

## **PASSENGER WITH ILLNESS CHECKLIST**

Notes:

- **This checklist is only intended to allow you to make an assessment of whether or not a passenger may have a quarantinable disease. If this checklist indicates that no quarantinable disease is present then you are not required to notify the Chief Medical officer in the state or territory health department.**
- **All ill passengers should be advised to seek medical attention and to inform the doctor of the travel history. Seriously ill passengers should be given the location of the closest medical facility (eg, within the airport) or the address to the closest public hospital or clinic. If necessary call an ambulance.**
- **In case of severe illness, the provision of medical care, or transport to a hospital, should not be delayed while this checklist is being completed. However, the patient details are to be provided to the relevant Chief Quarantine Medical Officer together with the information on the patients symptoms and the hospital they have been transported to.**
- **The checklist does not include rabies or smallpox. Rabies is not transmissible between humans and can only diagnosed in the hospital setting. No cases of smallpox have occurred anywhere in the world since late 1970s. Smallpox has been made a quarantinable disease as a health security measure.**
- **Historically, the primary human quarantine disease risk is from cholera. The risk of transmission of cholera between humans from international travel is low (see below).**
- **Unless a health alert has been issued by the Director of Human Quarantine, in general ill passengers maybe allowed to disembark from the aircraft and be interviewed by the quarantine officer in private. The remaining passengers and crew may also be allowed to disembark. Only where a viral haemorrhagic fever or highly infectious respiratory disease (such as SARS) is suspected should passengers and crew be detain on board the aircraft or within the terminal.**

## **Cholera**

Cholera is caused by drinking water (or ice) or eating food contaminated by the cholera bacteria. Common sources of infection are raw or poorly cooked seafood, raw fruit and vegetables and other foods that have been contaminated during preparation or storage. Most episodes of cholera are mild. Persons who have been infected may have no symptoms or only mild diarrhoea. Others may develop very severe watery diarrhoea and vomiting. Cholera is not transmissible between humans other than through contact with infected faeces. Severe cholera is life threatening especially in children and the elderly.

## **Yellow Fever**

Yellow Fever is a viral disease transmitted by the *Aedes aegypti* mosquito. It is not transmissible between humans in the absence of that mosquito. The infection initially causes the symptoms listed below and may progress to jaundice (yellow skin), bleeding, kidney failure and loss of consciousness. Severe illness is life threatening.

## **Viral Haemorrhagic Fever (VHF)**

There are four main types of VHF- Ebola, Lassa, Crimean-Congo and Marburg. These infections are transmissible between humans through infected bodily fluids. Generally VHF infections are only acquired by indigenous people in remote jungle through consuming local animals. In the absence of an alert issue by the World Health Organisation, it would be extremely rare for an international air traveller to be infected with a VHF.

## **Plague**

Plague is a bacterial infection transmitted to humans by infected fleas that live primarily on small mammals such as rats, mice, cats, dogs and squirrels. There are several types of plagues, however the most common form, bubonic, is not transmissible between humans in the absence of fleas. Plague can be treated with antibiotic drugs. Although uncommon, cases of plague occur in the rural and wilderness areas of some countries where wild animals population maintain the bacteria.

## **SARS (Severe Acute Respiratory Syndrome)**

SARS is a viral infection that causes a potentially life-threatening pneumonia. It is transmitted between humans through infected droplets expelled from the body by sneezing or coughing. At the time of writing, the occurrence of the disease was confirmed to sporadic case in southern China, but had previously occurred in Hong Kong, Singapore, Taiwan, Philippines, Canada, Vietnam and Cambodia. In the absence of an alert from the World Health Organisation, it is unlikely that the respiratory infection in the international traveller would be SARS.

**NOTE:** If **NO** is answered to Questions 1, 2, 3 or 4, be aware that the passenger may still be suffering an illness of quarantine concern or notifiable concern, contracted from outside of Africa or South America (such as Cholera, Plague, Rabies, Viral Haemorrhagic Fever). If this is suspected, the Quarantine officer will ring THE CHIEF QUARANTINE MEDICAL OFFICER, advise on responses and request instructions for the management of the unwell passenger.

### **Cholera**

**Q1.** Does the passenger have symptoms of gastro-intestinal illness such as watery diarrhoea, nausea or vomiting which commenced within the last 24 hours?

**Yes** *Action:* Contact the Chief Quarantine Officer in your state/territory health Department for further direction.

**No** Go to Question 2.

### **Yellow Fever**

**Q2.** Has the passenger been to Africa or South America within the previous 6 days?

**Yes** Go to Question 3.

**No** Go to Question 5.

**Q3.** Has the passenger been in a **Yellow Fever country**?

**Yes** Go to Question 5.

**No** Go to Question 4.

**Q4.** Has the passenger been in a declared Yellow Fever infected country within the past 6 days and have some or all the following symptoms:

**Fever, Chills, Headache, Painful Muscles, nausea and vomiting?**

**Yes** Passenger may have Yellow Fever.  
*Action:* Contact the Chief Quarantine Officer in your state/territory health Department for further direction.

**No** Go to Question 5.

### **Viral Haemorrhagic Fever (VHF)**

**Q5.** Has the passenger been to Africa within the past 21 days?

**Yes** Go to Question 6.

**No** Go to Question 7.

**Q6.** Does the passenger have most or all of the following symptoms:

**Bleeding, fever, headache, sore throat, painful muscles, stomach pain, skin rash, diarrhoea and vomiting?**

**Yes** *Action:* Contact the Chief Quarantine Officer in your state/territory health Department for further direction.

**No** Go to Question 7.

### **Plague**

**Q7.** Does the passenger have most or all of the following symptoms:

**Fever, headache, sore throat, chills, sore muscles, nausea, and painful swelling in the groin, armpit or neck area?**

**Yes** Go to Question 8.

**No** Go to Question 9.

**Q8.** Has the passenger travelled within the last 7 days in the south-western United States, Mexico, Vietnam, Myanmar, India, Russia, Kazakhstan, Mongolia, Brazil, Peru, Bolivia, China, Indonesia, eastern or southern Africa?

**Yes** Passenger may have plague.

*Action:* Contact the Chief Quarantine Officer in your state/territory health Department for further direction.

**No** Go to Question 9.

### **SARS (Severe Acute Respiratory Syndrome)**

**Q9.** Does the passenger have a high temperature (above 38 degrees) combine with respiratory symptoms such as shortness of breath, difficulty with breathing and dry cough?

**Yes** Go to Question 10.

**No** It is unlikely that the person has a quarantinable disease.

**Q10.** Has the passenger travelled within the last 10 days in China or other countries declared by the World Health Organisation to be infected with SARS?

**Yes** The passenger may have SARS.

*Action:* Contact the Chief Quarantine Officer in your State or Territory health department. Unless they are seriously ill, the passenger should be detained pending medical advice. Only on the specific request of the Department of Health and Ageing (DHA) should other passengers be detained on board the aircraft.