



PROTECTING AUSTRALIA'S HEALTH THROUGH HUMAN BIOSECURITY

Human biosecurity identifies the pests and communicable diseases that pose the most serious risk to public health in Australia and provides powers to prevent the entry, emergence, establishment and spread of these pests and diseases. This fact sheet provides a snapshot of the supporting legislation, international obligations and measures in place to manage human health risks at Australia's borders.

More detailed information can be found at www.health.gov.au/humanbiosecurity

Biosecurity Act 2015

The *Biosecurity Act 2015* (the Act) commenced on 16 June 2016 and is jointly administered by the Australian Government Departments of Health (Health) and Agriculture and Water Resources (Agriculture). The Act provides a flexible legislative framework to minimise the risk of the entry, emergence, establishment or spread of exotic pests and diseases that have the potential to cause significant harm to people, animals, plants, and the environment.

The Act provides a range of powers specifically for the protection of human health, including entry and exit screening, management of ill travellers, vector monitoring and control, and flexible emergency and preventative powers. The Act also implements Australia's *International Health Regulations (2005)* (IHR) obligations in relation to ship sanitation, points of entry, Public Health Emergencies of International Concern (PHEIC), and yellow fever vaccination.

Australia's International Obligations

The IHR is an agreement legally binding on 196 State Parties, including all Member States of the

World Health Organization (WHO). As a Member State of the WHO, Australia is obliged to comply with the IHR.

Following the outbreak of Ebola Virus Disease in West Africa in 2013, there has been a renewed global focus on accelerating implementation of the IHR as a means of strengthening health systems and ensuring countries are capable of responding quickly and effectively to emerging global health threats. The Joint External Evaluation (JEE) Program is one component of the WHO's new IHR Monitoring and Evaluation Framework, and was developed as a mechanism to evaluate the extent to which a country has complied with a minimum set of core capacities set out in the IHR.

Australia's involvement in the JEE Program provides an opportunity to assess capacity against international standards and provide strategic direction to future improvement efforts.

Management of Ill Travellers

The number of travellers entering Australia continues to grow, averaging over 1.4 million arrivals every month via commercial aircraft. Specific health risks are posed by these international travellers arriving in Australia.

With the speed of air travel, an outbreak of an infectious disease may occur on the other side of the world and an infected traveller may bring that disease into Australia within hours.



Effective human biosecurity activities are an essential part of protecting Australia from these diseases.

Minimising the entry and spread of infectious diseases is achieved through a continuum of management strategies which operate pre-border, at the border and post-border.

Pre-border strategies primarily include the provision of information for travellers through social media, websites (health.gov.au and smartraveller.gov.au) and targeted communication campaigns. Post-border strategies include the use of state and territory public health systems to identify and treat diseases not intercepted through the border processes.

The process at the border for screening, and assessing the presence of, infectious diseases involves four main mechanisms:

- Pre-arrival reporting of illness by operators of aircraft and vessels
- Pratique (the clearance of an aircraft or vessel before passengers may disembark)
- Administration of the Traveller with Illness Checklist, and
- Referral to a Human Biosecurity Officer for medical advice or assistance.

Vector Monitoring and Control

International vessels (sea and air) pose a risk to human health in Australia through the potential introduction of vectors (such as exotic mosquitoes) capable of carrying and transmitting diseases.

Australia is largely free of mosquito vectors such as *Aedes aegypti* that transmit significant diseases including dengue, chikungunya, Zika virus and yellow fever.

Established measures are in place at Australian first ports of entry to prevent the incursion of exotic mosquitoes at the border. This includes disinsection of all aircraft entering Australia, which is recommended by the WHO, and vector monitoring at all Australian international air and sea ports.

Yellow Fever Vaccination

Yellow fever is a disease that is transmitted by mosquitoes. Yellow fever is found in many countries in Africa, Central and South America, and the Caribbean. The WHO estimates that yellow fever causes 200 000 illnesses and 30 000 deaths every year in unvaccinated individuals.

Yellow fever has the potential to enter Australia via an infected incoming traveller or a mosquito vector. In order to prevent the entry of yellow fever into Australia, all travellers should be vaccinated against yellow fever if they have stayed overnight or longer in a yellow fever risk country or area within 6 days of entering Australia.

Bringing In of Human Remains or Ashes

Bringing in of human remains to Australia can pose a potential risk to public health by introducing infectious diseases into Australia. All human remains coming into Australia must be accompanied by official documentation stating the cause of death.

Biosecurity risks relating to human remains are eliminated through the cremation process. There are no importation or legislative requirements for bringing human ashes into Australia or managing cremated remains after bringing them into Australia.