The Department of Health and Ageing (DoHA) aims to protect and improve the health of all Australians. One of the ways DoHA works to achieve this is through preventing the entry of communicable diseases into Australia. This is achieved in partnership with Australia’s border control agencies and with States and Territories.

Australia’s human quarantine policies recognise that the most effective way of preventing the entry of communicable diseases is not a ‘thin red line’ of intervention at the border, but a continuum of quarantine measures. Thus, human quarantine measures occur pre-border, at the border and post-border. This approach has been in place for some years. It has allowed Australia to substantially meet the requirements of the World Health Organization’s International Health Regulations (2005).

Before the border

Before a traveller even leaves their point of origin, Australia has a suite of measures to control possible incursions of communicable disease. People applying for visas must provide information about their health, and more specifically their Tuberculosis infection status. Anyone infected may be permitted entry, but may have strict controls applied. Persons travelling from or through Yellow Fever declared areas must be immunised or be subject to similar controls.

Australian overseas travellers are encouraged to access the Smartraveller.gov.au website, which provides relevant information and warnings on health matters in overseas countries. Such knowledge can prevent Australian travellers from returning to Australia with communicable diseases.

Under normal circumstances, the pilot of an aircraft entering Australia must report any ill travellers on board. In a disease emergency, the pilot must report on the state of health on board the aircraft, even if there are no ill people on board; a small, but absolutely crucial change in reporting. In addition, passengers on incoming flights will have to fill out a declaration about their state of health. This assists border agencies in detecting persons who may need medical attention, or who may have been exposed to communicable disease.

All aircraft entering Australia must also be regularly sprayed to kill mosquitos. The aircraft is sprayed either with a persistent insecticide before passengers embark, or while the plane is in the air with a low-irritant knock-down spray. Such measures prevent the entry of potentially devastating mosquito borne diseases like Malaria, Yellow Fever and Japanese Encephalitis.

Ships entering Australia must report any diseases on board and are all inspected by an officer of the Australian Quarantine and Inspection Service (AQIS) before they can unload cargo or crew.

Anyone wanting to import biologically active materials (such as laboratory samples) must go through a strict risk-analysis process and obtain an import permit before they can bring such materials in. This permit will place conditions on where the material is sourced and how the material must be transported and stored in Australia.

Occasionally – and possibly more frequently in the face of an emergency situation – diseases claim the lives of Australians overseas. The repatriation of bodies where there is no established cause of death can pose a disease risk to Australia. DoHA handles these instances in partnership with AQIS, sensitive to the needs of the bereaved families as well as the needs of public health.

At the border

Of all arrivals at the Australian border, 98.5% arrive through
airports. Thus, a substantial proportion of Australia’s border control focus lies here.

Where an ill passenger is reported, AQIS officers will screen them for signs of communicable illness. In an emergency situation, the level of scrutiny of passengers is increased. DoHA can deploy thermal scanners to check all incoming travellers for fever (an indicated symptom of many serious communicable diseases). Trained border nurses can be stationed at airports to provide initial diagnosis and treatment where required. International airports have the capacity to isolate sick persons before they are transported to communicable disease wards in hospitals.

Persons reported or detected at the border with serious illness can be assessed by the relevant State’s Chief Quarantine Officer (CQO), a senior medical officer from a State or Territory health department employed by DoHA for such purposes. CQOs can also act as a valuable liaison between DoHA and State and Territory health departments.

The remaining 1.5% are not forgotten. Before a ship can unload cargo or passengers, AQIS officers check incoming ships not just for human illness, but also for vectors of communicable disease such as rats, mice and mosquitos. All ships must carry a Ship Sanitation Certificate, which is part of World Health Organization measures to help prevent the spread of communicable illness.

After the border

The human quarantine powers granted by the Quarantine Act 1908 do not stop at the border. While the legal power that quarantine rests on is focused primarily on stopping diseases before or at the border, in some circumstances this power is extended to underpin activities within the country. However, in non-emergency circumstances, this is generally through State and Territory public health authorities using their powers to manage post-border activities.

Occasionally, travellers are asymptomatic for communicable illnesses when crossing the border and are not detected by border systems. State and Territory health systems are highly effective in detecting such cases, and work with DoHA to ensure that cases of communicable disease of quarantine interest are dealt with in an appropriate manner.

Persons with quarantinable diseases (a limited range of very serious communicable diseases including Highly Pathogenic Avian Influenza and SARS) can be ordered into quarantine at any point. People can be ordered into home quarantine and mechanisms exist to support and provide information for them.

Maintaining the border

As noted above, border control systems are robust, deployed in depth and are able to be scaled up quickly in response to a disease emergency. Substantial work has been undertaken by DoHA to ensure that such systems stand ready to meet the challenge.

Obviously, border control systems, like any systems, are not infallible. Beyond the border lies a healthcare system equipped to deal with emergencies. However, human quarantine and border control remains a first stage of intervention and a valuable mechanism for preventing the entry of communicable disease.

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