



Public health management of communicable diseases on vessels in Western Australia

1. Scope and purpose

This document outlines the public health management of communicable disease outbreaks on vessels in Western Australia (WA), for vessel and cruise operators, and the Communicable Disease Control Directorate (CDCD) and Public Health Units (PHUs) within WA Health. This document is relevant for State, national and international vessels while in WA waters.

2. Background

International maritime vessels are subject to biosecurity requirements under the Commonwealth *Biosecurity Act 2015*. Vessels are required to submit a Pre-Arrival Report (PAR) through the Maritime and Aircraft Reporting System (MARS) within 12-96 hours of arrival at their First Port of Entry into Australia, to assist Biosecurity Officers from the Commonwealth Department of Agriculture, Fisheries and Forestry (DAFF) to assess biosecurity risk including risk to human health, and determine whether [pratique](#) can be granted. If evidence of a [Listed Human Disease \(LHD\)](#) is identified through this assessment, a DAFF Biosecurity Officer will contact a Human Biosecurity Officer (HBO) for advice. Following pratique being granted to a vessel by a DAFF Biosecurity Officer, it is managed as a domestic vessel within Australian waters.

Notifiable infectious diseases and related conditions are notifiable in WA under the *Public Health Act 2016* (WA).

On 25 August 2023, the Australian Health Protection Principal Committee (AHPPC) released a [statement](#) outlining principles for safe cruising in Australia.

3. Roles and responsibilities

3.1 Human Biosecurity Officers (HBOs)

Select WA Health Public Health Physicians (PHPs) are designated as HBOs under the Commonwealth *Biosecurity Act 2015*. In WA, HBOs are located in the CDCD and PHUs within WA Health. HBOs perform risk assessments of an LHD and provide advice to DAFF's Biosecurity Officers about whether to grant pratique to a vessel.

The communication pathway for an LHD between DAFF and WA Health is outlined in [Appendix A](#).

Contact details for ports, PHUs and after-hours CDCD HBOs are outlined in [Appendix B](#).

3.2 WA Health (CDCD and PHUs)

HBOs will provide advice on the management of suspected or confirmed LHDs on a vessel, as per Section 3.1.

For communicable diseases other than LHDs, such as for a suspected or confirmed outbreak of an acute respiratory or gastrointestinal infection or other notifiable disease, the CDCD will provide public health management advice for an outbreak on board a vessel.

3.3 Vessel and cruise vessel operators

Vessel operators should maintain plans for the management of communicable diseases on board their vessels.

Cruise vessel operators are responsible for managing communicable disease outbreaks onboard and reporting to CDCD in accordance with the level of activity onboard, as per section 4.7.

4. Management of infectious disease outbreaks onboard cruise vessels

The principles for managing infectious disease outbreaks are outlined below. Vessels should refer to internal outbreak management protocols and refer to the relevant [national guideline for public health management](#).

4.1 Pre-departure considerations

Cruise operators should consider pre-departure risk mitigation processes including pre-departure screening.

Where COVID-19 cases or close contacts are identified pre-boarding, the cruise operator should undertake a risk assessment and identify whether suitable risk mitigation strategies are in place.

4.2 Vaccination

Passengers and crew should be vaccinated in line with the Commonwealth Department of Health and Aged Care recommendations for [COVID-19](#) and other vaccinations, including travel vaccinations and annual influenza vaccines.

4.3 Onboard disease surveillance

Individuals who develop acute respiratory symptoms should be tested for COVID-19, and where available, for influenza and other respiratory viruses.

Monitoring for linked cases and outbreaks of acute respiratory or gastrointestinal infections should occur, and infection prevention and control measures be implemented accordingly.

4.4 Management of cases and contacts

Measures to reduce risk of cases of infectious diseases should be implemented, depending on the infectious disease.

COVID-19 cases should isolate for a minimum of 5 days from onset of symptoms, or until symptoms resolve, whichever is longer. Close contacts should be managed in line with the [COVID-19 National Guidelines for Public Health Units](#), including wearing a mask when outside the cabin and testing regularly with a rapid antigen test (RAT).

Cases of acute gastrointestinal infection should isolate for a further 48 hours after symptom resolution. Asymptomatic contacts should monitor for symptoms and practice good hand hygiene, particularly before eating.

4.5 Shore excursions to WA communities of concern

Passengers and crew undertaking shore excursions should follow WA Public Health advice in place, which can be found on [HealthyWA](#).

For shore excursions to regional and remote communities:

- Cases with an infectious disease should remain on the vessel and be managed accordingly.
- Close contacts should ensure they are asymptomatic, and close contacts of a COVID-19 case should have a negative RAT on the day of the shore visit.
- People who are not a close contact of a COVID-19 case but who have respiratory symptoms should have a negative COVID-19 test on the day of the shore visit. Testing for those who are

not close contacts is not routinely required; however, under some circumstances, WA Health may request a negative RAT or other public health measures prior to shore excursions.

4.6 Communicating with health facilities

- The regional PHU or CDCD should contact local health facilities if there is a significant outbreak on board a vessel. The CDCD and regional PHU should notify each other if an alert to a health service is provided.
- Where an individual requires medical evacuation, the cruise vessel operator should advise the health facility of the outbreak, alongside usual communications to facilitate hospital transfers.

4.7 Reporting

These cruise ship reporting recommendations are in addition to mandatory reporting through the *Biosecurity Act 2015*. The mandatory reporting through the *Biosecurity Act 2015* require vessels arriving in WA from an international port to complete the relevant [Australian Government documentation](#) within the indicated timeframes and follow usual notification processes to the DAFF who are responsible for contacting the relevant HBO (see [Appendix A](#)).

All domestic and international cruise vessels travelling to a WA port should follow the AHPPC national approach to cruise ship reporting as outlined below. Cruise vessels should:

- maintain an accurate manifest that includes personal contact details (such as email addresses and phone numbers) for contacting all passengers and disembarking crew after the cruise if necessary
- provide this information in a timely manner (within four hours) to the CDCD (see [Appendix B](#) for contact details) when requested, and
- retain this information for a minimum of 30 days.

While operating in WA waters, all domestic and international cruise vessel operators should report to the CDCD (see [Appendix B](#) for contact details) with the required information as outlined in the Cruise Vessel Reporting Table¹ (see [Appendix C](#)), at the following times:

- When the cumulative attack rate over the last 21 days or voyage duration (whichever is shorter) of passengers and/or crew with any of COVID-19, influenza, acute respiratory infection (ARI)², or acute gastroenteritis (AGE) individually reaches or exceeds 3% of the total people on board the vessel. For smaller vessels of fewer than 150 people on board, reporting should occur if increasing numbers of people are being affected. Where the vessel departs WA waters for another jurisdiction, the jurisdictional health agency responsible for next port of docking will advise ongoing reporting requirements in these instances and provide guidance on outbreak management as appropriate.
- If the cumulative attack rate over the last 21 days or voyage duration (whichever is shorter) is equal to or exceeds 3% when a vessel enters WA waters, the vessel should submit a report to the CDCD (see [Appendix B](#) for contact details).
- 12-24 hours prior to end of voyage (this report should be completed by all vessels regardless of whether the above criteria are met).

After receiving the required information as outlined in the Cruise Vessel Reporting Table¹ (see [Appendix C](#)), the CDCD will make contact with the shipping agent, master of the vessel, or the ship's doctor if needed. This may include a request for additional line list reporting of cases to be submitted for further assessment.

¹ An alternative reporting format may be used, as long as the information in the Cruise Vessel Reporting Table is still reported.

² Acute respiratory infection (ARI) refers to a COVID-19 or influenza infection confirmed by a PCR or RAT test or the presence of respiratory illness symptoms (runny nose, cough, fever) in the absence of a positive test result.

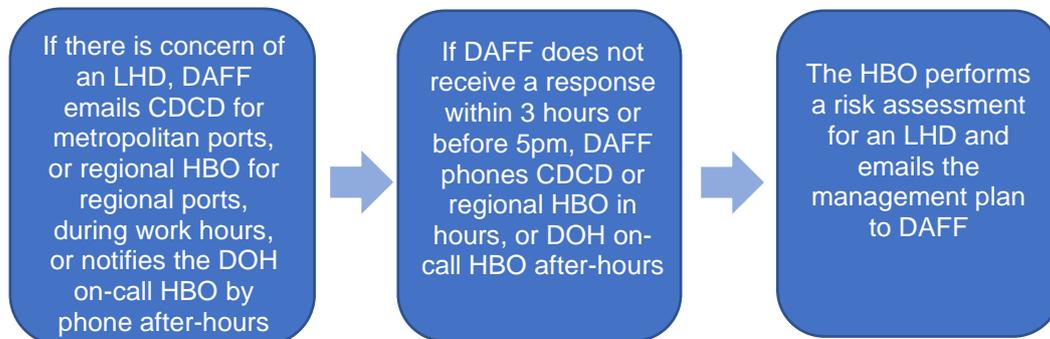
The CDCD may recommend further risk mitigation measures in addition to those introduced by the vessel. This will depend on the status of the outbreak on board the vessel, and whether there is a new or emerging public health or clinical risk identified.

Cruise operators should also contact the CDCD for any concerns regarding communicable diseases (e.g. outbreaks of illness of unknown cause, high rates of severe disease/requirements for medical evacuation, and/or operational compromise due to illness in crew, or other [notifiable infectious diseases](#)). Cruise operators should do this regardless of the above criteria being met.

Appendix A - Communication pathway for international vessels with concern of a Listed Human Disease

This flow chart is to be used for international vessels where the DAFF has identified passengers or crew members as having a possible LHD.

Communication pathway



Glossary of terms

CDCD	Communicable Disease Control Directorate
DAFF	Department of Agriculture, Fisheries and Forestry
DOH	Department of Health
HBO	Human Biosecurity Officer
LHD	Listed Human Disease

Appendix B – WA Health (CDCD and PHU) contact details

OFFICE HOURS: CRUISE VESSELS

International and Domestic cruise vessels – all regions in WA

Office hours: Monday – Friday 08:00 – 17:00 AWST, excluding public holidays

Communicable Disease Control Directorate

(08) 9222 2131

DOH.CDCDSurveillanceDiseaseControl@health.wa.gov.au

OFFICE HOURS: INTERNATIONAL COMMERCIAL VESSELS

Office hours: Monday – Friday 08:00 – 17:00, excluding public holidays

Fremantle Port	Communicable Disease Control Directorate (08) 9222 2131 DoH_CDCDOnCall@health.wa.gov.au
Geraldton Seaport	Midwest Population Health Unit (08) 9956 1985 WACHSMidwestCommunicableDiseaseControl@health.wa.gov.au
Esperance Seaport	Goldfields Population Health Unit (08) 9080 8200 WACHSGoldfieldsCommunicableDiseaseControl@health.wa.gov.au
Albany Seaport	Great Southern Population Health Unit (08) 9842 7525 WACHSGreatsouthernCommunicableDiseaseControl@health.wa.gov.au
Port Hedland Seaport, Dampier Seaport, Port Lambert Seaport, Barrow Island, Port of Wheatstone	Pilbara Population Health Unit (08) 9174 1660 WACHSPilbaraCommunicableDiseaseControl@Health.wa.gov.au
Bunbury Seaport, Busselton Seaport	South West Population Health Unit (08) 9781 2359 WACHSSouthwestCommunicableDiseaseControl@health.wa.gov.au
Broome Seaport, Derby Seaport, Wyndham Seaport, Yampi Sound	Kimberley Population Health Unit (08) 9194 1630 WACHSKimberleyCommunicableDiseaseControl@health.wa.gov.au
Indian Ocean Territories (IOT) - Christmas Island, Cocos Island	Kimberley Population Health Unit (08) 9194 1630 WACHSKimberleyCommunicableDiseaseControl@health.wa.gov.au

AFTER HOURS: ALL VESSELS AND ALL REGIONS

After hours: Monday – Friday 17:00 – 08:00 AWST, and 24 hours on weekends and public holidays

Call the WA Department of Health on-call duty officer on (08) 9328 0553 and ask for the Public Health Physician

Appendix C – Cruise Vessel Reporting Table

Table 1. Cruise Vessel Reporting Table³

Vessel name:		Voyage number:	
Voyage commencement date (dd/mm/yyyy):		Voyage commencement port:	
Voyage end date (dd/mm/yyyy):		Voyage end port:	
Estimated date of arrival next port (dd/mm/yyyy)		Voyage next port:	
Name and dates of international ports visited during this voyage			
Report completed by:	Full name:		
	Role / Title:		
Date report submitted (dd/mm/yyyy):		Closest seaport at time of submission (city and country)	
Any relevant details relating to the outbreak (e.g. management implemented, testing being undertaken, communication to passengers and crew)			
Total Number of Travellers on Board	Passengers	Crew (inc. contractors)	TOTAL
	A	B	C

COVID-19	Passengers	Crew (inc. contractors)	TOTAL
Total number of COVID-19 cases this voyage (complete only when voyage began more than 21 days ago)			
Total number of COVID-19 cases this voyage over the last 21 days or voyage duration (whichever is shorter)	X	Y	Z
Cumulative COVID-19 attack rate over last 21 days or voyage duration (whichever is shorter)	$\frac{X}{A} * 100$	$\frac{Y}{B} * 100$	$\frac{Z}{C} * 100$
Number of active ⁴ COVID-19 cases at date of report	D	E	F
Percentage of people who are active COVID-19 cases	$\frac{D}{A} * 100$	$\frac{E}{B} * 100$	$\frac{F}{C} * 100$
Detail any COVID-19 deaths, or cases with severe disease and their management plan (e.g. managed onboard or planned medical evacuation)			

³ An alternative reporting format may be used, as long as the required information in the Cruise Vessel Reporting Table is still reported.

⁴ Active case is defined as a person who is recommended to isolate due to the condition

INFLUENZA	Passengers	Crew (inc. contractors)	TOTAL
Total number of influenza cases this voyage (complete only when voyage began more than 21 days ago)			
Total number of influenza cases this voyage over the last 21 days or voyage duration (whichever is shorter)	G	H	I
Cumulative influenza attack rate over last 21 days or voyage duration (whichever is shorter)	$\frac{G}{A} * 100$	$\frac{H}{B} * 100$	$\frac{I}{C} * 100$
Number of active ⁵ influenza cases at date of report	J	K	L
Percentage of people who are active influenza cases	$\frac{J}{A} * 100$	$\frac{K}{B} * 100$	$\frac{L}{C} * 100$
Detail any influenza deaths, or cases with severe disease and their management plan (e.g. managed onboard or planned medical evacuation)			

ACUTE RESPIRATORY INFECTION (ARI)	Passengers	Crew (inc. contractors)	TOTAL
Total number of ARI cases this voyage (complete only when voyage began more than 21 days ago)			
Total number of ARI cases this voyage over the last 21 days or voyage duration (whichever is shorter)	M	N	O
Cumulative ARI attack rate over last 21 days or voyage duration (whichever is shorter)	$\frac{M}{A} * 100$	$\frac{N}{B} * 100$	$\frac{O}{C} * 100$
Number of active ⁵ ARI cases at date of report	P	Q	R
Percentage of people who are active ARI cases	$\frac{P}{A} * 100$	$\frac{Q}{B} * 100$	$\frac{R}{C} * 100$
Detail any ARI deaths, or cases with severe disease and their management plan (e.g. managed onboard or planned medical evacuation)			

ACUTE GASTROENTERITIS (AGE)	Passengers	Crew (inc. contractors)	TOTAL
Total number of AGE cases this voyage (complete only when voyage began more than 21 days ago)			
Total number of AGE cases this voyage over the last 21 days or voyage duration (whichever is shorter)	S	T	U
Cumulative AGE attack rate over last 21 days or voyage duration (whichever is shorter)	$\frac{S}{A} * 100$	$\frac{T}{B} * 100$	$\frac{U}{C} * 100$
Number of active ⁵ AGE cases at date of report	V	W	ii
Percentage of people who are active AGE cases	$\frac{V}{A} * 100$	$\frac{W}{B} * 100$	$\frac{ii}{C} * 100$
Detail any AGE deaths, or cases with severe disease and their management plan (e.g. managed onboard or planned medical evacuation)			

⁵ Active case is defined as a person who is recommended to isolate due to the condition

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