the passengers and crew, and</li> <li>the nature of the illness and the results of flu testing</li> </ul> What is the risk that COVID-19 is circulating on board?		

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

If <b>low</b> , then <b>additional assessment</b> of the ship is not generally required.	
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### Medical disembarkations

**Mr ANTHONY LONDERO, A537** (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection which is improving on Oseltamivir, Influenza test neg; reason for medical disembarkation: signs of rate related cardiac ischaemia, likely secondary to infective process on initial presentation, which has since improved. He requires a cardiology consult with investigations prior to proceeding home) **Ambulance transfer required**

**Mrs LESLEY BACON, C518** (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection started on Oseltamivir, Influenza tests neg; reason for medical disembarkation: severe lower backpain with signs suggestive of a femoral nerve radiculopathy. This is pre-existing to the respiratory tract infection. She needs assessment in the ED with imaging and specialist referral as needed) **Ambulance transfer required**

## Annexure 55

**From:** Vicky Sheppeard (South Eastern Sydney LHD)  
**Sent:** Wed, 1 Apr 2020 14:54:16 +1100  
**To:** Jeremy McAnulty; Simon Willcox (Ministry of Health); Sean Tobin; Shaun Devitt (Ministry of Health); Kate Ward (Ministry of Health); MOH-PHEOOperations  
**Subject:** RE: Revised draft RP report and appendices  
**Attachments:** Ruby Princess Risk Assessment Report 31 March 2020 - draft copy vs.docx

Some edits and queries

Vicky

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**From:** Jeremy McAnulty  
**Sent:** Wednesday, 1 April 2020 12:44 PM  
**To:** Simon Willcox (Ministry of Health) <[REDACTED]>; Vicky Sheppeard (South Eastern Sydney LHD) <[REDACTED]>; Sean Tobin <[REDACTED]>; Shaun Devitt (Ministry of Health) <[REDACTED]>; Kate Ward (Ministry of Health) <[REDACTED]>; MOH-PHEOOperations <[REDACTED]>  
**Cc:** Jeremy McAnulty <[REDACTED]>  
**Subject:** FW: Revised draft RP report and appendices

Dear all

Please find the draft report.

Can you please review and send any comments to Simon asap.

Simon can you please:

1. Find the ambulance transcript for the 2 medically disembarked patients and after checking with Gemma, add them as appendices
2. Check with Kate on any secondary cases and ensure that they have been contacted and the situation explained that the patients
3. Include as appx the transcript from the ports (I'll find)
4. Include appx of epi curve (from Kate)
5. Update the numbers of cases in the report
6. Have ops prepare a summary for each cruise ship that we have cases on: ship name, date of cruise, numbers of cases among a) passengers and b) crew, dates of first case, date of most recent case, the risk assessment for each one, and a short narrative

Thx

Jeremy

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**From:** Sean Tobin  
**Sent:** Tuesday, 31 March 2020 5:27 PM  
**To:** Jeremy McAnulty <[REDACTED]>  
**Subject:** Revised draft RP report and appendices

Please find attached.

April is now updating the NSW and checking with interstate colleagues on their case numbers.

Best regards  
Sean

Dr Sean Tobin

Public Health Physician  
Public Health Emergency Operations Centre (PHEOC) – COVID-19 Response



# NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

## Background to Australian Maritime Biosecurity Arrangements

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer<sup>1</sup> or human biosecurity officer<sup>2</sup> via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease.

The Australian Government is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.

The Act requires that the operator of an international aircraft or vessel must report any ill travellers that show signs and symptoms of infectious disease, or if there has been a death on board. The report must be made to a biosecurity officer prior to arrival in Australia through the Pre-Arrival Report (PAR). These reports and other information from the ship are documented in the maritime arrivals reporting system (MARS).

Biosecurity Officers, officers of the Australian Department of Agriculture, Water and the Environment, apply standard questionnaires to assess pre-arrival reports of illness among passengers or crew, and consult where required with medical officers from NSW Health designated as Human Biosecurity Officers under the Act.

## National Protocol for Assessing COVID-19 Risk from Cruise Ships

On the 6 March 2020, the Australian Government published a 'National Protocol for Managing Novel Coronavirus Disease (COVID-19) Risk from Cruise Ships' (the National Protocol) (**Appendix 1**) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. The National Protocol does not direct jurisdictions to do such assessments, but instead leaves it to their discretion.

**Commented [vs1]:** Isn't the protocol for health authorities?

<sup>1</sup> Biosecurity Officers are employed by the Australian Department of Agriculture, Water and the Environment.

<sup>2</sup> Human Biosecurity Officers are medical officers approved by the Director of Human Biosecurity under the Australian Biosecurity Act 2015. Each state and territory health department has a number of employees who are approved HBOs and one Chief Human Biosecurity Officer with specific powers under the Biosecurity Act.

Public health representatives of all state and territory governments including NSW were involved in the development and approval of the National Protocol. NSW Health indicated that in addition to implementing the National Protocol, additional risk assessment procedures for all cruise ships docking in NSW would be applied beyond those prescribed in the National Protocol.

On 15 March 2020 the Prime Minister announced that international cruise operations would cease and all travellers entering Australia from 0001 AEDST 16 March 2020 must undertake a precautionary self-isolation period for 14 days upon entry to Australia. Subsequent Guidance provided by the Australian Government stated that cruise ships would not be allowed to dock at an Australian port. There were a number of exceptions:

- Australian flagged ships
- Returning cruises to return Australians
- Ships in transit that have left the last international port as of 12 pm on the 15 March
- Round Trip Cruises.

Ships potentially meeting the exception criteria are required to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Exempted ships will only be allowed to disembark at Sydney and Brisbane.

As of at least the 17 March, a factsheet (**Appendix 2**) from the Australian Border Force was available for the Cruise Lines to distribute to incoming international cruise ship passengers to advise that disembarking passengers would need to have an isolation period of 14 days, but commencing from the date of departure from the last foreign port, not from the date of arrival in Australia. The factsheet also notes that foreign nationals would be allowed to disembark ships with permission to return to their home country.

## NSW Process for Assessing COVID-19 Risk from Cruise Ships

NSW Health has two long-standing ~~program (originally commenced in 1998)~~ public health programs for cruise ships visiting the Port of Sydney ~~(originally commenced in 1998)~~. These are the Cruise Ship Health Surveillance Program and the Vessel Inspection Program and they are managed by the South East Sydney Local Health District's public health unit (SES PHU). SES PHU respond to reports of infectious disease cases, outbreaks, and other incidents of public health concern, and conduct environmental health inspections of vessels.

The SESPHU Cruise Ship Health Surveillance Program works closely with the cruise ship industry and the Australian Department of Agriculture and Water Resources to improve health surveillance on cruise ships and respond to outbreaks of infectious disease.

Cruise ships often have several thousand passengers on board, many of whom are older and have chronic medical conditions, as well as large numbers of crew (crew numbers may be 30-50% of the total ship population during a cruise). Respiratory infections (unrelated to COVID-19) and gastrointestinal infections among passengers and crew are common on cruise ships, sometimes increasing to significant outbreaks. Cruise ships are responsible for, and have policies to prevent, detect and manage outbreaks of infectious disease on board.

## NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

SESPHU increased monitoring for respiratory illness during January 2020 in response to the growing number of COVID-19 cases, including several dockside assessments.

By 15 February, NSW Health had implemented an enhanced surveillance screening process building on these existing risk assessment arrangements for cruise ships, and which required additional pre-arrival information from cruise lines and cruise ship medical teams for all cruise ships scheduled to dock in NSW ports. The process used from 15 February was documented and further refined on 19 ~~March-February~~ (Appendix 3) and shared with other jurisdictions for consideration as a national approach.

Pre-arrival information was summarised by SES PHU in a standard reporting template and reviewed the day prior to arrival into NSW by senior public health officers from Health Protection NSW, ~~from~~ SES PHU and ~~from~~ the public health units of Sydney and Nepean Blue Mountains Local Health Districts.

On 22 February 2020 the NSW Chief Health Officer wrote to Cruise Line representatives to alert them to the enhanced risk assessment process for cruises and to provide specific guidance (*Enhanced COVID-19 Procedures for the Cruise Line Industry*) to reduce the risk of COVID-19 on their cruises (Appendix 4).

On 9 March 2020 additional information was sent to the cruise lines to recommend additional precautions and to strengthen their specimen collection capacity in case COVID-19 testing was required following the pre-arrival risk assessment (Appendix 5).

### Details of enhanced pre-arrival risk assessment categories and response

Based on the pre-arrival risk assessment for each incoming cruise ship, the NSW Health cruise ship expert panel assigns one of three risk categories – Low, Medium or High – which informs further public health action. The screening process describes the criteria used in the risk assessment to classify the cruise (Appendix 3).

**If a cruise is classified as Low Risk**, usual disembarkation procedures are assumed and no NSW Health team attends the ship dockside to conduct screening of sick passengers and crew. In the event that NSW Health becomes aware that respiratory samples had been collected by the Ship medical team and tested negative for influenza, it was not required that these samples be routinely collected and tested by NSW Health for COVID-19 but an assessment on the need for further testing is made on a case-by-case basis.

**If a cruise is classified as Medium Risk**, a NSW Health team meets the ship dockside to conduct a further assessment and screening of symptomatic travellers and other travellers of concern due to their recent travel history. Pratique is not granted for disembarkation of other travellers until this further risk assessment is completed. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known. Other passengers are allowed to disembark with the standard Australian Government COVID-19 advice provided to all international arrivals.

**If a cruise is classified as High Risk**, such as when an ill passenger with suspected COVID-19 is identified, the ship would not be permitted to ~~dock~~ until an incident management team had been

Commented [vs2]: disembark?

formed to assess the risks and prepare a plan of action to minimise the risk to the NSW community and to screen and manage other passengers and crew.

Procedures for responding to and management of cruise ships where there are confirmed cases of COVID-19 in passengers and/or crew are set out in the 26 February 2020 draft policy (**Appendix 6**).

## Risk Assessments for the Ruby Princess cruises ending 24 February 2020 and 8 March 2020.

On 23 February, NSW Health conducted a detailed pre-arrival risk assessment for the 24 February docking of the Ruby Princess in Sydney, as required under the new enhanced pre-arrival risk assessment. The expert panel assessed this cruise of the Ruby Princess as being a **low risk** for COVID-19 and no NSW Health team attended dockside.

On 7 March, NSW Health again conducted a detailed pre-arrival risk assessment for the 8 March docking of the Ruby Princess in Sydney. The expert panel assessed the ship for that cruise as **medium risk**.

The basis for this **medium risk** classification was that, while the overall reported influenza-like illness rate among travellers (passengers and crew) was low, the expert panel expressed concerns about two passengers who had had onset of acute respiratory illnesses during the cruise and had spent several days in Singapore prior to boarding the cruise. Both passengers had also no identified cause of their symptoms as been cleared of influenza after swabs collected on board had tested negative for influenza.

A NSW Health team from South East Sydney Local Health District met the ship when it docked and screened approximately 360 people who had fever or respiratory symptoms, or who had a travel history of concern for risk of COVID-19.

In addition to the two passengers of concern, an additional four passengers and three crew were swabbed for COVID-19 testing. These passengers and crew were isolated in their cabins. Disembarkation of other passengers was allowed after the assessment was complete. Embarkation of the next cruise passengers and crew was delayed from noon to 5pm, pending receipt of swab results

All nine swabs tested negative for COVID-19 on the same day, and these people were released from isolation and the next cruise allowed to embark. -

## Risk Assessment for the Ruby Princess cruise 8-19 March

On 8 March 2020 the Ruby Princess left Sydney to cruise to New Zealand. The cruise included nine stops in different locations in New Zealand including a stop in Wellington on 14 March and a final stop in Auckland on 17 March before returning to Sydney to dock on 19 March 2020.

The itinerary for this cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020.

## NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

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Prior to docking on the 19 March pre-arrival information was provided to the South East Sydney Public Health Unit from the Ruby Princess through the maritime arrivals reporting system (MARS) and through direct communications with the ship's medical team.

On 18 March the expert panel reviewed the risk assessment summary prepared from this information (**Appendix 7**).

The pre-arrival information indicated that there were 2647 passengers and 1148 crew on board. No passengers or crew reported contact with a COVID-19 case, and none reported being had in China, Iran, South Korea or Italy (the countries considered as a high risk for exposure at that time) within 14 days of embarking.

The Ruby Princess doctor reported that 104 of the 3795 travellers had reported an acute respiratory infection at some time during the cruise, including 36 who reported an influenza-like illness (ILI). A total of 48 patients had been tested for influenza of whom 24 tested positive. The ship doctor indicated that they had kept 10 respiratory swabs available for further testing.

The ship doctor also reported that five travellers had been tested for COVID-19 during their stop in Wellington (NZ) on 14 March, and that all five had tested negative for COVID-19.

The ship doctor reported that they were planning to medically disembark two unwell passengers by ambulance.

- One was an Australian man who had no travel history of significance apart from the visit to NSW and NZ. He had a fever and had been diagnosed with an upper respiratory tract infection and had tested negative for influenza. The reason for medical disembarkation was given as ischaemic heart disease, likely secondary to his infection, which had since improved on oseltamivir treatment.
- The second passenger was an Australian woman who had no travel history apart from NSW and NZ. She had been diagnosed with a febrile upper respiratory tract infection and had tested negative for influenza, however was being treated with oseltamivir. She reported an exacerbation of severe lower back pain with signs suggestive of a femoral nerve radiculopathy. She was to be referred to an emergency department for imaging and specialist referral as needed.

The NSW Health expert panel assessed the available pre-arrival information and agreed that the cruise should be classified as Low Risk. They noted that the itinerary only included ports in New Zealand, considered a low risk country for COVID-19 and the lack of known contact with a COVID-19 among the travellers. The ILI rate was below the one per cent threshold generally recommended to indicate a respiratory outbreak, and 24 travellers had been confirmed with influenza infections. It was recommended to have the specimens that had been collected by the ship doctor tested for COVID-19 when the ship docked.

## Communications to passengers

Carnival Corporation, the owner of the Ruby Princess have confirmed that the Australian Border Force factsheet (**Appendix 2**) was delivered to every passenger's cabin prior to arrival and that additional printed information was provided to passengers as they disembarked.

## Events of 19 March

On the morning of 19 March, the Ruby Princess docked at the Overseas Passenger Terminal in Sydney. The two passengers noted in the pre-arrival assessment were transferred by ambulance to Royal Prince Alfred Hospital for further medical assessment, as arranged by the ship.

SES PHU arranged for transfer of the 10 respiratory samples collected by the Sship doctor for COVID-19 testing to the NSW Pathology COVID-19 reference laboratory at Randwick.

## NSW Response

On 20 March 2020, NSW Health was notified that three of the ten swabs for people on the Ruby Princess cruise had tested positive for COVID-19 and were confirmed cases according to the national COVID-19 case definition current at that time (**Appendix 8**). Two of the cases were in passengers and one was in a crew member. The crew member had remained in isolation on board under the care of the ship's medical team. A fourth Ruby Princess passenger was confirmed as a case later on the same day having sought medical assessment after disembarkation.

NSW Health responded according to the NSW Health COVID-19 cruise ship response procedures for confirmed cases in passengers or crew (**Appendix 6**).

NSW Health immediately informed Carnival and obtained from them their passenger manifest with contact details for all passengers, and advised them to contact all of their crew about the need for self-isolation and to monitor for symptoms.

On 20 March 2020, NSW Health prepared and sent urgent communications to all Ruby Princess passengers by email and SMS messages to advise them of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. The email had as an attachment the NSW Health's factsheet for people in home isolation, and links to further information on the NSW Health website.

In addition, on the 20 March 2020,

- a media release was also issued to support rapid dissemination of this information;
- other states and territories were notified; and,
- the National Incident Room was notified in relation to international passengers who might have already travelled out of Australia.

Commencing on 20 March:

- NSW Health commenced contacting by telephone all passengers from the Ruby Princess to check on their health and to re-inforce the requirement to self-isolate and to monitor their health. The Service NSW call centre was co-opted to assist with telephone contact.
- A letter was also prepared for Carnival Australia which they distributed by email to all passengers on behalf of NSW Health to further ensure receipt of the NSW Health advice.

As of 31 March, 329 cases of COVID-19 acquired on the Ruby Princess have been diagnosed in NSW, including one death, and there have been six secondary cases in close contacts of these cases. NSW Health is aware of a further XX cases (as of the 31 March) have been reported from other states linked to the Ruby Princess cruise, including two deaths (one in Queensland and one in the ACT).

## Further measures implemented by NSW to reduce the risk of COVID-19 from cruise ships

On 22 March 2020 NSW implemented additional measures to further reduce the risk of COVID-19-infected passengers or crew transmitting infection within NSW. This included a direction that no cruise ship crew or passengers to be allowed to disembark in NSW until anyone with symptoms consistent with COVID-19 are assessed, swabbed and tested for COVID-19 and found to be negative.

On 28 March 2020, Minister Hazzard, Minister for Health and Medical Research signed the *Public Health (COVID-19 Maritime Quarantine) Order 2020* restricting disembarkation of any person arriving in NSW on a vessel unless authorised by the Police Commissioner, with additional directions regarding other persons boarding or disembarking from vessels. See [https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette\\_2020\\_2020-61.pdf](https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2020_2020-61.pdf).

## Annexure 56

**From:** Shaun Devitt (Ministry of Health)  
**Sent:** Wed, 1 Apr 2020 18:32:14 +1100  
**To:** Jeremy McAnulty  
**Subject:** RE: Ruby Princess Risk Assessment Report 31 March 2020 - draft copy sw  
**Attachments:** Ruby Princess Risk Assessment Report 31 March 2020 - draft copy sd.docx

Here you go!  
Couple of edits/comments  
**Shaun Devitt**

Director, Media Unit | **Strategic Communications & Engagement Branch**

NSW Ministry of Health | [REDACTED]

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

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

We have moved to [REDACTED] on Monday 13 May 2019.



**Health**

**From:** Jeremy McAnulty  
**Sent:** Wednesday, 1 April 2020 5:43 PM  
**To:** Shaun Devitt (Ministry of Health)  
**Subject:** Ruby Princess Risk Assessment Report 31 March 2020 - draft copy sw

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Use this version

Thx

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# NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

## Key Points

- NSW Health had enhanced risk assessment processing in place to assist the Commonwealth in assessing passengers arriving from international waters on cruise ships. This process was in place from February 2020 and went far beyond the processes in most other jurisdictions at that time. The risk assessment process included a review of information about disease on individual ships and a review by a panel of public health physicians.
- Since enhanced screening has been conducted XXX number of passengers have been screened by NSW Health teams based on the risk assessment of a ship.
- The decision to allow a ship to enter a port in NSW involves a multi-agency response at both State and Federal levels. NSW Health is just one component of this process and relies on the information provided by these other agencies.
- The Ruby Princess Cruise ship departed Sydney on 8 March to cruise around New Zealand and returned to Sydney on 19 March 2020.
- At the time of embarkation, the reported risk of transmission of infection in New Zealand was very low and as was the number of cases reported from the United States, (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)
- As a large community with many thousands of people living in an enclosed environment, it is very common for cruise ships to have low levels of respiratory infections among passengers and crew. Outbreaks of influenza are common and can often affect a large proportion of those on board.
- NSW Health had enhanced risk assessment processing in place to assist the Commonwealth in assessing passengers arriving from international waters on cruise ships. This process was in place from February 2020 and goes well beyond the processes in most other jurisdictions at that time. The risk assessment process included a review of information about disease on the ship and a review by a panel of public health physicians.
- International experience shows COVID-19 can rapidly spread among passengers if left on board, so self-isolation at home is a much safer option than leaving passengers on board. For extra assurance, should COVID-19 be subsequently diagnosed amongst passengers or crew, where a low risk assessment was concluded, passengers were allowed to disembark provided contacts details were available from the ship to allow them to be rapidly contacted.
- At the time of docking, disease rates on board were below the 1 per cent threshold previously set to identify outbreaks of influenza like illness, and no passengers or crew had been diagnosed or reported to Health Protection NSW to have COVID-19. Correspondence between NSW Port Authority and the ship's doctor support the fact that there was no clinical reason to believe the ship's passengers and crew were affected by a COVID-19 outbreak.
- Influenza had been detected among several passengers during the cruise indicating that influenza was the likely cause of respiratory illness on board the ship.
- Samples taken from five people on board the ship were reported to have tested negative for COVID-19 in Wellington NZ during the cruise.
- As an added precaution swabs taken for influenza testing were tested for COVID-19 and tested positive on 20 March 2020 allowing NSW Health to identify cases who were on board, and launch an investigation and intervention to control further spread.

**Commented [D51]:** Move this par up to emphasise our additional processes had been in place well before RP

**Commented [D52]:** We should add this stat in to show we have been diligent in screening passengers

**Commented [D53]:** Can we add a line here that stresses we are just one cog in the wheel??

**Commented [D54]:** We should include a line like this if we can obtain an audio recording of the Ports conversation with RP doctor

- As soon as the cases were confirmed, NSW Health advised passengers and crew of the situation and asked all passengers to monitor for symptoms and self isolate for 14 days (as already required for people entering Australia from overseas).

## Background to Australian Maritime Biosecurity Arrangements

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer<sup>1</sup> or human biosecurity officer<sup>2</sup> via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease.

The Australian Government is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.

The Act requires that the operator of an international aircraft or vessel must report any ill travellers that show signs and symptoms of infectious disease, or if there has been a death on board. The report must be made to a biosecurity officer prior to arrival in Australia through the Pre-Arrival Report (PAR). These reports and other information from the ship are documented in the maritime arrivals reporting system (MARS).

Biosecurity Officers, officers of the Australian Department of Agriculture, Water and the Environment, apply standard questionnaires to assess pre-arrival reports of illness among passengers or crew, and consult where required with medical officers from NSW Health designated as Human Biosecurity Officers under the Act.

## National Protocol for Assessing COVID-19 Risk from Cruise Ships

On the 6 March 2020, the Australian Government published a 'National Protocol for Managing Novel Coronavirus Disease (COVID-19) Risk from Cruise Ships' (the National Protocol) (**Appendix 1**) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. The National Protocol does not direct jurisdictions to do such assessments, but instead leaves it to their discretion.

Public health representatives of all state and territory governments including NSW were involved in the development and approval of the National Protocol. NSW Health indicated that in addition to

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<sup>1</sup> Biosecurity Officers are employed by the Australian Department of Agriculture, Water and the Environment.

<sup>2</sup> Human Biosecurity Officers are medical officers approved by the Director of Human Biosecurity under the Australian Biosecurity Act 2015. Each state and territory health department has a number of employees who are approved HBOs and one Chief Human Biosecurity Officer with specific powers under the Biosecurity Act.

implementing the National Protocol, additional risk assessment procedures for all cruise ships docking in NSW would be applied beyond those prescribed in the National Protocol.

On 15 March 2020 the Prime Minister announced that international cruise operations would cease and all travellers entering Australia from 0001 AEDST 16 March 2020 must undertake a precautionary self-isolation period for 14 days upon entry to Australia. Subsequent Guidance provided by the Australian Government stated that cruise ships would not be allowed to dock at an Australian port. There were a number of exceptions:

- Australian flagged ships
- Returning cruises to return Australians
- Ships in transit that have left the last international port as of 12 pm on the 15 March
- Round Trip Cruises.

Ships potentially meeting the exception criteria are required to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Exempted ships will only be allowed to disembark at Sydney and Brisbane.

As of at least the 17 March, a factsheet (**Appendix 2**) from the Australian Border Force was available for the Cruise Lines to distribute to incoming international cruise ship passengers to advise that disembarking passengers would need to have an isolation period of 14 days, but commencing from the date of departure from the last foreign port, not from the date of arrival in Australia. The factsheet also notes that foreign nationals would be allowed to disembark ships with permission to return to their home country.

## NSW Process for Assessing COVID-19 Risk from Cruise Ships

NSW Health has two long-standing ~~program (originally commenced in 1998)~~ public health programs for cruise ships visiting the Port of Sydney ~~(originally commenced in 1998)~~. These are the Cruise Ship Health Surveillance Program and the Vessel Inspection Program and they are managed by the South Eastern Sydney Local Health District's public health unit (SES PHU). SES PHU respond to reports of infectious disease cases, outbreaks, and other incidents of public health concern, and conduct environmental health inspections of vessels.

The SESPHU Cruise Ship Health Surveillance Program works closely with the cruise ship industry and the Australian Department of Agriculture and Water Resources to improve health surveillance on cruise ships and respond to outbreaks of infectious disease.

Cruise ships often have several thousand passengers on board, many of whom are older and have chronic medical conditions, as well as large numbers of crew (crew numbers may be 30-50% of the total ship population during a cruise). Respiratory infections (unrelated to COVID-19) and gastrointestinal infections among passengers and crew are common on cruise ships, sometimes increasing to significant outbreaks. Cruise ships are responsible for, and have policies to prevent, detect and manage outbreaks of infectious disease on board.

SESPHU increased monitoring for respiratory illness during January 2020 in response to the growing number of COVID-19 cases, including several dockside assessments.

By 15 February, NSW Health had implemented an enhanced surveillance screening process building on these existing risk assessment arrangements for cruise ships, and which required additional pre-arrival information from cruise lines and cruise ship medical teams for all cruise ships scheduled to dock in NSW ports. The process used from 15 February was documented and further refined on 19 March ~~February~~ (Appendix 3) and shared with other jurisdictions for consideration as a national approach.

Pre-arrival information was summarised by SES PHU in a standard reporting template and reviewed the day prior to arrival into NSW by senior public health officers from Health Protection NSW, ~~from~~ SES PHU and ~~from~~ the public health units of Sydney and Nepean Blue Mountains Local Health Districts. Where the vessels were preliminarily classified as low risk, the panel determined the final risk assessment outcome through email discussions. The panel met by teleconference when there was disagreement about a low risk assessment rating or where the risk assessment classification was either medium or high.

On 22 February 2020 the NSW Chief Health Officer wrote to Cruise Line representatives to alert them to the enhanced risk assessment process for cruises and to provide specific guidance (*Enhanced COVID-19 Procedures for the Cruise Line Industry*) to reduce the risk of COVID-19 on their cruises (Appendix 4).

On 9 March 2020 additional information was sent to the cruise lines to recommend additional precautions and to strengthen their specimen collection capacity in case COVID-19 testing was required following the pre-arrival risk assessment (Appendix 5).

#### Details of enhanced pre-arrival risk assessment categories and response

Based on the pre-arrival risk assessment for each incoming cruise ship, the NSW Health cruise ship expert panel assigns one of three risk categories – Low, Medium or High – which informs further public health action. The screening process describes the criteria used in the risk assessment to classify the cruise (Appendix 3).

**If a cruise is classified as Low Risk**, usual disembarkation procedures are assumed and no NSW Health team attends the ship dockside to conduct screening of sick passengers and crew. In the event that NSW Health becomes aware that respiratory samples had been collected by the Ship medical team and tested negative for influenza, it was not required that these samples be routinely collected and tested by NSW Health for COVID-19 but an assessment on the need for further testing is made on a case-by-case basis.

**If a cruise is classified as Medium Risk**, a NSW Health team meets the ship dockside to conduct a further assessment and screening of symptomatic travellers and other travellers of concern due to their recent travel history. Pratique is not granted for disembarkation of other travellers until this further risk assessment is completed. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known. Other passengers are allowed to disembark with the standard Australian Government COVID-19 advice provided to all international arrivals.

If a cruise is classified as **High Risk**, such as when an ill passenger with suspected COVID-19 is identified, the ship would not be granted pratique or permitted to dock-disembark until an incident management team had been formed to assess the risks and prepare a plan of action to minimise the risk to the NSW community and to screen and manage other passengers and crew.

Procedures for responding to and management of cruise ships where there are confirmed cases of COVID-19 in passengers and/or crew are set out in the 26 February 2020 draft policy (**Appendix 6**).

## Risk Assessments for the Ruby Princess cruises ending 24 February 2020 and 8 March 2020.

On 23 February, NSW Health conducted a detailed pre-arrival risk assessment for the 24 February docking of the Ruby Princess in Sydney, as required under the new enhanced pre-arrival risk assessment. The expert panel assessed this cruise of the Ruby Princess as being a **low risk** for COVID-19 and no NSW Health team attended dockside.

On 7 March, NSW Health again conducted a detailed pre-arrival risk assessment for the 8 March docking of the Ruby Princess in Sydney. The expert panel assessed the ship for that cruise as **medium risk**.

The basis for this **medium risk** classification was that, while the overall reported influenza-like illness rate among travellers (passengers and crew) was low, the expert panel expressed concerns about two passengers who had had onset of acute respiratory illnesses during the cruise and had spent several days in Singapore prior to boarding the cruise. Both passengers had also no identified cause of their symptoms as been cleared of influenza after swabs collected on board had tested negative for influenza.

A NSW Health team from South East Sydney Local Health District met the ship when it docked and screened approximately 360 people who had fever or respiratory symptoms, or who had a travel history of concern for risk of COVID-19.

In addition to the two passengers of concern, an additional four passengers and three crew were swabbed for COVID-19 testing. These passengers and crew were isolated in their cabins. Disembarkation of other passengers was allowed after the assessment was complete. Embarkation of the next cruise passengers and crew was delayed from noon to 5pm, pending receipt of swab results

All nine swabs tested negative for COVID-19 on the same day, and these people were released from isolation and the next cruise allowed to embark.

## Risk Assessment for the Ruby Princess cruise 8-19 March

On 8 March 2020 the Ruby Princess left Sydney to cruise to New Zealand. The cruise included nine stops in different locations in New Zealand including a stop in Wellington on 14 March and a final stop in Auckland on 17 March before returning to Sydney to dock on 19 March 2020.

## NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

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The itinerary for this cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020.

Prior to docking on the 19 March pre-arrival information was provided to the South East Sydney Public Health Unit from the Ruby Princess through the maritime arrivals reporting system (MARS) and through direct communications with the ship's medical team.

On 18 March the expert panel reviewed the risk assessment summary prepared from this information (**Appendix 7**).

The pre-arrival information indicated that there were 2647 passengers and 1148 crew on board. No passengers or crew reported contact with a COVID-19 case, and none reported being had in China, Iran, South Korea or Italy (the countries considered as a high risk for exposure at that time) within 14 days of embarking.

The Ruby Princess doctor reported that 104 of the 3795 travellers had reported an acute respiratory infection at some time during the cruise, including 36 who reported an influenza-like illness (ILI). A total of 48 patients had been tested for influenza of whom 24 tested positive. The ship doctor indicated that they had kept 10 respiratory swabs available for further testing.

The ship doctor also reported that five travellers had been tested for COVID-19 during their stop in Wellington (NZ) on 14 March, and that all five had tested negative for COVID-19.

The ship doctor reported that they were planning to medically disembark two unwell passengers by ambulance.

- One was an Australian man who had no travel history of significance apart from the visit to NSW and NZ. He had a fever and had been diagnosed with an upper respiratory tract infection and had tested negative for influenza. The reason for medical disembarkation was given as ischaemic heart disease, likely secondary to his infection, which had since improved on oseltamivir treatment.
- The second passenger was an Australian woman who had no travel history apart from NSW and NZ. She had been diagnosed with a febrile upper respiratory tract infection and had tested negative for influenza, however was being treated with oseltamivir. She reported an exacerbation of severe lower back pain with signs suggestive of a femoral nerve radiculopathy. She was to be referred to an emergency department for imaging and specialist referral as needed.

The NSW Health expert panel assessed the available pre-arrival information and agreed that the cruise should be classified as Low Risk. They noted that the itinerary only included ports in New Zealand, considered a low risk country for COVID-19 and the lack of known contact with a COVID-19 among the travellers. The ILI rate was below the one per cent threshold generally recommended to indicate a respiratory outbreak, and 24 travellers had been confirmed with influenza infections. It was recommended to have the specimens that had been collected by the ship doctor tested for COVID-19 when the ship docked.

## Communications to passengers

Carnival Corporation, the owner of the Ruby Princess have confirmed that the Australian Border Force factsheet (**Appendix 2**) was delivered to every passenger's cabin prior to arrival and that additional printed information was provided to passengers as they disembarked.

## Events of 19 March

On the morning of 19 March, the Ruby Princess docked at the Overseas Passenger Terminal in Sydney. The two passengers noted in the pre-arrival assessment were transferred by ambulance to Royal Prince Alfred Hospital for further medical assessment, as arranged by the ship.

SES PHU arranged for transfer of the 10 respiratory samples collected by the ship doctor for COVID-19 testing to the NSW Pathology COVID-19 reference laboratory at Randwick.

## NSW Response

On 20 March 2020, NSW Health was notified that three of the ten swabs for people on the Ruby Princess cruise had tested positive for COVID-19 and were confirmed cases according to the national COVID-19 case definition current at that time (**Appendix 8**). Two of the cases were in passengers and one was in a crew member. The crew member had remained in isolation on board under the care of the ship's medical team. A fourth Ruby Princess passenger was confirmed as a case later on the same day having sought medical assessment after disembarkation.

NSW Health responded according to the NSW Health COVID-19 cruise ship response procedures for confirmed cases in passengers or crew (**Appendix 6**).

NSW Health immediately informed Carnival and obtained from them their passenger manifest with contact details for all passengers, and advised them to contact all of their crew about the need for self-isolation and to monitor for symptoms.

On 20 March 2020, NSW Health prepared and sent urgent communications to all Ruby Princess passengers by email and SMS messages to advise them of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. The email had as an attachment the NSW Health's factsheet for people in home isolation, and links to further information on the NSW Health website.

In addition, on the 20 March 2020,

- a media release was also issued to support rapid dissemination of this information;
- other states and territories were notified; and,
- the National Incident Room was notified in relation to international passengers who might have already travelled out of Australia.

Commencing on 20 March:

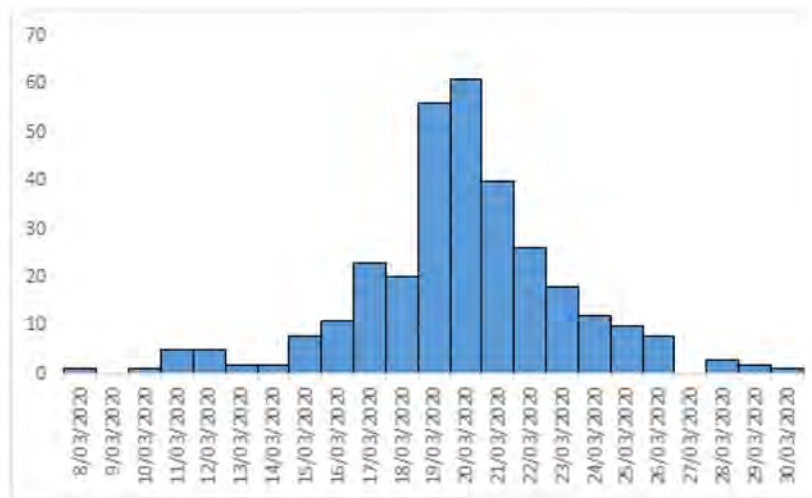
## NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

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- NSW Health commenced contacting by telephone all passengers from the Ruby Princess to check on their health and to re-inforce the requirement to self-isolate and to monitor their health. The Service NSW call centre was co-opted to assist with telephone contact.
- A letter was also prepared for Carnival Australia which they distributed by email to all passengers on behalf of NSW Health to further ensure receipt of the NSW Health advice.

As of ~~131 April 2020~~ ~~March~~, ~~337329~~ cases of COVID-19 acquired on the Ruby Princess have been diagnosed in NSW, including ~~two~~ ~~one~~ deaths, and there have been ~~nine~~ ~~six~~ secondary cases in close contacts of these cases. Please see Figure 1 below for epidemiological curve.

**Figure 1: Cases of COVID-19 among passengers and crew of the Ruby Princess who reside in NSW, 8-30 March 2020, by date of onset as of 1 April 2020. Note that the cruise disembarked 6am 19 March 2020.**



### Further measures implemented by NSW to reduce the risk of COVID-19 from cruise ships

On 22 March 2020 NSW implemented additional measures to further reduce the risk of COVID-19-infected passengers or crew transmitting infection within NSW. This included a direction that no cruise ship crew or passengers to be allowed to disembark in NSW until anyone with symptoms consistent with COVID-19 are assessed, swabbed and tested for COVID-19 and found to be negative.

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**Annexure 57**

**From:** Jeremy McAnulty  
**Sent:** Wed, 1 Apr 2020 19:27:25 +1100  
**To:** Andrew Wilson;Kerry Chant (Ministry of Health)  
**Cc:** Sean Tobin;Simon Willcox (Ministry of Health);Christine Selvey;Victor Carey  
**Subject:** Ruby Princess Risk Assessment Report 1 April  
**Attachments:** Ruby Princess Risk Assessment Report 1 April.docx, Appendix 1 National protocol for managing risk of COVID-19 from cruise ....pdf, Appendix 2 ABF Factsheet for cruise ship travellers dated 17 March 2020.pdf, Appendix 3 Cruise Ship Screening policy DRAFT 19022020.pdf, Appendix 4 CHO letter for Cruise Ship Operators 22 Feb.pdf, Appendix 5 Enhanced COVID-19 Procedures for the Cruise Line Industry 9 M....pdf, Appendix 6 NSW Health COVID-19 Cruise ship response procedure for confir....pdf, Appendix 7 Risk Assessment for RP cruise arriving 19 March.pdf, Appendix 8 CDNA COVID-19 Case Definition.pdf

Dear Andrew

Please find attached our updated report on the Ruby Princess. We have updated some numbers added the graph and provided a summary at the top.

Jeremy

**Dr Jeremy McAnulty**

Executive Director | **Health Protection NSW**

Tel [REDACTED]

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



| **Health**

# NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

## Key Points

- NSW Health had enhanced risk assessment processing in place to assist the Commonwealth in assessing passengers arriving from international waters on cruise ships. This process was in place from February 2020 and went far beyond the processes in most other jurisdictions at that time. The risk assessment process included a review of information about disease on the ship and a review by a panel of public health physicians.
- The decision to allow a ship to enter a port in NSW involves multiple agencies at both State and Federal levels.
- The Ruby Princess Cruise ship departed Sydney on 8 March to cruise around New Zealand and returned to Sydney on 19 March 2020.
- At the time of embarkation, the reported risk of transmission of infection in New Zealand was very low, as was the number of cases reported from the United States, (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)
- As a large community with many thousands of people living in an enclosed environment, it is very common for cruise ships to have low levels of respiratory infections among passengers and crew. Outbreaks of influenza are common and can often affect a large proportion of those on board.
- International experience shows COVID-19 can rapidly spread among passengers if left on board, so self-isolation at home is a much safer option than leaving passengers on board. For extra assurance, should COVID-19 be subsequently diagnosed amongst passengers or crew, where a low risk assessment was concluded, passengers were allowed to disembark provided contact details were available from the ship to allow them to be rapidly contacted.
- At the time of docking, disease rates on board were below the 1 per cent threshold previously set to identify outbreaks of influenza like illness, and no passengers or crew had been diagnosed or reported to Health Protection NSW to have COVID-19.
- Influenza had been detected among several passengers during the cruise indicating that influenza was the likely cause of respiratory illness on board the ship.
- Samples taken from five people on board the ship were reported to have tested negative for COVID-19 in Wellington NZ during the cruise.
- As an added precaution swabs taken for influenza testing were tested for COVID-19 and tested positive on 20 March 2020 allowing NSW Health to identify cases who were on board, and launch an investigation and intervention to control further spread.
- As soon as the cases were confirmed, NSW Health advised passengers and crew of the situation and asked all passengers to monitor for symptoms and self isolate for 14 days (as already required for people entering Australia from overseas).

## Background to Australian Maritime Biosecurity Arrangements

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an

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Public health representatives of all state and territory governments including NSW were involved in the development and approval of the National Protocol. NSW Health indicated that in addition to implementing the National Protocol, additional risk assessment procedures for all cruise ships docking in NSW would be applied beyond those prescribed in the National Protocol.

On 15 March 2020, the Prime Minister announced that international cruise operations would cease and all travellers entering Australia from 0001 AEDST 16 March 2020 must undertake a precautionary self-isolation period for 14 days upon entry to Australia. Subsequent Guidance provided by the Australian Government stated that cruise ships would not be allowed to dock at an Australian port. There were a number of exceptions:

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## NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

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- Ships in transit that have left the last international port as of 12 pm on the 15 March
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Ships potentially meeting the exception criteria are required to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Exempted ships will only be allowed to disembark at Sydney and Brisbane.

As of at least the 17 March, a factsheet (**Appendix 2**) from the Australian Border Force was available for the Cruise Lines to distribute to incoming international cruise ship passengers to advise that disembarking passengers would need to have an isolation period of 14 days, but commencing from the date of departure from the last foreign port, not from the date of arrival in Australia. The factsheet also notes that foreign nationals would be allowed to disembark ships with permission to return to their home country.

## NSW Process for Assessing COVID-19 Risk from Cruise Ships

NSW Health has two long-standing public health programs for cruise ships visiting the Port of Sydney (originally commenced in 1998). These are the Cruise Ship Health Surveillance Program and the Vessel Inspection Program and they are managed by the South Eastern Sydney Local Health District's public health unit (SES PHU). SES PHU respond to reports of infectious disease cases, outbreaks, and other incidents of public health concern, and conduct environmental health inspections of vessels.

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By 15 February, NSW Health had implemented an enhanced surveillance screening process building on these existing risk assessment arrangements for cruise ships, and which required additional pre-arrival information from cruise lines and cruise ship medical teams for all cruise ships scheduled to dock in NSW ports. The process used from 15 February was documented and further refined on 19 February (**Appendix 3**) and shared with other jurisdictions for consideration as a national approach. It remained a working draft with view to it being adopted nationally.

Pre-arrival information was summarised by SES PHU in a standard reporting template and reviewed the day prior to arrival into NSW by senior public health officers from Health Protection NSW, SES PHU and the public health units of Sydney and Nepean Blue Mountains Local Health Districts. Where the vessels were preliminarily classified as low risk, the panel determined the final risk assessment

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On 9 March 2020, additional information was sent to the cruise lines to recommend additional precautions and to strengthen their specimen collection capacity in case COVID-19 testing was required following the pre-arrival risk assessment (**Appendix 5**).

#### **Details of enhanced pre-arrival risk assessment categories and response**

Based on the pre-arrival risk assessment for each incoming cruise ship, the NSW Health cruise ship expert panel assigns one of three risk categories – Low, Medium or High – which informs further public health action. The screening process describes the criteria used in the risk assessment to classify the cruise (**Appendix 3**).

**If a cruise is classified as Low Risk**, usual disembarkation procedures are assumed and no NSW Health team attends the ship dockside to conduct screening of sick passengers and crew. In the event that NSW Health becomes aware that respiratory samples had been collected by the Ship medical team and tested negative for influenza, it was not required that these samples be routinely collected and tested by NSW Health for COVID-19 but an assessment on the need for further testing is made on a case-by-case basis.

**If a cruise is classified as Medium Risk**, a NSW Health team meets the ship dockside to conduct a further assessment and screening of symptomatic travellers and other travellers of concern due to their recent travel history. Pratique is not granted for disembarkation of other travellers until this further risk assessment is completed. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known. Other passengers are allowed to disembark with the standard Australian Government COVID-19 advice provided to all international arrivals.

**If a cruise is classified as High Risk**, such as when an ill passenger with suspected COVID-19 is identified, the ship would not be granted pratique or permitted to disembark until an incident management team had been formed to assess the risks and prepare a plan of action to screen and manage other passengers and crew.

Procedures for responding to and management of cruise ships where there are confirmed cases of COVID-19 in passengers and/or crew are set out in the 26 February 2020 draft policy (**Appendix 6**).

## Risk Assessments for the Ruby Princess cruises ending 24 February 2020 and 8 March 2020.

On 23 February, NSW Health conducted a detailed pre-arrival risk assessment for the 24 February docking of the Ruby Princess in Sydney, as required under the new enhanced pre-arrival risk assessment. The expert panel assessed this cruise of the Ruby Princess as being a **low risk** for COVID-19 and no NSW Health team attended dockside.

On 7 March, NSW Health again conducted a detailed pre-arrival risk assessment for the 8 March docking of the Ruby Princess in Sydney. The expert panel assessed the ship for that cruise as **medium risk**.

The basis for this **medium risk** classification was that, while the overall reported influenza-like illness rate among travellers (passengers and crew) was low, the expert panel expressed concerns about two passengers who had had onset of acute respiratory illnesses during the cruise and had spent several days in Singapore prior to boarding the cruise. Both passengers had also no identified cause of their symptoms as swabs collected on board had tested negative for influenza.

A NSW Health team from South East Sydney Local Health District met the ship when it docked and screened approximately 360 people who had fever or respiratory symptoms, or who had a travel history of concern for risk of COVID-19.

In addition to the two passengers of concern, an additional four passengers and three crew were swabbed for COVID-19 testing. These passengers and crew were isolated in their cabins. Disembarkation of other passengers was allowed after the assessment was complete. Embarkation of the next cruise passengers and crew was delayed from noon to 5pm, pending receipt of swab results

All nine swabs tested negative for COVID-19 on the same day, and these people were released from isolation and the next cruise allowed to embark.

## Risk Assessment for the Ruby Princess cruise 8-19 March

On 8 March 2020, the Ruby Princess left Sydney to cruise to New Zealand. The cruise included nine stops in different locations in New Zealand including a stop in Wellington on 14 March and a final stop in Auckland on 17 March before returning to Sydney to dock on 19 March 2020.

The itinerary for this cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020.

Prior to docking on the 19 March pre-arrival information was provided to the South East Sydney Public Health Unit from the Ruby Princess through the maritime arrivals reporting system (MARS) and through direct communications with the ship's medical team.

On 18 March 2020, the expert panel reviewed the risk assessment summary prepared from this information (**Appendix 7**).

## NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

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The pre-arrival information indicated that there were 2647 passengers and 1148 crew on board. No passengers or crew reported contact with a COVID-19 case, and none reported being had in China, Iran, South Korea or Italy (the countries considered as a high risk for exposure at that time) within 14 days of embarking.

The Ruby Princess doctor reported that 104 of the 3795 travellers had reported an acute respiratory infection at some time during the cruise, including 36 who reported an influenza-like illness (ILI). A total of 48 patients had been tested for influenza of whom 24 tested positive. The ship doctor indicated that they had kept 10 respiratory swabs available for further testing.

The ship doctor also reported that five travellers had been tested for COVID-19 during their stop in Wellington (NZ) on 14 March, and that all five had tested negative for COVID-19.

The ship doctor reported that they were planning to medically disembark two unwell passengers by ambulance.

- One was an Australian man who had no travel history of significance apart from the visit to NSW and NZ. He had a fever and had been diagnosed with an upper respiratory tract infection and had tested negative for influenza. The reason for medical disembarkation was given as ischaemic heart disease, likely secondary to his infection, which had since improved on oseltamivir treatment.
- The second passenger was an Australian woman who had no travel history apart from NSW and NZ. She had been diagnosed with a febrile upper respiratory tract infection and had tested negative for influenza, however was being treated with oseltamivir. She reported an exacerbation of severe lower back pain with signs suggestive of a femoral nerve radiculopathy. She was to be referred to an emergency department for imaging and specialist referral as needed.

The NSW Health expert panel assessed the available pre-arrival information and agreed that the cruise should be classified as Low Risk. They noted that the itinerary only included ports in New Zealand, considered a low risk country for COVID-19 and the lack of known contact with a COVID-19 among the travellers. The ILI rate was below the one per cent threshold generally recommended to indicate a respiratory outbreak, and 24 travellers had been confirmed with influenza infections. It was recommended to have the specimens that had been collected by the ship doctor tested for COVID-19 when the ship docked.

### Communications to passengers

Carnival Corporation, the owner of the Ruby Princess have confirmed that the Australian Border Force factsheet (**Appendix 2**) was delivered to every passenger's cabin prior to arrival and that additional printed information was provided to passengers as they disembarked.

### Events of 19 March

On the morning of 19 March, the Ruby Princess docked at the Overseas Passenger Terminal in Sydney. The two passengers noted in the pre-arrival assessment were transferred by ambulance to Royal Prince Alfred Hospital for further medical assessment, as arranged by the ship.

SES PHU arranged for transfer of the 10 respiratory samples collected by the ship doctor for COVID-19 testing to the NSW Pathology COVID-19 reference laboratory at Randwick.

## NSW Response

On 20 March 2020, NSW Health was notified that three of the ten swabs for people on the Ruby Princess cruise had tested positive for COVID-19 and were confirmed cases according to the national COVID-19 case definition current at that time (**Appendix 8**). Two of the cases were in passengers and one was in a crew member. The crew member had remained in isolation on board under the care of the ship's medical team. A fourth Ruby Princess passenger was confirmed as a case later on the same day having sought medical assessment after disembarkation.

NSW Health responded according to the NSW Health COVID-19 cruise ship response procedures for confirmed cases in passengers or crew (**Appendix 6**).

NSW Health immediately informed Carnival and obtained from them their passenger manifest with contact details for all passengers, and advised them to contact all of their crew about the need for self-isolation and to monitor for symptoms.

On 20 March 2020, NSW Health prepared and sent urgent communications to all Ruby Princess passengers by email and SMS messages to advise them of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. The email had as an attachment the NSW Health's factsheet for people in home isolation, and links to further information on the NSW Health website.

In addition, on the 20 March 2020,

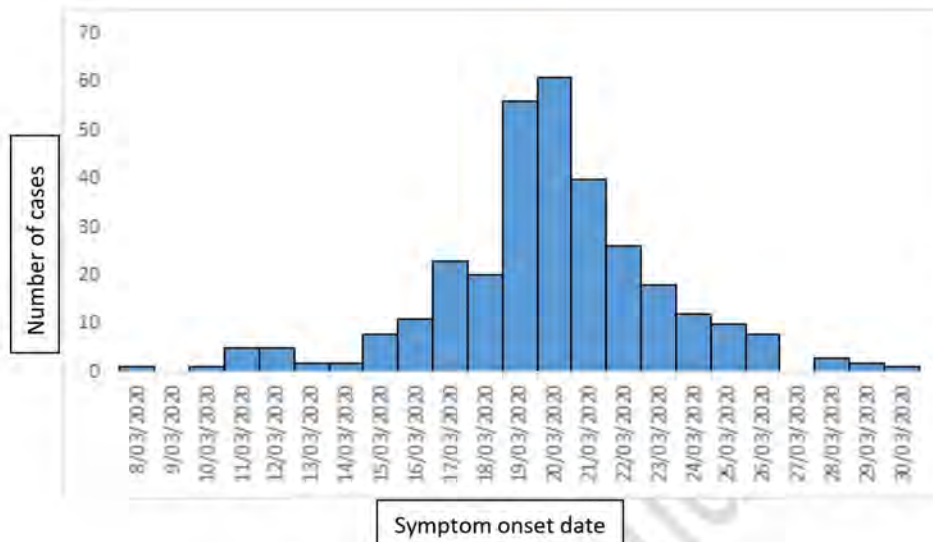
- a media release was also issued to support rapid dissemination of this information;
- other states and territories were notified; and,
- the National Incident Room was notified in relation to international passengers who might have already travelled out of Australia.

Commencing on 20 March:

- NSW Health commenced contacting by telephone all passengers from the Ruby Princess to check on their health and to reinforce the requirement to self-isolate and to monitor their health. The Service NSW call centre was co-opted to assist with telephone contact.
- A letter was also prepared for Carnival Australia which they distributed by email to all passengers on behalf of NSW Health to further ensure receipt of the NSW Health advice.

As of 1 April 2020, 337 cases of COVID-19 acquired on the Ruby Princess have been diagnosed in NSW, including two deaths, and there have been nine secondary cases in close contacts of these cases. Please see Figure 1 below for epidemiological curve. The cruise disembarked 6am 19 March 2020. Of 315 people who reported symptom onset, 237 (75%) developed symptoms on or after 19/3.

**Figure 1: Cases of COVID-19 among passengers and crew of the Ruby Princess who reside in NSW, 8-30 March 2020, by date of symptom onset as of 1 April 2020. Note that the cruise disembarked 6am 19 March 2020.**



### Further measures implemented by NSW to reduce the risk of COVID-19 from cruise ships

On 22 March 2020 NSW implemented additional measures to further reduce the risk of COVID-19-infected passengers or crew transmitting infection within NSW. This included a direction that no cruise ship crew or passengers to be allowed to disembark in NSW until anyone with symptoms consistent with COVID-19 are assessed, swabbed and tested for COVID-19 and found to be negative.

On 28 March 2020, Minister Hazzard, Minister for Health and Medical Research signed the *Public Health (COVID-19 Maritime Quarantine) Order 2020* restricting disembarkation of any person arriving in NSW on a vessel unless authorised by the Police Commissioner, with additional directions regarding other persons boarding or disembarking from vessels. See [https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette\\_2020\\_2020-61.pdf](https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2020_2020-61.pdf).



**Australian Government**

**Department of Health**

## **NATIONAL PROTOCOL FOR MANAGING NOVEL CORONAVIRUS DISEASE (COVID-19) RISK FROM CRUISE SHIPS**

March 2020

<b>Version</b>	<b>Date of Publication</b>	<b>Reason</b>	<b>Approved By</b>
V1.0	6 March 2020	Initial publication	Rhonda Owen, Assistant Secretary, Health Emergency Management Branch, Office of Health Protection

This protocol was endorsed by the Chief Human Biosecurity Officers (CHBO) on 3 March 2020.

### **CONSULTATION**

The following were consulted in the development of the protocol:

- Australian Government Department of Agriculture, Water and Environment
- Australian Government Department of Home Affairs
- Australian Government Department of Infrastructure, Transport, Cities and Regional Development
- Australian Health Protection Principal Committee
- Chief Human Biosecurity Officers
- Cruise Lines International Association (CLIA)

### **PURPOSE**

The purpose of this protocol is to clarify the intent, responsibility, and required action in responding to coronavirus disease 2019 (COVID-19) risk from cruise ships. It is primarily a border operations protocol.

Cruise ships may carry domestic or international travellers who pose human biosecurity risks. This may also lead to the spread of diseases to other travellers, particularly given the population density, the duration of cruises and the mixing patterns of people on board. It is therefore necessary to enhance surveillance and control measures among travellers to:

- protect the health of travellers on vessels;
- minimise the likelihood of large numbers of infected people returning to Australia and further spreading diseases among the community;
- manage the impact on the Australian health system; and
- prevent the spread of diseases among populations in cruise voyage destinations.

This protocol is limited to COVID-19 and has specific measures for assessing the risk of COVID-19 on the ship, screening of passengers and crew if required, and initial management of suspected cases. It is recognised that as the outbreak situation evolves, additional measures may become necessary and this protocol may be reviewed and revised as required.

This protocol does not address when a passenger or crew member is confirmed to have COVID-19 by laboratory testing, which will be managed on a case-by-case basis by jurisdictional public health authorities in close coordination with border agencies, the cruise ship operator and senior ship officers (see INFORMATION SHARING section).

While response protocols for confirmed COVID-19 cases will likely include requiring some passengers and crew identified as contacts to undergo a period of quarantine, where possible it is not intended that this occur on board the ship.

## LEGISLATION

- *Biosecurity Act 2015* (the Act) - Under section 44 of the Act, the Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease.
- The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer or human biosecurity officer via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).
- State and territory public health acts mandate the reporting of certain diseases to the relevant state or territory communicable diseases unit.

## NOVEL CORONAVIRUS DISEASE (COVID-19)

An outbreak of respiratory disease caused by a novel coronavirus (SARS-CoV-2) was first detected in Wuhan City, Hubei Province, China, and is ongoing. On 11 February 2020, the World Health Organization (WHO) named the disease caused by the virus Coronavirus Disease 2019 (COVID-19). Sustained human-to-human community transmission has been demonstrated in parts of China, largely in Wuhan city, and some human-to-human spread of the virus has been detected outside of China, including in Australia. On 30 January 2020, the International Health Regulations Emergency Committee of the WHO declared the outbreak a public health emergency of international concern (PHEIC). The WHO emphasised the urgent need to coordinate international efforts to reduce the risk of further international spread. Australia declared the then named 'human coronavirus with pandemic potential' as a LHD on 3 February 2020, enabling powers under the *Biosecurity Act 2015* to be used to manage the entry, spread and establishment of COVID-19.

The symptoms of COVID-19 include fever, sweats and chills, fatigue, rhinorrhoea, sore throat, cough, and difficulty breathing. Symptoms can take up to 14 days to develop after a person has been infected.

## PROTOCOL

This protocol has been developed for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. All individuals, groups and authorities involved in the cruise ship industry including crew, health care staff, cruise line operators, owners, and port health authorities should be aware of these procedures.

For the purposes of this protocol, a **traveller** means a **passenger** or **crew member**

## RISK ASSESSMENT

Respiratory illnesses (common cold and influenza) are some of the most common infections affecting people on cruise ships, and cases of COVID-19 aboard passenger ships have occurred. Because cases of seasonal influenza often occur on ships and sustained community transmission of COVID-19 has been observed, it is possible that passenger ships carrying thousands of people would have travellers with COVID-19. In the context of the PHEIC relating to COVID-19, assessing the public health risk of each vessel arrival to Australia from international ports is important before advice is given on implementation of control measures. Public health risk assessment involves appraisal of threats to travellers on board the ship, as well as to the population in the community.

Some jurisdictions may conduct a public health risk assessment for every ship, while in other jurisdictions a risk assessment for every ship may not be necessary if no illness has been reported and a standing risk assessment for the global situation may suffice in this circumstance. Assessing the risk of any reported event is necessary before proceeding with the enforcement of public health measures.

No single criterion will dictate any specific action in relation to the overall management of a vessel; however, each public health unit can use these criteria to inform their risk management strategy:

- the itinerary of the vessel, specifically
  - whether the vessel has visited a higher or moderate risk country<sup>1</sup> in the last 14 days
- the travel history of any person on-board the vessel, specifically
  - whether the traveller has visited a higher or moderate risk country<sup>2</sup> in the last 14 days

<sup>1</sup> Per the Australian Government Department of Health's '[COVID-19: Countries considered to pose a risk of transmission](#)'

<sup>2</sup> As above.

- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)<sup>3</sup>
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected
- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)

#### ***Exposure Risk – Potential Contacts that are currently well***

The following exposure risk categories are provided to help guide initial biosecurity management of people following potential SARS-CoV-2 exposure, given the difficulty in identifying close contacts (as strictly defined by public health experts) in the cruise ship environment due to the physical environment, inability to confirm SARS-CoV-2 with laboratory testing, and variable preparedness of individual operators to respond to suspect cases.

##### **Highest Exposure Risk**

- Accommodated in the same cabin or small group of cabins with shared amenities as, being an intimate partner of, or providing care or cleaning services in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***without using recommended precautions***; OR
- Recent travel from a [higher risk country](#)

##### **Medium Exposure Risk**

- Accommodated in the same cabin or small group of cabins with shared amenities as, **not** being an intimate partner of, or providing care in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***while consistently using recommended precautions***

<sup>3</sup>Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members

- Being in the same semi-closed environment (e.g., a games-room, movie theatre, infirmary waiting room) as a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 *for a prolonged period of time*<sup>4</sup>, OR

- Travel from [moderate risk countries](#) (excluding transit).

AND

- not meeting the higher risk definition above

#### Lower Exposure Risk

- Interactions with a person with symptomatic clinically diagnosed suspect (or laboratory-confirmed) COVID-19 infection that do not meet any of the higher or medium-risk conditions above, such as walking by the person or being briefly in the same room

AND

- not having any exposures that meet a higher-risk or medium-risk definition

Note that if there are multiple suspect cases, the number of contacts in the higher exposure risk category will increase. In some situations it may be difficult to delimit exposure categories and as such, a whole ship could potentially be considered at higher exposure risk.

## BORDER SCREENING

The standard process at the border for screening for, and managing the presence of, LHDs will continue, which includes:

- Pre-arrival report and human health report
  - In accordance with biosecurity reporting obligations under Section 193 of the Act, information regarding any illness on-board must be lodged in the Maritime Arrivals Reporting System (MARS) between 96 and 12 hours prior to arrival. Vessels are required to update the MARS report if the human health status of persons on-board changes.
  - To support the enhanced COVID-19 border measures announced by the Prime Minister on 5 March 2020, the following additional questions will be asked on the pre-arrival report until advised otherwise:
    - Has the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
    - Has any person on the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
    - Has any person on the vessel been in contact with a confirmed case of novel coronavirus infection in the last 14 days?

<sup>4</sup> As per the COVID-19 SoNG.

- The Maritime National Coordination Centre (MNCC) will coordinate officer attendance at the relevant port. On a case by case basis, state/territory health authorities may also attend the port.
- Under the Act the ship's master must specifically report people with symptoms of an LHD, including human coronavirus with pandemic potential, before arrival.
- **Pratique**
  - Cruise vessels are assumed to have pratique from the vessel's first port of arrival in Australia unless there is illness or death on-board, or if the vessel has not provided a pre-arrival report. Pratique takes effect when the vessel arrives at the port.
  - If there is illness or death on-board reported, or if a pre-arrival report has not been provided in accordance with the requirements in the *Biosecurity Regulation 2016*, the vessel has negative pratique until a biosecurity officer has assessed that there is no human health risk associated with the vessel and has granted pratique.
- **Administration of the Traveller with Illness Checklist (TIC)**
  - Where the cruise ship has reported unwell travellers, the vessel will be met by a biosecurity officer.
  - Unwell travellers will be screened using existing LHD screening procedures.
  - The TIC screens for COVID-19 based on the case definition provided in the COVID-19 Series of National Guidelines (SoNG), and includes symptoms of COVID-19, exposure to cases of COVID-19 and travel history. The TIC will be updated on occurrence of a change to the case definition provided in the COVID-19 SoNG as needed.
- **Referral to a Human Biosecurity Officer (HBO), or Chief Human Biosecurity Officer (CHBO), for medical advice or assistance will occur where the TIC indicates a risk for COVID-19 or any other LHD.**

#### **ADDITIONAL BORDER MEASURES**

- **Until advised otherwise by Health or DAWE, all cruise ships are required to:**
  - provide any stored swabs urgently to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO. Provided there are no concerns about the COVID-19 risk profile of the ship or suspected COVID-19 cases reported, the HBO may advise the biosecurity officer that pratique can be granted and the ship may be allowed to continue the voyage while samples are being tested.
  - deliver on-board announcements to travellers prior to the vessel docking at an Australian seaport to encourage self-reporting of ill health by travellers and inform travellers of their obligation to declare whether they are

experiencing specific symptoms (DAWE will provide internationally operating cruise ships with pre-recorded messages for the on-board verbal announcement in a number of languages).

- Until advised otherwise by Health or DAWE, all ports are required to:
  - deliver verbal announcements at the Australian seaport to encourage self-reporting of ill health by travellers, and to inform travellers of their obligation to declare whether they are experiencing specific symptoms. DAWE will provide pre-recorded messages for the port announcement in a number of languages to the port authority who will be responsible for implementing this measure.

## **CASES OF INFLUENZA-LIKE ILLNESS (ILI) PRESENTING ON CRUISE SHIPS**

### ***On-Board Management***

Ships should actively encourage travellers with respiratory symptoms to seek immediate on-board medical assessment. Incentives such as free or subsidised consultations for travellers with respiratory illness should be considered by the ship, to reduce barriers for timely assessment.

Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerator, if able, for later SARS-CoV-2 testing.

## **REPORT OF LISTED HUMAN DISEASE - COVID-19 SUSPECT CASE or POTENTIAL OUTBREAK<sup>5</sup> OF RESPIRATORY ILLNESS**

### ***On-Board Management***

Where the ship's medical officer determines that there is either:

- a) a suspect case(s)<sup>6</sup> of COVID-19 on-board, or
- b) an outbreak<sup>7</sup> of ILI on-board with larger than expected numbers of tests are negative for influenza, the following measures should be taken:
  - The suspect case(s) or any person with ILI should be isolated in an isolation ward, cabin, room or quarters, with an independent ventilation and toilet system where possible.

<sup>5</sup> Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members.

<sup>6</sup> A suspect case is defined in 'Interim advice to public health units – COVID-19' available at [www.health.gov.au](http://www.health.gov.au)

<sup>7</sup> Outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members.

- Infection control procedures including droplet and standard precautions should be implemented. Medical staff should wear appropriate PPE when assessing patients with respiratory illness and collecting specimens.
- Medical staff should refer to the COVID-19 resources for health professionals, available at [www.health.gov.au](http://www.health.gov.au)
- Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerators, if able, for later SARS-CoV-2 testing.
  - Inappropriately stored samples may not be able to be tested for SARS-CoV-2 because of biosafety concerns in the laboratory.
- Where influenza can be confirmed, and the traveller does not meet the suspect case definition for COVID-19, the traveller should follow isolation recommendations in accordance with standard influenza outbreak protocols.
- Where influenza cannot be confirmed, confinement to isolation with infection control measures should continue until a decision to return to public areas can be made in collaboration with the public health authority at the next port of call.
- All those identified as higher exposure risk<sup>8</sup> should be identified and isolated as above and advised to monitor their health for development of symptoms until such time further assessment by public health authorities has determined whether or not they are truly a close contact in accordance with the Exposure Risk table above. Further, they should be managed as follows:
  - The traveller(s) should be placed under active surveillance for 14 days.
  - If after 14 days of isolation and observation, the travellers do not develop symptoms of COVID-19, they may be discharged from follow-up.
  - Both embarking and disembarking ports must be notified of COVID-19 suspected case contacts being on-board and measures taken.
  - Lower and medium risk contacts should be asked to self-monitor for COVID-19 symptoms for 14 days from their last exposure. They should be asked to immediately self-isolate and contact medical services if any symptoms appear during this time.
- A high frequency of cleaning and disinfection should be maintained on the vessel. Cabins and quarters occupied by suspected cases and close contacts of suspect COVID-19 cases should be cleaned and disinfected according to recommendations provided by the local public health authority.

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<sup>8</sup> Note that if there are multiple suspect cases, the number of likely close contacts will increase, and it may be that the all travellers could potentially be considered as close contacts.

### ***Pre-Arrival Requirements***

The vessel is required to:

- Immediately alert the public health authority at the next port of call to:
  - Determine if the necessary capacity for transportation, isolation, and care is available at the port (the vessel may be asked to proceed to another national port in close proximity if this capacity is not available or if warranted by the critical medical status of the suspected COVID-19 case).
  - Provide any information required for the authority to conduct a risk assessment.
  - Seek advice as to the infection prevention control requirements.
  - Ensure that [REDACTED] is a Cc addressee on all email communication.
- Update pre-arrival reporting in MARS to reflect the current health status of the vessel
- Advise the MNCC that there is a report of a listed human disease, suspected case of COVID-19 or potential outbreak of respiratory illness on board
  - The MNCC will provide the vessel or its agent with the traveller record form
- Ensure that accurate records of all traveller contact details are collated and provided to the MNCC prior to arrival. These should be in a format which supports ready contact of travellers (see Attachment 1).
  - The MNCC will distribute the record to [REDACTED] and the relevant state or territory health agency for test result notification and contact tracing purposes.
- Have a representative available to liaise with government agencies (see INFORMATION SHARING section).

### ***Management at First Port of Entry***

- The vessel will not be allowed to disembark travellers until the biosecurity officer, in consultation with the HBO, has made the appropriate assessments and pratique is granted.
- If the HBO determines that an unwell traveller meets the COVID-19 suspect case definition, or a positive test result is returned, the following is to occur:
  - The biosecurity officer will notify the port authority to provide access for medical transport.
  - The HBO will identify and coordinate transfer to an appropriate medical facility.
  - The traveller will be transported to the medical facility for further management, by the most appropriate means, using all necessary precautions as specified by the HBO.

- If COVID-19 is confirmed in a suspected case, the HBO and public health authorities will advise on the identification and management of other passengers and crew considered contacts based on a further risk assessment and using national guidance.
- When a positive test for COVID-19 is returned, those travellers who were initially identified as high exposure risk will be assumed to be a close contact, and managed as follows, unless it is subsequently determined by public health authorities they were not close contacts:
  - The traveller will be assessed by a biosecurity officer on disembarking and screened for symptoms of COVID-19 using the TIC. If symptoms are detected, the traveller will be managed as per a suspect case.
  - If no symptoms are detected, the traveller will be provided with information sheets for travellers on coronavirus and quarantine, available at [www.health.gov.au](http://www.health.gov.au), and will be allowed to disembark and undertake a period of self-quarantine.
  - The traveller is required to be quarantined either at home, if a returning Australian resident, or in appropriate accommodation for 14 days from disembarkation.
  - The traveller should be placed under active surveillance for the duration of isolation.
  - The traveller may be allowed to undertake domestic travel consistent with the CDNA COVID-19 SoNG.
  - The traveller should be restricted from undertaking international or further domestic travel until the period of isolation has ended and they have remained well.
- Contacts of suspected cases may be considered for contact management if there is likely to be a delay in confirming or excluding COVID-19 in the suspected case.
- As soon as the suspect case(s) (or subsequently confirmed case) has been removed from the cruise vessel, the cabin or quarters where the traveller was isolated and managed, it should be thoroughly cleaned and disinfected according to recommendations provided by the local public health authority.
- A biosecurity officer will provide information sheets on symptoms and transmission of COVID-19 to crew for distribution to all passengers and crew. The factsheets can also be sent to the shipping agent prior to arrival for distribution via email to all passengers and crew.
- After the HBO has determined that no other travellers have symptoms consistent with COVID-19 and possible contacts have been managed, pratique will be granted and remaining travellers will be allowed to disembark and the vessel may be permitted to commence embarkation procedures provided the required cleaning and disinfection measures have taken place.
- If requested, any stored swabs must urgently be provided to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO.

- The vessel may be allowed to proceed to its next port of call upon receipt of clearance from the biosecurity officer, who will consider advice from the public health authority following receipt of any laboratory results (see 'Possible management actions section').

### ***Possible management actions***

Actions taken by HBOs or state and territory health authorities will depend on the risk profile of the ship or of affected travellers (e.g. crew member suspect case is a higher risk for transmission than a passenger suspect case) and will need to be based on case-by-case assessment. However, the following represent some potential management actions that HBOs may consider:

- Ship granted pratique and allowed to continue voyage as planned while samples are tested, provided the suspected case(s) and all close contacts have been disembarked, and proper cleaning undertaken.
- Ship granted pratique but restrictions placed on the voyage, for example (but not limited to):
  - The ship may only disembark travellers at specified ports where there is capacity for ill traveller screening and health services to assess travellers, test samples and manage ill travellers
  - The ship may continue voyage but must not disembark travellers for day trips for a specified period of time
  - Crew must disembark for quarantine, noting that changing out an entire crew is not usually feasible and this option would effectively prevent the ship from continuing the current and subsequent voyages.
- Ship is not granted pratique until the results of testing are received, an assessment of risks has been completed and a management plan has been decided, for example where there is an outbreak of influenza-negative ILI.

In all cases, actions being considered should be notified to the ship's Master as soon as practicable to enable the ship to respond. This may be communicated from the Information Sharing Forum (see INFORMATION SHARING section).

### ***Management at Subsequent Australian Ports***

In accordance with standard biosecurity management procedures the vessel will continue to be required to provide pre-arrival reports and human health reports prior to docking in subsequent Australian ports and disembarking travellers. DAWE will manage any further reports of an LHD as required.

## **INFORMATION SHARING**

An Information Sharing Forum may be convened, consisting of relevant Commonwealth Government agencies, state and territory government agencies and the affected cruise ship or its representative. The forum will be convened by the state or territory health agency managing the response. The purpose of the forum will be to share information in a timely manner and promote consultation between these stakeholders. The forum may develop key communication messages during a response to facilitate consistency of messaging between

government and the cruise industry. The decision-making responsibility for any public health response will continue to rest with the state or territory health department.

## **RESPONSE TO ELEVATED RISK**

The decision to escalate border measures is an Australian Government decision informed by whole of Government advice with expert input from state and territories. The trigger points for escalating border measures will be determined by situational information on the epidemiology of COVID-19.

The Australian Government may establish the following, additional border control measures:

- Enhanced identification and assessment measures
  - Non-automatic pratique – classes of vessels may be subject to negative pratique and screened for LHD before pratique is granted.
  - Traveller screening may be conducted by healthcare workers and public health teams on disembarkation.
- Enhanced quarantine measures.
- Exit screening.

Advice from the CHBO will be sought prior to implementation of enhanced border measures.



## MESSAGING TO CRUISE SHIP PASSENGERS

On 15 March 2020 the Prime Minister of Australia announced that international cruise ship operations will cease and all travellers entering Australia from 0001 AEDST 16 March 2020 must undertake a precautionary self-isolation period for 14 days upon entry to Australia.

For any travellers who are entering Australia for less than 14 days, you must self-isolate for the entire duration of your stay.

The 14 day self-isolation period commences the day your cruise ship departs from the last international port before heading to Australia, unless you have been notified that people on board the ship are unwell and suspected of having COVID-19.

- As an example, if your cruise ship has travelled for 8 days since the last port of departure before arriving in Australia, the self-isolation period will be for the remaining six days.
- You will be provided further instructions if someone on board is suspected of having COVID-19.

We are working with the cruise industry to implement the restriction, particularly to bring everyone currently on a cruise safely back to port and on to their home destinations either in Australia or overseas.

The self-isolation period applies to any traveller (including passengers or crew) entering Australia including on a cruise ship.

### **If you are an Australian citizen or permanent resident:**

- If you have domestic connections to your final destination, you may travel to the airport for your flight.
  - If you are not travelling directly to the airport you must self-isolate at your hotel or other accommodation until you travel to the airport.
- You must then self-isolate at home or your final destination for the remainder of the 14 day period.

### **If you are an international visitor:**

- If you have an onward domestic or international connection:
  - You may travel to the airport for your departing flight.
  - If you are travelling domestically, you must self-isolate for the remainder of the 14 day period once you have arrived at your final destination in your accommodation.
- If you have existing domestic or international connections but are not travelling directly to the airport, you must self-isolate at your hotel or other accommodation until you travel to the airport.

- If you do not have any existing domestic or international connections, you must self-isolate at your accommodation upon arrival in Australia for the remainder of the 14 day period.

The Australian Government is closely monitoring the situation and this advice will be updated as needed. It is important to continue to monitor the [ABF website](#) and the [Department of Health website](#).

The Department of Health has published 'Information for Travellers' and 'Isolation guidance' fact sheets, including what to do if you become ill after arrival in Australia. These are available at [www.health.gov.au/covid19-travellers](http://www.health.gov.au/covid19-travellers).

## CRUISE SHIP COVID-19 ASSESSMENT PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

DRAFT 11 AM 19 Feb 2020

This procedure describes measures and communication mechanisms to improve the detection and timely management of potential cases or outbreaks of COVID-19 on cruise ships.

### Existing measures

- Cruise ships are subject to biosecurity controls when entering Australia under the Biosecurity Act 2015 (Department of Agriculture, Water and the Environment [DAWE]). Under the Maritime Arrivals Reporting System (MARS), the vessel submits the Pre Arrival Report and Human Health Update to the Maritime National Coordination Centre between 96 and 12 hours before estimated time of arrival.
- As of 14 February 2020, these forms have been updated to include:
  - whether the vessel has been in mainland China less than 14 days ago
  - whether any person on the vessel has been in mainland China less than 14 days ago
  - whether any person on the vessel has been in contact with a proven case of novel coronavirus infection within the last 14 days.
- In addition to the reports, under the Act the ship's master must report people with symptoms of Listed Human Diseases (LHD) including coronavirus with pandemic potential, to Biosecurity before arrival. As a result, passengers and crew who are feeling unwell on arriving in Australia should see a Biosecurity Officer, who will ask about where the person has travelled, when they began to feel unwell, and what symptoms they have.
- Cruise ship operators have measures in place to detect and manage outbreaks of respiratory illness, with operating procedures in place to monitor rates of illness for comparison with expected rates according to the itinerary and cruise length.
- Operators often have relationships with public health units and share information in the event of unusual disease activity.

### Enhanced measures

All cruise ships that are arriving from international waters will be risk assessed by the Chief Human Biosecurity Officer.

Key criteria for the risk assessment include information from the ship before its arrival as to whether:

- any passengers or crew have been in high risk areas in the 14 days prior or contact with a confirmed case of COVID-19
- there is undiagnosed respiratory illness among passengers or crew that is clinically compatible with COVID-19.

For ships assessed to be at higher risk, an Assessment Team will meet the ship at a port designated by the Chief Human Biosecurity Officer. The composition of the Assessment Team may be agreed by the jurisdictional health authority and the DAWE.

## Pre-arrival requirements

- The ship is required to:
  - Maintain a list of passengers and crew who have been in mainland China<sup>1</sup> and countries included in Australian COVID-19 testing criteria<sup>2</sup> in the 14 days before embarking
  - Maintain a list of passengers and crew on the vessel who have been in contact with a confirmed case of COVID-19 within 14 days of embarking
  - Maintain accurate contact information (mobile phone and email addresses) for all passengers and crew to allow rapid communication if needed following disembarkation
  - Actively ask passengers and crew if they have respiratory symptoms or fever and ask them to present to the ship's doctor for assessment free of charge
  - Ensure all passengers with respiratory symptoms and/or fever are isolated while on board and provide them with hand rub and masks for onward travel
  - Ensure crew attending to isolated patients wear protective PPE (surgical masks) and practice good hand hygiene.
  - Identify an appropriate space on board for a medical team to assess passengers and assist in the assessment of passengers, if required.

## Pre-arrival respiratory illness screening

- Where passengers or crew present with respiratory illness, the ship's doctor must:
  - Request and record a history of all countries visited in the 14 days prior to embarkation.
  - Wear appropriate PPE while assessing patients with respiratory illness and collecting specimens.
  - Collect 2 swabs – perform rapid influenza test and store second sample for COVID-19 testing
  - Isolate patients as above
  - Update details on the ship's Acute Respiratory Disease (ARD) log
  - Refer to the coronavirus information for primary and community health workers for further information about management of the passengers:  
<https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-primary-and-community-health-workers>.

## Pre-disembarkation

The ship must:

- Inform the jurisdictional health authority where a respiratory outbreak (>1% of people on board affected) is identified on board
- Provide a list of any planned medical disembarkations
- Provide a list of any deaths during the cruise, including cause of death.
- Identify passengers and crew who require screening by the Assessment Team
  - Anyone with current respiratory symptoms
  - OR**
  - Anyone who has travelled in China (including Hong Kong), Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation.
  - OR**
  - Anyone who was seen by the clinic during the cruise with fever and/or ARI
- Provide the **Letter** and **Traveller Record Form** (attached) to all passengers who require assessment by the Assessment Team to complete

<sup>1</sup> May be expanded if suspect case definition changes

<sup>2</sup> As of 14 February 2020 includes China (including Hong Kong), Thailand, Japan, Indonesia, Singapore

Where a respiratory outbreak is reported, the cruise ship must also provide a report to the jurisdictional point of contact that includes:

- A copy of the full ARD log (including details of patients presenting with fever or acute respiratory illness, countries they have visited in the 14 days prior to embarkation, and results of rapid influenza testing)
- The patient details and total number of swabs/sputum samples for COVID-19 testing.

## Risk Assessment – High Risk

Where:

- a respiratory outbreak (affecting at least 1% of those on board) is reported on a cruise ship that is not explained by positive influenza tests, and
- affected passengers or crew have visited a mainland China in the 14 days before embarkation OR had contact with a confirmed case in the 14 days before embarkation

Where the Chief Human Biosecurity Officer assesses that there is a high risk that COVID-19 may be circulating on the ship:

- An Assessment Team will meet the ship
- The ship must urgently provide swabs from any person suspected with fever or respiratory infection for testing prior to disembarkation.
- The ship will **not** be allowed to disembark passengers or crew until given clearance by the Chief Human Biosecurity Office
- Clearance to disembark can only be granted following results of COVID-19 testing
- ***If the swabs test positive then:***
  - All passengers and crew must be asked about fever or respiratory symptoms by the Assessment Team
  - Passengers and crew who report fever or respiratory symptoms must be isolated and assessed for CoVID-19; if CoVID-19 is excluded they move to home quarantine for 14 days in case infection later develops.
- ***If the swabs test negative then the Assessment Team will assess passengers and crew as for low risk assessment***

## Risk Assessment – Medium Risk

Where:

- a respiratory outbreak (affecting at least 1% of those on board) is reported on a cruise ship, and either:
  - passengers or crew have visited a country included in Australian COVID-19 testing criteria in the 14 days before embarkation, or
  - there are other features of concern (such as where one or more cases has severe respiratory illness, or the outbreak is not explained by positive influenza tests)

Where the Chief Human Biosecurity Officer assesses that there is a medium risk that COVID-19 may be circulating on the ship:

- An Assessment Team will meet the ship
- Prior to the ship disembarking, the Assessment Team will review passengers and crew who report fever or respiratory symptoms, or who have visited a country included in Australian COVID-19 testing criteria in the 14 days before embarkation.

- The Assessment Team will measure temperature, review symptoms and exposure history and will swab for COVID-19 where clinically appropriate unwell passengers and crew. Passengers and crew may be disembarked to isolation.
- Any samples taken on board for influenza testing must be forwarded to the lab for COVID-19 testing on arrival into the port.
- The Assessment Team will provide clearance for other passengers and crew who are well to disembark.

## Risk Assessment – Low Risk

Where there is:

- no respiratory outbreak, or
- a respiratory outbreak that is explained by positive influenza test results and no one on board has visited a country included in Australian COVID-19 testing criteria in the 14 days before embarkation, or had contact with a confirmed case in the 14 days before embarkation

Where the Chief Human Biosecurity Officer assesses that there is a low risk that COVID-19 may be circulating on the ship:

- No further assessment is required

## Reporting of positive and negative COVID-19 test results

- Should any sample test positive for SARS-CoV-2, indicating COVID-19, a specific response will be mounted to manage the potential outbreak, including rapidly contacting all passengers to ensure that they self-isolate and to be tested and managed if symptomatic.
- The Assessment Team will keep contact details for all passengers/crew members who are being tested for COVID-19, and will reporting all negative test results to the individual passengers/crew members.

**Appendix 1: Traveller Record Form**

Arrival date:

Vessel name:

Assessors name: \_\_\_\_\_

FAMILY NAME:

Date of birth:

Sex: F/M

GIVEN NAMES:

Patient/parent contact details:

Email:

Mobile:

Contact in Australia (if not Australian resident):

Phone:

Address:

Travel details in the 14 days prior to joining the cruise:

Date	Location

Onward travel arrangements (dates, transport, accommodation, contact details)

Other accompanying travellers:

Symptoms of illness (tick if present):

☐ Cough    ☐ Fever    ☐ Runny nose    ☐ Shortness of breath  
☐ Other: \_\_\_\_\_ ☐ Nil

Onset of first symptom: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH USE ONLY:**

Measured temp: First:

Second (if needed):

Other clinical notes (if applicable):

PLAN (if applicable):

☐ Fact sheet    ☐ Hand gel/masks    ☐ Swab    ☐ Transfer    ☐ Other:

## Pre-arrival risk assessment form

Key questions	Answer	Details (names and dates, etc)
<b>Name</b> of ship		
Date and time of <b>arrival</b> in NSW		
<b>Terminal</b> of arrival		
Has the ship been in a <b>foreign</b> port during the cruise or in last 14 days?		
<b>Ports</b> visited and dates during the cruise or in last 14 days		
Has the ship had a health <b>assessment</b> at the previous port?		
Number of <b>passengers</b> on board		
Number of <b>crew</b> on board		
Port of <b>origin</b> of this cruise		
Date of <b>departure</b>		
Number of passengers and crew have been in <b>contact</b> with a confirmed case		
Number of passengers and crew who have been in mainland <b>China</b> within 14 days of embarking		
Has the ship obtained accurate <b>contact information</b> (mobile phone and email addresses) for all passengers?		
Has the ship ensured all passengers with respiratory symptoms and fever are <b>isolated</b> while on board and provide them with hand <b>rub</b> and <b>masks</b> for onward travel?		
Has the ship actively <b>asked</b> passengers and crew if they have respiratory symptoms or fever AND asked them to present to the ships doctor for assessment before arrival?		
Is assessment <b>free</b> of charge?		
Number of passengers and crew who <b>presented</b> to ship's clinic with acute respiratory illness this cruise		
% of ship's crew/passengers who had influenza like illness		
Number of <b>ill</b> passengers and crew who have been in countries (excluding transit) included in the <b>Australian CoVID-19 testing</b> criteria in the 14 days before embarkation		
Total number of passengers and crew <b>swabbed</b> for flu, and number tested positive this cruise		
Number of swabs <b>available</b> for COVID-19 testing		
<b>Considering</b> <ul style="list-style-type: none"> <li>the exposures of the passengers and crew, and</li> <li>the nature of the illness and the results of flu testing</li> </ul> what is the risk that COVID-19 is circulating on board?	High  Medium  Low	
If <b>low</b> , then <b>additional assessment</b> of the ship is not generally required.		
<b>If medium or high:</b>		
Do <b>swabs need to be urgently removed</b> from the ship before disembarkation for urgent COVID-19 testing? (High risk would usually require this, low would usually not, <b>medium</b> will require discussion)		

Can <b>passengers and crew disembark</b> because contact details are readily available and symptomatic people can on travel safely home with a mask, fact sheet and had rub, before the results are known? ( <b>Low</b> risk would usually allow this, <b>high</b> would usually not, <b>medium</b> will require discussion)		
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**IMPORTANT INFORMATION FOR CRUISE SHIP OPERATORS:  
MEASURES TO CONTAIN THE RISK OF COVID-19 SPREAD**

Dear Cruise Ship Industry Representative,

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

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

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

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

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

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

I would appreciate your response to [REDACTED] If you have any questions please contact this email address, or Dr Sean Tobin, phone [REDACTED]

Yours sincerely

Dr Kerry Chant PSM

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



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

### Supplies

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

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

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

Cruise ship vessel staff should ensure that:

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

### Reporting requirement to NSW Health

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

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

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

### Pre-arrival preparations for Health Screening

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

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

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

The Ship should then:

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

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

**The following procedures should be used to collect nasopharyngeal swabs:**

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

Enhanced COVID-19 Procedures for the Cruise Line Industry

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

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



## 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.

<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
- Anyone who is a close or casual contact of a confirmed case, and
- Anyone who has travelled or transited through mainland China or Iran (regardless of current physical health status), and
- Anyone who has travelled in any of the other countries included on the Australian list of countries at risk of COVID-19 transmission<sup>1</sup> in the 14 days prior to embarkation (regardless of current physical health status).

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<sup>2</sup> If the vessel is subject to a NSW Health team assessment on arrival, the Health Team will advise if any stored samples will be referred for SARS-CoV-2 testing or if they can be discarded. If the vessel is not subject to a NSW Health team assessment, any stored clinical samples can be discarded on disembarkation.

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

The ship should then:

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

The ship's medical team will be requested to assist in the collection of swabs for any passengers and crew requiring testing to exclude COVID-19, as described above, and to provide any stored samples for testing at a NSW Reference Laboratory if requested.

### **If COVID-19 testing is recommended**

If the NSW Health team has recommended COVID-19 testing for a traveller, advice will be provided on how the traveller should be managed pending the result. If the traveller was not intending to disembark, then they may be recommended to stay in isolation in their cabin until the result is available, in consultation with ship's medical team. If the traveller was disembarking then NSW Health will provide alternative arrangements for them to wait for the result.

If the pre-arrival risk assessment or assessment by the on-site NSW Health team determined there was a high risk of COVID-19 then pratique may not be granted for other passengers and crew to disembark until the results of testing are available.

### **If COVID-19 testing is positive**

If a traveller is confirmed as a COVID-19 case they will be hospitalised in isolation. NSW Health would urgently convene a senior incident management team (IMT) to assess the risk of transmission to other travellers and provide directions on how people identified as close contacts will be managed to ensure appropriate quarantine. The IMT will work closely with the affected ship and Cruise Line Operator and coordinate communications.

NSW Health will identify suitable accommodation for all travellers identified as close contacts to undergo their period of quarantine. It is expected that this will happen on shore.

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.

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

DRAFT 26 Feb 2020

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## 1 Context

This procedure describes response measures and communication mechanisms in response to the detection of one or more confirmed cases of COVID-19 disease among travellers (passengers and crew members) on a cruise ship before, after or at the time of docking in a NSW port.

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

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

This response procedure is to be used in the context of current COVID-19 containment strategies in the community. This response procedure may no longer be appropriate in the setting of sustained community transmission.

## 2 Legal aspects

Infection with novel coronavirus 2019 (known as COVID-19) is a Category 2 scheduled medical condition under the Public Health Act 2010. This means that novel coronavirus 2019 is a notifiable condition requiring obligatory reporting by laboratories and medical practitioners.

Novel coronavirus 2019 is also a [Category 4 condition and contact order condition](#) which means that an authorised medical practitioner may make a public health order in respect to a person with the condition, or in respect to other people believed to have been exposed to someone with the condition and at risk of developing the condition, under certain settings.

In deciding whether or not to make a public health order, the authorised medical practitioner must take into account the principle that any restriction on the liberty of a person should be imposed only if it is the most effective way to prevent any risk to public health.

A NSW Health policy directive – [Management of People Exposed to a Contact Order condition \(PD2019\\_037\)](#) – provides a process for the management of people who have been exposed to a contact order condition, and explains the process through which the health system may encourage, facilitate and, only if required, enforce compliance with recommendations to avoid certain behaviours and/or other quarantine requirements for people following exposure to a contact order condition.

Public health orders are measures of last resort to prevent a public health risk and, in the case of exposure to contact order conditions, are only used when voluntary quarantine recommendations are refused.

Under the Australian Biosecurity Act 2015 there are entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease, which includes disease caused by novel coronaviruses of pandemic potential, such as COVID-19. Biosecurity officers or human biosecurity officers (HBO) use a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).

NSW Health-based HBOs can make Human Biosecurity Control Orders under the Biosecurity Act, both for COVID-19 cases and their contacts, with similar powers to NSW public health orders. However, the preference will be to apply powers under the NSW Public Health Act wherever possible, if required.

A public health order does not take effect until it is served personally on the person subject to the order. See [Appendix X](#) for examples of Public Health Orders for cases and contacts.

### 3 Confirmed Case Scenarios

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

#### 3.1 Scenario 1: A case is identified pre-arrival

NSW Health may receive information about a case identified in a cruise ship traveller who has recently disembarked in another port and has subsequently been confirmed as a COVID-19 case, with likely exposure of other travellers still on the ship.

Other travellers still on board with fever or respiratory symptoms would be considered suspect cases who need to be tested, and many if not all of the other travellers would likely be considered close contacts.

Rarely, it may be possible to collect clinical samples of suspected cases from a high risk ship while still at sea so that a case may be able to be confirmed prior to arrival in port.

#### 3.2 Scenario 2: A case is identified during a NSW Health cruise ship assessment

A case may be confirmed by testing of specimens collected during a NSW Health assessment team screening exercise on board the cruise ship on its arrival.

If the pre-arrival ship assessment indicated a medium risk of COVID-19, the Ship will likely have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available, but other travellers would have been allowed to disembark.

If the pre-arrival ship assessment indicated a high risk of COVID-19, the Ship will likely not have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available. Other passengers and crew would also have been required to self-isolate in their cabins (passengers) or other areas (for crew) pending the results of testing.

#### 3.3 Scenario 3: A case is identified with links to a previous voyage

Cases may also be identified after local disembarkation through testing in NSW or testing in another state or country where the person has travelled to after disembarking.

In this scenario, passengers and crew may have travelled on to local homes or hotels, interstate or overseas destinations, or be part of a continuing voyage on the same cruise ship.

### 4 Incident management team (IMT)

An Incident management team (IMT) will be established to coordinate the public health and clinical response to any confirmed case(s). They will also coordinate the assessment and management of other travellers (passengers and crew members) on the same cruise ship, and of other people who may have been in contact with the case(s).

The IMT will be established by the NSW Health Public Health Controller and will likely include senior staff in the Ministry of Health, one or more PHU Directors and key PHU staff, and experts in Infectious Diseases, Infection Control and Clinical Microbiology, and be supported by the Public Health Emergency Operations Centre (PHEOC).

The IMT will work closely with the State HSFAC and State Emergency Operation Controller (SEOCON). The IMT will also work closely with the Cruise Ship Operator, Senior Cruise Ship Staff, NSW Ambulance, HealthShare NSW, NSW Pathology, and Service NSW.

## 5 Case management

The clinical management of a confirmed case is likely to be similar in all three scenarios, and will be undertaken in an appropriate isolation unit in a tertiary hospital (see below).

If the case is not already hospitalised they will need to be safely transferred by ambulance to a tertiary hospital with appropriate isolation facilities. This could be from the Ship (in Scenario 1 and possibly Scenario 2), from a residential address, or from a NSW Health facility where travellers have been placed awaiting COVID-19 test results (Scenario 2 or 3).

### 5.1 Isolation arrangements

Westmead Hospital's is the preferred site for admission of all confirmed COVID-19 cases (even those with mild symptoms), utilising their high consequence infectious disease isolation rooms. Critically ill patients may need to be transferred to a closer health facility if clinically necessary.

Alternative tertiary referral hospitals will need to be identified if there are multiple confirmed cases reported which exceeds Westmead Hospital's isolation room capacity.

The IMT will need to liaise directly with the receiving hospital to confirm arrangements for admission. This should be done directly with the ID Physician on-call.

### 5.2 Legal aspects – Public health orders

Travellers identified as COVID-19 cases who refuse to comply with recommendations for isolation in hospital may need to be served with a Public Health Order to enforce isolation restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Cases is included in [Appendix X](#).

### 5.3 Transport

The IMT will need to liaise with NSW Ambulance regarding transportation of a confirmed COVID-19 case to a designated hospital. Confirmation regarding specific crew and vehicle, collection and estimated drop off times should also be provided.

The NSW Ambulance contact number for COVID-19 ambulance requests is 9999 9999.

[NSW Ambulance has been asked to supply specific instructions on ordering ambulances for the transfer of both suspected and confirmed COVID-19 cases. Tracy Clarke has been contacted, she had indicated she can identify the appropriate person to ask within NSW ambulance (e-mail received 10.53am 26/2/20)]

### 5.4 Reporting

The PHEOC or IMT should immediately notify the following groups:

- NSW Health Senior Executive
- Minister's Office
- Senior Executive of the LHD and hospital where the case(s) will be admitted
- Relevant Public Health Units (by case's residence and hospital admitted).
- Australian Department of Health
- The Cruise Ship operator

A media and community communications response should be developed with the NSW Health Media team.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES

## 6 Contact classification

### 6.1 Classification as close or casual contacts

The SoNG assessment principles states that close contacts on cruise ships can be difficult to identify, and case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts.<sup>1</sup>

The IMT will be responsible for rapidly assessing the risk to other travellers on the cruise ship (and any other contacts of the case) and classify them as close contacts, casual contacts or non-contacts.

The risk assessment will be based on a range of information sources including:

- Detailed interviews of the patient, other people in the patient's travel group, ship medical staff and other senior ship crew to establish the patient's [movements](#) while infectious.
- Any information on room isolation of the patient following symptom onset and when this commenced.
- The presence of other confirmed cases on the Ship.
- The reporting of acute respiratory illness and influenza-like illness in other travellers not explained by positive influenza test results.

Close-contacts can be difficult to identify in the cruise ship environment but are defined as:

- people who have had greater than 15 minutes face-to-face contact, in any setting, with a suspect case in the period extending from 24 hours before onset of symptoms in the suspect case; or
- people who have shared a closed space with a suspect case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the suspect case.

Close contacts includes:

- people accommodated in the same cabin or small group of cabins with shared amenities
- people providing care in a healthcare or non-healthcare setting (such as a cabin) without using recommended personal protective equipment.

If there have been extensive and prolonged potential exposures by the case while infectious, or if there are multiple confirmed cases identified on the ship, the number of likely close contacts will likely increase markedly such that it may be concluded that the all travellers should be considered as close contacts.

## 7 Close contact management

NSW Health has requested that all cruise ships collect [comprehensive](#) passenger and crew contact details ~~and provide them to the relevant LHD at least 24 hours before arrival at port in format that to~~ enable them to be rapidly contacted in the event that a COVID-19 case is identified [in one of their travellers](#).

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<sup>1</sup> [COVID-19 CDNA National Guidelines for Public Health Units](#) (Accessed 26 February 2020).

## 7.1 Initial communication

Following notification of a confirmed case, contact details for all travellers will be immediately requested from the Cruise Ship operator so that contacts can be notified as soon as possible.

If travellers are still on board, initial contact notification can happen immediately although contact classification and subsequent management may require further investigation, as described in Contact classification section.

The Rapid Contact and Follow-up Protocol for traveller contacts (Appendix 1) describes the process for rapidly contacting travellers through SMS, Email and by phone. Draft scripts are provided in Appendices 2 and 3.

## 7.2 Legal aspects – Public health orders for contacts

People identified as close contacts who refuse to comply with voluntary quarantine recommendations may need to be served with a Public Health Order to enforce quarantine restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Contacts is included in Appendix 10.4.

## 7.3 Transport

Passengers and crew who are close contacts and are well and live locally can either take their own private transport, or will be transported home by NSW Health staff for isolation. This will be as per HealthShare NSW.

For passengers and crew who are close contacts and are well and do not live locally, high volume transport of passengers will be required. This will be arranged in accordance with the HealthShare NSW transport plan. This plan can be activated with two hours' notice. Up to 672 passengers would be able to be transported within 12 hours using rental vehicles and driven by NSW Health staff. While HSNSW, eHealth fleet and rental cars will be used for any remaining passengers.

## 7.4 Accommodation

Accommodation will be sought for passengers and crew who are close contacts and are well but do not live locally or do not have appropriate accommodation. High volume suitable accommodation is required for 14 days. This will include Hotels or other private facilities, Sports and recreation facilities or other government facilities. The facilities are required to have single/family rooms and en suites, access to meals, internet and mobile/telephone services, laundry, medical assessment areas, security, welfare support, as well as entertainment and appropriate recreation space in accordance with isolation and quarantine.

Responsible agency TBC

## 7.5 Symptom and welfare monitoring of close contacts

After Service NSW conducts initial notification phone calls (Appendix 1), close contacts will be monitored for symptoms by NCIMS automated checks.

NCIMS symptoms checks will be sent via text message daily and passengers to respond back via text. The relevant local health district will follow up these passengers as per their usual automated systems process.

Service NSW to conduct welfare checks one week into isolation to ask about wellbeing; issues with self-isolation; offer suggestions for food delivery, and check on symptoms.

## 7.6 Resources

HealthShare are packing and distributing 5000 Home Isolation kits directly to SESLHD and SLHD. The kits include 5 surgical masks, one personal hand sanitiser and the passenger and crew cruise ship information sheet on home isolation and FAQs. SESLHD and SLHD will transport kits to the port as appropriate.

The Information sheet for passengers and crew will be given to all those assessed once the cruise ship has docked. Method for distribution to passengers and crew is TBD by Katie Barker.

Food delivery will be required in the instance that passengers are required to remain on-board until all test results have been received. HealthShare have proposed to organise food packs/bags with shelf stable food. HealthShare have indicated that they would need 12 to 24 hours notice before catering is required. If a cruise ship is classified as high risk (following daily cruise ship risk assessment) operations team will contact HealthShare to indicate this need.

Refer to NSW Health Guideline on Public Health Contact Orders which gives some suggestions on how to support people in home quarantine.

## 8 Casual contact management

These are people who are considered to have had low level contact and who just need to be informed and provided information on self-monitoring for symptoms and who to contact if symptoms develop.

### 8.1 Initial communication

Once a positive case has been detected, casual contacts will be notified immediately via text and e-mail using the PRODOCOM system (see Appendix 1).

Casual contacts do not need to isolate but will need to look out for symptoms and seek medical attention.

If possible NSW Health will be made in partnership with the cruise ship staff.

### 8.2 Further communications

Possible a Service NSW call after one week?

### 8.3 Resources

Casual contact will be provided with the casual contacts information sheet via email.

## 9 Interstate and overseas contacts

### 9.1 Communications

Procedure required for communicating to states if contact have travelled on, and via the NIR for overseas travellers.

## 10 Appendices

### 10.1 Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts

#### 1. SMS

- Send SMS (**script**) to travellers via NCIMS (160 characters)
- SMS will include:
  - Link to further information
  - Reference that they will receive an email and phone call
- Different script for close and casual contacts?

#### 2. E-mail

- Send e-mail (**script**) to travellers
- Email will include:
  - website link to resources (e.g. isolation guidelines)
  - Advice to call Service NSW/Public Health Unit
- Travellers will be asked to contact Service NSW or the PHU

#### 3. Phone call

- Service NSW will call the travellers (**script**)
- + Different script for close and casual contacts
- Check for any current symptoms requiring further assessment by PHU/LHD

#### 4. Daily SMS/Email from NCIMS

- Symptom check linked to Event and PHU workflows

#### 5. Weekly Service NSW welfare check:

- Conduct welfare check for all cases and contacts in isolation
- Provide advice if they become unwell
- Refer to contact tracing team if required

## 10.2 Appendix 2: Script (draft) - CLOSE CONTACTS

Text message	<p>The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.</p> <p>"NSW Health message to XXXXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed and you will be contacted by phone" (145 characters)</p>
Email	<p>"Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19). NSW Health is following up ALL NSW residents that were on this cruise.</p> <p>All passengers and crew members are advised to self-isolate and wear a mask for 14 days following day of disembarkation. You should not attend work or school, and should not leave your home or hotel to go shopping until [date of 14 days of isolation]. Further information regarding home isolation and answers to frequently asked questions is provided below.</p> <p>You will receive a call in the next 3 working days from Service NSW on behalf of NSW Health to provide you with an opportunity to discuss any further questions you may have.</p> <p>Please reply to this email or contact xxxx xxxx between [give the bunker hours xxx] for further enquiries.</p> <p>Close contact factsheet</p> <p><a href="https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx">https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx</a></p> <p>Home Isolation Guide for travellers</p> <p><a href="https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx">https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx</a></p> <p>Frequently asked questions</p> <p><a href="https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx">https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx</a></p> <p>Cruiseship workshop meeting 26/2: "Need a number for passengers to call if they have questions if Service NSW are slow to respond"</p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health"</p>
Service NSW call	<p>"Hi, this is ... and I'm calling from Service NSW on behalf of the NSW Ministry of Health. We've been advised that you were recently a passenger on board (name of vessel, date of arrival).</p> <p>One of the other travellers on the ship has been confirmed as having a novel coronavirus infection, also known as COVID-19. All passengers need to home isolate for 14 days from the day of disembarkation. This means you should not attend work or school, and should not leave your home or hotel to go shopping until midnight of [date of 14 days of isolation].</p> <p>Before I describe what home isolation means, can I ask if you currently sick...</p> <p>[I assume we would use the same wording already used in the welfare check, with urgent referral to Health if they do have symptoms].</p>

	<p>No? Great.</p> <p>If you are sharing your home with other people who are not in home isolation, you should try to separate yourself as much as possible. It is recommended that you:</p> <ul style="list-style-type: none"> <li>• <b>wear a surgical mask when you are in the same room as someone not in home isolation</b></li> <li>• <b>use a separate bathroom, if available</b></li> <li>• <b>avoid shared or communal areas and wear a surgical mask when moving through these areas, and</b></li> <li>• <b>not have other people visit your home while you are in isolation (except to deliver groceries and other supplies and you should wear a facemask if you are face to face with anyone delivering things).</b></li> </ul> <p>If you develop any new symptoms, including cough, sore throat, fever or difficulty breathing, please call health direct on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner. If you go to your GP or emergency department, please ensure you phone ahead to let the staff know your travel history.</p> <p>You will be provided information regarding home isolation via email and you can access further information regarding novel coronavirus on the NSW Health Website. If you have not yet received this information, please give me your email address I can send it to you now"</p>
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### 10.3 Appendix 3: Script (draft) - CASUAL CONTACTS

Text message	<p>The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.</p> <p>"NSW Health message to XXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed to you"</p>
Email	<p>"Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19).</p> <p>You are classified as a casual contact. You do not need to self-isolate, but if you develop symptoms of fever, sore throat, shortness of breath or cough, please call Healthdirect on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner.</p> <p>Frequently asked questions</p> <p><a href="https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx">https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx</a></p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health"</p>

#### 10.4 **Appendix 4** – Examples of a public health orders for ~~cases and~~ contacts

[See below.](#)

Public Health Act 2010Section 62Public Health Order

I, NAME, POSITION, and an authorised medical practitioner within the meaning of section 60 of the Public Health Act 2010 (Act), am satisfied on reasonable grounds that [NAME OF PERSON] is a person:

- Has been exposed to Novel Coronavirus 2019 and
- Is at risk of developing the Novel Coronavirus 2019 and
- Because of the way that [NAME OF PERSON] behaves, may be a risk to public health.

Therefore, in accordance with section 62 of the Act, I make this public health order requiring [NAME OF PERSON] to:

- a) Refrain from the following conduct:
  - a. Entering or remaining in any public place or any premises other than [NAME OF PERSON] usual place of residence unless permitted by .....NAME...
- b) Undergo oropharyngeal and nasopharyngeal swab testing for Novel Coronavirus 2019 as directed by .....NAME...
- c) Undergo a medical physical examination for signs of Novel Coronavirus 2019 as directed by .....NAME.....
- d) Notify .....NAME.....of persons you have been in contact with in the last 14 days.
- e) Notify .....NAME.....if you display SPECIFIED SIGNS OR SYMPTOMS

The circumstances justifying the making of this order are as follows:

- 1) I am satisfied on reasonable grounds that [NAME OF PERSON] has been exposed to Novel Coronavirus 2019 being a disease transmissible via close contact with someone with Novel Coronavirus 2019.
- 2) I am satisfied that [NAME OF PERSON] is not complying with the advice and directions of clinicians/will not comply with the reasonable advice and direction of clinicians
- 3) There is no other effective way to ensure that the health of the public is not endangered or likely to be endangered.

In deciding to make this order, I have taken into account the principle that any restriction on the liberty of the person should be imposed only if it is the most effective way to prevent any risk to public health pursuant to section 62(6) of the Public Health Act 2010.

I have not taken into account the matters listed in clause 39 of the Public Health Regulation 2012 as it is an emergency or otherwise not reasonably practicable.

Unless this order is earlier varied as to its duration or is earlier revoked it expires at the end 14 days. However, the order will expire at the end of 3 business days from the date of service on [NAME OF

PERSON] unless s/he is served with a copy of an application for its confirmation under section 64 of the Act within 3-business days from the date of service.

Dated this                      day of                      2020

Signature.....

[NAME]

[Position]

Authorised Medical Practitioner

This order was served on [NAME OF PERSON] on                      day of                      2020

.....  
Signature

.....  
Print name

TBA

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

### Pre-arrival risk assessment form

Completed by: Laura-Jayne Quinn

Key questions	Answer	Details (names and dates, etc.)
Name of ship	Ruby Princess	83997 net tonnage (medium/large)
Date and time of <b>arrival</b> in NSW	19 March 06:00	
Terminal of arrival	Overseas Passenger terminal  <i><b>NB:Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</b></i>	
Port of <b>origin</b> of this cruise	Sydney, Australia	
Date of <b>departure</b>	8 March 2020	
Has the ship been in a <b>foreign</b> port during this cruise in last 14 days?	Yes	
Ports visited and dates during this cruise in last 14 days	4 March- Dunedin, New Zealand 5 March- Fiordland, New Zealand 8 March- Sydney, Australia 11 March Fiordland, New Zealand 12 March- Dunedin, New Zealand 13 March- Akaroa, New Zealand 14 March- Wellington, New Zealand 15 March- Napier, New Zealand 16 March- Tauranga, New Zealand 17 March- Auckland, New Zealand  (May not have stopped at all ports)	
Has the ship had a health <b>assessment</b> at the previous port?	Unknown	Have cut cruise short
Number of <b>passengers</b> on board	2647 (MARS)	
Number of <b>crew</b> on board	1148 (MARS)	

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

Number of passengers and crew have been in <b>contact</b> with a confirmed case	0	
Number of passengers and crew who have been in mainland <b>China, Iran, South Korea or Italy</b> within 14 days of embarking	0	
Has the ship obtained accurate <b>contact information</b> (mobile phone and email addresses) for all passengers?	Yes- confirmed by Doctor and attached to correspondence.	
Has the ship ensured all passengers with respiratory symptoms and fever are <b>isolated</b> while on board and provide them with hand <b>rub</b> and <b>masks</b> for onward travel?	Yes	Advised via email and confirmed isolation of passengers
Has the ship actively <b>asked</b> passengers and crew if they have respiratory symptoms or fever AND asked them to present to the ship's doctor for assessment before arrival?	Yes	Confirmed by Doctor
Is assessment <b>free</b> of charge?	Yes- confirmed by Doctor	
Number of passengers and crew who <b>presented</b> to ship's clinic with acute respiratory illness this cruise	104	104/3795 2.7%
% of ship's crew/passengers who had influenza like illness	0.94%	36/3795
Number of <b>ill</b> passengers and crew who have been in countries included in the <b>Australian CoVID-19 testing</b> criteria in the 14 days before embarkation	0	
Total number of passengers and crew <b>swabbed</b> for flu, and number tested positive this cruise	48	24 positive for influenza A
Number of swabs <b>available</b> for COVID-19 testing	8	Another 5 tested on board as negative for COVID-19.
<b>Other</b>	No deaths 2 medical disembarkations (see below) No further itinerary planned <i><b>Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</b></i>	
<b>Considering</b> <ul style="list-style-type: none"> <li>the exposures of the passengers and crew, and</li> <li>the nature of the illness and the results of flu testing</li> </ul> What is the risk that COVID-19 is circulating on board?		

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

If <b>low</b> , then <b>additional assessment</b> of the ship is not generally required.	
--	--

### Medical disembarkations

**Mr ANTHONY LONDERO, A537** (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection which is improving on Oseltamivir, Influenza test neg; reason for medical disembarkation: signs of rate related cardiac ischaemia, likely secondary to infective process on initial presentation, which has since improved. He requires a cardiology consult with investigations prior to proceeding home) **Ambulance transfer required**

**Mrs LESLEY BACON, C518** (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection started on Oseltamivir, Influenza tests neg; reason for medical disembarkation: severe lower backpain with signs suggestive of a femoral nerve radiculopathy. This is pre-existing to the respiratory tract infection. She needs assessment in the ED with imaging and specialist referral as needed) **Ambulance transfer required**

## CDNA COVID-19 Case Definition (current on 19 March 2019)

### Confirmed case

A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture, at a reference laboratory.

### Suspect case

If the patient satisfies **epidemiological** and **clinical criteria**, they are classified as a suspect case.

#### **Epidemiological criteria**

International travel in the 14 days before the onset of illness.

Or

Close contact (see close and casual contact definitions below) in the 14 days before illness onset with a confirmed case of COVID-19.

#### **Clinical criteria**

Fever

Or

Acute respiratory infection (e.g. shortness of breath, cough or sore throat) with or without fever.

### Close contact definition

A close contact is defined as requiring:

greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case, or sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.

**Annexure 58**

**From:** Jeremy McAnulty  
**Sent:** Thu, 2 Apr 2020 19:21:19 +1100  
**To:** Andrew Wilson  
**Cc:** Kerry Chant (Ministry of Health);Sean Tobin;Christine Selvey;Victor Carey  
**Subject:** Ruby Princess updated report  
**Attachments:** Ruby Princess Risk Assessment Report 2 April.docx, Appendix 4.pdf, Appendix 5 Enhanced COVID-19 Procedures for the Cruise Line Industry 9 M....pdf, Appendix 1 National protocol for managing risk of COVID-19 from cruise ....pdf, Appendix 2.pdf, Appendix 6 NSW Health COVID-19 Cruise ship response procedure for confir....pdf, Appendix 3 Cruise Ship Screening policy DRAFT 19022020.pdf, Appendix 7.pdf, Appendix 8 CDNA COVID-19 Case Definition.pdf  
**Importance:** High

Dear Andrew

Please find our updated report on the Ruby Princess, that includes a summary and additional information.

Jeremy

**Dr Jeremy McAnulty**

Executive Director | **Health Protection NSW**

Tel [REDACTED] | Mob [REDACTED]

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



**Health**

# NSW Health Report on the Ruby Princess Cruise of 8 to 19 March 2020

## Key Points

- NSW Health had enhanced risk assessment processing in place to assist the Commonwealth in assessing passengers arriving from international waters on cruise ships. This process was in place from February 2020 (and was applied typically to between 1 and 3 ships daily) and went far beyond the processes in most other jurisdictions at that time. The risk assessment process included a review of information about disease on the ship and a review by a panel of public health physicians.
- The decision to allow a ship to enter a port in NSW involves multiple agencies at both State and Federal levels.
- The Ruby Princess Cruise ship departed Sydney on 8 March to cruise around New Zealand and returned to Sydney on 19 March 2020.
- As a large community with many thousands of people living in an enclosed environment, it is very common for cruise ships to have low levels of respiratory infections among passengers and crew. Outbreaks of influenza are common and can often affect a large proportion of those on board.
- International experience shows COVID-19 can rapidly spread among passengers if left on board, so self-isolation at home is a much safer option than leaving passengers on board. NSW Health had developed plans for the removal of passengers should COVID-19 be identified on board a cruise ship. Following a low risk assessment, passengers were allowed to disembark, provided contact details were available from the ship to allow them to be rapidly contacted in case COVID-19 was subsequently identified on board.
- At the time of docking, disease rates on board were below the 1 per cent threshold previously set to identify outbreaks of influenza like illness, and no passengers or crew had been diagnosed or reported to Health Protection NSW to have COVID-19.
- Influenza had been detected among several passengers during the cruise indicating that influenza was the likely cause of respiratory illness on board the ship.
- Samples taken from five people on board the ship were reported to have tested negative for COVID-19 in Wellington NZ during the cruise.
- The Ruby Princess doctor reported that 102 of the 3795 people on board had reported an acute respiratory infection at some time during the cruise, including 36 who reported an influenza-like illness (ILI). A total of 48 patients had been tested for influenza of whom 24 tested positive. The ship's doctor indicated that they had kept 10 respiratory swabs available for further testing.
- An officer of the Australian Department of Agriculture, Water and the Environment handed disembarking passengers a quarantine card, and reinforced that they needed to be quarantined for 14 days after disembarkation.
- Swabs taken for influenza testing were tested for COVID-19 as an added precaution, and they tested positive on 20 March 2020, allowing NSW Health to identify that cases were on board, and launch an investigation and intervention to control further spread.
- At the time of embarkation, the reported risk of transmission of infection in New Zealand was very low, as was the number of cases reported from the United States, (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)

- As soon as the cases were confirmed, NSW Health advised passengers and crew of the situation and asked all passengers to monitor for symptoms and self-isolate for 14 days (as already required for people entering Australia from overseas).

In summary, the Ruby Princess was assessed as low risk, based on the level of illness on board, the negative COVID-19 tests done on passengers while in New Zealand, and the positive influenza tests done on a large proportion of the passengers with influenza like illness. The risk assessment process recognised that there is no “no risk” setting for COVID-19, but balanced the level of risk against the benefit of removing passengers from a cruise ship on which the virus could be circulating. Passengers were allowed to disembark with advice to self-quarantine for 14 days. The 337 passengers who developed COVID-19 acquired it while on board the ship. It is likely that many more cases were averted by their early disembarkation into self-isolation at home.

## Background to Australian Maritime Biosecurity Arrangements

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) – section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer<sup>1</sup> or human biosecurity officer<sup>2</sup> via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease.

The Australian Government is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.

The Act requires that the operator of an international aircraft or vessel must report any ill travellers that show signs and symptoms of infectious disease, or if there has been a death on board. The report must be made to a biosecurity officer prior to arrival in Australia through the Pre-Arrival Report (PAR). These reports and other information from the ship are documented in the maritime arrivals reporting system (MARS).

Biosecurity Officers, officers of the Australian Department of Agriculture, Water and the Environment, apply standard questionnaires to assess pre-arrival reports of illness among passengers or crew, and consult where required with medical officers from NSW Health designated as Human Biosecurity Officers under the Act.

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<sup>1</sup> Biosecurity Officers are employed by the Australian Department of Agriculture, Water and the Environment.

<sup>2</sup> Human Biosecurity Officers are medical officers approved by the Director of Human Biosecurity under the Australian Biosecurity Act 2015. Each state and territory health department has a number of employees who are approved HBOs and one Chief Human Biosecurity Officer with specific powers under the Biosecurity Act.

## National Protocol for Assessing COVID-19 Risk from Cruise Ships

On the 6 March 2020, the Australian Government published a 'National Protocol for Managing Novel Coronavirus Disease (COVID-19) Risk from Cruise Ships' (the National Protocol) (**Appendix 1**) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. The National Protocol does not direct jurisdictions to do such assessments, but instead leaves it to their discretion.

Public health representatives of all state and territory governments including NSW were involved in the development and approval of the National Protocol. NSW Health indicated that in addition to implementing the National Protocol, additional risk assessment procedures for all cruise ships docking in NSW would be applied beyond those prescribed in the National Protocol.

On 15 March 2020, the Prime Minister announced that international cruise operations would cease and all travellers entering Australia from 0001 AEDST 16 March 2020 must undertake a precautionary self-isolation period for 14 days upon entry to Australia. Subsequent Guidance provided by the Australian Government stated that cruise ships would not be allowed to dock at an Australian port. There were a number of exceptions:

- Australian flagged ships
- Returning cruises to return Australians
- Ships in transit that have left the last international port as of 12 pm on the 15 March
- Round Trip Cruises.

Ships potentially meeting the exception criteria are required to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Exempted ships will only be allowed to disembark at Sydney and Brisbane.

As of 15 March, the Australian government COVID-19 factsheet (**Appendix 2**) was available for the Cruise Lines to distribute to incoming international cruise ship passengers to advise that disembarking passengers would need to have an isolation period of 14 days.

## NSW Process for Assessing COVID-19 Risk from Cruise Ships

NSW Health has two long-standing public health programs for cruise ships visiting the Port of Sydney (originally commenced in 1998). These are the Cruise Ship Health Surveillance Program and the Vessel Inspection Program and they are managed by the South Eastern Sydney Local Health District's public health unit (SES PHU). SES PHU respond to reports of infectious disease cases, outbreaks, and other incidents of public health concern, and conduct environmental health inspections of vessels.

The SESPHU Cruise Ship Health Surveillance Program works closely with the cruise ship industry and the Australian Department of Agriculture and Water Resources to improve health surveillance on cruise ships and respond to outbreaks of infectious disease.

Cruise ships often have several thousand passengers on board, many of whom are older and have chronic medical conditions, as well as large numbers of crew (crew numbers may be 30-50% of the

total ship population during a cruise). Respiratory infections (unrelated to COVID-19) and gastrointestinal infections among passengers and crew are common on cruise ships, sometimes increasing to significant outbreaks. Cruise ships are responsible for, and have policies to prevent, detect and manage outbreaks of infectious disease on board.

SESPHU increased monitoring for respiratory illness during January 2020 in response to the growing number of COVID-19 cases, including several dockside assessments.

By 15 February, NSW Health had implemented an enhanced surveillance screening process building on these existing risk assessment arrangements for cruise ships, and which required additional pre-arrival information from cruise lines and cruise ship medical teams for all cruise ships scheduled to dock in NSW ports. The process used from 15 February was documented and further refined on 19 February (**Appendix 3**) and shared with other jurisdictions for consideration as a national approach. It remained a working draft with view to it being adopted nationally.

Pre-arrival information was summarised by SES PHU in a standard reporting template and reviewed the day prior to arrival into NSW by senior public health officers from Health Protection NSW, SES PHU and the public health units of Sydney and Nepean Blue Mountains Local Health Districts. Where the vessels were preliminarily classified as low risk, the panel determined the final risk assessment outcome through email discussions. The panel met by teleconference when there was disagreement about a low risk assessment rating or where the risk assessment classification was either medium or high.

On 22 February 2020, the NSW Chief Health Officer wrote to Cruise Line representatives to alert them to the enhanced risk assessment process for cruises and to provide specific guidance (*Enhanced COVID-19 Procedures for the Cruise Line Industry*) to reduce the risk of COVID-19 on their cruises (**Appendix 4**).

On 9 March 2020, additional information was sent to the cruise lines to recommend additional precautions and to strengthen their specimen collection capacity in case COVID-19 testing was required following the pre-arrival risk assessment (**Appendix 5**).

#### Details of enhanced pre-arrival risk assessment categories and response

Based on the pre-arrival risk assessment for each incoming cruise ship, the NSW Health cruise ship expert panel assigns one of three risk categories – Low, Medium or High – which informs further public health action. The screening process describes the criteria used in the risk assessment to classify the cruise (**Appendix 3**).

**If a cruise is classified as Low Risk**, usual disembarkation procedures are assumed and no NSW Health team attends the ship dockside to conduct screening of sick passengers and crew. In the event that NSW Health becomes aware that respiratory samples had been collected by the Ship medical team and tested negative for influenza, it was not required that these samples be routinely collected and tested by NSW Health for COVID-19 but an assessment on the need for further testing is made on a case-by-case basis.

**If a cruise is classified as Medium Risk**, a NSW Health team meets the ship dockside to conduct a further assessment and screening of symptomatic travellers and other travellers of concern due to

their recent travel history. Pratique is not granted for disembarkation of other travellers until this further risk assessment is completed. Travellers identified for COVID-19 testing are required to self-isolate in a private cabin on board until the results are known. Other passengers are allowed to disembark with the standard Australian Government COVID-19 advice provided to all international arrivals.

**If a cruise is classified as High Risk**, such as when an ill passenger with suspected COVID-19 is identified, the ship would not be granted pratique or permitted to disembark until an incident management team had been formed to assess the risks and prepare a plan of action to screen and manage other passengers and crew.

Procedures for responding to and management of cruise ships where there are confirmed cases of COVID-19 in passengers and/or crew are set out in the 26 February 2020 draft policy (**Appendix 6**).

### Risk Assessments for the Ruby Princess cruises ending 24 February 2020 and 8 March 2020.

On 23 February, NSW Health conducted a detailed pre-arrival risk assessment for the 24 February docking of the Ruby Princess in Sydney, as required under the new enhanced pre-arrival risk assessment. The expert panel assessed this cruise of the Ruby Princess as being a **low risk** for COVID-19 and no NSW Health team attended dockside.

On 7 March, NSW Health again conducted a detailed pre-arrival risk assessment for the 8 March docking of the Ruby Princess in Sydney. The expert panel assessed the ship for that cruise as **medium risk**.

The basis for this **medium risk** classification was that, while the overall reported influenza-like illness rate among travellers (passengers and crew) was low, the expert panel expressed concerns about two passengers who had had onset of acute respiratory illnesses during the cruise and had spent several days in Singapore prior to boarding the cruise. Both passengers had also no identified cause of their symptoms as swabs collected on board had tested negative for influenza.

A NSW Health team from South East Sydney Local Health District met the ship when it docked and screened approximately 360 people who had fever or respiratory symptoms, or who had a travel history of concern for risk of COVID-19.

In addition to the two passengers of concern, an additional four passengers and three crew were swabbed for COVID-19 testing. These passengers and crew were isolated in their cabins. Disembarkation of other passengers was allowed after the assessment was complete. Embarkation of the next cruise passengers and crew was delayed from noon to 5pm, pending receipt of swab results.

All nine swabs tested negative for COVID-19 on the same day, and these people were released from isolation and the next cruise allowed to embark.

## Risk Assessment for the Ruby Princess cruise 8-19 March

On 8 March 2020, the Ruby Princess left Sydney to cruise to New Zealand. The cruise included nine stops in different locations in New Zealand including a stop in Wellington on 14 March and a final stop in Auckland on 17 March before returning to Sydney to dock on 19 March 2020.

The itinerary for this cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020.

Prior to docking on the 19 March pre-arrival information was provided to the South East Sydney Public Health Unit from the Ruby Princess through the maritime arrivals reporting system (MARS) and through direct communications with the ship's medical team.

On 18 March 2020, the expert panel reviewed the risk assessment summary prepared from this information (**Appendix 7**).

The pre-arrival information indicated that there were 2647 passengers and 1148 crew on board. No passengers or crew reported contact with a COVID-19 case, and none reported being had in China, Iran, South Korea or Italy (the countries considered as a high risk for exposure at that time) within 14 days of embarking.

The Ruby Princess doctor reported that 102<sup>1</sup> of the 3795 people on board had reported an acute respiratory infection at some time during the cruise, including 36 who reported an influenza-like illness (ILI). A total of 48 patients had been tested for influenza of whom 24 tested positive. Note that it is recognised that rapid influenza tests may not pick up all positive cases. The ship doctor indicated that they had kept 10 respiratory swabs available for further testing.

The ship's acute respiratory illness log identified that 33 of these 102 people had a country of residence other than Australia. As of 2 April, six of these have been tested for COVID-19 in NSW and none have tested positive.

The national case defining (appendix 8) included international travel as part of the criteria for suspected case of COVID-19. It is acknowledged that some overseas passengers presented with acute respiratory illness during the cruise that in retrospect elevates the risk profile.

The ship doctor also reported that five travellers had been tested for COVID-19 during their stop in Wellington (NZ) on 14 March, and that all five had tested negative for COVID-19.

The ship doctor reported that they were planning to medically disembark two unwell passengers by ambulance.

- One was an Australian man who had no travel history of significance apart from the visit to NSW and NZ. He had a fever and had been diagnosed with an upper respiratory tract infection and had tested negative for influenza. The reason for medical disembarkation was given as ischaemic heart disease, likely secondary to his infection, which had since improved on oseltamivir treatment.
- The second passenger was an Australian woman who had no travel history apart from NSW and NZ. She had been diagnosed with a febrile upper respiratory tract infection and had

tested negative for influenza, however was being treated with oseltamivir. She reported an exacerbation of severe lower back pain with signs suggestive of a femoral nerve radiculopathy. She was to be referred to an emergency department for imaging and specialist referral as needed.

The NSW Health expert panel assessed the available pre-arrival information and agreed that the cruise should be classified as Low Risk. They noted that the itinerary only included ports in New Zealand, considered a low risk country for COVID-19 and the lack of known contact with a COVID-19 among the travellers. The ILI rate was below the one per cent threshold generally recommended to indicate a respiratory outbreak, and 24 travellers had been confirmed with influenza infections. As a precaution, it was recommended to have the specimens that had been collected by the ship doctor tested for COVID-19 when the ship docked.

### Communications to passengers

On 18 March, South Eastern Sydney Public Health Unit emailed the ship's doctor advising that in accordance with new Australian government guidance all passengers must go into self isolating for 14 days. Carnival Corporation, the owner of the Ruby Princess have confirmed verbally that the Australian government COVID-19 factsheet (**Appendix 2**) was delivered to every passenger's cabin prior to arrival and that additional printed information was provided to passengers as they disembarked. In addition on 2 April, Mr Franz Odermatt, Team Leader Sea Ports Sydney, Australian Department of Agriculture, Water and the Environment confirmed that he, in collaboration with Australian Border Force, gave disembarking passengers the Australian government COVID-19 factsheet (**Appendix 2**), informing them that they needed to be quarantined for 14 days and reiterated to the passengers that they need to follow this advice.

In addition, the *Public Health (COVID-19 Quarantine) Order 2020* (Gazette #49) which commenced on 17 March 2020, gave a Ministerial direction that a person who arrives in NSW and who has been in a country other than Australia within 14 days before that arrival must after that arrival isolate themselves for a quarantine period of 14 days.

### Events of 19 March

On the morning of 19 March, the Ruby Princess docked at the Overseas Passenger Terminal in Sydney. The two passengers noted in the pre-arrival assessment were transferred by ambulance to Royal Prince Alfred Hospital for further medical assessment, as arranged by the ship.

SES PHU arranged for transfer of the 10 respiratory samples collected by the ship doctor for COVID-19 testing to the NSW Pathology COVID-19 reference laboratory at Randwick.

### NSW Response

On 20 March 2020, NSW Health was notified that three of the ten swabs for people on the Ruby Princess cruise had tested positive for COVID-19 and were confirmed cases according to the national COVID-19 case definition current at that time (**Appendix 8**). Two of the cases were in passengers and one was in a crew member. The crew member had remained in isolation on board under the care of

the ship's medical team. A fourth Ruby Princess passenger was confirmed as a case later on the same day having sought medical assessment after disembarkation.

NSW Health responded according to the NSW Health COVID-19 cruise ship response procedures for confirmed cases in passengers or crew (**Appendix 6**).

NSW Health immediately informed Carnival and obtained from them their passenger manifest with contact details for all passengers, and advised them to contact all of their crew about the need for self-isolation and to monitor for symptoms.

On 20 March 2020, NSW Health prepared and sent urgent communications to all Ruby Princess passengers by email and SMS messages to advise them of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. The email had as an attachment the NSW Health's factsheet for people in home isolation, and links to further information on the NSW Health website.

In addition, on the 20 March 2020,

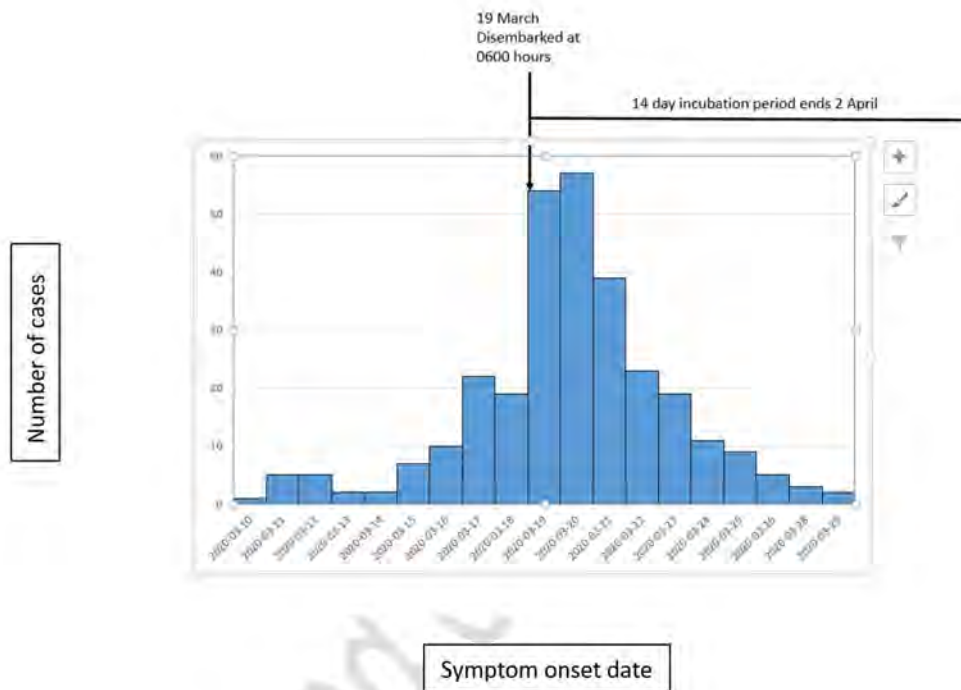
- a media release was also issued to support rapid dissemination of this information;
- other states and territories were notified; and,
- the National Incident Room was notified in relation to international passengers who might have already travelled out of Australia.

Commencing on 20 March:

- NSW Health commenced contacting by telephone all passengers from the Ruby Princess to check on their health and to reinforce the requirement to self-isolate and to monitor their health. The Service NSW call centre was co-opted to assist with telephone contact.
- A letter was also prepared for Carnival Australia which they distributed by email to all passengers on behalf of NSW Health to further ensure receipt of the NSW Health advice.

As of 1 April 2020, 337 cases of COVID-19 acquired on the Ruby Princess have been diagnosed in NSW, including two deaths, and there have been nine secondary cases in close contacts of these cases. Please see Figure 1 below for epidemiological curve. The cruise disembarked 6am 19 March 2020. Of 315 people who reported symptom onset, 237 (75%) developed symptoms on or after 19 March.

**Figure 1: Cases of COVID-19 among passengers and crew of the Ruby Princess who reside in NSW, 8-30 March 2020, by date of symptom onset as of 1 April 2020. Note that the cruise disembarked 6am 19 March 2020.**



### Further measures implemented by NSW to reduce the risk of COVID-19 from cruise ships

On 22 March 2020 NSW implemented additional measures to further reduce the risk of COVID-19-infected passengers or crew transmitting infection within NSW. This included a direction that no cruise ship crew or passengers to be allowed to disembark in NSW until anyone with symptoms consistent with COVID-19 are assessed, swabbed and tested for COVID-19 and found to be negative.

On 28 March 2020, Minister Hazzard, Minister for Health and Medical Research signed the *Public Health (COVID-19 Maritime Quarantine) Order 2020* restricting disembarkation of any person arriving in NSW on a vessel unless authorised by the Police Commissioner, with additional directions regarding other persons boarding or disembarking from vessels. See [https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette\\_2020\\_2020-61.pdf](https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2020_2020-61.pdf).

<sup>1</sup> Excluding 2 duplicates



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

Dear Cruise Ship Industry Representative,

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

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

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

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

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

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

I would appreciate your response to [REDACTED]. If you have any questions please contact this email address, [REDACTED].

Yours sincerely

Dr Kerry Chant PSM

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



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

### Supplies

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

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

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

Cruise ship vessel staff should ensure that:

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

### Reporting requirement to NSW Health

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

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

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

### **Pre-arrival preparations for Health Screening**

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

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

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

The Ship should then:

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

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

**The following procedures should be used to collect nasopharyngeal swabs:**

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

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

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



## 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.

<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
- Anyone who is a close or casual contact of a confirmed case, and
- Anyone who has travelled or transited through mainland China or Iran (regardless of current physical health status), and
- Anyone who has travelled in any of the other countries included on the Australian list of countries at risk of COVID-19 transmission<sup>1</sup> in the 14 days prior to embarkation (regardless of current physical health status).

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<sup>2</sup> If the vessel is subject to a NSW Health team assessment on arrival, the Health Team will advise if any stored samples will be referred for SARS-CoV-2 testing or if they can be discarded. If the vessel is not subject to a NSW Health team assessment, any stored clinical samples can be discarded on disembarkation.

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

The ship should then:

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

The ship's medical team will be requested to assist in the collection of swabs for any passengers and crew requiring testing to exclude COVID-19, as described above, and to provide any stored samples for testing at a NSW Reference Laboratory if requested.

### **If COVID-19 testing is recommended**

If the NSW Health team has recommended COVID-19 testing for a traveller, advice will be provided on how the traveller should be managed pending the result. If the traveller was not intending to disembark, then they may be recommended to stay in isolation in their cabin until the result is available, in consultation with ship's medical team. If the traveller was disembarking then NSW Health will provide alternative arrangements for them to wait for the result.

If the pre-arrival risk assessment or assessment by the on-site NSW Health team determined there was a high risk of COVID-19 then pratique may not be granted for other passengers and crew to disembark until the results of testing are available.

### **If COVID-19 testing is positive**

If a traveller is confirmed as a COVID-19 case they will be hospitalised in isolation. NSW Health would urgently convene a senior incident management team (IMT) to assess the risk of transmission to other travellers and provide directions on how people identified as close contacts will be managed to ensure appropriate quarantine. The IMT will work closely with the affected ship and Cruise Line Operator and coordinate communications.

NSW Health will identify suitable accommodation for all travellers identified as close contacts to undergo their period of quarantine. It is expected that this will happen on shore.

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.



**Australian Government**

**Department of Health**

## **NATIONAL PROTOCOL FOR MANAGING NOVEL CORONAVIRUS DISEASE (COVID-19) RISK FROM CRUISE SHIPS**

March 2020

<b>Version</b>	<b>Date of Publication</b>	<b>Reason</b>	<b>Approved By</b>
V1.0	6 March 2020	Initial publication	Rhonda Owen, Assistant Secretary, Health Emergency Management Branch, Office of Health Protection

This protocol was endorsed by the Chief Human Biosecurity Officers (CHBO) on 3 March 2020.

### **CONSULTATION**

The following were consulted in the development of the protocol:

- Australian Government Department of Agriculture, Water and Environment
- Australian Government Department of Home Affairs
- Australian Government Department of Infrastructure, Transport, Cities and Regional Development
- Australian Health Protection Principal Committee
- Chief Human Biosecurity Officers
- Cruise Lines International Association (CLIA)

### **PURPOSE**

The purpose of this protocol is to clarify the intent, responsibility, and required action in responding to coronavirus disease 2019 (COVID-19) risk from cruise ships. It is primarily a border operations protocol.

Cruise ships may carry domestic or international travellers who pose human biosecurity risks. This may also lead to the spread of diseases to other travellers, particularly given the population density, the duration of cruises and the mixing patterns of people on board. It is therefore necessary to enhance surveillance and control measures among travellers to:

- protect the health of travellers on vessels;
- minimise the likelihood of large numbers of infected people returning to Australia and further spreading diseases among the community;
- manage the impact on the Australian health system; and
- prevent the spread of diseases among populations in cruise voyage destinations.

This protocol is limited to COVID-19 and has specific measures for assessing the risk of COVID-19 on the ship, screening of passengers and crew if required, and initial management of suspected cases. It is recognised that as the outbreak situation evolves, additional measures may become necessary and this protocol may be reviewed and revised as required.

This protocol does not address when a passenger or crew member is confirmed to have COVID-19 by laboratory testing, which will be managed on a case-by-case basis by jurisdictional public health authorities in close coordination with border agencies, the cruise ship operator and senior ship officers (see INFORMATION SHARING section).

While response protocols for confirmed COVID-19 cases will likely include requiring some passengers and crew identified as contacts to undergo a period of quarantine, where possible it is not intended that this occur on board the ship.

## LEGISLATION

- *Biosecurity Act 2015* (the Act) - Under section 44 of the Act, the Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease.
- The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer or human biosecurity officer via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).
- State and territory public health acts mandate the reporting of certain diseases to the relevant state or territory communicable diseases unit.

## NOVEL CORONAVIRUS DISEASE (COVID-19)

An outbreak of respiratory disease caused by a novel coronavirus (SARS-CoV-2) was first detected in Wuhan City, Hubei Province, China, and is ongoing. On 11 February 2020, the World Health Organization (WHO) named the disease caused by the virus Coronavirus Disease 2019 (COVID-19). Sustained human-to-human community transmission has been demonstrated in parts of China, largely in Wuhan city, and some human-to-human spread of the virus has been detected outside of China, including in Australia. On 30 January 2020, the International Health Regulations Emergency Committee of the WHO declared the outbreak a public health emergency of international concern (PHEIC). The WHO emphasised the urgent need to coordinate international efforts to reduce the risk of further international spread. Australia declared the then named 'human coronavirus with pandemic potential' as a LHD on 3 February 2020, enabling powers under the *Biosecurity Act 2015* to be used to manage the entry, spread and establishment of COVID-19.

The symptoms of COVID-19 include fever, sweats and chills, fatigue, rhinorrhoea, sore throat, cough, and difficulty breathing. Symptoms can take up to 14 days to develop after a person has been infected.

## PROTOCOL

This protocol has been developed for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. All individuals, groups and authorities involved in the cruise ship industry including crew, health care staff, cruise line operators, owners, and port health authorities should be aware of these procedures.

For the purposes of this protocol, a **traveller** means a **passenger** or **crew member**

## RISK ASSESSMENT

Respiratory illnesses (common cold and influenza) are some of the most common infections affecting people on cruise ships, and cases of COVID-19 aboard passenger ships have occurred. Because cases of seasonal influenza often occur on ships and sustained community transmission of COVID-19 has been observed, it is possible that passenger ships carrying thousands of people would have travellers with COVID-19. In the context of the PHEIC relating to COVID-19, assessing the public health risk of each vessel arrival to Australia from international ports is important before advice is given on implementation of control measures. Public health risk assessment involves appraisal of threats to travellers on board the ship, as well as to the population in the community.

Some jurisdictions may conduct a public health risk assessment for every ship, while in other jurisdictions a risk assessment for every ship may not be necessary if no illness has been reported and a standing risk assessment for the global situation may suffice in this circumstance. Assessing the risk of any reported event is necessary before proceeding with the enforcement of public health measures.

No single criterion will dictate any specific action in relation to the overall management of a vessel; however, each public health unit can use these criteria to inform their risk management strategy:

- the itinerary of the vessel, specifically
  - whether the vessel has visited a higher or moderate risk country<sup>1</sup> in the last 14 days
- the travel history of any person on-board the vessel, specifically
  - whether the traveller has visited a higher or moderate risk country<sup>2</sup> in the last 14 days

<sup>1</sup> Per the Australian Government Department of Health's ['COVID-19: Countries considered to pose a risk of transmission'](#)

<sup>2</sup> As above.

- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)<sup>3</sup>
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected
- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)

#### ***Exposure Risk – Potential Contacts that are currently well***

The following exposure risk categories are provided to help guide initial biosecurity management of people following potential SARS-CoV-2 exposure, given the difficulty in identifying close contacts (as strictly defined by public health experts) in the cruise ship environment due to the physical environment, inability to confirm SARS-CoV-2 with laboratory testing, and variable preparedness of individual operators to respond to suspect cases.

##### **Highest Exposure Risk**

- Accommodated in the same cabin or small group of cabins with shared amenities as, being an intimate partner of, or providing care or cleaning services in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***without using recommended precautions***; OR
- Recent travel from a [higher risk country](#)

##### **Medium Exposure Risk**

- Accommodated in the same cabin or small group of cabins with shared amenities as, **not** being an intimate partner of, or providing care in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***while consistently using recommended precautions***

<sup>3</sup>Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members

- Being in the same semi-closed environment (e.g., a games-room, movie theatre, infirmary waiting room) as a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 *for a prolonged period of time*<sup>4</sup>, OR

- Travel from [moderate risk countries](#) (excluding transit).

AND

- not meeting the higher risk definition above

#### Lower Exposure Risk

- Interactions with a person with symptomatic clinically diagnosed suspect (or laboratory-confirmed) COVID-19 infection that do not meet any of the higher or medium-risk conditions above, such as walking by the person or being briefly in the same room

AND

- not having any exposures that meet a higher-risk or medium-risk definition

Note that if there are multiple suspect cases, the number of contacts in the higher exposure risk category will increase. In some situations it may be difficult to delimit exposure categories and as such, a whole ship could potentially be considered at higher exposure risk.

## BORDER SCREENING

The standard process at the border for screening for, and managing the presence of, LHDs will continue, which includes:

- Pre-arrival report and human health report
  - In accordance with biosecurity reporting obligations under Section 193 of the Act, information regarding any illness on-board must be lodged in the Maritime Arrivals Reporting System (MARS) between 96 and 12 hours prior to arrival. Vessels are required to update the MARS report if the human health status of persons on-board changes.
  - To support the enhanced COVID-19 border measures announced by the Prime Minister on 5 March 2020, the following additional questions will be asked on the pre-arrival report until advised otherwise:
    - Has the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
    - Has any person on the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
    - Has any person on the vessel been in contact with a confirmed case of novel coronavirus infection in the last 14 days?

<sup>4</sup> As per the COVID-19 SoNG.

- The Maritime National Coordination Centre (MNCC) will coordinate officer attendance at the relevant port. On a case by case basis, state/territory health authorities may also attend the port.
- Under the Act the ship's master must specifically report people with symptoms of an LHD, including human coronavirus with pandemic potential, before arrival.
- **Pratique**
  - Cruise vessels are assumed to have pratique from the vessel's first port of arrival in Australia unless there is illness or death on-board, or if the vessel has not provided a pre-arrival report. Pratique takes effect when the vessel arrives at the port.
  - If there is illness or death on-board reported, or if a pre-arrival report has not been provided in accordance with the requirements in the *Biosecurity Regulation 2016*, the vessel has negative pratique until a biosecurity officer has assessed that there is no human health risk associated with the vessel and has granted pratique.
- **Administration of the Traveller with Illness Checklist (TIC)**
  - Where the cruise ship has reported unwell travellers, the vessel will be met by a biosecurity officer.
  - Unwell travellers will be screened using existing LHD screening procedures.
  - The TIC screens for COVID-19 based on the case definition provided in the COVID-19 Series of National Guidelines (SoNG), and includes symptoms of COVID-19, exposure to cases of COVID-19 and travel history. The TIC will be updated on occurrence of a change to the case definition provided in the COVID-19 SoNG as needed.
- **Referral to a Human Biosecurity Officer (HBO), or Chief Human Biosecurity Officer (CHBO), for medical advice or assistance will occur where the TIC indicates a risk for COVID-19 or any other LHD.**

#### **ADDITIONAL BORDER MEASURES**

- **Until advised otherwise by Health or DAWE, all cruise ships are required to:**
  - provide any stored swabs urgently to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO. Provided there are no concerns about the COVID-19 risk profile of the ship or suspected COVID-19 cases reported, the HBO may advise the biosecurity officer that pratique can be granted and the ship may be allowed to continue the voyage while samples are being tested.
  - deliver on-board announcements to travellers prior to the vessel docking at an Australian seaport to encourage self-reporting of ill health by travellers and inform travellers of their obligation to declare whether they are

experiencing specific symptoms (DAWE will provide internationally operating cruise ships with pre-recorded messages for the on-board verbal announcement in a number of languages).

- Until advised otherwise by Health or DAWE, all ports are required to:
  - deliver verbal announcements at the Australian seaport to encourage self-reporting of ill health by travellers, and to inform travellers of their obligation to declare whether they are experiencing specific symptoms. DAWE will provide pre-recorded messages for the port announcement in a number of languages to the port authority who will be responsible for implementing this measure.

## **CASES OF INFLUENZA-LIKE ILLNESS (ILI) PRESENTING ON CRUISE SHIPS**

### ***On-Board Management***

Ships should actively encourage travellers with respiratory symptoms to seek immediate on-board medical assessment. Incentives such as free or subsidised consultations for travellers with respiratory illness should be considered by the ship, to reduce barriers for timely assessment.

Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerator, if able, for later SARS-CoV-2 testing.

## **REPORT OF LISTED HUMAN DISEASE - COVID-19 SUSPECT CASE or POTENTIAL OUTBREAK<sup>5</sup> OF RESPIRATORY ILLNESS**

### ***On-Board Management***

Where the ship's medical officer determines that there is either:

- a) a suspect case(s)<sup>6</sup> of COVID-19 on-board, or
- b) an outbreak<sup>7</sup> of ILI on-board with larger than expected numbers of tests are negative for influenza, the following measures should be taken:
  - The suspect case(s) or any person with ILI should be isolated in an isolation ward, cabin, room or quarters, with an independent ventilation and toilet system where possible.

<sup>5</sup> Potential outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members.

<sup>6</sup> A suspect case is defined in 'Interim advice to public health units – COVID-19' available at [www.health.gov.au](http://www.health.gov.au)

<sup>7</sup> Outbreaks of influenza or ILI ( $\geq 1\%$ ) among passengers or crew members.

- Infection control procedures including droplet and standard precautions should be implemented. Medical staff should wear appropriate PPE when assessing patients with respiratory illness and collecting specimens.
- Medical staff should refer to the COVID-19 resources for health professionals, available at [www.health.gov.au](http://www.health.gov.au)
- Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerators, if able, for later SARS-CoV-2 testing.
  - Inappropriately stored samples may not be able to be tested for SARS-CoV-2 because of biosafety concerns in the laboratory.
- Where influenza can be confirmed, and the traveller does not meet the suspect case definition for COVID-19, the traveller should follow isolation recommendations in accordance with standard influenza outbreak protocols.
- Where influenza cannot be confirmed, confinement to isolation with infection control measures should continue until a decision to return to public areas can be made in collaboration with the public health authority at the next port of call.
- All those identified as higher exposure risk<sup>8</sup> should be identified and isolated as above and advised to monitor their health for development of symptoms until such time further assessment by public health authorities has determined whether or not they are truly a close contact in accordance with the Exposure Risk table above. Further, they should be managed as follows:
  - The traveller(s) should be placed under active surveillance for 14 days.
  - If after 14 days of isolation and observation, the travellers do not develop symptoms of COVID-19, they may be discharged from follow-up.
  - Both embarking and disembarking ports must be notified of COVID-19 suspected case contacts being on-board and measures taken.
  - Lower and medium risk contacts should be asked to self-monitor for COVID-19 symptoms for 14 days from their last exposure. They should be asked to immediately self-isolate and contact medical services if any symptoms appear during this time.
- A high frequency of cleaning and disinfection should be maintained on the vessel. Cabins and quarters occupied by suspected cases and close contacts of suspect COVID-19 cases should be cleaned and disinfected according to recommendations provided by the local public health authority.

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<sup>8</sup> Note that if there are multiple suspect cases, the number of likely close contacts will increase, and it may be that the all travellers could potentially be considered as close contacts.

### ***Pre-Arrival Requirements***

The vessel is required to:

- Immediately alert the public health authority at the next port of call to:
  - Determine if the necessary capacity for transportation, isolation, and care is available at the port (the vessel may be asked to proceed to another national port in close proximity if this capacity is not available or if warranted by the critical medical status of the suspected COVID-19 case).
  - Provide any information required for the authority to conduct a risk assessment.
  - Seek advice as to the infection prevention control requirements.
  - Ensure that [REDACTED] is a Cc addressee on all email communication.
- Update pre-arrival reporting in MARS to reflect the current health status of the vessel
- Advise the MNCC that there is a report of a listed human disease, suspected case of COVID-19 or potential outbreak of respiratory illness on board
  - The MNCC will provide the vessel or its agent with the traveller record form
- Ensure that accurate records of all traveller contact details are collated and provided to the MNCC prior to arrival. These should be in a format which supports ready contact of travellers (see Attachment 1).
  - The MNCC will distribute the record to [REDACTED] and the relevant state or territory health agency for test result notification and contact tracing purposes.
- Have a representative available to liaise with government agencies (see INFORMATION SHARING section).

### ***Management at First Port of Entry***

- The vessel will not be allowed to disembark travellers until the biosecurity officer, in consultation with the HBO, has made the appropriate assessments and pratique is granted.
- If the HBO determines that an unwell traveller meets the COVID-19 suspect case definition, or a positive test result is returned, the following is to occur:
  - The biosecurity officer will notify the port authority to provide access for medical transport.
  - The HBO will identify and coordinate transfer to an appropriate medical facility.
  - The traveller will be transported to the medical facility for further management, by the most appropriate means, using all necessary precautions as specified by the HBO.

- If COVID-19 is confirmed in a suspected case, the HBO and public health authorities will advise on the identification and management of other passengers and crew considered contacts based on a further risk assessment and using national guidance.
- When a positive test for COVID-19 is returned, those travellers who were initially identified as high exposure risk will be assumed to be a close contact, and managed as follows, unless it is subsequently determined by public health authorities they were not close contacts:
  - The traveller will be assessed by a biosecurity officer on disembarking and screened for symptoms of COVID-19 using the TIC. If symptoms are detected, the traveller will be managed as per a suspect case.
  - If no symptoms are detected, the traveller will be provided with information sheets for travellers on coronavirus and quarantine, available at [www.health.gov.au](http://www.health.gov.au), and will be allowed to disembark and undertake a period of self-quarantine.
  - The traveller is required to be quarantined either at home, if a returning Australian resident, or in appropriate accommodation for 14 days from disembarkation.
  - The traveller should be placed under active surveillance for the duration of isolation.
  - The traveller may be allowed to undertake domestic travel consistent with the CDNA COVID-19 SoNG.
  - The traveller should be restricted from undertaking international or further domestic travel until the period of isolation has ended and they have remained well.
- Contacts of suspected cases may be considered for contact management if there is likely to be a delay in confirming or excluding COVID-19 in the suspected case.
- As soon as the suspect case(s) (or subsequently confirmed case) has been removed from the cruise vessel, the cabin or quarters where the traveller was isolated and managed, it should be thoroughly cleaned and disinfected according to recommendations provided by the local public health authority.
- A biosecurity officer will provide information sheets on symptoms and transmission of COVID-19 to crew for distribution to all passengers and crew. The factsheets can also be sent to the shipping agent prior to arrival for distribution via email to all passengers and crew.
- After the HBO has determined that no other travellers have symptoms consistent with COVID-19 and possible contacts have been managed, pratique will be granted and remaining travellers will be allowed to disembark and the vessel may be permitted to commence embarkation procedures provided the required cleaning and disinfection measures have taken place.
- If requested, any stored swabs must urgently be provided to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO.

- The vessel may be allowed to proceed to its next port of call upon receipt of clearance from the biosecurity officer, who will consider advice from the public health authority following receipt of any laboratory results (see 'Possible management actions section').

### ***Possible management actions***

Actions taken by HBOs or state and territory health authorities will depend on the risk profile of the ship or of affected travellers (e.g. crew member suspect case is a higher risk for transmission than a passenger suspect case) and will need to be based on case-by-case assessment. However, the following represent some potential management actions that HBOs may consider:

- Ship granted pratique and allowed to continue voyage as planned while samples are tested, provided the suspected case(s) and all close contacts have been disembarked, and proper cleaning undertaken.
- Ship granted pratique but restrictions placed on the voyage, for example (but not limited to):
  - The ship may only disembark travellers at specified ports where there is capacity for ill traveller screening and health services to assess travellers, test samples and manage ill travellers
  - The ship may continue voyage but must not disembark travellers for day trips for a specified period of time
  - Crew must disembark for quarantine, noting that changing out an entire crew is not usually feasible and this option would effectively prevent the ship from continuing the current and subsequent voyages.
- Ship is not granted pratique until the results of testing are received, an assessment of risks has been completed and a management plan has been decided, for example where there is an outbreak of influenza-negative ILI.

In all cases, actions being considered should be notified to the ship's Master as soon as practicable to enable the ship to respond. This may be communicated from the Information Sharing Forum (see INFORMATION SHARING section).

### ***Management at Subsequent Australian Ports***

In accordance with standard biosecurity management procedures the vessel will continue to be required to provide pre-arrival reports and human health reports prior to docking in subsequent Australian ports and disembarking travellers. DAWE will manage any further reports of an LHD as required.

## **INFORMATION SHARING**

An Information Sharing Forum may be convened, consisting of relevant Commonwealth Government agencies, state and territory government agencies and the affected cruise ship or its representative. The forum will be convened by the state or territory health agency managing the response. The purpose of the forum will be to share information in a timely manner and promote consultation between these stakeholders. The forum may develop key communication messages during a response to facilitate consistency of messaging between

government and the cruise industry. The decision-making responsibility for any public health response will continue to rest with the state or territory health department.

## **RESPONSE TO ELEVATED RISK**

The decision to escalate border measures is an Australian Government decision informed by whole of Government advice with expert input from state and territories. The trigger points for escalating border measures will be determined by situational information on the epidemiology of COVID-19.

The Australian Government may establish the following, additional border control measures:

- Enhanced identification and assessment measures
  - Non-automatic pratique – classes of vessels may be subject to negative pratique and screened for LHD before pratique is granted.
  - Traveller screening may be conducted by healthcare workers and public health teams on disembarkation.
- Enhanced quarantine measures.
- Exit screening.

Advice from the CHBO will be sought prior to implementation of enhanced border measures.

**From:**  
**To:**  
**Subject:**  
**Date:**  
**Attachments:**

---

**From:** [REDACTED] [mailto:[REDACTED]]  
**Sent:** Thursday, 2 April 2020 4:21 PM  
**To:** Simon [REDACTED] (Ministry of Health) [REDACTED]  
**Subject:** RE: Information given to Ruby Princess passengers when they disembarked  
[SEC=UNCLASSIFIED]

Hi Simon

Attached is the brochure we handed out to all disembarking passengers

Regards

[REDACTED]  
Team Leader Seaports Sydney | Regional Vessel Coordinator  
Inspection Group | Biosecurity Operations Division  
Mobile: [REDACTED] Phone: [REDACTED]  
Department of Agriculture, Water and the Environment  
Sydney International Airport, Level 1 Arrivals, Mascot NSW 2020



Australian Government  
Department of Health

## Novel coronavirus (COVID-19)

### Information for international travellers

There is currently a global outbreak of novel coronavirus (COVID-19).

Symptoms of COVID-19 are similar to other respiratory illnesses and can include fever, sore throat, cough, tiredness and shortness of breath. This information sheet should be read in conjunction with the 'What you need to know' and 'Isolation guidance' information sheets. Go to [www.health.gov.au/covid19-travellers](http://www.health.gov.au/covid19-travellers) for the list of high risk countries and information sheets.

### Who is required to stay at home?

All travellers must isolate for a period of 14 days after they have entered Australia. If you need to transit domestically, you may complete this transit and then begin your precautionary 14 day self-isolation period. If you have a layover, you must remain in the airport or self-isolate in your accommodation for the transit period. Refer to the 'Isolation guidance' information sheet for further information.

If you have returned from a country or region that is at higher risk for COVID-19, you may also be required to undergo enhanced health screening on arrival in Australia.

### What do I do if I am sick right now?

If you are experiencing symptoms of COVID-19, let a member of the airline or ship crew know now. If you are in the airport or seaport contact a biosecurity officer now.

### What do I do if I get sick while in Australia?

If you become unwell, you must:

- Stay in your home or hotel.
- Isolate yourself from others and use a separate bathroom if available.
- Put on a surgical mask if you are near other people. If you don't have one, cover your cough and sneeze.
- Wash your hands frequently with soap and water and use alcohol-based hand rub.
- Call a doctor and tell them your recent travel history.

If you have serious symptoms such as difficulty breathing, call 000, ask for an ambulance and notify the ambulance officers of your recent travel history.

### How can I prevent the spread of coronavirus?

Practising good hand and sneeze/cough hygiene is the best defence against most viruses:

- Wash your hands frequently with soap and water, including before and after eating, and after going to the toilet.
- Cover your cough and sneeze, dispose of tissues, and wash your hands.
- If unwell, avoid contact with others (stay more than 1.5 metres from people).

### More information

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au)

Call the National Coronavirus Help Line on 1800 020 080. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The phone number of each state or territory public health agency is available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts)

If you have concerns about your health, speak to a doctor.  
Information for international travellers – Version 2 (15/03/2020)  
Novel coronavirus (COVID-19)

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

DRAFT 26 Feb 2020

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## 1 Context

This procedure describes response measures and communication mechanisms in response to the detection of one or more confirmed cases of COVID-19 disease among travellers (passengers and crew members) on a cruise ship before, after or at the time of docking in a NSW port.

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

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

This response procedure is to be used in the context of current COVID-19 containment strategies in the community. This response procedure may no longer be appropriate in the setting of sustained community transmission.

## 2 Legal aspects

Infection with novel coronavirus 2019 (known as COVID-19) is a Category 2 scheduled medical condition under the Public Health Act 2010. This means that novel coronavirus 2019 is a notifiable condition requiring obligatory reporting by laboratories and medical practitioners.

Novel coronavirus 2019 is also a [Category 4 condition and contact order condition](#) which means that an authorised medical practitioner may make a public health order in respect to a person with the condition, or in respect to other people believed to have been exposed to someone with the condition and at risk of developing the condition, under certain settings.

In deciding whether or not to make a public health order, the authorised medical practitioner must take into account the principle that any restriction on the liberty of a person should be imposed only if it is the most effective way to prevent any risk to public health.

A NSW Health policy directive – [Management of People Exposed to a Contact Order condition \(PD2019\\_037\)](#) – provides a process for the management of people who have been exposed to a contact order condition, and explains the process through which the health system may encourage, facilitate and, only if required, enforce compliance with recommendations to avoid certain behaviours and/or other quarantine requirements for people following exposure to a contact order condition.

Public health orders are measures of last resort to prevent a public health risk and, in the case of exposure to contact order conditions, are only used when voluntary quarantine recommendations are refused.

Under the Australian Biosecurity Act 2015 there are entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease, which includes disease caused by novel coronaviruses of pandemic potential, such as COVID-19. Biosecurity officers or human biosecurity officers (HBO) use a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).

NSW Health-based HBOs can make Human Biosecurity Control Orders under the Biosecurity Act, both for COVID-19 cases and their contacts, with similar powers to NSW public health orders. However, the preference will be to apply powers under the NSW Public Health Act wherever possible, if required.

A public health order does not take effect until it is served personally on the person subject to the order. See [Appendix X](#) for examples of Public Health Orders for cases and contacts.

### 3 Confirmed Case Scenarios

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

#### 3.1 Scenario 1: A case is identified pre-arrival

NSW Health may receive information about a case identified in a cruise ship traveller who has recently disembarked in another port and has subsequently been confirmed as a COVID-19 case, with likely exposure of other travellers still on the ship.

Other travellers still on board with fever or respiratory symptoms would be considered suspect cases who need to be tested, and many if not all of the other travellers would likely be considered close contacts.

Rarely, it may be possible to collect clinical samples of suspected cases from a high risk ship while still at sea so that a case may be able to be confirmed prior to arrival in port.

#### 3.2 Scenario 2: A case is identified during a NSW Health cruise ship assessment

A case may be confirmed by testing of specimens collected during a NSW Health assessment team screening exercise on board the cruise ship on its arrival.

If the pre-arrival ship assessment indicated a medium risk of COVID-19, the Ship will likely have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available, but other travellers would have been allowed to disembark.

If the pre-arrival ship assessment indicated a high risk of COVID-19, the Ship will likely not have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available. Other passengers and crew would also have been required to self-isolate in their cabins (passengers) or other areas (for crew) pending the results of testing.

#### 3.3 Scenario 3: A case is identified with links to a previous voyage

Cases may also be identified after local disembarkation through testing in NSW or testing in another state or country where the person has travelled to after disembarking.

In this scenario, passengers and crew may have travelled on to local homes or hotels, interstate or overseas destinations, or be part of a continuing voyage on the same cruise ship.

### 4 Incident management team (IMT)

An Incident management team (IMT) will be established to coordinate the public health and clinical response to any confirmed case(s). They will also coordinate the assessment and management of other travellers (passengers and crew members) on the same cruise ship, and of other people who may have been in contact with the case(s).

The IMT will be established by the NSW Health Public Health Controller and will likely include senior staff in the Ministry of Health, one or more PHU Directors and key PHU staff, and experts in Infectious Diseases, Infection Control and Clinical Microbiology, and be supported by the Public Health Emergency Operations Centre (PHEOC).

The IMT will work closely with the State HSFAC and State Emergency Operation Controller (SEOCON). The IMT will also work closely with the Cruise Ship Operator, Senior Cruise Ship Staff, NSW Ambulance, HealthShare NSW, NSW Pathology, and Service NSW.

## 5 Case management

The clinical management of a confirmed case is likely to be similar in all three scenarios, and will be undertaken in an appropriate isolation unit in a tertiary hospital (see below).

If the case is not already hospitalised they will need to be safely transferred by ambulance to a tertiary hospital with appropriate isolation facilities. This could be from the Ship (in Scenario 1 and possibly Scenario 2), from a residential address, or from a NSW Health facility where travellers have been placed awaiting COVID-19 test results (Scenario 2 or 3).

### 5.1 Isolation arrangements

Westmead Hospital's is the preferred site for admission of all confirmed COVID-19 cases (even those with mild symptoms), utilising their high consequence infectious disease isolation rooms. Critically ill patients may need to be transferred to a closer health facility if clinically necessary.

Alternative tertiary referral hospitals will need to be identified if there are multiple confirmed cases reported which exceeds Westmead Hospital's isolation room capacity.

The IMT will need to liaise directly with the receiving hospital to confirm arrangements for admission. This should be done directly with the ID Physician on-call.

### 5.2 Legal aspects – Public health orders

Travellers identified as COVID-19 cases who refuse to comply with recommendations for isolation in hospital may need to be served with a Public Health Order to enforce isolation restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Cases is included in [Appendix X](#).

### 5.3 Transport

The IMT will need to liaise with NSW Ambulance regarding transportation of a confirmed COVID-19 case to a designated hospital. Confirmation regarding specific crew and vehicle, collection and estimated drop off times should also be provided.

The NSW Ambulance contact number for COVID-19 ambulance requests is 9999 9999.

[NSW Ambulance has been asked to supply specific instructions on ordering ambulances for the transfer of both suspected and confirmed COVID-19 cases. NAME REDACTED has been contacted, she had indicated she can identify the appropriate person to ask within NSW ambulance (e-mail received 10.53am 26/2/20)]

### 5.4 Reporting

The PHEOC or IMT should immediately notify the following groups:

- NSW Health Senior Executive
- Minister's Office
- Senior Executive of the LHD and hospital where the case(s) will be admitted
- Relevant Public Health Units (by case's residence and hospital admitted).
- Australian Department of Health
- The Cruise Ship operator

A media and community communications response should be developed with the NSW Health Media team.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES

## 6 Contact classification

### 6.1 Classification as close or casual contacts

The SoNG assessment principles states that close contacts on cruise ships can be difficult to identify, and case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts.<sup>1</sup>

The IMT will be responsible for rapidly assessing the risk to other travellers on the cruise ship (and any other contacts of the case) and classify them as close contacts, casual contacts or non-contacts.

The risk assessment will be based on a range of information sources including:

- Detailed interviews of the patient, other people in the patient's travel group, ship medical staff and other senior ship crew to establish the patient's [movements](#) while infectious.
- Any information on room isolation of the patient following symptom onset and when this commenced.
- The presence of other confirmed cases on the Ship.
- The reporting of acute respiratory illness and influenza-like illness in other travellers not explained by positive influenza test results.

Close-contacts can be difficult to identify in the cruise ship environment but are defined as:

- people who have had greater than 15 minutes face-to-face contact, in any setting, with a suspect case in the period extending from 24 hours before onset of symptoms in the suspect case; or
- people who have shared a closed space with a suspect case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the suspect case.

Close contacts includes:

- people accommodated in the same cabin or small group of cabins with shared amenities
- people providing care in a healthcare or non-healthcare setting (such as a cabin) without using recommended personal protective equipment.

If there have been extensive and prolonged potential exposures by the case while infectious, or if there are multiple confirmed cases identified on the ship, the number of likely close contacts will likely increase markedly such that it may be concluded that the all travellers should be considered as close contacts.

## 7 Close contact management

NSW Health has requested that all cruise ships collect [comprehensive](#) passenger and crew contact details ~~and provide them to the relevant LHD at least 24 hours before arrival at port in format that to~~ enable them to be rapidly contacted in the event that a COVID-19 case is identified [in one of their travellers](#).

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<sup>1</sup> [COVID-19 CDNA National Guidelines for Public Health Units](#) (Accessed 26 February 2020).

## 7.1 Initial communication

Following notification of a confirmed case, contact details for all travellers will be immediately requested from the Cruise Ship operator so that contacts can be notified as soon as possible.

If travellers are still on board, initial contact notification can happen immediately although contact classification and subsequent management may require further investigation, as described in Contact classification section.

The Rapid Contact and Follow-up Protocol for traveller contacts (Appendix 1) describes the process for rapidly contacting travellers through SMS, Email and by phone. Draft scripts are provided in Appendices 2 and 3.

## 7.2 Legal aspects – Public health orders for contacts

People identified as close contacts who refuse to comply with voluntary quarantine recommendations may need to be served with a Public Health Order to enforce quarantine restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Contacts is included in Appendix 10.4.

## 7.3 Transport

Passengers and crew who are close contacts and are well and live locally can either take their own private transport, or will be transported home by NSW Health staff for isolation. This will be as per HealthShare NSW.

For passengers and crew who are close contacts and are well and do not live locally, high volume transport of passengers will be required. This will be arranged in accordance with the HealthShare NSW transport plan. This plan can be activated with two hours' notice. Up to 672 passengers would be able to be transported within 12 hours using rental vehicles and driven by NSW Health staff. While HSNSW, eHealth fleet and rental cars will be used for any remaining passengers.

## 7.4 Accommodation

Accommodation will be sought for passengers and crew who are close contacts and are well but do not live locally or do not have appropriate accommodation. High volume suitable accommodation is required for 14 days. This will include Hotels or other private facilities, Sports and recreation facilities or other government facilities. The facilities are required to have single/family rooms and en suites, access to meals, internet and mobile/telephone services, laundry, medical assessment areas, security, welfare support, as well as entertainment and appropriate recreation space in accordance with isolation and quarantine.

Responsible agency TBC

## 7.5 Symptom and welfare monitoring of close contacts

After Service NSW conducts initial notification phone calls (Appendix 1), close contacts will be monitored for symptoms by NCIMS automated checks.

NCIMS symptoms checks will be sent via text message daily and passengers to respond back via text. The relevant local health district will follow up these passengers as per their usual automated systems process.

Service NSW to conduct welfare checks one week into isolation to ask about wellbeing; issues with self-isolation; offer suggestions for food delivery, and check on symptoms.

## 7.6 Resources

HealthShare are packing and distributing 5000 Home Isolation kits directly to SESLHD and SLHD. The kits include 5 surgical masks, one personal hand sanitiser and the passenger and crew cruise ship information sheet on home isolation and FAQs. SESLHD and SLHD will transport kits to the port as appropriate.

The Information sheet for passengers and crew will be given to all those assessed once the cruise ship has docked. Method for distribution to passengers and crew is TBD by NAME REDACTED.

Food delivery will be required in the instance that passengers are required to remain on-board until all test results have been received. HealthShare have proposed to organise food packs/bags with shelf stable food. HealthShare have indicated that they would need 12 to 24 hours notice before catering is required. If a cruise ship is classified as high risk (following daily cruise ship risk assessment) operations team will contact HealthShare to indicate this need.

Refer to NSW Health Guideline on Public Health Contact Orders which gives some suggestions on how to support people in home quarantine.

## 8 Casual contact management

These are people who are considered to have had low level contact and who just need to be informed and provided information on self-monitoring for symptoms and who to contact if symptoms develop.

### 8.1 Initial communication

Once a positive case has been detected, casual contacts will be notified immediately via text and e-mail using the PRODOCOM system (see Appendix 1).

Casual contacts do not need to isolate but will need to look out for symptoms and seek medical attention.

If possible NSW Health will be made in partnership with the cruise ship staff.

### 8.2 Further communications

Possible a Service NSW call after one week?

### 8.3 Resources

Casual contact will be provided with the casual contacts information sheet via email.

## 9 Interstate and overseas contacts

### 9.1 Communications

Procedure required for communicating to states if contact have travelled on, and via the NIR for overseas travellers.

## 10 Appendices

### 10.1 Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts

#### 1. SMS

- Send SMS (**script**) to travellers via NCIMS (160 characters)
- SMS will include:
  - Link to further information
  - Reference that they will receive an email and phone call
- Different script for close and casual contacts?

#### 2. E-mail

- Send e-mail (**script**) to travellers
- Email will include:
  - website link to resources (e.g. isolation guidelines)
  - Advice to call Service NSW/Public Health Unit
- Travellers will be asked to contact Service NSW or the PHU

#### 3. Phone call

- Service NSW will call the travellers (**script**)
- + Different script for close and casual contacts
- Check for any current symptoms requiring further assessment by PHU/LHD

#### 4. Daily SMS/Email from NCIMS

- Symptom check linked to Event and PHU workflows

#### 5. Weekly Service NSW welfare check:

- Conduct welfare check for all cases and contacts in isolation
- Provide advice if they become unwell
- Refer to contact tracing team if required

## 10.2 Appendix 2: Script (draft) - CLOSE CONTACTS

Text message	<p>The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.</p> <p>"NSW Health message to XXXXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed and you will be contacted by phone" (145 characters)</p>
Email	<p>"Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19). NSW Health is following up ALL NSW residents that were on this cruise.</p> <p>All passengers and crew members are advised to self-isolate and wear a mask for 14 days following day of disembarkation. You should not attend work or school, and should not leave your home or hotel to go shopping until [date of 14 days of isolation]. Further information regarding home isolation and answers to frequently asked questions is provided below.</p> <p>You will receive a call in the next 3 working days from Service NSW on behalf of NSW Health to provide you with an opportunity to discuss any further questions you may have.</p> <p>Please reply to this email or contact xxxx xxxx between [give the bunker hours xxx] for further enquiries.</p> <p>Close contact factsheet</p> <p><a href="https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx">https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx</a></p> <p>Home Isolation Guide for travellers</p> <p><a href="https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx">https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx</a></p> <p>Frequently asked questions</p> <p><a href="https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx">https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx</a></p> <p>Cruiseship workshop meeting 26/2: "Need a number for passengers to call if they have questions if Service NSW are slow to respond"</p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health"</p>
Service NSW call	<p>"Hi, this is ... and I'm calling from Service NSW on behalf of the NSW Ministry of Health. We've been advised that you were recently a passenger on board (name of vessel, date of arrival).</p> <p>One of the other travellers on the ship has been confirmed as having a novel coronavirus infection, also known as COVID-19. All passengers need to home isolate for 14 days from the day of disembarkation. This means you should not attend work or school, and should not leave your home or hotel to go shopping until midnight of [date of 14 days of isolation].</p> <p>Before I describe what home isolation means, can I ask if you currently sick...</p> <p>[I assume we would use the same wording already used in the welfare check, with urgent referral to Health if they do have symptoms].</p>

	<p>No? Great.</p> <p>If you are sharing your home with other people who are not in home isolation, you should try to separate yourself as much as possible. It is recommended that you:</p> <ul style="list-style-type: none"> <li>• <b>wear a surgical mask when you are in the same room as someone not in home isolation</b></li> <li>• <b>use a separate bathroom, if available</b></li> <li>• <b>avoid shared or communal areas and wear a surgical mask when moving through these areas, and</b></li> <li>• <b>not have other people visit your home while you are in isolation (except to deliver groceries and other supplies and you should wear a facemask if you are face to face with anyone delivering things).</b></li> </ul> <p>If you develop any new symptoms, including cough, sore throat, fever or difficulty breathing, please call health direct on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner. If you go to your GP or emergency department, please ensure you phone ahead to let the staff know your travel history.</p> <p>You will be provided information regarding home isolation via email and you can access further information regarding novel coronavirus on the NSW Health Website. If you have not yet received this information, please give me your email address I can send it to you now"</p>
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### 10.3 Appendix 3: Script (draft) - CASUAL CONTACTS

Text message	The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.
	"NSW Health message to XXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed to you"
Email	<p>"Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19).</p> <p>You are classified as a casual contact. You do not need to self-isolate, but if you develop symptoms of fever, sore throat, shortness of breath or cough, please call Healthdirect on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner.</p> <p>Frequently asked questions</p> <p><a href="https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx">https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx</a></p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health"</p>

#### 10.4 **Appendix 4** – Examples of a public health orders for ~~cases and~~ contacts

[See below.](#)

Public Health Act 2010Section 62Public Health Order

I, NAME, POSITION, and an authorised medical practitioner within the meaning of section 60 of the Public Health Act 2010 (Act), am satisfied on reasonable grounds that [NAME OF PERSON] is a person:

- Has been exposed to Novel Coronavirus 2019 and
- Is at risk of developing the Novel Coronavirus 2019 and
- Because of the way that [NAME OF PERSON] behaves, may be a risk to public health.

Therefore, in accordance with section 62 of the Act, I make this public health order requiring [NAME OF PERSON] to:

- a) Refrain from the following conduct:
  - a. Entering or remaining in any public place or any premises other than [NAME OF PERSON] usual place of residence unless permitted by .....NAME...
- b) Undergo oropharyngeal and nasopharyngeal swab testing for Novel Coronavirus 2019 as directed by .....NAME...
- c) Undergo a medical physical examination for signs of Novel Coronavirus 2019 as directed by .....NAME.....
- d) Notify .....NAME.....of persons you have been in contact with in the last 14 days.
- e) Notify .....NAME.....if you display SPECIFIED SIGNS OR SYMPTOMS

The circumstances justifying the making of this order are as follows:

- 1) I am satisfied on reasonable grounds that [NAME OF PERSON] has been exposed to Novel Coronavirus 2019 being a disease transmissible via close contact with someone with Novel Coronavirus 2019.
- 2) I am satisfied that [NAME OF PERSON] is not complying with the advice and directions of clinicians/will not comply with the reasonable advice and direction of clinicians
- 3) There is no other effective way to ensure that the health of the public is not endangered or likely to be endangered.

In deciding to make this order, I have taken into account the principle that any restriction on the liberty of the person should be imposed only if it is the most effective way to prevent any risk to public health pursuant to section 62(6) of the Public Health Act 2010.

I have not taken into account the matters listed in clause 39 of the Public Health Regulation 2012 as it is an emergency or otherwise not reasonably practicable.

Unless this order is earlier varied as to its duration or is earlier revoked it expires at the end 14 days. However, the order will expire at the end of 3 business days from the date of service on [NAME OF

PERSON] unless s/he is served with a copy of an application for its confirmation under section 64 of the Act within 3-business days from the date of service.

Dated this                      day of                      2020

Signature.....

[NAME]

[Position]

Authorised Medical Practitioner

This order was served on [NAME OF PERSON] on                      day of                      2020

.....  
Signature

.....  
Print name

TBA

## CRUISE SHIP COVID-19 ASSESSMENT PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

DRAFT 11 AM 19 Feb 2020

This procedure describes measures and communication mechanisms to improve the detection and timely management of potential cases or outbreaks of COVID-19 on cruise ships.

### Existing measures

- Cruise ships are subject to biosecurity controls when entering Australia under the Biosecurity Act 2015 (Department of Agriculture, Water and the Environment [DAWE]). Under the Maritime Arrivals Reporting System (MARS), the vessel submits the Pre Arrival Report and Human Health Update to the Maritime National Coordination Centre between 96 and 12 hours before estimated time of arrival.
- As of 14 February 2020, these forms have been updated to include:
  - whether the vessel has been in mainland China less than 14 days ago
  - whether any person on the vessel has been in mainland China less than 14 days ago
  - whether any person on the vessel has been in contact with a proven case of novel coronavirus infection within the last 14 days.
- In addition to the reports, under the Act the ship's master must report people with symptoms of Listed Human Diseases (LHD) including coronavirus with pandemic potential, to Biosecurity before arrival. As a result, passengers and crew who are feeling unwell on arriving in Australia should see a Biosecurity Officer, who will ask about where the person has travelled, when they began to feel unwell, and what symptoms they have.
- Cruise ship operators have measures in place to detect and manage outbreaks of respiratory illness, with operating procedures in place to monitor rates of illness for comparison with expected rates according to the itinerary and cruise length.
- Operators often have relationships with public health units and share information in the event of unusual disease activity.

### Enhanced measures

All cruise ships that are arriving from international waters will be risk assessed by the Chief Human Biosecurity Officer.

Key criteria for the risk assessment include information from the ship before its arrival as to whether:

- any passengers or crew have been in high risk areas in the 14 days prior or contact with a confirmed case of COVID-19
- there is undiagnosed respiratory illness among passengers or crew that is clinically compatible with COVID-19.

For ships assessed to be at higher risk, an Assessment Team will meet the ship at a port designated by the Chief Human Biosecurity Officer. The composition of the Assessment Team may be agreed by the jurisdictional health authority and the DAWE.

## Pre-arrival requirements

- The ship is required to:
  - Maintain a list of passengers and crew who have been in mainland China<sup>1</sup> and countries included in Australian COVID-19 testing criteria<sup>2</sup> in the 14 days before embarking
  - Maintain a list of passengers and crew on the vessel who have been in contact with a confirmed case of COVID-19 within 14 days of embarking
  - Maintain accurate contact information (mobile phone and email addresses) for all passengers and crew to allow rapid communication if needed following disembarkation
  - Actively ask passengers and crew if they have respiratory symptoms or fever and ask them to present to the ship's doctor for assessment free of charge
  - Ensure all passengers with respiratory symptoms and/or fever are isolated while on board and provide them with hand rub and masks for onward travel
  - Ensure crew attending to isolated patients wear protective PPE (surgical masks) and practice good hand hygiene.
  - Identify an appropriate space on board for a medical team to assess passengers and assist in the assessment of passengers, if required.

## Pre-arrival respiratory illness screening

- Where passengers or crew present with respiratory illness, the ship's doctor must:
  - Request and record a history of all countries visited in the 14 days prior to embarkation.
  - Wear appropriate PPE while assessing patients with respiratory illness and collecting specimens.
  - Collect 2 swabs – perform rapid influenza test and store second sample for COVID-19 testing
  - Isolate patients as above
  - Update details on the ship's Acute Respiratory Disease (ARD) log
  - Refer to the coronavirus information for primary and community health workers for further information about management of the passengers:  
<https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-primary-and-community-health-workers>.

## Pre-disembarkation

The ship must:

- Inform the jurisdictional health authority where a respiratory outbreak (>1% of people on board affected) is identified on board
- Provide a list of any planned medical disembarkations
- Provide a list of any deaths during the cruise, including cause of death.
- Identify passengers and crew who require screening by the Assessment Team
  - Anyone with current respiratory symptoms
  - OR**
  - Anyone who has travelled in China (including Hong Kong), Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation.
  - OR**
  - Anyone who was seen by the clinic during the cruise with fever and/or ARI
- Provide the **Letter** and **Traveller Record Form** (attached) to all passengers who require assessment by the Assessment Team to complete

<sup>1</sup> May be expanded if suspect case definition changes

<sup>2</sup> As of 14 February 2020 includes China (including Hong Kong), Thailand, Japan, Indonesia, Singapore

Where a respiratory outbreak is reported, the cruise ship must also provide a report to the jurisdictional point of contact that includes:

- A copy of the full ARD log (including details of patients presenting with fever or acute respiratory illness, countries they have visited in the 14 days prior to embarkation, and results of rapid influenza testing)
- The patient details and total number of swabs/sputum samples for COVID-19 testing.

## Risk Assessment – High Risk

Where:

- a respiratory outbreak (affecting at least 1% of those on board) is reported on a cruise ship that is not explained by positive influenza tests, and
- affected passengers or crew have visited a mainland China in the 14 days before embarkation OR had contact with a confirmed case in the 14 days before embarkation

Where the Chief Human Biosecurity Officer assesses that there is a high risk that COVID-19 may be circulating on the ship:

- An Assessment Team will meet the ship
- The ship must urgently provide swabs from any person suspected with fever or respiratory infection for testing prior to disembarkation.
- The ship will **not** be allowed to disembark passengers or crew until given clearance by the Chief Human Biosecurity Office
- Clearance to disembark can only be granted following results of COVID-19 testing
- ***If the swabs test positive then:***
  - All passengers and crew must be asked about fever or respiratory symptoms by the Assessment Team
  - Passengers and crew who report fever or respiratory symptoms must be isolated and assessed for CoVID-19; if CoVID-19 is excluded they move to home quarantine for 14 days in case infection later develops.
- ***If the swabs test negative then the Assessment Team will assess passengers and crew as for low risk assessment***

## Risk Assessment – Medium Risk

Where:

- a respiratory outbreak (affecting at least 1% of those on board) is reported on a cruise ship, and either:
  - passengers or crew have visited a country included in Australian COVID-19 testing criteria in the 14 days before embarkation, or
  - there are other features of concern (such as where one or more cases has severe respiratory illness, or the outbreak is not explained by positive influenza tests)

Where the Chief Human Biosecurity Officer assesses that there is a medium risk that COVID-19 may be circulating on the ship:

- An Assessment Team will meet the ship
- Prior to the ship disembarking, the Assessment Team will review passengers and crew who report fever of respiratory symptoms, or who have visited a country included in Australian COVID-19 testing criteria in the 14 days before embarkation.

- The Assessment Team will measure temperature, review symptoms and exposure history and will swab for COVID-19 where clinically appropriate unwell passengers and crew. Passengers and crew may be disembarked to isolation.
- Any samples taken on board for influenza testing must be forwarded to the lab for COVID-19 testing on arrival into the port.
- The Assessment Team will provide clearance for other passengers and crew who are well to disembark.

## Risk Assessment – Low Risk

Where there is:

- no respiratory outbreak, or
- a respiratory outbreak that is explained by positive influenza test results and no one on board has visited a country included in Australian COVID-19 testing criteria in the 14 days before embarkation, or had contact with a confirmed case in the 14 days before embarkation

Where the Chief Human Biosecurity Officer assesses that there is a low risk that COVID-19 may be circulating on the ship:

- No further assessment is required

## Reporting of positive and negative COVID-19 test results

- Should any sample test positive for SARS-CoV-2, indicating COVID-19, a specific response will be mounted to manage the potential outbreak, including rapidly contacting all passengers to ensure that they self-isolate and to be tested and managed if symptomatic.
- The Assessment Team will keep contact details for all passengers/crew members who are being tested for COVID-19, and will reporting all negative test results to the individual passengers/crew members.

**Appendix 1: Traveller Record Form**

Arrival date:

Vessel name:

Assessors name: \_\_\_\_\_

FAMILY NAME:

Date of birth:

Sex: F/M

GIVEN NAMES:

Patient/parent contact details:

Email:

Mobile:

Contact in Australia (if not Australian resident):

Phone:

Address:

Travel details in the 14 days prior to joining the cruise:

Date	Location

Onward travel arrangements (dates, transport, accommodation, contact details)

Other accompanying travellers:

Symptoms of illness (tick if present):

☐ Cough    ☐ Fever    ☐ Runny nose    ☐ Shortness of breath  
☐ Other: \_\_\_\_\_ ☐ Nil

Onset of first symptom: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH USE ONLY:**

Measured temp: First:

Second (if needed):

Other clinical notes (if applicable):

PLAN (if applicable):

☐ Fact sheet    ☐ Hand gel/masks    ☐ Swab    ☐ Transfer    ☐ Other:

## Pre-arrival risk assessment form

Key questions	Answer	Details (names and dates, etc)
<b>Name</b> of ship		
Date and time of <b>arrival</b> in NSW		
<b>Terminal</b> of arrival		
Has the ship been in a <b>foreign</b> port during the cruise or in last 14 days?		
<b>Ports</b> visited and dates during the cruise or in last 14 days		
Has the ship had a health <b>assessment</b> at the previous port?		
Number of <b>passengers</b> on board		
Number of <b>crew</b> on board		
Port of <b>origin</b> of this cruise		
Date of <b>departure</b>		
Number of passengers and crew have been in <b>contact</b> with a confirmed case		
Number of passengers and crew who have been in mainland <b>China</b> within 14 days of embarking		
Has the ship obtained accurate <b>contact information</b> (mobile phone and email addresses) for all passengers?		
Has the ship ensured all passengers with respiratory symptoms and fever are <b>isolated</b> while on board and provide them with hand <b>rub</b> and <b>masks</b> for onward travel?		
Has the ship actively <b>asked</b> passengers and crew if they have respiratory symptoms or fever AND asked them to present to the ships doctor for assessment before arrival?		
Is assessment <b>free</b> of charge?		
Number of passengers and crew who <b>presented</b> to ship's clinic with acute respiratory illness this cruise		
% of ship's crew/passengers who had influenza like illness		
Number of ill passengers and crew who have been in countries (excluding transit) included in the <b>Australian CoVID-19 testing</b> criteria in the 14 days before embarkation		
Total number of passengers and crew <b>swabbed</b> for flu, and number tested positive this cruise		
Number of swabs <b>available</b> for COVID-19 testing		
<b>Considering</b> <ul style="list-style-type: none"> <li>the exposures of the passengers and crew, and</li> <li>the nature of the illness and the results of flu testing</li> </ul> what is the risk that COVID-19 is circulating on board?	High  Medium  Low	
If <b>low</b> , then <b>additional assessment</b> of the ship is not generally required.		
<b>If medium or high:</b>		
Do <b>swabs need to be urgently removed</b> from the ship before disembarkation for urgent COVID-19 testing? (High risk would usually require this, low would usually not, <b>medium</b> will require discussion)		

Can <b>passengers and crew disembark</b> because contact details are readily available and symptomatic people can on travel safely home with a mask, fact sheet and had rub, before the results are known? ( <b>Low</b> risk would usually allow this, <b>high</b> would usually not, <b>medium</b> will require discussion)		
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## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

### Pre-arrival risk assessment form

Completed by: XXXXXXXXXX

Key questions	Answer	Details (names and dates, etc.)
Name of ship	Ruby Princess	83997 net tonnage (medium/large)
Date and time of arrival in NSW	19 March 06:00	
Terminal of arrival	Overseas Passenger terminal  <i>NB: Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</i>	
Port of origin of this cruise	Sydney, Australia	
Date of departure	8 March 2020	
Has the ship been in a foreign port during this cruise in last 14 days?	Yes	
Ports visited and dates during this cruise in last 14 days	4 March- Dunedin, New Zealand 5 March- Fiordland, New Zealand 8 March- Sydney, Australia 11 March Fiordland, New Zealand 12 March- Dunedin, New Zealand 13 March- Akaroa, New Zealand 14 March- Wellington, New Zealand 15 March- Napier, New Zealand 16 March- Tauranga, New Zealand 17 March- Auckland, New Zealand  (May not have stopped at all ports)	
Has the ship had a health assessment at the previous port?	Unknown	Have cut cruise short
Number of passengers on board	2647 (MARS)	
Number of crew on board	1148 (MARS)	

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

Number of passengers and crew have been in <b>contact</b> with a confirmed case	0	
Number of passengers and crew who have been in mainland <b>China, Iran, South Korea or Italy</b> within 14 days of embarking	0	
Has the ship obtained accurate <b>contact information</b> (mobile phone and email addresses) for all passengers?	Yes- confirmed by Doctor and attached to correspondence.	
Has the ship ensured all passengers with respiratory symptoms and fever are <b>isolated</b> while on board and provide them with hand <b>rub</b> and <b>masks</b> for onward travel?	Yes	Advised via email and confirmed isolation of passengers
Has the ship actively <b>asked</b> passengers and crew if they have respiratory symptoms or fever AND asked them to present to the ship's doctor for assessment before arrival?	Yes	Confirmed by Doctor
Is assessment <b>free</b> of charge?	Yes- confirmed by Doctor	
Number of passengers and crew who <b>presented</b> to ship's clinic with acute respiratory illness this cruise	104	104/3795 2.7%
% of ship's crew/passengers who had influenza like illness	0.94%	36/3795
Number of ill passengers and crew who have been in countries included in the <b>Australian CoVID-19 testing</b> criteria in the 14 days before embarkation	0	
Total number of passengers and crew <b>swabbed</b> for flu, and number tested positive this cruise	48	24 positive for influenza A
Number of swabs <b>available</b> for COVID-19 testing	8	Another 5 tested on board as negative for COVID-19.
<b>Other</b>	No deaths 2 medical disembarkations (see below) No further itinerary planned <i>Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</i>	
<b>Considering</b> <ul style="list-style-type: none"> <li>the exposures of the passengers and crew, and</li> <li>the nature of the illness and the results of flu testing</li> </ul> What is the risk that COVID-19 is circulating on board?		

## CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

If low, then additional assessment of the ship is not generally required.	
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### Medical disembarkations

**A537** (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection which is improving on Oseltamivir, Influenza test neg; reason for medical disembarkation: signs of rate related cardiac ischaemia, likely secondary to infective process on initial presentation, which has since improved. He requires a cardiology consult with investigations prior to proceeding home) **Ambulance transfer required**

**C518** (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection started on Oseltamivir, Influenza tests neg; reason for medical disembarkation: severe lower backpain with signs suggestive of a femoral nerve radiculopathy. This is pre-existing to the respiratory tract infection. She needs assessment in the ED with imaging and specialist referral as needed) **Ambulance transfer required**

## CDNA COVID-19 Case Definition (current on 19 March 2020)

### Confirmed case

A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture, at a reference laboratory.

### Suspect case

If the patient satisfies **epidemiological** and **clinical criteria**, they are classified as a suspect case.

#### **Epidemiological criteria**

International travel in the 14 days before the onset of illness.

Or

Close contact (see close and casual contact definitions below) in the 14 days before illness onset with a confirmed case of COVID-19.

#### **Clinical criteria**

Fever

Or

Acute respiratory infection (e.g. shortness of breath, cough or sore throat) with or without fever.

### Close contact definition

A close contact is defined as requiring:

greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case, or sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.