



# MARINE LIFE HAZARDS

North Queensland waters have specific marine hazards together with those found elsewhere. The box jellyfish, marbled cone snail, blue-ringed octopus and stonefish are in the top ten most venomous animals of the world, and all live in Queensland waters.

It is essential to understand the risks, take mitigating measures to reduce the risk and what to do if bitten or stung.

With that done, we want to enjoy the water. After all, that is why we are here.

## VENOMOUS MARINE ANIMALS

There were 393 hospitalisations due to stings or bites from venomous marine creatures in the two years 2017-2018 in Australia.

## MARINE STINGERS

Stinging marine jellyfish include the Bluebottle, Jelly Blubber, *Carybdea sivickisi* (common around Magnetic Island), Chiropsalmus, *Carybdea xaymacana* (common around Cairns), *Tripedalia binata* (common around Cairns), Cyanea, and Pelagia.

The tentacles have preloaded micro-syringes with highly potent venom, which they fire into the skin capillaries.

Stinger season, the highest risk time of year, runs from November to May, although stings can happen right through the year when conditions like northerly winds prevail and jellyfish are driven towards the coast.

While the risk is widespread, QPWS do show warnings on their national park listings wherein locations where the risk is heightened. We add the marine stinger warning symbol to our chartlets in anchorages adjacent to these parks.



While all jellyfish sting, the box jellyfish and the Irukandji are the most dangerous.

It is a good idea to carry a 2l container of cleaning vinegar on board. It is used in the treatment of some, but not all, stings.

## BOX JELLYFISH

The box jellyfish (*Chironex fleckeri*) has a bell that grows to 30cm and about 60 tentacles, 15 from each corner of the bell, which can grow to 3m. They are found in clear tropical waters near the coast north of Gladstone. It is Australia's most dangerous marine stinger, with 80 known deaths. There were ten hospitalisations for envenomation from box jellyfish in Australia in the two years 2017-2018.

If stung, consult a first-aid reference, such as the St John Ambulance First Aid app ([iOS](#) | [Android](#)) and seek immediate medical attention.



Photo M. Jones  
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## IRUKANDJI JELLYFISH

Irukandji (*Carukia barnesi*) are tiny, transparent jellyfish. They have a bell up to 3 cm wide, with one tentacle of up to a metre coming from each corner. They are found close to shore but also at offshore reefs. Irukandji stings have been reported as far south as Fraser Island.

Irukandji Jellyfish



Photo GondwanaGirl [Creative Commons License](#)

Stinger season, the highest risk time of year, runs from November to May, although stings can happen right through the year.

The only time I have seen Irukandji was on a millpond day snorkelling in Lady Musgrave lagoon. It was sunny, there were no ripples on the water, and it was as clear as a swimming pool. We could see 4 or 5 Irukandji below the water's surface as we snorkelled. We had on stinger suits and simply avoided them, continuing our snorkel.

There are no immediate symptoms after a sting. As you can see from the photo, they are tiny and transparent, making them very hard to see, and because there is no immediate pain, you may not know what has stung you. Symptoms appear from 5 to 45 minutes later and include severe backache or headache, shooting pains, muscle restlessness, vomiting, breathing difficulties, profuse sweating and a feeling of impending doom.

There were 41 hospitalisations from Irukandji stings in Australia in the two years 2017-2018, making it the most common jellyfish sting requiring hospitalisation. Only two deaths are known to have occurred.

There is no anti-venom for Irukandji. If stung, consult a first-aid reference, such as the St John Ambulance First Aid app ([iOS](#) | [Android](#)) and seek immediate medical attention.

## PREVENTING JELLYFISH STINGS

The best way to prevent life-threatening stings is with a Lycra stinger suit. The fabric prevents penetration of the stinger's micro-syringe. Stinger suits are a standard item on all tourist boats and should be for cruisers.

It is essential to cover as much of the body as possible to reduce the maximum venom injected. For this reason, suits have integrated mittens and hoods, leaving only the face exposed, which is partly protected by goggles.

The suit also does double duty as a sun protection suit.

The author and sons in stinger suits



Photo © Maria Luck

## BLUE-RINGED OCTOPUS

Blue-ringed octopus



Photo Jens Petersen.  
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As small as only a few centimetres wide, the Blue-ringed octopus has a poisonous bite. The toxin is called tetrodotoxin and works by shutting down muscle function.

They are usually sandy-coloured, with iridescent blue rings or lines. They hide under rocks and in shells, discarded bottles and cans and are often found in rock pools.

The initial bite is painless. If bitten, consult a first-aid reference, such as the St John Ambulance First Aid app ([iOS](#) | [Android](#)) and seek immediate medical attention.

# POISONOUS SNAILS

All cone snails, augur snails and turrid snails are venomous. They are carnivorous and use a proboscis with a harpoon-like, barbed dart which they shoot into their prey. The proboscis can reach *any* part of its cone, so you should never attempt to pick up one of these shells.

Turrid Snail Shell



Photo H Zell. [Creative Commons License](#)

Cone shell with proboscis showing.  
Platypus Bay, K'Gari (Fraser Island)

Augur Snail Shell



Photo Jan Delsing public domain

Textile Snail Cone, Great Barrier Reef



Photo R Ling. [Creative Commons License](#)



Photo G. Luck

A cone snail is thought to have killed a man on Hayman Island in 1935, the only known death from cone snails in Australia.

More recently, a tourist boat worker was stung on the foot in 2015 at Tongue Bay, Whitsunday Island, while walking barefoot in shallow water.

The sting can be similar to a bee sting. Symptoms can include intense pain, numbness or tingling in the area, difficulty speaking, double vision, fainting and trouble breathing.

There is no anti-venom for poisonous snail stings. If stung, consult a first-aid reference, such as the St John Ambulance First Aid app ([iOS](#) | [Android](#)) and seek immediate medical attention.

## STONEFISH

Stonefish are found right around the Australian coast.

They are found on beaches, around rocky areas and on reefs. If you walk on a stonefish, a barb on its spine will inject venom into your foot.

They are camouflaged, motionless and therefore difficult to see.

Stings are pretty common from the Gold Coast up to the Cooktown coast.

To avoid being stung, wear reef shoes with puncture-resistant soles and shuffle your feet as you walk through the water to scare them away. Stonefish can live for up to a day out of the water, so do not pick one up that you find out of the water.

The sting creates intense pain and swelling. Symptoms can include difficulty breathing, vomiting, feeling faint, anxiety, confusion, and numbness. I had a colleague in New Guinea stung by a stonefish. He had his foot up on a pillow at work for weeks.

There were 30 hospitalisations from stonefish envenomation in Australia in the two years 2017-2018.

There is an anti-venom for stonefish stings.

Consult a first-aid reference, such as the St John Ambulance First Aid app ([iOS](#) | [Android](#)) and seek immediate medical attention if stung.

Stonefish on a reef



Photo R Duprat. [Creative Commons License](#)

# STINGRAYS

Twenty-one species of Stingrays occur in Queensland coastal waters. Stingrays are cartilaginous fish related to sharks. They have flattened bodies, usually with long whip-like tails containing one or more barbed, poisonous stinging spines. When threatened, they thrust their tail up, lodging the stinging spine in the source of the threat. The barbs are backward-facing, so they get lodged and are difficult to remove. The spine is fragile and often breaks off in the wound.

The two most common species in

## Bluespotted Maskray



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## Common Stingaree



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Queensland are the Common Stingaree and the Bluespotted Maskray. They occur in shallow, sandy tidal zones, and are commonly encountered.

The most likely ways to disturb a stingray are walking or wading in shallows, or snorkelling over shallows. To reduce the risk, shuffle or splash your feet or hands as you walk or wade to scare them off or carry a lightweight pole and prod ahead of you. They are usually timid and will shoot out of their hiding place away from you. When snorkelling, avoid very shallow, sandy areas.

Typical reef shoes will not stop a stinging spine from penetrating the sole of your foot. Also, because the stinging spine is whipped up, the ankles and the lower leg are often hit. To fully protect these areas, you need a ray boot with gators. Their use is widespread in the USA amongst wading fishers.

If stung, consult a first-aid reference, such as the St John Ambulance First Aid app ([iOS](#) | [Android](#)) and seek immediate medical attention. There were 63 hospitalisations from stingrays in Australia in 2017-2018. Deaths are rare, although the tragic death of Steve Irwin while swimming with a 2.4m wide, short-tailed stingray raised awareness of the risks. The advice to divers is to avoid large stingrays if you come across them in the water.

## **CORAL SEA SNAKES**

There are 23 species of sea snakes in Queensland waters. All are venomous, producing some of the most toxic venoms known. Fully grown adults range in size from 1m to 3m. They have fixed front fangs and can open their mouths very wide, wide enough to bite a person's thigh. It is a myth that their mouths are too small to bite people.

Most species are not aggressive. However, there are five species of aggressive sea snakes. One to watch out for is Zweifel's Beaked Sea Snake (*Enhydrina Zweifeli*). In Queensland waters, it is found in estuaries, rivers and murky waters from the Whitsundays north. Beaked sea snakes are responsible for most bites, envenomations and deaths, accounting for 90% of sea snake deaths worldwide. There were four hospitalisations for sea snake bites in Australia in the two years 2017-2018.

If bitten, symptoms include muscle pain, leg paralysis, joint aches, blurry vision, difficulty swallowing or speaking, droopy eyelids, and vomiting.

An anti-venom that covers all sea snake venoms is available.

If bitten, consult a first-aid reference, such as the St John Ambulance First Aid app ([iOS](#) | [Android](#)) and seek immediate medical attention.

## **OTHER STINGING FISH**

Bullrout causes the largest number of hospitalisations from stings. They are found in fresh water and upper tidal reaches. Scorpionfish, rabbitfish and scats are also found in coastal waters. All have poisonous dorsal spines which most often cause envenomation when handling after catching them fishing.

Zweifel's Beaked Sea Snake



*Photo Vikramonice  
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# SALTWATER CROCODILES

Saltwater crocodiles are apex predators, the largest crocodylian and reptile in the world. Males grow up to 6m and 1,300kg. They are an ambush predator. They have been known to stalk humans in boats, waiting for an opportunity to attack. They can lie vertically in the water with just their heads showing for hours.

They are commonly found from Gladstone north, and also in the Mary River, Maryborough and the Sandy Straits behind Fraser Island.

They can live in saltwater and also completely freshwater. They are very good swimmers and are sometimes found on offshore islands, including Lizard Island, a hotspot. They are also found in river systems hundreds of kilometres inland. Perhaps surprisingly, they are often seen in marinas! 80% of the population is estimated to be north of Cooktown.

Saltwater Crocodile Common Range



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Crocodiles became protected in Queensland in 1974. Since then their numbers have grown

Male Saltwater Crocodile



Photo M Ebersold. Public Domain

10x and are now estimated to be around 20,000-30,000. Their population growth is estimated at 2.2% per year. Crocodiles can live more than 70 years and keep growing as they get older. There is now a substantial population of mature crocodiles in Queensland.

In the 31 years to 2016, there were 25 crocodile attacks in Queensland, eight of them fatal. There have been 319 crocodile attacks reported in the [Australian Crocodile Chronicles](#) to February



2021. Most of these attacks are from crocodiles larger than 2m. In 2021, a cruiser was killed in Hinchinbrook Channel near Gayundah Creek while checking crab pots in his 2.5m dinghy. A 4 m-long crocodile was euthanised as the likely culprit.

If you see a crocodile, report it to CrocWatch by calling 1300 130 372 or via the QWildlife App (iOS | Android), which lets you upload a photo of the sighting, and automatically records the place and time making it much easier. Queensland has a Crocodile Management Plan under which problematic crocodiles are relocated or euthanised.

The QWildlife app mentioned in the apps section is the best way to keep up to date with sightings, report a sighting and Crocwise advice.

Crocodiles move around, so the lack of a sighting does not mean it is a safe area. On the other hand, an area with a recent sighting is unsafe.

Some areas in specific national parks, such as creek crossings and campgrounds may be sign-posted.

National parks with high risk show a crocodile hazard in their QPWS website listing.

We add the Crocodile warning symbol to our chartlets in these anchorages. You will notice that QPWS have these warnings for many national parks north of Mooloolaba.



### Being Crocwise

- Report sightings with QWildlife.
- Stay at least 5m from the water's edge—crocodiles often hunt their prey at the water's edge.
- Dispose of your food and fish scraps in a bin—don't leave food, fish scraps or bait near the water, around your camp site or at a boat ramp. Crocodiles will be attracted by an easy meal, and this puts subsequent visitors to the area at risk.
- Do not feed crocodiles—it is illegal, dangerous, and teaches crocodiles to associate humans with food.
- Be extra cautious at night, dusk and dawn when crocodiles are most active.
- Do not use kayaks, paddle boards and other small craft in crocodile habitat areas. The smaller the vessel, the greater the risk—crocodiles have taken people from small vessels.
- Stay well away from crocodile traps. Crocodile traps are designed to attract hungry crocodiles so avoid fishing and boating near them and never interfere with them. People who deliberately interfere with the operation of crocodile traps face potential penalties of over \$15,000.
- Dogs are attractive prey to crocodiles. Keep your pets on a lead and away from the water's edge.

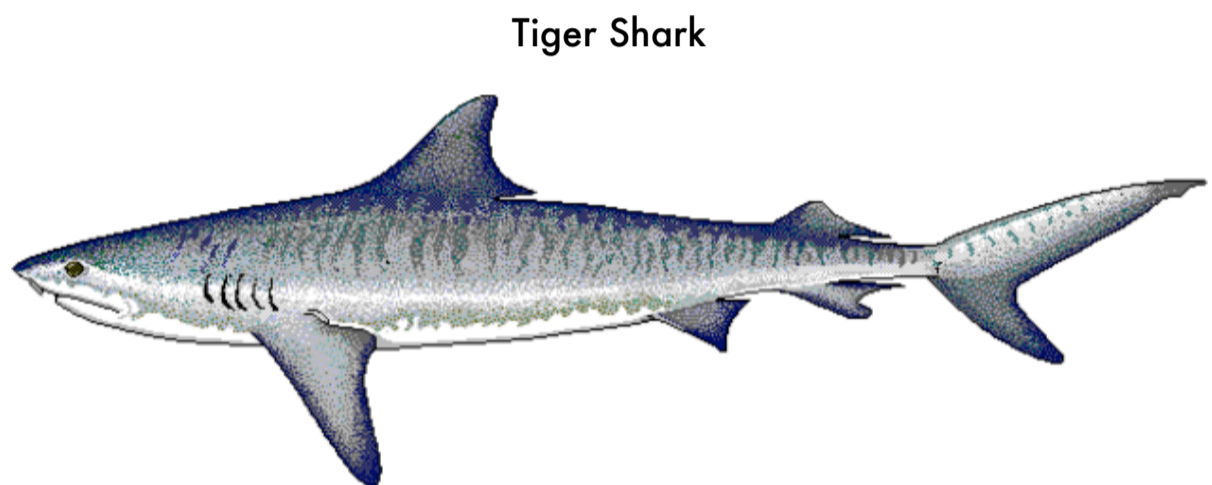
# SHARKS

There was an average of 2-3 shark attacks in Queensland each year up to 2016. Since then, there have been three attacks in 2017, 3 in 2018, 8 in 2019 and 5 in 2020.

In the swimming areas of Queensland, there are typically shark protection nets and drumlines, which have provided good protection to swimmers. The Queensland Government maintains a list of shark protection equipment sites. However, as a cruiser, you are likely to be swimming off islands and on reefs with no shark protection equipment.

Sharks that you may encounter on the reefs or islands that are unlikely to cause problems unless provoked are:

- black-tipped reef sharks
- white-tipped reef sharks
- wobbegong sharks
- leopard sharks
- epaulette sharks.



*Drawing Robbie Cada. Public Domain*

Sharks that are dangerous that you may encounter on the reefs and islands are:

- tiger sharks
- bull sharks
- grey whaler sharks
- white sharks.

They may attack without provocation.

In, Queensland, the Shark Control Program catches sharks around swimming areas. They keep statistics on their catches. The following chart shows the annual catches of tiger, bull and grey whaler sharks from 2001 to 2021. There are only a small number of beaches with shark control equipment, so this represents a small percentage of what is out there.

Note the relatively high numbers caught on the Capricorn Coast and Mackay.

## Qld Shark Control Program Catches for Bull Sharks, Tiger Sharks and Grey Reef Whalers

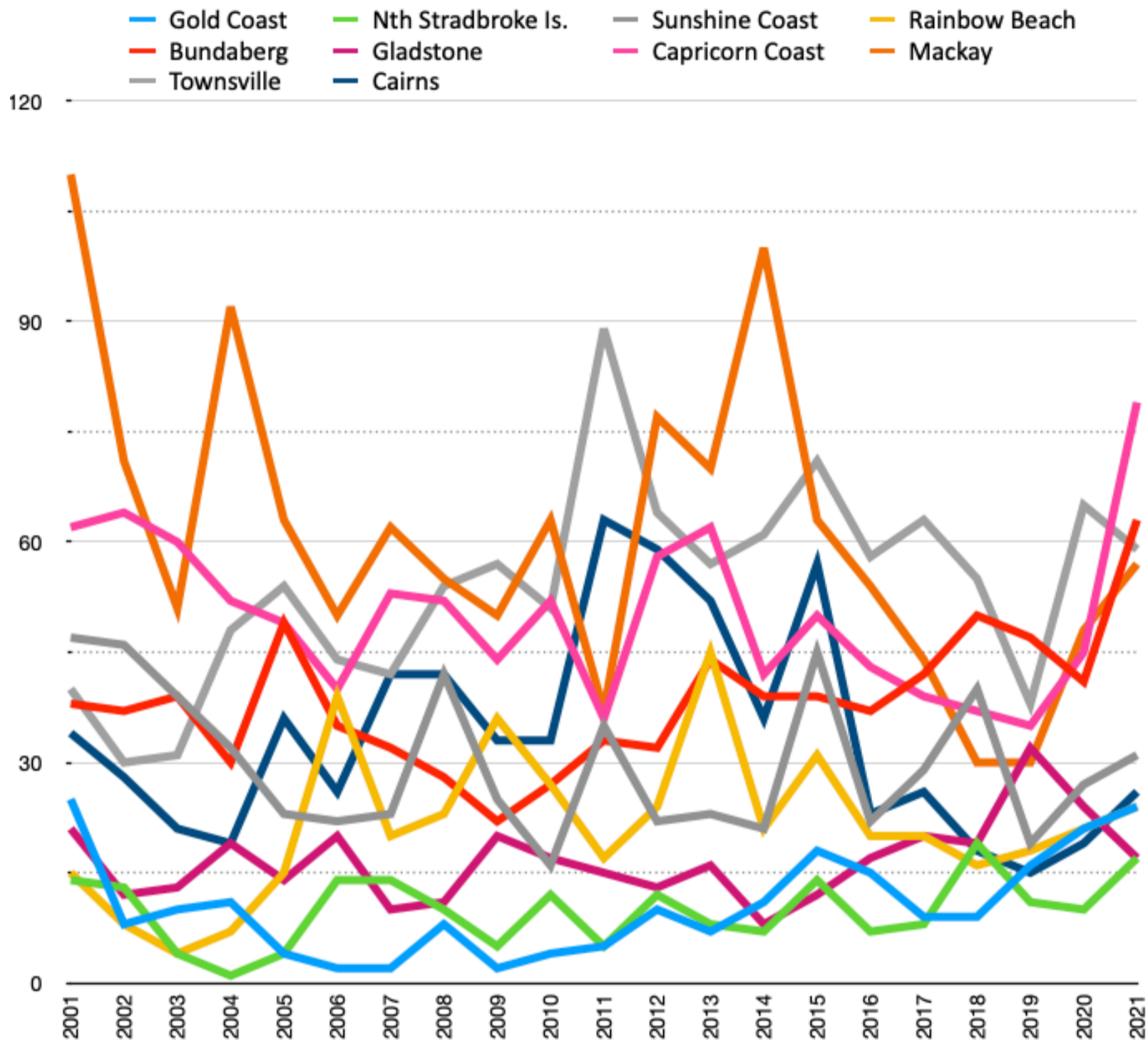


Chart © 2022 Greg Luck.

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White sharks are found in temperate and subtropical waters. In Queensland, they are found from the Gold Coast up to about Shoalwater Bay.

CSIRO's shark tagging program shows the Eastern Australasian Population ranges from Bass Strait, along the Victorian and NSW coasts and then up along the Queensland coast running up along the outside of K'Gari and then along the Capricorn Group reefs and islands.

The Shark Control Program, from 2001 to 2021, caught a total of 82 on the Gold Coast, 27 on North Stradbroke Island, 17 on the Sunshine Coast and 12 on the Bundaberg Coast.

Some things you can do to reduce risk:

- Follow the Queensland Government SharkSmart advice
- Don't swim where the shark cannot see you. You are not necessarily their preferred prey. Avoid swimming in murky water (a favourite of bull sharks) and avoid swimming at dawn, dusk or night. Avoid river estuaries, another favourite of bull sharks.
- Don't emulate the behaviour of a wounded fish. Avoid splashing and vigorous movements. I had a very close encounter with what would usually be a harmless white-tip reef shark up on Lizard Island several

years ago. I was snorkelling and found myself a long way from the boat. I decided to splash away with my fins to get back quickly. This attracted the shark's attention, which came around in ever-decreasing attack circles, darting away just centimetres from my face in the end. I breached out of the water and belly-flopped onto the boat, scratching my stomach.

- For the same reason, don't swim near spearfishers. The spasms of the dying fish attract sharks. In

2019, two British tourists were attacked in Hook

Passage, Hook Reef, NE of Whitsunday Island. According to reports, they had been "wrestling and thrashing about in the water" before the attack.

- Observe the Do Not Swim warning signs. Some are installed at Cid Harbour, Whitsunday Island, after the multiple shark attacks there in 2018.

Do your part. Be SharkSmart.

**S** wim between the flags at patrolled beaches and check signage

**H** ave a buddy and look out for each other

**A** void swimming at dawn or dusk

**R** educe risk, avoid schools of bait fish or diving birds

**K** eep fish waste and food scraps out of the water where people swim

**S** wim in clear water away from fishers

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- Be aware of national parks with shark warnings and alerts. We add the shark warning symbol to the chartlets in anchorages adjacent to these parks if they show a warning. In addition, as of September 2023, there are [SharkSmart Alerts](#) for the Whitsundays, Capricornia Cays, Curtis Island and the Keppel Islands.



- Sharks can be attracted by burley, bait and fish remains disposed into the sea after fish cleaning. For this reason, do not swim near where fishing is happening or has happened.
- Swim in clear water
- Get out of the water if there is a shark report. We came back from snorkelling on Bait Reef, and our neighbouring yacht told us about a 4m tiger shark that had been cruising around the yachts.
- Avoid swimming next to deep drop-offs.

- Wear an Ocean Guardian [SharkShield](#). These devices are battery-powered and emit a high-frequency electrical field that causes spasms to the shark's short-range *Ampullae of Lorenzini* electrical receptors on their snout, turning them away. The rechargeable battery lasts 6 hours and has an easy-to-see LED operational status, including a battery life indicator. The powerful electrical field is approx. 6m long x 4m diameter.

Ankle-attached SharkShield



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These devices are scientifically tested, and Australian-developed. The WA government offers a \$200 shark deterrent rebate to WA residents. I have had one for the past two years. So far, I have only shocked Maria and myself. She is not a fan.

- Carry a pole for fending off sharks. I carry an aluminium hand spear with stainless steel prongs. See the [Florida Museum Shark Attack File](#) for advice on fending off sharks. I have never had to do this, but I have watched many videos on YouTube showing divers actively fending off sharks.
- Swim on [beaches](#) with shark control equipment, although that is limiting for a cruiser.

# MARINE FOOD POISONING

## CIGUATERA POISONING

Ciguatera is the name of the toxin produced by the photosynthetic dinoflagellate *Gambierdiscus toxicus*, which attaches itself to algae growing on tropical reefs and seagrass meadows in warm ocean waters. The algae are eaten by small herbivorous fish which predatory fish in turn eat, gradually concentrating the poison. The South Pacific has the highest rate of ciguatera poisoning in the world. There are approximately 150 cases reported in Australia each year, primarily in the Northern Territory and Queensland.

Some fish that may have ciguatera are:

- Spanish mackerel
- coral trout
- red emperor
- wrasse
- coral cod
- surgeonfish
- trevally
- yellowtail kingfish

The top two are my favourites, so this is unfortunate.

Three species with a very high risk are “no-take” fish. They are Chinamanfish, red bass and paddle tail.

Symptoms include tingling and numbness in the lips, tongue, mouth, throat and fingers.

There is no way to tell if a fish has ciguatera. Cooking does not alter or remove it.

Once a location becomes ciguateric, it can stay that way. In Queensland, Platypus Bay on the western side of K’Gari is so well known for Ciguatera poisoning it is specifically mentioned as being a banned source of fish for the Sydney Fish market. Some fishermen report it is more common near the continental shelf and on the windward sides of reefs and islands. Damaged reefs, such as those that have had coral bleaching, are more likely to be ciguateric.

To minimise risk:

- Do not eat the head, roe, liver or guts. Ciguatera is concentrated there.
- Keep the portions from each fish together so that all fillets from one fish can be identified in the event poisoning occurs.
- Eat a small portion of each fish rather than a larger portion of one fish. If ciguatera symptoms develop, throw out all portions from the poisoned fish.

See the [Queensland Health Advisory](#) for more information.

## SCOMBROID FOOD POISONING

Scombroid food poisoning is caused by eating fish high in histidine, which is converted to histamine via bacterial action after death.

Fish high in histidines include many that you will catch trolling: tuna, mackerel, mahi-mahi and bonito. It is a heightened risk in warm waters such as we have in Queensland.

The symptoms are similar to an allergic reaction. They start as soon as 10 minutes after consumption and can last for up to 24 hours. Severe symptoms include blurred vision, respiratory distress and swelling of the tongue. Less severe symptoms include flushed face, hives, sweating, nausea, vomiting, headache, burning peppery taste in the mouth and throat and tachycardia.

Cooking does not remove the histamines.

To reduce the risk, promptly chill caught fish.

See this [QLD Health article](#) for full coverage of Scombroid.

# CORAL HAZARDS

When snorkelling or diving on coral reefs, there are a few additional hazards to bear in mind.

## SEA ANEMONE

Sea anemones, related to jellyfish and corals, are animals with a trunk, a central mouth and tentacles. The tentacles have poisonous stinging cells called nematocysts. They are usually found attached to hard surfaces like reefs. They have fish adapted to living amongst their tentacles, like the adorable Clownfish.

While not generally not as poisonous as jellyfish, they all sting.

Symptoms include hives, rash, oozing blisters, severe pain, itching, swelling, sweating and a runny nose. More severe symptoms include breathing difficulties, chest and muscle pain and aches.

Avoid being stung by not touching or rubbing against sea anemones. Sting and dive suits offer protection.

If stung, consult a first-aid reference, such as the St John Ambulance First Aid app ([iOS](#) | [Android](#))

## FIRE CORAL

Fire corals (*Millepora*) are the second most common reef-forming organisms. Fire corals are not true corals, but hydrozoans are related to jellyfish. They have a branching structure like a shrub and are often bright yellow-green or brown.

They have numerous nematocysts on their external surface, which, when touched, inject a toxin. This causes an immediate burning pain of mild to moderate strength. A rash then develops, which can take weeks to heal. The hard calciferous skeleton may also cause skin abrasions. Envenomation into the open cuts can eventually cause necrosis and secondary infection.

Painting of a Variety of Sea Anemones



*E Haeckel. Public Domain*



## Fire Coral



Photo L Zell. © Commonwealth of Australia (GBRMPA)

If stung, consult a first-aid reference, such as the St John Ambulance First Aid app ([iOS](#) | [Android](#)).

## CORAL CUTS

After all the hazards discussed here, it might be surprising to see a simple coral cut added to the list. However, coral cuts and scrapes are the most common marine hazards and can be serious.

Corals have a hard, calciferous skeleton which easily causes abrasions. While these abrasions might appear minor, they can easily turn into severe skin infections. There are often tiny bits of coral left in the wound. One litre of seawater contains about 1 billion bacteria of huge variety. Common bacteria found in developed coral cuts in Australia are *Staphylococcus aureus* and *Vibrio*. Others often found in wounds are *Streptococcus* species, *E. coli*, *Pseudomonas aeruginosa*, and *Mycobacterium marinum*.

Signs of a problematic coral cut include inflammation, soreness, redness and tenderness around the wound. This can develop into a festering sore with a pustule. If further redness develops around the sore, this can indicate cellulitis that requires immediate medical attention. Red streaks moving up the limb indicate further spreading of the infection, requiring immediate medical attention. The infection can develop into septicæmia, which is life-threatening and requires emergency medical treatment. These changes can develop rapidly with coral cuts.

Coral cuts are not necessarily dealt with in first aid manuals. It seems that every coral cut I get turns nasty, so I have become practised at following a strict treatment routine. Treat every wound, no matter how minor it seems.

1. Thoroughly rinse and clean the wound with clean, soapy water.
2. Use a clean toothbrush to remove small particles of coral from the wound and rinse again.
3. Rinse the wound with Dettol or some other disinfectant.
4. Apply an antiseptic such as Betadine or Savlon and cover it with a non-adherent gauze pad or a band-aid for small cuts.
5. Repeat step 4 several times per day

Do not go swimming again in the sea until the wound has completely healed, otherwise infectious bacteria will be reintroduced.

If the wound worsens, seek medical attention and if the infection starts to spread with redness around the wound or red streaks, seek immediate medical attention.

When preparing to go cruising, we also get a prescription filled for an antibiotic. If we have that on board, we will apply the antibiotic to the wound per the instructions and, importantly, continue the antibiotic application as prescribed, not just when the wound starts to get better.

The bacteria are present in the seawater, and sea spray, so any wound should be promptly treated. In 2022, we did Hamilton Race Week. A crew member scraped his shin on the deck. It didn't draw blood and he didn't mention it. Three days later I noticed a 10cm by 6 cm area on his leg that had red welts on it. I treated it with Savlon and dressed it. We checked it after dinner 8 hours later and it was much worse. I suspected cellulitis and called 000 to arrange an ambulance. We got underway and delivered him to Shute Harbour where he was met by an ambulance. He was taken to Proserpine Hospital, admitted and treated with intravenous and oral antibiotics overnight, and then discharged in the afternoon. He was then discharged and returned to the yacht with oral antibiotics for a return flight from Hamilton Island the next day. In the morning, the infection had spread significantly, with redness to the ankle. He flew into Brisbane and then went straight to the Mater Hospital, where he was admitted and treated with intravenous antibiotics for 4 days.