

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's response to the COVID-19 pandemic

13 May 2020

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Exercise EmergenSea Detour Report

Spoken

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Senator Rex Patrick

Question

Senator PATRICK: I've got a question for the Department of Health and the secretary, but I also want to keep you two here as well. Ms Edwards, I asked a question on notice around what pandemic planning had been done since 2006. I think Cumpston was the name of the exercise. One of the exercises that was conducted last year came back—and there's a bit of irony in this—and the scenario of that exercise was the outbreak of a pandemic influenza on a cruise ship coming into Sydney. A report was made on 30 August last year. Can you please provide the committee with a copy of that report?

Ms Edwards: I'll take on notice to provide it. I expect to be able to provide it, but I'm not aware of it, so—

Senator PATRICK: It would be highly relevant, noting that, less than a year later, we've gone through that.

Ms Edwards: My only caveat is I'm not aware if there are any security elements that might need to be redacted. But we'll do what we can. I'll take it on notice.

Senator PATRICK: Sure. Pandemics generally don't involve a lot of security issues, I would have thought.

Answer:

As requested please find attached a copy of the Exercise EmergenSea Detour report from 2019.



Australian Government

Department of Health

Exercise EmergenSea Detour

Exercise practising the response to a major communicable disease outbreak on a cruise ship

1 May 2019

Canberra

Exercise Report

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INQUIRIES

Inquiries in relation to any aspect of *Exercise EmergenSea Detour* including this document, should be directed in the first instance to:

[REDACTED]
Department of Health
GPO Box 9848
Canberra ACT 2601

Phone: [REDACTED]
Email: [REDACTED]

APPROVAL

The Exercise EmergenSea Detour Report was approved for release by [REDACTED]
[REDACTED]

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Executive summary

Exercise EmergenSea Detour, a tabletop discussion exercise, was conducted on 1 May 2019 at the Department of Health (Health) in Canberra.

The aim of the exercise was to strengthen the capacity of Health and the Department of Agriculture and Water Resources (Agriculture) to work effectively together to manage an emergency, with particular focus on cruise ships.

The exercise was divided into two scenarios. The first looked at an outbreak of a listed human disease (pandemic influenza) on a cruise ship coming into Sydney. The second looked at an outbreak of an unknown, but clinically severe disease on a cruise ship coming into Hobart.

The focus of this exercise was on building understanding by Health and Agriculture of each other's priorities, needs and processes. However, the exercise also acknowledged the critical role of state and territory governments in the scenarios and included an examination of interaction with these agencies.

The exercise explored the differences between responding to outbreaks of listed human diseases and non-listed human diseases; key processes, such as pre-arrival reporting, Biosecurity and Human Biosecurity Officer assessments, Australian Health Protection Principal Committee (AHPPC) involvement; re-routing of ships; challenges related to resource provision and medivac.

The input provided will be used to inform the development of the National Cruise Ship Policy.

Background

The Health Emergency Management Branch in the Office of Health Protection runs a regular exercise program. As part of this program, Health runs one exercise each year to build understanding of, and relationships with, key stakeholders.

The Department of Agriculture and Water Resources (Agriculture) is one of Health's primary stakeholders. Health and Agriculture work together in a number of areas, with management of responsibilities under the Biosecurity Act a key area. Better understanding of Agriculture's priorities and processes is a priority.

National Cruise Ship Policy

Health is currently developing a National Cruise Ship Policy for Communicable Disease Outbreaks on Cruise Ships in consultation with stakeholders. The policy aims to clarify the roles and responsibilities of the various stakeholders (Australian Government, state and territory health departments and industry), describe existing processes and guide the management of communicable disease emergencies on board cruise ships. The policy also aims to align approaches with Australia's obligations under the *International Health Regulations (2005)* to prevent the international spread of disease and requirements under the *Biosecurity Act 2015* to prevent the entry, establishment or spread of a Listed Human Disease in Australian territory.

Some key areas in the policy include:

- Relevant legislative basis for actions
- Roles and responsibilities during an outbreak
- Communication channels to assist in managing an outbreak
- Responses during a health emergency

Need

Hundreds of cruise ships now visit Australia each year. These ships bring thousands of passengers with each voyage. A major outbreak of a clinically serious disease on a large cruise ship would bring a sudden peak in demand for health resources. If the disease in question was not currently circulating in Australia, it could also have public health implications by bringing in large numbers of people who have been exposed to the disease.

Aim

The aim of the exercise was to strengthen the capacity of Health and Agriculture to work effectively together to manage an emergency, with particular focus on cruise ships.

Exercise objectives

The objectives of the exercise were to:

1. To increase understanding by Health of Agriculture priorities, needs and procedures.
2. To increase understanding by Agriculture of Health priorities, needs and procedures.
3. To clarify how Agriculture and Health would interact in the management of an outbreak of a communicable disease on board a cruise ship.
4. To clarify how Agriculture and Health would interact with State and Territory Governments in this context.
5. To provide input into the development of the National Cruise Ship Policy.

Exercise scope

The following were **in** scope:

- Border processes;
- Roles and processes associated with the Maritime National Coordination Centre (MNCC);
- Roles and processes associated with Biosecurity officers;
- Roles and processes associated with Human Biosecurity officers;
- The role of the Australian Health Protection Principal Committee and its sub-committees;
- Public health management of the outbreak;
- Testing capacity/ issues;
- Human Biosecurity Control Orders/ Human health response zones;
- Death in transit processes;
- H1N1 pandemic;
- Legislative support (Commonwealth and jurisdictional);
- Isolation/quarantine;
- Medivac;
- The Australian Health Management Plan for Pandemic Influenza;

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- Communications between Agriculture, Health, jurisdictional health, Australian Government;
- Interaction with industry/ shipping agents/ ship's master;
- Jurisdictional capacity;
- Integration with jurisdictional arrangements; and
- International reporting obligations.

The following were **out** of scope:

- Clinical management of cases;
- Jurisdictional public health arrangements;
- Responsibilities of other Australian Government agencies.

Exercise outline

The exercise was a half day discussion exercise in two parts, comprised of two scenarios.

The first scenario looked at a large cruise ship coming into Sydney. An influenza pandemic is spreading globally, but has not yet been identified in Australia. In their pre-arrival reporting the ship indicates there are a large number of people on board with influenza-like-illness.

Participants discussed:

- how pre-arrival reporting works;
- the role of the Maritime National Coordination Centre (MNCC);
- whether we have the option to turn a vessel away if it has not yet entered Australian waters;
- options for having the vessel anchor away from the dock;
- who would communicate with the shipping agent/ ship's master concerning this;
- preparatory arrangements when a ship such as this is coming in;
- options for management of ill/well travellers;
- legislative powers to manage travellers suspected of being infected by a pandemic virus (i.e. a novel influenza virus);
- communications between the Biosecurity Officer and the Human Biosecurity Officer to manage assessment of ill travellers;
- notification of Health of a health issue related to a cruise ship;
- jurisdictional capacity to manage a sudden influx of a large number of ill travellers;
- integration into jurisdictional facilities (are there designated hospitals in each jurisdiction for the management of high risk communicable diseases?);
- management of a cruise ship in 2009 which was suspected to have individuals on board who may have been exposed to H1N1;
- testing for the pandemic strain;
- Human Biosecurity Control Orders (HBCOs) and human health response zones;
- Security support for implementing biosecurity measures;
- Reporting of ill travellers once in Australia.

The second scenario considered a large cruise ship heading for Hobart. There is a large outbreak of a clinically severe, unknown illness on-board, including two deaths. The Chief

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Health Officer in Hobart is concerned about the capacity in Tasmania to manage this number of severely ill travellers.

Participants discussed:

- processes triggered by deaths in transit;
- automation in the processing of pre-arrival reporting;
- jurisdictional capacity;
- options for boosting jurisdictional capacity;
- activation of jurisdictional emergency arrangements and mass casualty plans;
- bilateral support vs AHPPC involvement;
- the possibility of re-routing a cruise ship to a larger/other port;
- whose decision is this?
- the role of Health/ State health/ Agriculture in such a decision;
- whether shipping agents are likely to be open to changes of route associated with capacity to manage treatment of ill travellers;
- willingness of bigger jurisdictions to receive re-routed ships; and
- medivac.

Participating agencies

The following agencies participated in the activity:

- Department of Agriculture and Water Resources
- Department of Health
- NSW Health
- Tasmanian Health
- Victorian Department of Health and Human Services

Discussion

The following sections capture some of the key points of discussion during the exercise.

Roles and responsibilities

- Ships (through shipping agents) are responsible for reporting about health on-board between 12 and 96 hours prior to arrival at the first port in Australia.
 - Around 94 hours is usual especially with regular vessels as a customs report is required at that time.
- The MNCC processes all pre-arrival reporting by cruise ships.
- If this reporting triggers the need for further assessment, this will be undertaken by Agriculture.
- If further assessment triggers the need for public health advice, Agriculture will contact a jurisdictional Human Biosecurity Officer.
- The Human Biosecurity Officer will be the communication link with the health department of their jurisdiction. They will pass on relevant information to the jurisdictional health agency as appropriate.
- When a health issue on a cruise ship may have national implications, Agriculture and/or the Human Biosecurity Officer will notify the Commonwealth when they become aware of this.

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- When a traveller is ill on arrival, the Biosecurity Officer will complete the Traveller with Illness Checklist (TIC). If the TIC indicates the risk of a Listed Human Disease, the Biosecurity Officer will contact the Human Biosecurity Officer. If the Human Biosecurity Officer believes the traveller requires hospitalisation, they will facilitate medical transport.
- When an ill traveller requires immediate medical assistance on arrival, the Biosecurity Officer will facilitate immigration clearance and medical transport, and notify the Human Biosecurity Officer.
- After all ill travellers have been disembarked for urgent medical attention or assessed and either transferred or cleared, the Biosecurity Officer will grant the ship pratique (under advice from the HBO) and passengers and crew may disembark. No passengers/crew may disembark until pratique is granted.
- The jurisdictional health agency is responsible for ongoing management of travellers transported to hospital.
- When the jurisdictional health agency is likely to have difficulty providing this, they may seek assistance bilaterally or through AHPPC, depending upon the nature of the incident.
- If receiving a request for assistance, AHPPC will coordinate support to the jurisdiction. This may be either provision of expertise and/or equipment or transport of patients to other jurisdictions for care.
- If it is considered that broader government involvement is necessary, this would be coordinated through the whole of government mechanisms the Australian Government Crisis Committee and the National Crisis Committee.

Communications

- Strong relationships with cruise lines have been established by both Agriculture and jurisdictional health. Cruise ships are highly compliant with ill traveller procedures.
- There was a strong feeling that communication between Agriculture, Health and jurisdictional health was also robust and well-practised.
- Wherever possible we would use existing communication arrangements. Should Health want to provide advice to the ship, this would go through Agriculture.
- When there is concern about the capacity of a jurisdiction to support the needs of ill travellers coming in on a vessel, the affected jurisdiction would contact AHPPC.
- If AHPPC discussion resulted in a recommendation that the ship be re-routed, the Director of Human Biosecurity (Australia's Chief Medical Officer) would provide this as advice to Agriculture (MNCC) to be forwarded to the ship's master/shipping agent. This would be a recommendation, not a requirement, however there would be significant duty of care implications for a ship ignoring this type of advice.
- Jurisdictional health departments would notify the National Incident Room if there was an incident with the potential to exceed the capacity of their health system. Support for this type of incident would be coordinated through AHPPC.
- Jurisdictions would contact the Communicable Diseases Network Australia to share information about public health management of an outbreak on a cruise ship.
- Human Biosecurity Officers usually provide their advice regarding ill travellers over the telephone to Agriculture, though there is the potential to board the ship to make

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a joint-assessment if necessary (for example, if a large number of ill travellers is reported).

- Once a ship has entered Australia and been granted pratique, they are obliged to report on changes to their reporting regarding ill travellers throughout their voyage in Australian waters.
- National Focal Point notifications may be required for people with confirmed illnesses travelling overseas. This would be handled by the National Incident Room.
- Cruise ship doctors are in contact with their respective medical headquarters public health people (e.g. in the US) and will be getting advice and support from there.
- The National Incident Room may notify the World Health Organisation of cruise ship outbreaks where an emerging disease threat or pandemic strain is suspected.
- Departments of Home Affairs, Foreign Affairs and Trade and Prime Minister and Cabinet would be included in communications if there is a large outbreak of a disease with high severity.
- Communication with the National Sea Passenger Facilitation Committee will be an important platform for ensuring strong information sharing, discussion of issues and establishment of protocols.

Pre-arrival reporting

- Pre-arrival processes are aimed at Listed Human Diseases (LHDs) and therefore there may be other diseases of concern which are not picked up.
 - This risk has been mitigated in the sense that the LHDs were selected as they are the diseases considered most likely to pose a major public health threat.
 - Should powers be needed to address other diseases, it is a relatively quick and simple process to add a disease to the List.
 - If an outbreak involves a non-LHD, large numbers of ill travellers would still be noted in the pre-arrival process and Agriculture would assess the situation. If concerned, they would engage with a Human Biosecurity Officer in their capacity as a state and territory health official.
- Pre-arrival reports of ill travellers include all instances of illness over a reporting period, not just those who are ill at the time of arrival. This may present numbers which are misleading or not informative.
 - Possible changes to address this are currently under discussion.
 - A third of passengers are usually crew so continuous reporting for each vessel (up to 14 days) is important.

Assessment of ill travellers

- The primary method of assessing ill travelers is the Traveler with Illness Checklist (TIC). TICs are designed to flag potential LHDs, other diseases of concern or large outbreaks may not be identified this way (see above.)
- According to current formal procedures Biosecurity Officers should interview ill travellers directly to apply the TIC. In practice, assessments conducted by Biosecurity Officers are focused on the Ship's doctor, rather than on individual ill travellers. This is likely to be quicker and provide additional information.
 - Changes to bring the formal arrangements in line with this practice are underway.
- There may be a desire to make assessments prior to arrival of a ship.

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Management of ill travellers

- When considering options such as quarantine/isolation on board a vessel, it will be important to keep in mind that the high transmissibility of influenza may mean it is unreasonable to keep well people on the ship for longer than required.
- Re-routing of ships will also need to consider whether this will mean it takes longer to provide individuals with suitable care.
- The Human Biosecurity Control Order is intended for use on individuals and is not appropriate for an outbreak situation.
- State health departments faced with large numbers of incoming ill passengers are likely to notify state emergency managers and activate mass casualty plans.

Re-routing of ships and anchorage at sea

- Practically speaking we do not have the power under the Biosecurity Act to prevent a ship from coming into Australian waters.
- The International Health Regulations also discourage interference with international traffic and trade and Australian citizens cannot be prevented from “coming home” under the Migration Act.
- Rather than turn a vessel away, we could instruct it to moor out from the dock. It would dock for assessment processes, then be asked to move away.
 - A ship cannot be re-routed until an Agriculture assessment has taken place.
 - This occurs periodically and has been done for biosecurity pests. (Generally senior Agriculture staff would speak with the Master of the Vessel and provide the reasoning behind the direction.)
 - Vessels have been asked to anchor at sea in other countries, due to disease outbreaks.
 - This may be considered in cases of severe disease.
- Any delays or re-routing of vessels will have political aspects and be open to public criticism.

Medivac

- Medivac is usually provided through private companies.
- This occurs regularly and ships are well-practised in application of this service.
- Participants in the exercise were unclear about how this process works and how jurisdictional health authorities are notified.
- Australia does not have aircraft with the capacity to transport patients in isolation. This will impact on capacity to evacuate cases involving highly severe or emerging illnesses.

Jurisdictional capacity

- Providing care for large numbers of severely ill travellers all arriving at once upon a cruise ship will stress the capacity of the health system in all jurisdictions.
- Smaller jurisdictions may be unable to cope with this demand and require support. It is likely this would be requested through AHPPC.
 - Information about cases drawn from pre-arrival reporting is needed by jurisdictions to assess capacity (e.g. diagnostic and case information).

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- Though there are options to either move patients elsewhere or bring in additional support to bolster health systems, in practise the latter is difficult to manage for infectious diseases and is unlikely to be a viable option.
- Each state and territory has a designated hospital for managing cases involving high risk communicable diseases. This hospital may be used to manage large numbers of ill travellers with an unknown disease.
- There are three major options for managing ill passengers likely to stress the jurisdiction's health system.
 1. Transport affected persons to another jurisdiction under AUSTRAMA PLAN arrangements. Noting that transport of people requiring infectious disease containment is very difficult;
 2. Send expertise to the affected jurisdiction, such as treating affected persons on the dock, through an AUSMAT Team activation. It was noted that it is also not simple to bring in the capacity to manage infectious diseases; or
 3. Re-route the ship to a jurisdiction with better capacity.
- Ultimately, what to do in order to manage ill passengers is the Master of the Ship's decision as they have the duty of care for them. The Director of Human Biosecurity would provide advice following discussion with AHPPC.

Testing

- There is some testing capacity on board cruise ships, but they would not be able to test for the strain of a virus.
- Early in the development of a pandemic, testing for the pandemic strain may not be available in Australia. If this is the case we would test for Influenza A, and take into account factors like travel to a region where exposure may have occurred and similarity of symptoms with the reports on the pandemic strain.
- Development of a testing assay for a new strain will take time and testing capacity early in a pandemic is easily overwhelmed. Samples can be collected rapidly but there should be no expectation that the results will be available rapidly.
 - Managers of the response should consider how potential cases should be managed prior to testing becoming available (for example, test for Influenza A, take into account factors like travel to a region where exposure may have occurred, similarity of symptoms etc., as above.)

Legislative support

- Although powers under the Biosecurity Act are focused on LHDs, there is considerable flexibility in these arrangements, as
 - It is relatively quick and simple to add a new disease to the list (new LHDs could be designated by the Director of Human Biosecurity, in consultation with AHPPC, within 24 hours); and
 - The description on the Determination related to influenza is worded to cover any influenza virus with pandemic potential (allowing for new influenza viruses, and allowing action when pandemic is still potential, not only when established).
- When the disease causing an outbreak is unknown or new, there may be difficulties applying powers. Victoria Health noted that they provide legislative support to respond to unknown diseases by including a non-specific notifiable condition of

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“Urgent public health concern or emerging disease” on their notifiable disease list. A syndrome based description could also be used.

- The Human Health Response Zone in the Biosecurity Act is an option available for outbreak management, however it is a more extreme measure and has not been used to date in practice.
- Under the Biosecurity Act we do not have the power to deny entry of a vessel or to instruct it to go to another port.
- In states and territories, the Public Health Act is rarely applied for cruise vessels. There is normally a collaboration between state/territory health and the ship about infection control and cleaning. This collaboration is usually highly effective.
- Negative pratique restricts people from disembarking the ship, however it does not prevent people from boarding the ship – for example, to provide further medical assistance, risk assessments, supplies etc.
- There is no specific time frame within which pratique must be granted.

Health emergency response plans

- If an outbreak on a cruise ship occurs during a pandemic, state and territory communicable disease and mass casualty plans, and national health emergency response plans (e.g. AUSTRALMAPLAN, CDPLAN, AHMPPI) would be in play.

Cruise ship capacity

- It would be useful to have further information regarding the capability of cruise ships to manage infectious disease outbreaks.