



‡Suspect case:
 Patients with acute respiratory infection (sudden onset of at least one of the following: cough, sore throat, shortness of breath) requiring hospitalisation or not, **AND** in the 14 days prior to onset of symptoms, met at least one of the following three epidemiological criteria: were in close contact with a confirmed or probable case of COVID-19; or had a history of travel to [areas with presumed ongoing community transmission](#); or worked in or attended a health care facility where patients with COVID-19 were being treated.

A. If only one case or a cluster of a few cases (e.g. persons sharing the same cabin) have been identified on board, then the following contact definitions should be applied:

- *Close contact (high risk exposure):**
- a person who has stayed in the same cabin with a suspect/confirmed COVID-19 case;
 - a cabin steward who cleaned the cabin of a suspect/confirmed COVID-19 case;
 - a person who has had close contact within one meter or was in a closed environment with a suspect/confirmed COVID-19 case (for passengers this may include participating in common activities on board or ashore participating in the same immediate travelling group, dining at the same table; for crew members this may include working together in the same ship area or friends having face to face contact);
 - a healthcare worker or other person providing direct care for a COVID-19 suspect/confirmed case

†Casual contact (low risk exposure):
 Casual contacts are difficult to define on board a confined space such as a cruise ship therefore, it is advised to consider as casual contacts all travellers on board the ship who do not fulfill the criteria of the close contact definition.

B. If an outbreak on board a cruise ship occurs, as a result of on-going transmission on board the ship (more than one case not staying in the same cabin):

The assessment of exposure should be done among crew members and among passengers. If it is difficult to identify who the close contacts are, then all travellers on board could be considered as close contacts* having had high risk exposure. However, this may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities.