



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) and is applicable for vessel and cruise operators, 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) 12-96 hours prior to arrival at their First Port of Entry into Australia. The PAR assists 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 possible [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 per a domestic vessel within Australian waters.

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

On 25 August 2023, the Australian Health Protection Principal Committee 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 a LHD and provide advice to DAFF Biosecurity Officers about whether to grant pratique to a vessel.

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

Contact details for ports, PHUs and after-hours 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 infection, gastrointestinal infection or other notifiable infectious disease, the CDCD will provide public health management advice for an outbreak on board a vessel during business hours, and the on-call PHP for the relevant area (metropolitan or region) will provide advice after hours.

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 and appropriate management for anyone identified with respiratory illness prior to boarding.

4.2 Vaccination

Passengers and crew should be vaccinated in line with immunisation recommendations in the Australian Immunisation Handbook, including influenza, COVID-19, and travel vaccines.

4.3 Onboard disease surveillance

Individuals who develop acute respiratory symptoms should be tested for COVID-19, influenza and other respiratory viruses where available. Individuals who develop acute gastrointestinal symptoms should be tested for norovirus and rotavirus, where kits are available onboard.

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.

Individuals with an acute respiratory infection should isolate in their cabin until acute symptoms have resolved, other than to seek medical care (including testing), and to wear a mask if needing to leave their cabin for any reason. Asymptomatic close contacts should monitor for symptoms, practice correct hand and respiratory hygiene, and test regularly with a rapid antigen test (RAT). Individuals can be referred to the following information: [Protect yourself from viruses](#)

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 after toileting and 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, refer to [Protect yourself from viruses](#)

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 or influenza case should have a negative RAT on the day of the shore visit.
- Individuals who have respiratory symptoms should have a negative COVID-19 and influenza test on the day of the shore visit. Testing of asymptomatic individuals who are not close contacts of COVID-19 or influenza 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 PHU or on-call PHP should contact local health facilities if there is a significant outbreak onboard a vessel. The CDCD and relevant PHU should be briefed 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 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 or on-call PHP (see [Appendix B](#) for contact details) when requested
- 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 or on-call PHP (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 or on-call PHP (see [Appendix B](#) for contact details).

After receiving the required information as outlined in the Cruise Vessel Reporting Table¹ (see [Appendix C](#)), the CDCD or on-call PHP 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.

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

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.

Cruise operators should also contact the CDCD or on-call PHP for any concerns regarding communicable diseases (e.g. outbreaks of illness of unknown cause, high rates of severe disease/requirements for medical evacuation, 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

AGE	Acute gastroenteritis
ARI	Acute respiratory infection
CDCD	Communicable Disease Control Directorate
DAFF	Department of Agriculture, Fisheries and Forestry
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_CDCDOnCall@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	Southwest 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: CRUISE VESSELS

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

Step 1: Phone the on-call Public Health Physician

Call the WA Department of Health After Hours on-call service on **1800 434 122** and follow the prompts to speak with the on-call Public Health Physician for Perth metropolitan area (Fremantle port) or regional areas (all other ports), as relevant.

Step 2: Email the report to the relevant email address

Perth metropolitan (Fremantle port): dc-team.bphu@health.wa.gov.au
cc bphu@health.wa.gov.au

Regional WA (all other ports): DoH_CDCDOnCall@health.wa.gov.au

AFTER HOURS: INTERNATIONAL COMMERCIAL VESSELS

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

Step 1: Phone the on-call Human Biosecurity Officer

Call the WA Department of Health After Hours on-call service on **1800 434 122** and follow the prompts to speak with the on-call Human Biosecurity Officer.

Step 2: Email the report to the following email address

All ports: DoH_CDCDOnCall@health.wa.gov.au

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)			

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)			

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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