



Public Health Services

Tasmanian Guidance Management of acute respiratory illness and gastroenteritis on cruise vessels

Version 1.0 - 26 October 2022

Contents

Background	2
Australian Context	2
Tasmanian Context	3
Legislation	3
Purpose	3
Scope	4
Prior to vessel entry to Tasmanian waters	4
Vessels with ARIs and/ or gastroenteritis on board must:	5
Prior to and following disembarkation	6
Communications and Meetings	6
Outbreak Management Team Meetings	7
Table 1: Public Health management of individuals with acute respiratory illness and gastroenteritis	8
Table 2: Outbreak Management – COVID-19 & Influenza & gastroenteritis cases on-board cruise vessels	11
GLOSSARY	13
Appendix 1: Meeting Requirements	14
Appendix 2: Cruise vessel reporting template for acute respiratory and gastrointestinal infection ...	15

Background

Cruise ships are recognised as a high-risk environment for infectious disease transmission. Cruise ship travel is characterised by the presence of many people living, dining and socialising in close proximity in closed and semi-closed spaces, and with minimal ventilation in cabins and common areas; this facilitates the transmission of respiratory viruses. Several large cruise ship outbreaks early in the COVID-19 pandemic demonstrated the inherent risk, leading to restrictions placed on the industry.

Acute respiratory illness may be caused by respiratory viruses including, but not limited to, COVID-19, influenza and respiratory syncytial virus (RSV). An acute respiratory illness is defined as:

- recent onset of new or worsening acute respiratory symptoms - cough, breathing difficulty, sore throat, or runny nose or nasal congestion, with or without other symptoms (see below).

Other symptoms that can occur include:

- headache, muscle aches (myalgia), fatigue, nausea, vomiting and diarrhoea. Loss of smell and taste and loss of appetite can also occur with COVID-19, but may be less common with new variants of the virus
- fever ($\geq 37.5^{\circ}\text{C}$) can occur, however is less common in elderly individuals
- in the elderly, other symptoms to consider are new onset or increase in confusion, change in baseline behaviour, falling, or exacerbation of underlying chronic illness (e.g., increasing shortness of breath in someone with congestive heart failure)

Gastroenteritis refers to infection of the gastrointestinal tract. It affects people of all ages however young children, people with compromised immune systems and the elderly are at greatest risk of serious disease. Gastroenteritis is highly infectious and can be caused by bacteria, viruses, or parasites.

Gastroenteritis can spread from person-to-person, from contaminated surfaces, or by consuming contaminated food or water. Symptoms include diarrhoea, nausea and vomiting, abdominal pain, and may be accompanied by fever, headache and lethargy. The most common cause of gastroenteritis outbreaks on cruise ships is viral gastroenteritis caused by Norovirus.

Australian Context

Nationally adopted border strategies and international travel restrictions resulted in cruise ships being banned from operating in Australia in March 2020, with states and territories across Australia closing borders to non-essential travel.

International cruising in Australia recommenced on 17 April 2022, under the Commonwealth *Biosecurity Act 2015*. New South Wales, Victoria and Queensland introduced the [Eastern Seaboard and Western Australian Cruise Protocols](#), a set of agreed protocols to support the safe resumption of cruising in Australia.

The Communicable Diseases Network Australia (CDNA) developed the [National Guidelines for Cruising in Australia](#), endorsed by the Australian Health Protection Principal Committee (AHPCC), to outline Australia's national minimum standards for cruise vessels.

Tasmanian Context

Tasmania closed its border to non-essential travellers on 20 March 2020. Cruise ships were banned from operating in Tasmania in keeping with nationally adopted border strategies.

Tasmanian border measures were eased on 15 December 2021. Following this, small domestic cruises (fewer than 100 passengers) resumed operations, with requirements for vaccination, testing, case and contact tracing, and mask-wearing placed on their operation.

COVID-19 transmission has since become established in the Tasmanian community, in all regions of the state. The number of new COVID-19 cases fluctuates and is expected to continue to do so. The overall strategy for Tasmania has progressed from a strategy of virus elimination to one of managing disease transmission in the community and particularly protecting high-risk settings and individuals at higher risk of severe disease. The continued evolution of public health COVID-19 control measures remains an important part of the overall strategy for the management of communicable diseases.

This Tasmanian Guidance Document is published in line with the [Eastern Seaboard and Western Australia Cruise Protocols](#) and [CDNA National Guidelines for cruising in Australia](#).

Legislation

The *Persons arriving in Tasmania* direction under the *Emergency Management Act 2006* was revoked on 31 May 2022 and the related *Cruise ships* direction under the *Public Health Act 1997* placing conditions on the operation of cruise ships was revoked on 1 June 2022.

Under the *Public Health Act 1997* the Director of Public Health has the powers to manage cases and contacts of notifiable diseases (including COVID-19, gastroenteritis and influenza).

Under [the Commonwealth Biosecurity Act 2015](#), a [Listed Human Disease](#) is a communicable disease that can spread and cause significant harm to human health, including, but not limited to, human influenza with pandemic potential, severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and human coronavirus with pandemic potential (such as COVID-19). Vessel operators are responsible for reporting any crew and passengers showing symptoms of infectious disease and any death on board to a Biosecurity Officer from the Australian Department of Agriculture, Fisheries and Forestry before arrival in Australia.

Purpose

This document outlines outbreak management, response actions, notification requirements and communication pathways for acute respiratory illness and gastroenteritis on cruise vessels entering or in Tasmanian waters.

This document assists cruise vessel operators with the prevention, control and public health management of COVID-19, influenza, other acute respiratory infections and gastroenteritis outbreaks onboard vessels in Tasmania.

This document has been adapted to the Tasmanian context and is intended to supplement, but not replace measures outlined in the Guidelines and Protocols below:

- COVID-19 Communicable Diseases Network Australia (CDNA) *National Guidelines for Cruising in Australia* [CDNA National Guidelines for Cruising in Australia](#)

- Eastern Seaboard and Western Australia Cruise Protocols [Eastern-Seaboard and Western Australia – Cruise Protocols](#)
- CDNA Seasonal Influenza National Guidelines for Public Health Units [CDNA Seasonal Influenza Infection: National Guidelines for Public Health Units](#)
- COVID-19 CDNA Series of National Guidelines. [Coronavirus \(COVID-19\) – CDNA National Guidelines for Public Health Units](#)
- CDNA National Guidance for Norovirus and suspected viral gastroenteritis [Norovirus and suspected viral gastroenteritis – CDNA National Guidelines for Public Health Units](#)

The above documents describe the preparatory measures required before a cruise, in particular vaccination, pre departure testing and communications, and the national minimum standards for cruising in Australia.

Scope

This document describes the response actions for respiratory illness and gastroenteritis on board. It does not include detailed preparatory requirements or medical management of individuals.

Prior to vessel entry to Tasmanian waters

Cruise/vessel operators:

- must comply with the existing requirements for entry into Tasmanian waters
- must advise of their movements by providing pre arrival documentation to the Vessel Traffic Service (VTS)
- must comply with requirements of commercial vessel masters and submit pre-arrival documents required of all international commercial vessels via the Maritime and Aircraft Reporting System (MARS)
- International and domestic vessels are required to inform TasPorts of suspected or confirmed COVID-19 cases on board before arrival
- have responsibility for managing infectious disease cases and outbreaks on board, and have a duty of care to passengers and crew
- must have medical facilities on board to provide appropriate care to cases and appropriate accommodation to support isolation of cases and quarantine of contacts where appropriate – see ARIs section [below](#) for more detail
- must have the ability to supply approved COVID-19 anti-viral medication onboard for cases if clinically indicated
- are responsible for notifying relevant authorities of potential listed human diseases/infectious diseases on board
- must have access to infection prevention and control expertise, and have outbreak management plans for infectious diseases (including COVID-19)
- must maintain a sufficient supply of appropriate PPE to support management of infectious diseases onboard the vessel

International vessels must also complete a Human Health declaration form and submit this via the *Marine Arrivals Reporting System (MARS)*. Additional human health updates may be required. There may be additional reporting requirements from other agencies.

Vessels with ARIs and/or gastroenteritis on board must:

- complete the reporting template [Cruise vessel reporting template for acute respiratory and gastrointestinal infection](#)
- email the completed form to Public Health Service at cdpuoncall@health.tas.gov.au and respiratory.outbreaks@health.tas.gov.au
- advise Tasmania Public Health and Tasports, as soon as possible if the number of COVID-19 cases meets the outbreak thresholds of Risk-Tier 2 or above
- if there are COVID-19 cases on the vessel all bridge crew should return a negative RAT prior to a pilot coming on board
- ensure all visitors boarding the vessel are informed of the level of risk to advise appropriate use of PPE
- ensure passengers and crew comply with recommendations regarding mask wearing as per Tasmanian guidance
- undertake an assessment to determine if an Outbreak Meeting is required (see guidance document [below](#))

Tasmanian Department of Health - Public Health Service is responsible for:

- supporting vessels to manage outbreaks of COVID-19 and other infectious diseases on board
- working collaboratively with other stakeholders and agencies to support outbreak management
- working with industry to ensure awareness of local operational requirements and any on-board or onshore requirements for passengers and crew who are symptomatic or diagnosed with an acute respiratory illness or gastroenteritis

Commonwealth Department of Agriculture, Fisheries and Forestry will:

- continue to manage the pre-arrival reporting and pratique processes for international vessels arriving at their first port of entry in Australia
- advise relevant health authorities if COVID-19 cases are reported on vessels entering Australia; the management of vessels travelling domestically will remain within the remit of jurisdictions

Considerations for managing ARIs on cruise ships

- Symptoms of ARIs are often similar regardless of which virus is causing illness.
- Specific treatments are available for COVID-19 and influenza, particularly for individuals at higher risk of severe disease
- Identification and testing of symptomatic individuals will support timely commencement of antivirals particularly for those at risk of severe disease
- Appropriate use of PPE and medical review is essential and is the responsibility of vessel operators
- Individuals with ARI symptoms should be tested via COVID-19 PCR and an influenza point of care test, if available. Where PCR is unavailable, a RAT and an influenza point of care test should be conducted. If both the RAT and influenza point of care test are negative, repeat both 24 hours later
- Cruise vessels should have medical facilities to manage symptomatic individuals and confirmed cases of acute respiratory infection and gastroenteritis

- Following exclusion of COVID-19 and influenza, all symptomatic people on board are encouraged to remain in their cabin where possible and should wear a mask whenever outside their cabin, until their symptoms have resolved
- Further information is provided in the [National Guidelines for Cruising in Australia](#)

Considerations for managing gastroenteritis on cruise ships

- Symptoms of gastroenteritis are often similar regardless of the cause. Good hand hygiene is an important measure to prevent the spread of gastroenteritis
- Cruise vessels should refer to their own policy and management processes to respond to cases of gastroenteritis and inform Public Health where required
- Prompt identification and isolation of symptomatic individuals, appropriate use of PPE and medical review to consider testing for specific pathogens is essential and is the responsibility of vessel operators

Prior to and following disembarkation

- Pre-disembarkation testing is generally not recommended for individuals who do not have symptoms
- Pre-disembarkation testing is recommended where shore excursions or onward travel into communities of concern is scheduled
- Risk mitigation measures, including mask, social distancing and sanitiser use when in crowded indoor and outdoor settings should be considered during shore excursions
- Symptomatic passengers should isolate and follow testing protocols
- Cases should isolate and must not participate in shore excursions
- Passengers and crew should also comply with any other requirements specific to their circumstance (e.g. testing if they are identified as a close contact)

Communications and Meetings

For all vessels arriving from international ports:

- a **pre-arrival** jurisdictional meeting will be coordinated by the Australian Department of Agriculture, Fisheries and Forestry (DAFF)

In addition for all vessels arriving from international and domestic ports,

- an **outbreak management team meeting** will be arranged as required. OMT meetings will be coordinated by Public Health

Outbreak Management Team Meetings

Outbreak management team meetings will be required when:

- there are COVID-19 cases among essential bridge crew
- health input is required e.g. a significant number requiring transfer to hospital, additional testing or other assistance
- **more than 3% of crew and passengers are COVID-19 cases**
- requested by the vessel
- requested by Public Health
- requested by Tasports (e.g., to review appropriate piloting procedures or to discuss location of vessel berthing)
-
- See appendix 1 for meeting requirements and attendees

The following sections describe the response actions recommended for the management of ARIs on cruise vessels for different scenarios.

Table 1: Management of individuals with acute respiratory illness and gastroenteritis

Scenario	Actions
<p>Management Symptomatic passenger or crew</p>	<p>Management of individuals with ARI symptoms where cause unknown</p> <ul style="list-style-type: none"> • Recommend isolation of individual, preferably in single room with own facilities • Institute infection prevention and control (IPC) measures including P2/N95 mask, eyewear, gown, and gloves for staff performing testing and providing direct care to symptomatic passengers or crew • Implement enhanced environmental cleaning as per the Infection Control Expert Group (ICEG) Information about routine cleaning and disinfection in the community • Arrange testing via a COVID-19 Rapid Antigen Test (RAT), or Polymerase Chain Reaction (PCR) and if the result is positive, manage as a COVID-19 case (see below) • If negative COVID-19 test result and symptoms resolve, isolation precautions may be reviewed with attention to relevant IPC measures to remain eased • If symptoms persist, individuals should continue to isolate and should be tested for influenza and other respiratory pathogens where available • Repeat COVID-19 and influenza test after 24-hours for patients with ongoing symptoms • All symptomatic individuals should wear a mask if leaving their cabin
<p>Management COVID-19 case passenger or crew -</p>	<p>Management of COVID-19 cases</p> <ul style="list-style-type: none"> • Cases must isolate for a minimum of 5 days, from the date of their positive test as per Eastern Seaboard & Western Australian Cruise Protocol • If symptoms persist, individuals should continue to isolate • Family groups or dependents may isolate together if they chose to do so, even if not all members are cases - family members will be managed as close contacts and should be aware their risk of infection is increased • Continue IPC measures including P2/N95 mask, eyewear, gown, and gloves for staff performing testing and providing direct care to symptomatic passengers or crew • Continue enhanced environmental cleaning as per Information about routine cleaning and disinfection in the community • Medical assessment should be available to detect clinical deterioration early • Cruise lines must have the ability to supply approved COVID-19 anti-viral medication onboard for cases if clinically indicated • Unwell cases requiring clinical care should be cared for in a medically supervised area on the vessel or arrangements made for a medical transfer to an onshore medical facility if clinically indicated • Consider case numbers across vessel and refer to the outbreak management table below
<p>Reporting COVID-19 case passenger or crew</p>	<p>Reporting of COVID-19 cases</p> <ul style="list-style-type: none"> • It is strongly recommended that industry have robust systems in place to identify and document positive COVID-19 results of passengers and crew while onboard the vessel • Cases of COVID-19 identified onboard the vessel should be notified to Public Health Tasmania using the supplied template "<i>cruise vessel reporting template for acute respiratory and gastrointestinal infection</i>" via email to respiratory.outbreaks@health.tas.gov.au and cdpuoncall@health.tas.gov.au • Cruise lines will report COVID-19 cases to TasPorts authorities 12-24 hours prior to arrival, using the vessel traffic services (VTS) proforma uploaded via the TasPorts application "Port Mate". This applies to international cruises as well as domestic cruises • Consider if an outbreak management team meeting is required (see below)

Scenario	Actions
<p>Close Contacts COVID-19 case passenger or crew –</p>	<p>COVID-19 close contacts should be identified as:</p> <ul style="list-style-type: none"> • a person who shares a cabin with a COVID-19 case, or anyone who has had extended time periods of contact, giving consideration to the settings of contact (for example, people who have shared meals together, smokers in closed environments, or prolonged contact without a mask) • COVID-19 cases should identify their close contacts. This assessment should be supported by the cruise ship doctor/ senior health personnel <p>Management of COVID-19 close contacts Close contacts are not required to quarantine, and should abide by the following recommendations whilst on board for 7 days:</p> <ul style="list-style-type: none"> • undertake a daily RAT - if a positive result is returned – the close contact then becomes a case • wear a mask at all times while outside their cabin • eat in dining areas separate to other passengers <p>People who have recovered from COVID-19 and become a close contact do not need to follow the close contact requirements or undergo testing if:</p> <ul style="list-style-type: none"> • re-exposure is within 35 days of their previous infection • they remain asymptomatic; and • they are not immunocompromised
<p>Broader actions COVID-19 case passenger or crew</p>	<p>Broader on-board actions</p> <ul style="list-style-type: none"> • Passengers and crew should be informed by vessel management that there is COVID-19 on board and risk mitigating practices reinforced (e.g., masks for passengers at higher risk of severe disease and where physical distancing may be difficult, hand hygiene, reminders to monitor for symptoms and to recommend self-isolation and notify appropriate staff should symptoms occur)
<p>Management Influenza positive passenger or crew</p>	<p>Recommended management of influenza cases</p> <ul style="list-style-type: none"> • Isolate influenza cases, preferably in a single room with own facilities until 5 days after symptom onset or 72 hours after antivirals commenced • Continue IPC measures including P2/N95 mask, eyewear, gown and gloves for staff performing testing and providing direct care to symptomatic passengers or crew • Continue enhanced environmental cleaning as per (see ICEG-endorsed infection control guidance) Information about routine cleaning and disinfection in the community • Medical assessment should be available to consider if eligible for influenza therapies and to detect deterioration early • Unwell cases requiring clinical care should be isolated in a medically supervised area or arrangements made for a transfer to an onshore medical facility if clinically indicated • Report influenza cases to Public Health via the supplied template “<i>cruise vessel reporting template for acute respiratory and gastrointestinal infection</i>” via email to respiratory.outbreaks@health.tas.gov.au and cdpuoncall@health.tas.gov.au
<p>Contacts Influenza positive passenger or crew</p>	<p>Influenza contacts</p> <ul style="list-style-type: none"> • Infectious period starts 24 hours before symptom onset • Medical personnel should consider post exposure prophylaxis where clinically indicated • Asymptomatic contacts are not required to quarantine or undertake testing, but should consider wearing a mask

Scenario	Actions
Broader actions Influenza positive passenger or crew-	Broader on-board actions <ul style="list-style-type: none"> • Consider providing communications from vessel management to passengers and crew that there is influenza on board • Reinforce messaging to wear masks especially for passengers at higher risk of severe disease and where physical distancing may be difficult, and continue hand hygiene measures • Reminders to monitor for symptoms and self-isolate and notify appropriate staff
Management Gastroenteritis	Recommended management of cases of gastroenteritis <ul style="list-style-type: none"> • Isolate symptomatic cases and reinforce messaging regarding hand hygiene • Implement measures according to each vessel's gastroenteritis management policy • Consider broader actions such as testing for specific pathogens in consultation with medical staff and public health • Vessel management should consider communications to passengers and crew that there is gastroenteritis on board

Table 2: Outbreak Management – COVID-19 & Influenza & gastroenteritis cases on-board cruise vessels

Scenario	Actions
<p style="text-align: center;">Tier 1</p> <ul style="list-style-type: none"> • COVID-19 cases are between 0 and <3% of passengers and crew, • Minor impact to staffing and/or resources • No impact to critical services (including healthcare*, cleaning, food and beverage services) 	<p>Measures for individual cases and contacts as above, plus the following additional actions:</p> <ul style="list-style-type: none"> • communicate regularly that all passengers and crew on board should monitor for symptoms of COVID-19 and seek testing should any symptoms develop • increased promotion of COVID-19 safe practices including mask use, hand hygiene, physical distancing <p>Notify Tasmanian Public Health of confirmed or suspected cases of a notifiable disease on board the vessel. In addition, phone advice is available by calling 0499 577 953-or the Public Health Hotline 1800 671 738.</p> <ul style="list-style-type: none"> • Please complete the reporting template - <i>cruise vessel reporting template for acute respiratory and gastrointestinal infection</i> and return via email to respiratory.outbreaks@health.tas.gov.au and cdpuoncall@health.tas.gov.au <p>In communities of concern, the local port master must be informed of a vessel status prior to berthing as part of decision making to permit passenger disembarkation.</p> <ul style="list-style-type: none"> • recommend mask use for shore excursions in communities of concern • consider testing for passengers before entry into communities of concern <p>Cruise ships must be able to:</p> <ul style="list-style-type: none"> • maintain adequate staff to evaluate symptomatic travellers and their close contacts • conduct routine medical checks of travellers in isolation and conduct contact tracing of close contacts. • maintain adequate supplies of personal protective equipment (including face masks for passengers, or P2/N95 masks for healthcare staff, eye protection and disposable medical gloves and gowns) • maintain testing equipment and ensure adequate supply of antiviral medication is available
<p style="text-align: center;">Tier 2</p> <p style="text-align: center;">COVID-19 cases 3% to <10% or</p> <ul style="list-style-type: none"> • minimum 20 persons - passengers or crew - for vessels <150) • Moderate impact on staffing and/ or resources <p>Able to maintain critical services</p>	<p>As above, and:</p> <p>Notify Public Health Tasmania via respiratory.outbreaks@health.tas.gov.au and pheoc.operations@health.tas.gov.au prior to arrival in port with a summary of actions to date and request an outbreak meeting</p> <ul style="list-style-type: none"> • management actions and surveillance testing of passengers and crew can be discussed with Public Health Tasmania • complete the reporting template - cruise vessel reporting template and email to Public Health Tasmania as above • consider increased surveillance of passengers ahead of shore excursions into communities of concern <p>Implement additional preventative measures:</p> <ul style="list-style-type: none"> • notification of the outbreak to all passengers • mandatory mask use by all passengers and crew outside of cabins except when outside (on deck) and physically distancing, or when eating and drinking in congregant areas • consider cancellation of visits into communities of concern <p>If significant crew outbreak:</p> <ul style="list-style-type: none"> • crew to avoid congregate areas e.g., dining halls, recreation rooms, gymnasiums, smoking rooms • implement increased surveillance testing of crew in discussion with Public Health Tasmania <p>For end of voyage, consider:</p> <p>COVID-19 testing within 24 hours prior to disembarkation for passengers and crew</p>

Scenario	Actions
<p>Tier 3</p> <ul style="list-style-type: none"> • >10% COVID-19 cases • Major impact to staffing and/ or resource shortages • Unable to maintain critical services and/ or imminent cessation of critical services 	<p>As above, and consider:</p> <ul style="list-style-type: none"> • cancellation of social activities and shore visits • return to port (cruise shortened) as negotiated with the Public Health Tasmania
<p>Increased Influenza cases</p>	<p>As per individual influenza case management above, plus:</p> <ul style="list-style-type: none"> • seek advice from Public Health Tasmania, via respiratory.outbreaks@health.tas.gov.au and cdpuoncall@health.tas.gov.au or phone advice is available by calling the Public Health Hotline 1800 671 738. • increase communications to passengers about on-board cases and advice to seek testing if symptomatic • increase messaging to individuals at higher risk of severe disease - seek medical advice if symptomatic or significant exposure - antivirals may be appropriate • increase promotion of risk mitigation strategies (masks, hand hygiene etc)
<p>Increased number of symptomatic passengers and crew who test negative for COVID-19 and influenza</p>	<p>As per individual management of symptomatic passengers above, plus:</p> <ul style="list-style-type: none"> • seek Public Health advice via respiratory.outbreaks@health.tas.gov.au, cdpuoncall@health.tas.gov.au • increase communications to passengers on board about ARI symptoms • increase promotion of risk mitigation strategies (masks, hand hygiene etc)
<p>Increased numbers of gastroenteritis amongst passengers and crew</p>	<p>As per individual management of gastroenteritis above, plus:</p> <ul style="list-style-type: none"> • Implement additional hand hygiene and environmental cleaning and disinfection procedures • Seek advice from Public Health – Tasmania via cdpuoncall@health.tas.gov.au or phone advice is available by calling the Public Health Hotline 1800 671 738 • Increase communications to passengers on board about gastroenteritis symptoms • Increase promotion of risk mitigation strategies such as hand hygiene

Note: *These processes may also be affected by the identification of new or emerging public health or clinical risks, such as a new variant of concern, significant community transmission, or impact on shore-based clinical capacity at the local healthcare facilities in Tasmania.*

GLOSSARY

Australian Border Force (ABF)	Law enforcement agency responsible for offshore and onshore border control enforcement. This includes the management of people and vessels/aircraft arriving in Australia.
Ambulance Tasmania (AT)	Respond to emergencies across Tasmania and provide urgent and non-urgent patient transport.
Communicable Diseases Network Australia (CDNA)	The CDNA provides national public health coordination and leadership, particularly around disease surveillance. It supports best practice for the prevention and control of communicable disease. Develops and maintains evidence-based guidelines for Public Health Units.
Communicable Disease Prevention Unit (CDPU)	CDPU is the Tasmanian unit responsible for the prevention and control of communicable diseases.
Community of Concern	A community of concern is a group of people or geographic area identified by Public Health as being at greater risk from an infectious disease.
Coronavirus disease (COVID-19)	An infectious disease caused by the SARS-CoV-2 virus.
Public Health Emergency Operations Centre (PHEOC)	The Emergency Operations Center within Public Health Tasmania responsible for coordinating COVID-19 case and outbreak management.
Pre-Arrival Report	In relation to an aircraft or vessel - means a report given by the operator of the aircraft or vessel under section 193 of the Biosecurity Act 2015.
Pratique	Clearance granted to a ship to proceed into port after compliance with health regulations or quarantine. See - Department of Agriculture, Fisheries and Forestry .
Tasmanian security operations centre (TSOC)	TasPorts operate a 24/7 Security Operations Centre which is responsible for monitoring and managing security related activities state-wide. <ul style="list-style-type: none"> • Tas Ports Security Operation Centre • Phone: 1300 366 742 option 1
Vessel Traffic Service	A marine traffic monitoring system established to safely manage vessel movements & minimise maritime risk. VTS forms are provided to the vessel through the shipping agent, who then notifies TasPorts Security Operations Centre (TSOC). Contactable via VTS@tasports.com.au .

Appendix 1: Meeting Requirements

1. Jurisdictional Coordination Group Commercial Vessel Arrivals - Tasmania

- Pre-arrival meeting for all vessels whose first port of arrival in Australia is Tasmania
- Meeting is arranged by the Department of Agriculture, Fisheries and Forestry (DAFF)
- Invited stakeholders - Department of Health Tas - Public Health Tas, Tasmanian Port Authority Australian Border Force, Australian Maritime Safety Authority, Human Biosecurity Officer; Tasmanian Police; Shipping Agent

2. Outbreak Management Team - Meeting

- A meeting to discuss outbreak management and response where an outbreak has been declared
- Situations in which meetings are to be requested are described [here](#)
- Meeting is arranged by Public Health Tasmania
- Invited stakeholders - Public Health, TasPorts; Shipping Agent; Vessel representative/master; COVID Coordination Center; Emergency Coordination Center; Biosecurity Tasmania, Regional Health Commander – THS, Ambulance Tasmania, Tourism Tasmania. Additional agencies may be invited depending on the situation

Appendix 2: Cruise vessel reporting template for acute respiratory and gastrointestinal infection

- All domestic and international cruise vessels operating in an Australian jurisdictional water should report COVID-19, other acute respiratory infections and acute gastroenteritis cases and status updates to the relevant jurisdictional health agency
- All vessels should complete the agreed template in line with the requirements of the jurisdiction they are entering
- Tasmania requests that the report is completed prior to arrival into any port, and/or when the vessel moves into a higher tier threshold for COVID-19 in accordance with the *CDNA National Guidelines for Cruising* or if there is a gastroenteritis outbreak
- Vessels arriving from an international port must also complete the required Australian Government documentation within the indicated timeframes

Instructions are on the front page of the template, which can be accessed at www.coronavirus.tas.gov.au/travellers-and-visitors/information-for-travellers

- All vessels to complete the relevant information on tab 1 and 2 of the template
- Submit the completed document by the time specified by Tasmania
- The report should document the cases on one vessel only
- Each vessel must have its own separate report
- Tabs 3 and 4 are for use by the jurisdictional health agency only

All reports must be completed by an authorised delegate of the cruise operator and submitted to Public Health Tasmania via email to respiratory.outbreaks@health.tas.gov.au and cdpuoncall@health.tas.gov.au.

Department of **Health**
GPO Box 125
Hobart TAS 7001

PHH 1800 671 738

www.health.tas.gov.au