

Traveller with Illness Checklist

Air and Sea Travellers

Step 1: Determine if the person has had a fever, chills or sweats

Ask the ill traveller...

At any time in the last 24 hours have you had a fever, chills or sweats?	<input type="checkbox"/> Yes
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If **NO** or **DO NOT KNOW** advise the traveller to seek their own medical advice.

If **YES**, continue to **STEP 2**

UPDATE January 2020: Additional screening questions have been added (Question 1 - Step 3.0 and Questions 20 & 21 – Step 4.0). Please ensure they are completed prior to contacting a Human Biosecurity Officer.

When assessing an ill traveller on an aircraft, the following aircraft door policy applies

DAWR Policy update as of 23 August 2018:

‘During the biosecurity assessment of an ill traveller on board an aircraft, the aircraft door must be in the closed (but not latched/locked) position’.

During the assessment of the ill traveller on board the aircraft, under Section 48 of the Biosecurity Act, the aircraft has not yet been granted pratique and it is a legislative requirement that the **operator of the aircraft ensures** that individuals **do not** disembark unless permission to do so is given by the attending biosecurity officer or human biosecurity officer.

Failure to do so may result in non-compliance action against the operator of the airline, *which may include a civil penalty of 120 penalty units.*

This policy update is to provide consistency to:

- operational staff
- airline operators, and
- prevent individuals from disembarking the aircraft prior to pratique being granted.

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Step 2: Collect information

Assessment details	
Name of airport/seaport:	
Date of assessment:	
Was the assessment conducted:	<input type="checkbox"/> Face to face <input type="checkbox"/> Over the phone (vessels only)
Name Biosecurity officer(s):	
Department of Agriculture was notified of an ill traveller by:	<input type="checkbox"/> the Airline/Vessel Master prior to disembarkation from the vessel Name of Airline/ Vessel Master: _____ <input type="checkbox"/> Australian Border Force <input type="checkbox"/> Other If other, please specify: _____ <hr/> Was non-compliance action against airline/vessel recorded? NB: a Non-Compliance Report Notification Form should be completed, where applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
What symptoms or information were provided with notification?	
Was a HBO/CHBO contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No Provide details at Step 4, page 7. No details required.

Ill Traveller's personal particulars:	
Name (first name and surname)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/intersex/unspecified
Date of Birth (dd/mm/yy)	
Nationality	
Flight Number / Vessel Name	
Origin of flight/voyage	
Contact address in Australia	
Contact number in Australia	
Final destination in Australia	
Email address	

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Step 3.0: Additional screening questions

Ask the ill traveller...	Tick as appropriate	
1) Have you been to Wuhan, Hubei Province China in the past 2 weeks? (including transit)*	<input type="checkbox"/> Yes ➤ Action Required: See Below	<input type="checkbox"/> No ➤ Go to STEP 3.1

*If the traveller has arrived on a direct flight from Wuhan, immediately tick yes.

If **YES** to Question 1:

- Immediately proceed to **Question 20, STEP 4; AND**
- Contact a Human Biosecurity Officer.

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Step 3.1: Establish if there are other symptoms

Please complete the entire checklist in full. All questions (as indicated) must be asked of the ill traveller and recorded.

Step 3.1: Cough

Ask the ill traveller...	Tick as appropriate		
2) Do you have a new coughing illness, which developed in the last 2 weeks?	<input type="checkbox"/> Yes ➤ Ask Questions 3 to 8	<input type="checkbox"/> No ➤ Go to STEP 3.2	
3) Have you been in contact with any birds or bird products within the last two weeks (e.g. handling, slaughtering or eating raw poultry products)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
4) Have you recently been in contact with any unwell people who were suspected or confirmed to have Avian Influenza?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
5) Have you recently handled samples (animal or human) suspected of containing Avian Influenza virus in a laboratory or other setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
6) Have you recently been in contact with any unwell people who were suspected or confirmed to have MERS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
7) Have you recently been in a healthcare facility while in a country in the Middle East?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
8) Have you recently been in contact with camels or drunk raw camel milk or eaten camel meat in a country in the Middle East?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know

If **YES** to Questions 3, 4, 5, 6, 7 or 8 immediately proceed to **Question 20, STEP 4 AND** contact a Human Biosecurity Officer;

OR

If **NO** or **DO NOT KNOW** to **all of the above** continue to **STEP 3.2**.

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Step 3.2: Bleeding and bruising

Ask the ill traveller....	Tick as appropriate	
9) Have you been in any country within Africa* in the last 3 weeks?	<input type="checkbox"/> Yes Ask Questions 10 to 12	<input type="checkbox"/> No ➤ Go to STEP 3.3

* Not including Egypt

Ask the ill traveller....	Tick as appropriate	
10) Do you have any unusual bleeding, such as bleeding from the eyes or ears or nose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Do you have any severe bruising?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12) Do you have any of the following symptoms: muscle aches, vomiting, diarrhoea or severe headache?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **YES** to **any** of Question 10 or 11 or 12, immediately proceed to **Question 20, STEP 4 AND** contact a Human Biosecurity Officer;

OR

If **NO** to Question 10 **and** 11 **and** 12 continue to **STEP 3.3**.

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Step 3.3: Rash

Ask the ill traveller...	Tick as appropriate	
13) Do you have a new rash which developed in the last 2 weeks?	<input type="checkbox"/> Yes ➤ Go to Question 14	<input type="checkbox"/> No ➤ Go to STEP 3.4
14) Is the rash itchy?	<input type="checkbox"/> Yes ➤ Go to STEP 3.4	<input type="checkbox"/> No ➤ Action Required: See Below

If **NO** to Question 14:

- Immediately proceed to **Question 20, STEP 4; AND**
- Contact a Human Biosecurity Officer.

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Step 3.4: Yellow eyes and/or skin

Ask the ill traveller...	Tick as appropriate	
15) Have you, or anyone around you, noticed the whites of your eyes and/or skin has yellowed?	<input type="checkbox"/> Yes ➤ Go to Question 16	<input type="checkbox"/> No ➤ Advise person to seek own medical advice
16) Were you in Africa, South/Central America or the Caribbean within the last 6 days (including transit)?	<input type="checkbox"/> Yes ➤ Go to Question 17	<input type="checkbox"/> No ➤ Advise person to seek own medical advice

17) Which country(s) did you visit?

South or Central America/Caribbean	Africa	
<input type="checkbox"/> Argentina (Misiones province and Corrientes province only)	<input type="checkbox"/> Angola	<input type="checkbox"/> Guinea
<input type="checkbox"/> Bolivia	<input type="checkbox"/> Benin	<input type="checkbox"/> Guinea-Bissau
<input type="checkbox"/> Brazil	<input type="checkbox"/> Burkina Faso	<input type="checkbox"/> Kenya
<input type="checkbox"/> Colombia	<input type="checkbox"/> Burundi	<input type="checkbox"/> Liberia
<input type="checkbox"/> Ecuador (excluding the Galapagos Islands)	<input type="checkbox"/> Cameroon	<input type="checkbox"/> Mali
<input type="checkbox"/> French Guiana	<input type="checkbox"/> Central African Republic	<input type="checkbox"/> Mauritania
<input type="checkbox"/> Guyana	<input type="checkbox"/> Chad	<input type="checkbox"/> Niger
<input type="checkbox"/> Panama	<input type="checkbox"/> Congo, Democratic Republic of the	<input type="checkbox"/> Nigeria
<input type="checkbox"/> Paraguay	<input type="checkbox"/> Congo, Republic of the	<input type="checkbox"/> Rwanda
<input type="checkbox"/> Peru	<input type="checkbox"/> Cote d'Ivoire (Ivory Coast)	<input type="checkbox"/> Senegal
<input type="checkbox"/> Suriname	<input type="checkbox"/> Equatorial Guinea	<input type="checkbox"/> Sierra Leone
<input type="checkbox"/> Trinidad	<input type="checkbox"/> Ethiopia	<input type="checkbox"/> South Sudan
<input type="checkbox"/> Venezuela	<input type="checkbox"/> Gabon	<input type="checkbox"/> Sudan
	<input type="checkbox"/> Gambia	<input type="checkbox"/> Togo
	<input type="checkbox"/> Ghana	<input type="checkbox"/> Uganda
<input type="checkbox"/> None of the countries listed above	<input type="checkbox"/> None of the countries listed above	

If **NONE of the countries listed above**, advise the person to seek their own medical advice. Otherwise if a country(s) is selected from the above, **proceed to Question 18**.

	Tick as appropriate		
18) Do you have a Yellow Fever vaccination certificate?	<input type="checkbox"/> Yes ➤ Go to Question 19	<input type="checkbox"/> No	<input type="checkbox"/> Do not know

If **NO** or **DO NOT KNOW** to Question 18 immediately proceed to **Question 20, STEP 4** and contact a Human Biosecurity Officer.

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Through observation...	Tick as appropriate	
19) Yellow Fever vaccination certificate sighted?	<input type="checkbox"/> Yes Advise ill traveller to seek own medical advice	<input type="checkbox"/> No

If **NO** to Question 19, complete **Question 20, STEP 4** and immediately contact a Human Biosecurity Officer.

Step 4: HBO/ CHBO Contact Summary

To be completed in circumstances where a Human Biosecurity Officer (including the Chief Human Biosecurity Officer) is to be contacted regarding the ill traveller.

Ask the ill traveller...	Tick as appropriate
20) When did your symptoms start?	<input type="checkbox"/> less than one week ago <input type="checkbox"/> one to two weeks ago <input type="checkbox"/> more than two weeks ago Go to Question 21.
21) What countries have you visited in the last month?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proceed to contacting a Human Biosecurity Officer and complete Section 1 - 3 below.

SECTION 1

(C)HBO Name:			
State / Territory:			
Time contacted:		Time advice received:	
Advice provided:			
<input type="checkbox"/> Traveller to seek own medical advice. No Further information required <input type="checkbox"/> Other (please specify) _____			
<input type="checkbox"/> Further assessment required. ➤ Complete Section 2 & 3			

SECTION 2

Please complete the record of communications made during the administration of the Checklist.

CONTACT LOG		
Person contacted	Date and time	Purpose

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SECTION 3

<input type="checkbox"/> (C)HBO detailed in Section 1 advised that: <i>"Duty of care for this traveller has been transferred to you as the relevant Human Biosecurity Officer"</i>
<input type="checkbox"/> Traveller transferred by ambulance to _____ (name of hospital)
<input type="checkbox"/> Traveller subject to a Human Biosecurity Control Order (HBCO) HBCO reference:
Traveller referred to (please tick appropriate): <input type="checkbox"/> Hospital <input type="checkbox"/> GP <input type="checkbox"/> Other
<input type="checkbox"/> Traveller provided with a Yellow Fever Action Card
<input type="checkbox"/> Other - please specify _____

Once the TIC is completed, scan all pages and e-mail to humanbiosecurity@health.gov.au.

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