NSW Health

Human Biosecurity Officer

Guideline

Summary

This guideline assists human biosecurity officers (HBOs) in NSW to assess and manage the risk of listed human diseases posed by aircraft and maritime vessels entering Australian territory at a first point of entry in NSW. It should be used to assist in carrying out duties under the *Biosecurity Act 2015* (Commonwealth).

In addition to this Guideline, NSW public health units (PHUs) with first points of entry in their jurisdiction are required to ensure that local policies supporting the implementation of this Guideline are in place.

Key Principles

Human biosecurity officers (HBOs) should undertake decisions and actions that:

- are likely to result in or contribute to effective management of a human biosecurity risk
- are appropriately adapted to manage the risk in question
- never interfere with urgent or life-threatening medical needs
- take a precautionary approach to risk management while ensuring the degree and duration of action is commensurate with the risk posed
- are in line with the legal obligations outlined in the Biosecurity Act 2015 (Commonwealth).

This Guideline is intended for use by NSW Health medical officers authorised as HBOs, including the NSW Chief Human Biosecurity Officer (CHBO).

Note, this document should be read in conjunction with the Biosecurity Act 2015 (Commonwealth) and the NSW Health Policy Directive Early Response to High Consequence Infectious Disease (PD2024_005).

Human biosecurity officers (HBOs) are required to:

- familiarise themselves with the Guideline and its resources
- familiarise themselves with local policies to ensure understanding of alignment
- escalate questions or queries to the NSW CHBO for advice.

The NSW CHBO is required to:

- respond to queries from HBOs about their duties
- ensure new HBOs are familiar with this Guideline.

Revision History

Version	Approved By	Amendment Notes
April 2026	Chief Health Officer and Deputy Secretary, Population and Public Health	This document replaces the Human Biosecurity Officer Guideline (GL2024_006). The revision history for GL2024_006 is detailed below: • Time between escalation for senior health officers is reduced from 15 mins to 5 mins. • Additional details added to capture Newcastle Airport. • Updates made to the resource *Contact details for NSW Health and relevant agencies*.
June 2024	Chief Health Officer and Deputy Secretary, Population and Public Health	Updates to Guideline include: • Updates to accommodate latest information, including a section on acute respiratory infection and acute gastroenteritis outbreaks. • Additions to key definitions, the legal and legislative framework, and abbreviations. • Updated information related to relevant public health orders and human biosecurity officer (HBO) processes. • Updates to resource list items, current links and appendices.
February-2021	Chief Health Officer and Deputy Secretary, Population and Public Health	Initial Guideline includes: Information and accompanying appendices on COVID-19 and other pandemic diseases, including a section on ships. Addition of sections: about this document, key definitions and legal and legislative framework. Other minor revisions and updates to text or appendices.

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1. Background

1.1. About this document

This Guideline is intended for all NSW Health medical officers designated as human biosecurity officers (HBOs) under the Commonwealth *Biosecurity Act 2015* (the *Biosecurity Act*). This Guideline focuses on how to assess for the likelihood of a listed human disease, and subsequent case management options.

This Guideline also provides high-level advice on common public health risks that HBOs may encounter such as acute respiratory infections and acute gastroenteritis outbreaks on cruise ships.

This Guideline is applicable to aircraft and vessels. Where there is a protocol specific to a type of aircraft or vessel, it is appended to this Guideline.

1.2. Key definitions[1]

Aircraft	For the purposes of this Guideline, aircraft means any machine or craft that can derive support in the atmosphere from the reactions of the air, other than the reactions of the air against the earth's surface. This includes commercial or non-commercial flights entering Australia that originated outside Australian territory for this Guideline.
Cruise vessel	As per the *Biosecurity (Negative Pratique) Instrument 2016* (Commonwealth), a cruise vessel means a passenger vessel that is usually used to provide a service of sea transportation, being a service that: a) Is provided in return for a fee payable by persons using the service; and b) Is available to the general public.
Disease	a) The signs or symptoms of an illness or infection caused by a disease agent; or b) A collection of signs or symptoms that is clinically defined, for which the causal agent is unknown; or c) A disease agent that has the potential to cause, either directly or indirectly, an illness or infection.
Negative pratique	As per section 49 of the *Biosecurity Act 2015*, negative pratique arises where the Director of Human Biosecurity (Commonwealth Chief Medical Officer) prescribes classes of aircraft or vessels that are subject to negative pratique, that is, must comply with requirements before a biosecurity officer (BO) will grant pratique. Information on the classes of aircraft/vessels subject to negative pratique and the compliance requirements is set out in the *Biosecurity (Negative Pratique) Instrument 2016* (Commonwealth) made under subsection 49(1) of the *Biosecurity Act*. Note, cruise vessels and non-commercial vessels will arrive in negative pratique. They require further assessment by the BO before pratique can be granted. Aircraft and other commercial vessels will generally arrive in positive pratique at the first point of entry.
Non-commercial vessel	As per the *Biosecurity Regulation 2016*, non-commercial vessel means a vessel that is used, or is intended to be used, wholly for recreational purposes (whether or not crew are employed on the vessel).
Positive pratique	As per section 48 of the *Biosecurity Act 2015*, positive pratique is when an aircraft or vessel arrives in Australian territory, pratique is granted by force of subsection 48(2) of the *Biosecurity*

[1] Definitions adapted from Biosecurity Act 2015 (Commonwealth) and Biosecurity (Negative Pratique) Instrument 2016 (Commonwealth).

	Act [positive pratique], unless the class of aircraft or vessel is one for which pratique must be granted by a BO.
Pratique	Pratique is granted under Division 4 of the *Biosecurity Act* for incoming aircraft and vessels. Pratique allows things to be unloaded from, and persons to disembark from, aircraft or vessels. Pratique also allows things to be loaded onto, and persons to embark on, aircraft or vessels. Pratique can be granted by force of the *Biosecurity Act* (positive pratique) or by a biosecurity officer (BO) (negative pratique) where the criteria for positive pratique under the *Biosecurity Act* have not been met.
Pre-Arrival Report	A pre-arrival report (PAR), 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*. As per section 193, the PAR provides information on aircraft or vessels entering or intending to enter Australia. For a vessel, the PAR provides information about the vessel, arrival details, sanitation, human health and biosecurity. For an aircraft, a PAR is submitted if there is illness or death of a person on the aircraft.
Traveller with illness checklist	The primary assessment tool used at the Australian border to screen for the presence of listed human diseases. It is administered by a BO.
Vessel	For the purposes of this Guideline, a vessel: a) means any kind of vessel used in navigation by water, however propelled or moved, including the following: i. a barge, lighter or other floating craft, ii. an air-cushion vehicle, or other similar craft, used wholly or primarily in navigation by water; and b) includes: i. an installation; and ii. any floating structure.

1.3. Legal and legislative framework

The *Biosecurity Act*, among other subject matter, sets out the approach for assessing and managing human health risks posed by travellers on international aircraft and vessels entering Australia. While the Australian Government Department of Health and Aged Care is responsible for administering human health aspects of the *Biosecurity Act*, administrative arrangements are in place for BOs from the Australian Government Department of Agriculture, Fisheries and Forestry (DAFF) to perform these functions with support from state and territory health departments at Australia's international borders.

Under the *Biosecurity Act*, the following positions have a role in biosecurity clearance:

1.3.1. Commonwealth

Director of Biosecurity

The Director of Biosecurity is a position held by the person in the role of the Secretary of DAFF. This individual authorises BOs and can provide approval for:

- high-value goods to be destroyed
- a direction requiring an aircraft or vessel to be moved to a place outside Australian territory
- a direction requiring an aircraft not to land at any landing place in Australian territory, or
- a vessel not to be moored at any port in Australian territory.

Biosecurity Officers

Biosecurity Officers are DAFF employees authorised by the Director of Biosecurity. These individuals assess and manage human, animal and plant health, and environmental biosecurity risks at Australia's borders. Human health activities include gathering information, assessing passengers where indicated, imposing limited measures through a human biosecurity control order (HBCO), and granting pratique for aircraft and vessels subject to negative pratique. BOs seek advice from HBOs as required. A BO or biosecurity enforcement officer has the power to enter premises at a landing place or port in Australian territory.

Director of Human Biosecurity

The Director of Human Biosecurity is a position held by the person in the role of Commonwealth Chief Medical Officer. This individual authorises Chief Human Biosecurity Officers (CHBOs) and HBOs, can review measures imposed by a HBCO and holds legislative powers, one of which is to determine the requirements for negative pratique.

1.3.2. State

Chief Human Biosecurity Officers

Chief Human Biosecurity Officers are state and territory officers authorised by the Director of Human Biosecurity – in NSW this position is usually held by the Director of Communicable Diseases Branch, NSW Health. This individual nominates HBOs in their jurisdiction, is a contact point for the Commonwealth and performs the functions of a HBO.

Human Biosecurity Officers

HBOs are state or territory health employees with appropriate clinical expertise and are authorised by the Director of Human Biosecurity. These individuals assess and manage human biosecurity risks, including imposing human biosecurity control orders where required and providing advice to BOs on public and human health risks that may arise on incoming aircraft and vessels that are subject to negative pratique.

1.3.3. NSW Health Border Management Governance Committee

The NSW Health Border Management Governance Committee (the Committee) institutes administrative arrangements to determine which HBOs take primary responsibility for each port of first entry.

Arrangements for lead HBOs are as outlined in Table 1. Depending on capacity of local health districts, lead HBO designation may change over time if approved by the Committee.

Table 1. Agreed allocation of HBO lead agency

Port of First Entry	Lead HBO Entity	
Sydney International Airport	Health Protection NSW	
Newcastle International Airport	HNEPHU	
	Cruise Ships	**Commercial vessels**
Sydney Harbour Ports		
Overseas Passenger Terminal	SESPHU	SESPHU
Botany Bay	SESPHU	SESPHU
White Bay	SESPHU	SPHU
Newcastle Port	SESPHU	HNEPHU
Yamba Port	SESPHU	NNSWPHU
Port Kembla Port	SESPHU	SESPHU

Eden Port	SESPHU	SESPHU

2. Listed Human Diseases

As per subsection 42(1) of the *Biosecurity Act 2015* (Commonwealth), the Director of Human Biosecurity has the power to determine that a human disease is a 'listed human disease' if the Director considers that the disease may be communicable and cause significant harm to human health.

The Director of Human Biosecurity must first consult with the chief health officer for each State and Territory and the Director of Biosecurity. Listed human diseases are enacted by and added to the *Biosecurity (Listed Human Diseases) Determination 2016* (Commonwealth). There are currently 8 listed human diseases[2].

1. Human influenza with pandemic potential;
2. Middle East respiratory syndrome (MERS-CoV infection);
3. Plague (*Yersinia pestis* infection);
4. Severe acute respiratory syndrome (SARS-CoV-1 infection);
5. Smallpox (variola virus infection);
6. Viral haemorrhagic fevers (VHFs – various);
7. Yellow fever (yellow fever virus infection);
8. Human coronavirus with pandemic potential (The Director of Human Biosecurity determined that COVID-19 is not currently considered a human coronavirus with pandemic potential).

2.1. Human biosecurity officer powers

The *Biosecurity Act 2015* (Commonwealth) provides the legislative framework for the human biosecurity powers. Relevant powers under the Biosecurity Act can only be used in relation to listed human diseases. Powers of HBOs under the *Biosecurity Act 2015* (Commonwealth) are directly linked to assessing and managing listed human disease risk, with one of the most significant being the imposition of a human biosecurity control order (HBCO). A HBCO can only be imposed if a person has symptoms or signs of a listed human disease, was exposed to a listed human disease or did not comply with entry requirements relating to a listed human disease.

Most calls from a biosecurity officer (BO) from the airport or other first points of entry are likely to be requests to assess and manage illness in a traveller or manage contacts of an ill or deceased traveller. In these situations, the main task of the HBO is to assess the probability of a listed human disease and, if required:

- institute case and contact management
- advise staff about personal protection measures, and
- provide advice on precautionary environmental cleaning and disinfection[3].

Listed human diseases are also Category 4 notifiable conditions in NSW under the *Public Health*

[2] These are as outlined in the Biosecurity (Listed Human Diseases) Determination 2016 (Commonwealth) made under subsection 42(1) of the Biosecurity Act 2015 (Commonwealth). Note the examples of pathogens included in brackets adjacent to listed human diseases are not contained in the Biosecurity (Listed Human Diseases) Determination 2016 (Commonwealth).

[3] See Section 4.3.3 for advice on infection control measures.

Act 2010 (NSW) [*Public Health Act*], except yellow fever, plague and smallpox which are Category 3 conditions. While human coronavirus with pandemic potential is still a listed human disease (LHD), the Australian Government Department of Health and Aged Care considers that COVID-19 no longer constitutes a human coronavirus with pandemic potential. Therefore, COVID-19 is no longer treated as a LHD for the purposes of the *Biosecurity Act 2015*. However, COVID-19 is still a notifiable condition in NSW under the *Public Health Act.*

If HBOs suspect a person has signs or symptoms of a listed disease and/ or other suspected diseases, a HBO should read this Guideline in conjunction with the NSW Health Policy Directive *Early Response to High Consequence Infectious Diseases* (PD2024_005).

Note, that the *human influenza with pandemic potential* listed human disease is equivalent to the Category 4 condition *avian influenza in humans*, in the NSW *Public Health Act*.

The NSW *Public Health Act* also has provisions for making a public health order for Category 4 and 5 conditions under certain circumstances. This is generally the preferred approach rather than using a human biosecurity control order.

A public health order may require the person subject to the order to be detained at a specified place for the duration of the order or undergo specified treatment at a specified place or to be detained at that place while undergoing the treatment.

Detailed information about each of the listed human diseases can be found in the NSW Health Control Guidelines and the Communicable Diseases Network Australia (CDNA) Series of National Guidelines (SoNGs) https://www.health.gov.au/resources/collections/cdna-series-of-national-guidelines-songsfor that notifiable condition.

Table 2 provides an overview of transmission modes and potential infectious periods for listed human diseases.

Table 3 provides a guide to the major signs and symptoms, epidemiology and source exposure periods of interest for the listed human diseases.

Table 2. Transmission mode and potential infectious periods for listed human diseases

Listed human disease	Transmission modes and potential infectious periods
Human influenza	Transmission via droplet transmission, airborne transmission or surface contamination (for 1-2 days, on hands for 5 minutes), from 1 day before symptom onset up to 7 days after (adults) or longer (children up to 21 days after onset)
Severe acute respiratory syndrome (SARS-CoV-1)	Transmission via droplet transmission or surface contamination and possibly airborne transmission, from an unknown period before, during and after symptom onset
MERS-CoV	Transmission through close contact, probably droplet transmission but unknown, for an unknown period before symptom onset to at least 24 hours after symptoms end, but unknown
Viral haemorrhagic fevers (VHFs)	Transmission by direct contact of mucous membranes with blood or body fluids of case, not air/ water/ food, from onset of symptoms in the case until after death (highest risk), and for prolonged periods in protected fluids like ocular fluids
Smallpox	Transmission through close contact, usually direct contact, but rarely airborne, from onset of fever until last smallpox scab falls off

Yellow fever	Cases are not infectious to other people – only to certain exotic mosquito species from shortly before onset to five days after onset of symptoms
Plague	Only pneumonic plague is infectious via direct close contact when droplets can be inhaled after the case coughs, from any point when coughing occurs
Human coronavirus with pandemic potential	Potential transmission via droplet transmission, airborne transmission, or surface contamination

Table 3. Key signs and symptoms, epidemiology and likely exposure risks for each listed human disease

Listed human disease	Signs and symptoms	Epidemiology	Exposure Period
Human influenza with pandemic potential	Some, or all, of: fever, cough, sore throat, runny nose, muscle ache, headaches, fatigue.	No current pandemic identified as at April 2024. See advice at time of pandemic. Suspected avian influenza should be considered also because of pandemic influenza potential.	See advice at time of pandemic. Likely to be exposure to a case 2-7 days prior to onset. Ask about contact with birds or poultry in an affected country.
Severe acute respiratory syndrome (SARS-CoV-1)	Symptoms consistent with severe pneumonia requiring hospitalisation, which includes: fever, cough and other respiratory symptoms.	No known person-person transmission of SARS since 2003 as at April 2024. Mainland China, Hong Kong or Taiwan might raise concern as previous places with circulation. See advice at time of re- emergence.	Currently, requires an exposure in 10 days prior to onset, either to country, case, healthcare setting or unexplained pneumonia cluster.
MERS-CoV	From most consistent to least: fever and pneumonia, fever and respiratory illness, fever and upper respiratory symptoms.	Probability highly dependent on where travelled. See: country list in latest European Centre for Disease Prevention and Control (ECDC) MERS Risk Assessment / Country list on Centers for Disease Control and Prevention (CDC) webpage / Recent ProMED reports.	Exposure in 14 days prior to onset to one of: confirmed case, camels/ raw camel products in affected country, healthcare facilities in affected country, or affected country only.
VHF (including Ebola virus disease)	Fever +/- headache, muscle pain, weakness, fatigue, diarrhoea and vomiting, abdominal pain, unexplained bleeding or bruising.	Previously West Africa and other African countries. See CDC outbreak distribution table for current places. Consider checking on ProMED.	Requires exposure in 2-21 days prior to onset to an area with a current outbreak, or contact with a known case.
Smallpox	Classically, an illness with acute onset of fever >38°C followed by a rash characterized by firm, deep seated	Eradicated. Classify risk of smallpox as low, moderate or high according to CDC algorithm. See advice if re-emergence detected.	Onset of symptoms 7-17 days after exposure. See advice at time of re-emergence.

	vesicles or pustules all in the same stage of development without other apparent cause. Often with severe fever and headache and abdominal pain 2-3 days prior to rash illness. Rash is concentrated on face and limbs (centrifugal distribution).	Alternative diagnoses include mpox (monkeypox) or chickenpox (centripetal rash distribution). https://www.cdc.gov/smallpox/index.html	
Yellow fever	None to mild or more severe. Initially fever, headache, muscle pain, vomiting and fatigue. Then sometimes a toxic phase of fever, jaundice, bleeding and multi-organ failure.	Endemic in Africa and 13 countries in Central and South America. Refer to WHO area map on CDC site. Also see Australian Government list.	Onset of symptoms if present at 3-6 days after exposure to mosquito bites in an affected area.
Plague	**Bubonic** – fever, headache, weakness and swollen lymph nodes. **Septicaemic** – fever, weakness, abdominal pain, shock. **Pneumonic** – fever, weakness, severe pneumonia, shock.	Endemic in many African countries (most cases), with epidemics occurring in Asia and South America. Madagascar, Democratic Republic of Congo and Peru are the 3 most endemic countries. See CDC map including World Health Organisation (WHO) references.	Contact with infected animal tissue/ fluid, flea bite. Takes 2-6 days to develop symptoms of bubonic plague, or 1-3 days for airborne exposure leading to pneumonic plague (prompt treatment vital).
Human coronavirus with pandemic potential[4]	Potentially some or all of: fever, cough, sore throat, runny nose, muscle ache, headaches, fatigue, loss of taste or smell.	A human coronavirus with pandemic potential can arise from any part of the world.	See advice at time of pandemic. Likely to be largely 48 hours before onset. Close contact with an infectious person.

3. Pre-Arrival Report and Traveller with Illness Checklist

The majority of calls from a biosecurity officer (BO) to a human biosecurity officer (HBO) are triggered by:

- information contained in a pre-arrival report (PAR)
- information obtained from administering a *Traveller with Illness Checklist* (TIC) to an individual at a point of entry.

[4] COVID-19 is no longer considered to be a human coronavirus with pandemic potential.

Pre-Arrival Report

All vessels (commercial, cruise vessel and non-commercial) arriving to a NSW port from an international location are required to provide information on any ill or deceased travellers as part of Commonwealth pre-arrival processes.

For most vessels, the timeframe for vessels to provide their PAR is 12-96 hours prior to arrival. Non-commercial vessels are required to report 12 hours – 90 days prior to arrival. A PAR which is submitted through the Maritime Arrivals Reporting System (MARS) is used to indicate illness, including signs and symptoms of listed human disease (LHD). Vessel operators must also provide additional information (generally in the form of an updated PAR) if the information, including human health information, in the previous report is no longer current.

Aircraft are also required to provide a PAR if there is death or LHD risk on board. The PAR must be provided either at the top of descent or 30 minutes before the aircraft is estimated to come to a standstill on arrival, whichever is earlier[5]. However, ill travellers on flights are usually managed via TICs.

International vessels with their first Australian port of entry outside of NSW that continue to a port in NSW (or elsewhere) are required by the Department of Agriculture, Fisheries and Forestry (DAFF) protocols to update the human health report within the PAR human health report (HHR) if health conditions on the vessel change significantly. Generally, this would consist of a rapid increase in the number of cases, multiple outbreaks, or death(s) on board the vessel.

If any reports indicate a concern for the presence of a listed human disease on board, the biosecurity officer (BO) will assess the information provided, and contact the relevant HBO for the point of entry as appropriate (see Table 1).

The HBO will make an assessment with consideration of the PAR and any additional information provided by the vessel.

Traveller with Illness Checklist

A BO will administer a TIC when reviewing an ill traveller to determine the management pathway and whether to escalate to a HBO. The *Traveller with Illness Checklist* is included in Section 6 Resource List.

It is important to remember that BOs do not have any medical training and will contact a HBO when certain symptoms are reported in the TIC as indicated by the TIC algorithm.

The TIC will be administered in one of four settings:

1. On-board an aircraft or other vessel, prior to the disembarkation of passengers and crew.
2. When an ill traveller is identified after disembarking from the vessel or aircraft and while they are still within the biosecurity processing area of the airport or seaport.
3. When an international traveller presents themselves to an immigration officer or BO on arrival and indicates that they are unwell.
4. Following notification from the National Incident Centre (NIC) that an ill traveller is on a particular international aircraft or vessel.

4. Responding to a Call from a Biosecurity Officer for Listed Human Diseases

4.1. Human biosecurity officer preliminary actions

4.1.1. Take the call/ call the biosecurity officer back immediately

Any call from a biosecurity officer (BO) is potentially a call about the possibility of a listed human disease

in a traveller on an aircraft or vessel prior to disembarkation of passengers. Therefore, it is essential that calls from a BO relating to TICs are actioned immediately as they may be coming from a vessel or aircraft with many passengers waiting to disembark or load or unload cargo.

For both the maritime and air pathways, the BO will begin by attempting to call the jurisdictional HBO (see Table 1 for the responsible unit for each port) as the first point of contact. If the HBO does not answer or respond within 5 minutes the BO will call the second point of contact (CDOnCall or the relevant jurisdictional contact). If no response is received within 5 minutes the BO will then attempt to call CDOnCall again. Finally, if no response is received within 5 minutes the BO will then contact the National Incident Centre (NIC) for advice.

For the purposes of aircraft pratique, if the BO is on-board the aircraft and has not received a response from the second point of contact, the officer must orally grant pratique to the aircraft and will escort the ill traveller(s) to an area for health screening to continue the assessment process.

For the purposes of vessel pratique, the HBO must provide the following within 3 business hours:

1. advice on when pratique can be granted (such as now, or once specified actions are undertaken), and
2. any written management actions for the vessel, if required.

For vessels, the National Maritime Centre (NMC) will provide the ship with an outcome of the HBO assessment as soon as it becomes available.

4.1.2. Establish initial information before discussing symptoms in detail

Use the NSW Health *Human Biosecurity Officer Response Form* (see Section 6 Resource List) to record the following incident details:

- location of the ill traveller
- full name and contact number of the BO
- airline/ vessel number and where and when it departed its origin (country, date and time), and any subsequent international or Australian ports
- ill traveller(s) full name, gender, date of birth and nationality
- listed human disease of concern (if any)
- symptoms/ signs that have been reported.

4.1.3. Assess the probability of a listed human disease

The HBO is to ask the BO, and if necessary, the ill traveller, accompanying travellers or other relevant people directly ‘on speakerphone’ or on a video call, about symptoms, date of onset, precise timing of travel in countries with the listed human disease, and all potential listed human disease exposures. For example, contact with camels for MERS- CoV.

In general, outside of a pandemic, the probability of listed human diseases in returning travellers is very low as the listed human diseases are uncommon (yellow fever, MERS- CoV) or exceptionally rare (others). For there to be a reasonable possibility of a listed human disease in a traveller entering Australia, there should usually be:

- symptoms compatible with the listed human disease; AND
- a history of travel to an area with current epidemiological evidence of the listed human disease; AND
- a plausible mechanism of exposure during the typical exposure period before the onset of symptoms.

The assessment of probability of a listed human disease is based on best judgement. There may

be situations where the above criteria are not met or the information is unknown but the clinical suspicion of a listed human disease remains high. For example, a traveller presenting with clinical features of a viral haemorrhagic fever without a known epidemiological link to an endemic or outbreak area.

4.2. Determine case management if a listed human disease IS NOT suspected

Step 1: Determine and implement the most suitable patient management option, from the following:

- *No further action* - the traveller is free to go. The traveller can be advised to seek their own medical attention.

  See below *What to do if you decide no further action is required*.

- *Further monitoring required* – the traveller is free to go but must take further actions to monitor their condition and report to the Communicable Diseases Branch or their local public health unit (PHU)
- *Hospital transfer* – request that an ambulance be arranged to take them immediately to hospital.

Step 2: Provide human biosecurity advice to the BO in relation to the granting or withholding of pratique if required.

The human health assessment will inform the advice given to the BO about granting of pratique.

What to do if you decide no further action is required

Undertake the following immediately:

- check you have recorded the following details of the ill traveller:
  - full name
  - date of birth
  - gender
  - contact phone number; and
  - intended residential address.

And undertake the following on the next business day:

- enter details of the call on the Notifiable Conditions Information Management System (NCIMS) by creating a new Human Biosecurity Report event per case and using the data entry wizard within the event (General User Guide available under Quick Links section on NCIMS)
- scan any paper notes as a PDF document and attach to the NCIMS file.

The Chief Human Biosecurity Officer (CHBO) will arrange for the *Traveller with Illness Checklist* (TIC) to be attached to the NCIMS record when the TIC is received from the Australian Government Department of Health and Aged Care.

4.3. Determine the required case and contact management if a listed human disease IS suspected

Step 1: Provide human biosecurity advice to the BO in relation to the granting or withholding of pratique if required.

If there is reasonable belief that other passengers were exposed to a listed human disease, then advice should be given that pratique be withheld until passengers who were potentially exposed are identified and managed prior to disembarkation of the aircraft/ vessel. The BO should inform the HBO of any significant changes to the human health status of the vessel as they are reported.

Advise the BO of additional management actions for the vessel/ aircraft (written directions). The BO will inform the vessel.

Step 2: Advise course of action for contact management and environmental management. For more information on these options, see Section 4.3.3. DAFF should communicate directions/ plan of action from HBO immediately to key stakeholders (Australian Border Force (ABF), Port Authority of NSW, relevant port operators and Australian Maritime Safety Authority (AMSA)). DAFF should ensure these stakeholders are updated as required and may coordinate a teleconference of relevant stakeholders to communicate the plan and coordinate logistics.

Step 3: *Hospital transfer direct from the port of entry should generally be arranged* if a listed human disease is suspected AND the person is potentially infectious (see Table 2) or is unwell even if not potentially infectious.

Undertake the following:

1. Contact the NSW Specialist Service for High Consequence Infectious Diseases for advice. Contact details and best process for notifying all relevant stakeholders can be found in the NSW Health Policy Directive *Early Response to High Consequence Infectious Diseases* (PD2024_005) and its addendum: *Response to suspected or confirmed viral haemorrhagic fever*.
2. Inform the NSW CHBO by phone or, if unavailable within 5 minutes or known to be unavailable, call the Executive Director Health Protection NSW.

The *Contact details for NSW Health and relevant agencies* is included in Section 6 Resource List.

What to do when you advise there is no reason to withhold pratique after a listed human disease is suspected

If you assess that the ill traveller has a suspected listed human disease and requires a hospital transfer or a human biosecurity control order (see Section 4.3.1), you can take the following steps to allow pratique to be granted:

Step 1: Discuss via phone call the matter immediately with the NSW CHBO. If the NSW CHBO is unavailable, contact the Executive Director Health Protection NSW or NSW Chief Health Officer. See *Contact details for NSW Health and relevant agencies*, available in Section 6 Resource List.

Step 2: Advise that there is no reason to withhold pratique provided the following information about every passenger and crew member can be obtained within 2 hours of clearing immigration:

- full name; date of birth; contact phone number
- for flights: seat number during flight (for all travellers), and role (for crew members).

To expedite the process, for example, the BO can take the steward's copy of the passenger and airline staff manifest and take photos of the incoming passenger cards.

As per the AHPPC national approach to cruise ship reporting, cruise vessels should provide within 4 hours when requested an accurate manifest of personal contact details (such as email addresses and phone numbers) for passengers and crew to NSW Health. If disembarkation has already occurred, consider requesting the collection of contact details of ground staff who may have been exposed to the case.

For commercial vessels, the ship's agent or vessel operator could be approached for the manifest.

Step 3: If a listed human disease is suspected on a vessel, provide the local service agent of the airline or shipping agent with information on infection control measures to minimise the risk of infection (see Section 4.3.3).

Step 4: Manage the case as per hospitalisation/ human biosecurity control order as determined.

Step 5: Send an email summary of the situation to the NSW CHBO, NSW Chief Health Officer, Executive Director Health Protection NSW and Communicable Disease (CD) On-Call.

4.3.1. Considerations for non-compliant travellers

An HBO can consider the following options when a listed human disease is suspected AND the person is potentially infectious (see Table 2) AND **non-compliant** with public health recommendations. This includes refusing transfer to hospital or not complying with a request from a biosecurity official to provide information or to remain within an area at a port.

- *Human biosecurity control order (HBCO)* – HBCOs are a measure of last resort and are rarely needed. When deciding whether to impose a HBCO, consider whether a public health order is more appropriate. If unsure or to seek advice, contact the NSW CHBO.
- *Other actions under the Public Health Act 2010 (NSW)* – a listed human disease is suspected or there are other public health concerns, and a decision is made to use state power to manage the risk.

An HBO should also consult the *Human Biosecurity Control Orders Policy* and *Human Biosecurity Control Order Frequently Asked Questions* when making considerations (see Section 6 Resource List).

What to do if you decide a human biosecurity control order is needed

- Call the NSW CHBO to discuss the case, or if unavailable within 5 minutes, the Executive Director Health Protection NSW or if unavailable, the NSW Chief Health Officer. See *Contact details for NSW Health and relevant agencies*, available in Section 6 Resource list.
- If there is agreement to impose a human biosecurity control order, follow the instructions in the *Human Biosecurity Control Orders Policy* and *Human Biosecurity Control Order Frequently Asked Questions* and use the updated *Human Biosecurity Control Order Form* (see Section 6 Resource List).
- Provide advice to the BO on contacts and environmental management (refer to Section 4.3.3).
- Prepare to attend the port in person on the instruction of the NSW CHBO. This is the only current scenario where in person attendance at the port of entry is likely to be required.
- Notify the relevant PHU director, or on-call officer if the director is unavailable, to discuss possible staff attendance and assistance at the port.
- Notify the Director of Human Biosecurity whenever a HBCO has been imposed, varied or revoked. To notify, send a copy of the HBCO to humanbiosecurity@health.gov.au, health.ops@health.gov.au and by calling 02 6289 3030.
- Maintain detailed notes and upload to a NCIMS Human Biosecurity Report.
- Send an email summary of the situation to the NSW CHBO, NSW Chief Health Officer, Executive Director Health Protection NSW, and CD On-Call.

4.3.2. Possible case management recommendations for a suspected listed human disease

For possible human influenza with pandemic potential and human coronavirus with pandemic potential, no clear advice is possible at present on threshold for hospitalisation/ human biosecurity control order. See advice at time of pandemic.

For possible severe acute respiratory syndrome (SARS) there should be a presumption of transfer of a suspected case to hospital in airborne, contact and droplet transmission-based precautions. In the absence of confirmed SARS cases in the world at present, a human biosecurity control order is not likely to be justifiable.

For possible Middle East respiratory syndrome (MERS-CoV), the threshold for transfer to hospital is presence of pneumonia and travel to countries with active cases, but to impose a human biosecurity control order probably requires pneumonia AND at least one of either confirmed case contact / camel exposure / healthcare exposure in a country with active cases.

For possible viral haemorrhagic fevers (VHFs), refer to the *Response to suspected or confirmed viral haemorrhagic fever*, addendum of the NSW Health Policy Directive *Early Response to High Consequence Infectious Diseases* (PD2024_005).

For possible smallpox, no clear advice is possible at present, as there are no declared cases. A human biosecurity control order is unlikely to be required as patients are typically gravely ill.

For possible yellow fever, consider hospitalisation for any suspected case who is unwell. A human biosecurity control order is unlikely to be justifiable even if non- compliant given lack of infectiousness to humans, unless the traveller is indicating an intention for onward travel to an area where there are mosquito vectors competent to transmit yellow fever (such as dengue-receptive areas of North Queensland).

For possible plague, hospitalisation is highly recommended given poor prognosis without rapid antibiotics. A human biosecurity control order should be considered if non- compliant with any form of plague, especially pneumonic, however patients are usually so unwell it would not be necessary.

4.3.3. Advise on any required contact management and environmental management

For possible human influenza with pandemic potential, human coronavirus with pandemic potential, severe acute respiratory syndrome and MERS:

Advise anyone with direct physical contact or who was within the same room or section of the cabin or vessel for 15 minutes or more not wearing airborne protection to thoroughly wash their hands and provide follow-up contact details.

Advise cordoning off the health room/ room where the case was assessed until cleaned using detergent and disinfected using a listed disinfectant (preferred) by staff wearing appropriate personal protective equipment (PPE) for the activity being undertaken.

Cleaning and disinfection can be either a 2-step or 2-in-1 step process and the disinfectant is effective against the suspected/confirmed pathogen, i.e. have virucidal properties and must be applied in accordance with manufacturer's instructions, including required contact time. The Clinical Excellence Commission provides guidance on best practice procedures for environmental cleaning in healthcare settings, see the Environmental Cleaning Standard Operating Procedures (SOP), and in particular Module 6 for guidance on cleaning agents.

Further action for contacts depends on whether the illness is confirmed in the suspect case(s) and/ or discussion with the NSW CHBO, and/ or the Executive Director Health Protection NSW and/ or the NSW Chief Health Officer.

Note that for severe acute respiratory syndrome (SARS-CoV-1), routine cleaning of aircraft or vessels is recommended if there are no known cases identified worldwide.

For VHFs and smallpox:

Advise anyone with direct physical contact or who was within the same room as the case for 15 minutes or more without wearing airborne, droplet and contact precautions to wash their hands and register as a contact.

Advise that there should be no routine cleaning of aircraft, vessels and rooms occupied until

specific advice is provided. A specialist environmental cleaning service may be required.

Further action for contacts depends on whether VHF or smallpox potential is confirmed in the case.

For yellow fever:

Advise that there are no specific actions required by contacts and cleaning should be routine.

For plague:

Advise only those who had direct physical contact or who were within the same room as the suspected pneumonic plague case whilst the case was coughing to register as potential contacts. Standard cleaning and disinfection by staff wearing appropriate PPE for the activity being undertaken, and further action depends on whether pneumonic plague is confirmed in the case.

An HBO can also consult the NSW Health Policy Directive *Early Response to High Consequence Infectious Diseases* (PD2024_005) and contact the NSW Specialist Service for High Consequence Infectious Diseases for further infection control advice as needed.

4.4. Advise others of the situation and record your assessment and actions

Escalate to the NSW CHBO, or Executive Director Health Protection NSW if the NSW CHBO is unavailable:

- when the HBO is not sure what to do, or
- if a public health order (PHO) or HBCO is considered, or
- if hospitalisation is required following discussion with the NSW Specialist Service for High Consequence Infectious Diseases.

See *Contact details for NSW Health and relevant agencies*, available in Section 6 Resource List.

4.5. Additional actions when an escalated public health response is required

If an escalated public health response is identified, this is likely to require a coordinated public health response, including:

- Establishment of a central and/ or local public health incident response team to:
    - support the field team
    - commence contact symptom monitoring
    - liaise with the National Incident Centre
    - coordinate public communications.

A decision to initiate an escalated public health response should be taken in discussion with the NSW CHBO, Executive Director Health Protection NSW, NSW Chief Health Officer, local health district (districts) public health unit director and district chief executive or delegate, such as the health services functional area coordinator (HSFAC) of the relevant district. If a decision is made to escalate a public health response, NSW Health Pathology (NSWHP) should be informed through either the NSWHP Public Health Pathology or the Chief Executive of NSWHP.

If state-level coordination arrangements are required, this can be facilitated with the State Preparedness and Response Unit (SPRU). The SPRU will also be key to supporting any centralised incident command structure (ICS).

For the State Health Services Functional Area Coordinator contact details see *Contact details for NSW Health and relevant agencies* available in Section 6 Resource List.

For incidents involving Sydney Kingsford Smith International Airport or the international seaports in South Eastern Sydney Local Health District (SES district) there will likely be implementation of the *SES LHD Communication and Response Protocol for Border Health Incidents Related to an Infectious Disease*.

5. Responding to Acute Respiratory Infection and Acute Gastroenteritis Outbreaks

Acute respiratory infections [ARI] (including COVID-19 and influenza) and acute gastroenteritis (AGE) are not listed human diseases but can still pose a public health risk and are known to cause occasional outbreaks on vessels and aircraft.

Additionally, there are differing requirements for managing these health events across jurisdictions. The public health response to ARI and AGE outbreaks will be guided by:

- AHPPC statement – Advice to support safe cruising
- NSW Advice for the cruise industry
- SES LHD Communication and Response Protocol for Border Health Incidents Related to an Infectious Disease
- Protocol for the management of confirmed/suspected infectious disease outbreaks or listed human disease on vessels.

5.1. When travellers with ARI or AGE are reported on an aircraft

People identified at the airport with suspected or confirmed ARI or AGE should be advised to seek their own medical attention and refer to the following guidance for more information:

- Testing and Managing COVID-19 webpage
- Influenza fact sheet webpage
- Viral gastroenteritis fact sheet webpage.

5.2. When travellers with ARI or AGE are reported on a vessel

An HBO may be notified of a cruise or commercial vessel reporting an acute respiratory and/ or gastrointestinal infection outbreak. Once an assessment is undertaken and excludes the probability of a listed human disease, the HBO or relevant local health district public health unit should follow the *Protocol for the management of confirmed/suspected infectious disease outbreaks or listed human disease on vessels*.

5.2.1. When a passenger or crew member with respiratory symptoms needs medical care

Where a request is received for a crew member or passenger with respiratory symptoms requiring medical care, the relevant local health district public health unit should be notified to assist with an initial health assessment and response.

A health response may include:

- respiratory virus testing
- access to virtual or physical health assessment
- or support to the ship's doctor or medical personnel, if available.

Refer to *Protocol for the management of confirmed/suspected infectious disease outbreaks or listed human disease on vessels* for further information.

When a request is made for *urgent medical care*, refer to the medical retrieval team, who will assess the urgency of retrieval of the unwell individual(s) from the ship.

6. Resource List

This Resource List contains documents for internal use only.

Department of Health and Aged Care

- Human Biosecurity Control Orders Policy* - Office of Health Protection
- Human Biosecurity Control Order Frequently Asked Questions* - Office of Health Protection
- Human Biosecurity Control Order Form*
- Traveller with Illness Checklist*.

* *The most up-to-date version of these documents can be found on the GovTeams HBO page.*

NSW Health

- Contact details for NSW Health and relevant agencies
- Human Biosecurity Officer Response Form
- Protocol for the management of confirmed/suspected infectious disease outbreaks or listed human disease on vessels
- SES LHD Communication and response protocol for border health incidents related to an infectious disease
- SES LHD Mass swabbing of cruise ship passengers on disembarkation.

Other

- AHPPC statement – Advice to support safe cruising
- NSW Advice for the cruise industry
- CDNA Series of National Guidelines (SoNGs)

7. Acronyms and Abbreviations

ABF	Australian Border Force
AHPPC	Australian Health Protection Principal Committee
AMSA	Australian Maritime Safety Authority
BO	Biosecurity officer
CD on-call	Communicable Disease on-call

CDNA	Communicable Diseases Network Australia
CHBO	Chief Human Biosecurity Officer
CHO	Chief Health Officer
DAFF	Department of Agriculture, Fisheries and Forestry
HBCO	Human biosecurity control order
HBO	Human biosecurity officer
HHR	Human health report
HNEPHU	Hunter New England Local Health District Public Health Unit
HSFAC	Health Services Functional Area Coordinator
LHD	Local health district
MARS	Maritime Arrivals Reporting System
NMC	National Maritime Centre
NNSWPHU	Northern NSW Local Health District Public Health Unit
NSWHP	NSW Health Pathology
NCIMS	Notifiable Conditions Information Management System
PAR	Pre-arrival report
PHO	Public health order
PHU	Public health unit
PPE	Personal protective equipment
SESPHU	South Eastern Sydney Local Health District Public Health Unit
SoNG	Series of National Guidelines
SPHU	Sydney Local Health District Public Health Unit
TIC	Traveller with illness checklist
VHF	Viral haemorrhagic fevers