

**SARS WARS**  
**The Return of the Quarantine**  
**or**  
**SARS, The Law of Quarantine and its Effect on Passengers and Crew**  
By  
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The scene opens and we see Luke Skywalker, a simple able-bodied seaman detained on board the M/V MILLENIUM FALCON because the vessel had called at Hong Kong, one week prior and now he has a fever and he is coughing. Never mind that he had similar colds throughout his 32 years, now he was being quarantined on board the vessel because he might have SARS. Doctors in breathing apparatus hover about, whispering among one another and occasionally poking him with a needle or prodding him and then asking if it hurts.

Okay, so, maybe this doesn't make for a great scene, but when I was first asked to write about SARS, the law of quarantine, and its effect on passengers and crew, this is what came to mind. Then I tried to do some research. Now, remember, until the SARS scare, major infectious disease was only something you occasionally read about popping up in some far-off corner of the globe. Even more complicating is that even in those jurisdictions with rocket dockets, the law does not move as fast as a disease. So while people are just dealing with the illness and trying to contain it, I am looking for laws about it - yeah, right!

However, there is a glimmer of hope. There are quarantine and civil commitment laws on the books and there is case law, even if the modern case is from 1905. Therefore, this paper actually gives an overview of the laws of quarantine and then summarizes the various situations involving passengers and crew that occurred during the SARS scare and tries to identify some issues that might prove troublesome to attorneys faced with

SARS-related issues (the SARS WARS), concentrating on the civil liberties that are restricted by implementation of quarantine laws.

### **The History Of Quarantine Law**

References to quarantines appear throughout history, starting as far back as the Old Testament's instructions on confining lepers. "The Lord said to Moses and Aaron, 'If some of the people notice a swelling or a rash or a shiny patch on their skin ... Then he shall be brought unto Aaron ... And the priest shall look on him the seventh day... And if the priest sees that, behold, the scab spreadeth ... It is leprosy.'" Leviticus 13:1-8.

During the Crusades quarantines were utilized when ships were isolated in European harbors for weeks before passengers could disembark because of fear of plague. From the 1600s to the 1900s, quarantines were imposed across America, as some towns were wiped out by smallpox and other diseases. Smallpox killed thousands of Native Americans in the 1800s and approximately 500,000 people died from influenza in 1918-19.

Quarantine is the most drastic of a number of measures used to control infectious disease. Use of quarantine was initially considered as a public health measure in reaction to the HIV/AIDS epidemic. Wendy E. Parmet, AIDS and Quarantine: The Revival of an Archaic Doctrine, 14 HOE STRA L. REV. 53, 54 (1985). Over time, the public developed a better understanding of the manner in which HIV is transmitted and the idea of quarantining AIDS patients diminished. Prior to the appearance of SARS, the most recent application of quarantine came in reaction to outbreaks of tuberculosis.

There are two principal sources of current legal thinking on quarantine for contagious diseases. The first originates in the law of quarantine itself and consists of both statutory and common law authority. The second concerns civil commitment adjudication. Quarantine

laws are limited to controlling infectious diseases like SARS. Civil commitment laws govern incarceration when people are a danger to themselves or others, are mentally ill and unable to care for themselves, or present a danger to others because they spread infectious disease.

### **Statutory Law Concerning Quarantine**

According to multiple authorities, prior to the development of antibiotics, quarantine was important in preventing the spread of infection. Since it was not possible to attack bacterial causes of disease directly, sources of disease had to be kept away from other people. Quarantine is used in more than one sense. It means the isolation of infected or exposed persons. It also refers to the court-ordered removal of infected persons to treatment facilities (also known as commitment). "[T]he verb 'quarantine' means to keep persons, when suspected of having contracted or been exposed to an infectious disease, out of a community, or to confine them to a given place therein, and to prevent intercourse between them and the people generally of such community." *In re Halko*, 54 Cal. Rptr. 661, 664 (1966) (internal citation omitted).

Most states have passed public health laws to require quarantine and related action in certain situations. Generally, the public health powers in state statutes include: compulsory examination and treatment, emergency detention and quarantine. Quarantine may be defined as either in-home isolation or commitment to state facilities. These measures are accomplished through either public health orders or court orders. State statutes also include civil and/or criminal penalties for failing to comply with quarantine orders. See generally Annotation, General Delegation of Power to Guard Against Spread of Contagious Disease, 8 A.L.R. 836, 837-39 (1920) (the "Annotation").

Some statutes define which diseases are contagious and therefore subject to quarantine regulations. Others authorize state health departments to decide which illnesses are contagious. Some empower public health authorities to make quarantine or isolation decisions without any direction as to illnesses or conditions. Standards range from specific (refusing to be treated, exposing others to disease) to general (public health threat). The Annotation describes the state of these regulations in 1920, but there does not seem to be a lot of difference in the modern application of these statutes. Annotation at 837-38.

Thirty-three states permit authorities to isolate people in their homes. In most cases there are no due process protections specified in the law. Forty-two states permit commitment to treatment facilities. Thirty-six states require a court order to commit someone to a facility. Several do not require a court order or a hearing. CDC, Tuberculosis Control Laws-United States, 1993: Recommendations of the Advisory Council for Elimination of Tuberculosis (ACET), MMWR 1993; 42 (No. RR-15): [p. 1] [the "CDC, Tuberculosis Control Laws"].

Generally court orders will be initiated by a petition from public health authorities requesting a hearing. Written notice to the person concerned is usually required, but the hearing may be held with or without the patient. Only 13 states explicitly grant the right to be represented by counsel in any part of the proceedings. Of these, 11 will provide counsel to indigent individuals. Id.

At least some statutes contain specific provisions for assistance to the quarantined. A 1797 Massachusetts law provided for nursing, "other assistance and necessaries." Parnet, at 59. A more recent example is the current Ohio law whereby the Board of Health is required

to provide food, fuel and all other necessities of life including medicine to those in quarantine. Ohio Rev. Code Ann. § 3707.14.

Release from quarantine occurs only when a determination is made that the person is no longer a threat to the public health, or no longer infectious. Some statutes specify criteria for release which may be vague ("no longer a danger to the public health") or specific (evidence in sputum tests that the person is no longer actively contagious). Ten states have no statutory time limits on the length of time a patient may be held without discharge or recommitment. *Id.*

### **Case Law Concerning Quarantine**

As mentioned *supra*, quarantine is a very old public health measure. When people were thought (rightly or wrongly) to have a contagious condition, they were isolated from others by confining them to their houses or by compelling them to live outside the community. *Parnet*, at 56. The question thus became whether the government had the right to isolate or confine citizens. As under English common law, United States quarantine laws were (and are) promulgated under the power of the state to protect public health and safety. In *Gibbons v. Ogden*, the United States Supreme Court first alluded to the legitimacy of quarantine under the police power. *Gibbons v. Ogden*, 22 U.S. (9 Wheat.) 1 (1824).

The Court directly reviewed quarantine concepts in *Compagnie Francaise de Navigation a Vapeur v. Louisiana State Board of Health*, 186 U.S. 380 (1902). The law and its implementation were upheld as an appropriate exercise of police power. The suit arose when a geographic area of Louisiana was closed off to all new entrants because of the presence of infectious disease. The plaintiffs (a shipping line) regarded the action as a Commerce Clause violation, because it interfered with foreign commerce. The Court

rejected the Commerce Clause argument, holding that the law was not repugnant to the Constitution. *Id.* at 397. The Italian immigrants who arrived on the ship and would have settled in the quarantined area were not themselves infected. The object of the regulation was alleged to have been exclusion of immigrants for its own sake. The dissent argued that the Court should have been addressing the particular implementation of the law rather than its constitutionality in general. The dissenters agreed, however, that “[t]he power of the several States ... to establish quarantine regulations ... is so well settled by repeated decisions of this court as to be no longer open to doubt.” 186 U.S. at 397-98.

The leading case on quarantine, Jacobson v. Massachusetts, was decided just three years later in 1905. Jacobson v. Massachusetts, 197 U.S. 11 (1905). It is still today the controlling opinion in quarantine law. Jacobson actually is concerned with mandatory vaccination against smallpox, not quarantine. However, the Court specifically mentioned quarantine in its holding and the case is still good law. Jacobson resolved a major controversy to health regulations. There had been a number of challenges to the authority of state boards of health to develop and implement public health regulations, including quarantine. Plaintiffs in these suits contended that the creation of the regulations was an illegitimate delegation of legislative power to executive or administrative bodies. State supreme courts generally upheld the creation and activities of the boards, as long as their actions were reasonable and not arbitrary. Annotation, at 836. Jacobson affirmed that states could create bodies which would be given the authority to protect the public health through reasonable regulations. 197 U.S. at 25. See also Ex parte Company, 106 Ohio St. 50; 139 N.E. 204 (Ohio 1922).

Fourteenth Amendment due process challenges to communicable disease regulations were not well received by the courts. In re Halko is a good example. 54 Cal. Rptr. 661 (1966). Halko was confined to a hospital because of an active case of tuberculosis. He left the institution without permission and was sentenced to jail for violating his quarantine order. He did not go to jail, but was instead quarantined for successive periods of six months in the security section of the same hospital. He petitioned for a writ of *habeas corpus*, asserting that the certificates of quarantine deprived him of his liberty. Id. at 554. After a review of California law on public health and quarantine, the court addressing whether the public health authorities could restrict Halko's liberty found they could and held that when there are reasonable grounds to support the allegation of illness, personal liberty may be restrained. Id. at 557-58. See also In re Caselli, 204 P. 364 (1922)(the Fourteenth Amendment to the Constitution has no application to this class of case because the state could not be made powerless to act against a contagious disease); Ex parte Company ("[t]here is perhaps no provision of the federal constitution [sic] that is more overworked than the 14<sup>th</sup> amendment. Counsel generally are apparently unanimous in thinking that any judgment or finding as against the client denies such client the equal protection of the laws, or is without due process of law." (106 Ohio St. at 54.); Moore v. Draper, 57 So.2d 648 (Fla. 1952)(The petitioner's *habeas corpus* request was denied, and would only be reconsidered if he could show he was cured). In more recent times, the Plaintiffs, like Luke Skywalker, who are confined or isolated, have started to use civil commitment laws as a challenge to the courts' general refusal to apply the Fourteenth Amendment to quarantine law.

### Civil Commitment Law Generally

The power to isolate someone who has not committed a crime whether at home or in a hospital is a form of civil commitment. The procedure by which this is done may be administrative or judicial or both. At stake in these proceedings on one side are the right of the community to be protected and the duty to care for people who may not be able to care for themselves. Both are aspects of *parens patriae*. *Parens patriae* is a legal concept which describes the obligation of the state to act as "parent of the country" in caring for those who cannot care for themselves. In this view, the infected person is incapacitated rather than a threat to the community. Individuals have an obligation not to harm other members of the community by their actions. On the other side are the constitutionally protected liberties of individuals and their right to due process when they may be deprived of liberty. See Deborah Jones Merritt, Communicable Disease and Constitutional Law: Controlling AIDS, 61 N.Y.U.L. REV. 739, 779 (1986) (confinement of individuals affects a fundamental right and might therefore be subject to strict scrutiny).

The community may not deprive individuals of their rights without substantial reasons demonstrated through convincing evidence. One of these procedural rights is the right to be represented by counsel. In In Re Gault, the Supreme Court required counsel to be provided to juveniles who were before the court. 387 U.S. 1 (1967). While this was not a criminal proceeding, incarceration could be the result of the court action and this Court found that counsel was required. *Id.*

In Humphrey v. Cady, the Court addressed the curtailment of liberty in involuntary hospitalization succeeding a prison sentence. 405 U.S. 504 (1972). Humphrey was held under the Washington State Sex Crimes Act, which did not provide for jury determination of



renewed commitment. He had served his sentence and was recommitted to prison. The Court remanded the case to the trial court for an evidentiary hearing. It noted the similarity between the renewal of commitment under civil law (which required a jury trial) and the commitment in this case which did not. Some sort of due process protection was in order "to justify such a massive curtailment of liberty." Id. at 509.

O'Connor v. Donaldson limited commitment of allegedly mentally ill persons who were not a threat to the community. The Supreme Court found that their liberty interests were held to be paramount. 422 U.S. 563 (1975). Likewise, in Addington v. Texas, the Court held that civil commitment was a significant deprivation of liberty and could not be imposed without due process protection, specifically addressing the standard of proof to be used. 441 U.S. 418, 425 (1979). Addington was committed when a court held that he needed to be hospitalized for his safety and the safety of others. The evidentiary standard applied by the trial court was proof by a preponderance of the evidence. The appellate court reversed Addington's commitment because the standard applied should have been proof beyond a reasonable doubt. Id. at 422. In noting that only one other state applied a preponderance standard, the Supreme Court held that clear and convincing evidence was the correct standard to be applied, in order to ensure due process under the Fourteenth Amendment. Id. at 432-33.

Finally, in Vitek v. Jones, the Supreme Court said that even medical determinations like mental illness assessments could not dispense with due process. 445 U.S. 480 (1989). The Court held that if someone who was not a prisoner was subject to involuntary hospitalization, protected liberty interests would be unconstitutionally infringed without due process under the Fourteenth Amendment. Id. at 498. The Vitek Court upheld the district

court's requirements of notice, hearing, the right to present and examine evidence, the right to an independent decision maker and the right to counsel. *Id.* at 495. A minority of the Justices found that counsel should be provided for those who could not afford it. *Id.* at 497. However, as only four Justices joined in that position it was not part of the majority opinion. The series of cases outlined above established that when someone is the subject of a hearing which will adjudge him incompetent or insane, he has a right to be represented by counsel, even though Vitek does not clearly afford the right to appointed counsel. When public health authorities, as opposed to courts, make judgments which apply law to facts they are engaged in adjudication. State laws which permit quarantine decisions to be made by public health authorities rather than courts create adjudication procedures. It therefore appears that they are not exempt from due process requirements.

#### **Civil Commitment Law Applied to Quarantine**

Civil commitment law was applied to a quarantine case for the first time in Greene v. Edwards, a 1980 West Virginia case. 263 S.E.2d 661 (W. Va. 1980). Greene had been committed to a hospital under court order issued pursuant to the West Virginia Tuberculosis Control Act. *Id.* at 661-62, *citing* W. Va. Code § 26 5A-1 *et seq.* A petition alleging that he had active communicable tuberculosis had been filed with a state circuit court, which scheduled a hearing. A copy of the petition and notice of the hearing were served on Greene. He was not, however, advised of his right to counsel. At the hearing an attorney was appointed for him but he was not given time to confer with the attorney. As a result of the hearing he was ordered to be committed to the hospital for treatment.

Greene filed for *habeas corpus* and alleged that his procedural due process rights were violated in three principal ways: first, he was not guaranteed the right to counsel;

second, he was not given the right to confront witnesses, cross-examine them or present his own; and lastly, the standard of proof applied was not clear and convincing. *Id.* at 662. In a *per curiam* opinion, the West Virginia Supreme Court agreed with him on all counts. *Id.* at 663. The Court began its analysis by recognizing the statutory purpose of preventing an actively infected person from becoming a danger to others, and then said "[a] like rationale underlies our statute governing the involuntary commitment of a mentally ill person." *Id.* at 662.

The Greene Court considered an involuntary commitment case in which the Court had stressed state and federal constitutional guarantees against deprivation of life, liberty or property without due process of law. *Id.* at 663, citing State ex rel. Hawks v. Lazaro, 202 S.E.2d 109 (1974). When someone is adjudged to be insane there is a partial deprivation of liberty, which calls for due process to be provided. The Court found that as the quarantine and involuntary commitment laws had similar purposes and caused similar deprivations of liberty, the same due process protections were required in Greene's case. 263 S.E.2d at 663. Since Greene had not been afforded these protections, a writ of *habeas corpus* was granted, in addition to the right to a new hearing. The procedures required were: (1) an adequate written notice detailing the grounds and underlying facts on which commitment is sought; (2) the right to counsel; (3) the right to be present, cross-examine, confront and present witnesses; (4) the standard of proof to be by clear, cogent and convincing evidence; and (5) the right to a verbatim transcript of the proceeding for purposes of appeal. *Id.* The Court said this ruling would apply prospectively to similar cases. *Id.* at 663. Because the holding was a substantial departure from previous law the court determined that it would not hear other cases until they had gone through the new procedure.

Due process elements similar to those in Greene are now in place in many states. The 1993 revision of New York City's tuberculosis control procedures included the right to counsel, appointment of counsel for indigents and judicial review of commitment. Proof of the need for detention was to be shown by clear and convincing evidence. See New York City Adopts Rule to Detain TB Patients Who Fail to Take Medicine, 1 HCPR (BNA) No. 3 at D-52 (March 22, 1993). See also Debra T. Landis, J.D., Annotation, Modern Status of Rules as to Standard of Proof Required in Civil Commitment Proceedings, 97 A.L.R. 3d 780 (1994) (Review of federal and state cases governing the standard of proof in initial involuntary commitment proceedings). The question therefore becomes whether passengers and crew members aboard vessels who are detained, isolated or otherwise quarantined due to the threat of SARS have the right to due process including a right to a hearing and a right to counsel before they are involuntarily committed.

#### **SARS at Sea and at Home**

The United States enjoyed good luck in escaping a direct SARS hit, but officials recognized a weakness in U.S. policies involving mass quarantine which could occur in the case of a widespread virus or in the case of bioterrorism. As a result, there are ongoing reviews of the state and Federal laws as well as response procedures to threats of disease and bioterrorism. See Bioterror Scenario Shows Burden on Health Officials, Post & Courier, attached to Appendix.

Federal immigration laws authorize immigration authorities to exclude non-citizens who are determined to have a "communicable disease of public health significance." Immigration law also authorizes the President by proclamation to suspend the entry of any group of aliens whose entry he deems to be detrimental to the interests of the United States.

This little-used power could be deployed to exclude all aliens from affected areas, a policy Taiwan implemented during the SARS scare. Under the Public Health Service Act, any individual (citizens included) may be quarantined at an international port of entry if he is reasonably believed to be carrying a designated communicable disease. See 42 C.F.R. §71 *et seq.* As of an April 4, 2003 Executive Order by President Bush, SARS is now a designated disease.

Thus, in tandem with cruise line cooperation and airline screening, federal health authorities carefully monitor travelers from affected areas in Asia for SARS symptoms. As it can take 10 days for SARS to manifest itself after contact with a SARS-infected person, most of the SARS-related policies use a 10-day window for imposing restrictions of travel. For example, the cruise industry began a pre-embarkation screening process to review those passengers who over the 10 days preceding a voyage had visited places known to have reported SARS cases. A questionnaire was used in the process. See Cruise Ship Guidelines, attached to Appendix. As a result, several passengers have been refused boarding on cruise ships where they had booked passage. In one case, four passengers were denied boarding a Norwegian Cruise Line vessel in Honolulu, because they had recently come from Hong Kong, although they exhibited no signs of being infected with SARS. See SARS Threat Keeps Four From Boarding Cruise Ship, Honolulu Advertiser, April 15, 2003, attached to Appendix.

In another case, a cruise ship passenger was isolated and removed from a cruise ship in Skagway, Alaska when she exhibited symptoms of SARS and she had traveled to the cruise ship departing from Vancouver through Toronto, where there were reported cases of SARS. The woman was removed from the M/S *VOLENDAM*, a Holland America vessel.

when she began suffering from a high fever. The woman was placed in isolation at a Juncau hospital. The woman was ultimately released from the hospital when it was determined that she was not suffering from SARS. See Cruise Ship Passenger Suspected of Having SARS, MSNBC, and Cruise-Ship Passenger Monitored for SARS, Worldroom.com, June 2003, attached to Appendix.

A policy set by Crystal Cruises in May, 2003 is one final example of the effect of SARS on cruise ship passengers. Crystal Cruises banned all passengers arriving from Toronto or who had passed through Toronto within 10 days preceding attempting to board a Crystal Cruise vessel. See Cruise Lines React to SARS Threat, Cruisediva.com, attached to Appendix.

Crew members have also suffered because of quarantine and related laws utilized during the SARS epidemic. The International Council of Cruise Lines, ICCL, issued policies for all ICCL member lines, to screen passengers and crew and deny boarding for crew that had transited through a SARS-infected region within 10 days of attempting boarding. In addition, a hiring freeze and/or 10-day quarantine was placed on any crew coming from areas infected with SARS. See Yachts of Seabourn SARS Information, attached to Appendix. Crew members were also quarantined by the cruise lines that employ them when they exhibited symptoms of SARS. See SARS: Two cruise ship workers admitted, The Star Online, April 12, 2003, attached to Appendix. In yet another case, 10 members of a 24-man crew aboard the M/T BUNGA MELAWIS SATU were taken into isolation and later released when their complaints of SARS-like symptoms did not result in any SARS cases. The vessel was transiting from Bangkok to Huangpu, when the 10 crew members reported fevers and coughs. The vessel detoured to Hong Kong, where, according to newspaper accounts,

international regulations require that vessels cannot be denied entry. In that case, the crewmembers were seeking medical attention, and the fact that they were close to Hong Kong made it an obvious choice. However, a concern is when a vessel's crew has contracted or thought they contracted SARS and the vessel is denied entry into ports because of quarantine and boarder laws.

Policies such as those outlined above have a detrimental impact on crew members working on both cargo and cruise ships. This is especially true where they don't exhibit symptoms of SARS but are denied employment because they come from a SARS-infected region.

The U.S. government might also impose restrictions on travel by American citizens to affected areas. This could have a significant effect on U.S. seamen and passengers on cruise ships. However, the real issue to the United States government is the balancing of public health concerns and individual rights if the U.S. did witness a major SARS outbreak. The public tolerates minimal trampling of our rights to due process. We, as the public, don't worry about a few crew members detained on a vessel or some vacationers who are denied boarding a cruise ship.

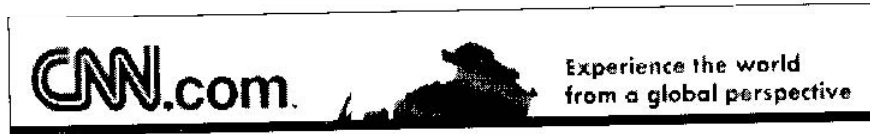
However, could public health authorities undertake quarantines of the sort witnessed in Beijing - in which thousands of employees and patients were forcibly restricted in hospitals? What about isolation of individuals who are not ill, but have been exposed to SARS? As noted *supra*, the United States has not faced this type of scenario since the influenza outbreak in 1918-1919. Yet, without this type of draconian control measures, society can suffer. A good example is the development of SARS in Canada, where one

health care worker who refused to comply with voluntary isolation measures was apparently responsible for infecting dozens in a Toronto religious community.

In the end, there will be lawsuits from those who have been denied their civil liberties. At the same time, advocates of these laws will point to the success of preventing the spread of deadly disease such as SARS as a basis for the denial of those civil liberties. It will prove impossible for a country as free as the United States to reconcile these two issues to the satisfaction of all of its citizens. Therefore, while there is no one answer, practitioners should be aware of the pitfalls on both sides of these issues when they go out to do battle in the SARS WARS.



## **APPENDIX**



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## Ship crew given SARS all-clear

**HONG KONG, China (CNN)** --Ten sailors from a Malaysian cargo ship thought to have contracted SARS have been discharged from a Hong Kong hospital after they were given a clean bill of health.

Port and medical authorities rushed the crew members to hospital after the ship made an emergency stop in the Chinese territory on Sunday after 10 of its 24 crew had developed SARS-like symptoms.

The ship is a Malaysian-registered 9,025-ton chemical cargo vessel, the Bunga Melawis Satu.

"The sailors are in very good health." Princess Margaret Hospital Chief executive Lili Chiu Lei-lei was quoted as saying by the South China Morning Post newspaper.

"They showed no symptoms of SARS at all. They don't have fever and results of blood tests and chest X-rays were negative."

Wearing full-body protective clothing, medical staff boarded the vessel shortly after it anchored in Hong Kong. Though doctors did not detect a fever in any crew member they were all sent to hospital as a precaution.

The sailors, of Indian origin, had been complaining of fever, coughs and aching joints -- symptoms of the deadly SARS virus -- while at sea.

The ship, now anchored off Hong Kong's Lamma Island, had departed from Bangkok, Thailand on April 28 bound for the southern Chinese port of Huangpu in Guangzhou.

It is also believed to have visited several other ports in the region including Singapore.

Hong Kong received the ship's distress call Friday, when it was 100 nautical miles southeast of the southern Chinese island of Hainan.

Though the ship was advised to make for the nearest port, the vessel decided to head for Hong Kong which, bound by international regulations, allowed it to anchor.

There have been a total of 1,629 cases in the former British colony while 184 people have died from SARS.

### Find this article at:

<http://www.cnn.com/2003/WORLD/asiapcf/east/05/04/hk.sars.ship>



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## Ship off Hong Kong issues SARS distress call

### Doctors will board cargo vessel to assess crew's symptoms

**HONG KONG, China (CNN)**—Hong Kong officials prepared to receive a cargo ship Saturday whose captain issued a distress call, saying 10 of its 24 crew members seem to be suffering symptoms of SARS, government officials said Saturday.

"We have made all necessary preparations to respond to the vessel's call in Hong Kong on humanitarian grounds," Permanent Secretary for Health Carrie Yau told reporters.

The Malaysian-flagged 9,025-ton chemical cargo vessel Bunga Melawis Satu was expected to arrive in Hong Kong waters Sunday morning, Health Director Margaret Chan said.

The sick crew members, all of whom are of Indian origin, displayed SARS symptoms, including fever, cough and joint pain, and one of them reportedly is seriously ill, Chan said.

She noted that the symptoms of severe acute respiratory syndrome are similar to those of such common illnesses as flu and dengue fever.

"At this stage, we should not jump to the conclusion to say whether or not they are suffering from SARS," she said.

The government received the ship's distress call Friday, when it was 100 nautical miles southeast of the southern Chinese island of Hainan, authorities said.

"The director of the marine department had recommended that the ship should land at the nearest port of call, but the ship decided to sail instead to Hong Kong," Yau said.

"According to international regulations, we cannot prohibit any vessel from entering Hong Kong, therefore we need to honor our obligations," Yau added.

The ship, which had been en route from Bangkok, Thailand, to the southern Chinese port of Huangpuj in Guangzhou province, will be moored near outlying Lamma Island, where a team of doctors and nurses will board the ship "to do the initial health assessment," she said.

Those in need of further treatment will be taken to Princess Margaret Hospital in Hong Kong, she said.

Asymptomatic crew members will be held in quarantine for 10 days and the vessel will be disinfected, she said. The World Health Organization has been alerted.



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## Cruise Lines React to SARS Threat

### SILVERSEA POLICY ON SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

*Updated May 6, 2003*

Silversea Cruises understands that our guests and travel partners may be concerned about recent developments with the SARS illness. The safety and well-being of our guests and shipboard staff is always of utmost importance to us. Accordingly, we are working in close consultation with our land-based and shipboard medical experts. On a regular basis, they are evaluating the latest information and recommendations of the World Health Organization and U.S. Centers for Disease Control.

In addition to following a stringent preventative sanitation program aboard our ships, Silversea is not currently accepting new or returning shipboard staff from certain countries. Further, all shipboard staff and visitors will be subject to the same screening criteria imposed upon embarking guests.

Silversea is implementing the following precautionary measures:

All embarking guests will be asked to complete a questionnaire. Based on responses, some guests will be denied boarding as follows:

- Guests who, in the past 10 days, have lived in, visited, been on a flight from, made a flight connection through or stopped in Mainland China, Hong Kong, Singapore, Vietnam or Taiwan.
- Guests who have had personal contact with an individual who has traveled within the past 10 days to Mainland China, Hong Kong, Singapore, Vietnam or Taiwan.
- Guests who have had personal contact within the past 10 days with an individual diagnosed with SARS.

Guests who have lived, visited or transited through Toronto, Canada, within the past 10 days will be subject to further questioning and medical evaluation, including having their temperature taken by a medical professional prior to boarding. Guests in this category will be allowed to board solely at the discretion of the attending medical professional.

If a guest is denied boarding under the circumstances described above, he or she will be offered the following two options:

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A cruise credit that may be applied toward a future Silversea voyage departing within one year from the date boarding was denied. A full refund of all monies paid to Silversea. The above precautionary guidelines may be updated or revised at any time, as necessary, to keep current with the latest information on SARS.

Thank you for your understanding and cooperation in this matter.

### **Princess Cruises' latest policies & precautionary measures for Severe Acute Respiratory Syndrome**

As a result of the worldwide concern about the spread of the new illness called Severe Acute Respiratory Syndrome (SARS), Princess has implemented a proactive and comprehensive health policy designed to both minimize the possibility of SARS being introduced onto any of our ships and to quickly and correctly identify, isolate and treat any suspect case that may occur, thus minimizing risk to others.

Currently no cases of SARS have been reported on any North American cruise vessel.

Princess is working closely with the U.S. Centers for Disease Control and Prevention (CDC), and has developed health protocols based along their guidelines. In an attempt to contain the worldwide spread of this illness, the CDC has issued travel advisories for mainland China (including Hong Kong) and Taiwan. Travel alerts have been issued for Toronto, Canada; Vietnam and Singapore. Consistent with their recommendations, and in the interest of extreme caution and until further notice, Princess has adopted the following policies for all passengers, crew and visitors to any of our ships worldwide:

- Prior to boarding any Princess ship, all passengers, crew and visitors will fill out a brief screening questionnaire to determine the risk factors for SARS. Any person who is found to have stayed in or transited through mainland China, including Hong Kong, and Taiwan within the previous 10 days will be denied boarding
- Any person who is found to have had close contact with a confirmed or suspect SARS case, a SARS care provider, a designated SARS healthcare facility or a SARS affected household, within 10 days of joining the ship, will be denied boarding.
- Persons coming from or transiting through Toronto, Canada; Vietnam and Singapore will be allowed to board ONLY if they have been symptom-free of respiratory illness within 10 days of boarding.
- Every effort has been made to avoid routing passengers (who have booked their air travel through Princess) and crew through areas for which the CDC has issued travel advisories.
- Princess is maintaining increased surveillance of passenger and crew health, and has in place comprehensive sanitation and infection control procedures.
- Any passenger who is denied boarding will receive a full refund and be provided, at Princess' expense, a flight home. We will work individually with affected passengers to rebook their cruise at a later date. We appreciate our passengers' understanding about this important health issue.

Princess will continue to closely monitor this matter, and will make changes

to our procedures accordingly. For further information about SARS, please visit the CDC website at [www.cdc.gov/ncidod/sars](http://www.cdc.gov/ncidod/sars).

### **CARNIVAL CORPORATION DISCUSSES SARS**

*INFORMATION AND REQUIREMENTS REGARDING SEVERE ACUTE RESPIRATORY SYNDROME (SARS)*

Although no Carnival Cruise Lines vessels currently sail to or near any countries presently under a SARS-related U.S. travel advisory (currently China, Hong Kong, Singapore and Vietnam), we recognize that there is concern on the subject.

Our shoreside medical experts are in regular contact with the U.S. Centers for Disease Control and we are monitoring the situation closely. Each ship's management and medical team are being provided with regular updates and advice on monitoring for SARS symptoms and appropriate actions. Further, any crew scheduled to join the fleet from countries presently under a SARS-related U.S. travel advisory are being prohibited from joining at this time.

In the interest of extreme caution, Carnival Cruise Lines has implemented the following requirements for guests:

1. All guests embarking on a cruise will be required to fill out and sign a brief questionnaire. Guests who fit the below criteria, which is covered in the questionnaire, will be denied boarding and offered the option of a future cruise credit applicable to any departure through March 2005 or a full refund, including air transportation costs:

- Guests who have traveled within the 10 days prior to sail date to a country that is under a SARS-related U.S. travel advisory (currently Hong Kong, China, Vietnam and Singapore).
- Guests who have had personal contact within the past 10 days with an individual diagnosed with SARS.

2. Further, guests who have had personal contact with an individual who has traveled within the past 10 days to a country that is currently under a SARS-related U.S. travel advisory will be subject to further questioning and evaluation by the ship's medical personnel. Those guests will be allowed to board the vessel solely at the discretion of the ship's medical professionals. Any guest denied boarding under this scenario will be offered the option of a future cruise credit applicable to any departure through March 2005 or a full refund, including air transportation costs.

We at Carnival Cruise Lines appreciate the cooperation of all our guests on this important matter.

### **CRYSTAL CRUISES BARS PASSENGERS FROM TORONTO AREA**

After unveiling new itineraries due to the close-in cancellation of its Asia program resulting from the fear of SARS in China, Crystal Cruises took the unprecedented step to bar passengers arriving from the Toronto metro area, or anyone who has passed through Toronto within the previous 10 days, from boarding a Crystal cruise. The new policy affects cruises in May.

A spokeswoman said fewer than 20 passengers booked in May are from Toronto and those passengers are receiving full refunds, she said. "It was a

difficult decision. We certainly don't want to alienate any travel audience at this time in the industry," she added.

The line, like many others, has already denied boarding to passengers arriving from Singapore, China, Vietnam and Hong Kong.

Meanwhile, if you are interested in one of the Crystal Harmony's hastily rescheduled and discounted voyages from Los Angeles next month... those three cruises, which were scheduled after the ship was pulled from Asia, sold out within a week.

### **THE WORLD RETURNS TO NORTH AMERICA**

ResidenSea, Ltd. announced that The World's Asian itinerary planned for this spring has been cancelled, as a result of the health concerns raised by the persistent outbreak of severe acute respiratory syndrome (SARS) in Asia. As reported by the World Health Organization this week, nearly 1,500 cases of SARS have been reported throughout Asia. Remaining in Australia through April 24, The World will then be redeployed to North America for voyages along the west coasts of the U.S., Mexico and Canada.

"In view of these circumstances, we feel it prudent to defer our visit to Asia at this time," said Robert Riley, president and chief executive officer of ResidenSea, Ltd. "We are very disappointed to miss Asia's incredible ports of call, but at the same time we're excited to have this opportunity to spend more time in North America. Our voyages along the west coast were very successful last year, and we expect the same in 2003."

### **INTERNATIONAL COUNCIL OF CRUISE LINES STATEMENT**

#### **Severe Acute Respiratory Syndrome (SARS) and Cruise Travel**

Although there have been no reports of SARS on any cruise ship operating in North America to date, the membership of the International Council of Cruise Lines (ICCL) has taken increased health and safety measures as a matter of caution. As an industry, we are working closely with health officials from the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) to enhance surveillance and reporting procedures for possible suspect SARS cases.

#### **Monitoring/Prevention of SARS on Cruise Ships**

Individual cruise lines are closely monitoring the SARS situation around the clock, and depending on various factors such as their employees, passengers and ports of call, have implemented various procedures to ensure the health of everyone onboard. These steps have included:

- Screening of both passengers and crew who are arriving within 10 days from CDC identified SARS travel alert areas.
- Working to proactively educate both passengers and crew about SARS and its symptoms and will, as appropriate, deny boarding to any passenger that meets certain risk factors for SARS.
- Re-routing arriving passenger and vessel itineraries away from locations for which there are current travel warnings.

#### **Enhanced Cruise Ship Procedures/Protocols**

Over the past several years, ICCL member cruise lines have enhanced the

safety and security of passengers and crew through the adoption of the most comprehensive and proactive health and sanitation protocols in the travel and tourism industry.

Currently, all member cruise lines participate in a voluntary vessel sanitation program administered by the CDC. Cruise industry health and sanitation protocols developed in conjunction with the CDC are effective in reducing the transmission of infectious illnesses aboard ships.

During a national news conference with news media earlier this year, Dave Forney, Chief of the Centers for Disease Control's Vessel Sanitation Program said: "The standard by which they [the cruise lines] are held for sanitation is the highest in the world and continues to be the highest in the world."

Should a suspected SARS case be identified on a cruise ship, all members of the ICCL have trained medical staff onboard with appropriate isolation and treatment facilities. The disinfectants available for use by ICCL member lines are believed to be the most effective agents available against the virus that is presently thought to cause SARS.

#### **Cancellation Policies**

It is important to note that cruise lines are being flexible and establishing procedures for the reimbursement and rebooking of passengers denied boarding due to SARS. However, each cruise line's policy is different, so passengers should contact the lines directly for more information.

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Additional information on SARS can be obtained at the CDC web site:  
[www.cdc.gov](http://www.cdc.gov).

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The Star Online >

Sunday, April 12, 2003

## SARS: Two cruise ship workers admitted

BY LEONG SIEN-LI and K. SUTHAKAR

**KUALA LUMPUR:** Two Star Cruises crew members, who are Indian nationals, have been admitted to hospitals one in Malaysia and another in Singapore after displaying symptoms of Severe Acute Respiratory Syndrome (SARS).

One was admitted to the Langkawi Hospital on April 7 and the other, the Tan Tock Seng Hospital in Singapore on April 9.

"As an immediate voluntary precautionary measure, Star Cruises quarantined 13 crew who are believed to have come in contact with the crew on board the cruise ship (SuperStar Virgo)," the company said in a statement.

The SARS patient in Langkawi, a 26-year-old woman, has been classified as Malaysia's fourth probable SARS case.

Health deputy director-general Datuk Dr Ismail Merican said the Indian national was the first SARS case affecting a foreigner and was now being kept isolated in the Langkawi Hospital.

She fell ill on March 30 and was immediately quarantined on board the ship.

Her condition is stable and she is recovering, he said.

Dr Ismail said during the 10 days before the patient fell ill, the ship visited Malacca, Port Klang, Singapore and Phuket, Thailand.

"The patient said she got off the ship in Singapore during that period. We believe that the patient could have contracted the disease in Singapore," he said.

Giving breakdown of the probable cases, Dr Ismail said there were now two patients being isolated in hospitals, one who had been discharged and another who had died.

He said apart from the one isolated in Langkawi Hospital, a 26-year-old tour company manager was also isolated at the Penang Hospital.

He said 24 people, including family members and those who had come in contact with the manager, had been placed under home quarantine.

On April 7, an 84-year-old man from Teluk Intan, a probable SARS case, was discharged from the Ipoh Hospital.

A few days earlier, a 64-year-old man from Jerantut, Pahang, who died on March 31, was classified as the country's first SARS probable case.

Apart from the four probable cases, Dr Ismail said six new suspect cases had also been reported.

He said so far there were 27 suspected cases being isolated in hospitals.

Yesterday, Star Cruises said the company had decided to cancel the next two cruises scheduled for the SuperStar Virgo vessel departing from Singapore. It said it would review the itineraries of its vessels as the SARS situation unfolds.

It stated that the company would offer a full refund on the cruise fare and hotel accommodation to all passengers who had bookings for the two cruises.

The statement said the company had taken every proactive and precautionary measure since the onset of SARS in the region.

It added that any passenger or crew who displayed symptoms related to SARS would be denied boarding and the crew would be sent to a land-based hospital for further observation.

Agencies reports quoted Singapore's Maritime and Port Authority as saying that all 814 passengers and 1,350 crew members on board the SuperStar Virgo when the two Indian nationals were down with SARS had their temperatures checked and none of them had fever.

In Kuala Terengganu, Immigration Director-General Datuk Mohd Jamal Kamdi said tourists from the five SARS-affected countries who had social visit visas already issued to them would still be allowed to enter the country.

However, he said, they would be treated on a case-by-case basis depending on the outcome of medical screening.

"There is nothing much we can do if the visas have already been issued," he told newsmen after attending the meeting of Immigration Department directors.

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*SARS Information*

Seabourn is a member of the International Council of Cruise Lines (ICCL) which dedicated to the safety and security of all cruise passengers and crew. The recent emergence of a new illness, called Severe Acute Respiratory Syndrome (SARS), has caused concern among public health authorities and the traveling public. Although there have been no confirmed reports of SARS on any ICCL member cruise ship, all cruise lines have proactively taken increased health and safety measures as a matter of caution.

The 16 members of the ICCL have agreed to aggressive new guidelines in an attempt to prevent the spread of SARS—both before and after the ship sails. Our primary goal is to have effective screening programs that will prevent the introduction of SARS illness aboard cruise ships. Our secondary goal is to correctly identify, isolate and treat any suspect case that may occur, thus minimizing risk to others.

This dual-focus approach was developed in consultation with the U.S. Centers for Disease Control (CDC) and is designed to protect ships' passengers, crew, visitors and ports-of-call. They will be reviewed and revised as conditions dictate.

At a minimum, the following policies and methods of accomplishing these goals will be followed by ICCL member lines:

**DESIGNATION OF AREAS OF SPECIAL CONCERN AND AREAS FOR INCREASED SCREENING**

From time to time, ICCL shall designate "Areas of Special Concern" and "Areas for Increased Screening." These designations will be based on information distributed by the CDC, World Health Organization and other public health authorities and will take into account, among other factors, the effectiveness and extensiveness of the effort being undertaken by local authorities in the area to limit the spread of SARS.

- The current Areas of Special Concern are Beijing and Taiwan.
- The current Areas for Increased Screening are Toronto (Canada), and Hong Kong.

**ADVANCE NOTIFICATION**

Member lines will make every attempt to contact all passengers who are from, transfer or transit through, an Area of Special Concern in advance of their cruise.



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Passengers will be advised of the ICCL policies regarding travel itineraries or health conditions that could result in denial of boarding. These guests will be advised in advance of the cruise line's policy regarding travel itineraries and other factors that may result in denial of boarding and details of compensation.

### ***PASSENGER, VISITOR AND CREW SCREENING PRIOR TO BOARDING***

All passengers, visitors and crew will be required to complete and sign a written questionnaire prior to boarding. This questionnaire will be used to determine the following:

- Entry, transfer or transit through either an Area of Special Concern or an Area for Increased Screening
- Close contact with a confirmed or suspect SARS patient, SARS care provider, SARS healthcare setting or a SARS household.
- SARS symptom screening for those who are from, or have transferred or transited through, an Area for Increased Screening.
- Answers to the questionnaire will be used to make the determinations required under the Denial of Boarding Policy.

### ***DENIAL OF BOARDING POLICY***

All passengers, visitors and crew who have been in, or have transferred or transit through, an Area of Special Concern within the preceding 10 days will be denied boarding, along with their immediate traveling party.

All passengers, visitors and crew who have had close contact with a confirmed or suspect SARS patient, SARS care provider, SARS healthcare setting or a SARS household, within the preceding 10 days will be denied boarding, **along with their immediate traveling party.**

All passengers, visitors and crew who have been in, or have transferred or transit through, an Area of Increased Screening within the preceding 10 days will receive enhanced screening for symptoms of SARS before being allowed to board.

Individual lines may increase the 10-day period as to all or some of the determinations referred to above.

### ***ROUTING AIR/SEA PASSENGERS AND CREW TO AVOID CONCERN AREAS***

All ICCL member lines will utilize air routes for arriving and departing passengers (those that have purchased air from the cruise line) and crew that will avoid Areas of Special Concern.

For those passengers who have personally arranged their travel to and from ICCL member vessels, our member lines will make every attempt to advise in advance that passengers make arrangements to avoid Areas of Special Concern.

### ***HIRING FREEZE OR QUARANTINE FOR CREW FROM AREAS OF SPECIAL CONCERN***

All ICCL member lines will, until further notice, place a hiring freeze on minimum t

day quarantine on all crew from Areas of Special Concern.

### **DISINFECTION PROCEDURES AND PROTOCOLS**

All ICCL member lines will maintain close coordination with the U.S. CDC and utilize recommended disinfectants and sanitation protocols with the goal of reducing the possibility of viral transmission including SARS.

All ICCL member lines will maintain adequate supply of **personal protective equipment** and appropriate diagnostic test kits, as recommended by the CDC.

### **MEDICAL REPORTING AND MANAGEMENT**

All ICCL member lines will continue to develop and maintain **current CDC** case management protocols for respiratory illness. These may include surveillance examination, treatment, and where appropriate, isolation.

All ICCL member lines will maintain appropriate respiratory support equipment and medications appropriate for the emergency care of respiratory illness.

All ICCL member lines will report respiratory illness as appropriate to public health authorities and coordinate with diagnosis and case management including isolation and/or quarantine.

**For more information, call any travel agent or The Traveler of Seabourn.**

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Cruise ship passenger suspected of having SARS

Megan Baldino

Anchorage, Alaska, June 6 - A woman traveling on a cruise ship in Alaska has been hospitalized in Juneau with a possible case of SARS.

Late Thursday she was admitted to Bartlett Regional Hospital with symptoms consistent with severe acute respiratory syndrome

The woman, whose name is not being released, recently traveled through Toronto, Canada and was traveling on a cruise ship on the Inside Passage.

State health officials say due to her symptoms and travel itinerary, her case met the criteria of a probable SARS case.

Health officials and cruise ship staff say all the necessary precautions have been taken to minimize the risk of exposure to others.

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### Cruise-ship passenger monitored for SARS

by Worldroom Team  
June 2003



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A Canadian passenger on a Vancouver-originated cruise ship was in the isolation ward of an Alaska hospital yesterday being monitored for a possible case of SARS.

While doctors said the 85-year-old woman's illness will most likely prove attributable to one of a variety of chronic health problems, the fact she passed through Toronto's airport on her way to B.C. -- if only for 45 minutes -- meant her symptoms qualified as a possible case of the deadly disease.

"All of our health officials are saying it's highly unlikely this is a SARS case," said Kerre Fisher, spokeswoman for Alaska public health. "The only reason it meets the SARS-case definition is because she travelled through Toronto."

Highly infectious, the threat of severe acute respiratory syndrome represents a major problem to a cruise-ship industry already struggling to cope with fears about terrorism and the Norwalk virus.

Holland America spokesman Erik Elvejord told the Anchorage Daily News that the woman was aboard the Volendam, which sailed out of Vancouver last Monday. The patient apparently had a history of heart problems and pneumonia and began showing a fever Wednesday when the ship was docked in Skagway.

Elvejord said that because the woman travelled through Toronto's airport, she was having her temperature taken daily as a precaution.

Staff at the ship's on-board infirmary gave the woman a chest X-ray, and it was at that point they decided to fly her to Juneau where she now remains in Bartlett Regional Hospital in isolation. Alaskan health officials said they will monitor the movements of the workers who treated the patient aboard ship as well as a number of ship's staff.

The woman's travelling companion was also removed from the ship and is with her friend at the hospital. But Fisher said state health officials are not forcing any other passengers into quarantine and are allowing the cruise to continue to its final destination of Seward later today.

Since the SARS epidemic began, most cruise lines have taken voluntary measures to restrict exposure to the disease. Holland America screens passengers about their health and recent travel before allowing them to board.

Elvejord said passengers passing through Toronto or Vietnam receive enhanced screening, including a daily monitoring of their temperature.

Vancouver Coast Region chief medical officer John Blatherwick said he thinks it is highly unlikely someone could pick up the illness from an airport.



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Posted on: Tuesday, April 15, 2003

SARS threat keeps four from boarding cruise ship

By Robbie Dingeman  
HonoluluAdvertiser.com

Norwegian Cruise Line did not allow four visitors from Hong Kong to board its ship in Honolulu on Sunday because of precautions the company is taking regarding SARS, a company official said yesterday.

None of the four showed symptoms of the respiratory illness from Asia, but the cruise line has a policy that passengers coming from places where severe acute respiratory syndrome is most prevalent — China; Singapore; and Hanoi, Vietnam — must be symptom-free for at least 10 days after leaving those areas, said Captain Kaare Bakke, Norwegian vice president of port operations in Honolulu.

The four, believed to be members of a Hong Kong family, lacked proof that they had been so "quarantined," Bakke said.

"They were disappointed but very professional," Bakke said. "They understood our concern."

Norwegian's policy is much stricter than recommended policies for airline travel. Air travelers from SARS-prevalent areas are questioned before takeoff if they are feeling ill, and are advised to postpone travel voluntarily if they do, under World Health Organization guidelines.

State Health Department officials have maintained that quarantine of people who have no symptoms is not warranted. Dr. Paul Effler, state epidemiologist, said that exclusion from work, school, childcare or other public areas is not recommended for people who are not ill.

There have been no confirmed cases of SARS in Hawaii and five women who have been classified as suspected cases have fully recovered.

The 10-day period is the time it takes for SARS symptoms, such as a fever of 100.4 degrees Fahrenheit or a dry cough, to show.

Effler, who was not available yesterday to comment on the cruise ship exclusion, earlier said that people who have traveled from SARS-prevalent areas do not pose a health threat to others and do not need to be isolated unless they become ill.

The International Council of Cruise Lines, on its Web site, said its guidelines include "screening of both passengers and crew who are arriving within 10 days from CDC identified SARS travel alert areas" and "as appropriate, deny boarding to any passenger that meets certain risk factors for SARS." It did not specify what those

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## SARS threat keeps four from boarding cruise ship

risk factors are.

Bakke of Norwegian could not say when the company's policy was enacted, but said all of the ships have been informed. Officials from the company's Miami headquarters were not available to comment yesterday afternoon.

"We are taking this very seriously," Bakke said. "Hopefully, we can avoid spreading SARS to other areas." Bakke said he believes the four passengers yesterday were the first to be affected by the policy in Hawaii.

Bakke acknowledged that the policy could come as a surprise to some travelers. "It's very difficult because sometimes you may have people just buying a ticket and then just come."

Bakke said Norwegian's parent company includes Star Cruises, which operates in Hong Kong and Asia. Star Cruises had a scare on one of its vessels this week when a crew member was suspected of having SARS but ended up diagnosed with bronchitis.

The company's Web site at ncl.com did not mention the new quarantine policy yesterday.

Bakke described it as "a precautionary measure we take." He said it was not a racially based decision. "That's a medical concern. We deal with the whole world," Bakke said. "Our mother company has been dealing with it."

The Singapore government has begun strict control measures, including a 14-day quarantine for anyone in contact with a probable SARS patient. Travelers arriving by land, sea or air are being checked for symptoms of the disease.

In China, Premier Wen Jiabao called for airline and train passengers to be screened and quarantined if necessary, among the toughest measures suggested so far as China battles the disease which has killed 64 in the country and sickened more than 1,300.

*Advertiser news services contributed to this report.*

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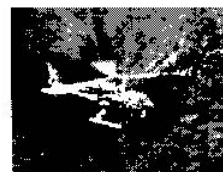
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## SEVERE ACUTE RESPIRATORY SYNDROME

### GUIDELINES AND RECOMMENDATIONS

## Interim Guidelines about Severe Acute Respiratory Syndrome (SARS) For Cruise Ship Passengers and Crew Members

### Background:

The Centers for Disease Control and Prevention (CDC) is tracking reports of outbreaks of a respiratory illness called severe acute respiratory syndrome (SARS). CDC has issued two types of notices to travelers: advisories and alerts. A **travel advisory** recommends that nonessential travel be deferred; a **travel alert** does not advise against travel, but informs travelers of a health concern and provides advice about specific precautions. CDC updates information on its website on the travel status of areas with SARS ([www.cdc.gov/ncidod/sars/travel.htm](http://www.cdc.gov/ncidod/sars/travel.htm)) as the situation evolves.

The primary way that SARS appears to spread is by close person-to-person contact. Most cases of SARS have involved people who cared for or lived with someone with SARS, or had direct contact with infectious material (for example, respiratory secretions) from a person who has SARS. Potential ways in which SARS can be spread include touching the skin of other persons or objects that are contaminated with infectious droplets and then touching the eye, nose, or mouth. This can happen when someone who is sick with SARS coughs or sneezes droplets onto themselves, other persons, or nearby surfaces. It is also possible that SARS can be spread more broadly through the air or by other ways that are currently not known.

International and domestic conveyances, including cruise ships, have been asked to report suspect cases of SARS to U.S. public health authorities. Since the beginning of the SARS epidemic, the cruise industry and the Centers for Disease Control and Prevention (CDC) have a shared interest in preventing SARS from being introduced on cruise ships, and controlling its spread when it is inadvertently introduced, to protect the health of the traveling public and the crew members who live and work on the ship.

### General hygiene:

As with many infectious illnesses, the first line of defense is careful hand hygiene. As a general rule, it is good practice to wash hands frequently with soap and water; if hands are not visibly soiled, alcohol-based hand rubs may be used as an alternative.

### Information for Crew Members

#### Management of possible cases of SARS during a cruise:

The interim U.S. case definition of SARS is available at the following website: [www.cdc.gov/ncidod/sars/casedefinition.htm](http://www.cdc.gov/ncidod/sars/casedefinition.htm). If a passenger or crew member on a cruise ship who has traveled from or transited through one of the areas listed above becomes ill with a respiratory illness consistent with SARS, that person should be isolated from the other passengers and crew members as much as possible. Cruise ship personnel and close contacts of this person should follow the recommendations for close contacts of SARS cases outlined on the following website: [www.cdc.gov/ncidod/sars/ic-closecontacts.htm](http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm). Health-care personnel aboard the ship should follow recommendations for health-care personnel described on the following website: [www.cdc.gov/ncidod/sars/clinicians.htm](http://www.cdc.gov/ncidod/sars/clinicians.htm).

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## **Interim Guidelines about Severe Acute Respiratory Syndrome (SARS) For Cruise Ship Passengers and Crew Members**

(continued from previous page)

If a suspect SARS case is identified aboard a ship, the captain of the ship should immediately report the illness to the nearest U.S. Quarantine Station ([www.cdc.gov/ncidod/dq/quarantine\\_stations.htm](http://www.cdc.gov/ncidod/dq/quarantine_stations.htm)). This reporting is required by law. If the ship will not be arriving imminently at a U.S. port, Quarantine health authorities will assist ship officials with the management and isolation of the suspect case and the recommendations among other passengers and crew members. When the ship arrives, Quarantine officials will arrange for appropriate medical assistance to be available and assist with the provision of information for other passengers and crew members.

### **Information for Passengers**

#### **While in areas with SARS:**

Be aware of the symptoms described at [www.cdc.gov/ncidod/sars/factsheet.htm](http://www.cdc.gov/ncidod/sars/factsheet.htm). If you become ill and you are concerned about SARS, seek medical attention from the cruise ship medical personnel. If additional medical attention is required, and you do not have information about a local health-care provider in the country you are visiting, you can contact the U.S. embassy or consulate to ask about finding a health-care provider. Prior to visiting the office or emergency room, tell the health-care provider about your possible exposure so that arrangements can be made, if necessary, to prevent transmission to others in the health-care setting. Limit your contact with others as much as possible to help prevent the spread of any infectious illness you may have. CDC does not recommend the routine use of masks or other personal protection equipment while in public.

#### **When you return home from areas with SARS:**

CDC health officials or their local designees are handing out travel alert cards to people returning from areas with SARS. Copies can be found at [www.cdc.gov/ncidod/sars/travel.htm#han](http://www.cdc.gov/ncidod/sars/travel.htm#han). If you return home and become sick, see your health-care provider as soon as possible and tell him/her about your symptoms and the countries you visited. If you become sick after you return home, contact a health-care provider prior to visiting their office or emergency room and tell them about your symptoms and the countries you visited. This way arrangements can be made, if necessary, to prevent transmission to others in the health-care setting.

For more information, visit [www.cdc.gov/ncidod/sars](http://www.cdc.gov/ncidod/sars) or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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# EXAMPLE

## CRUISE SHIP GUIDELINES: ATTACHMENT A

### Severe Acute Respiratory Syndrome (SARS) - Cruise Ship Pre-Embarkation Screening

Attachment A for interim guidelines and recommendations: prevention, identification and management of suspect and probable cases of severe acute respiratory syndrome on cruise ships

Name \_\_\_\_\_

Cabin # \_\_\_\_\_

Number traveling in your party \_\_\_\_\_

#### **1. Travel History in last 10 days:**

Have you visited or transited through any of the following locations:

Yes  No

If yes, check all the places that you visited:

Mainland China

Hong Kong

Taiwan

Toronto, Canada

#### **2. During the last 10 days, have you been in contact with anyone suspected of having SARS?**

Yes  No

If you answered yes to Question #1 or Question #2, please answer question #3.

#### **3. Are you experiencing any of the following:**

Fever

Shortness of breath

Difficulty in breathing

Cough



## Bioterror scenario shows burden on health officials

BY RON MENCHACA  
Of The Post and Courier Staff

A suspected poisoning of hundreds aboard a Charleston-bound cruise ship would place enormous pressure on public health officials, whose early advice on the scene could be the difference between a routine aid response and a national emergency.

That theory emerged from a two-day bioterrorism workshop in Charleston that ended Thursday.

Attendees from dozens of local, state and federal public health and law enforcement agencies were faced with a scenario involving a cruise ship full of sick passengers requiring care in Charleston.

Under deadline, attendees were given just enough detail about the situation on the ship that they could not rule out terrorism, and they were asked to explain how their respective agencies might respond.

More often than not, the appropriate law enforcement reaction depended on the level of the health threat.

"9-11 was a horrendous thing and anthrax did a double duty on us, but it pushed public health to the forefront," said Dr. Jane Richter, the director of University of South Carolina's Center for Public Health Preparedness, which co-sponsored the workshop.

The scenario was intended mostly for responders to compare their existing emergency response plans with a specific threat and learn more about the needs and limitations of other agencies.

Because the cruise story line involved a two-pronged threat of security and public health, the workshop brought together professionals who might meet only in an actual incident. The cruise ship scenario highlighted the need for those groups to do more training together, particularly because their goals during an actual terrorism response might conflict, said Dr. John Simkovich, the director of the Trident Health District of the state Department of Health and Environmental Control.

For example, if there had been a sickness outbreak on the ship, the ship's crew and responders from the Centers for Disease Control and Prevention would likely begin cleanup efforts immediately, scrubbing down surfaces that might be contaminated.