

Guidelines for Preventing the Spread of Infection for International Cruise Operations

November 15, 2022 (1st edition)

Japan International Cruise Committee (JICC)

Introduction

The Expert Group on Countermeasures to Combat COVID Infections, "Analysis of the Situation and Recommendations on Countermeasures of COVID-19 Infections" (May 4, 2020) states, " In order to prevent the spread of infectious diseases and to balance social and economic activities, it will be necessary for businesses to consider and implement specific infection prevention measures for each service situation. Since there are various types of businesses in society and the risk of infection differs from one to another, industry associations should take the lead in preparing guidelines to prevent the spread of infection for each type of business, including the sharing of good practices not only in the same type of business but also in other types of businesses, and the industry as a whole should disseminate these guidelines to the general public, and put them into practice in the field through trial and error and with creativity and ingenuity."

In addition, the "Basic Policy on Countermeasures for New Coronavirus Infections" (revised on September 8, 2022; hereinafter referred to as the "Government Basic Policy"), states that "Business operators and related organizations shall promote voluntary measures to prevent infection, including the implementation of industry-specific guidelines, with an eye to sustainable measures going forward. In doing so, the government will provide necessary information and advice to related organizations, based on the knowledge of experts.

In response to the above, we have taken note of the "Points to be noted regarding guidelines for prevention of the spread of infection by industry sector" as stated in the Expert Group's recommendations, and based on Australia's international cruise operation restart guidelines for prevention of the spread of infection, which are said to be the strictest in other countries (Communicable Diseases Network Australia (CDNA) April 2022, the updated Eastern Seaboard and Western Australia Cruise Protocols released in October 2022 , the COVID-19 CDNA National Guidelines for Cruising), while also referring to the Guidelines for Prevention of COVID Infections by International Cruise Lines (Japan Oceangoing Passenger ship Association). The government's Basic Policy also describes compliance with the Guidelines, and all operators involved in international cruise operations, including ship operators and port agents of vessels, shall respond in accordance with these Guidelines.

Although these guidelines were prepared after being reviewed by experts in infectious diseases, they will be revised as necessary in light of the latest findings of experts on COVID-19, requests from users, and the accepting environment on the part of service providers.

1. Basic Concept

- These guidelines outline countermeasures to prevent the spread of COVID-19 infections for foreign cruise lines operating international cruises in Japan, which were developed by Japan International Cruise Committee with reference to the Australian CDNA (Communicable Diseases Network Australia) cruise operation restart guidelines, which are currently the most stringent guidelines for preventing the spread of COVID-19 on international cruise ships.
- The basic idea of these guidelines is that the international cruise operator (hereinafter referred to as the “ship operator”) is the entity responsible for preventing the spread of COVID-19.
- While it is necessary to take measures in full coordination with relevant ministries and agencies, including quarantine, the Ministry of Land, Infrastructure, Transport and Tourism (MLIT), local port authorities, and related health centers, the first step is for the ship operator to promptly identify, test, and isolate symptomatic persons and close contacts, and to contain the infection as quickly as possible. In addition, as described in the main text, in the event of an outbreak of symptomatic case found, the ship operator should identify and disinfect the environment visited by symptomatic persons and their close contacts. The ship may continue to keep symptomatic and close contact passengers under isolation after implementing sufficient infection prevention and control measures, including zoning to prevent secondary infections. If disembarkation of symptomatic persons who require isolation or quarantine on shore, the quarantine authorities are responsible for securing medical facilities or accommodation and arranging transportation, with the cooperation of the operating company and the local government of the port of call.
- This basic approach has been adopted by the Australian CDNA, the United States Centers for Disease Control and Prevention (CDC), the European Union Healthy Gateways (EUHG) and many other countries, and has become the standard for international cruise operations during COVID-19 pandemic, hence the same approach has been used in these guidelines.
- The International Cruise contemplated by these guidelines is:
The Japanese cruise season typically starts early March and ends early November and is not a year-round operation. Cruises to/from Japan are approximately 5 to 16 nights in length, depending on the itinerary. As an international cruise, overseas ports of call are included, with Korea and Taiwan being the most likely destinations. Cruises departing from overseas and arriving in Japan are also available. In all cases, itinerary length and overseas ports of call are the same as above.
- Risk Assessment
The total number of passengers and crew is generally between hundreds to few thousands. Visitors from abroad also accounted for about half of the total number of visitors in past years. The average passenger age is approximately 60 years.

Based on the above, the following goals are to be achieved through the implementation of countermeasures.

1. Reduce the introduction of infections on board.
 2. Prevent the spread of infection on board
 3. Reinforce the medical care onboard to minimize the burden on local healthcare facilities at ports of call.
 4. Maintain a high vaccination rate among passengers and crew to reduce the incidence of severe disease.
- The spread of infection may be minimized by wearing masks, ensuring thorough ventilation in places where the spread of infection is high, and minimizing high-risk events.

- In accordance with the quarantine law, notify the quarantine office of the port or the next port of call in advance of any symptomatic and close contact cases.

2. Vaccination Requirement

- 2-1: 95% of passengers above 18, are required to be fully vaccinated with a primary series of 2 doses of vaccine and are strongly recommended to receive an updated bivalent booster vaccine before travel. Valid medical exemptions are accepted. Passengers under 18 are not required to be fully vaccinated if they are traveling with their fully vaccinated parents or guardians.
- 2-2: All crew must have completed at least three doses of vaccinations listed on the World Health Organization's (WHO) emergency use list.
- 2-3: It is strongly recommended that all passengers and crew have the seasonal influenza vaccination, when available.

3. Pre-embarkation testing and health screening

(1) Pre-embarkation

- 3-1: All passengers 5 years and older are required to carry documentation, including photo of a valid negative nucleic acid amplification test (PCR) or a valid negative antigen qualitative test performed within 3 days of embarkation.
- 3-2: The ship operator is responsible for ensuring that passengers and crew members meet pre-embarkation requirements, including screening and vaccinations, and will share this information with the port authorities if requested.

(2) On Board Surveillance

- 3-3: At the time of the passenger's embarkation, a pre-boarding questionnaire that complies with quarantine station's requirement must be completed and submitted.
- 3-4: Passengers who have tested negative in their pre-boarding test, but symptomatic (fever, acute respiratory symptoms, etc: same hereafter) at the time of embarkation should be tested negative with a nucleic acid amplification test (PCR) once again prior to allowing embarkation. If the test is positive, the passenger shall not be allowed to board the ship. If the test is negative, passengers with symptoms are recommended to wear masks at all times outside of their cabins until their symptoms subside. However, it should be noted that the wearing of masks is not recommended for infants under 2 years old, and that the wearing of masks is not uniformly required for children over 2 years of age and before elementary school age, and for persons with developmental disabilities who have difficulty wearing masks.
- 3-5: Passengers should be informed in advance that they may be denied boarding if they test positive for COVID-19. Passengers who are denied boarding should be given appropriate information on how to return home or assisted if they require isolation in the port or transport to their residence.
- 3-6: Passengers should be informed in advance to take precautionary measures against infection during their daily lives before boarding the ship and when traveling to/from the ship.
- 3-7: Take appropriate measures to prevent infection, such as staggering check-in times so that passengers can physically distance from each others when boarding, and coordinate with local port authorities.

4. On Board Infection Control Measures

(1) Overview

4-1: Passengers are recommended to wear masks depending on situation while indoors except when they could maintain physical distancing with minimum conversations.

* For details on the proper wearing of masks, refer to the MHLW website "About Wearing Masks", etc.

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kansentaisaku_00001.html

4-2: Crew members are recommended to wear masks indoors except in their cabins and when eating and drinking.

4-3: The ship should ensure air handling units are optimized to increase ventilation indoors and maximize the use of outdoor space for on board events.

4-4: Disinfection of environmental surfaces such as (phones, light switches), handrails and doorknobs, toilets, fixtures in common areas, and other contact areas that are frequently touched should be done in addition to regular disinfection process.

*For disinfection methods, refer to "Disinfection and sterilization methods for COVID-19" on the MLIT website, etc.

4-5: Passengers and crew should be informed to use the hand sanitizers provided on board, if they are unable to wash their hands.

(2) Cabins

4-6: Ensure crew take infection prevention measures when entering passenger cabins.

4-7: Disinfect doorknobs, TV and A/C remotes, light switches, and other contact areas, for housekeeping after each voyage.

4-8: When housekeeping staffs are cleaning cabins, avoid close contact with passengers while they are in the cabin.

(3) Dining Facilities

4-9: Ensure that infection prevention measures are taken when operating the food & beverage facilities.

4-10: Disinfect tables and counters each time after use by passengers.

4-11: Where practical, seat passengers from the same travel group at the same table.

4-12: Where practical, reduce congregation by controlling capacity or flow.

4-13: Self-service facilities to be operated as below precautions;

1) Crew members to check that passengers using self-service facilities take infection prevention measures upon entering the dining facility.

2) To ensure tongs and other utensils are regularly replaced and disinfected.

4-14: Air handling units are maximized to improve ventilation.

(4) Theaters

4-15: Control flow to ensure that passengers do not crowd the entrances/exits.

4-16: For seating arrangements, try to ensure that there is enough distance from others than those from same travel group.

4-17: Air handling units should be maximized to improve ventilation.

(5) Water recreation facilities (Spa, Pool)

4-18: Reduce crowding by setting capacity limits for recreational water facilities.

(6) Events

4-19: Recommend to wear mask where congregation and physical distancing is not possible outside.

4-20: Inform passengers to refrain from shouting aloud where congregated.

5. Onboard hygiene

5-1: Establish and maintain a protocol for escalating COVID-19 responses (hereinafter referred to as the "COVID-19 Response Protocol")

5-2: The COVID-19 Response Plan shall include;

- 1) Appointment of a sanitation officer and define their role.
- 2) Onboard COVID-19 management response plan (including communication protocol)
- 3) Develop an Infection Control Plan and designate cabins and/or zones for isolation to prevent secondary infections.
- 4) Detail the type and quantity of personal protective equipment to be stocked on board.
- 5) A training program for crew to manage individual cases and elevating response levels.
- 6) Response measures in the event of a symptomatic patient
 - a) Onboard inspection procedures for symptomatic persons
 - b) Onboard isolation and diagnostics for symptomatic patients
 - c) Identification and onboard quarantine of close contacts if required
- 7) Response actions if an infected person is confirmed COVID-19 by testing
 - a) Isolation of infected persons and quarantine of close contacts if required on board
 - b) Onboard disinfection
 - c) Procedure to the notify quarantine, etc.

5-3: All passengers will be asked to voluntarily observe their health and remind them to contact and visit the on-board medical center as soon as possible should they develop any symptoms of COVID-19. Until they receive a diagnosis, they should remain in their cabins.

5-4: All crew members should monitor of their health and be informed to immediately notify the medical staff if they develop any symptoms of illness including COVID-19.

5-5: All guests and crew members shall have access to complimentary COVID-19 medical testing on board if they develop any symptoms.

5-6: Cruise lines shall provide treatment under the supervision of the ship's doctor when deemed clinically necessary by the ship's doctor.

6. For Crew members

(1) Training

- 6-1: Provide education on COVID-19 infection in accordance with Response Plan.
- 6-2: Provide training on onboard infection prevention measures in accordance with the Response Plan
- 6-3: Training on wearing/taking off PPE to prevent infection to COVID-19, in accordance with the Response Plan.

(2) On board responses

- 6-4: Personnel required for vessel operation shall avoid contact with passengers and take precautions to prevent COVID-19 infection.
- 6-5: Crew members are required to take precautions to prevent infection during working and non-working hours.
- 6-6: Crew should not share items, equipment, etc. (work helmets, goggles, earplugs, etc.). If it must be shared, disinfect them before use.
- 6-7: Disinfect shipboard fixtures and equipment (computers, various terminals, etc.) periodically. Crew members' clothing should be washed frequently.
- 6-8: Request visitors to take infection prevention measures.

(3) Crew Change

- 1) Onboarding
 - a) Upon embarkation, conduct a COVID-19 test, and the negative results must be confirmed
 - b) All crew members should be up to date with their COVID-19 vaccinations.
- 2) Offboarding
 - Crew records and contact information shall be retained for 30 days, regardless of employment status to facilitate communication in the event of an outbreak or infection after disembarkation.

7. Response to cases, symptomatic person and close contacts

- 7-1: When identifying symptomatic person, the ship's operator should conduct COVID-19 testing on board and identifies the close contacts and, isolates the symptomatic person and their close contacts in accordance and contact quarantine office of next port of call. In addition, the health status of all passengers and crew members shall be promptly checked, information shall be sent and reported to the quarantine station, and the location of activities of infected persons and persons in concentrated contact shall be identified and disinfected. (This shall not apply to symptomatic patients whose test results are confirmed negative)
- 7-2: Positive cases should be notified to other relevant authorities such as (port authorities, etc.) The latest contact information of the relevant organizations shall be shared and enable 24-hour communication in Japanese onboard.
- 7-3: Infected persons who tested positive on board the ship is permitted to continue isolation onboard, if the ship's doctor determines that it is possible to prevent the spread of infection. The isolation period should follow latest Japanese isolation requirement. If the cruise ends before isolation period is completed, the infected person shall be isolated until the end of the quarantine period in an onshore treatment facility under the responsibility of the quarantine authorities, in cooperation with the ship operator and the local authorities of the port of call.

- 7-4: If the ship's doctor determines that treatment at a hospital onshore is necessary due to risk of severe disease, the ship's doctor will agree with the local government through quarantine station in advance that the ship may request transfer to a medical facility in of the docked port or next port of call.

8. Infected Cases and Close Contacts

(1) Infected Case Identification

When necessary, asymptomatic people who return a positive RAT should be confirmed via nucleic acid amplification test (PCR). Vessels must promptly isolate and test any people who have an acute respiratory infection or fever.

(2) Isolation of infected case

The isolation period should follow latest Japanese isolation requirement.

*The current isolation period for infected persons with symptoms can be lifted from the 8th day if 7 days have passed since the onset of illness and 24 hours have elapsed since the symptoms abated. In asymptomatic cases (depending on individual condition), if 7 days have elapsed from the date of collection of the specimen confirmed positive, it can be lifted from the 8th day. Other rules may apply.

Isolation of infected persons shall be done by separating contaminated areas (red zone) from uncontaminated areas (green zone), and strict precautions shall be taken to prevent transmitting the virus from the red to green zone. In principle, isolation should be conducted in designated isolation cabins (that are separated from non-isolated cabins and clearly marked for infected persons). If isolation in designated cabins are not possible, the patient may be isolated in his/her own cabins, but the cabin should be clearly marked as being used for isolation. Family groups or dependents may be isolated together, even if they are not all infected, but the non-infected roommates should be released on the same day that the infected person is released from isolation. A sufficient number of isolation rooms must be available in case of the spread of infection on board.

A sufficient number of designated isolation rooms should be secured in the same area/deck so that red zones and green zones are not mixed.

Infected persons who require ongoing medical care are isolated in cabins where onboard medical center can easily monitor their condition. Rooms should be single accommodation and have upgraded air handling systems and F7/MERV 13/UVC where possible.

On board medical center must have medical staff trained in managing COVID-19, appropriate medical equipment (including for intensive care level support where feasible), medication, and the capacity to disembark seriously ill passengers to a hospital if needed. Where possible, on board medical facilities should include a negative pressure room and/or HEPA filtration to manage cases requiring hospitalization prior to disembarkation.

If the cruise ends before isolation period is completed, the infected person shall be isolated until the end of the quarantine period in an onshore treatment facility under the responsibility of the quarantine authorities, in cooperation with the ship operator and the local authorities of the port of call.

If it is difficult to arrange medical treatment facilities on land, the patient will continue to be quarantined on board the ship.

(3) Close Contact Identification

For the purposes of cruise vessels, a close contact is a person who shares a cabin with a COVID-19 case, or anyone who has had extended time periods of contact (for example, same travel group, shared meals, smoking in closed environments, or prolonged contact without a mask).

Cruise ship medical staff will be responsible for identifying those who have had close contact with a positive case, and should be subject to isolation, as part of regular processes. For contact tracing, the infectious period is the period extending from 48 hours before onset of symptoms, or if asymptomatic, 48 hours prior to the time of collection of a positive sample, until the case is classified as no longer infectious.

(4) Isolation of close contacts

Persons identified on board as closed contact will follow latest Japanese isolation requirement.

*The current isolation period for close contact is 5 days (lifted on day 6). Other rules may apply.

If the nucleic acid amplification test (PCR) or rapid antigen qualitative test is positive during the quarantine period, the close contact should be isolated and managed as an infected person.

If the cruise ends before isolation period is completed, the close contact person shall be isolated at home or elsewhere for the remainder of the quarantine period and to refrain from leaving the facility.

The ship's medical staff should counsel close contacts about their risk and the symptoms of COVID-19. They should be given advice about the need to immediately isolate, and where and how to get access of COVID-19 testing. Cruise operators should maintain up to date contact information for all passengers (not only the person who made the booking), for provision to health authorities to support contact tracing, if requested.

9. Pre/Post Disembarkation

(1) Port Visits

- 9-1: If requested by the terminal operator, passengers may undergo health symptom screening or testing before disembarkation.
- 9-2: Consider staggering disembarkation times to allow enough distance from others around the gangway, and coordinate with terminal operators in advance to ensure that similar measures are taken at the passenger terminal and other locations.
- 9-3: While onshore, passengers are recommended to take preventative measures, including wearing masks except where people could maintain physical distances and not conversing with each other at indoors, and to refrain from entering areas with inadequate ventilation.
- 9-4: If any health symptoms develop such as fever, cough, sore throat, etc. occur while onshore, the ship should be notified. The ship's contact information shall be informed passengers in advance.
- 9-5: The passenger should take COVID-19 test if they report any symptoms of COVID-19. The passenger and roommates shall be quarantined on board until diagnosis is made based on the test results.

(2) First entry port (from foreign port)

- 9-6: Ship operator should recommend all passengers and crew members to use fast track entry system using “Visit Japan Web”, to confirm and collect in advance of necessary information for quarantine procedures (Visit Japan Web,” blue screen or a set of necessary documents), and send the list of all passengers and crew members to the quarantine prior to arrival at the first port of call entering from foreign country. At that time, the operator shall confirm the contents of the vaccination certificate and questionnaire for those who are not using the Fast Track, as well as information necessary for quarantine, such as a valid e-mail address and contact phone number for contact after disembarkation, and send and report them to the quarantine station as well. After the first port, if the provisional quarantine certificate expires and the quarantine station requests the information, the same action shall be taken.
- 9-7: Note that if the quarantine is unable to confirm necessary information for quarantine procedures, further necessary quarantine process will be conducted after the vessel arrives.

(3) Foreign Ports

- 9-8: When calling ports outside of Japan, the vessel shall comply with requirements set forth by the local government, port authorities, etc.
- 9-9: If an infected person is confirmed while docked at or sailing to a port outside Japan, follow the instructions of the government and other relevant authorities.
- 9-10: All passengers will be strongly recommended to purchase travel insurance in the amount sufficient to reimburse the cost of hospitalization, treatment, and transportation from foreign country or the ship’s medical center. Regardless of whether or not a passenger or crew member is enrolled in the insurance, the ship operator to be responsible for dealing with any non-payment of medical expenses incurred by passengers and crew members.

(4) Final Disembarkation Port

- 9-11: If requested by the terminal operator, passengers may undergo health screening before disembarkation.
- 9-12: Consider staggering disembarkation to allow physical distancing from others while disembarking on the gangway.
- 9-13: Coordinate with the passenger terminal operators in advance to allow physical distancing from other passengers when in the terminal and picking up baggage.
- 9-14: When there is long-distance travel after disembarkation, remind the passengers to take thorough measures to prevent infection, such as wearing masks.
- 9-15: When disembarking an infected person, transfer flow should be coordinated in advance with the port authorities, quarantine etc., and handled in cooperation to prevent the spread of infection to other persons.
- 9-16: In case infection is identified after disembarkation, necessary information, including passenger contact information, should be retained for 30 days.

10. Operation Alert Thresholds and Management

The following operational alert thresholds are based on the total cumulative percentage of COVID-19 cases among passengers and crew over the past seven days. Note that local authorities may have different medical systems.

Response Thresholds

		Criteria	Action
	Total Percentage of Cases among passengers and crew in the previous 7 days	Operational Compromise	
Tier 1	0% to <3%	Nil	Accordance to guideline
Tier 2	3% to <10%	Moderate impact to staffing and/or resources. Able to maintain critical services	As above, and: <ul style="list-style-type: none"> ● Proactively recommend passengers and crew to wear masks, both indoors and outdoors, according to Japanese custom. ● Cruise lines should increase surveillance testing (via self-administered antigen test) of all crew upon reaching tier 2 to every 7 days (ideally batch testing 50% every 3-4 days). ● Cruise lines should consider introducing passenger surveillance testing, and testing passengers prior to disembarking for a shore excursion and at the end of a cruise. The decision should be made in consultation with the local health authority of the final port. ● Considering the epidemiological characteristics of the infected population, proactive testing should be performed on symptomatic passengers in order to bring the infection under control. ● Control high-risk events
Tier 3	≥10%	Major impact to staffing and/or resource shortages. Unable to maintain critical services and/or imminent cessation of critical services.	As above, and: <ul style="list-style-type: none"> ● Cruise lines are strongly recommended to introduce passenger surveillance testing, and testing passengers prior to disembarking for a shore excursion and at the end of a cruise. The decision should be made in consultation with the local health authority of the final port. ● Considering the epidemiological characteristics of the infected population, actively seek testing for all passengers in an effort to contain the infection. ● Ship may consider shortening of cruise operations

Reference: "the updated Eastern Seaboard and Western Australia Cruise Protocols" released in October 2022 .Further columns added on top of this reference.

Note: These processes may also be affected with the identification of new or emerging public health or clinical risks, such as a new variant of concern, significant community transmission, or impact to shore-based clinical capacity.

- **Considerations for Shortening of the Cruise**

Additional public health precautions, such as returning to home port early, may be necessary to protect the health and safety of onboard travelers or newly arriving travelers.

A ship may consider shortening of the cruise based on the following factors:

- Sustained and rapidly escalating transmission of COVID-19 even after implementing the maximum mitigation protocols
- Increasing number of severe cases of COVID-19 among passengers or crew.
- Potential for COVID-19 cases to overwhelm on board medical center capacity, medical care and/or public health resources including staffing and supplies.
- Inadequate onboard capacity to fulfill minimum safe manning or minimal operational services, including housekeeping and food and beverage services.
- When there is concern that medical facilities ashore lack the capacity to manage cases of severe disease who may need to be transferred off the ship.