

# The Normative Framework for the Reporting and Management of Infectious Diseases: International Compendium

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# TABLE OF LEGISLATION

## PUBLIC HEALTH AND CONSENT

Jurisdictions	Public Health Legislation and Regulations	Specific Infectious/Reportable Diseases	Emergency / Epidemic / Crisis Management	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Lists of Diseases)
Australia	<p><b>Aged Care Act 1997</b> (Cth), s. 86.</p> <p><b>Australian Institute of Health and Welfare Act 1987</b> (Cth), ss. 5-7, 29-31.</p> <p><b>National Blood Authority Act 2003</b> (Cth), ss. 8, 10-11.</p> <p><b>National Health Act 1953</b> (Cth), s. 9B.</p> <p style="text-align: center;"><b>National Health Regulations 1954</b> (Cth), r. 6.</p> <p><b>Quarantine Act 1908</b> (Cth).</p> <p style="text-align: center;"><b>Quarantine (Cocos Islands) Regulations 1982</b> (Cth), rr. 17-21, 27.</p> <p style="text-align: center;"><b>Quarantine Regulations 2000</b> (Cth).</p>		<p><b>Biological Control Act 1984</b> (Cth), s. 30.</p> <p><b>Occupational Health and Safety (Commonwealth Employment) Act 1991</b> (Cth), ss. 37-38.</p> <p><b>Occupational Health and Safety (Maritime Industry) Act 1993</b> (Cth), ss. 80-81.</p> <p><b>Quarantine Act 1908</b> (Cth).</p> <p style="text-align: center;"><b>Quarantine Regulations 2000</b> (Cth).</p>	<p><b>Quarantine Act 1908</b> (Cth).</p> <p style="text-align: center;"><b>Quarantine Regulations 2000</b> (Cth).</p>	<p><b>National Health Act 1953</b> (Cth), s. 9B.</p> <p style="text-align: center;"><b>National Health Regulations 1954</b> (Cth), r. 6.</p> <p><b>Quarantine Act 1908</b> (Cth).</p> <p style="text-align: center;"><b>Quarantine Regulations 2000</b> (Cth).</p>
New Zealand	<p><b>Health Act 1956</b> (NZ), 1956/65, ss. 3A, 3E, 22D-22E, 70-71, 74-79, 85, 87A, 102, 111-112, 125.</p> <p style="text-align: center;"><b>Health (Diseases</b></p>	<p><b>Anthrax Prevention Regulations 1987</b> (NZ), 1987/345, (made under the <b>Health Act 1956</b> (NZ), 1956/65, Part 6).</p>	<p><b>Biosecurity Act 1993</b> (NZ), 1993/95, ss. 143-152.</p> <p><b>Civil Defence Emergency Management Act 2002</b> (NZ),</p>	<p><b>Protection of Personal and Property Rights Act 1988</b> (NZ), 1988/4, s. 5.</p>	<p><b>Health Act 1956</b> (NZ), 1956/65, schedules 1-2.</p> <p style="text-align: center;"><b>Health (Diseases Communicated by Animals)</b></p>

Jurisdictions	Public Health Legislation and Regulations	Specific Infectious/Reportable Diseases	Emergency / Epidemic / Crisis Management	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Lists of Diseases)
	<p><b>Communicated by Animals) Regulations 1965</b> (NZ), 1965/167.</p> <p><b>Health (Immunisation) Regulations 1995</b> (NZ), 1995/304, rr. 4-10.</p> <p><b>Health (Infectious and Notifiable Diseases) Regulations 1966</b> (NZ), 1966/87, rr. 7, 10, 14-15, 19-20, 22, 26.</p> <p><b>Health (Quarantine) Regulations 1983</b> (NZ), 1983/52, rr. 3-4, 8, 12, 22, 24-26.</p> <p><b>Medicines Regulations 1984</b> (NZ), 1984/143, s. 44A (made under the <b>Medicines Act 1981</b> (NZ), 1981/118, ss. 62, 105).</p> <p><b>New Zealand Public Health and Disability Act 2000</b> (NZ), 2000/91, ss. 5, 13-14, 82.</p>	<p><b>Tuberculosis Act 1948</b> (NZ), 1948/36, ss. 3-10, 15-16, 19, 24-27.</p> <p><b>Venereal Diseases Regulations 1982</b> (NZ), 1982/215, rr. 7-9, 12-13 (made under the <b>Health Act 1956</b> (NZ), 1956/65, s. 117.)</p>	<p>2002/33, ss. 9, 66, 75-76, 78, 81-83, 85, 87, 90.</p> <p><b>Hazardous Substances and New Organisms Act 1996</b> (NZ), 1996/30, ss. 46, 135-139.</p> <p><b>International Terrorism (Emergency Powers) Act 1987</b> (NZ), 1987/179, ss. 6, 10, 12.</p>		<p><b>Regulations 1965</b> (NZ), 1965/167, schedule 1.</p> <p><b>Health (Infectious and Notifiable Diseases) Regulations 1966</b> (NZ), 1966/87, schedule 2.</p>
United Kingdom	<p><b>Blood Safety and Quality Regulations 2005</b>, S.I. 2005/50, rr. 7, 23.</p> <p><b>Health Act 1999</b> (U.K.), 1999, c.</p>	<p><b>Public Health (Prevention of Tuberculosis) Regulations 1925</b>, S.I. 1925/757.</p>	<p><b>Biological Weapons Act 1974</b> (U.K.), 1974, c. 6.</p> <p><b>Civil Contingencies Act 2004</b> (U.K.), 2004, c. 36.</p>		

Jurisdictions	Public Health Legislation and Regulations	Specific Infectious/Reportable Diseases	Emergency / Epidemic / Crisis Management	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Lists of Diseases)
	<p>8, s. 28.</p> <p><b>Health Protection Agency Act 2004</b> (U.K.), 2004, c. 17.</p> <p><b>Health Service (Control of Patient Information) Regulations 2002</b>, S.I. 2002/1438, r. 3.</p> <p><b>Human Fertilisation and Embryology Act 1990</b> (U.K.), 1990, c. 37, s. 31.</p> <p><b>Immigration (European Economic Area) Regulations 2000</b>, S.I. 2000/2326, rr. 21, 22, schedule 1.</p> <p><b>Nationality, Immigration and Asylum Act 2002</b>, (U.K.), 2002, c. 41.</p> <p><b>Public Health (Aircraft) Regulations 1979</b>, S.I. 1979/1434.</p> <p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22.</p> <p><b>Public Health (Infectious Diseases) Regulations 1988</b>, S.I. 1988/1546.</p>				

Jurisdictions	Public Health Legislation and Regulations	Specific Infectious/Reportable Diseases	Emergency / Epidemic / Crisis Management	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Lists of Diseases)
	<p><b>Public Health (International Trains) Regulations 1994</b>, S.I. 1994/311.</p> <p><b>Public Health (Ships) Regulations 1979</b>, S.I. 1979/1435.</p> <p><b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</b>, S.I. 1995/3163.</p>				
United States	<p><b>Army Appropriations Act</b>, Act of July 9, 1918, ch. 143, 40 stat. 845 (codified at 42 U.S.C. § 26 (2005)).</p> <p><b>Immigration and Nationality Act</b>, 8 U.S.C. §§1182, 1222 (2005).</p> <p><b>Public Health Service Act</b>, 42 U.S.C. §§ 201 et seq. (2005).</p> <p>42 C.F.R. §§34.1-34.8 (2005) (Medical Examination of Aliens).</p> <p>42 C.F.R. Part 70 (2005) (Interstate Quarantine).</p> <p>42 C.F.R. Part 71 (2005) (Foreign Quarantine).</p>		<b>Public Health Service Act</b> , 42 U.S.C. §§ 300hh et seq. (2005).		<p>42 C.F.R. Part 34, §§34.2, 34.4, 34.7 (2005) (Medical Examination of Aliens).</p> <p><b>Executive Order 13295 of April 4, 2003</b>, 68 F. R. 17255 (2003) (Revised List of Quarantinable Communicable Diseases).</p>

Jurisdictions	Public Health Legislation and Regulations	Specific Infectious/Reportable Diseases	Emergency / Epidemic / Crisis Management	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Lists of Diseases)
	<b>Social Security Act</b> , 42 U.S.C. §1396s (2005).				
World Health Organization/ Pan American Health Organization	<b>International Health Regulations (2005)</b> , WHO Doc. A58/55. <b>Pan American Sanitary Code</b> , 14 November 1924.		<b>International Health Regulations (2005)</b> , WHO Doc. A58/55, art. 48-49, Annex 1.		<b>International Health Regulations (2005)</b> , WHO Doc. A58/55, Annex 2. <b>Pan American Sanitary Code</b> , 14 November 1924, §§ 3-4.

## CONFIDENTIALITY

Jurisdictions	Confidentiality	Confidentiality: Health data	Governmental Statistics
Australia	<p><b>Freedom of Information Act 1982</b> (Cth).</p> <p><b>Privacy Act 1988</b> (Cth).</p>	<p><b>Aged Care Act 1997</b> (Cth), ss. 62, 86.</p> <p><b>Epidemiological Studies (Confidentiality) Act 1981</b> (Cth), ss. 4-7.</p> <p><b>Health Insurance Act 1973</b> (Cth), s. 46E.</p> <p><b>National Health Act 1953</b> (Cth), ss. 135A-135AB.</p> <p><b>Registration of Deaths Abroad Act 1984</b> (Cth), s. 19.</p> <p style="padding-left: 40px;"><b>Registration of Deaths Abroad Regulations 1985</b> (Cth), r. 5.</p>	<p><b>Archives Act 1983</b> (Cth).</p> <p style="padding-left: 40px;"><b>Archives Regulations</b> (Cth), r. 3.</p> <p><b>Australian Bureau of Statistics Act 1975</b> (Cth), s. 6.</p> <p><b>Census and Statistics Act 1905</b> (Cth), ss. 7, 9-13, 18-19A.</p> <p style="padding-left: 40px;"><b>Census Regulations 1994</b> (Cth), r. 4.</p> <p style="padding-left: 40px;"><b>Statistics Determination 1983</b> (Cth), rr. 5, 7.</p> <p style="padding-left: 40px;"><b>Statistics Regulations</b> (Cth), r. 5.</p> <p><b>Port Statistics Act 1977</b> (Cth), ss. 4, 7, 9.</p>
New Zealand	<p><b>Human Rights Act 1993</b> (NZ), 1993/82.</p> <p><b>New Zealand Bill of Rights Act 1990</b> (NZ), 1990/109.</p> <p><b>Official Information Act 1982</b> (NZ), 1982/156, ss. 9, 18.</p> <p><b>Privacy Act 1993</b> (NZ), 1993/28.</p>	<p><b>Births, Deaths and Marriages Registration Act 1995</b> (NZ), 1995/16.</p> <p><b>Health Act 1956</b> (NZ), 156/65, ss. 22C, 22F.</p> <p style="padding-left: 40px;"><b>Health (Cervical Screening (Kaitiaki)) Regulations 1995</b> (NZ), 1995/29, s. 3.</p> <p style="padding-left: 40px;"><b>Venereal Diseases Regulations 1982</b> (NZ), 1982/215, s. 14.</p>	<p><b>Archives Act 1957</b> (NZ), 1957/13.</p> <p style="padding-left: 40px;"><b>New Zealand Public Health and Disability (Archives) Regulations 2001</b> (NZ), 2001/248, ss. 4-6 (made under the <b>New Zealand Public Health and Disability Act 2000</b> (NZ), 2000/91).</p> <p><b>Statistics Act 1975</b> (NZ), 1975/1.</p>
United Kingdom	<p><b>Data Protection Act 1998</b> (U.K.), 1998, c. 29.</p> <p><b>Freedom of Information Act 2000</b> (U.K.), 2000, c. 36.</p> <p><b>Human Rights Act 1998</b> (U.K.), 1998, c. 42.</p>	<p><b>Access to Health Records Act 1990</b> (U.K.), 1990, c. 23.</p> <p><b>Access to Medical Reports Act 1988</b> (U.K.), 1988, c. 28.</p> <p><b>Health Act 1999</b> (U.K.), 1999, c. 8, ss. 23-24.</p>	<p><b>Census (Confidentiality) Act 1991</b> (U.K.), 1991, c. 6.</p> <p><b>Population (Statistics) Act, 1938</b> (U.K.), 1938, c. 2, s. 4.</p>



Jurisdictions	Confidentiality	Confidentiality: Health data	Governmental Statistics
	<p><b>Local Government Act 1972</b> (U.K.), 1972, c. 70, ss. 100A-100D (by the <b>Community Health Councils (Access to Information) Act 1988</b> (U.K.), 1988, c. 24).</p>	<p><b>Health and Social Care Act 2001</b> (U.K.), 2001, c. 15, ss. 10, 60.</p> <p><b>Health Service (Control of Patient Information) Regulations 2002</b>, S.I. 2002/1438, rr. 1, 2, 3, 4, 7, schedule.</p> <p><b>Human Fertilisation and Embryology Act 1990</b> (U.K.), 1990, c. 37, s. 33.</p> <p><b>Human Fertilisation and Embryology (Disclosure of Information) Act 1992</b> (U.K.), 1992, c. 54.</p> <p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22, r. 12.</p> <p><b>Public Health (Infectious Diseases) Regulations 1988</b>, S.I. 1988/1546, r. 12.</p>	
United States	<p><b>Federal Privacy Act</b>, 5 U.S.C. §552a (2005).</p> <p><b>Freedom of Information Act</b>, 5 U.S.C. §552 (2005).</p>	<p><b>Health Insurance Portability and Accountability Act of 1996</b>, 42 U.S.C. §§1320d – 1320d-8 (2005).</p> <p><b>Standards for Privacy of Individually Identifiable Health Information</b>, 45 C.F.R. Parts 160 and 164 (2005).</p>	<p><b>Public Health Service Act</b>, 42 U.S.C. §§242k, 242p (2005).</p>
World Health Organization/ Pan American Health Organization			

## ENVIRONMENT AND POTENTIAL SOURCES OF INFECTION

Jurisdictions	Environment: Health Care	Environment: <ul style="list-style-type: none"> <li>• School</li> <li>• Daycare</li> <li>• Camp</li> </ul>	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
Australia			<p><b>Australian Military Regulations 1927</b> (Cth), rr. 433, 435-437 (made under the <b>Defense Act 1903</b>).</p> <p><b>National Occupational Health and Safety Commission Act 1985</b> (Cth), ss. 8-9, 62.</p> <p><b>Occupational Health and Safety (Commonwealth Employment) Act 1991</b> (Cth), ss. 16, 21, 37-38, 40-67.</p> <p><b>Occupational Health and Safety (Commonwealth Employment) Regulations 1991</b> (Cth), rr. 30-37G.</p> <p><b>Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994</b> (Cth), rr. 6.01-6.24.</p>	<p><b>Customs Act 1901</b> (Cth), ss. 50-51.</p> <p><b>Quarantine Act 1908</b> (Cth), ss. 13, Parts IV and V.</p> <p><b>Quarantine Regulations 2000</b> (Cth), rr. 10, 12, 16-18, 30.</p>	<p><b>Biological Control Act 1984</b> (Cth), s. 30.</p> <p><b>Customs Act 1901</b> (Cth), ss. 50-51.</p> <p><b>Quarantine Act 1908</b> (Cth), s. 13.</p> <p><b>Quarantine Regulations 2000</b> (Cth).</p>	<p><b>Customs Act 1901</b> (Cth), ss. 50-51.</p> <p><b>Hazardous Waste (Regulation of Exports and Imports) Act 1989</b> (Cth).</p> <p><b>Quarantine Act 1908</b> (Cth), ss. 13, 27A-28.</p> <p><b>Quarantine Regulations 2000</b> (Cth), rr. 10, 12, 18, 26-28.</p>

Jurisdictions	Environment: Health Care	Environment: <ul style="list-style-type: none"> <li>• School</li> <li>• Daycare</li> <li>• Camp</li> </ul>	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
			<p><b>Occupational Health and Safety (Maritime Industry) Act 1993</b> (Cth), ss. 11-12, 27, 51, 55, 66, 69, 84-106.</p> <p><b>Occupational Health and Safety (Maritime Industry) Regulations 1995</b> (Cth), rr. 3-4, 11-16.</p> <p><b>Occupational Health and Safety (Maritime Industry) (National Standards) Regulations 2003</b> (Cth).</p>			
New Zealand		<p><b>Education Act 1989</b> (NZ), 1989/80, s. 19.</p> <p><b>Health (Infectious and Notifiable Diseases) Regulations 1966</b> (NZ), 1966/87, rr. 7, 14 (made under the <b>Health Act 1956</b> (NZ), 1956/65).</p> <p><b>Venereal Diseases Regulations 1982</b> (NZ), 1982/215, r. 13 (made under the <b>Health Act 1956</b> (NZ), 1956/65).</p>	<p><b>Health and Safety in Employment Act 1992</b> (NZ), 1992/96, ss. 6-10, 12, 15-16, 19, 25, 36, 46A, 50.</p> <p><b>Health and Safety in Employment Regulations 1995</b> (NZ), 1995/167.</p> <p><b>Medicines Regulations 1984</b> (NZ), 1984/143, r. 27 (made under the <b>Medicines Act 1981</b> (NZ), 1981/118, ss. 62, 105.)</p>	<p><b>Biosecurity Act 1993</b> (NZ), 1993/95.</p> <p><b>Customs and Excise Act 1996</b> (NZ), 1996/27, ss. 2, 39-45.</p> <p><b>Hazardous Substances and New Organisms Act 1996</b> (NZ), 1996/30.</p> <p><b>Health Act 1956</b> (NZ), 1956/65, ss. 70, 111.</p> <p><b>Anthrax Prevention Regulations 1987</b> (NZ), 1987/345.</p>		<p><b>Animal Products Act 1999</b> (NZ), 1999/93.</p> <p><b>Food Act 1981</b> (NZ), 1981/45.</p> <p><b>Food (Safety) Regulations 2002</b> (NZ), 2002/396, rr. 10-12.</p> <p><b>Food Hygiene Regulations 1974</b> (NZ), 1974/169 (made under the <b>Health Act 1956</b> (NZ), 1956/65).</p> <p><b>Health (Infectious and Notifiable Diseases)</b></p>

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				<b>Health (Diseases Communicated by Animals) Regulations 1965</b> (NZ), 1965/167.		<p><b>Regulations 1966</b> (NZ), 1966/87, r. 13 (made under the <b>Health Act 1956</b> (NZ), 1956/65).</p> <p><b>Meat Act 1981</b> (NZ), 1981/56.</p> <p><b>Resource Management Act 1991</b> (NZ), 1991/69.</p> <p><b>Venereal Diseases Regulations 1982</b> (NZ), 1982/215, r. 13 (made under the <b>Health Act 1956</b> (NZ), 1956/65).</p> <p><b>Wine Act 2003</b> (NZ), 2003/114.</p>
United Kingdom		<p><b>Adult Placement Schemes (England) Regulations 2004</b>, S.I. 2004/2071, rr. 17, 33.</p> <p><b>Care Homes Regulations 2001</b>, S.I. 2001/3965.</p> <p><b>Children’s Homes Regulations 2001</b>, S.I. 2001/3967, r. 30.</p> <p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22, ss. 21-23.</p>	<p><b>Control of Substances Hazardous to Health Regulations 2002</b>, S.I. 2002/2677, rr. 2, 7-13.</p> <p><b>Employment Rights Act 1996</b> (U.K.), 1996, c. 18.</p> <p><b>Health and Safety at Work etc Act 1974</b> (U.K.), 1974, c. 37.</p> <p><b>Management of Health and Safety at Work Regulations 1999</b>, S.I. 1999/3242.</p>	<p><b>Animal By-Products (Identification) Regulations 1995</b>, S.I. 1995/614, r. 3.</p> <p><b>Animal By-Products Order 1999</b>, S.I. 1999/646.</p> <p><b>Animal Health Act 1981</b> (U.K.), 1981, c. 22.</p> <p><b>Animal Health Act 2002</b> (U.K.), 2002, c. 42.</p> <p><b>Anti-Terrorism, Crime and</b></p>	<p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22, ss. 43-48.</p> <p><b>Terrorism Act 2000</b> (U.K.), 2000, c. 11, s. 38B.</p>	<p><b>Animal By-Products (Identification) Regulations 1995</b>, S.I. 1995/614, r. 3.</p> <p><b>Animal By-Products Order 1999</b>, S.I. 1999/646.</p> <p><b>Dairy Products (Hygiene) Regulations 1995</b>, S.I. 1995/1086, sch. 1, 3.</p> <p><b>Food Safety Act 1990</b> (U.K.), 1990, c. 16, s. 9.</p>

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				<b>Security Act 2001</b> (U.K.),		
			<p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22, ss. 20, 28.</p> <p><b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</b>, S.I. 1995/3163.</p>	<p>2001, c. 24, ss. 58-75.</p> <p><b>Planning (Hazardous Substances) Act 1990</b> (U.K.), 1990, c. 10.</p> <p><b>Public Health (Infectious Diseases) Regulations 1988</b>, S.I. 1988/1546, r. 11.</p> <p><b>Public Health (International Trains) Regulations 1994</b>, S.I. 1994/311, rr. 6-7.</p> <p><b>Specified Diseases (Notification) Order 1996</b>, S.I. 1996/2628.</p>		<p><b>Regulations 2002</b>, S.I. 2002/1438, r. 3.</p> <p><b>Poultry Meat, Farmed Game Bird Meat and Rabbit Meat (Hygiene and Inspection) Regulations 1994</b>, S.I. 1994/1029, schedule 6.</p> <p><b>Poultry Meat, Farmed Game Bird Meat and Rabbit Meat (Hygiene and Inspection) Regulations 1995</b>, S.I. 540, r. 14, sch. 7.</p> <p><b>Public Health (Prevention of Tuberculosis) Regulations 1925</b>, S.I. 1925/757.</p> <p><b>Water Industry Act 1991</b> (U.K.), 1991, c. 56.</p>
United States			<p><b>Americans with Disabilities Act</b>, 42 U.S.C. §12113(d) (2005).</p> <p>28 C.F.R. §§549.13, 549.17 (2005) (Judicial Administration, Medical Services, Infectious Diseases).</p>	<p><b>Agricultural Bioterrorism Protection Act of 2002</b>, 7 U.S.C. §8401 (2005).</p> <p>7 C.F.R. Part 331 (2005) (Regulations of the Department of Agriculture; Possession, Use and Transfer of Biological</p>	<p>42 C.F.R. §§71.54-71.55 (2005) (Foreign Quarantine, Importation).</p> <p>42 C.F.R. §§72.1-72.7 (2005) (Interstate Shipment of Etiologic Agents).</p> <p><b>Public Health Service Act</b>,</p>	<p><b>Agricultural Bioterrorism Protection Act of 2002</b>, 7 U.S.C. §8401 (2005).</p> <p>7 C.F.R. Part 331 (2005) (Regulations of the Department of Agriculture; Possession, Use and Transfer of Biological</p>

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			<p><b>National Guard Regulations</b>, 32 C.F.R. §564.40 (2005).</p> <p><b>Occupational Health and Safety Act</b>, 29 U.S.C. §§651-778 (2005).</p> <p>29 C.F.R. §§1910.141, 1910.142 (2005) (Labor, Occupational Safety and Health Standards).</p> <p>29 C.F.R. §§ 1904.0-1904.8, 1904.11 (2005) (Labor, Recording and Reporting Occupational Injuries and Illnesses).</p>	<p>Agents and Toxins).</p> <p>9 C.F.R. Part 121 (2005) (Animal and Plant Inspection Service, Department of Agriculture; Possession, Use and Transfer of Biological Agents and Toxins).</p> <p><b>An Act providing for an inspection of meats for exportation, prohibiting the importation of adulterated articles of food or drink and authorizing the President to make proclamation in certain cases and for other purposes</b>, Act of August 30, 1890, ch. 839 §§9, 26 Stat. 416 (codified at 21 U.S.C. §101 (2005)).</p> <p>9 C.F.R. Parts 2-3, 50-55, 72-73, 77-82, 85, 91, 94-96, 98, 121-122 (2005) (Animal and Plant Health Inspection Service; Department of Agriculture).</p> <p>9 C.F.R. Parts 302-303, 309-312, 314, 318, 320, 352, 354, 381, 416, 417, 441, 590 (2005)</p>	<p>42 U.S.C. §262a (2005).</p> <p>42 C.F.R. Part 73 (2005) (Select Agents and Toxins).</p>	<p>Agents and Toxins).</p> <p>9 C.F.R. Part 121 (2005) (Animal and Plant Inspection Service, Department of Agriculture; Possession, Use and Transfer of Biological Agents and Toxins).</p> <p><b>Americans with Disabilities Act</b>, 42 U.S.C. §12113(d) (2005).</p> <p><b>Egg Products Inspection Act</b>, 21 U.S.C. §1034-1039, 1046 (2005).</p> <p>7 C.F.R. Part 57 (2005) (Inspection of Eggs (Egg Products Inspection Act)).</p> <p>7 C.F.R. Part 94 (2005) (Poultry and Egg Products).</p> <p><b>Federal Food, Drug and Cosmetic Act</b>, 21 U.S.C. §§331, 333, 342, 346, 349, 392 (2005).</p> <p>21 C.F.R. Part 110 (2005) (Food and Drugs; Current Good Manufacturing</p>

Jurisdictions	Environment: Health Care	Environment: <ul style="list-style-type: none"> <li>• School</li> <li>• Daycare</li> <li>• Camp</li> </ul>	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
				<p>(Food Safety and Inspection Service, Department of Agriculture).</p> <p>42 C.F.R. Part 71, §§71.51-71.53, 71.56 (2005) (Foreign Quarantine, Importations).</p>		<p>Practice in Manufacturing, Packing, or Holding Human Food).</p> <p>21 C.F.R. Part 123 (2005) (Fish and Fishery Products).</p> <p>21 C.F.R. Part 129 (2005) (Processing and Bottling of Bottled Drinking Water).</p> <p><b>Federal Import Milk Act</b>, 21 U.S.C. §§141-149 (2005).</p> <p><b>Federal Meat Inspection Act</b>, 21 U.S.C. §§603-610, 615, 620, 644, 661, 679a, 679h, 693 (2005).</p> <p><b>Poultry Products Inspection Act</b>, 21 U.S.C. §§452-463 (2005).</p> <p>7 C.F.R. Part 94 (2005) (Poultry and Egg Products).</p> <p><b>Public Health Service Act</b>, 42 U.S.C. §247b-20 (2005).</p> <p><b>Safe Drinking Water Act</b>, 42 U.S.C. §§300f-300j-26 (2005).</p>

Jurisdictions	Environment: Health Care	Environment: <ul style="list-style-type: none"> <li>• School</li> <li>• Daycare</li> <li>• Camp</li> </ul>	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
						<p>National Primary Drinking Water Regulations, 40 C.F.R. §141 (2005).</p> <p>National Secondary Drinking Water Regulations, 40 C.F.R. §143 (2005).</p>
World Health Organization/ Pan American Health Organization						



Table 1

**REPORTING INFECTIOUS DISEASES**

## AUSTRALIA

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p><b>Australian Military Regulations 1927</b> (Cth) (made under the <b>Defense Act 1903</b>).</p> <p><b>436(1) Every medical officer</b> who in the course of his duty as an officer of the Royal Australian Army Medical Corps medically examines or attends any member suffering from any infectious or contagious disease shall immediately report <b>the case</b> in writing to the proper military authority. The report shall include <b>particulars of the name, address, and corps of the member, and of the nature of the disease, and any other information necessary for the purpose of taking steps to prevent the disease from affecting any other member, or otherwise necessary for the efficiency of the Army.</b></p> <p><b>436(2) Every medical officer</b> who in the course of his duty as an officer of the Royal Australian Army Medical Corps is required to make any comment or recommendation on any report or evidence relating to a member suffering from any disease, or to make a report of</p>	<p><b>Australian Military Regulations 1927</b> (Cth) (made under the <b>Defense Act 1903</b>).</p> <p><b>436(1) Every medical officer who in the course of his duty as an officer of the Royal Australian Army Medical Corps medically examines or attends any member suffering from any infectious or contagious disease</b> shall immediately report the case in writing to the proper military authority. The report shall include particulars of the name, address, and corps of the member, and of the nature of the disease, and any other information necessary for the purpose of taking steps to prevent the disease from affecting any other member, or otherwise necessary for the efficiency of the Army.</p> <p><b>436(2) Every medical officer who in the course of his duty as an officer of the Royal Australian Army Medical Corps is required to make any comment or recommendation</b> on any report or evidence relating to a member suffering from any disease, <b>or to make a</b></p>	<p><b>Australian Military Regulations 1927</b> (Cth) (made under the <b>Defense Act 1903</b>).</p> <p><b>436(1) Every medical officer</b> who in the course of his duty as an officer of the Royal Australian Army Medical Corps medically examines or attends any member suffering from any infectious or contagious disease shall immediately report the case <b>in writing</b> to the proper military authority. The report shall include particulars of the name, address, and corps of the member, and of the nature of the disease, and any other information necessary for the purpose of taking steps to prevent the disease from affecting any other member, or otherwise necessary for the efficiency of the Army.</p>	<p><b>Australian Military Regulations 1927</b> (Cth) (made under the <b>Defense Act 1903</b>).</p> <p><b>436(1) Every medical officer</b> who in the course of his duty as an officer of the Royal Australian Army Medical Corps medically examines or attends any member suffering from any infectious or contagious disease shall immediately report the case in writing <b>to the proper military authority.</b> The report shall include particulars of the name, address, and corps of the member, and of the nature of the disease, and any other information necessary for the purpose of taking steps to prevent the disease from affecting any other member, or otherwise necessary for the efficiency of the Army.</p>	

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>an examination of any such member shall in the comment, recommendation or report, <b>state all such things as are necessary to be stated for the purpose of preserving the efficiency and safeguarding the health of the Army.</b></p> <p><b>437(1)</b> Every member suffering from a contagious or infectious disease shall:  (a) if he is a member employed on continuous full-time military service — as soon as practicable after he becomes aware <b>that he is so suffering</b>; or  (b) if he is a member not employed on continuous full time military service:  (i) where, at the commencement of a period of military service fixed by or in accordance with these Regulations, he is aware <b>that he is so suffering</b> — on the commencement by him of that period of military service; or  (ii) where, during such a period of military service, he becomes aware <b>that he is so suffering</b> — as soon as practicable after he becomes so aware;  report <b>the fact</b> to his commanding officer or other proper military authority.</p> <hr/> <p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>22(2)</b> The <b>master of the vessel</b>:</p>	<p><b>report</b> of an examination of any such member shall in the comment, recommendation or report, state all such things as are necessary to be stated for the purpose of preserving the efficiency and safeguarding the health of the Army.</p> <p><b>437(1)</b> Every member <b>suffering from a contagious or infectious disease</b> shall:  (a) if he is a member employed on continuous full-time military service — <b>as soon as practicable after he becomes aware that he is so suffering</b>; or  (b) if he is a member not employed on continuous full time military service:  (i) where, at the commencement of a period of military service fixed by or in accordance with these Regulations, <b>he is aware that he is so suffering — on the commencement by him of that period of military service</b>; or  (ii) where, during such a period of military service, <b>he becomes aware that he is so suffering — as soon as practicable after he becomes so aware</b>;  report the fact to his commanding officer or other proper military authority.</p> <hr/> <p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>22(2)</b>The master of the vessel:</p>		<p><b>437(1)</b> Every member suffering from a contagious or infectious disease shall:  (a) if he is a member employed on continuous full-time military service — as soon as practicable after he becomes aware that he is so suffering; or  (b) if he is a member not employed on continuous full time military service:  (i) where, at the commencement of a period of military service fixed by or in accordance with these Regulations, he is aware that he is so suffering — on the commencement by him of that period of military service; or  (ii) where, during such a period of military service, he becomes aware that he is so suffering — as soon as practicable after he becomes so aware;  report the fact <b>to his commanding officer or other proper military authority.</b></p> <hr/> <p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>22(2)</b>The master of the vessel:</p>	<p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>22(2)</b>The master of the vessel:</p>

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>(a) if the vessel is not actually performing quarantine under the supervision of a quarantine officer—must immediately notify a quarantine officer of the <b>presence of the symptom, the breaking out of the disease or the existence of the pest</b>; and</p> <p>(b) if the vessel is not an overseas aircraft—must immediately display the <b>quarantine signal on the vessel</b> and must keep it displayed until he or she is authorised by a quarantine officer to remove it or until the vessel is released from quarantine.</p> <p>Maximum penalty: Imprisonment for 5 years.</p> <p>[<i>Note:</i> See Appendix 2 for a list of the prescribed symptoms and diseases.]</p> <p><b>22(1)</b> Subsection (2) applies if:</p> <p>(a) a prescribed symptom presents itself, or a prescribed disease or an infectious disease breaks out, on board a vessel; or</p> <p>(b) the master of a vessel believes or suspects, or has reason to believe or suspect, that a quarantinable disease has broken out, or a quarantinable pest is, on board the vessel.</p> <p><b>27A(1)</b> This section applies to the <b>master of:</b></p> <p>(a) <b>an overseas vessel</b> (other than an aircraft) that is intended to arrive at a place in Australia, the Cocos Islands or Christmas Island; or</p>	<p>(a) if the vessel is not actually performing quarantine under the supervision of a quarantine officer—must <b>immediately</b> notify a quarantine officer of the presence of the symptom, the breaking out of the disease or the existence of the pest; and</p> <p>(b) if the vessel is not an overseas aircraft—must immediately display the quarantine signal on the vessel and must keep it displayed until he or she is authorised by a quarantine officer to remove it or until the vessel is released from quarantine.</p> <p>Maximum penalty: Imprisonment for 5 years.</p> <p><b>22(1)</b> Subsection (2) applies if:</p> <p>(a) <b>a prescribed symptom presents itself, or a prescribed disease or an infectious disease breaks out, on board a vessel; or</b></p> <p>(b) <b>the master of a vessel believes or suspects, or has reason to believe or suspect, that a quarantinable disease has broken out, or a quarantinable pest is, on board the vessel.</b></p>		<p>(a) if the vessel is not actually performing quarantine under the supervision of a quarantine officer—must immediately notify <b>a quarantine officer</b> of the presence of the symptom, the breaking out of the disease or the existence of the pest; and</p> <p>(b) if the vessel is not an overseas aircraft—must immediately display the quarantine signal on the vessel and must keep it displayed until he or she is authorised by a quarantine officer to remove it or until the vessel is released from quarantine. Maximum penalty: Imprisonment for 5 years.</p> <p><b>22(1)</b> Subsection (2) applies if:</p> <p>(a) a prescribed symptom presents itself, or a prescribed disease or an infectious disease breaks out, on board a vessel; or</p> <p>(b) the master of a vessel believes or suspects, or has reason to believe or suspect, that a quarantinable disease has broken out, or a quarantinable pest is, on board the vessel.</p>	<p>(a) if the vessel is not actually performing quarantine under the supervision of a quarantine officer—must immediately notify a quarantine officer of the presence of the symptom, the breaking out of the disease or the existence of the pest; and</p> <p>(b) if the vessel is not an overseas aircraft—must immediately display the quarantine signal on the vessel and must keep it displayed until he or she is authorised by a quarantine officer to remove it or until the vessel is released from quarantine. Maximum penalty: <b>Imprisonment for 5 years.</b></p> <p><b>22(1)</b> Subsection (2) applies if:</p> <p>(a) a prescribed symptom presents itself, or a prescribed disease or an infectious disease breaks out, on board a vessel; or</p> <p>(b) the master of a vessel believes or suspects, or has reason to believe or suspect, that a quarantinable disease has broken out, or a quarantinable pest is, on board the vessel.</p>

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>(b) <b>an overseas installation</b> that:</p> <ul style="list-style-type: none"> <li>(i) is intended to arrive at a place in Australia, the Cocos Islands or Christmas Island from a place outside Australia, the Cocos Islands and Christmas Island; or</li> <li>(ii) is intended to arrive at a place in the Cocos Islands from a place in Australia or in Christmas Island; or</li> <li>(iii) is intended to arrive at a place in Christmas Island from a place in Australia or in the Cocos Islands; or</li> </ul> <p>(c) <b>a vessel</b> (other than a overseas vessel or an aircraft), <b>or an installation</b> (other than an overseas installation) that is intended to arrive:</p> <ul style="list-style-type: none"> <li>(i) at a place in Australia from a place in the Cocos Islands or in Christmas Island; or</li> <li>(ii) at a place in the Cocos Islands from a place in Australia or Christmas Island; or</li> <li>(iii) at a place in Christmas Island from a place in Australia or the Cocos Islands; or</li> </ul> <p>(d) <b>a vessel</b> (other than an overseas vessel, an aircraft or a prescribed vessel) that is intended to arrive:</p> <ul style="list-style-type: none"> <li>(i) at a place in Australia (other than a place in a Special Quarantine Zone declared in respect of Australia or the Protected Zone) from a place in any of those zones; or</li> <li>(ii) at a place in the Cocos Islands (other than a place in a Special Quarantine Zone declared in respect of the Cocos Islands) from a place in</li> </ul>				

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>of the Cocos Islands) from a place in such a zone; or (iii)at a place in Christmas Island (other than a place in a Special Quarantine Zone declared in respect of Christmas Island) from a place in such a zone.</p> <p><b>27A(2)</b> The master of the vessel or installation <b>must cause the prescribed information to be given</b>, in a form approved by a Director of Quarantine, in the prescribed manner and during the prescribed period, to a quarantine officer: (a)in respect of a vessel or installation that is intended to arrive at a place in Australia: (i)if that place is a first port of entry for overseas vessels—at that port; or (ii)otherwise—at a port that is declared by Proclamation to be a first port of entry for overseas vessels; or (b) in respect of a vessel or installation that is intended to arrive at a place in the Cocos Islands—at that place; or (c) in respect of a vessel or installation that is intended to arrive at a place in Christmas Island—at that place.</p> <p><b>27A(3)</b> If, after any of the prescribed information is given to a quarantine officer under subsection (2), the master or operator of the vessel or installation becomes aware that the information is</p>	<p><b>27A(2)</b> The master of the vessel or installation must cause the prescribed information to be given, in a form approved by a Director of Quarantine, in the prescribed manner and <b>during the prescribed period</b>, to a quarantine officer: (a)in respect of a vessel or installation that is intended to arrive at a place in Australia: (i)if that place is a first port of entry for overseas vessels—at that port; or (ii)otherwise—at a port that is declared by Proclamation to be a first port of entry for overseas vessels; or (b) in respect of a vessel or installation that is intended to arrive at a place in the Cocos Islands—at that place; or (c) in respect of a vessel or installation that is intended to arrive at a place in Christmas Island—at that place.</p> <p><b>27A(3)</b> If, after any of the prescribed information is given to a quarantine officer under subsection (2), the master or operator of the vessel or installation becomes aware that the information is</p>	<p><b>Quarantine Act 1908 (Cth).</b></p> <p><b>27A(2)</b> The master of the vessel or installation must cause the prescribed information to be given, <b>in a form approved by a Director of Quarantine, in the prescribed manner</b> and during the prescribed period, to a quarantine officer: (a)in respect of a vessel or installation that is intended to arrive at a place in Australia: (i)if that place is a first port of entry for overseas vessels—at that port; or (ii)otherwise—at a port that is declared by Proclamation to be a first port of entry for overseas vessels; or (b) in respect of a vessel or installation that is intended to arrive at a place in the Cocos Islands—at that place; or (c) in respect of a vessel or installation that is intended to arrive at a place in Christmas Island—at that place.</p>	<p><b>27A(2)</b> The master of the vessel or installation must cause the prescribed information to be given, in a form approved by a Director of Quarantine, in the prescribed manner and during the prescribed period, <b>to a quarantine officer</b>: (a)in respect of a vessel or installation that is intended to arrive at a place in Australia: (i)if that place is a first port of entry for overseas vessels—at that port; or (ii)otherwise—at a port that is declared by Proclamation to be a first port of entry for overseas vessels; or (b) in respect of a vessel or installation that is intended to arrive at a place in the Cocos Islands—at that place; or (c) in respect of a vessel or installation that is intended to arrive at a place in Christmas Island—at that place.</p> <p><b>27A(3)</b> If, after any of the prescribed information is given to a quarantine officer under subsection (2), the master or operator of the vessel or installation becomes aware that the information is</p>	<p><b>27A(5)</b> A person is guilty of an offence if: (a) a requirement of this section applies to the person; and (b) the person fails to comply with the requirement. Maximum penalty: <b>Imprisonment for 2 years.</b> Note: Subsection (5) is not subject to the privilege against self incrimination but a use derivative-use indemnity applies (see subsections 79A(1) and (2)).</p> <p><b>27A(6)</b> A person is guilty of an offence if: (a) the person gives information, or causes information to be given, to a quarantine officer under a requirement made by this section (whether the requirement is made of that person or of another person); and (b) the information is false or misleading in a material particular; and (c) the person knows that the information is false or misleading in that particular. Maximum penalty: <b>Imprisonment for one year.</b></p>

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>incomplete or incorrect, <b>the master or operator, as the case may be, must cause the additional or correct information to be given</b> to a quarantine officer as soon as practicable.</p> <p><b>27A(4) If:</b>            (a) after the period within which the master of the vessel or installation was required to cause the prescribed information to be given to a quarantine officer under subsection (2); and            (b) before the vessel or installation departs from its last port in Australia, the Cocos Islands or Christmas Island in the course of the relevant voyage;            any people on the vessel or installation are found to be suffering from a disease prescribed for the purposes of this section, the <b>master must immediately cause particulars of the disease, and the number of people suffering from it, to be given</b> to a quarantine officer.</p> <p><b>27B(1)</b> This section applies to the <b>commander of an aircraft</b> (other than a prescribed aircraft) that:            (a) is intended to arrive at a place in Australia, the Cocos Islands or Christmas Island; or            (b) is intended to arrive at a place in Australia (other than a place in a Special Quarantine Zone in respect of Australia or the Protected Zone) from a place in</p>	<p>incomplete or incorrect, the master or operator, as the case may be, must cause the additional or correct information to be given to a quarantine officer <b>as soon as practicable</b>.</p> <p><b>27A(4) If:</b>            (a) <b>after the period within which the master of the vessel or installation was required to cause the prescribed information to be given</b> to a quarantine officer under subsection (2); and            (b) <b>before the vessel or installation departs from its last port in Australia, the Cocos Islands or Christmas Island in the course of the relevant voyage; any people on the vessel or installation are found to be suffering from a disease prescribed</b> for the purposes of this section, the master must <b>immediately</b> cause particulars of the disease, and the number of people suffering from it, to be given to a quarantine officer.</p>		<p>becomes aware that the information is incomplete or incorrect, the master or operator, as the case may be, must cause the additional or correct information to be given <b>to a quarantine officer</b> as soon as practicable.</p> <p><b>27A(4) If:</b>            (a) after the period within which the master of the vessel or installation was required to cause the prescribed information to be given to a quarantine officer under subsection (2); and            (b) before the vessel or installation departs from its last port in Australia, the Cocos Islands or Christmas Island in the course of the relevant voyage;            any people on the vessel or installation are found to be suffering from a disease prescribed for the purposes of this section, the master must immediately cause particulars of the disease, and the number of people suffering from it, to be given <b>to a quarantine officer</b>.</p>	<p><b>27A(7)</b> A person is guilty of an offence if:            (a) the person gives information, or causes information to be given, to a quarantine officer under a requirement made by this section (whether the requirement is made of that person or of another person); and            (b) the information is false or misleading in a material particular; and            (c) the person is negligent as to whether or not the information is false or misleading in that particular.            Maximum penalty for an offence against this subsection: Imprisonment for 6 months.</p>

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>or the Protected Zone) from a place in any of those zones; or  (c) is intended to arrive at a place in the Cocos Islands (other than a place in a Special Quarantine Zone in respect of the Cocos Islands) from a place in such a zone; or  (d) is intended to arrive at a place in Christmas Island (other than a place in a Special Quarantine Zone in respect of Christmas Island) from a place in such a zone.</p> <p><b>27B(2) The commander of the aircraft must cause the prescribed information to be given</b>, in a form approved by a Director of Quarantine, in the prescribed manner and before the prescribed time, to a quarantine officer located at the place that is applicable in respect of the aircraft under regulations made for the purposes of this subsection.</p> <p><b>27B(3) If</b>, after any of the prescribed information is given to a quarantine officer under subsection (2), <b>the commander or operator of the aircraft</b> becomes aware that the information is incomplete or incorrect, the commander or operator, as the case may be, <b>must cause the additional or correct information to be given</b> to a quarantine officer as soon as practicable</p>	<p><b>27B(2)</b> The commander of the aircraft must cause the prescribed information to be given, in a form approved by a Director of Quarantine, in the prescribed manner and <b>before the prescribed time</b>, to a quarantine officer located at the place that is applicable in respect of the aircraft under regulations made for the purposes of this subsection.</p> <p><b>27B(3) If, after any of the prescribed information is given to a quarantine officer</b> under subsection (2), the commander or operator of the aircraft becomes aware that <b>the information is incomplete or incorrect</b>, the commander or operator, as the case may be, must cause the additional or correct information to be given to a quarantine officer <b>as soon as practicable</b>.</p>	<p><b>27B(2)</b> The commander of the aircraft must cause the prescribed information to be given, <b>in a form approved by a Director of Quarantine, in the prescribed manner</b> and before the prescribed time, to a quarantine officer located at the place that is applicable in respect of the aircraft under regulations made for the purposes of this subsection.</p>	<p><b>27B(2)</b> The commander of the aircraft must cause the prescribed information to be given, in a form approved by a Director of Quarantine, in the prescribed manner and before the prescribed time, <b>to a quarantine officer located at the place that is applicable</b> in respect of the aircraft under regulations made for the purposes of this subsection.</p> <p><b>27B(3) If</b>, after any of the prescribed information is given to a quarantine officer under subsection (2), the commander or operator of the aircraft becomes aware that the information is incomplete or incorrect, the commander or operator, as the case may be, must cause the additional or correct information to be given <b>to a quarantine officer</b> as soon as practicable.</p>	<p><b>27B (4)</b> A person is guilty of an offence if:</p> <p>(a) a requirement of this section applies to the person; and  (b) the person fails to comply with the requirement.  <b>Maximum penalty: Imprisonment for 2 years.</b>  Note: Subsection (4) is not subject to the privilege against self incrimination but a use derivative-use indemnity applies (see subsections 79A(1) and (2)).</p> <p><b>27B(5)</b> A person is guilty of an offence if:</p> <p>(a) the person gives information, or causes information to be given, to a quarantine officer under a requirement made by this section (whether the requirement is made of that person or of another person); and  (b) the information is false or misleading</p>



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<p><b>Quarantine Regulations 2000 (Cth).</b></p> <p><b>12</b> For subsection 27B(2) of the Act, the information set out in the following table is prescribed: [...]</p> <p><b>2. If any person on the aircraft died during the flight or is found to be suffering from an illness, a statement to that effect</b></p> <p>2.A If a symptom prescribed by subregulation 6 (1) presents itself in a person on board the aircraft during the</p>	<p><b>Quarantine Regulations 2000 (Cth).</b></p> <p><b>13(1)</b> For subsection 27B(2) of the Act, the information:</p> <p>(a) must be given:</p> <p>(i) as <b>close to top of descent as is operationally practicable, but in any case at least 30 minutes before the aircraft is on chocks</b>; or</p> <p>(ii) <b>if a quarantine officer has notified the commander of the aircraft that the information is to</b></p>	<p><b>Quarantine Regulations 2000 (Cth).</b></p> <p><b>13(1)</b> For subsection 27B(2) of the Act, the information:</p> <p>(a) must be given:</p> <p>(i) as close to top of descent as is operationally practicable, but in any case at least 30 minutes before the aircraft is on chocks; or</p> <p>(ii) if a quarantine officer has notified the commander of the aircraft that the information is to be</p>	<p><b>Quarantine Regulations 2000 (Cth).</b></p> <p><b>13(1)</b> For subsection 27B(2) of the Act, the information:</p> <p>(a) must be given:</p> <p>(i) as close to top of descent as is operationally practicable, but in any case at least 30 minutes before the aircraft is on chocks; or</p> <p>(ii) if a quarantine officer has notified the commander of the aircraft that the information is to be given at a</p>	<p>in a material particular; and</p> <p>(c) the person knows that the information is false or misleading in that particular. Maximum penalty: <b>Imprisonment for one year.</b></p> <p><b>27B(6)</b> A person is guilty of an offence if:</p> <p>(a) the person gives information, or causes information to be given, to a quarantine officer under a requirement made by this section (whether the requirement is made of that person or of another person); and</p> <p>(b) the information is false or misleading in a material particular; and</p> <p>(c) the person is negligent as to whether or not the information is false or misleading in that particular. Maximum penalty for an offence against this subsection: <b>Imprisonment for 6 months.</b></p>

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<p>flight, a statement to that effect [...].</p> <p><b>15(1)</b> If, during the reporting period, a person on board an overseas vessel or overseas installation dies, the <b>master of the vessel or installation</b> must immediately give to a quarantine officer the <b>name of the person and the date and the cause, or suspected cause, of the person's death</b>.</p> <p>Penalty: 50 penalty units.</p>	<p><b>be given at a different time, at that time;</b> and</p> <p>(b) must be given to a quarantine officer:</p> <p>(i) for an aircraft referred to in paragraph 27B(1)(a) of the Act — at the place or, if there is no quarantine officer at the place, at a landing place; and</p> <p>(ii) for an aircraft referred to in paragraph 27B(1)(b) of the Act — at the place or, if there is no quarantine officer at the place, at a landing place or a first port of entry for vessels other than aircraft.</p> <p><b>15(1)</b> If, during the reporting period, a <b>person on board an overseas vessel or overseas installation dies</b>, the master of the vessel or installation must <b>immediately</b> give to a quarantine officer the name of the person and the date and the cause, or suspected cause, of the person's death.</p> <p>Penalty: 50 penalty units.</p> <p><b>15(2)</b> For subregulation (1), the <b>reporting period</b>:</p> <p>(a) starts at the end of the period within which the master was required to give information to a quarantine officer under subsection 27A (2) or 27B (2) of the Act; and</p> <p>(b) ends when the vessel or installation leaves its last port of call before</p>	<p>given at a different time, at that time; and</p> <p>(b) must be given to a quarantine officer:</p> <p>(i) for an aircraft referred to in paragraph 27B(1)(a) of the Act — <b>at the place or, if there is no quarantine officer at the place, at a landing place;</b> and</p> <p>(ii) for an aircraft referred to in paragraph 27B(1)(b) of the Act — <b>at the place or, if there is no quarantine officer at the place, at a landing place or a first port of entry for vessels other than aircraft.</b></p>	<p>different time, at that time; and</p> <p>(b) must be given <b>to a quarantine officer</b>:</p> <p>(i) for an aircraft referred to in paragraph 27B(1)(a) of the Act — at the place or, if there is no quarantine officer at the place, at a landing place; and</p> <p>(ii) for an aircraft referred to in paragraph 27B(1)(b) of the Act — at the place or, if there is no quarantine officer at the place, at a landing place or a first port of entry for vessels other than aircraft.</p> <p><b>15(1)</b> If, during the reporting period, a person on board an overseas vessel or overseas installation dies, the master of the vessel or installation must immediately give <b>to a quarantine officer</b> the name of the person and the date and the cause, or suspected cause, of the person's death.</p>	<p><b>Quarantine Regulations 2000</b> (Cth).</p> <p><b>15(1)</b> If, during the reporting period, a person on board an overseas vessel or overseas installation dies, the master of the vessel or installation must immediately give to a quarantine officer the name of the person and the date and the cause, or suspected cause, of the person's death.</p> <p><b>Penalty: 50 penalty units.</b></p> <p><b>15(3)</b> An offence under subregulation (1) is an <b>offence of strict liability</b>.</p>

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<p><b>20(1)</b>This regulation applies to a person who: (a) is required to give or report information under regulation 15, 16, 17 or 19; or (b) gives information to a quarantine officer that is required to be given or reported under any of those provisions.</p> <p><b>20(2)</b> If the person becomes aware that the information is incomplete or inaccurate, <b>the person must immediately give the complete or correct information to a quarantine officer.</b> Penalty: 50 penalty units.</p>	<p>departure from Australia or the Cocos Islands.</p> <p><b>20(1)</b>This regulation applies to a person who: (a) is required to give or report information under regulation 15, 16, 17 or 19; or (b) gives information to a quarantine officer that is required to be given or reported under any of those provisions.</p> <p><b>20(2) If the person becomes aware that the information is incomplete or inaccurate,</b> the person must immediately give the complete or correct information to a quarantine officer. Penalty: 50 penalty units.</p>		<p><b>20(1)</b> This regulation applies to a person who: (a) is required to give or report information under regulation 15, 16, 17 or 19; or (b) gives information to a quarantine officer that is required to be given or reported under any of those provisions.</p> <p><b>20(2)</b> If the person becomes aware that the information is incomplete or inaccurate, the person must immediately give the complete or correct information <b>to a quarantine officer.</b> Penalty: 50 penalty units.</p>	<p><b>20(2)</b> If the person becomes aware that the information is incomplete or inaccurate, the person must immediately give the complete or correct information to a quarantine officer. <b>Penalty: 50 penalty units.</b></p> <p><b>20(3)</b> An offence under subregulation (2) is an <b>offence of strict liability.</b></p> <p><b>21(1)</b> A person must not give or report information, or cause information to be given or reported, to a quarantine officer under regulation 15, 16, 17, 19 or 20 (whether the requirement to give or report the information is made of the person or another person) if: (a)the information is false or misleading in a material detail; and (b)the person knows that the information is false or misleading in that detail.</p>

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<p><b>39A</b> A notice given to the Director of Human Quarantine under paragraph 35 (1C) (b), 35AA (4A) (b) or 35A (3B) (b) of the Act must contain the following information:</p> <ul style="list-style-type: none"> <li>(a) <b>a unique identifying number issued by the Director of Human Quarantine;</b></li> <li>(b) <b>the name of the person who has been ordered into quarantine;</b></li> <li>(c) <b>the day on which the person was ordered into quarantine;</b></li> <li>(d) <b>the section of the Act under which the person was ordered into quarantine;</b></li> <li>(e) <b>the suspected disease;</b></li> <li>(f) <b>the person's date of birth;</b></li> <li>(g) <b>the person's sex;</b></li> <li>(h) <b>the number, and country of issue, of the person's passport;</b></li> <li>(i) <b>the place where the person is held in quarantine;</b></li> <li>(j) <b>the person's contact details;</b></li> <li>(k) <b>the place from which the person departed, and details of any stopovers, on the person's voyage to Australia;</b></li> <li>(l) <b>contact details for any person travelling with the person;</b></li> <li>(m) <b>the name of the quarantine officer who ordered the person into quarantine, and that officer's identity card number.</b></li> </ul>			<p><b>39A</b> A notice given <b>to the Director of Human Quarantine</b> under paragraph 35 (1C) (b), 35AA (4A) (b) or 35A (3B) (b) of the Act must contain the following information:</p> <ul style="list-style-type: none"> <li>(a) a unique identifying number issued by the Director of Human Quarantine;</li> <li>(b) the name of the person who has been ordered into quarantine;</li> <li>(c) the day on which the person was ordered into quarantine;</li> <li>(d) the section of the Act under which the person was ordered into quarantine;</li> <li>(e) the suspected disease;</li> <li>(f) the person's date of birth;</li> <li>(g) the person's sex;</li> <li>(h) the number, and country of issue, of the person's passport;</li> <li>(i) the place where the person is held in quarantine;</li> <li>(j) the person's contact details;</li> <li>(k) the place from which the person departed, and details of any stopovers, on the person's voyage to Australia;</li> <li>(l) contact details for any person travelling with the person;</li> <li>(m) the name of the quarantine officer who ordered the person into quarantine, and that officer's identity card number</li> </ul>	<p><b>Penalty: 50 penalty units.</b></p>

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<p><b>47(1)</b> This regulation applies in relation to a person who has been released under quarantine surveillance.</p> <p><b>47(2) A quarantine officer may order the person into quarantine if:</b>  (a) the person fails to comply with a requirement of the Act, or these Regulations, in relation to quarantine surveillance, and the officer is satisfied that if the person were not ordered into quarantine there would be a danger to public health; or  (b) the person displays symptoms of a quarantinable disease.</p>	<p><b>47(1)</b> This regulation applies in relation to a person who has been released under quarantine surveillance.</p> <p><b>47(2) A quarantine officer may order the person into quarantine if:</b>  (a) <b>the person fails to comply with a requirement of the Act, or these Regulations, in relation to quarantine surveillance, and the officer is satisfied that if the person were not ordered into quarantine there would be a danger to public health;</b> or  (b) <b>the person displays symptoms of a quarantinable disease.</b></p>			

## NEW ZEALAND

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<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>74(1)</b> Every <b>medical practitioner</b> who has reason to believe that <b>any person professionally attended by him</b> is suffering from a notifiable disease or from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable disease shall—</p> <p>(a) In the case of a notifiable infectious disease, forthwith inform the occupier of the premises and every person nursing or in immediate attendance on the patient <b>of the infectious nature of the disease and the precautions to be taken</b>, and forthwith give notices in the prescribed form [to the Medical Officer of Health, and, except where the disease is specified in Section B of Part 1 of Schedule 1 to this Act, to the local authority of the district]:</p> <p>(b) In the case of a notifiable disease other than a notifiable infectious disease, forthwith give notice in the prescribed form to the Medical Officer of Health.</p> <p><b>74(3)</b> Every <b>medical practitioner</b> who by post-mortem examination or</p>	<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>74(1)</b> Every medical practitioner <b>who has reason to believe that any person professionally attended by him is suffering from a notifiable disease or from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable disease</b> shall—</p> <p>(a) <b>In the case of a notifiable infectious disease, forthwith inform</b> the occupier of the premises and every person nursing or in immediate attendance on the patient of the infectious nature of the disease and the precautions to be taken, and <b>forthwith give notices</b> in the prescribed form [to the Medical Officer of Health, and, <b>except where the disease is specified in Section B of Part 1 of Schedule 1 to this Act</b>, to the local authority of the district]:</p> <p>(b) <b>In the case of a notifiable disease other than a notifiable infectious disease, forthwith give notice</b> in the prescribed form to the Medical Officer of Health.</p> <p><b>74(3)</b> Every medical practitioner <b>who by post-mortem examination or</b></p>	<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>74(1)</b> Every medical practitioner who has reason to believe that any person professionally attended by him is suffering from a notifiable disease or from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable disease shall—</p> <p>(a) In the case of a notifiable infectious disease, forthwith inform the occupier of the premises and every person nursing or in immediate attendance on the patient of the infectious nature of the disease and the precautions to be taken, and forthwith give notices <b>in the prescribed form</b> [to the Medical Officer of Health, and, except where the disease is specified in Section B of Part 1 of Schedule 1 to this Act, to the local authority of the district]:</p> <p>(b) In the case of a notifiable disease other than a notifiable infectious disease, forthwith give notice <b>in the prescribed form</b> to the Medical Officer of Health.</p> <p><b>74(3)</b> Every medical practitioner who by post-mortem examination or</p>	<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>74(1)</b> Every medical practitioner who has reason to believe that any person professionally attended by him is suffering from a notifiable disease or from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable disease shall—</p> <p>(a) In the case of a notifiable infectious disease, forthwith inform <b>the occupier of the premises and every person nursing or in immediate attendance on the patient</b> of the infectious nature of the disease and the precautions to be taken, and forthwith give notices in the prescribed form [<b>to the Medical Officer of Health</b>, and, except where the disease is specified in Section B of Part 1 of Schedule 1 to this Act, <b>to the local authority of the district</b>]:</p> <p>(b) In the case of a notifiable disease other than a notifiable infectious disease, forthwith give notice in the prescribed form <b>to the Medical Officer of Health</b>.</p> <p><b>74(3)</b> Every medical practitioner who by post-mortem examination or</p>	<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>74(4)</b> Every medical practitioner commits an offence against this Act who fails to comply with the requirements of this section.</p>

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<p>otherwise becomes aware that <b>any deceased person was affected with a notifiable disease</b> shall forthwith give notice in the prescribed form to the Medical Officer of Health.</p> <p><b>75(1)</b> When any person is suffering from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable infectious disease, it shall be the duty of <b>the occupier or other person for the time being in charge of the premises in which the first-mentioned person is living to consult a medical practitioner</b>, or to notify the local authority of the district <b>of the existence of a disease suspected to be a notifiable infectious disease.</b></p> <p><b>76(1)</b> When any person on board a ship in any harbour is suffering from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable infectious disease, it shall be the duty of <b>the master of the ship</b> to notify the [Medical Officer of Health] <b>of the existence of a disease suspected to be a notifiable infectious disease.</b></p> <p><b>85(1)</b> When any person has died of an infectious disease, <b>the funeral director or other person having charge of the funeral of the deceased shall</b> forthwith, after having been informed of</p>	<p><b>otherwise becomes aware that any deceased person was affected with a notifiable disease shall forthwith</b> give notice in the prescribed form to the Medical Officer of Health.</p> <p><b>75(1) When any person is suffering from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable infectious disease</b>, it shall be the duty of the occupier or other person for the time being in charge of the premises in which the first-mentioned person is living to consult a medical practitioner, or to notify the local authority of the district of the existence of a disease suspected to be a notifiable infectious disease.</p> <p><b>76(1) When any person on board a ship in any harbour is suffering from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable infectious disease</b>, it shall be the duty of the master of the ship to notify the [Medical Officer of Health] of the existence of a disease suspected to be a notifiable infectious disease.</p> <p><b>85(1) When any person has died of an infectious disease</b>, the funeral director or other person having charge of the funeral of the deceased shall forthwith, <b>after having been informed of the</b></p>	<p>otherwise becomes aware that any deceased person was affected with a notifiable disease shall forthwith give notice <b>in the prescribed form</b> to the Medical Officer of Health.</p> <p><b>85(1)</b> When any person has died of an infectious disease, the funeral director or other person having charge of the funeral of the deceased shall forthwith, after having been informed of the cause</p>	<p>otherwise becomes aware that any deceased person was affected with a notifiable disease shall forthwith give notice in the prescribed form <b>to the Medical Officer of Health.</b></p> <p><b>75(1)</b> When any person is suffering from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable infectious disease, it shall be the duty of the occupier or other person for the time being in charge of the premises in which the first-mentioned person is living to consult <b>a medical practitioner</b>, or to notify the local authority of the district of the existence of a disease suspected to be a notifiable infectious disease.</p> <p><b>76(1)</b> When any person on board a ship in any harbour is suffering from any sickness of which the symptoms create a reasonable suspicion that it is a notifiable infectious disease, it shall be the duty of the master of the ship to notify <b>the [Medical Officer of Health]</b> of the existence of a disease suspected to be a notifiable infectious disease.</p> <p><b>85(1)</b> When any person has died of an infectious disease, the funeral director or other person having charge of the funeral of the deceased shall forthwith, after having been informed of the cause</p>	<p><b>75(2)</b> Every person commits an offence against this Act who fails to comply with the provisions of this section.</p> <p><b>76(2)</b> Every such master commits an offence against this Act who fails to comply with the provisions of this section.</p>

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<p>the cause of death and before the removal of the body from the building or other place in which it may then be, give to the Medical Officer of Health <b>notice</b> in the prescribed form and manner <b>of the fact of the death and the cause thereof.</b></p> <p><b>87A(2) Every veterinary surgeon</b> who has reason to believe that any animal professionally attended by him is suffering from a communicable disease to which this section applies shall forthwith <b>give notice</b> in the prescribed form to the Medical Officer of Health.</p> <p><b>87A(3) Every person in charge of a laboratory</b> who has reason to believe, as a result of investigations made in that laboratory, that any animal is suffering or has suffered from a communicable disease to which this section applies shall, unless he is satisfied that notice has been given pursuant to subsection (2) of this section, forthwith give notice in the prescribed form to the Medical Officer of Health for the Health District in which that animal is or was so suffering.</p> <p><b>102(1) The master of any ship that is on its way to New Zealand from any port beyond New Zealand shall,</b></p>	<p><b>cause of death and before the removal of the body from the building or other place in which it may then be,</b> give to the Medical Officer of Health notice in the prescribed form and manner of the fact of the death and the cause thereof.</p> <p><b>87A(2) Every veterinary surgeon who has reason to believe that any animal professionally attended by him is suffering from a communicable disease to which this section applies</b> shall forthwith give notice in the prescribed form to the Medical Officer of Health.</p> <p><b>87A(3) Every person in charge of a laboratory who has reason to believe, as a result of investigations made in that laboratory, that any animal is suffering or has suffered from a communicable disease to which this section applies</b> shall, unless he is satisfied that notice has been given pursuant to subsection (2) of this section, forthwith give notice in the prescribed form to the Medical Officer of Health for the Health District in which that animal is or was so suffering.</p> <p><b>102(1) The master of any ship that is on its way to New Zealand from any port beyond New Zealand shall, before the</b></p>	<p>of death and before the removal of the body from the building or other place in which it may then be, give to the Medical Officer of Health notice <b>in the prescribed form and manner</b> of the fact of the death and the cause thereof.</p> <p><b>87A(2) Every veterinary surgeon</b> who has reason to believe that any animal professionally attended by him is suffering from a communicable disease to which this section applies shall forthwith give notice <b>in the prescribed form</b> to the Medical Officer of Health.</p> <p><b>87A(3) Every person in charge of a laboratory</b> who has reason to believe, as a result of investigations made in that laboratory, that any animal is suffering or has suffered from a communicable disease to which this section applies shall, unless he is satisfied that notice has been given pursuant to subsection (2) of this section, forthwith give notice <b>in the prescribed form</b> to the Medical Officer of Health for the Health District in which that animal is or was so suffering.</p> <p><b>102(1) The master of any ship that is on its way to New Zealand from any port beyond New Zealand shall, before the</b></p>	<p>of death and before the removal of the body from the building or other place in which it may then be, give <b>to the Medical Officer of Health</b> notice in the prescribed form and manner of the fact of the death and the cause thereof.</p> <p><b>87A(2) Every veterinary surgeon</b> who has reason to believe that any animal professionally attended by him is suffering from a communicable disease to which this section applies shall forthwith give notice in the prescribed form <b>to the Medical Officer of Health.</b></p> <p><b>87A(3) Every person in charge of a laboratory</b> who has reason to believe, as a result of investigations made in that laboratory, that any animal is suffering or has suffered from a communicable disease to which this section applies shall, unless he is satisfied that notice has been given pursuant to subsection (2) of this section, forthwith give notice in the prescribed form <b>to the Medical Officer of Health for the Health District in which that animal is or was so suffering.</b></p> <p><b>102(1) The master of any ship that is on its way to New Zealand from any port beyond New Zealand shall, before the</b></p>	<p><b>87A(4) Every person</b> commits an offence against this Act who fails to comply with the provisions of this section.</p> <p><b>102(5) The master or the medical officer</b> commits an offence and is liable to <b>a fine not exceeding \$1,000</b> if the</p>



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<p>before the ship arrives in New Zealand, ascertain the state of health of each person on board.</p> <p><b>102(2)</b> On arriving in New Zealand, the <b>master</b> shall complete and deliver to the Medical Officer of Health or the Health Protection Officer a <b>maritime declaration</b> in the prescribed form.</p> <p><b>102(3)</b> The form shall be countersigned by the ship's medical officer (if there is one).</p> <p><b>102(4)</b> The <b>master, and the medical officer (if there is one)</b>, shall from time to time supply to the Medical Officer of Health, or to any person acting under the authority of that officer, <b>any further information required by the Medical Officer of Health or the Health Protection Officer relating to the state of health of any person who was on board the ship on its arrival in New Zealand.</b></p>	<p><b>ship arrives in New Zealand</b>, ascertain the state of health of each person on board.</p> <p><b>102(2) On arriving in New Zealand</b>, the master shall complete and deliver to the Medical Officer of Health or the Health Protection Officer a maritime declaration in the prescribed form.</p> <p><b>102(3)</b> The form shall be countersigned by the ship's medical officer (if there is one).</p> <p><b>102(4)</b> The master, and the medical officer (if there is one), shall <b>from time to time</b> supply to the Medical Officer of Health, or to any person acting under the authority of that officer, any further information required by the Medical Officer of Health or the Health Protection Officer relating to the state of health of any person who was on board the ship on its arrival in New Zealand.</p>	<p>ship arrives in New Zealand, ascertain the state of health of each person on board.</p> <p><b>102(2)</b> On arriving in New Zealand, the master shall complete and deliver to the Medical Officer of Health or the Health Protection Officer a maritime declaration <b>in the prescribed form.</b></p> <p><b>102(3) The form shall be countersigned by the ship's medical officer (if there is one).</b></p> <p><b>102(4)</b> The master, and the medical officer (if there is one), shall from time to time supply to the Medical Officer of Health, or to any person acting under the authority of that officer, any further information required by the Medical Officer of Health or the Health Protection Officer relating to the state of health of any person who was on board the ship on its arrival in New Zealand.</p>	<p>ship arrives in New Zealand, ascertain the state of health of each person on board.</p> <p><b>102(2)</b> On arriving in New Zealand, the master shall complete and deliver <b>to the Medical Officer of Health or the Health Protection Officer</b> a maritime declaration in the prescribed form.</p> <p><b>102(3)</b> The form shall be countersigned by the ship's medical officer (if there is one).</p> <p><b>102(4)</b> The master, and the medical officer (if there is one), shall from time to time supply <b>to the Medical Officer of Health, or to any person acting under the authority of that officer</b>, any further information required by the Medical Officer of Health or the Health Protection Officer relating to the state of health of any person who was on board the ship on its arrival in New Zealand.</p>	<p>master or medical officer—</p> <p>(a) Refuses, or fails without reasonable excuse, to comply with any of the preceding provisions of this section; or</p> <p>(b) Gives to the Medical Officer of Health, or to any person acting under the authority of that officer, any declaration, answer, or information that the master or medical officer knows to be false or misleading.</p> <p><b>102(6)</b> The master or medical officer, or any other person, commits an offence and is liable to a <b>fine not exceeding \$2,000</b> if the master, medical officer, or other person deceives or attempts to deceive the Medical Officer of Health, or any person acting under the authority of that officer, in respect of any matter with intent—</p> <p>(a) To obtain pratique; or</p> <p>(b) To influence in any other respect the exercise by or on behalf of the Medical Officer of Health of any authority conferred on that officer by this Part of this Act.]</p> <p><b>136</b> Every person who commits an offence against this Act, or against any regulations made under this Act, for which no penalty is provided elsewhere than in this section is liable to a fine not exceeding [\$500] and, if the offence is a continuing one, to a further fine not exceeding [\$50] for every day on which</p>

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<p><b>Health (Quarantine) Regulations 1983 (NZ), 1983/52.</b>  <b>3(1) The captain of an aircraft arriving in New Zealand from a foreign place shall—</b>            (a) Determine, as far as practicable, <b>whether any person who has become ill on board the aircraft—(i) Is suffering from diarrhoea or vomiting (not being caused by motion sickness); or (ii) Has an abnormal temperature and a skin rash:</b>            (b) Determine, as far as practicable, <b>whether or not there is on board any other condition that may lead to the spread of disease:</b>            (c) Notify the airline's agent at the intended aerodrome of arrival, at least 15 minutes before the expected landing time, or if that is not practicable, as soon as practicable thereafter, <b>whether or not there is on board any person to whom subparagraph (i) or subparagraph (ii) of paragraph (a) of this subclause applies, and whether or not there is on board any other condition to which paragraph (b) of this subclause applies, and, if there is on board such a person or condition, give details of that person's illness or that condition.</b></p>	<p><b>Health (Quarantine) Regulations 1983 (NZ), 1983/52.</b>  <b>3(1) The captain of an aircraft arriving in New Zealand from a foreign place shall—</b>            (a) Determine, as far as practicable, whether any person who has become ill on board the aircraft—(i) Is suffering from diarrhoea or vomiting (not being caused by motion sickness); or (ii) Has an abnormal temperature and a skin rash:            (b) Determine, as far as practicable, whether or not there is on board any other condition that may lead to the spread of disease:            (c) Notify the airline's agent at the intended aerodrome of arrival, <b>at least 15 minutes before the expected landing time, or if that is not practicable, as soon as practicable thereafter</b>, whether or not there is on board any person to whom subparagraph (i) or subparagraph (ii) of paragraph (a) of this subclause applies, and whether or not there is on board any other condition to which paragraph (b) of this subclause applies, and, if there is on board such a person or condition, give details of that person's illness or that condition.</p>	<p><b>Health (Quarantine) Regulations 1983 (NZ), 1983/52.</b>  <b>12</b> The maritime declaration of health required by section 102 of the Act shall be in the form set out in Appendix 4 to the International Health Regulations 1969.</p>	<p><b>Health (Quarantine) Regulations 1983 (NZ), 1983/52.</b>  <b>3(1) The captain of an aircraft arriving in New Zealand from a foreign place shall—</b>            (a) Determine, as far as practicable, whether any person who has become ill on board the aircraft—(i) Is suffering from diarrhoea or vomiting (not being caused by motion sickness); or (ii) Has an abnormal temperature and a skin rash:            (b) Determine, as far as practicable, whether or not there is on board any other condition that may lead to the spread of disease:            (c) Notify <b>the airline's agent at the intended aerodrome of arrival</b>, at least 15 minutes before the expected landing time, or if that is not practicable, as soon as practicable thereafter, whether or not there is on board any person to whom subparagraph (i) or subparagraph (ii) of paragraph (a) of this subclause applies, and whether or not there is on board any other condition to which paragraph (b) of this subclause applies, and, if there is on board such a person or condition, give details of that person's illness or that condition.</p>	<p>the offence has continued.</p> <hr/>

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<p><b>3(2)</b> On being notified under paragraph (c) of subclause (1) of this regulation that there is on board an aircraft a person or condition to which paragraph (a) or paragraph (b) of that subclause applies, <b>the airline's agent</b> shall immediately notify the medical officer of health or a health protection officer.</p> <p><b>4(1)</b> If an aircraft arrives in New Zealand from a foreign place at any place (whether or not an aerodrome) that is not a Customs airport, <b>the captain</b> shall—</p> <p>(a) <b>Take all reasonable steps to inform</b> the Medical Officer of Health of <b>his arrival</b>;</p> <p><b>4(3)</b> In any such case, <b>the Medical Officer of Health or Inspector of Health</b> shall forthwith inform the senior Customs officer at the Customs airport to which the captain is directed <b>of the direction and the reasons for it</b>.</p> <hr/> <p><b>Venereal Diseases Regulations 1982</b> (NZ), 182/215.</p> <p><b>7(1)</b> Where any medical practitioner (including any medical officer of any hospital) has been <b>treating any person (in this regulation called the patient)</b></p>	<p><b>3(2) On being notified under paragraph (c) of subclause (1) of this regulation that there is on board an aircraft a person or condition to which paragraph (a) or paragraph (b) of that subclause applies</b>, the airline's agent shall <b>immediately</b> notify the medical officer of health or a health protection officer.</p> <p><b>4(1) If an aircraft arrives in New Zealand from a foreign place at any place (whether or not an aerodrome) that is not a Customs airport</b>, the captain shall—</p> <p>(a) Take all reasonable steps to inform the Medical Officer of Health of his arrival;</p> <p><b>4(3)</b> In any such case, the Medical Officer of Health or Inspector of Health shall <b>forthwith</b> inform the senior Customs officer at the Customs airport to which the captain is directed of the direction and the reasons for it.</p> <hr/> <p><b>Venereal Diseases Regulations 1982</b> (NZ), 182/215.</p> <p><b>7(1) Where any medical practitioner (including any medical officer of any hospital) has been treating any person (in this regulation called the</b></p>	<p><b>Venereal Diseases Regulations 1982</b> (NZ), 182/215.</p> <p><b>7(1)</b> Where any medical practitioner (including any medical officer of any hospital) has been treating any person (in this regulation called the patient)</p>	<p><b>3(2)</b> On being notified under paragraph (c) of subclause (1) of this regulation that there is on board an aircraft a person or condition to which paragraph (a) or paragraph (b) of that subclause applies, the airline's agent shall immediately notify <b>the medical officer of health or a health protection officer</b>.</p> <p><b>4(1)</b> If an aircraft arrives in New Zealand from a foreign place at any place (whether or not an aerodrome) that is not a Customs airport, the captain shall—</p> <p>(a) Take all reasonable steps to inform <b>the Medical Officer of Health</b> of his arrival;</p> <p><b>4(3)</b> In any such case, the Medical Officer of Health or Inspector of Health shall forthwith inform <b>the senior Customs officer at the Customs airport to which the captain is directed</b> of the direction and the reasons for it.</p> <hr/> <p><b>Venereal Diseases Regulations 1982</b> (NZ), 182/215.</p> <p><b>7(1)</b> Where any medical practitioner (including any medical officer of any hospital) has been treating any person (in this regulation called the patient)</p>	<p><b>Venereal Diseases Regulations 1982</b> (NZ), 182/215.</p> <p><b>13</b> Every person commits an offence against these regulations who—</p> <p>(e) Contravenes or fails to comply with any of the provisions of regulation 12 of</p>

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<p>who is suffering from venereal disease in a communicable form, and the patient either—            (a) Fails for 1 week after the date fixed for the purpose by the medical practitioner to attend for further treatment; or            (b) Fails on 2 or more successive occasions to attend for treatment as directed by the medical practitioner,—  <b>the medical practitioner</b> shall, unless he knows that the patient has in the meantime placed himself under treatment by another medical practitioner, forthwith send to the Medical Officer of Health <b>a notice relating to the patient</b> in form 1 in the Schedule to these regulations.</p> <p><b>7(2)</b> Where any medical practitioner has reason to believe that <b>a patient whom he is or has been treating for venereal disease in a communicable form</b> has had, within the period during which he was probably infected, intimate sexual contact with <b>a person whose name, address, or description is supplied to the medical practitioner, or of which he otherwise becomes aware, the medical practitioner</b> may send to the Medical Officer of Health <b>a notice</b> in form 2 in the Schedule to these regulations.</p>	<p><b>patient) who is suffering from venereal disease in a communicable form, and the patient either—</b>  <b>(a) Fails for 1 week after the date fixed for the purpose by the medical practitioner to attend for further treatment; or</b>  <b>(b) Fails on 2 or more successive occasions to attend for treatment as directed by the medical practitioner,—</b>  the medical practitioner shall, unless he knows that the patient has in the meantime placed himself under treatment by another medical practitioner, <b>forthwith</b> send to the Medical Officer of Health a notice relating to the patient in form 1 in the Schedule to these regulations.</p> <p><b>7(2) Where any medical practitioner has reason to believe that a patient whom he is or has been treating for venereal disease in a communicable form has had, within the period during which he was probably infected, intimate sexual contact with a person whose name, address, or description is supplied to the medical practitioner, or of which he otherwise becomes aware, the medical practitioner</b> may send to the Medical Officer of Health a notice in form 2 in the Schedule to these regulations.</p>	<p>who is suffering from venereal disease in a communicable form, and the patient either—            (a) Fails for 1 week after the date fixed for the purpose by the medical practitioner to attend for further treatment; or            (b) Fails on 2 or more successive occasions to attend for treatment as directed by the medical practitioner,—  the medical practitioner shall, unless he knows that the patient has in the meantime placed himself under treatment by another medical practitioner, forthwith send to the Medical Officer of Health a notice relating to the patient <b>in form 1 in the Schedule to these regulations.</b></p> <p><b>7(2)</b> Where any medical practitioner has reason to believe that a patient whom he is or has been treating for venereal disease in a communicable form has had, within the period during which he was probably infected, intimate sexual contact with a person whose name, address, or description is supplied to the medical practitioner, or of which he otherwise becomes aware, the medical practitioner may send to the Medical Officer of Health a notice <b>in form 2 in the Schedule to these regulations.</b></p>	<p>who is suffering from venereal disease in a communicable form, and the patient either—            (a) Fails for 1 week after the date fixed for the purpose by the medical practitioner to attend for further treatment; or            (b) Fails on 2 or more successive occasions to attend for treatment as directed by the medical practitioner,—  the medical practitioner shall, unless he knows that the patient has in the meantime placed himself under treatment by another medical practitioner, forthwith send <b>to the Medical Officer of Health</b> a notice relating to the patient in form 1 in the Schedule to these regulations.</p> <p><b>7(2)</b> Where any medical practitioner has reason to believe that a patient whom he is or has been treating for venereal disease in a communicable form has had, within the period during which he was probably infected, intimate sexual contact with a person whose name, address, or description is supplied to the medical practitioner, or of which he otherwise becomes aware, the medical practitioner may send <b>to the Medical Officer of Health</b> a notice in form 2 in the Schedule to these regulations.</p>	<p>these regulations.</p> <hr/>

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<p><b>7(4)</b> Where a <b>medical practitioner</b> is consulted by a <b>patient suffering from venereal disease who is or appears to be at least 16 years of age</b>, he shall give to the patient a <b>notice</b> in form 3 in the Schedule to these regulations; and for the purpose of this subclause, the Medical Officer of Health shall, on application to him by any medical practitioner, supply to the medical practitioner a sufficient number of printed copies of that form 3.</p> <p><b>7(5)</b> Where <b>any medical practitioner</b> is of the opinion that <b>any child under or appearing to be under the age of 16 years</b> is suffering from venereal disease, he shall notify the parent, guardian, or other person in charge of the child unless in his opinion it would be undesirable to do so in the interest of the health or wellbeing of the child or in the wider interests of public health.</p> <p><b>9(2)</b> When a <b>merchant seaman</b> receives treatment for venereal disease</p>	<p><b>7(4)</b> Where a medical practitioner is consulted by a patient suffering from venereal disease who is or appears to be at least 16 years of age, he shall give to the patient a notice in form 3 in the Schedule to these regulations; and for the purpose of this subclause, the Medical Officer of Health shall, on application to him by any medical practitioner, supply to the medical practitioner a sufficient number of printed copies of that form 3.</p> <p><b>7(5)</b> Where <b>any medical practitioner is of the opinion that any child under or appearing to be under the age of 16 years is suffering from venereal disease</b>, he shall notify the parent, guardian, or other person in charge of the child unless in his opinion it would be undesirable to do so in the interest of the health or wellbeing of the child or in the wider interests of public health.</p> <p><b>9(2)</b> When a <b>merchant seaman receives treatment for venereal</b></p>	<p><b>7(4)</b> Where a medical practitioner is consulted by a patient suffering from venereal disease who is or appears to be at least 16 years of age, he shall give to the patient a notice <b>in form 3 in the Schedule to these regulations</b>; and for the purpose of this subclause, the Medical Officer of Health shall, on application to him by any medical practitioner, supply to the medical practitioner a sufficient number of printed copies of that form 3.</p> <p><b>9(1)</b> In this regulation ``<b>prescribed form</b>'' means the form prescribed by or under Article 3 of the international agreement respecting facilities to be given to merchant seamen for the treatment of venereal diseases, signed at Brussels on the 1st day of December 1924.</p> <p><b>9(2)</b> When a merchant seaman receives treatment for venereal disease at a</p>	<p><b>7(4)</b> Where a medical practitioner is consulted by a patient suffering from venereal disease who is or appears to be at least 16 years of age, he shall <b>give to the patient</b> a notice in form 3 in the Schedule to these regulations; and for the purpose of this subclause, the Medical Officer of Health shall, on application to him by any medical practitioner, supply to the medical practitioner a sufficient number of printed copies of that form 3.</p> <p><b>7(5)</b> Where any medical practitioner is of the opinion that any child under or appearing to be under the age of 16 years is suffering from venereal disease, he shall notify <b>the parent, guardian, or other person in charge of the child</b> unless in his opinion it would be undesirable to do so in the interest of the health or wellbeing of the child or in the wider interests of public health.</p> <p><b>9(2)</b> When a merchant seaman receives treatment for venereal disease at a</p>	

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<p>at a [hospital or clinic], <b>the medical practitioner attending him</b> shall enter or cause to be entered on a document, drawn in the prescribed form and supplied to the merchant seamen, <b>the following particulars:</b></p> <p><b>(a) The diagnosis, with a summary of the clinical particulars noted at the time of the examination:</b></p> <p><b>(b) The treatment carried out at the hospital or clinic:</b></p> <p><b>(c) The treatment to be followed on the voyage:</b></p> <p><b>(d) The results of serological tests undertaken in cases of syphilis.</b></p> <p><b>12 Every person suffering from venereal disease who consults a medical practitioner with respect to the disease</b> shall, on the first consultation, correctly state <b>the particulars of his name, address, and occupation;</b> and shall thereafter, upon any change occurring in those particulars while he is under treatment by that medical practitioner, immediately inform the practitioner of <b>the particulars of that change.</b></p> <hr/> <p><b>Tuberculosis Act 1948 (NZ), 1948/36.</b></p> <p><b>3(1) Every medical practitioner</b> who has reason to believe that <b>any person</b></p>	<p><b>disease at a [hospital or clinic],</b> the medical practitioner attending him shall enter or cause to be entered on a document, drawn in the prescribed form and supplied to the merchant seamen, the following particulars:</p> <p>(a) The diagnosis, with a summary of the clinical particulars noted at the time of the examination:</p> <p>(b) The treatment carried out at the hospital or clinic:</p> <p>(c) The treatment to be followed on the voyage:</p> <p>(d) The results of serological tests undertaken in cases of syphilis.</p> <p><b>12 Every person suffering from venereal disease who consults a medical practitioner with respect to the disease shall, on the first consultation, correctly state the particulars of his name, address, and occupation; and shall thereafter, upon any change occurring in those particulars while he is under treatment by that medical practitioner, immediately inform the practitioner of the particulars of that change.</b></p> <hr/> <p><b>Tuberculosis Act 1948 (NZ), 1948/36.</b></p> <p><b>3(1) Every medical practitioner who has reason to believe that any person</b></p>	<p>[hospital or clinic], the medical practitioner attending him shall enter or cause to be entered on a document, <b>drawn in the prescribed form</b> and supplied to the merchant seamen, the following particulars:</p> <p>(a) The diagnosis, with a summary of the clinical particulars noted at the time of the examination:</p> <p>(b) The treatment carried out at the hospital or clinic:</p> <p>(c) The treatment to be followed on the voyage:</p> <p>(d) The results of serological tests undertaken in cases of syphilis.</p> <hr/> <p><b>Tuberculosis Act 1948 (NZ), 1948/36.</b></p> <p><b>3(1) Every medical practitioner who has reason to believe that any person</b></p>	<p>[hospital or clinic], the medical practitioner attending him shall enter or cause to be entered on a document, drawn in the prescribed form and supplied <b>to the merchant seamen,</b> the following particulars:</p> <p>(a) The diagnosis, with a summary of the clinical particulars noted at the time of the examination:</p> <p>(b) The treatment carried out at the hospital or clinic:</p> <p>(c) The treatment to be followed on the voyage:</p> <p>(d) The results of serological tests undertaken in cases of syphilis.</p> <p><b>12 Every person suffering from venereal disease who consults a medical practitioner with respect to the disease shall, on the first consultation, correctly state the particulars of his name, address, and occupation; and shall thereafter, upon any change occurring in those particulars while he is under treatment by that medical practitioner, immediately inform the practitioner of the particulars of that change.</b></p> <hr/> <p><b>Tuberculosis Act 1948 (NZ), 1948/36.</b></p> <p><b>3(1) Every medical practitioner who has reason to believe that any person</b></p>	<hr/> <p><b>Tuberculosis Act 1948 (NZ), 1948/36.</b></p> <p><b>3(4) Every medical practitioner</b> commits an offence against this Act</p>

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<p><b>professionally attended by him</b> (in this section referred to as the patient) is or may be suffering from tuberculosis shall forthwith give notice in the prescribed form to the Medical Officer of Health, and shall indicate in the form—</p> <p>(a) <b>Whether the disease is in an active form or is suspected of being in that form:</b></p> <p>(b) <b>Whether the patient is in an infectious condition or is suspected of being in that condition.</b></p> <p><b>3(2) If the medical practitioner</b> is satisfied that the patient is suffering from tuberculosis in an active form and is likely to infect others, he shall forthwith—</p> <p>(a) Inform the patient and every person nursing or in immediate attendance on the patient <b>that the patient is suffering from tuberculosis and is likely to infect others;</b> and</p> <p>(b) If to his knowledge there is residing in the premises in which the patient for the time being resides some other person (not being a person nursing or in immediate attendance on the patient) who is the wife or husband or a parent or guardian of the patient, inform that person <b>that the patient is suffering from tuberculosis and is likely to infect others.</b></p>	<p><b>professionally attended by him (in this section referred to as the patient) is or may be suffering from tuberculosis</b> shall forthwith give notice in the prescribed form to the Medical Officer of Health, and shall indicate in the form—</p> <p>(a) Whether the disease is in an active form or is suspected of being in that form:</p> <p>(b) Whether the patient is in an infectious condition or is suspected of being in that condition.</p> <p><b>3(2) If the medical practitioner is satisfied that the patient is suffering from tuberculosis in an active form and is likely to infect others,</b> he shall forthwith—</p> <p>(a) Inform the patient and every person nursing or in immediate attendance on the patient that the patient is suffering from tuberculosis and is likely to infect others; and</p> <p>(b) <b>If to his knowledge there is residing in the premises in which the patient for the time being resides some other person</b> (not being a person nursing or in immediate attendance on the patient) <b>who is the wife or husband or a parent or guardian of the patient,</b> inform that person that the patient is suffering from tuberculosis and is likely to infect others.</p>	<p>professionally attended by him (in this section referred to as the patient) is or may be suffering from tuberculosis shall forthwith give notice <b>in the prescribed form</b> to the Medical Officer of Health, and shall indicate in the form—</p> <p>(a) Whether the disease is in an active form or is suspected of being in that form:</p> <p>(b) Whether the patient is in an infectious condition or is suspected of being in that condition.</p> <p><b>3(2) If the medical practitioner</b> is satisfied that the patient is suffering from tuberculosis in an active form and is likely to infect others, he shall forthwith—</p> <p>(a) Inform the patient and every person nursing or in immediate attendance on the patient that the patient is suffering from tuberculosis and is likely to infect others; and</p> <p>(b) If to his knowledge there is residing in the premises in which the patient for the time being resides some other person (not being a person nursing or in immediate attendance on the patient) who is the wife or husband or a parent or guardian of the patient, inform that person that the patient is suffering from tuberculosis and is likely to infect others.</p>	<p>professionally attended by him (in this section referred to as the patient) is or may be suffering from tuberculosis shall forthwith give notice in the prescribed form <b>to the Medical Officer of Health,</b> and shall indicate in the form—</p> <p>(a) Whether the disease is in an active form or is suspected of being in that form:</p> <p>(b) Whether the patient is in an infectious condition or is suspected of being in that condition.</p> <p><b>3(2) If the medical practitioner</b> is satisfied that the patient is suffering from tuberculosis in an active form and is likely to infect others, he shall forthwith—</p> <p>(a) <b>Inform the patient and every person nursing or in immediate attendance on the patient</b> that the patient is suffering from tuberculosis and is likely to infect others; and</p> <p>(b) If to his knowledge there is residing in the premises in which the patient for the time being resides some other person (not being a person nursing or in immediate attendance on the patient) <b>who is the wife or husband or a parent or guardian of the patient,</b> inform that person that the patient is suffering from tuberculosis and is likely to infect others.</p>	<p>who, without lawful excuse, fails to comply with any provision of this section.</p>

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<p><b>3(3) Every medical practitioner</b> who by <i>post mortem</i> examination or otherwise becomes aware that any deceased person was at the time of his death suffering from tuberculosis shall forthwith give notice in the prescribed form to the Medical Officer of Health.</p> <p><b>4(1)</b> Subject to the provisions of any regulations under this Act, whenever it is intended that any tuberculous person who is an in-patient in any institution should cease to be an in-patient, <b>the medical officer or other person for the time being in charge of the institution shall</b>, unless that person is leaving the institution with the prior approval of the Medical Officer of Health, give notice in writing to the Medical Officer of Health of <b>the intended departure of that person and of the date on which it is intended that he should leave the institution and, if practicable, of the address at which he intends to reside after so leaving.</b> The notice shall, in every case where it is practicable so to do, be given not less than 7 days before the date on which it is intended that the person should so leave.</p> <p><b>4(2)</b> Where any such person leaves as aforesaid without the prior approval of the Medical Officer of Health and before notice is given pursuant to</p>	<p><b>3(3) Every medical practitioner who by <i>post mortem</i> examination or otherwise becomes aware that any deceased person was at the time of his death suffering from tuberculosis</b> shall forthwith give notice in the prescribed form to the Medical Officer of Health.</p> <p><b>4(1)</b> Subject to the provisions of any regulations under this Act, <b>whenever it is intended that any tuberculous person who is an in-patient in any institution should cease to be an in-patient</b>, the medical officer or other person for the time being in charge of the institution shall, <b>unless that person is leaving the institution with the prior approval of the Medical Officer of Health</b>, give notice in writing to the Medical Officer of Health of the intended departure of that person and of the date on which it is intended that he should leave the institution and, if practicable, of the address at which he intends to reside after so leaving. The notice shall, in every case where it is practicable so to do, be given <b>not less than 7 days before the date on which it is intended that the person should so leave.</b></p> <p><b>4(2) Where any such person leaves as aforesaid without the prior approval of the Medical Officer of Health and before notice is given pursuant to</b></p>	<p><b>3(3) Every medical practitioner</b> who by <i>post mortem</i> examination or otherwise becomes aware that any deceased person was at the time of his death suffering from tuberculosis shall forthwith give notice <b>in the prescribed form</b> to the Medical Officer of Health.</p> <p><b>4(1)</b> Subject to the provisions of any regulations under this Act, whenever it is intended that any tuberculous person who is an in-patient in any institution should cease to be an in-patient, the medical officer or other person for the time being in charge of the institution shall, unless that person is leaving the institution with the prior approval of the Medical Officer of Health, give notice <b>in writing</b> to the Medical Officer of Health of the intended departure of that person and of the date on which it is intended that he should leave the institution and, if practicable, of the address at which he intends to reside after so leaving. The notice shall, in every case where it is practicable so to do, be given not less than 7 days before the date on which it is intended that the person should so leave.</p>	<p><b>3(3) Every medical practitioner</b> who by <i>post mortem</i> examination or otherwise becomes aware that any deceased person was at the time of his death suffering from tuberculosis shall forthwith give notice in the prescribed form <b>to the Medical Officer of Health.</b></p> <p><b>4(1)</b> Subject to the provisions of any regulations under this Act, whenever it is intended that any tuberculous person who is an in-patient in any institution should cease to be an in-patient, the medical officer or other person for the time being in charge of the institution shall, unless that person is leaving the institution with the prior approval of the Medical Officer of Health, give notice in writing <b>to the Medical Officer of Health</b> of the intended departure of that person and of the date on which it is intended that he should leave the institution and, if practicable, of the address at which he intends to reside after so leaving. The notice shall, in every case where it is practicable so to do, be given not less than 7 days before the date on which it is intended that the person should so leave.</p> <p><b>4(2)</b> Where any such person leaves as aforesaid without the prior approval of the Medical Officer of Health and before notice is given pursuant to subsection (1) of this section, or leaves</p>	<p><b>4(3)</b> Every medical officer or other person for the time being in charge of any institution who, without lawful excuse, fails to comply with any of the provisions of this section commits an offence against this Act.</p>



Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>subsection (1) of this section, or leaves after such notice is given but before the date specified in the notice, <b>the medical officer or other person for the time being in charge of the institution</b> shall forthwith notify the Medical Officer of Health <b>of the departure of that person and, if practicable, of any address at which that person may be found.</b></p> <p><b>5(1)</b> When any person on board a home trade ship in any harbour in New Zealand is suffering from any sickness of which the symptoms create a reasonable suspicion that it is tuberculosis, it shall be the duty of <b>the master of the ship</b> to notify . . . the Medical Officer of Health, <b>of the fact that there is on board the ship a person suspected of suffering from tuberculosis.</b></p> <p><b>6(1)</b> Forthwith after receiving a doctor's certificate stating that the person to whose death it relates was affected by tuberculosis, a <b>Registrar must give</b> the Medical Officer of Health written <b>notice of that fact.</b></p>	<p><b>subsection (1) of this section, or leaves after such notice is given but before the date specified in the notice,</b> the medical officer or other person for the time being in charge of the institution shall <b>forthwith</b> notify the Medical Officer of Health of the departure of that person and, if practicable, of any address at which that person may be found.</p> <p><b>5(1) When any person on board a home trade ship in any harbour in New Zealand is suffering from any sickness of which the symptoms create a reasonable suspicion that it is tuberculosis,</b> it shall be the duty of the master of the ship to notify . . . the Medical Officer of Health, of the fact that there is on board the ship a person suspected of suffering from tuberculosis.</p> <p><b>6(1) Forthwith after receiving a doctor's certificate stating that the person to whose death it relates was affected by tuberculosis,</b> a Registrar must give the Medical Officer of Health written notice of that fact.</p>	<p><b>6(1)</b> Forthwith after receiving a doctor's certificate stating that the person to whose death it relates was affected by tuberculosis, a Registrar must give the Medical Officer of Health <b>written</b> notice of that fact.</p>	<p>after such notice is given but before the date specified in the notice, the medical officer or other person for the time being in charge of the institution shall forthwith notify <b>the Medical Officer of Health</b> of the departure of that person and, if practicable, of any address at which that person may be found.</p> <p><b>5(1)</b> When any person on board a home trade ship in any harbour in New Zealand is suffering from any sickness of which the symptoms create a reasonable suspicion that it is tuberculosis, it shall be the duty of the master of the ship to notify . . . <b>the Medical Officer of Health,</b> of the fact that there is on board the ship a person suspected of suffering from tuberculosis.</p> <p><b>6(1)</b> Forthwith after receiving a doctor's certificate stating that the person to whose death it relates was affected by tuberculosis, a Registrar must give <b>the Medical Officer of Health</b> written notice of that fact.</p>	<p><b>26</b> Every person who commits an offence against this Act for which no penalty is provided elsewhere than in this section shall be liable to a <b>fine not exceeding [\$40]</b> and (if the offence is a continuing one) to a <b>further fine not exceeding [\$4] for every day during which the offence continues.</b></p>

## UNITED KINGDOM

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p><b>Anti-Terrorism, Crime and Security Act 2001</b> (U.K.), 2001, c. 24.</p> <p><b>59(1)</b> The occupier of any premises must give a notice to the Secretary of State before any dangerous substance is kept or used there.</p> <p><b>59(2)</b> Subsection (1) does not apply to premises in respect of which a notice has previously been given under that subsection (unless it has been withdrawn).</p> <p><b>59(3)</b> The occupier of any premises in respect of which a notice has been given may withdraw the notice if no dangerous substance is kept or used there.</p> <p><b>59(4)</b> A notice under this section must-  <b>(a) identify the premises in which the substance is kept or used;</b>  <b>(b) identify any building or site of which the premises form part; and</b>  <b>(c) contain such other particulars (if any) as may be prescribed.</b></p> <p><b>59(5)</b> The occupier of any premises in which any dangerous substance is kept or used on the day on which this section comes into force must give a</p>	<p><b>Anti-Terrorism, Crime and Security Act 2001</b> (U.K.), 2001, c. 24.</p> <p><b>59(1)</b> The occupier of any premises must give a notice to the Secretary of State <b>before any dangerous substance is kept or used there.</b></p> <p><b>59(2)</b> Subsection (1) does not apply to premises in respect of which a notice has previously been given under that subsection (unless it has been withdrawn).</p> <p><b>59(3)</b> The occupier of any premises in respect of which a notice has been given may withdraw the notice if no dangerous substance is kept or used there.</p> <p><b>59(4)</b> A notice under this section must-  <b>(a) identify the premises in which the substance is kept or used;</b>  <b>(b) identify any building or site of which the premises form part; and</b>  <b>(c) contain such other particulars (if any) as may be prescribed.</b></p> <p><b>59(5)</b> The occupier of any premises in which any dangerous substance is kept or used on the day on which this section comes into force must give a</p>	<p><b>Anti-Terrorism, Crime and Security Act 2001</b> (U.K.), 2001, c. 24.</p> <p><b>72</b> Any direction or notice under this Part may be given by post.</p>	<p><b>Anti-Terrorism, Crime and Security Act 2001</b> (U.K.), 2001, c. 24.</p> <p><b>59(1)</b> The occupier of any premises must give a notice <b>to the Secretary of State</b> before any dangerous substance is kept or used there.</p> <p><b>59(2)</b> Subsection (1) does not apply to premises in respect of which a notice has previously been given under that subsection (unless it has been withdrawn).</p> <p><b>59(3)</b> The occupier of any premises in respect of which a notice has been given may withdraw the notice if no dangerous substance is kept or used there.</p> <p><b>59(4)</b> A notice under this section must-  <b>(a) identify the premises in which the substance is kept or used;</b>  <b>(b) identify any building or site of which the premises form part; and</b>  <b>(c) contain such other particulars (if any) as may be prescribed.</b></p> <p><b>59(5)</b> The occupier of any premises in which any dangerous substance is kept or used on the day on which this section comes into force must give a notice</p>	<p><b>Anti-Terrorism, Crime and Security Act 2001</b> (U.K.), 2001, c. 24.</p> <p><b>67(1)</b> An occupier who fails without reasonable excuse to comply with any duty or direction imposed on him by or under this Part is guilty of an offence.</p> <p><b>67(2)</b> A person who, in giving any information to a person exercising functions under this Part, knowingly or recklessly makes a statement which is false or misleading in a material particular is guilty of an offence.</p> <p><b>67(3)</b> A person guilty of an offence under this section is liable--  <b>(a) on conviction on indictment, to imprisonment for a term not exceeding five years or a fine (or both); and</b>  <b>(b) on summary conviction, to imprisonment for a term not exceeding six months or a fine not exceeding the statutory maximum (or both).</b></p>

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p><b>notice under this section</b> before the end of the period of one month beginning with that day.</p> <p><b>59(6)</b> Where-</p> <p>(a) a substance which is kept or used in any premises becomes a dangerous substance by virtue of a modification of Schedule 5, but</p> <p>(b) no other dangerous substance is kept or used there,</p> <p><b>the occupier of the premises must give a notice under this section</b> before the end of the period of one month beginning with the day on which that modification comes into force.</p> <hr/> <p><b>Nationality, Immigration and Asylum Act 2002</b> (U.K.), 2002, c. 41.</p> <p><b>133(1)</b> This section applies to a person if an immigration officer acting under Schedule 2 to the Immigration Act 1971 (c 77) (control on entry, &amp;c) has brought the person to the attention of--</p> <p>(a) a medical inspector appointed under paragraph 1(2) of that Schedule, or</p> <p>(b) a person working under the direction of a medical inspector appointed under that paragraph.</p> <p><b>133(2)</b> A medical inspector may disclose to a health service body--</p> <p>(a) <b>the name of a person to whom this</b></p>	<p>notice under this section <b>before the end of the period of one month beginning with that day.</b></p> <p><b>59(6)</b> Where-</p> <p><b>(a) a substance which is kept or used in any premises becomes a dangerous substance by virtue of a modification of Schedule 5, but</b></p> <p>(b) no other dangerous substance is kept or used there,</p> <p>the occupier of the premises must give a notice under this section <b>before the end of the period of one month beginning with the day on which that modification comes into force.</b></p> <hr/> <p><b>Nationality, Immigration and Asylum Act 2002</b> (U.K.), 2000, c. 41.</p> <p><b>133(1)</b> This section applies to a person if an immigration officer acting under Schedule 2 to the Immigration Act 1971 (c 77) (control on entry, &amp;c) has brought the person to the attention of--</p> <p>(a) a medical inspector appointed under paragraph 1(2) of that Schedule, or</p> <p>(b) a person working under the direction of a medical inspector appointed under that paragraph.</p> <p><b>133(2)</b> A medical inspector may disclose to a health service body--</p> <p>(a) the name of a person to whom this</p>		<p>under this section before the end of the period of one month beginning with that day.</p> <p><b>59(6)</b> Where-</p> <p>(a) a substance which is kept or used in any premises becomes a dangerous substance by virtue of a modification of Schedule 5, but</p> <p>(b) no other dangerous substance is kept or used there,</p> <p>the occupier of the premises must give a notice under this section before the end of the period of one month beginning with the day on which that modification comes into force.</p> <hr/>	

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>section applies,  <b>(b) his place of residence in the United Kingdom,</b>  <b>(c) his age,</b>  <b>(d) the language which he speaks,</b>  <b>(e) the nature of any disease with which the inspector thinks the person may be infected,</b>  <b>(f) relevant details of the person's medical history,</b>  <b>(g) the grounds for an opinion mentioned in paragraph (e) (including the result of any test or examination which has been carried out), and</b>  <b>(h) the inspector's opinion about action which the health service body should take.</b></p>	<p>section applies,  (b) his place of residence in the United Kingdom,  (c) his age,  (d) the language which he speaks,  (e) the nature of any disease with which the inspector thinks the person may be infected,  (f) relevant details of the person's medical history,  (g) the grounds for an opinion mentioned in paragraph (e) (including the result of any test or examination which has been carried out), and  (h) the inspector's opinion about action which the health service body should take.</p> <p><b>133(3) A disclosure may be made under subsection (2) only if the medical inspector thinks it necessary for the purpose of--</b>  <b>(a) preventative medicine,</b>  <b>(b) medical diagnosis,</b>  <b>(c) the provision of care or treatment, or</b>  <b>(d) the management of health care services.</b></p>			
<p><b>Public Health (Control of Disease) Act 1984 (U.K.), 1984, c. 22.</b></p> <p><b>11(1) If a registered medical practitioner becomes aware, or</b></p>	<p><b>Public Health (Control of Disease) Act 1984 (U.K.), 1984, c. 22.</b></p> <p><b>11(1) If a registered medical practitioner becomes aware, or suspects, that a</b></p>	<p><b>Public Health (Control of Disease) Act 1984 (U.K.), 1984, c. 22.</b></p> <p><b>11(1) If a registered medical practitioner becomes aware, or suspects,</b></p>	<p><b>Public Health (Control of Disease) Act 1984 (U.K.), 1984, c. 22.</b></p> <p><b>11(1) If a registered medical practitioner becomes aware, or suspects, that a</b></p>	<p><b>Public Health (Control of Disease) Act 1984 (U.K.), 1984, c. 22.</b></p> <p><b>11(4) A person who fails to comply with an obligation imposed on him by</b></p>

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>suspects, that <b>a patient whom he is attending within the district of a local authority is suffering from a notifiable disease or from food poisoning</b>, he shall, unless he believes, and has reasonable grounds for believing, that some other registered medical practitioner has complied with this subsection with respect to the patient, forthwith send to the proper officer of the local authority for that district <b>a certificate</b> stating--  <b>(a) the name, age and sex of the patient and the address of the premises where the patient is,</b>  <b>(b) the disease or, as the case may be, particulars of the poisoning from which the patient is, or is suspected to be, suffering and the date, or approximate date, of its onset, and</b>  <b>(c) if the premises are a hospital, the day on which the patient was admitted, the address of the premises from which he came there and whether or not, in the opinion of the person giving the certificate, the disease or poisoning from which the patient is, or is suspected to be, suffering was contracted in the hospital.</b></p> <p><b>11(3) The officer who receives the certificate shall, on the day of its receipt (if possible) and in any case within 48 hours after its receipt, send a copy--</b></p>	<p><b>patient whom he is attending within the district of a local authority is suffering from a notifiable disease or from food poisoning</b>, he shall, unless he believes, and has reasonable grounds for believing, that some other registered medical practitioner has complied with this subsection with respect to the patient, forthwith send to the proper officer of the local authority for that district a certificate stating--  (a) the name, age and sex of the patient and the address of the premises where the patient is,  (b) the disease or, as the case may be, particulars of the poisoning from which the patient is, or is suspected to be, suffering and the date, or approximate date, of its onset, and  (c) if the premises are a hospital, the day on which the patient was admitted, the address of the premises from which he came there and whether or not, in the opinion of the person giving the certificate, the disease or poisoning from which the patient is, or is suspected to be, suffering was contracted in the hospital.</p> <p><b>11(3) The officer who receives the certificate shall, on the day of its receipt (if possible) and in any case within 48 hours after its receipt, send a copy--</b></p>	<p>that a patient whom he is attending within the district of a local authority is suffering from a notifiable disease or from food poisoning, he shall, unless he believes, and has reasonable grounds for believing, that some other registered medical practitioner has complied with this subsection with respect to the patient, forthwith send to the proper officer of the local authority for that district <b>a certificate</b> stating--  (a) the name, age and sex of the patient and the address of the premises where the patient is,  (b) the disease or, as the case may be, particulars of the poisoning from which the patient is, or is suspected to be, suffering and the date, or approximate date, of its onset, and  (c) if the premises are a hospital, the day on which the patient was admitted, the address of the premises from which he came there and whether or not, in the opinion of the person giving the certificate, the disease or poisoning from which the patient is, or is suspected to be, suffering was contracted in the hospital.</p> <p><b>11(3) The officer who receives the certificate shall, on the day of its receipt (if possible) and in any case within 48 hours after its receipt, send a copy--</b></p>	<p>patient whom he is attending within the district of a local authority is suffering from a notifiable disease or from food poisoning, he shall, unless he believes, and has reasonable grounds for believing, that some other registered medical practitioner has complied with this subsection with respect to the patient, forthwith send to <b>the proper officer of the local authority for that district</b> a certificate stating--  (a) the name, age and sex of the patient and the address of the premises where the patient is,  (b) the disease or, as the case may be, particulars of the poisoning from which the patient is, or is suspected to be, suffering and the date, or approximate date, of its onset, and  (c) if the premises are a hospital, the day on which the patient was admitted, the address of the premises from which he came there and whether or not, in the opinion of the person giving the certificate, the disease or poisoning from which the patient is, or is suspected to be, suffering was contracted in the hospital.</p> <p><b>11(3) The officer who receives the certificate shall, on the day of its receipt (if possible) and in any case within 48 hours after its receipt, send a copy--</b></p>	<p>subsection (1) above <b>shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</b></p>

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<p>(a) to the [Primary Care Trust or] [Health Authority within whose area] are situated the premises whose address is specified in the certificate in accordance with subsection (1)(a) above, and (b) if the certificate is given with respect to a patient in a hospital who came there from premises outside the district of the local authority within whose district the hospital is situated and the certificate states that the patient did not contract the disease or the poisoning in the hospital-- (i) to the proper officer of the local authority for the district within which the premises from which the patient came are situated, and (ii) to the [Primary Care Trust or] [Health Authority for the area] in which those premises are situated, if [that [Primary Care Trust or] Health Authority are] not responsible for the administration of the hospital, and (iii) to the proper officer of the relevant port health authority, if those premises were a ship or hovercraft situated within the port health district for which that authority is constituted.</p> <p><b>22(1) The principal of a school</b> in which any pupil is suffering from a notifiable disease shall, if required by the proper officer of the local authority for the district, furnish to him within a reasonable time fixed by him <b>a complete</b></p>	<p>(a) to the [Primary Care Trust or] [Health Authority within whose area] are situated the premises whose address is specified in the certificate in accordance with subsection (1)(a) above, and (b) if the certificate is given with respect to a patient in a hospital who came there from premises outside the district of the local authority within whose district the hospital is situated and the certificate states that the patient did not contract the disease or the poisoning in the hospital-- (i) to the proper officer of the local authority for the district within which the premises from which the patient came are situated, and (ii) to the [Primary Care Trust or] [Health Authority for the area] in which those premises are situated, if [that [Primary Care Trust or] Health Authority are] not responsible for the administration of the hospital, and (iii) to the proper officer of the relevant port health authority, if those premises were a ship or hovercraft situated within the port health district for which that authority is constituted.</p> <p><b>22(1) The principal of a school</b> in which any pupil is suffering from a notifiable disease shall, if required by the proper officer of the local authority for the district, furnish to him <b>within a reasonable time fixed by him a</b></p>	<p>(a) to the [Primary Care Trust or] [Health Authority within whose area] are situated the premises whose address is specified in the certificate in accordance with subsection (1)(a) above, and (b) if the certificate is given with respect to a patient in a hospital who came there from premises outside the district of the local authority within whose district the hospital is situated and the certificate states that the patient did not contract the disease or the poisoning in the hospital-- (i) to the proper officer of the local authority for the district within which the premises from which the patient came are situated, and (ii) to the [Primary Care Trust or] [Health Authority for the area] in which those premises are situated, if [that [Primary Care Trust or] Health Authority are] not responsible for the administration of the hospital, and (iii) to the proper officer of the relevant port health authority, if those premises were a ship or hovercraft situated within the port health district for which that authority is constituted.</p>	<p><b>(a) to the [Primary Care Trust or] [Health Authority within whose area] are situated the premises whose address is specified in the certificate</b> in accordance with subsection (1)(a) above, and (b) if the certificate is given with respect to a patient in a hospital who came there from premises outside the district of the local authority within whose district the hospital is situated and the certificate states that the patient did not contract the disease or the poisoning in the hospital-- (i) <b>to the proper officer of the local authority for the district within which the premises from which the patient came are situated, and</b> (ii) <b>to the [Primary Care Trust or] [Health Authority for the area] in which those premises are situated, if</b> [that [Primary Care Trust or] Health Authority are] not responsible for the administration of the hospital, and (iii) <b>to the proper officer of the relevant port health authority, if those premises were a ship or hovercraft situated within the port health district for which that authority is constituted.</b></p> <p><b>22(1) The principal of a school</b> in which any pupil is suffering from a notifiable disease shall, if required by <b>the proper officer of the local authority for the district</b>, furnish to him within a reasonable time fixed by him a complete</p>	<p><b>22(3) If the principal of a school fails to comply with the provisions of this section, he shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</b></p>

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<p><b>list of the names and addresses of the pupils, not being boarders, in or attending the school, or any specified department of the school.</b></p> <p><b>34(3)</b> If a person suffering from a notifiable disease is conveyed in a public conveyance, <b>the person in charge of the conveyance shall--</b> (a) as soon as practicable <b>give notice</b> to the local authority for the district in which the conveyance is usually kept, [...].</p> <p><b>39(1)</b> Where a person in a common lodging-house is suffering from any infectious disease, <b>the keeper of the lodging-house shall</b> immediately give notice of the case to the local authority for the district.</p> <p><b>39(3)</b> <b>The local authority within whose district a common lodging-house is situated shall</b>, if possible on the day on which they receive a notice under subsection (1) above and in any case within 48 hours after the receipt of the notice, <b>send a copy of the notice</b> to the [Primary Care Trust or] [Health Authority within whose area] that lodging-house is situated.</p>	<p>complete list of the names and addresses of the pupils, not being boarders, in or attending the school, or any specified department of the school.</p> <p><b>34(3) If a person suffering from a notifiable disease is conveyed in a public conveyance</b>, the person in charge of the conveyance shall-- (a) <b>as soon as practicable</b> give notice to the local authority for the district in which the conveyance is usually kept, [...].</p> <p><b>39(1) Where a person in a common lodging-house is suffering from any infectious disease</b>, the keeper of the lodging-house shall <b>immediately</b> give notice of the case to the local authority for the district.</p> <p><b>39(3)</b> The local authority within whose district a common lodging-house is situated shall, <b>if possible on the day on which they receive a notice under subsection (1) above and in any case within 48 hours after the receipt of the notice</b>, send a copy of the notice to the [Primary Care Trust or] [Health Authority within whose area] that lodging-house is situated.</p>		<p>list of the names and addresses of the pupils, not being boarders, in or attending the school, or any specified department of the school.</p> <p><b>34(3)</b> If a person suffering from a notifiable disease is conveyed in a public conveyance, the person in charge of the conveyance shall-- (a) as soon as practicable <b>give notice to the local authority for the district in which the conveyance is usually kept</b>, [...].</p> <p><b>39(1)</b> Where a person in a common lodging-house is suffering from any infectious disease, the keeper of the lodging-house shall immediately give notice of the case <b>to the local authority for the district.</b></p> <p><b>39(3)</b> The local authority within whose district a common lodging-house is situated shall, if possible on the day on which they receive a notice under subsection (1) above and in any case within 48 hours after the receipt of the notice, send a copy of the notice <b>to the [Primary Care Trust or] [Health Authority within whose area] that lodging-house is situated.</b></p>	<p><b>34(4)</b> A person who contravenes any of the foregoing provisions of this section shall <b>be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</b></p> <p><b>39(2)</b> A keeper of a lodging-house who fails to comply with subsection (1) above shall <b>be liable on summary conviction to a fine not exceeding level 1 on the standard scale and to a further fine not exceeding £2 for each day on which the offence continues after conviction.</b></p>

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<p><b>Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.</b></p> <p><b>11(1) The commander of an aircraft</b> at a customs airport shall --[...] (b) in addition to any message sent under regulation 12, notify immediately on arrival to an authorised officer <b>any death on the aircraft during its voyage caused otherwise than by accident, any case of infectious disease on the aircraft, or any circumstances on board which are likely to cause the spread of infectious disease, including in his notification particulars as to the presence or suspected presence on board of any animals or captive birds of any species; [...].</b></p> <p><b>12(1) Where a member of the crew of an aircraft</b> becomes aware that there is on board the aircraft during a flight <b>a person who is suffering from an infectious disease, or who has symptoms which may indicate the presence of infectious disease,</b> he shall report <b>the details to the commander of the aircraft who shall send a radio message to that effect</b> to the authorised officer at the first customs airport at which the aircraft is due to land, or to the owner or manager of such airport.</p>	<p><b>Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.</b></p> <p><b>11(1) The commander of an aircraft</b> at a customs airport shall --[...] (b) in addition to any message sent under regulation 12, notify <b>immediately on arrival</b> to an authorised officer any death on the aircraft during its voyage caused otherwise than by accident, any case of infectious disease on the aircraft, or any circumstances on board which are likely to cause the spread of infectious disease, including in his notification particulars as to the presence or suspected presence on board of any animals or captive birds of any species; [...].</p> <p><b>12(1) Where a member of the crew of an aircraft becomes aware that there is on board the aircraft during a flight a person who is suffering from an infectious disease, or who has symptoms which may indicate the presence of infectious disease,</b> he shall report the details to the commander of the aircraft who shall send a radio message to that effect to the authorised officer at the first customs airport at which the aircraft is due to land, or to the owner or manager of such airport.</p>	<p><b>Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.</b></p> <p><b>12(1) Where a member of the crew of an aircraft</b> becomes aware that there is on board the aircraft during a flight a person who is suffering from an infectious disease, or who has symptoms which may indicate the presence of infectious disease, he <b>shall report</b> the details to the commander of the aircraft <b>who shall send a radio message</b> to that effect to the authorised officer at the first customs airport at which the aircraft is due to land, or to the owner or manager of such airport.</p>	<p><b>Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.</b></p> <p><b>11(1) The commander of an aircraft</b> at a customs airport shall --[...] (b) in addition to any message sent under regulation 12, notify immediately on arrival <b>to an authorised officer</b> any death on the aircraft during its voyage caused otherwise than by accident, any case of infectious disease on the aircraft, or any circumstances on board which are likely to cause the spread of infectious disease, including in his notification particulars as to the presence or suspected presence on board of any animals or captive birds of any species; [...].</p> <p><b>12(1) Where a member of the crew of an aircraft</b> becomes aware that there is on board the aircraft during a flight a person who is suffering from an infectious disease, or who has symptoms which may indicate the presence of infectious disease, he shall report the details <b>to the commander of the aircraft</b> who shall send a radio message to that effect <b>to the authorised officer at the first customs airport at which the aircraft is due to land, or to the owner or manager of such airport.</b></p>	



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<p><b>12(4) The owner or manager of an aerodrome or any person deputed to act on his behalf, shall inform the authorised officer of any aircraft arriving at that aerodrome which during its flight last landed at</b>            (a) <b>an aerodrome within an infected area; or</b>            (b) <b>such aerodrome as may be notified by the medical officer.</b></p> <p><b>27</b> Where an aircraft is due to depart from an aerodrome for a destination outside the United Kingdom, <b>the medical officer--</b>            [...]            (c) shall notify by the most expeditious means the commander and the health authority for the place to which the person is proceeding of <b>any person embarking or proposing to continue his voyage thereon who, in the opinion of the medical officer, should be placed under surveillance;</b>            (d) notwithstanding the provisions of sub-paragraph (b) of this regulation [prohibition from embarking, see Table 3] a person on an international voyage</p>	<p><b>12(5)</b> The information required under paragraph (4) shall be given to the authorised officer <b>before or immediately after the arrival of the aircraft</b> mentioned therein.</p> <p><b>27</b> <b>Where an aircraft is due to depart from an aerodrome for a destination outside the United Kingdom, the medical officer--</b>            [...]            (c) shall notify by the most expeditious means the commander and the health authority for the place to which the person is proceeding of any person embarking or proposing to continue his voyage thereon who, in the opinion of the medical officer, should be placed under surveillance;            (d) notwithstanding the provisions of sub-paragraph (b) of this regulation [prohibition from embarking, see Table 3] a person on an international voyage</p>	<p>—</p> <p><b>27</b> Where an aircraft is due to depart from an aerodrome for a destination outside the United Kingdom, the medical officer--            [...]            (c) shall notify <b>by the most expeditious means</b> the commander and the health authority for the place to which the person is proceeding of any person embarking or proposing to continue his voyage thereon who, in the opinion of the medical officer, should be placed under surveillance;            (d) notwithstanding the provisions of sub-paragraph (b) of this regulation [prohibition from embarking, see Table 3] a person on an international voyage</p>	<p><b>12(4)</b> The owner or manager of an aerodrome or any person deputed to act on his behalf, shall inform <b>the authorised officer</b> of any aircraft arriving at that aerodrome which during its flight last landed at            (a) an aerodrome within an infected area;            or            (b) such aerodrome as may be notified by the medical officer.</p> <p><b>12(5)</b> The information required under paragraph (4) <b>shall be given to the authorised officer</b> before or immediately after the arrival of the aircraft mentioned therein.</p> <p><b>27</b> Where an aircraft is due to depart from an aerodrome for a destination outside the United Kingdom, the medical officer—            [...]            (c) shall notify by the most expeditious means <b>the commander and the health authority for the place to which the person is proceeding</b> of any person embarking or proposing to continue his voyage thereon who, in the opinion of the medical officer, should be placed under surveillance;            (d) notwithstanding the provisions of sub-paragraph (b) of this regulation a person on an international voyage who on arrival was placed under surveillance</p>	

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<p>who on arrival was placed under surveillance may be allowed to continue his voyage. <b>The medical officer shall notify</b> by the most expeditious means the health authority for the place to which the person is proceeding <b>that such a person should in the opinion of the medical officer, be placed under surveillance.</b></p> <hr/> <p><b>Public Health (Infectious Diseases) Regulations 1988, S.I. 1988/1546.</b></p> <p><b>6(2)</b> Without prejudice to paragraph (3), <b>a proper officer</b> shall, if his district or port health district is in England immediately inform the Chief Medical Officer for England, or, if his district or port health district is in Wales immediately inform the Chief Medical Officer for Wales of--  <b>(a) any case or suspected case of a disease subject to the International Health Regulations and</b>  <b>(b) any serious outbreak of any disease (including food poisoning) which to his knowledge has occurred in his district or port health district,</b> and he shall similarly inform the appropriate medical officer of the appropriate [health authority].</p> <p><b>6(3) A proper officer who receives a certificate in respect of any case of--</b>  <b>(a) a disease subject to the</b></p>	<p>who on arrival was placed under surveillance may be allowed to continue his voyage. The medical officer shall notify by the most expeditious means the health authority for the place to which the person is proceeding that such a person should in the opinion of the medical officer, be placed under surveillance.</p> <hr/> <p><b>Public Health (Infectious Diseases) Regulations 1988, S.I. 1988/1546.</b></p> <p><b>6(2)</b> Without prejudice to paragraph (3), a proper officer shall, if his district or port health district is in England <b>immediately</b> inform the Chief Medical Officer for England, or, if his district or port health district is in Wales <b>immediately</b> inform the Chief Medical Officer for Wales of--  <b>(a) any case or suspected case of a disease subject to the International Health Regulations and</b>  <b>(b) any serious outbreak of any disease (including food poisoning)</b> which to his knowledge has occurred in his district or port health district, and he shall similarly inform the appropriate medical officer of the appropriate [health authority].</p> <p><b>6(3)</b> A proper officer who receives a certificate in respect of any case of--  <b>(a) a disease subject to the International</b></p>	<p>who on arrival was placed under surveillance may be allowed to continue his voyage. The medical officer shall notify <b>by the most expeditious means</b> the health authority for the place to which the person is proceeding that such a person should in the opinion of the medical officer, be placed under surveillance.</p> <hr/> <p><b>Public Health (Infectious Diseases) Regulations 1988, S.I. 1988/1546.</b></p> <p><b>7</b> The form set out in Schedule 2, or a form substantially to the like effect, shall be the form of certificate.</p>	<p>may be allowed to continue his voyage. The medical officer shall notify by the most expeditious means <b>the health authority for the place to which the person is proceeding</b> that such a person should in the opinion of the medical officer, be placed under surveillance.</p> <hr/> <p><b>Public Health (Infectious Diseases) Regulations 1988, S.I. 1988/1546.</b></p> <p><b>6(2)</b> Without prejudice to paragraph (3), a proper officer shall, if his district or port health district is in England immediately inform <b>the Chief Medical Officer for England</b>, or, if his district or port health district is in Wales immediately inform <b>the Chief Medical Officer for Wales</b> of--  <b>(a) any case or suspected case of a disease subject to the International Health Regulations and</b>  <b>(b) any serious outbreak of any disease (including food poisoning)</b> which to his knowledge has occurred in his district or port health district, and he shall similarly inform <b>the appropriate medical officer of the appropriate [health authority].</b></p> <p><b>6(3)</b> A proper officer who receives a certificate in respect of any case of--  <b>(a) a disease subject to the International</b></p>	

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<p><b>International Health Regulations, (b) leprosy, (c) malaria or rabies contracted in Great Britain, or (d) a viral haemorrhagic fever shall immediately send a copy</b> to the Chief Medical Officer for England if the address of the patient in the certificate is in England or to the Chief Medical Officer for Wales if such address is in Wales.</p> <p><b>8(1)</b> Subject to the provisions of paragraph (3), <b>a proper officer</b> shall, in respect of his district or port health district, send to the Registrar General by post every week in time to ensure its delivery on Monday, or the morning of Tuesday at the latest, <b>a return</b>, in such form as the Secretary of State may from time to time require, of the <b>number of cases of each disease (including food poisoning and suspected food poisoning but excluding leprosy) notified to him during the week</b> ended on the preceding Friday night; and the <b>proper officer</b> shall send <b>a copy of the return</b> to the appropriate medical officer of the appropriate [health authority].</p> <p><b>8(2)</b> Subject to the provisions of paragraph (3), <b>a proper officer</b> shall send to the Registrar General by post every three months, not later than 21st</p>	<p>Health Regulations, (b) leprosy, (c) malaria or rabies contracted in Great Britain, or (d) a viral haemorrhagic fever shall <b>immediately</b> send a copy to the Chief Medical Officer for England if the address of the patient in the certificate is in England or to the Chief Medical Officer for Wales if such address is in Wales.</p> <p><b>8(1)</b> Subject to the provisions of paragraph (3), a proper officer shall, in respect of his district or port health district, send to the Registrar General by post <b>every week in time to ensure its delivery on Monday, or the morning of Tuesday at the latest</b>, a return, in such form as the Secretary of State may from time to time require, of the number of cases of each disease (including food poisoning and suspected food poisoning but excluding leprosy) notified to him during the week ended on the preceding Friday night; and the proper officer shall send a copy of the return to the appropriate medical officer of the appropriate [health authority].</p> <p><b>8(2)</b> Subject to the provisions of paragraph (3), a proper officer shall send to the Registrar General by post <b>every three months</b>, not later than 21st</p>	<p><b>8(1)</b> Subject to the provisions of paragraph (3), a proper officer shall, in respect of his district or port health district, send to the Registrar General <b>by post</b> every week in time to ensure its delivery on Monday, or the morning of Tuesday at the latest, a return, <b>in such form as the Secretary of State may from time to time require</b>, of the number of cases of each disease (including food poisoning and suspected food poisoning but excluding leprosy) notified to him during the week ended on the preceding Friday night; and the proper officer shall send a copy of the return to the appropriate medical officer of the appropriate [health authority].</p> <p><b>8(2)</b> Subject to the provisions of paragraph (3), a proper officer shall send to the Registrar General <b>by post</b> every three months, not later than 21st</p>	<p>Health Regulations, (b) leprosy, (c) malaria or rabies contracted in Great Britain, or (d) a viral haemorrhagic fever shall immediately send a copy <b>to the Chief Medical Officer for England</b> if the address of the patient in the certificate is in England or <b>to the Chief Medical Officer for Wales</b> if such address is in Wales.</p> <p><b>8(1)</b> Subject to the provisions of paragraph (3), a proper officer shall, in respect of his district or port health district, send <b>to the Registrar General</b> by post every week in time to ensure its delivery on Monday, or the morning of Tuesday at the latest, a return, in such form as the Secretary of State may from time to time require, of the number of cases of each disease (including food poisoning and suspected food poisoning but excluding leprosy) notified to him during the week ended on the preceding Friday night; and the proper officer shall send a copy of the return <b>to the appropriate medical officer of the appropriate [health authority]</b>.</p> <p><b>8(2)</b> Subject to the provisions of paragraph (3), a proper officer shall send <b>to the Registrar General</b> by post every three months, not later than 21st</p>	

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<p>January, 21st April, 21st July and 21st October in every year, <b>a return</b>, in such form as the Secretary of State may from time to time require, <b>of the cases referred to in the preceding paragraph which have been notified to him during the preceding three months</b>, showing separately the final number of cases after any correction of diagnosis subsequently made by the notifying registered medical practitioner or by the registered medical practitioner in charge of the patient; and <b>the proper officer shall send a copy of the return</b> to the appropriate medical officer of the appropriate [health authority].</p> <hr/> <p><b>Public Health (International Trains) Regulations 1994</b>, S.I. 1994/311.</p> <p><b>8(1)</b> Where <b>the train manager of an international train</b> whose journey terminates in the United Kingdom (or if he is not on board, the most senior member of the crew) becomes aware during the journey that there is on board a sick traveller, on or before arrival at</p>	<p>January, 21st April, 21st July and 21st October in every year, a return, in such form as the Secretary of State may from time to time require, of the cases referred to in the preceding paragraph which have been notified to him during the preceding three months, showing separately the final number of cases after any correction of diagnosis subsequently made by the notifying registered medical practitioner or by the registered medical practitioner in charge of the patient; and the proper officer shall send a copy of the return to the appropriate medical officer of the appropriate [health authority].</p> <hr/> <p><b>Public Health (International Trains) Regulations 1994</b>, S.I. 1994/311.</p> <p><b>8(1)</b> Where <b>the train manager</b> of an international train whose journey terminates in the United Kingdom (or if he is not on board, the most senior member of the crew) <b>becomes aware during the journey that there is on board a sick traveller, on or before</b></p>	<p>January, 21st April, 21st July and 21st October in every year, a return, <b>in such form as the Secretary of State may from time to time require</b>, of the cases referred to in the preceding paragraph which have been notified to him during the preceding three months, showing separately the final number of cases after any correction of diagnosis subsequently made by the notifying registered medical practitioner or by the registered medical practitioner in charge of the patient; and the proper officer shall send a copy of the return to the appropriate medical officer of the appropriate [health authority].</p> <p><b>12</b> Any certificate, or copy, and any accompanying or related document, shall be sent in such a manner that its contents cannot be read during transmission; [...]</p> <hr/>	<p>January, 21st April, 21st July and 21st October in every year, a return, in such form as the Secretary of State may from time to time require, of the cases referred to in the preceding paragraph which have been notified to him during the preceding three months, showing separately the final number of cases after any correction of diagnosis subsequently made by the notifying registered medical practitioner or by the registered medical practitioner in charge of the patient; and the proper officer shall send a copy of the return <b>to the appropriate medical officer of the appropriate [health authority]</b>.</p> <hr/> <p><b>Public Health (International Trains) Regulations 1994</b>, S.I. 1994/311.</p> <p><b>8(1)</b> Where the train manager of an international train whose journey terminates in the United Kingdom (or if he is not on board, the most senior member of the crew) becomes aware during the journey that there is on board a sick traveller, on or before arrival at the</p>	

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<p>the next stopping place he shall arrange for the enforcement authority for that stopping place to be provided—  (a) if the sick traveller is still on board the train, with <b>details of the sick traveller's presence and whereabouts</b>;  (b) if the sick traveller is no longer on board the train, with <b>details of the circumstances in which—</b>  (i) <b>the sick traveller was identified as a sick traveller, and</b>  (ii) <b>the sick traveller alighted from or was removed from the train,</b></p> <p>unless he has already reported those details to the enforcement authority at another stopping place.</p> <hr/> <p><b>Public Health (Ships) Regulations 1979, S.I. 1979/1435.</b></p> <p><b>11(1) The master of a ship</b> on arrival or already in a district shall—[...] (b) <b>notify</b> the authorised officer immediately <b>of any circumstances on board which are likely to cause the spread of infectious disease, including in his notification particulars as to the sanitary condition of the ship and the presence of animals or captive birds of any species, or mortality or sickness among such animals or birds, on the ship</b>; [...].</p>	<p><b>arrival at the next stopping place</b> he shall arrange for the enforcement authority for that stopping place to be provided—  (a) if the sick traveller is still on board the train, with details of the sick traveller's presence and whereabouts;  (b) if the sick traveller is no longer on board the train, with details of the circumstances in which—  (i) the sick traveller was identified as a sick traveller, and  (ii) the sick traveller alighted from or was removed from the train,</p> <p>unless he has already reported those details to the enforcement authority at another stopping place.</p> <hr/> <p><b>Public Health (Ships) Regulations 1979, S.I. 1979/1435.</b></p> <p><b>11(1) The master of a ship on arrival or already in a district</b> shall—[...] (b) notify the authorised officer <b>immediately</b> of any circumstances on board which are likely to cause the spread of infectious disease, including in his notification particulars as to the sanitary condition of the ship and the presence of animals or captive birds of any species, or mortality or sickness among such animals or birds, on the ship; [...].</p>		<p>next stopping place he shall arrange for <b>the enforcement authority</b> for that stopping place to be provided—  (a) if the sick traveller is still on board the train, with details of the sick traveller's presence and whereabouts;  (b) if the sick traveller is no longer on board the train, with details of the circumstances in which—  (i) the sick traveller was identified as a sick traveller, and  (ii) the sick traveller alighted from or was removed from the train,</p> <p>unless he has already reported those details to the enforcement authority at another stopping place.</p> <hr/> <p><b>Public Health (Ships) Regulations 1979, S.I. 1979/1435.</b></p> <p><b>11(1) The master of a ship</b> on arrival or already in a district shall—[...] (b) notify <b>the authorised officer</b> immediately of any circumstances on board which are likely to cause the spread of infectious disease, including in his notification particulars as to the sanitary condition of the ship and the presence of animals or captive birds of any species, or mortality or sickness among such animals or birds, on the ship; [...].</p>	

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<p><b>13(1) The master of a ship</b> shall, in accordance with paragraph (2) below, report</p> <p>(a) the occurrence on board ship before arrival of</p> <p>(i) <b>the death of a person otherwise than as a result of an accident, or</b></p> <p>(ii) <b>illness where the person who is ill has or had a temperature of 38DC or greater which was accompanied by a rash, glandular swelling or jaundice, or where such temperature persisted for more than 48 hours, or</b></p> <p>(iii) <b>illness where the person has or had diarrhoea severe enough to interfere with work or normal activities;</b></p> <p>(b) <b>the presence on board of a person who is suffering from an infectious disease or who has symptoms which may indicate the presence of an infectious disease;</b></p> <p>(c) <b>any other circumstances on board which are likely to cause the spread of infectious disease; [...].</b></p> <p><b>13(2)</b> For the purposes of the foregoing provisions the master shall--</p> <p>(a) if the ship is equipped with a suitable radio transmitting apparatus, send before arrival, either directly to the health authority or through an agent approved by them, a radio message complying with paragraph (3) of this regulation;</p> <p>(b) if the ship is not so equipped, notify</p>	<p><b>13(2)</b> For the purposes of the foregoing provisions the master shall--</p> <p>(a) if the ship is equipped with a suitable radio transmitting apparatus, send <b>before arrival</b>, either directly to the health authority or through an agent approved by them, a radio message complying with paragraph (3) of this regulation;</p> <p>(b) if the ship is not so equipped, notify</p>	<p><b>Public Health (Ships) Regulations 1979, S.I. 1979/1435.</b></p> <p><b>13(2)</b> For the purposes of the foregoing provisions the master shall--</p> <p>(a) if the ship is equipped with a suitable radio transmitting apparatus, send before arrival, either directly to the health authority or through an agent approved by them, <b>a radio message complying with paragraph (3) of this regulation; [...].</b></p>	<p><b>13(2)</b> For the purposes of the foregoing provisions the master shall--</p> <p>(a) if the ship is equipped with a suitable radio transmitting apparatus, send before arrival, either directly <b>to the health authority or through an agent approved by them</b>, a radio message complying with paragraph (3) of this regulation;</p>	

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<p>the health authority, whenever practicable before arrival and otherwise immediately on arrival, <b>of the presence on board of such infectious disease, symptoms or other similar circumstances.</b></p>	<p>the health authority, <b>whenever practicable before arrival and otherwise immediately on arrival</b>, of the presence on board of such infectious disease, symptoms or other similar circumstances.</p> <p><b>13(3)</b> Any radio message sent for the purpose of this regulation shall--  (a) be sent so as to reach the health authority <b>not more than twelve hours, and whenever practicable not less than four hours, before the expected arrival of the ship;</b>  (b) if it is in code, conform with Part VIII of the International Code of Signals as reproduced in Schedule I, unless the health authority otherwise directs.</p>	<p><b>13(3)</b> Any radio message sent for the purpose of this regulation shall--  (a) be sent so as to reach the health authority not more than twelve hours, and whenever practicable not less than four hours, before the expected arrival of the ship;  <b>(b) if it is in code, conform with Part VIII of the International Code of Signals as reproduced in Schedule I, unless the health authority otherwise directs.</b></p> <p><b>15(1)</b> Subject to the provisions of this regulation, where on the arrival of a ship, the master  (a) has a report to make in accordance with regulation 13(1)(a), (b) or (c), or  (b) is directed by the medical officer to complete a Maritime Declaration of Health  he shall complete a Maritime Declaration of Health in the form set out in Schedule 2, which shall be countersigned by the ship's surgeon if one is carried: [...].</p>	<p>(b) if the ship is not so equipped, notify <b>the health authority</b>, whenever practicable before arrival and otherwise immediately on arrival, of the presence on board of such infectious disease, symptoms or other similar circumstances.</p>	

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<p><b>16</b> If, within four weeks after the master of a ship has delivered a Maritime Declaration of Health under regulation 15 or a corresponding provision in force in Scotland or Northern Ireland, the ship arrives in a district or calls at another district, as the case may be, <b>the master shall report to the authorised officer any case or suspected case of infectious disease which has occurred on board since the Declaration was delivered and which has not already been reported.</b></p> <p><b>33</b> Where a ship is due to depart for a destination, whether final or intermediate, outside the United Kingdom, <b>the medical officer—[...]</b> (c) shall notify by the most expeditious means the master and, also, the health authority for the place to which the person is proceeding <b>of any person embarking or proposing to continue his voyage thereon who, in the opinion of the medical officer, should be placed under surveillance;</b> (d) notwithstanding the provisions of sub-paragraph (b) [prohibition from embarking, see Table 3] of this regulation may allow a person on an international voyage who, on arrival, was placed under surveillance to continue his voyage. <b>The medical officer shall notify by the most expeditious means the health authority</b></p>	<p><b>16 If, within four weeks after the master of a ship has delivered a Maritime Declaration of Health under regulation 15 or a corresponding provision in force in Scotland or Northern Ireland, the ship arrives in a district or calls at another district,</b> as the case may be, the master shall report to the authorised officer any case or suspected case of infectious disease which has occurred on board since the Declaration was delivered and which has not already been reported.</p> <p><b>33 Where a ship is due to depart for a destination,</b> whether final or intermediate, outside the United Kingdom, the medical officer—[...] (c) shall notify by the most expeditious means the master and, also, the health authority for the place to which the person is proceeding of any person embarking or proposing to continue his voyage thereon who, in the opinion of the medical officer, should be placed under surveillance; (d) notwithstanding the provisions of sub-paragraph (b) of this regulation may allow a person on an international voyage who, on arrival, was placed under surveillance to continue his voyage. The medical officer shall notify by the most expeditious means the health authority for the place to which the person is proceeding that such a person</p>	<p><b>33</b> Where a ship is due to depart for a destination, whether final or intermediate, outside the United Kingdom, the medical officer—[...] (c) shall notify <b>by the most expeditious means</b> the master and, also, the health authority for the place to which the person is proceeding of any person embarking or proposing to continue his voyage thereon who, in the opinion of the medical officer, should be placed under surveillance; (d) notwithstanding the provisions of sub-paragraph (b) of this regulation may allow a person on an international voyage who, on arrival, was placed under surveillance to continue his voyage. The medical officer shall notify <b>by the most expeditious means</b> the health authority for the place to which the person is proceeding that such a</p>	<p><b>16</b> If, within four weeks after the master of a ship has delivered a Maritime Declaration of Health under regulation 15 or a corresponding provision in force in Scotland or Northern Ireland, the ship arrives in a district or calls at another district, as the case may be, the master shall report <b>to the authorised officer</b> any case or suspected case of infectious disease which has occurred on board since the Declaration was delivered and which has not already been reported.</p> <p><b>33</b> Where a ship is due to depart for a destination, whether final or intermediate, outside the United Kingdom, the medical officer—[...] (c) shall notify by the most expeditious means <b>the master and, also, the health authority for the place to which the person is proceeding</b> of any person embarking or proposing to continue his voyage thereon who, in the opinion of the medical officer, should be placed under surveillance; (d) notwithstanding the provisions of sub-paragraph (b) of this regulation may allow a person on an international voyage who, on arrival, was placed under surveillance to continue his voyage. The medical officer shall notify by the most expeditious means <b>the health authority for the place to which the person is proceeding</b> that such a</p>	



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<p>for the place to which the person is proceeding <b>that such a person should, in the opinion of the medical officer, be placed under surveillance.</b></p> <hr/> <p><b>Terrorism Act 2000</b> (U.K.), 2000, c. 11.</p> <p><b>38B(1)</b> This section applies where a <b>person has information which he knows or believes might be of material assistance-</b> (a) in preventing the commission by <b>another person</b> of an act of terrorism, or (b) in securing the apprehension, prosecution or conviction of <b>another person</b>, in the United Kingdom, for an offence involving the commission, preparation or instigation of an act of terrorism.</p> <hr/> <p><b>Adult Placement Schemes (England) Regulations 2004</b>, S.I. 2004/2071.</p> <p><b>17(1) The registered provider shall enter into a written agreement</b> with an adult placement carer (in these Regulations referred to as "the carer agreement") which complies with the conditions specified in paragraph (2).</p> <p><b>17(2)</b> The conditions are that the carer agreement—[...] (h) requires <b>the adult placement carer</b> to notify the registered person within 24</p>	<p>should, in the opinion of the medical officer, be placed under surveillance.</p> <hr/> <p><b>Terrorism Act 2000</b> (U.K.), 2000, c. 11.</p> <p><b>38B(1)</b> This section applies <b>where a person has information which he knows or believes might be of material assistance-</b> (a) <b>in preventing the commission by another person of an act of terrorism, or</b> (b) in securing the apprehension, prosecution or conviction of another person, in the United Kingdom, for an offence involving the commission, preparation or instigation of an act of terrorism.</p> <hr/> <p><b>Adult Placement Schemes (England) Regulations 2004</b>, S.I. 2004/2071.</p> <p><b>17(2)</b> The conditions are that the carer agreement—[...] (h) requires the adult placement carer to notify the registered person <b>within 24</b></p>	<p>person should, in the opinion of the medical officer, be placed under surveillance.</p> <hr/> <p><b>Adult Placement Schemes (England) Regulations 2004</b>, S.I. 2004/2071.</p> <p><b>17(1)</b> The registered provider shall enter into a <b>written agreement</b> with an adult placement carer (in these Regulations referred to as "the carer agreement") which complies with the conditions specified in paragraph (2).</p> <p><b>17(2)</b> The conditions are that the carer agreement—[...] (h) requires the adult placement carer to notify the registered person within 24</p>	<p>person should, in the opinion of the medical officer, be placed under surveillance.</p> <hr/> <p><b>Terrorism Act 2000</b> (U.K.), 2000, c. 11.</p> <p><b>38B(3)</b> Disclosure is in accordance with this subsection if it is made- (a) in England and Wales, <b>to a constable,</b> (b) in Scotland, <b>to a constable,</b> or (c) in Northern Ireland, <b>to a constable or a member of Her Majesty's forces.</b></p> <hr/> <p><b>Adult Placement Schemes (England) Regulations 2004</b>, S.I. 2004/2071.</p> <p><b>17(2)</b> The conditions are that the carer agreement—[...] (h) requires the adult placement carer to notify <b>the registered person</b> within 24</p>	<p><b>Terrorism Act 2000</b> (U.K.), 2000, c. 11.</p> <p><b>38B(2)</b> The person commits an offence if he does not disclose the information as soon as reasonably practicable in accordance with subsection (3).</p>

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<p>hours of the occurrence of an incident described in paragraph (3), and any such notification which is given orally shall be confirmed in writing.</p> <p><b>17(3) The incidents are—[...]</b> (b) <b>the outbreak of any infectious disease</b> which in the opinion of a registered medical practitioner attending <b>a service user</b> is sufficiently serious to be so notified;[...].</p> <p><b>33(1) The registered person</b> shall notify the CSCI if an incident described in paragraph (2) takes place.</p> <p><b>33(3) The incidents are—[...]</b> (b) the outbreak within the <b>adult placement carer's home of any infectious disease</b> which in the opinion of any registered medical practitioner attending persons in the home is sufficiently serious to be so notified; [...].</p> <hr/> <p><b>Blood Safety and Quality Regulations 2005, S.I. 2005/50 (under the European Communities Act 1972).</b></p> <p><b>7(1) A blood establishment shall--</b> (e) <b>notify the Secretary of State of--</b> (i) <b>any serious adverse events related to the collection, testing, processing, storage and distribution of blood and</b></p>	<p><b>hours of the occurrence of an incident</b> described in paragraph (3), and any such notification which is given orally shall be confirmed in writing.</p> <p><b>17(3) The incidents are—[...]</b> (b) the outbreak of any infectious disease <b>which in the opinion of a registered medical practitioner attending a service user is sufficiently serious to be so notified;</b>[...].</p> <p><b>33(1) The registered person</b> shall notify the CSCI <b>if an incident described in paragraph (2) takes place.</b></p> <p><b>33(3) The incidents are—[...]</b> (b) the outbreak within the adult placement carer's home of any infectious <b>disease which in the opinion of any registered medical practitioner attending persons in the home is sufficiently serious to be so notified;</b> [...].</p> <hr/>	<p>hours of the occurrence of an incident described in paragraph (3), and any such <b>notification which is given orally shall be confirmed in writing.</b></p>	<p>hours of the occurrence of an incident described in paragraph (3), and any such notification which is given orally shall be confirmed in writing.</p> <p><b>33(1) The registered person</b> shall notify <b>the CSCI</b> if an incident described in paragraph (2) takes place.</p> <hr/> <p><b>Blood Safety and Quality Regulations 2005, S.I. 2005/50 (under the European Communities Act 1972).</b></p> <p><b>7(1) A blood establishment shall--</b> (e) notify <b>the Secretary of State</b> of-- (i) any serious adverse events related to the collection, testing, processing, storage and distribution of blood and</p>	

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<p><b>blood components by the blood establishment which may have an influence on their quality and safety, and</b> <b>(ii) any serious adverse reactions observed during or after transfusion which may be attributable to the quality or safety of blood or blood components collected, tested, processed, stored or distributed by the blood establishment; [...].</b></p> <hr/> <p><b>Children’s Homes Regulations 2001,</b> S.I. 2001/3967.</p> <p><b>30(1)</b> If, in relation to a children's home, <b>any of the events listed in column 1 of the table in Schedule 5</b> takes place, the <b>registered person shall</b> without delay <b>notify the persons indicated</b> in respect of the event in column 2 of the table. <i>[Note : Schedule 5 provides that the Placing Authority must be notified of outbreak of any infectious disease which in the opinion of a registered medical practitioner attending children at the home is sufficiently serious to be so notified. Serious illness or serious accident sustained by a child accommodated in the home must be reported to the Commission for Social Care Inspection and the Placing Authority.]</i></p>	<p><b>Children’s Homes Regulations 2001,</b> S.I. 2001/3967.</p> <p><b>30(1)</b> If, in relation to a children's home, any of the events listed in column 1 of the table in Schedule 5 takes place, the registered person shall <b>without delay</b> notify the persons indicated in respect of the event in column 2 of the table. <i>[Note : Schedule 5 provides that the Placing Authority must be notified of outbreak of any infectious disease which in the opinion of a registered medical practitioner attending children at the home is sufficiently serious to be so notified. Serious illness or serious accident sustained by a child accommodated in the home must be reported to the Commission for Social Care Inspection and the Placing Authority.]</i></p>	<p><b>Children’s Homes Regulations 2001,</b> S.I. 2001/3967.</p> <p><b>30(3)</b> Any notification made in accordance with this regulation which is <b>given orally shall be confirmed in writing.</b> <i>[Note : Schedule 5 provides that the Placing Authority must be notified of outbreak of any infectious disease which in the opinion of a registered medical practitioner attending children at the home is sufficiently serious to be so notified. Serious illness or serious accident sustained by a child accommodated in the home must be reported to the Commission for Social Care Inspection and the Placing Authority.]</i></p>	<p>blood components by the blood establishment which may have an influence on their quality and safety, and (ii) any serious adverse reactions observed during or after transfusion which may be attributable to the quality or safety of blood or blood components collected, tested, processed, stored or distributed by the blood establishment; [...].</p> <hr/> <p><b>Children’s Homes Regulations 2001,</b> S.I. 2001/3967.</p> <p><i>[Note : Schedule 5 provides that the <b>Placing Authority</b> must be notified of outbreak of any infectious disease which in the opinion of a registered medical practitioner attending children at the home is sufficiently serious to be so notified. Serious illness or serious accident sustained by a child accommodated in the home must be reported to the <b>Commission for Social Care Inspection</b> and the <b>Placing Authority</b>.]</i></p>	

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<p><b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, S.I. 1995/3163 (under the Health and Safety at Work Act 1974).</b></p> <p><b>3(1)</b> Subject to regulation 10[exceptions to the application of this regulation], where--</p> <p>(a) any person dies as a result of an accident arising out of or in connection with work;</p> <p>(b) any person at work suffers a major injury as a result of an accident arising out of or in connection with work;</p> <p>(c) any person not at work suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury;</p> <p>(d) any person not at work suffers a major injury as a result of an accident arising out of or in connection with work at a hospital; or [...] the responsible person shall--</p> <p>(i) forthwith notify the relevant enforcing authority thereof by the quickest practicable means; and</p> <p>(ii) within 10 days send <b>a report</b> thereof to the relevant enforcing authority on a form approved for the purposes of this sub-paragraph, unless within that period he makes <b>a report</b> thereof to the Executive by some other means so approved.</p>	<p><b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, S.I. 1995/3163 (under the Health and Safety at Work Act 1974).</b></p> <p><b>3(1)</b> Subject to regulation 10[exceptions to the application of this regulation], where--</p> <p>(a) any person dies as a result of an accident arising out of or in connection with work;</p> <p>(b) any person at work suffers a major injury as a result of an accident arising out of or in connection with work;</p> <p>(c) any person not at work suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury;</p> <p>(d) any person not at work suffers a major injury as a result of an accident arising out of or in connection with work at a hospital; or [...] the responsible person shall--</p> <p>(i) <b>forthwith</b> notify the relevant enforcing authority thereof by the quickest practicable means; and</p> <p>(ii) <b>within 10 days</b> send a report thereof to the relevant enforcing authority on a form approved for the purposes of this sub-paragraph, unless within that period he makes a report thereof to the Executive by some other means so approved.</p>	<p><b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, S.I. 1995/3163 (under the Health and Safety at Work Act 1974).</b></p> <p><b>3(1)</b> Subject to regulation 10[exceptions to the application of this regulation], where--</p> <p>(a) any person dies as a result of an accident arising out of or in connection with work;</p> <p>(b) any person at work suffers a major injury as a result of an accident arising out of or in connection with work;</p> <p>(c) any person not at work suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury;</p> <p>(d) any person not at work suffers a major injury as a result of an accident arising out of or in connection with work at a hospital; or [...] the responsible person shall--</p> <p>(i) forthwith notify the relevant enforcing authority thereof <b>by the quickest practicable means</b>; and</p> <p>(ii) within 10 days send a report thereof to the relevant enforcing authority <b>on a form approved for the purposes of this sub-paragraph</b>, unless within that period he makes a report thereof to the Executive <b>by some other means so approved</b>.</p>	<p><b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, S.I. 1995/3163 (under the Health and Safety at Work Act 1974).</b></p> <p><b>3(1)</b> Subject to regulation 10[exceptions to the application of this regulation], where--</p> <p>(a) any person dies as a result of an accident arising out of or in connection with work;</p> <p>(b) any person at work suffers a major injury as a result of an accident arising out of or in connection with work;</p> <p>(c) any person not at work suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury;</p> <p>(d) any person not at work suffers a major injury as a result of an accident arising out of or in connection with work at a hospital; or [...] the responsible person shall--</p> <p>(i) forthwith notify the <b>relevant enforcing authority</b> thereof by the quickest practicable means; and</p> <p>(ii) within 10 days send a report thereof <b>to the relevant enforcing authority</b> on a form approved for the purposes of this sub-paragraph, unless within that period he makes a report thereof <b>to the Executive</b> by some other means so approved.</p>	

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<p><b>5(1)</b> Subject to paragraphs (2) and (3) and to regulation 10 [exceptions to the application of this regulation], where-- (a) a person at work suffers from any of the occupational diseases specified in column 1 of Part I of Schedule 3 and his work involves one of the activities specified in the corresponding entry in column 2 of that Part; or (b) a person at an offshore workplace suffers from any of the diseases specified in Part II of Schedule 3, <b>the responsible person</b> shall forthwith send a <b>report</b> thereof to the relevant enforcing authority on a form approved for the purposes of this regulation, unless he forthwith makes a <b>report</b> thereof to the Executive by some other means so approved.</p> <p><b>5(2)</b> Paragraph (1) shall apply only if-- (a) in the case of an employee, the responsible person has received a written <b>statement</b> prepared by a <b>registered medical practitioner diagnosing the disease as one of those specified in Schedule 3</b>; or (b) in the case of a self-employed person, that person has been informed, by a <b>registered medical practitioner</b>, that <b>he is suffering from a disease so specified</b>.</p>	<p><b>5(1)</b> Subject to paragraphs (2) and (3) and to regulation 10 [exceptions to the application of this regulation], <b>where--</b> <b>(a) a person at work suffers from any of the occupational diseases specified in column 1 of Part I of Schedule 3 and his work involves one of the activities specified in the corresponding entry in column 2 of that Part; or</b> <b>(b) a person at an offshore workplace suffers from any of the diseases specified in Part II of Schedule 3</b>, the responsible person shall <b>forthwith</b> send a report thereof to the relevant enforcing authority on a form approved for the purposes of this regulation, unless he forthwith makes a report thereof to the Executive by some other means so approved.</p> <p><b>5(2)</b> Paragraph (1) shall apply only if-- (a) <b>in the case of an employee, the responsible person has received a written statement prepared by a registered medical practitioner diagnosing the disease as one of those specified in Schedule 3; or</b> (b) <b>in the case of a self-employed person, that person has been informed, by a registered medical practitioner, that he is suffering from a disease so specified.</b></p>	<p><b>5(1)</b> Subject to paragraphs (2) and (3) and to regulation 10 [exceptions to the application of this regulation], where-- (a) a person at work suffers from any of the occupational diseases specified in column 1 of Part I of Schedule 3 and his work involves one of the activities specified in the corresponding entry in column 2 of that Part; or (b) a person at an offshore workplace suffers from any of the diseases specified in Part II of Schedule 3, the responsible person shall forthwith send a report thereof to the relevant enforcing authority <b>on a form approved for the purposes of this regulation</b>, unless he forthwith makes a report thereof to the Executive <b>by some other means so approved</b>.</p> <p><b>5(2)</b> Paragraph (1) shall apply only if-- (a) in the case of an employee, the responsible person has received a <b>written</b> statement prepared by a registered medical practitioner diagnosing the disease as one of those specified in Schedule 3; or (b) in the case of a self-employed person, that person has been informed, by a registered medical practitioner, that he is suffering from a disease so specified.</p>	<p><b>5(1)</b> Subject to paragraphs (2) and (3) and to regulation 10 [exceptions to the application of this regulation], where-- (a) a person at work suffers from any of the occupational diseases specified in column 1 of Part I of Schedule 3 and his work involves one of the activities specified in the corresponding entry in column 2 of that Part; or (b) a person at an offshore workplace suffers from any of the diseases specified in Part II of Schedule 3, the responsible person shall forthwith send a report thereof <b>to the relevant enforcing authority</b> on a form approved for the purposes of this regulation, unless he forthwith makes a report thereof <b>to the Executive</b> by some other means so approved.</p> <p><b>5(2)</b> Paragraph (1) shall apply only if-- (a) in the case of an employee, the <b>responsible person</b> has received a written statement prepared by a registered medical practitioner diagnosing the disease as one of those specified in Schedule 3; or (b) in the case of a <b>self-employed person</b>, that person has been informed, by a registered medical practitioner, that he is suffering from a disease so specified.</p>	

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p><b>5(3)</b> In the case of a self-employed person, it shall be a sufficient compliance with paragraph (1) if that person makes arrangements for the report to be sent to the relevant enforcing authority by <b>some other person</b>.</p>			<p><b>5(3)</b> In the case of a self-employed person, it shall be a sufficient compliance with paragraph (1) if that person makes arrangements for the report to be sent <b>to the relevant enforcing authority</b> by some other person.</p>	

## UNITED STATES

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p><b>Public Health Service Act.</b> 42 U.S.C. §268 (2005).</p> <p><b>268</b> (a) Any <b>consular or medical officer of the United States</b>, designated for such purpose by the Secretary, shall make reports to the Surgeon General, on such forms and at such intervals as the Surgeon General may prescribe, <b>of the health conditions at the port or place at which such officer is stationed.</b></p> <hr/> <p><b>42 C.F.R.</b> §70.4 (2005) (Interstate Quarantine).</p> <p><b>70.4</b> The master of any vessel or person in charge of any conveyance engaged in interstate traffic, on which a case or suspected case of a communicable disease develops shall, as soon as practicable, notify the local health authority at the next port of call, station, or stop, and shall take such measures to prevent the spread of the disease as the local health authority directs.</p> <hr/> <p><b>42 C.F.R.</b> §71.21 et seq. (2005) (Foreign Quarantine).</p>	<p><b>Public Health Service Act.</b> 42 U.S.C. §268 (2005).</p> <p><b>268</b> (a) Any consular or medical officer of the United States, designated for such purpose by the Secretary, shall make reports to the Surgeon General, on such forms and <b>at such intervals as the Surgeon General may prescribe</b>, of the health conditions at the port or place at which such officer is stationed.</p> <hr/> <p><b>42 C.F.R.</b> §70.4 (2005) (Interstate Quarantine).</p> <p><b>70.4</b> The master of any vessel or person in charge of any conveyance engaged in interstate traffic, <b>on which a case or suspected case of a communicable disease develops shall, as soon as practicable</b>, notify the local health authority at the next port of call, station, or stop, and shall take such measures to prevent the spread of the disease as the local health authority directs.</p> <hr/> <p><b>42 C.F.R.</b> §71.21 et seq. (2005) (Foreign Quarantine).</p>	<p><b>Public Health Service Act.</b> 42 U.S.C. §268 (2005).</p> <p><b>268</b> (a) Any consular or medical officer of the United States, designated for such purpose by the Secretary, shall make reports to the Surgeon General, <b>on such forms and at such intervals as the Surgeon General may prescribe</b>, of the health conditions at the port or place at which such officer is stationed.</p> <hr/> <p><b>42 C.F.R.</b> §71.21 et seq. (2005) (Foreign Quarantine).</p>	<p><b>Public Health Service Act.</b> 42 U.S.C. §268 (2005).</p> <p><b>268</b> (a) Any consular or medical officer of the United States, designated for such purpose by the Secretary, shall make reports <b>to the Surgeon General</b>, on such forms and at such intervals as the Surgeon General may prescribe, of the health conditions at the port or place at which such officer is stationed.</p> <hr/> <p><b>42 C.F.R.</b> §70.4 (2005) (Interstate Quarantine).</p> <p><b>70.4</b> The master of any vessel or person in charge of any conveyance engaged in interstate traffic, on which a case or suspected case of a communicable disease develops shall, as soon as practicable, notify <b>the local health authority at the next port of call, station, or stop</b>, and shall take such measures to prevent the spread of the disease as the local health authority directs.</p> <hr/> <p><b>42 C.F.R.</b> §71.21 et seq. (2005) (Foreign Quarantine).</p>	<p><b>42 C.F.R.</b> §71.2 (2005) (Foreign Quarantine).</p>

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p><b>71.21 (a) The master of a ship destined for a U.S. port</b> shall report immediately to the quarantine station at or nearest the port at which the ship will arrive, <b>the occurrence, on board, of any death or any ill person among passengers or crew</b> (including those who have disembarked or have been removed) during the 15-day period preceding the date of expected arrival or during the period since departure from a U.S. port (whichever period of time is shorter).</p> <p><b>71.21 (b) The commander of an aircraft destined for a U.S. airport</b> shall report immediately to the quarantine station at or nearest the airport at which the aircraft will arrive, <b>the occurrence, on board, of any death or ill person among passengers or crew.</b></p> <p><b>71.21 (c)</b> In addition to paragraph (a) of this section, <b>the master of a ship carrying 13 or more passengers</b> must report by radio 24 hours before arrival the <b>number of cases (including zero) of diarrhea in passengers and crew recorded in the ship's medical log during the current cruise. All cases of diarrhea that occur after the 24 hour report must also be reported not less than 4 hours before arrival.</b></p>	<p><b>71.21 (a)</b> The master of a ship destined for a U.S. port shall report <b>immediately</b> to the quarantine station at or nearest the port at which the ship will arrive, the occurrence, on board, of any death or any ill person among passengers or crew (including those who have disembarked or have been removed) during the 15-day period preceding the date of expected arrival or during the period since departure from a U.S. port (whichever period of time is shorter).</p> <p><b>71.21 (b)</b> The commander of an aircraft destined for a U.S. airport shall report <b>immediately</b> to the quarantine station at or nearest the airport at which the aircraft will arrive, the occurrence, on board, of any death or ill person among passengers or crew.</p> <p><b>71.21 (c)</b> In addition to paragraph (a) of this section, the master of a ship carrying 13 or more passengers must report by radio <b>24 hours before arrival</b> the number of cases (including zero) of diarrhea in passengers and crew recorded in the ship's medical log during the current cruise. All cases of diarrhea that occur after the 24 hour report must also be reported <b>not less than 4 hours before arrival.</b></p>	<p><b>71.21 (a)</b> The master of a ship destined for a U.S. port shall report immediately to the quarantine station at or nearest the port at which the ship will arrive, the occurrence, on board, of any death or any ill person among passengers or crew (including those who have disembarked or have been removed) during the 15-day period preceding the date of expected arrival or during the period since departure from a U.S. port (whichever period of time is shorter).</p> <p><b>71.21 (b)</b> The commander of an aircraft destined for a U.S. airport shall report immediately to the quarantine station at or nearest the airport at which the aircraft will arrive, the occurrence, on board, of any death or ill person among passengers or crew.</p> <p><b>71.21 (c)</b> In addition to paragraph (a) of this section, the master of a ship carrying 13 or more passengers must report <b>by radio 24 hours before arrival</b> the number of cases (including zero) of diarrhea in passengers and crew recorded in the ship's medical log during the current cruise. All cases of diarrhea that occur after the 24 hour report must also be reported not less than 4 hours before arrival.</p>	<p><b>71.21 (a)</b> The master of a ship destined for a U.S. port shall report immediately <b>to the quarantine station at or nearest the port at which the ship will arrive,</b> the occurrence, on board, of any death or any ill person among passengers or crew (including those who have disembarked or have been removed) during the 15-day period preceding the date of expected arrival or during the period since departure from a U.S. port (whichever period of time is shorter).</p> <p><b>71.21 (b)</b> The commander of an aircraft destined for a U.S. airport shall report immediately <b>to the quarantine station at or nearest the airport at which the aircraft will arrive,</b> the occurrence, on board, of any death or ill person among passengers or crew.</p> <p><b>71.21 (c)</b> In addition to paragraph (a) of this section, the master of a ship carrying 13 or more passengers must report by radio 24 hours before arrival the number of cases (including zero) of diarrhea in passengers and crew recorded in the ship's medical log during the current cruise. All cases of diarrhea that occur after the 24 hour report must also be reported not less than 4 hours before arrival.</p>	<p><b>71.2</b> Any person violating any provision of these regulations shall be subject to a fine of not more than \$ 1,000 or to imprisonment for not more than 1 year, or both, as provided in section 368 of the Public Health Service Act (42 U.S.C. 271).</p>



Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p><b>71.33 (c) Every person who is placed under surveillance</b> by authority of this subpart shall, during the period of surveillance:</p> <p>(1) Give <b>information relative to his/her health and his/her intended destination</b> and report, in person or by telephone, to the local health officer having jurisdiction over the areas to be visited, and report for medical examinations as may be required;</p> <p>(2) Upon arrival at any address other than that stated as the intended destination when placed under surveillance, or prior to departure from the United States, <b>inform</b>, in person or by telephone, the health officer serving the health jurisdiction from which he/she is departing.</p> <p><b>71.35 The master of any carrier at a U.S. port</b> shall report immediately to the quarantine station at or nearest the port <b>the occurrence, on board, of any death or any ill person among passengers or crew.</b></p>	<p><b>71.33 (c) Every person who is placed under surveillance</b> by authority of this subpart shall, <b>during the period of surveillance:</b></p> <p>(1) Give information relative to his/her health and his/her intended destination and report, in person or by telephone, to the local health officer having jurisdiction over the areas to be visited, and report for medical examinations as may be required;</p> <p>(2) <b>Upon arrival at any address other than that stated as the intended destination when placed under surveillance, or prior to departure from the United States</b>, inform, in person or by telephone, the health officer serving the health jurisdiction from which he/she is departing.</p> <p><b>71.35</b> The master of any carrier at a U.S. port shall report <b>immediately</b> to the quarantine station at or nearest the port the occurrence, on board, of any death or any ill person among passengers or crew.</p>	<p><b>71.33 (c) Every person who is placed under surveillance</b> by authority of this subpart shall, during the period of surveillance:</p> <p>(1) Give information relative to his/her health and his/her intended destination and report, <b>in person or by telephone</b>, to the local health officer having jurisdiction over the areas to be visited, and report for medical examinations as may be required;</p> <p>(2) Upon arrival at any address other than that stated as the intended destination when placed under surveillance, or prior to departure from the United States, inform, <b>in person or by telephone</b>, the health officer serving the health jurisdiction from which he/she is departing.</p>	<p><b>71.33 (c) Every person who is placed under surveillance</b> by authority of this subpart shall, during the period of surveillance:</p> <p>(1) Give information relative to his/her health and his/her intended destination and report, in person or by telephone, <b>to the local health officer having jurisdiction over the areas to be visited</b>, and report for medical examinations as may be required;</p> <p>(2) Upon arrival at any address other than that stated as the intended destination when placed under surveillance, or prior to departure from the United States, inform, in person or by telephone, <b>the health officer serving the health jurisdiction from which he/she is departing.</b></p> <p><b>71.35</b> The master of any carrier at a U.S. port shall report immediately <b>to the quarantine station at or nearest the port</b> the occurrence, on board, of any death or any ill person among passengers or crew.</p>	

## WORLD HEALTH ORGANIZATION / PAN AMERICAN HEALTH ORGANIZATION

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p><b>International Health Regulations (2005)</b>, WHO Doc. A58/55.</p> <p><b>Article 6</b>  <b>1 Each State Party</b> shall assess events occurring within its territory by using the decision instrument in Annex 2 [Note: see Appendix 3 of this Compendium for Annex 2]. <b>Each State Party</b> shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, <b>of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events.</b> [...].</p> <p><b>2</b> Following a notification, a <b>State Party</b> shall continue to communicate to WHO timely, <b>accurate and sufficiently detailed public health information available to it on the notified event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health</b></p>	<p><b>International Health Regulations (2005)</b>, WHO Doc. A58/55.</p> <p><b>Article 6</b>  <b>1</b> Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2 [Note: see Appendix 3 of this Compendium for Annex 2]. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and <b>within 24 hours of assessment of public health information</b>, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. [...].</p> <p><b>2</b> Following a notification, a State Party shall continue to communicate to WHO <b>timely</b>, accurate and sufficiently detailed public health information available to it on the event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures</p>	<p><b>International Health Regulations (2005)</b>, WHO Doc. A58/55.</p> <p><b>Article 6</b>  <b>1</b> Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2 [Note: see Appendix 3 of this Compendium for Annex 2]. Each State Party shall notify WHO, <b>by the most efficient means of communication available, by way of the National IHR Focal Point</b>, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. [...].</p>	<p><b>International Health Regulations (2005)</b>, WHO Doc. A58/55.</p> <p><b>Article 6</b>  <b>1</b> Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2 [Note: see Appendix 3 of this Compendium for Annex 2]. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. [...].</p> <p><b>2</b> Following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when</p>	

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<p><b>measures employed</b>; and report, when necessary, <b>the difficulties faced and support needed in responding to the potential public health emergency of international concern.</b></p> <p><b>Article 7</b> If a <b>State Party</b> has evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which may constitute a public health emergency of international concern, it shall provide to <b>WHO all relevant public health information.</b> In such a case, the provisions of Article 6 shall apply in full.</p> <p><b>Article 8</b> In the case of <b>events occurring within its territory not requiring notification as provided in Article 6</b>, in particular those <b>events for which there is insufficient information available to complete the decision instrument, a State Party</b> may nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained</p>	<p>employed; and report, <b>when necessary</b>, the difficulties faced and support needed in responding to the potential public health emergency of international concern.</p> <p><b>Article 7</b> If a State Party has <b>evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which may constitute a public health emergency of international concern</b>, it shall provide to WHO all relevant public health information. In such a case, the provisions of Article 6 shall apply in full.</p> <p><b>Article 8</b> <b>In the case of events occurring within its territory not requiring notification as provided in Article 6</b>, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party may nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by</p>	<p><b>Article 8</b> In the case of events occurring within its territory not requiring notification as provided in Article 6, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party may nevertheless keep WHO advised thereof <b>through the National IHR Focal Point</b> and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party.</p>	<p>necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern.</p> <p><b>Article 7</b> If a State Party has evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which may constitute a public health emergency of international concern, it shall provide to <b>WHO</b> all relevant public health information. In such a case, the provisions of Article 6 shall apply in full.</p> <p><b>Article 8</b> In the case of events occurring within its territory not requiring notification as provided in Article 6, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party may nevertheless keep <b>WHO</b> advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party.</p>	

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p>by that State Party.</p> <p><b>Article 9</b>  <b>1 WHO</b> may take into <b>account reports from sources other than notifications or consultations</b> and shall assess these reports according to established epidemiological principles and then communicate <b>information on the event</b> to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, <b>WHO</b> shall consult with and attempt to obtain verification from the <b>State Party in whose territory the event is allegedly occurring</b> in accordance with the procedures set forth in Article 10. To this end <b>WHO</b> shall make <b>the information received</b> available to the State Parties and only where it is duly justified may <b>WHO</b> maintain the confidentiality of the source. This information will be used in accordance with the procedures set forth in Article 11.</p> <p><b>2 States Parties</b> shall, as far as practicable, inform <b>WHO</b> within 24 hours of receipt of <b>evidence of a public health risk identified outside their territory that may cause international disease spread</b>, as manifested by exported or imported:  (a) human cases;  (b) vectors which carry infection or</p>	<p>that State Party.</p> <p><b>Article 9</b>  <b>1 WHO</b> may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, <b>WHO</b> shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedures set forth in Article 10. To this end <b>WHO</b> shall make the information received available to the State Parties and only where it is duly justified may <b>WHO</b> maintain the confidentiality of the source. This information will be used in accordance with the procedures set forth in Article 11.</p> <p><b>2 States Parties</b> shall, as far as practicable, inform <b>WHO</b> <b>within 24 hours of receipt of evidence</b> of a public health threat identified outside their territory that may cause international disease spread, as manifested by exported or imported:  (a) human cases;  (b) vectors which carry infection or contamination; or</p>	<p><b>Article 9</b>  <b>1 WHO</b> may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate <b>information on the event</b> to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, <b>WHO</b> shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring <b>in accordance with the procedures set forth in Article 10</b>. To this end <b>WHO</b> shall make the information received available to the State Parties and only where it is duly justified may <b>WHO</b> maintain the confidentiality of the source. This information will be used <b>in accordance with the procedures set forth in Article 11</b>.</p>	<p><b>Article 9</b>  <b>1 WHO</b> may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event <b>to the State Party in whose territory the event is allegedly occurring</b>. Before taking any action based on such reports, <b>WHO</b> shall consult with and attempt to obtain verification from <b>the State Party</b> in whose territory the event is allegedly occurring in accordance with the procedures set forth in Article 10. To this end <b>WHO</b> shall make the information received available to <b>the State Parties</b> and only where it is duly justified may <b>WHO</b> maintain the confidentiality of the source. This information will be used in accordance with the procedures set forth in Article 11.</p> <p><b>2 States Parties</b> shall, as far as practicable, inform <b>WHO</b> within 24 hours of receipt of evidence of a public health threat identified outside their territory that may cause international disease spread, as manifested by exported or imported:  (a) human cases;  (b) vectors which carry infection or contamination; or</p>	

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<p>contamination; or (c) goods that are contaminated.</p> <p><b>Article 10</b> <b>1</b> WHO shall request, in accordance with Article 9, <b>verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory.</b> In such cases, <b>WHO</b> shall inform the State Party concerned regarding <b>the reports it is seeking to verify.</b></p> <p><b>2</b> Pursuant to the foregoing paragraph and to Article 9, <b>each State Party</b>, when requested by WHO, shall verify and provide: (a) within 24 hours, <b>an initial reply to, or acknowledgement of, the request from WHO;</b> (b) within 24 hours, <b>available public health information on the status of events referred to in WHO's request;</b> and (c) <b>information to WHO in the context of an assessment under Article 6, including relevant information as described in that Article.</b></p> <p><b>3</b> When <b>WHO</b> receives information of an event that may constitute a public health emergency of international</p>	<p>(c) goods that are contaminated.</p> <p><b>Article 10</b> <b>1</b> WHO shall request, <b>in accordance with Article 9</b>, verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.</p> <p><b>2</b> Pursuant to the foregoing paragraph and to Article 9, each State Party, <b>when requested by WHO</b>, shall verify and provide: (a) <b>within 24 hours</b>, an initial reply to, or acknowledgement of, the request from WHO; (b) <b>within 24 hours</b>, available public health information on the status of events referred to in WHO's request; and (c) information to <b>WHO in the context of an assessment under Article 6</b>, including relevant information as described in that Article.</p> <p><b>3</b> When <b>WHO</b> receives information of an event that may constitute a public health emergency of international</p>		<p>(c) goods that are contaminated.</p> <p><b>Article 10</b> <b>1</b> WHO shall request, in accordance with Article 9, verification <b>from a State Party</b> of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory. In such cases, WHO shall inform the <b>State Party concerned</b> regarding the reports it is seeking to verify.</p> <p><b>2</b> Pursuant to the foregoing paragraph and to Article 9, each State Party, when requested by WHO, shall verify and provide: (a) within 24 hours, an initial reply to, or acknowledgement of, the request from <b>WHO;</b> (b) within 24 hours, available public health information on the status of events referred to in WHO's request; and (c) information to <b>WHO</b> in the context of an assessment under Article 6, including relevant information as described in that Article.</p> <p><b>3</b> When WHO receives information of an event that may constitute a public health emergency of international concern, it</p>	

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<p>concern, it shall offer to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, <b>WHO</b> shall provide <b>information supporting such an offer</b>.</p> <p><b>4</b> If the State Party does not accept the offer of collaboration, <b>WHO</b> may, when justified by the magnitude of the public health risk, share with other States Parties <b>the information available to it</b>, whilst encouraging the State Party to accept the offer of collaboration by <b>WHO</b>, taking into account the views of the State Party concerned.</p> <p><b>Article 11</b> <b>1</b> Subject to paragraph 2 of this Article, <b>WHO</b> shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, as soon as possible and by the most efficient means available, in confidence, <b>such public health information which it has received under Articles 5 to 10</b></p>	<p><b>concern</b>, it shall offer to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. <b>When requested by the State Party, WHO</b> shall provide information supporting such an offer.</p> <p><b>4 If the State Party does not accept the offer of collaboration, WHO</b> may, when justified by the magnitude of the public health risk, share with other States Parties the information available to it, whilst encouraging the State Party to accept the offer of collaboration by <b>WHO</b>, taking into account the views of the State Party concerned.</p> <p><b>Article 11</b> <b>1</b> Subject to paragraph 2 of this Article, <b>WHO</b> shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, <b>as soon as possible</b> and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10 inclusive</p>	<p><b>Article 11</b> <b>1</b> Subject to paragraph 2 of this Article, <b>WHO</b> shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, as soon as possible and <b>by the most efficient means available</b>, in confidence, such public health information which it has received under Articles 5 to 10 inclusive</p>	<p>shall offer to collaborate with <b>the State Party</b> concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by <b>the State Party, WHO</b> shall provide information supporting such an offer.</p> <p><b>4</b> If the State Party does not accept the offer of collaboration, <b>WHO</b> may, when justified by the magnitude of the public health risk, share <b>with other States Parties</b> the information available to it, whilst encouraging the State Party to accept the offer of collaboration by <b>WHO</b>, taking into account the views of the State Party concerned.</p> <p><b>Article 11</b> <b>1</b> Subject to paragraph 2 of this Article, <b>WHO</b> shall send <b>to all States Parties and, as appropriate, to relevant intergovernmental organizations</b>, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10</p>	

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<p><b>inclusive and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information to other States Parties that might help them in preventing the occurrence of similar incidents.</b></p> <p><b>2 WHO shall use information received under Articles 6 and 8 and paragraph 2 of Article 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall not make this information generally available to other States Parties, until such time as:</b></p> <p>(a) the event is determined to constitute a public health emergency of international concern in accordance with Article 12; or</p> <p>(b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or</p> <p>(c) there is evidence that</p> <p>(i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or</p> <p>(ii) the State Party lacks sufficient operational capacity to carry out</p>	<p>and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information to other States Parties that might help them in preventing the occurrence of similar incidents</p> <p>2 WHO shall use information received under Articles 6 and 8 and paragraph 2 of Article 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall not make this information generally available to other States Parties, <b>until such time as:</b></p> <p><b>(a) the event is determined to constitute a public health emergency of international concern in accordance with Article 12; or</b></p> <p><b>(b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or</b></p> <p><b>(c) there is evidence that</b></p> <p><b>(i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or</b></p> <p><b>(ii) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent</b></p>	<p>and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information to other States Parties that might help them in preventing the occurrence of similar incidents</p>	<p>inclusive and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information <b>to other States Parties</b> that might help them in preventing the occurrence of similar incidents</p> <p>2 WHO shall use information received under Articles 6 and 8 and paragraph 2 of Article 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall not make this information generally available <b>to other States Parties</b>, until such time as:</p> <p>(a) the event is determined to constitute a public health emergency of international concern in accordance with Article 12; or</p> <p>(b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or</p> <p>(c) there is evidence that</p> <p>(i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or</p> <p>(ii) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent further spread of disease; or</p>	

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<p>necessary measures to prevent further spread of disease; or (d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.</p> <p><b>3 WHO</b> shall consult with the State Party in whose territory the event is occurring <b>as to its intent to make information available under this Article.</b></p> <p><b>4</b> When <b>information received by WHO under paragraph 2 of this Article</b> is made available to States Parties in accordance with these Regulations, <b>WHO</b> may also make it available to the public if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.</p> <p><b>Article 19</b> <b>Each State Party</b> shall, in addition to the other obligations provided for under these Regulations: [...] (c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, <b>relevant</b></p>	<p><b>further spread of disease; or (d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.</b></p> <p><b>3 WHO</b> shall consult with the State Party in whose territory the event is occurring as to its intent to make information available under this Article.</p> <p><b>4</b> When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO may also make it available to the public <b>if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.</b></p> <p><b>Article 19</b> Each State Party shall, in addition to the other obligations provided for under these Regulations: [...] (c) furnish to WHO, as far as practicable, <b>when requested in response to a specific potential public health risk,</b></p>		<p>(d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.</p> <p><b>3 WHO shall consult with the State Party in whose territory the event is occurring</b> as to its intent to make information available under this Article.</p> <p><b>4</b> When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO may also make it available <b>to the public</b> if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.</p> <p><b>Article 19</b> Each State Party shall, in addition to the other obligations provided for under these Regulations: [...] (c) furnish <b>to WHO</b>, as far as practicable, when requested in response to a specific potential public health risk,</p>	



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<p><b>data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.</b></p> <p><b>Article 28</b>  <b>4 Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority.</b></p> <p><b>5</b> The following shall apply if a suspect or affected aircraft or ship, for reasons beyond the control of the pilot in command of the aircraft or the officer in command of the ship, lands elsewhere than at the airport at which the aircraft was due to land or berths elsewhere than at the port at which the ship was due to berth:  (a) <b>the pilot in command in command</b></p>	<p>relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.</p> <p><b>Article 28</b>  <b>4 Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority.</b></p> <p><b>5</b> The following shall apply <b>if a suspect or affected aircraft or ship, for reasons beyond the control of the pilot in command in command of the aircraft or the officer in command of the ship, lands elsewhere than at the airport at which the aircraft was due to land or berths elsewhere than at the port at which the ship was due to berth:</b>  (a) the pilot in command in command of</p>		<p>relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.</p> <p><b>Article 28</b>  <b>4 Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority.</b></p> <p><b>5</b> The following shall apply if a suspect or affected aircraft or ship, for reasons beyond the control of the pilot in command in command of the aircraft or the officer in command of the ship, lands elsewhere than at the airport at which the aircraft was due to land or berths elsewhere than at the port at which the ship was due to berth:  (a) the pilot in command in command of</p>	

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<p><b>of the aircraft or the officer in command of the ship or other person in charge</b> shall make every effort to communicate without delay with the nearest competent authority; [...].</p> <p><b>6</b> Notwithstanding the provisions contained in this Article, <b>the officer in command of a ship or pilot in command of an aircraft</b> may take such emergency measures as may be necessary for the health and safety of travellers on board. He or she shall inform the competent authority as early as possible <b>concerning any measures taken pursuant to this paragraph.</b></p> <p><b>Article 37</b> <b>1</b> The <b>master of a ship</b>, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, or in advance of the vessel's arrival if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver to the competent authority for that port a <b>Maritime Declaration of Health</b> which shall be countersigned by the ship's surgeon, if one is carried.</p> <p><b>2</b> The <b>master of a ship, or the ship's surgeon</b> if one is carried, shall supply</p>	<p>the aircraft or the officer in command of the ship or other person in charge shall make every effort to communicate <b>without delay</b> with the nearest competent authority; [...].</p> <p><b>6</b> Notwithstanding the provisions contained in this Article, the officer in command of a ship or pilot in command of an aircraft may take such emergency measures as may be necessary for the health and safety of travellers on board. He or she shall inform the competent authority <b>as early as possible</b> concerning any measures taken pursuant to this paragraph.</p> <p><b>Article 37</b> <b>1</b> The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, <b>on arrival, or in advance of the vessel's arrival</b> if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver to the competent authority for that port a Maritime Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.</p> <p><b>2</b> The master of a ship, or the ship's surgeon if one is carried, shall supply</p>	<p><b>Article 37</b> <b>1</b> The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, or in advance of the vessel's arrival if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver to the competent authority for that port a Maritime Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.</p> <p><b>2</b> The master of a ship, or the ship's surgeon if one is carried, shall supply</p>	<p>the aircraft or the officer in command of the ship or other person in charge shall make every effort to communicate without delay with <b>the nearest competent authority</b>; [...].</p> <p><b>6</b> Notwithstanding the provisions contained in this Article, the officer in command of a ship or pilot in command of an aircraft may take such emergency measures as may be necessary for the health and safety of travellers on board. He or she shall inform <b>the competent authority</b> as early as possible concerning any measures taken pursuant to this paragraph.</p> <p><b>Article 37</b> <b>1</b> The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, or in advance of the vessel's arrival if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver <b>to the competent authority for that port</b> a Maritime Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.</p> <p><b>2</b> The master of a ship, or the ship's surgeon if one is carried, shall supply</p>	

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<p><b>any information required by the competent authority as to health conditions on board during an international voyage.</b></p> <p><b>3</b> A Maritime Declaration of Health shall conform to the model provided in Annex 8.</p> <p><i>[Note: Annex 8 requires the master of ship to declare:</i></p> <ul style="list-style-type: none"> <li>- the number of deaths on board if any,</li> <li>- cases of infectious diseases,</li> <li>- the number of ill persons on board during the voyage,</li> <li>- the number of ill persons on board at arrival,</li> <li>- whether a medical practitioner was consulted, the treatment or advice given,</li> <li>- conditions on board that may lead to infection or spread of disease,</li> <li>- sanitary measures applied on board</li> <li>- stowaways found.]</li> </ul> <p><b>Article 38</b> <b>1</b> The pilot in command of an aircraft or the pilot's agent, in flight or upon landing at the first airport in the territory of a State Party, shall, to the best of his or her ability, except when that State Party does not require it, complete and deliver to the competent authority for that airport <b>the Health Part of the Aircraft General Declaration</b> which shall conform to the model specified in</p>	<p>any information required by the competent authority as to health conditions on board during an international voyage.</p> <p><b>Article 38</b> <b>1</b> The pilot in command of an aircraft or the pilot's agent, <b>in flight or upon landing at the first airport in the territory of a State Party</b>, shall, to the best of his or her ability, except when that State Party does not require it, complete and deliver to the competent authority for that airport the Health Part of the Aircraft General Declaration which shall conform to the model</p>	<p>any information required by the competent authority as to health conditions on board during an international voyage.</p> <p><b>3 A Maritime Declaration of Health shall conform to the model provided in Annex 8.</b></p> <p><b>Article 38</b> <b>1</b> The pilot in command of an aircraft or the pilot's agent, in flight or upon landing at the first airport in the territory of a State Party, shall, to the best of his or her ability except when that State Party does not require it, complete and deliver to the competent authority for that airport the Health Part of the Aircraft General Declaration <b>which shall conform to the model specified in</b></p>	<p>any information required by the competent authority as to health conditions on board during an international voyage.</p> <p><b>Article 38</b> <b>1</b> The pilot in command of an aircraft or the pilot's agent, in flight or upon landing at the first airport in the territory of a State Party, shall, to the best of his or her ability, except when that State Party does not require it, complete and deliver <b>to the competent authority for that airport</b> the Health Part of the Aircraft General Declaration which shall conform to the model specified in Annex</p>	

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<p>Annex 9. <i>[Note: Annex 9 pilot in command of an aircraft or the pilot's agent to declare:</i></p> <ul style="list-style-type: none"> <li>- <i>persons on board with illnesses other than airsickness or the effects of accidents,</i></li> <li>- <i>cases of illness disembarked during the flight,</i></li> <li>- <i>other conditions on board which may lead to the spread of disease,</i></li> <li>- <i>details of each disinsecting or sanitary treatment during the flight.]</i></li> </ul> <p><b>2 The pilot in command of an aircraft or the pilot's agent shall supply any information required by the State Party as to health conditions on board during an international voyage and any health measure applied to the aircraft.</b></p> <hr/> <p><b>Pan American Sanitary Code, 14</b> November 1924.</p> <p><b>3 Each of the Signatory Governments</b> agrees to transmit to each of the other Signatory Governments and to the Pan American Sanitary Bureau, at intervals of not more than two weeks, <b>a statement containing information as to the state of its public health, particularly that of its ports. [...]</b></p>	<p>specified in Annex 9.</p> <hr/> <p><b>Pan American Sanitary Code, 14</b> November 1924.</p> <p><b>3</b> Each of the Signatory Governments agrees to transmit to each of the other Signatory Governments and to the Pan American Sanitary Bureau, <b>at intervals of not more than two weeks</b>, a statement containing information as to the state of its public health, particularly that of its ports. [...]</p>	<p><b>Annex 9.</b></p> <hr/> <p><b>Pan American Sanitary Code, 14</b> November 1924.</p>	<p>9.</p> <hr/> <p><b>Pan American Sanitary Code, 14</b> November 1924.</p> <p><b>3</b> Each of the Signatory Governments agrees to transmit <b>to each of the other Signatory Governments and to the Pan American Sanitary Bureau</b>, at intervals of not more than two weeks, a statement containing information as to the state of its public health, particularly that of its ports. [...]</p>	

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<p><b>4 Each Signatory Government</b> agrees to notify adjacent countries and the Pan American Sanitary Bureau immediately by the most rapid available means of communication, of <b>the appearance in its territory of an authentic or officially suspected case or cases of plague, cholera, yellow fever, smallpox, typhus, or any other dangerous contagion liable to spread through the intermediary agency of international commerce.</b></p> <p><b>5</b> This notification is to be accompanied, or very promptly followed, by the following additional information:</p> <ol style="list-style-type: none"> <li><b>1. The area where the disease has appeared.</b></li> <li><b>2. The date of its appearance, its origin, and its form.</b></li> <li><b>3. The probable source or country from which it was introduced and the manner of introduction.</b></li> <li><b>4. The number of confirmed cases and number of deaths.</b></li> <li><b>5. The number of suspected cases and deaths.</b></li> <li><b>6. In addition, for plague, the existence among rodents of plague, or of an unusual mortality among rodents; for yellow fever, the <i>Aedes aegypti</i> index of the locality.</b></li> <li><b>7. The measures which have been applied for the prevention of the spread of the disease and its</b></li> </ol>	<p><b>4</b> Each Signatory Government agrees to notify adjacent countries and the Pan American Sanitary Bureau <b>immediately</b> by the most rapid available means of communication, of the appearance in its territory of an authentic or officially suspected case or cases of plague, cholera, yellow fever, smallpox, typhus, or any other dangerous contagion liable to spread through the intermediary agency of international commerce.</p> <p><b>5</b> This notification is to be accompanied, or <b>very promptly followed</b>, by the following additional information:</p> <ol style="list-style-type: none"> <li>1. The area where the disease has appeared.</li> <li>2. The date of its appearance, its origin, and its form.</li> <li>3. The probable source or country from which it was introduced and the manner of introduction.</li> <li>4. The number of confirmed cases and number of deaths.</li> <li>5. The number of suspected cases and deaths.</li> <li>6. In addition, for plague, the existence among rodents of plague, or of an unusual mortality among rodents; for yellow fever, the <i>Aedes aegypti</i> index of the locality.</li> <li>7. The measures which have been applied for the prevention of the spread of the disease and its eradication.</li> </ol>	<p><b>4</b> Each Signatory Government agrees to notify adjacent countries and the Pan American Sanitary Bureau immediately <b>by the most rapid available means of communication</b>, of the appearance in its territory of an authentic or officially suspected case or cases of plague, cholera, yellow fever, smallpox, typhus, or any other dangerous contagion liable to spread through the intermediary agency of international commerce.</p>	<p><b>4</b> Each Signatory Government agrees to notify <b>adjacent countries and the Pan American Sanitary Bureau</b> immediately by the most rapid available means of communication, of the appearance in its territory of an authentic or officially suspected case or cases of plague, cholera, yellow fever, smallpox, typhus, or any other dangerous contagion liable to spread through the intermediary agency of international commerce.</p>	

Who? What? About Whom?	When? Under Which Circumstances?	How?	To Whom?	Sanctions for Omission to Report
<p><b>eradication.</b></p> <p><b>7</b> The notification and the information prescribed in Articles 3, 4, 5, and 6 are to be followed by <b>further communications in order to keep other Governments informed as to the progress of the disease or diseases.</b> These communications will be made at least once weekly, and will be <b>as complete as possible, indicating in detail the measures employed to prevent the extension of the disease.</b> The telegraph, cable, and radio will be employed for this purpose, except in those stances in which the data may be transmitted rapidly by mail. Reports by telegraph, cable, or radio will be confirmed by letter. Neighboring countries will endeavor to make special arrangements for the solution of local problems that do not involve widespread international interest.</p>	<p><b>7</b> The notification and the information prescribed in Articles 3, 4, 5, and 6 are to be followed by further communications in order to keep other Governments informed as to the progress of the disease or diseases. These communications will be made <b>at least once weekly</b>, and will be as complete as possible, indicating in detail the measures employed to prevent the extension of the disease. The telegraph, cable, and radio will be employed for this purpose, except in those stances in which the data may be transmitted rapidly by mail. Reports by telegraph, cable, or radio will be confirmed by letter. Neighboring countries will endeavor to make special arrangements for the solution of local problems that do not involve widespread international interest.</p>	<p><b>7</b> The notification and the information prescribed in Articles 3, 4, 5, and 6 are to be followed by further communications in order to keep other Governments informed as to the progress of the disease or diseases. These communications will be made at least once weekly, and will be as complete as possible, indicating in detail the measures employed to prevent the extension of the disease. <b>The telegraph, cable, and radio will be employed for this purpose, except in those stances in which the data may be transmitted rapidly by mail. Reports by telegraph, cable, or radio will be confirmed by letter.</b> Neighboring countries will endeavor to make special arrangements for the solution of local problems that do not involve widespread international interest.</p>	<p><b>6</b> The notification and information prescribed in Articles 4 and 5 are to be addressed <b>to diplomatic or consular representatives in the capital of the infected country, and to the Pan American Sanitary Bureau in Washington</b>, which shall immediately transmit the information to all countries concerned.</p> <p><b>7</b> The notification and the information prescribed in Articles 3, 4, 5, and 6 are to be followed by further communications in order to keep <b>other Governments</b> informed as to the progress of the disease or diseases. These communications will be made at least once weekly, and will be as complete as possible, indicating in detail the measures employed to prevent the extension of the disease. The telegraph, cable, and radio will be employed for this purpose, except in those stances in which the data may be transmitted rapidly by mail. Reports by telegraph, cable, or radio will be confirmed by letter. Neighboring countries will endeavor to make special arrangements for the solution of local problems that do not involve widespread international interest.</p>	



Table 2

**TRANSFER OF PERSONAL DATA AND INFECTIOUS  
DISEASE REGISTERS**



## AUSTRALIA

Consent / Notification for Communication / Confidentiality	Access Data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registers
	<p><b>Health Insurance Act 1973</b> (Cth).</p> <p><b>46E(1)</b> For the purposes of the performance of the Commission’s functions under section 46B, the Managing Director of the Commission may:</p> <p>(a) give information, other than information that would enable identification of a particular child, about the immunisation of children to: [...]</p> <p style="padding-left: 20px;">(ii) a prescribed body for such a purpose; or</p> <p style="padding-left: 20px;">(iii) an officer of the Department; or [...]</p> <p style="padding-left: 20px;">(iv) an officer of a Department, or of an authority, of a State or Territory who has requested the information; and</p> <p>[...]</p> <p>(d) if an officer of the Department requests information about the immunisation of children for a purpose relating to the immunisation or health of children—give the information to the officer for that purpose; and</p> <p>(e) if:</p> <p style="padding-left: 20px;">(i) a recognised immunisation provider who is authorised; or</p> <p style="padding-left: 20px;">(ii) a prescribed body;</p> <p>requests information about the immunisation of children for a purpose relating to the immunisation or health of children—give the information to the authorised provider, or to an authorised officer or employee of the body, as the case may be, for that purpose.</p> <p><b>46E(2)</b> The Managing Director of the Commission may authorise a person who is: [...]</p>	<p><b>Australian Institute of Health and Welfare Act 1987</b> (Cth).</p> <p><b>5(1)</b>The Institute’s health-related functions are:</p> <p>(a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau’s assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;</p> <p>(b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;</p> <p>(c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;</p> <p>(d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;</p> <p>(e) to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;</p> <p>(f) to conduct and promote research into the health of the people of Australia and their health services;</p> <p>(g) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;</p> <p>(h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by bodies or</p>	<p><b>Health Insurance Act 1973</b> (Cth).</p> <p><b>46B</b> The Commission’s functions include the following:</p> <p>(a) to establish and keep a register known as the Australian Childhood Immunisation Register;</p> <p>(b) to record in the Register all Australian immunisation encounters and all foreign immunisation encounters that are notified to the Commission by recognised immunisation providers or prescribed bodies;</p> <p>(c) in accordance with subsection 46E(1), to use information contained in the Register for purposes relating to the immunisation or health of children; [...].</p> <p><b>46C(1)</b> The Commission may use the database of medicare enrolments held by the Commission to establish and update the Register.</p> <p><b>46C(2)</b> The Commission may establish and keep the Register in a computerised form.</p>

Consent / Notification for Communication / Confidentiality	Access Data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registers
	<p>(b) an officer or employee of a prescribed body; to receive information under paragraph (1)(e) if the person has agreed in writing that, even if the person ceases to be such a provider or such an officer or employee, as the case requires, he or she:</p> <p>(c) will not use the information except for the purpose for which the information is given to him or her; and</p> <p>(d) will not, either directly or indirectly, give the information to another person; and</p> <p>(e) will ensure that any record of the information that is in his or her possession is protected by security safeguards that it is reasonable in the circumstances to take against loss of the record or misuse of the information.</p> <p><b>46E(3)</b> For the purposes of an agreement made by a person under subsection (2), the reference in paragraph (2)(c) to the using of information, and the reference in paragraph (2)(d) to the giving of information, do not include a reference to:</p> <p>(a) the giving of information to a court under a legal requirement; or [...]</p> <p>(c) if the person is an officer or employee of a prescribed body—the giving of information that the person needs to give in the course of performing duties or functions, or exercising powers, as an officer or employee of the body for purposes relating to the immunisation or health of children.</p>	<p>statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; [...]</p> <p>(j) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection;</p> <p>(k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and [...]</p> <p>(m) to do anything incidental to any of the foregoing.</p> <p><b>6</b> The Institute has power to do all things necessary or convenient to be done for or in connection with the performance of its functions and, in particular, has power: [...]</p> <p>(f) subject to section 29, to:</p> <p>(i) release data to other bodies or persons; and</p> <p>(ii) publish the results of any of its work; and</p> <p>(g) to do anything incidental to any of its powers.</p> <p><b>7(1)</b> The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.</p> <p><b>7(1A)</b> The Minister must consult the Chairperson before giving any direction to the Institute.</p> <p><b>7(1B)</b> The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute’s health-related functions.</p> <p><b>7(2)</b> The Institute shall comply with any direction given under subsection (1).</p>	

Consent / Notification for Communication / Confidentiality	Access Data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registers
	<p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>28(1)</b> A quarantine officer may require any of the following:</p> <p>(a) the master of an overseas vessel that has arrived, or is expected to arrive, at a port in Australia, the Cocos Islands or Christmas Island;</p> <p>(b) the master of a vessel that has arrived or is expected to arrive:</p> <p style="padding-left: 20px;">(i) at a place in Australia (other than a place in the Protected Zone or in a Special Quarantine Zone declared in respect of Australia) from a place in any of those zones; or</p> <p style="padding-left: 20px;">(ii) at a place in the Cocos Islands (other than a place in a Special Quarantine Zone declared in respect of the Cocos Islands) from a place in such a zone; or</p> <p style="padding-left: 20px;">(iii) at a place in Christmas Island (other than a place in a Special Quarantine Zone declared in respect of Christmas Island) from a place in such a zone;</p> <p>(c) the master of an overseas installation;</p> <p>(d) the commander of an overseas aircraft that has landed, or is expected to land, at a place in Australia, the Cocos Islands or Christmas Island that is not a landing place;</p> <p>(e) if a vessel, installation or aircraft referred to in paragraph (a), (b), (c) or (d) carries a medical officer—that medical officer;</p> <p>(f) the agent of the operator of a vessel, installation or aircraft referred to in paragraph (a), (b), (c) or (d); to answer questions asked by the quarantine officer about any prescribed matters that are relevant to the vessel, installation or aircraft.</p> <p><b>28(2)</b> Any questions asked by a quarantine officer under subsection (1) may be oral or in writing and</p>	<p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>8A(1)</b> There shall be a Director of Human Quarantine, who shall, under the Minister, be charged with the execution of this Act, and any regulations and proclamations in force under this Act, in relation to human quarantine.</p> <p><b>8A(2)</b> The Minister may, by writing, determine that there are to be one or more Chief Quarantine Officers (Human Quarantine).</p> <p><b>8A(3)</b> Each Chief Quarantine Officer (Human Quarantine) is to perform his or her functions and exercise his or her powers under, and subject to the directions of, the Director of Human Quarantine.</p> <p><b>8A(4)</b> The Director of Human Quarantine has all the functions and powers of a Chief Quarantine Officer (Human Quarantine) or of a quarantine officer (human quarantine) under this Act and the regulations and proclamations referred to in subsection (1).</p> <p><b>8A(5)</b> A Chief Quarantine Officer (Human Quarantine) has all the functions and powers of a quarantine officer (human quarantine) under this Act and the regulations and proclamations referred to in subsection (1).</p> <p><b>8A(6)</b> Each quarantine officer (human quarantine) is to perform functions and may exercise powers under, and subject to the directions of, a Chief Quarantine Officer (Human Quarantine) or the Director of Human Quarantine.</p> <p><b>10</b> The Minister may, by signed writing, delegate to</p>	

Consent / Notification for Communication / Confidentiality	Access Data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registers
	<p>the quarantine officer may:</p> <p>(a) require the answers to be given orally; or</p> <p>(b) require the answers to be given in writing.</p> <p><b>28(3)</b> A quarantine officer may require a person who answers a question to verify the answer by making a written declaration.</p> <p><b>28(4)</b> If, after a person answers a question asked under subsection (1), the person becomes aware that the answer is incorrect, the person must cause the correct answer to be sent to a quarantine officer as soon as possible.</p> <p><b>28(5)</b> A person is guilty of an offence if:</p> <p>(a) the person is asked a question under subsection (1); and</p> <p>(b) the person is required to answer the question orally; and</p> <p>(c) the person fails to comply with the requirement.</p> <p>Maximum penalty: 50 penalty units.</p> <p><b>28(6)</b> A person is guilty of an offence if:</p> <p>(a) the person is asked a question under subsection (1); and</p> <p>(b) the person is required to answer the question in writing; and</p> <p>(c) the person fails to comply with the requirement.</p> <p>Maximum penalty: 50 penalty units.</p> <p><b>28(7)</b> A person is guilty of an offence if:</p> <p>(a) the person is required to verify an answer to a question by making a written declaration; and</p> <p>(b) the person fails to comply with the requirement.</p> <p>Maximum penalty: 50 penalty units.</p> <p><b>28(8)</b> A person is guilty of an offence if:</p> <p>(a) the person is asked a question under subsection (1); and</p>	<p>the Secretary, a Director of Quarantine or an officer all or any of his or her powers under this Act.</p> <p><b>10A</b> The Secretary may, by signed writing, delegate to a Director of Quarantine or an officer all or any of his or her powers under this Act.</p> <p><b>10B</b> A Director of Quarantine may, by signed writing, delegate to an officer all or any of his or her powers under this Act.</p>	

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	<p>(b) the person gives an answer that the person knows to be false or misleading in a material particular. Maximum penalty: Imprisonment for 5 years.</p> <p><b>28(9)</b> A person is guilty of an offence if: (a) the person is asked to verify an answer to a question by making a written declaration; and (b) the person makes a statement in the declaration that the person knows to be false or misleading in a material particular. Maximum penalty: Imprisonment for 5 years.</p> <p><b>28(10)</b> A person is guilty of an offence if: (a) subsection (4) applies to the person; and (b) the person fails to comply with that subsection. Maximum penalty: 50 penalty units.</p> <p><b>35(1C)</b> If a quarantine officer (human quarantine) orders a person into quarantine under subsection (1A), the officer must also: [...] (b) notify the Director of Human Quarantine, in writing, of the order as soon as practicable.</p> <p><b>35AA(4A)</b> If a quarantine officer (human quarantine) orders a person into quarantine under subsection (3) or (4), the officer must also: [...] (b) notify the Director of Human Quarantine, in writing, of the order as soon as practicable.</p> <p><b>35A(3B)</b> If a quarantine officer (human quarantine) orders a person into quarantine under subsection (3), the officer must also: (a) inform the person of his or her right to request an independent medical assessment as allowed by section 35C; and (b) notify the Director of Human Quarantine, in writing, of the order as soon as practicable.</p>		

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	<hr/> <p><b>Quarantine Regulations 2000</b> (Cth).</p> <p><b>39A</b> A notice given to the Director of Human Quarantine under paragraph 35 (1C) (b), 35AA (4A) (b) or 35A (3B) (b) of the Act must contain the following information:</p> <ul style="list-style-type: none"> <li>(a) a unique identifying number issued by the Director of Human Quarantine;</li> <li>(b) the name of the person who has been ordered into quarantine;</li> <li>(c) the day on which the person was ordered into quarantine;</li> <li>(d) the section of the Act under which the person was ordered into quarantine;</li> <li>(e) the suspected disease;</li> <li>(f) the person's date of birth;</li> <li>(g) the person's sex;</li> <li>(h) the number, and country of issue, of the person's passport;</li> <li>(i) the place where the person is held in quarantine;</li> <li>(j) the person's contact details;</li> <li>(k) the place from which the person departed, and details of any stopovers, on the person's voyage to Australia, Christmas Island or the Cocos Islands;</li> <li>(l) contact details for any person travelling with the person;</li> <li>(m) the name of the quarantine officer who ordered the person into quarantine, and that officer's identity card number.</li> </ul> <hr/> <p><b>Quarantine Act 1908</b> (Cth).</p>		

Consent / Notification for Communication / Confidentiality	Access Data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registers
	<p><b>38(1)</b> When the vessel arrives at the appointed quarantine station, the master shall, on request, produce and deliver to the officer in charge of the quarantine station his or her passenger list, log, manifest, journal, and other ship's papers. Maximum penalty: 50 penalty units.</p> <p><b>38(1A)</b> When an installation has been ordered into quarantine the master shall, on request by the quarantine officer, produce and deliver to the officer such documents in his or her possession or control as the officer requests. Maximum penalty: 50 penalty units.</p> <p><b>38(3)</b> An offence against this section is an offence of strict liability.</p> <p><b>72(5)</b> A person on a vessel, or a person who attends at a place in the vicinity of a vessel in pursuance of subsection (3) or (4), shall answer truly to the best of his or her knowledge all questions asked him or her by a quarantine officer concerning his or her personal health and the likelihood of his or her having been exposed to infection. Maximum penalty: 50 penalty units.</p> <p><b>73(1)</b> A quarantine officer may ask the master or medical officer of any vessel any questions he or she thinks fit to ask concerning any sickness on board the vessel or the sanitary condition of the vessel, and the master or medical officer shall, to the best of his or her knowledge, information, and belief, truly answer the questions asked him or her by the quarantine officer. Maximum penalty: Imprisonment for 2 years.</p>		

Consent / Notification for Communication / Confidentiality	Access Data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registers
	<p><b>73(2)</b> A quarantine officer may ask any person subject to quarantine any questions concerning his or her personal health or liability to infection, and the person shall, to the best of his or her knowledge, information, and belief, truly answer the questions asked him or her by the quarantine officer. Maximum penalty: Imprisonment for one year.</p> <p><b>73(3)</b> A quarantine officer may, if he or she thinks fit, require a person, who has been asked questions in pursuance of this section, to verify, by statutory declaration, the answers given to the questions.</p> <p><b>73(3A)</b> A person is guilty of an offence if: (a) a requirement is made of the person under subsection (3); and (b) the person fails to comply with the requirement. Maximum penalty: 50 penalty units.</p> <p><b>73(3B)</b> An offence against subsection (3A) is an offence of strict liability. Note: This section is subject to the privilege against self incrimination (see subsection 79A(3)).</p> <p><b>74BC(1)</b> Subject to subsection (2), a quarantine officer who has entered premises under subparagraph 66AB(1)(a)(iv) or paragraph 66AE(2)(b) or under a warrant under section 66AC, 66AF or 66AH may, to the extent that it is reasonably necessary for the purpose of deciding whether to exercise any power under this Act or finding out whether this Act has been complied with: (a) require a person to answer questions relating to</p>		



Consent / Notification for Communication / Confidentiality	Access Data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registers
	<p>the movement of people, vehicles or goods to or from the premises or otherwise relating to the prevention or control of the introduction, establishment or spread of a disease or pest; or</p> <p>(b) require a person to produce any documents relating to the movement of people, vehicles or goods to or from the premises or otherwise relating to the prevention or control of the introduction, establishment or spread of a disease or pest, and inspect any documents so produced.</p> <p><b>74BC(2)</b> A quarantine officer is not entitled to make a requirement of a person under subsection (1) unless the officer produces his or her identity card for inspection by the person.</p> <p><b>83</b> The master, a medical officer or an agent of:</p> <p>(a) a vessel; or</p> <p>(b) an Australian installation; or</p> <p>(c) a resources installation that is in Australian waters for the purpose of becoming attached to the Australian seabed; or</p> <p>(d) a sea installation that is in Australian waters for the purpose of becoming installed in an adjacent area or in a coastal sea;</p> <p>is guilty of an offence if the master, medical officer or agent, as the case may be:</p> <p>(e) makes, in an answer to a question asked of him or her by a quarantine officer under this Act, a statement that he or she knows to be false or misleading in a material particular; or</p> <p>(f) misleads a quarantine officer who is performing duty as such an officer.</p> <p>Maximum penalty: Imprisonment for 5 years</p> <hr/>		

Consent / Notification for Communication / Confidentiality	Access Data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registers
	<p><b>Quarantine Regulations 2000</b> (Cth).</p> <p><b>18</b> For subsection 28 (1) of the Act, the matters set out in the following table are prescribed: [...]</p> <p>3. The Names of the master, owner, operator and ship's manager of the vessel or installation [...]</p> <p>10 The Number of persons on board the vessel or installation when it arrived at the port or place, and the name and home address, and proposed address in Australia or the Cocos Islands, of each of those persons</p> <p>11. If any person on board the vessel or installation died during the voyage, the number of deaths and the cause, or suspected cause, of each death</p> <p>12. If any person on board the vessel or installation during the voyage is found to be suffering from an illness, the cause, or suspected cause, of the illness, any treatment that the person has had on board the vessel or installation during the voyage, and the number of people who are found to be suffering from the illness</p> <p>12A. If a symptom prescribed by subregulation 6 (1) presents itself in a person on board the vessel or installation during the voyage, the nature and cause (or suspected cause) of the symptom, any treatment that the person has had on board the vessel or installation, and the number of people in whom the symptom is present</p> <p>13. If any live animal is on board the vessel or installation, the number of animals on board, and a description, including the health and condition, of the animals</p> <p>14. If any animal died during the voyage, the</p>		

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	<p>number of animals that died and how the animals were disposed of</p> <p>15. Whether, since leaving the last port of call of the vessel or installation, any bees have been on board</p> <p>16. The existence, health and condition of any plants on board the vessel or installation during the voyage</p> <p>17. The identity and condition of any other goods on board the vessel or installation during the voyage</p> <p>18. The ports or other places where persons, animals, plants or other goods came on board or were put on board the vessel or installation</p> <p>19. The existence of any disease or pests at the ports of departure or call, or on board the vessel or installation or in contact with the vessel or installation</p> <p>20. The sanitary condition and details of any treatment of the vessel or installation, including any treatment for hull fouling, during the voyage [...]</p> <p>28. The name of, and how to contact, the vessel's or installation's agent in Australia or the Cocos Islands.</p> <p><b>31(1)</b> A quarantine officer may give, to a person who travels to a place in Australia or the Cocos Islands on an overseas vessel or overseas installation, a notice requesting the person to tell a quarantine officer at the port where the person disembarks, the address in Australia or the Cocos Islands where the person intends to stay immediately after disembarkation.</p> <p><b>31(2)</b> The person must comply with the notice</p>		

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	<p>within the period stated in it Penalty: 30 penalty units.</p> <p><b>31(3)</b> A quarantine officer may give, to a person who travels to a place in Australia or the Cocos Islands on an overseas vessel or overseas installation, a notice requesting the person to tell a quarantine officer at the port where the person disembarks, the person's new address each time the person's address changes during the period ending 14 days after the later of:</p> <p>(a) when the person is given the notice; and (b) when the person disembarks from the vessel or installation. Penalty: 30 penalty units.</p> <p><b>31(4)</b> The person must comply with the notice, in respect of each change, within the period after the change stated in the notice. Penalty: 30 penalty units.</p>		

## NEW ZEALAND

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<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>22D(3)</b> No information that would enable the identification of an individual may be provided under this section unless— (a) The individual consents to the provision of such information; or (b) The identifying information is essential for the purposes for which the information is sought. (4) For the purposes of subsection (3)(a) of this section, consent to the provision of information may be given— (a) By the individual personally, if he or she has attained the age of 16 years; or (b) By a representative of that individual.]</p>	<p><b>Civil Defence Emergency Management Act 2002</b> (NZ), 2002/33.</p> <p><b>76(1)</b> The Director, or a Civil Defence Emergency Management Group, or a person acting under the authority of the Director or Group, may, by notice in writing, require any person to give the Director or the Group information described in subsection (2).</p> <p><b>76(2)</b> The information referred to in subsection (1) is information that, in the opinion of the Director or the Group, as the case may be, is reasonably necessary for the exercise of civil defence emergency management by the Director or the Civil Defence Emergency Management Group, as the case may be, and that is— (a) in the possession of the person who is asked to give the information; and (b) capable of being provided without unreasonable difficulty or expense.</p> <hr/> <p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>22D</b>[(1) The Minister may at any time, by notice in writing, require any [district health board] to provide, in such manner as may from time to time be required, such returns or other information as is specified in the notice concerning the condition or treatment of, or the [services] provided to, any individuals in order to obtain statistics for health purposes or for the purposes of advancing health</p>	<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>3B(1)</b> There shall be a Director of Public Health, who shall be appointed under the State Sector Act 1988 by the Director-General.</p> <p><b>3B(2)</b> The Director of Public Health shall have the function of advising the Director-General on matters relating to public health, including— (a) Personal health matters relating to public health; and (b) Regulatory matters relating to public health.</p> <p><b>3B(3)</b> Nothing in this section— (a) Limits any other enactment or rule of law; or (b) Limits the functions of the Ministry or of any other person or body.]</p> <p><b>3D(1)</b> Without limiting section 3B of this Act, the Director of Public Health may from time to time, on the Director's own initiative (but only after consultation with the Director-General) or at the request of the Minister given after consultation with the Director-General,— (a) Advise the Minister on any matter relating to public health; (b) Report to the Minister on any matter relating to public health</p> <p><b>3D(2)</b> In exercising the functions of the Director under this section, the Director shall not be responsible to the Director-General, but shall act independently.</p>	<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>74A(2)</b> Every person who, for the purposes of a cervical smear test, takes a specimen from a woman shall— (a) Ensure that, before the specimen is forwarded to a laboratory for analysis, the woman is informed that, unless she objects, a report on the test will be forwarded for inclusion in the register; and (b) If aware that the woman objects to a report on the test being forwarded for inclusion in the register, ensure that— (i) A written acknowledgement of the objection is given to the woman; and (ii) The specimen is accompanied by a written notice of the objection.</p> <p><b>74A(3)</b> The person in charge of a laboratory where a specimen from a cervical smear test is analysed— (a) Must not allow a report of the results of the test to be forwarded for inclusion in the register if the specimen was accompanied by a written notice of objection under subsection (2) of this section; but (b) In every other case, must cause such a report to be forwarded for inclusion in the register.</p> <p><b>74A(4)</b> Cervical smear test information held by any area health board on the day before the day on which this section comes into force shall, if the Director-General so requests, be forthwith forwarded for inclusion in the register by the holder of the information at the date of the request.</p>

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	<p>knowledge, health education, or health research.]]</p> <p><b>22D</b>[(2) Subject to subsection (3), it is the duty of a [district health board] to provide the returns or other information specified in a notice given to it under subsection (1) within such time, and in such form, as is specified in the notice.]]</p> <p><b>22E</b> The Minister may, at any time, by notice in writing, require a [[district health board]] to provide to an entity appointed under section 92H, in such manner as the Minister specifies in the notice, such information as is specified in the notice, being health information of the kind referred to in paragraph (d) or paragraph (e) of the definition of that term in section 22B.]</p> <p><b>92H</b> The Minister may from time to time, by notice in writing, appoint 1 or more entities to be responsible for the performance of such functions in relation to blood and controlled human substances as are specified in the notice.</p> <hr/> <p><b>Health (Infectious and Notifiable Diseases) Regulations 1966</b> (NZ), 1966/87.</p> <p><b>7</b> It shall be the duty of every Inspector charged with the investigation and control of infectious diseases to observe and comply with the following directions and requirements, namely:</p> <p>(a) On becoming aware in any way of a case or suspected case of notifiable infectious disease in any premises, he shall, unless otherwise instructed by the Medical Officer of Health, forthwith visit those premises and inquire into the causes and</p>	<p>3D(3) Nothing in subsection (2) of this section limits the responsibility of the Director of Public Health to the Director-General for the efficient, effective, and economical management of the activities of the Director of Public Health.]</p> <p>3E (1) There shall be a division of the Ministry called the Public Health Group.</p> <p>(2) The Public Health Group shall consist of such employees of the Ministry as the Director-General from time to time determines.</p> <p>(3) The Public Health Group shall have the function of advising the Director-General on matters relating to public health, including— (a) Personal health matters relating to public health; and (b) Regulatory matters relating to public health.</p> <p>(4) Nothing in this section—(a) Limits any other enactment or rule of law; or (b) Limits the functions of the Ministry or of any other person or body.]</p> <p>3F In order to ensure that the views of the public, persons involved in the provision of [[personal health services and public health services]], and other persons are able to be considered in the formulation of the Public Health Group's advice to the Director-General under section 3E(3) of this Act, the Public Health Group shall institute a programme of regular consultation with such members of the public, persons involved in the provision of [[personal health services and public health services]], and other persons as the Director-General (after consultation with the Minister) considers appropriate, but nothing in this section shall be taken to require such consultation before</p>	<p><b>74A(5)</b> No person may disclose information on the register that identifies a woman, unless the information is disclosed—</p> <p>(a) With the consent of the woman; or</p> <p>(b) To a medical practitioner who has been engaged by the woman and who is seeking information to assist in diagnosis or treatment or to determine when the woman should next have a cervical smear test; or</p> <p>(c) For the purpose of enabling positive results from a cervical smear test to be followed up; or</p> <p>(d) For the purpose of enabling reminder notices to be sent to women whose names appear in the register and who are due for another cervical smear test; or</p> <p>(e) For the purpose of giving access to the register in accordance with regulations made under subsection (7)(a) of this section to persons studying cancer; or</p> <p>(f) [[Subject to any regulations made under subsection (7)(b) of this section,]] for the purpose of enabling the compilation and publication of statistics that do not enable the identification of the women to whom those statistics relate.</p> <p><b>74A(6)</b> All information on the register that identifies a woman shall be removed from the register if the woman so requests in writing.</p> <hr/> <p><b>Health (Immunisation) Regulations 1995</b> (NZ), 1995/304.</p> <p><b>8(1)</b> The controlling authority of every early childhood centre must ensure that the centre</p>

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	<p>circumstances of the case, and shall take such steps as are necessary or desirable to prevent the spread of infection and to remove conditions favourable to infection:</p> <p>(b) He shall forthwith report to the Medical Officer of Health, in such form as the Director-General may require, the results of his investigation into any case or suspected case of infectious disease:</p> <p>(c) Unless otherwise instructed by the Medical Officer of Health, he shall take all reasonable steps to ensure that any person suffering from a notifiable infectious disease who is being nursed or treated at home is effectively isolated, and, if in his opinion removal to hospital is desirable, he shall notify the Medical Officer of Health accordingly:</p> <p>(d) He shall forthwith notify the Medical Officer of Health if he has reason to believe or suspect that any person, whether suffering from an infectious disease or not, is likely to cause the spread of an infectious disease:</p> <p>(g) He shall ascertain whether any inmate of the house wherein a case of infectious disease occurs attends any school as a pupil; and, if so, he shall forthwith instruct the parent or other person in charge of the pupil not to permit him to return to the school until the appropriate period of exclusion, if any, set out in Schedule 2 hereto has been completed, and he shall inform the head teacher or person in charge of the school of the occurrence:</p> <p>(h) He shall ascertain whether any inmate of the house wherein a case of infectious disease occurs attends any school as a teacher; and, if so, he shall forthwith instruct the teacher not to return to the school until the appropriate period of exclusion, if any, set out in Schedule 2 hereto has been completed, and he shall inform the head teacher or</p>	<p>each and every occasion on which such advice is formulated.]</p> <hr/> <p><b>Health (Infectious and Notifiable Diseases) Regulations 1966</b> (NZ), 1966/87.</p> <p><b>15(1)</b> In the case of an outbreak of an epidemic of infectious disease the Medical Officer of Health may constitute local committees to operate within defined areas and to assist him and the local authorities in checking the epidemic and conserving the public health.</p> <hr/> <p><b>New Zealand Public Health and Disability Act 2000</b> (NZ), 2000/91.</p> <p><b>5(3)</b> District Health Boards (DHBs) are established (Part 3 and Schedules 1 to 3), and take over functions like those of Hospital and Health Services (HHSs), which are dissolved (Part 7). DHBs—</p> <p>(a) have boards that include members elected by the community and representation of Maori:</p> <p>(b) will provide, or fund the provision of, health services and disability support services:</p> <p>(c) have the objective of reducing health disparities by improving health outcomes for Maori and other New Zealanders:</p> <p>(d) are statutory corporations rather than companies:</p> <p>(e) are accountable in a number of ways (sections 37 to 43), for example, through annual plans agreed with the Minister of Health, and statements of intent.</p>	<p>maintains an immunisation register.</p> <p><b>8(2)</b> Every immunisation register maintained by an early childhood centre must contain the following information in respect of each relevant child who is for the time being enrolled at the centre and who has attained the age of 15 months:</p> <p>(a) The full name of the child:</p> <p>(b) The child's date of birth:</p> <p>(c) Whether or not a caregiver of the child has provided to a centre employee an immunisation certificate in accordance with regulation 4 of these regulations:</p> <p>(d) Where an immunisation certificate has been provided to a centre employee in accordance with regulation 4 of these regulations the following information extracted from the certificate: (i) Whether the child has been fully immunised against the diseases for the time being specified in the National Immunisation Schedule: (ii) If the child has not been fully immunised, those diseases against which, in the vaccinator's opinion, the child has been immunised or has developed laboratory-proven natural immunity:</p> <p>(e) Such other information as the Director-General may from time to time prescribe by notice in the <i>Gazette</i>.</p> <p><b>9(1)</b> The controlling authority of every primary school at which relevant children are enrolled must ensure that the school maintains an immunisation register.</p> <p><b>9(2)</b> Every immunisation register maintained by a primary school must contain the following information in respect of each relevant child who is</p>

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	<p>person in charge of the school of the occurrence:            (k) He shall from day to day keep such particulars in writing regarding cases of infectious diseases as may be required by the Medical Officer of Health:            (l) He shall from time to time, at the request of the Medical Officer of Health, produce records for inspection and shall supply such information as may be required with regard to his duties under these regulations:</p> <p><b>14(3)</b> It shall be the duty of each and every one of the following persons, namely:            (a) The parents or guardians of any child who is suffering from, or is suspected to be suffering from, or who has recently suffered from or been exposed to the infection of, an infectious disease:            (b) Any school teacher who is suffering from, or is suspected to be suffering from, or who has recently suffered from, or been exposed to the infection of, an infectious disease:            (c) The head teacher or other person in charge of any school which any such child or school teacher attends,            to take all reasonable steps to secure compliance with this regulation, and to give to the Medical Officer of Health or to an Inspector all information which he may request concerning cases of infectious disease and regarding contacts therewith.</p> <hr/> <p><b>Health (Quarantine) Regulations 1983</b> (NZ), 1983/52.</p> <p><b>26(1)</b> Every person to whom these regulations apply shall comply with all directions, requirements, or conditions given, made, or</p>	<p><b>13(1)</b> The Minister may appoint a committee established under section 11, to be known as the national advisory committee on health and disability, to advise the Minister on—            (a) the kinds, and relative priorities, of public health services, personal health services, and disability support services that should, in the committee's opinion, be publicly funded; and            (b) other matters relating to public health, including—(i) personal health matters relating to public health; and (ii) regulatory matters relating to public health; and            (c) any other matters that the Minister specifies by notice to the committee.</p> <p><b>13(2)</b> The advice given by the committee to the Minister under subsection (1) is to be formulated after consultation by the committee with any members of the public, persons involved in the provision of services, and other persons that the committee considers appropriate.</p> <p><b>13(3)</b> The committee must, at least once each year, deliver to the Minister a report setting out its advice on the matters referred to in subsection (1)(a) and (b)</p> <p><b>13(4)</b> As soon as practicable after giving a notice under subsection (1)(c) or receiving a report under subsection (3), the Minister must present a copy of the notice or report to the House of Representatives.</p> <p><b>14(1)</b> The national advisory committee on health and disability must establish a committee called the</p>	<p>for the time being enrolled at the school:            (a) The full name of the child:            (b) The child's date of birth:            (c) Whether or not a caregiver of the child has provided to a school employee an immunisation certificate in accordance with regulation 5 of these regulations:            (d) Where an immunisation certificate has been provided to a school employee in accordance with regulation 5 of these regulations the following information extracted from the certificate: (i) Whether the child has been fully immunised against the diseases for the time being specified in the National Immunisation Schedule: (ii) If the child has not been fully immunised, those diseases against which, in the vaccinator's opinion, the child has been immunised or has developed laboratory-proven natural immunity:            (e) Such other information as the Director-General may from time to time prescribe by notice in the <i>Gazette</i>.</p> <p><b>10(1)</b> An immunisation register may be maintained in such form as the controlling authority responsible for maintaining it thinks fit, including, either wholly or partly, by means of a device or facility—            (a) That records or stores information electronically or by other means; and            (b) That permits the information so recorded to be readily inspected or reproduced in usable form.</p> <p><b>10(2)</b> The controlling authority of an early childhood centre or a primary school must ensure that the immunisation register maintained by that centre or school is available at all times for</p>



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	<p>imposed by the Medical Officer of Health or an Inspector of Health or other authorised officer in pursuance of these regulations, and shall, on request by any such officer, furnish all such information relating to his name, destination, address, and movements during the 6 days immediately preceding the day of his arrival as the officer may require.</p> <p><b>26(2)</b> Every person who has for the time being the custody or charge of a child or other person who is under disability shall comply with any directions, requirements, or conditions so given, made, or imposed, and shall furnish all such information as aforesaid in respect of any such child or other person.</p> <p><b>26(3)</b> Every person who is placed or kept under surveillance pursuant to these regulations shall— [...]</p> <p>(b) Furnish all such information as the Medical Officer of Health may reasonably require to ascertain the person's state of health: [...]</p> <p>(d) If he departs for another place within the period of surveillance, inform the Medical Officer of Health, or the medical practitioner nominated by him, and give details of the address to which he is proceeding.</p> <hr/> <p><b>Tuberculosis Act 1948</b> (NZ), 1948/36.</p> <p><b>6(1)</b> Forthwith after receiving a doctor's certificate stating that the person to whose death it relates was affected by tuberculosis a</p>	<p>public health advisory committee to provide independent advice to the Minister and to the national advisory committee on health and disability on the following matters:</p> <p>(a) public health issues, including factors underlying the health of people and communities:</p> <p>(b) the promotion of public health:</p> <p>(c) the monitoring of public health:</p> <p>(d) any other matters the national advisory committee on health and disability specifies by notice to the committee.</p> <p><b>14(2)</b> The advice given by the public health advisory committee is to be formulated after consultation by the committee with any interested organisation or individual that the committee considers appropriate.</p> <p><b>14(3)</b> The Minister must make publicly available, and present to the House of Representatives, a copy of any advice given by the public health advisory committee.</p>	<p>inspection by the following persons: (a) A Medical Officer of Health:</p> <p>(b) A Health Protection Officer:</p> <p>(c) Any person who is authorised in writing, by a Medical Officer of Health or a Health Protection Officer, to inspect the register.</p> <p><b>10(3)</b> Any person who is entitled pursuant to subclause (2) of this regulation to inspect any immunisation register may—</p> <p>(a) Take extracts from the register:</p> <p>(b) Make copies of all or part of the register.</p> <hr/> <p><b>Health (Quarantine) Regulations 1983</b> (NZ), 1983/52.</p> <p><b>8(1)</b> The person in charge of the aerodrome at which any aircraft arrives in New Zealand from a foreign place shall record in respect of every such aircraft—</p> <p>(a) Its name or identification mark or identification marks:</p> <p>(b) The exact time of its arrival at the aerodrome.</p> <p><b>8(2)</b> Every record kept for the purposes of this regulation shall be made available for inspection on request by any officer of the Department of Health.</p> <hr/> <p><b>Health and Safety in Employment Act 1992</b> (NZ) 1992/96.</p> <p><b>25(1)</b> Every employer shall maintain (in the prescribed form) a register of accidents and serious harm; and shall record in the register the prescribed particulars relating to—</p>

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	<p>death it relates was affected by tuberculosis, a Registrar must give the Medical Officer of Health written notice of that fact.</p>		<p>(a) Every accident that harmed (or, as the case may be, might have harmed)—</p> <ul style="list-style-type: none"> <li>(i) Any employee at work; or</li> <li>(ii) Any person in a place of work controlled by the employer; and</li> </ul> <p>(b) Every occurrence of serious harm to an employee at work, or as a result of any hazard to which the employee was exposed while at work, in the employment of the employer.</p>

## UNITED KINGDOM

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	<p><b>Anti-Terrorism, Crime and Security Act 2001</b> (U.K.), 2001, c. 24.</p> <p><b>61(1)</b> A police officer of at least the rank of inspector may give to the occupier of any relevant premises a notice requiring him to give the chief officer of police a list of--</p> <p>(a) each person who has access to any dangerous substance kept or used there;</p> <p>(b) each person who, in such circumstances as are specified or described in the notice, has access to such part of the premises as is so specified or described;</p> <p>(c) each person who, in such circumstances as are specified or described in the notice, has access to the premises; or</p> <p>(d) each person who, in such circumstances as are specified or described in the notice, has access to any building or site of which the premises form part.</p> <p><b>61(2)</b> A list under subsection (1) must be given before the end of the period of one month beginning with the day on which the notice is given.</p> <p><b>61(3)</b> Where a list under subsection (1) is given, the occupier of the premises for the time being--</p> <p>(a) must secure that only the persons mentioned in the list are given the access identified in the list relating to them; but</p> <p>(b) may give a supplementary list to the chief officer of police of other persons to whom it is proposed to give access.</p>	<p><b>Health Act 1999</b> (U.K.), 1999, c. 8.</p> <p><b>28(1)</b> It is the duty of each Health Authority [, each Local Health Board] [and each Primary Care Trust], at such times as the Secretary of State may direct, to prepare a plan which sets out a strategy for improving--</p> <p>(a) the health of the people for whom they are responsible, and</p> <p>(b) the provision of health care to such people.</p> <p><b>28(2)</b> It is the duty of each Health Authority[, each Local Health Board] [and each Primary Care Trust] to keep under review any plan prepared by them under this section.</p> <p><b>28(3)</b> It is the duty of the bodies specified in subsection (4) to participate in the preparation or review by a Health Authority[, Local Health Board] [or Primary Care Trust] of any plan under this section.</p> <p><b>28(4)</b> Those bodies are--</p> <p>(a) any local authority whose area falls wholly or partly within the area of the Health Authority [, Local Health Board] or Primary Care Trust, and</p> <p>(b) if the plan is a Health Authority's [or a Local Health Board's], any NHS trust which provides services at or from a hospital or other establishment or facility which falls within the area of the Health Authority [or Local Health Board].]</p>	<p><b>Blood Safety and Quality Regulations 2005</b>, S.I. 2005/50 (under the <b>European Communities Act 1972</b>).</p> <p><b>7(4)</b> A blood establishment shall, in relation to the activities specified in regulation 3(2) for which it is responsible, maintain records, for a minimum period of 15 years, of--</p> <p>(a) the information specified in paragraphs (5) and (6),</p> <p>(b) the conduct of the tests referred to in paragraph (3)(a).</p> <p><b>7(5)</b> The information specified in this paragraph is--</p> <p>(a) the total number of donors who give blood and blood components;</p> <p>(b) the total number of donations;</p> <p>(c) an updated list of the hospital blood banks which it supplies;</p> <p>(d) the total number of whole donations not used;</p> <p>(e) the number of each component produced and distributed;</p> <p>(f) the incidence and prevalence of transfusion transmissible infectious markers in donors of blood and blood components;</p> <p>(g) the number of product recalls; and</p> <p>(h) the number of serious adverse events and serious reactions reported;</p> <p>(6) The information specified in this paragraph is--</p> <p>(a) information provided to donors by the blood establishment in accordance with paragraph (2)(a);</p> <p>(b) information obtained from donors by the blood establishment in accordance with paragraph (2)(b);</p>

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	<p><b>61(4)</b> Where a supplementary list is given under subsection (3)(b), the occupier of the premises for the time being must secure that persons mentioned in that list do not have the proposed access relating to them until the end of the period of 30 days beginning with the day on which that list is given.</p> <p><b>61(5)</b> The chief officer of police may direct that a person may have such access before the end of that period.</p> <p><b>61(6)</b> The Secretary of State may by order modify the period mentioned in subsection (4).</p> <p><b>61(7)</b> Any list under this section must--  (a) identify the access which the person has, or is proposed to have;  (b) state the full name of that person, his date of birth, his address and his nationality; and  (c) contain such other matters (if any) as may be prescribed.</p> <hr/> <p><b>Nationality, Immigration and Asylum Act 2002</b> (U.K.), 2002, c. 41.</p> <p><b>133(1)</b> This section applies to a person if an immigration officer acting under Schedule 2 to the Immigration Act 1971 (c 77) (control on entry, &amp;c) has brought the person to the attention of--  (a) a medical inspector appointed under paragraph 1(2) of that Schedule, or  (b) a person working under the direction of a medical inspector appointed under that paragraph.</p>	<p><b>Health Protection Agency Act 2004</b> (U.K.), 2004, c. 17.</p> <p><b>2(1)</b> The Agency has the following functions in relation to health--  (a) the protection of the community (or any part of the community) against infectious disease and other dangers to health;  (b) the prevention of the spread of infectious disease;  (c) the provision of assistance to any other person who exercises functions in relation to the matters mentioned in paragraphs (a) and (b).</p> <p><b>2(2)</b> The Agency also has such other functions in relation to health as--  (a) the Secretary of State (after consultation with the National Assembly for Wales) directs;  (b) the National Assembly (after consultation with the Secretary of State) directs.</p> <p><b>2(3)</b> The Secretary of State may (after consultation with the National Assembly) direct the Agency to exercise any function conferred on him by or under an enactment.</p> <p><b>2(4)</b> The National Assembly may (after consultation with the Secretary of State) direct the Agency to exercise any function conferred on it by or under an enactment.</p> <p><b>4(1)</b> For the purpose of the exercise of its functions the Agency may do any of the following--  (a) engage in or commission research;  (b) obtain and analyse data and other information;  (c) provide laboratory services;</p>	<p>and  (c) information relating to the suitability of blood and plasma donors in accordance with the eligibility criteria specified in Part 3 of the Schedule.</p> <hr/> <p><b>Care Homes Regulations 2001</b>, S.I. 2001/3965.</p> <p><b>Schedule 4:</b> Other records to be kept in a Care Home</p> <p><b>12</b> A record of any of the following events that occur in the <b>care home</b>—[...]  (b) any incident which is detrimental to the health or welfare of a service user, including the outbreak of infectious disease in the <b>care home</b>;  (c) any injury or illness; [...].</p> <hr/> <p><b>Health Service (Control of Patient Information) Regulations 2002</b>, S.I. 2002/1438.</p> <p><b>6(1)</b> Where an approval granted by the Secretary of State under regulation 5 permits the transfer of confidential patient information between persons who may determine the purposes for which, and the manner in which, the information may be processed, he shall record in a register the name and address of each of those persons together with the particulars specified in paragraph (2).</p> <p><b>6(2)</b> The following particulars are specified for inclusion in each entry in the register--  (a) a description of the confidential patient information to which the approval relates;  (b) the medical purposes for which the information</p>

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	<p><b>133(2)</b> A medical inspector may disclose to a health service body--</p> <p>(a) the name of a person to whom this section applies,</p> <p>(b) his place of residence in the United Kingdom,</p> <p>(c) his age,</p> <p>(d) the language which he speaks,</p> <p>(e) the nature of any disease with which the inspector thinks the person may be infected,</p> <p>(f) relevant details of the person's medical history,</p> <p>(g) the grounds for an opinion mentioned in paragraph (e) (including the result of any test or examination which has been carried out), and</p> <p>(h) the inspector's opinion about action which the health service body should take.</p> <p><b>133(3)</b> A disclosure may be made under subsection (2) only if the medical inspector thinks it necessary for the purpose of--</p> <p>(a) preventative medicine,</p> <p>(b) medical diagnosis,</p> <p>(c) the provision of care or treatment, or</p> <p>(d) the management of health care services.</p>	<p>(d) provide other technical and clinical services;</p> <p>(e) provide training in relation to matters in respect of which the Agency has functions;</p> <p>(f) make available to any other body such persons, materials and facilities as it thinks appropriate;</p> <p>(g) provide information and advice.</p> <p><b>4(2)</b> The Agency may do anything which it thinks is--</p> <p>(a) appropriate for facilitating, or</p> <p>(b) incidental or conducive to, the exercise of its functions.</p> <p><b>4(3)</b> The power under subsection (2) includes power--</p> <p>(a) to acquire by agreement or dispose of land and other property;</p> <p>(b) to form or participate in the formation of companies;</p> <p>(c) to enter into contracts;</p> <p>(d) to acquire, produce, manufacture and supply goods;</p> <p>(e) to develop and exploit ideas and exploit intellectual property;</p> <p>(f) to provide accommodation.</p> <p><b>7(1)</b> The Agency may publish in such manner as it thinks appropriate--</p> <p>(a) information it obtains from any source;</p> <p>(b) advice it provides to any person.</p> <p>(2) But the Agency must not publish any matter--</p> <p>(a) which contravenes the Data Protection Act 1998 (c 29);</p> <p>(b) in contravention of an express restriction contained in any other enactment on the publication of the matter;</p>	<p>may be processed;</p> <p>(c) the provisions in the Schedule to these Regulations under which the information may be processed; and</p> <p>(d) such other particulars as the Secretary of State may consider appropriate to enter in the register.</p> <p><b>6(3)</b> The Secretary of State shall retain the particulars of each entry in the register for so long as confidential patient information may be processed under an approval and for not less than 12 months after the termination of an approval.</p> <p><b>6(4)</b> The Secretary of State shall, in such manner and to the extent to which he considers it appropriate, publish entries in the register.</p> <hr/> <p><b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, S.I. 1995/3163 (under the Health and Safety at Work Act 1974).</b></p> <p><b>7(1)</b> The responsible person shall keep a record of--</p> <p>(a) any event which is required to be reported under regulation 3, which shall contain the particulars specified in Part I of Schedule 4;</p> <p>(b) any case of disease required to be reported under regulation 5(1), which shall contain the particulars specified in Part II of Schedule 4; and</p> <p>(c) such other particulars as may be approved by the Executive for the purpose of demonstrating that any approved means of reporting under regulations 3 or 5(1) has been complied with.</p> <p><b>7(2)</b> Any record of deaths, injuries at work or disease which the responsible person keeps for any</p>

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		<p>(c) if the publication is not in the public interest.</p> <hr/>	<p>other purpose shall, if it covers the injuries recordable under these Regulations and includes the particulars specified in Schedule 4, be sufficient for the requirements of paragraph (1).</p> <p><b>7(3)</b> The record referred to in paragraph (1) shall be kept either at the place where the work to which it relates is carried on or at the usual place of business of the responsible person and an entry in such a record shall be kept for at least three years from the date on which it was made.</p> <p><b>7(4)</b> The responsible person shall send to the relevant enforcing authority such extracts from the record required to be kept under paragraph (1) as that enforcing authority may from time to time require.</p> <p><b>3(1)</b> Subject to regulation 10[exceptions to the application of this regulation], where--</p> <p>(a) any person dies as a result of an accident arising out of or in connection with work;</p> <p>(b) any person at work suffers a major injury as a result of an accident arising out of or in connection with work;</p> <p>(c) any person not at work suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury;</p> <p>(d) any person not at work suffers a major injury as a result of an accident arising out of or in connection with work at a hospital; or [...]</p> <p>the responsible person shall--</p> <p>(i) forthwith notify the relevant enforcing authority thereof by the quickest practicable means; and</p>

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			<p>(ii) within 10 days send a report thereof to the relevant enforcing authority on a form approved for the purposes of this sub-paragraph, unless within that period he makes a report thereof to the Executive by some other means so approved.</p> <p><b>5(1)</b> Subject to paragraphs (2) and (3) and to regulation 10 [exceptions to the application of this regulation], where--</p> <p>(a) a person at work suffers from any of the occupational diseases specified in column 1 of Part I of Schedule 3 and his work involves one of the activities specified in the corresponding entry in column 2 of that Part; or</p> <p>(b) a person at an offshore workplace suffers from any of the diseases specified in Part II of Schedule 3,</p> <p>the responsible person shall forthwith send a report thereof to the relevant enforcing authority on a form approved for the purposes of this regulation, unless he forthwith makes a report thereof to the Executive by some other means so approved.</p> <p><b>5(2)</b> Paragraph (1) shall apply only if--</p> <p>(a) in the case of an employee, the responsible person has received a written statement prepared by a registered medical practitioner diagnosing the disease as one of those specified in Schedule 3; or</p> <p>(b) in the case of a self-employed person, that person has been informed, by a registered medical practitioner, that he is suffering from a disease so specified.</p> <p><b>5(3)</b> In the case of a self-employed person, it shall be a sufficient compliance with paragraph (1) if that person makes arrangements for the report to be sent</p>

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			<p>to the relevant enforcing authority by some other person.</p> <p><b>Schedule 4</b>  <b>Part I:</b> Particulars to be Kept in Records of any Event which is Reportable under Regulation 3  <b>1</b> Date and time of the accident or dangerous occurrence.  <b>2</b> In the event of an accident suffered by a person at work, the following particulars of that person--  (a) full name;  (b) occupation;  (c) nature of injury.  <b>3</b> In the event of an accident suffered by a person not at work, the following particulars of that person (unless they are not known and it is not reasonably practicable to ascertain them)--  (a) full name;  (b) status (for example "passenger", "customer", "visitor" or "bystander");  (c) nature of injury.  <b>4</b> Place where the accident or dangerous occurrence happened.  <b>5</b> A brief description of the circumstances in which the accident or dangerous occurrence happened.  <b>6</b> The date on which the event was first reported to the relevant enforcing authority.  <b>7</b> The method by which the event was reported.</p> <p><b>Part II:</b> Particulars to be Kept in Records of Instances of any of the Diseases Specified in Schedule 3 and Reportable under Regulation 5  <b>1</b> Date of diagnosis of the disease.  <b>2</b> Name of the person affected.  <b>3</b> Occupation of the person affected.  <b>4</b> Name or nature of the disease.</p>



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	<p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22.</p> <p><b>11(1)</b> If a registered medical practitioner becomes aware, or suspects, that a patient whom he is attending within the district of a local authority is suffering from a notifiable disease or from food poisoning, he shall, unless he believes, and has reasonable grounds for believing, that some other registered medical practitioner has complied with this subsection with respect to the patient, forthwith send to the proper officer of the local authority for that district a certificate stating--</p> <p>(a) the name, age and sex of the patient and the address of the premises where the patient is,</p> <p>(b) the disease or, as the case may be, particulars of the poisoning from which the patient is, or is suspected to be, suffering and the date, or approximate date, of its onset, and</p> <p>(c) if the premises are a hospital, the day on which the patient was admitted, the address of the premises from which he came there and whether or not, in the opinion of the person giving the certificate, the disease or poisoning from which the patient is, or is suspected to be, suffering was contracted in the hospital.</p> <p><b>11(3)</b> The officer who receives the certificate shall, on the day of its receipt (if possible) and in any case within 48 hours after its receipt, send a copy--</p> <p>(a) to the [Primary Care Trust or] [Health Authority within whose area] are situated the premises whose address is specified in the certificate in accordance</p>	<p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22.</p> <p><b>1(1)</b> Subject to subsection (4) below, it shall be the duty of each of the following authorities--</p> <p>(a) a district council, [(aa) in Wales, a county council or county borough council,]</p> <p>(b) a London borough council,</p> <p>(c) the Common Council of the City of London, and</p> <p>(d) the Sub-Treasurer of the Inner Temple and the Under Treasurer of the Middle Temple, to carry this Act into execution in their district.</p> <p><b>1(2)</b> In this Act, except where it is otherwise expressly provided, "local authority" means an authority mentioned in subsection (1) above.</p> <p><b>1(3)</b> A local authority having jurisdiction in any part of a port health district (including the London port health district) shall not discharge in relation to it any functions which are functions of the port health authority.</p> <p><b>1(4)</b> Subsection (1) above shall have effect subject to the provisions of this Act with respect to--</p> <p>(a) port health authorities, [(b) [Strategic Health Authorities,] Health Authorities[, Special Health Authorities or Primary Care Trusts],]</p> <p>(c) county councils [or county borough councils], and shall not impose on any authority specified in that subsection a duty to discharge, in relation to a</p>	<p>5 The date on which the disease was first reported to the relevant enforcing authority.</p> <p>6 The method by which the disease was reported.</p>

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	<p>with subsection (1)(a) above, and            (b) if the certificate is given with respect to a patient in a hospital who came there from premises outside the district of the local authority within whose district the hospital is situated and the certificate states that the patient did not contract the disease or the poisoning in the hospital--            (i) to the proper officer of the local authority for the district within which the premises from which the patient came are situated, and            (ii) to the [Primary Care Trust or] [Health Authority for the area] in which those premises are situated, if [that [Primary Care Trust or] Health Authority are] not responsible for the administration of the hospital, and            (iii) to the proper officer of the relevant port health authority, if those premises were a ship or hovercraft situated within the port health district for which that authority is constituted.</p> <p><b>11(4)</b> A person who fails to comply with an obligation imposed on him by subsection (1) above shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>39(3)</b> The local authority within whose district a common lodging-house is situated shall, if possible on the day on which they receive a notice under subsection (1) above and in any case within 48 hours after the receipt of the notice, send a copy of the notice to the [Primary Care Trust or] [Health Authority within whose area] that lodging-house is situated.</p> <p><b>39(1)</b> Where a person in a common lodging-house is suffering from any infectious disease, the keeper</p>	<p>united district constituted under section 6 of the Public Health Act 1936, any function which is a function of the joint board for that district.</p> <p><b>8(1)</b> Subject to the provisions of paragraph (3), a proper officer shall, in respect of his district or port health district, send to the Registrar General by post every week in time to ensure its delivery on Monday, or the morning of Tuesday at the latest, a return, in such form as the Secretary of State may from time to time require, of the number of cases of each disease (including food poisoning and suspected food poisoning but excluding leprosy) notified to him during the week ended on the preceding Friday night; and the proper officer shall send a copy of the return to the appropriate medical officer of the appropriate [health authority].</p> <p><b>8(2)</b> Subject to the provisions of paragraph (3), a proper officer shall send to the Registrar General by post every three months, not later than 21st January, 21st April, 21st July and 21st October in every year, a return, in such form as the Secretary of State may from time to time require, of the cases referred to in the preceding paragraph which have been notified to him during the preceding three months, showing separately the final number of cases after any correction of diagnosis subsequently made by the notifying registered medical practitioner or by the registered medical practitioner in charge of the patient; and the proper officer shall send a copy of the return to the appropriate medical officer of the appropriate [health authority].</p>	

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	<p>of the lodging-house shall immediately give notice of the case to the local authority for the district</p> <hr/> <p><b>Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.</b></p> <p><b>8(3)</b> The medical officer or other authorised officer or a customs officer may, and if so required by the Secretary of State shall, require any person on board or leaving an aircraft at a customs airport to produce a valid International Vaccination Certificate.</p> <p><b>12(1)</b> Where a member of the crew of an aircraft becomes aware that there is on board the aircraft during a flight a person who is suffering from an infectious disease, or who has symptoms which may indicate the presence of infectious disease, he shall report the details to the commander of the aircraft who shall send a radio message to that effect to the authorised officer at the first customs airport at which the aircraft is due to land, or to the owner or manager of such airport.</p> <p><b>12(2)</b> If such radio message is sent to the authorised officer, he shall immediately notify the customs officer of its contents.</p> <p><b>12(3)</b> If such radio message is sent to the person in charge of the customs airport he shall immediately notify the authorised officer and the customs officer of its contents.</p> <p><b>12(6)</b> The medical officer may require the commander of an aircraft, or, as the case may be,</p>	<p><b>Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.</b></p> <p><b>4(1)</b> Subject to the provisions of these regulations, it shall be the duty of the following authorities to enforce and execute these regulations:--</p> <p>(a) at a national airport, the Secretary of State, or if a local authority has undertaken duties at that aerodrome under section 18(2) of the Civil Aviation Act 1949 or section 15(2) of the Airports Authority Act 1975, that local authority;</p> <p>(b) at an aerodrome maintained by the council of a county, that council;</p> <p>(c) at an aerodrome maintained by the council of a district, that council, or, if so agreed, upon terms and conditions approved by the Secretary of State between that council and any other council in whose county or district the aerodrome is wholly situated or any port health authority in whose district the aerodrome is wholly or partly situated, that other council or the port health authority;</p> <p>(d) at any other aerodrome--</p> <p>(i) if it is wholly situated in a district or in a port health district, the council or port health authority of that district, or, if the Secretary of State so directs, the council of the county in which that district is situated;</p> <p>(ii) if it extends into more than one district or into a port health district, and the Secretary of State so directs, the council of any county in which the aerodrome is wholly or partly situated, or, failing such direction, such one of the councils or the port</p>	

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	<p>all such commanders flying the aircraft of a specified airline, to complete an Aircraft Declaration of Health in the form set out in Schedule 1.</p> <p><b>12(7)</b> The Aircraft Declaration of Health completed in accordance with paragraph (6) shall be delivered to the authorised officer by the commander of the aircraft, or by a member of the crew deputed to act on his behalf.</p> <p><b>28</b> Where the Secretary of State has, by notice published in the London Gazette, declared any place to be infected with a disease subject to the International Health Regulations or with any other disease which in his opinion constitutes a menace to other countries by reason of its spread or potential spread, then, until the notice is revoked by a subsequent notice published in the London Gazette, every medical officer shall comply with any requirement which may be made by the Secretary of State for preventing the spread of the disease, and in particular (but without prejudice to the generality of the foregoing provision) the following provisions of this regulation shall operate in relation to any aircraft departing from any aerodrome specified by the Secretary of State for a destination outside the United Kingdom--</p> <p>(a) an authorised officer, if so required by the Secretary of State, shall require a valid vaccination certificate from departing travellers. In the absence of such a certificate the medical officer may offer vaccination to any such traveller and apply the provisions of regulation 27(c); [...].</p> <p><b>29</b> Every person to whom these regulations apply</p>	<p>health authority in whose district any part of the aerodrome is situated as those councils or the port health authority, as the case may be, may, upon terms and conditions approved by the Secretary of State agree, or, in the absence of agreement, such one of those councils or the port health authority as the Secretary of State may direct;</p> <p>(e) at any place other than an aerodrome--</p> <p>(i) if it is situated in a port health district, the port health authority of that district;</p> <p>(ii) if it is situated elsewhere than in a port health district, the council of the district in which the place is situated.</p> <p><b>4(2)</b> The Secretary of State may attach such terms and conditions as he thinks fit to any direction given by him under this regulation.</p> <p><b>4(3)</b> The Secretary of State shall exercise his functions as a responsible authority through such officers as may be designated for the purpose by him or (except in relation to aerodromes owned or managed by the British Airports Authority) by the Secretary of State for Trade.</p> <p><b>4(4)</b> Every other responsible authority shall exercise its functions through the medical officer and such other officers as it may authorise in that behalf, and shall make such inquiries and take such other steps as may seem to it to be necessary for securing the proper exercise of those functions.</p> <hr/> <p><b>Public Health (Ships) Regulations 1979, S.I. 1979/1435.</b></p>	

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	<p>shall comply with every direction, requirement or condition given, made or imposed by an authorised officer or customs officer under these regulations, and shall furnish all such information as that officer may reasonably require (including information as to his name and intended destination and address to which he is going on leaving an aerodrome) and every person who has for the time being the custody or charge of a child or other person who is under disability shall comply with any direction, requirement, or condition so given, made or imposed, and shall furnish all such information as aforesaid, in respect of that child or other person.</p> <p><b>31</b> Every person who is placed under surveillance under these regulations shall—[...]</p> <p>(b) furnish all such information as the medical officer may reasonably require with a view to ascertaining the person's state of health;</p> <p>(c) forthwith upon arrival during the period of surveillance at any address, other than the one stated as his intended address on leaving the aerodrome at which he arrived in England or Wales, send particulars of that address to the medical officer; [...].</p> <hr/> <p><b>Public Health (Infectious Diseases) Regulations 1988, S.I. 1988/1546.</b></p> <p><b>6(3)</b> A proper officer who receives a certificate in respect of any case of--</p> <p>(a) a disease subject to the International Health Regulations,</p> <p>(b) leprosy,</p>	<p><b>4(1)</b> Subject to the provisions of paragraph (2) of this regulation, every health authority shall enforce and execute these regulations and shall exercise their functions through the medical officer and such other officers as they may authorise in that behalf, and shall make such inquiries and take such other steps as seem to them to be necessary for securing the proper exercise of those functions.</p> <p><b>4(2)</b> Any two health authorities may agree, upon terms and conditions approved by the Secretary of State, that one of them shall undertake the enforcement and execution of and arrange for their authorised officers to enforce and execute the whole or specified provisions of these regulations in the district of the other, and for this purpose the district in which any such provision is so enforced and executed shall be deemed to be the district of the authority who enforces and executes it; [...].</p>	

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	<p>(c) malaria or rabies contracted in Great Britain, or (d) a viral haemorrhagic fever shall immediately send a copy to the Chief Medical Officer for England if the address of the patient in the certificate is in England or to the Chief Medical Officer for Wales if such address is in Wales.</p> <hr/> <p><b>Public Health (Ships) Regulations 1979, S.I. 1979/1435.</b></p> <p><b>9(3)</b> On the arrival of any ship which during its voyage has been in a foreign port other than an excepted port the authorised officer, or at any port where their employment for this purpose is sanctioned by the Commissioners of Customs and Excise, a customs officer, may, and if so required by the Secretary of State shall, require any person on board or disembarking from the ship to produce a valid International Vaccination Certificate.</p> <p><b>11(1)</b> The master of a ship on arrival or already in a district shall--</p> <p>(a) answer all questions as to the health conditions on board which may be put to him by a customs officer or an authorised officer and furnish any such officer with all such information and assistance as he may reasonably require for the purposes of these regulations;</p> <p>(b) notify the authorised officer immediately of any circumstances on board which are likely to cause the spread of infectious disease, including in his notification particulars as to the sanitary condition of the ship and the presence of animals or captive birds of any species, or mortality or sickness among such animals or birds, on the ship;</p>		

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	<p>(c) comply with these regulations, and with any directions or requirements of an authorised officer or customs officer given or made for the purposes of these regulations.</p> <p><b>35</b> Every person to whom these regulations apply shall comply with every direction, requirement or condition given, made or imposed by an authorised officer or customs officer under these regulations, and shall furnish all such information as that officer may reasonably require (including information as to his name and intended destination and address to which he is going on leaving a ship), and every person who has for the time being the custody or charge of a child or other person who is under disability shall comply with any direction, requirement or condition so given, made or imposed, and shall furnish all such information as aforesaid in respect of that child or other person.</p> <p><b>37</b> Every person who is placed under surveillance under these regulations shall—[...]</p> <p>(b) furnish all such information as the medical officer or any such medical officer may reasonably require with a view to ascertaining the person's state of health;</p> <p>(c) forthwith upon arrival during the period of surveillance at any address other than the one stated as his intended address when placed under surveillance, send particulars of that address to the medical officer; [...].</p> <hr/> <p><b>Health Service (Control of Patient Information) Regulations 2002, S.I. 2002/1438.</b></p>		

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	<p><b>3(1)</b> Subject to paragraphs (2) and (3) and regulation 7, confidential patient information may be processed with a view to--</p> <ul style="list-style-type: none"> <li>(a) diagnosing communicable diseases and other risks to public health;</li> <li>(b) recognising trends in such diseases and risks;</li> <li>(c) controlling and preventing the spread of such diseases and risks;</li> <li>(d) monitoring and managing-- <ul style="list-style-type: none"> <li>(i) outbreaks of communicable disease;</li> <li>(ii) incidents of exposure to communicable disease;</li> <li>(iii) the delivery, efficacy and safety of immunisation programmes;</li> <li>(iv) adverse reactions to vaccines and medicines;</li> <li>(v) risks of infection acquired from food or the environment (including water supplies);</li> <li>(vi) the giving of information to persons about the diagnosis of communicable disease and risks of acquiring such disease.</li> </ul> </li> </ul> <p><b>3(3)</b> The processing of confidential patient information for the purposes specified in paragraph (1) may be undertaken by--</p> <ul style="list-style-type: none"> <li>(a) the Public Health Laboratory Service;</li> <li>(b) persons employed or engaged for the purposes of the health service;</li> <li>(c) other persons employed or engaged by a Government Department or other public authority in communicable disease surveillance.</li> </ul> <p><b>4</b> Anything done by a person that is necessary for the purpose of processing confidential patient information in accordance with these Regulations shall be taken to be lawfully done despite any obligation of confidence owed by that person in</p>		



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	<p>respect of it.</p> <p><b>7(1)</b> Where a person is in possession of confidential patient information under these Regulations, he shall not process that information more than is necessary to achieve the purposes for which he is permitted to process that information under these Regulations and, in particular, he shall-</p> <p>(a) so far as it is practical to do so, remove from the information any particulars which identify the person to whom it relates which are not required for the purposes for which it is, or is to be, processed;</p> <p>(b) not allow any person access to that information other than a person who, by virtue of his contract of employment or otherwise, is involved in processing the information for one or more of those purposes and is aware of the purpose or purposes for which the information may be processed; [...].</p> <p><b>7(2)</b> No person shall process confidential patient information under these Regulations unless he is a health professional or a person who in the circumstances owes a duty of confidentiality which is equivalent to that which would arise if that person were a health professional.</p>		

## UNITED STATES

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<p><b>Public Health Service Act</b>, 42 U.S.C. §247c-1 (2005).</p> <p><b>247c-1 (g)</b> Confidentiality. The Secretary may make a grant under subsection (a) of this section only if the applicant involved agrees, subject to applicable law, to maintain the confidentiality of information on individuals with respect to activities carried out under subsection (c) of this section.</p> <p><b>247c-1 (a)</b> In general. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States, political subdivisions of States, and other public or nonprofit private entities for the purpose of carrying out the activities described in subsection (c) of this section regarding any treatable sexually transmitted disease that can cause infertility in women if treatment is not received for the disease.</p> <p><b>247c-1 (c)</b> Authorized activities. With respect to any sexually transmitted disease described in subsection (a) of this section, the activities referred to in such subsection are—</p> <ol style="list-style-type: none"> <li>(1) screening women for the disease and for secondary conditions resulting from the disease, subject to compliance with criteria issued under subsection (f) of this section;</li> <li>(2) providing treatment to women for the disease;</li> <li>(3) providing counseling to women on the</li> </ol>	<p><b>Public Health Service Act</b>, 42 U.S.C. §247c et seq. (2005).</p> <p><b>247c (c)</b> Project grants to States. The Secretary is also authorized to make project grants to States and, in consultation with the State health authority, to political subdivisions of States, for—</p> <ol style="list-style-type: none"> <li>(1) sexually transmitted diseases surveillance activities, including the reporting, screening, and followup of diagnostic tests for, and diagnosed cases of, sexually transmitted diseases;</li> <li>(2) casefinding and case followup activities respecting sexually transmitted diseases, including contact tracing of infectious cases of sexually transmitted diseases and routine testing, including laboratory tests and followup systems;</li> <li>(3) interstate epidemiologic referral and followup activities respecting sexually transmitted diseases; and</li> <li>(4) such special studies or demonstrations to evaluate or test sexually transmitted diseases prevention and control strategies and activities as may be prescribed by the Secretary.</li> </ol> <p><b>247c (e)</b> [...] information disclosure.</p> <ol style="list-style-type: none"> <li>(5) All information obtained in connection with the examination, care, or treatment of any individual under any program which is being carried out with a grant made under this section shall not, without such individual's consent, be disclosed except as may be necessary to provide service to him or as may be required by a law of</li> </ol>	<p><b>Public Health Service Act</b>, 42 U.S.C. §§202 et seq. (2005).</p> <p><b>202 Administration and supervision of Service</b> The Public Health Service in the Department of Health and Human Services shall be administered by the Assistant Secretary for Health under the supervision and direction of the Secretary.</p> <p><b>203 Organization of Service</b> The Service shall consist of</p> <ol style="list-style-type: none"> <li>(1) the Office of the Surgeon General,</li> <li>(2) the National Institutes of Health,</li> <li>(3) the Bureau of Medical Services, and <sup>[1]</sup></li> <li>(4) the Bureau of State Services, and <sup>[2]</sup> the Agency for Healthcare Research and Quality. The Secretary is authorized and directed to assign to the Office of the Surgeon General, <sup>[3]</sup> to the National Institutes of Health, to the Bureau of Medical Services, and to the Bureau of State Services, respectively, the several functions of the Service, and to establish within them such divisions, sections, and other units as he may find necessary; and from time to time abolish, transfer, and consolidate divisions, sections, and other units and assign their functions and personnel in such manner as he may find necessary for efficient operation of the Service. No division shall be established, abolished, or transferred, and no divisions shall be consolidated, except with the approval of the Secretary. The National Institutes of Health shall be administered as a part of the field service. The Secretary may delegate to any officer</li> </ol>	

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<p>prevention and control of the disease (including, in the case of a woman with the disease, counseling on the benefits of locating and providing such counseling to any individual from whom the woman may have contracted the disease and any individual whom the woman may have exposed to the disease);</p> <p>(4) providing follow-up services;</p> <p>(5) referrals for necessary medical services for women screened pursuant to paragraph (1), including referrals for evaluation and treatment with respect to acquired immune deficiency syndrome and other sexually transmitted diseases;</p> <p>(6) in the case of any woman receiving services pursuant to any of paragraphs (1) through (5), providing to the partner of the woman the services described in such paragraphs, as appropriate;</p> <p>(7) providing outreach services to inform women of the availability of the services described in paragraphs (1) through (6);</p> <p>(8) providing to the public information and education on the prevention and control of the disease, including disseminating such information; and</p> <p>(9) providing training to health care providers in carrying out the screenings and counseling described in paragraphs (1) and (3).</p>	<p>a state or political subdivision of a State. Information derived from any such program may be disclosed—</p> <p>(A) in summary, statistical, or other form; or</p> <p>(B) for clinical or research purposes; but only if the identity of the individuals diagnosed or provided care or treatment under such program is not disclosed.</p> <p><b>247c-1 (j) Reports to Secretary</b></p> <p>(1) Collection of data. The Secretary may make a grant under subsection (a) of this section only if the applicant involved agrees, with respect to any disease selected under subsection (b) of this section for the applicant, to submit to the Secretary, for each fiscal year for which the applicant receives such a grant, a report providing—</p> <p>(A) the incidence of the disease among the population of individuals served by the applicant;</p> <p>(B) the number and demographic characteristics of individuals in such population;</p> <p>(C) the types of interventions and treatments provided by the applicant, and the health conditions with respect to which referrals have been made pursuant to subsection (c)(5) of this section;</p> <p>(D) an assessment of the extent to which the activities carried pursuant to subsection (a) of this section have reduced the incidence of infertility in the geographic area involved; and</p> <p>(E) such other information as the Secretary may require with respect to the project carried out with the grant.</p> <p>(2) Utility and comparability of data. The Secretary</p>	<p>or employee of the Service such of his powers and duties under this chapter, except the making of regulations, as he may deem necessary or expedient.</p> <p><b>204 Commissioned corps; composition; appointment of Regular and Reserve officers; appointment and status of warrant officers</b></p> <p>There shall be in the Service a commissioned Regular Corps and, for the purpose of securing a reserve for duty in the Service in time of national emergency, a Reserve Corps. All commissioned officers shall be citizens and shall be appointed without regard to the civil-service laws and compensated without regard to chapter 51 and subchapter III of chapter 53 of title 5.</p> <p>Commissioned officers of the Reserve Corps shall be appointed by the President and commissioned officers of the Regular Corps shall be appointed by him by and with the advice and consent of the Senate. Commissioned officers of the Reserve Corps shall at all times be subject to call to active duty by the Surgeon General, including active duty for the purpose of training and active duty for the purpose of determining their fitness for appointment in the Regular Corps. Warrant officers may be appointed to the Service for the purpose of providing support to the health and delivery systems maintained by the Service and any warrant officer appointed to the Service shall be considered for purposes of this chapter and title 37 to be a commissioned officer within the commissioned corps of the Service.</p> <p><b>268 (a)</b> Any consular or medical officer of the United States, designated for such purpose by the Secretary, shall make reports to the Surgeon General, on such</p>	

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	<p>shall carry out activities for the purpose of ensuring the utility and comparability of data collected pursuant to paragraph (1).</p> <p><b>247c-1</b> (a) In general. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States, political subdivisions of States, and other public or nonprofit private entities for the purpose of carrying out the activities described in subsection (c) of this section regarding any treatable sexually transmitted disease that can cause infertility in women if treatment is not received for the disease.</p> <p><b>247c-1</b> (b) Authority regarding individual diseases. With respect to diseases described in subsection (a) of this section, the Secretary shall, in making a grant under such subsection, specify the particular disease or diseases with respect to which the grant is to be made. The Secretary may not make the grant unless the applicant involved agrees to carry out this section only with respect to the disease or diseases so specified.</p> <p><b>268</b> (a) Any consular or medical officer of the United States, designated for such purpose by the Secretary, shall make reports to the Surgeon General, on such forms and at such intervals as the Surgeon General may prescribe, of the health conditions at the port or place at which such officer is stationed.</p>	<p>forms and at such intervals as the Surgeon General may prescribe, of the health conditions at the port or place at which such officer is stationed.</p> <p><b>268</b> (b) It shall be the duty of the customs officers and of Coast Guard officers to aid in the enforcement of quarantine rules and regulations; but no additional compensation, except actual and necessary traveling expenses, shall be allowed any such officer by reason of such services.</p>	

## WORLD HEALTH ORGANIZATION/ PAN AMERICAN HEALTH ORGANIZATION

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<p><b>International Health Regulations (2005)</b>, WHO Doc. A58/55.</p> <p><b>Article 9</b>  <b>1</b> WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end, WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source. This information will be used in accordance with the procedure set forth in Article 11. <i>[Note: For Article 10, see Table 1, pp. 54-55 of this Compendium].</i></p> <p><b>Article 11</b>  <b>1</b> Subject to paragraph 2 of this Article, WHO shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10 inclusive and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information to other States Parties that might help them in preventing the occurrence of</p>	<p><b>International Health Regulations (2005)</b>, WHO Doc. A58/55.</p> <p><b>Article 23</b>  <b>1</b> Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, on arrival or departure:                      (a) with regard to travellers:                          (i) information concerning the traveller's destination so that the traveller may be contacted;                          (ii) information concerning the traveller's itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review the traveller's health documents if they are required under these Regulations;                      [...].</p>	<p><b>International Health Regulations (2005)</b>, WHO Doc. A58/55.</p> <p><b>Article 4</b>  <b>1</b> Each State Party shall designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures under the Regulations.</p> <p><b>2</b> National IHR Focal Points shall be accessible at all times for communications with the WHO IHR Contact Points provided for in paragraph 3 of this Article. The functions of National IHR Focal Points shall include:                      (a) sending to WHO IHR Contact Points, on behalf of the State Party concerned, urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12 [and 45]; and                      (b) disseminating information to, and consolidating input from, relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.</p> <p><b>3</b> WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points. WHO IHR Contact Points shall send urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12, to the National</p>	

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<p>similar incidents.</p> <p><b>2</b> WHO shall use information received under Articles 6 and 8 and paragraph 2 of Article 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall not make this information generally available to other States Parties, until such time as:</p> <p>(a) the event is determined to constitute a public health emergency of international concern in accordance with Article 12; or</p> <p>(b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or</p> <p>(c) there is evidence that:</p> <p>(i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or</p> <p>(ii) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent further spread of disease; or</p> <p>(d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.</p> <p><b>3</b> WHO shall consult with the State Party in whose territory the event is occurring as to its intent to make information available under this Article.</p>		<p>IHR Focal Point of the States Parties concerned. WHO IHR Contact Points may be designated by WHO at the headquarters or at the regional level of the Organization.</p> <p><b>4</b> States Parties shall provide WHO with contact details of their National IHR Focal Point and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article.</p> <p><b>Article 19</b> Each State Party shall, in addition to other obligations provided for under these Regulations: [...]</p> <p>(b) identify the competent authorities at each designated point of entry in its territory; [...].</p> <p><b>Article 18</b> <b>1</b> States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1.</p> <p><b>Annex 1 [...]</b> <b>B. Core Capacity Requirements for Designated Airports, Ports and Ground Crossings</b> <b>1. At all times</b> The capacities:</p> <p>(a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff,</p>	

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<p><b>4</b> When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO may also make it available to the public if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.</p> <p><b>Article 45</b>  <b>1</b> Health information collected or received by a State Party pursuant to these Regulations from another State Party or from WHO which refers to an identified or identifiable person shall be kept confidential and processed anonymously as required by national law.</p> <p><b>2</b> Notwithstanding paragraph 1, States Parties may disclose and process personal data where essential for the purposes of assessing and managing a public health risk, but State Parties, in accordance with national law, and WHO must ensure that the personal data are:</p> <p>(a) processed fairly and lawfully, and not further processed in a way incompatible with that purpose;  (b) adequate, relevant and not excessive in relation to that purpose;  (c) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete are erased or rectified; and  (d) not kept longer than necessary.</p>		<p>equipment and premises;  (b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;  (c) to provide trained personnel for the inspection of conveyances;  (d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and  (e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.</p> <p><b>Article 21</b>  <b>1</b> Where justified for public health reasons, a State Party may designate ground crossings that shall develop the capacities provided in Annex 1, taking into consideration:</p> <p>(a) the volume and frequency of the various types of international traffic, as compared to other points of entry, at a State Party’s ground crossings which might be designated; and  (b) the public health risks existing in areas in which the international traffic originates, or through which it passes, prior to arrival at a particular ground crossing.</p> <p><b>Annex 1 [..]</b>  <b>B. Core Capacity Requirements for Designated Airports, Ports and Ground Crossings</b></p>	

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		<p><b>1. At all times</b>  The capacities:  (a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;  (b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;  (c) to provide trained personnel for the inspection of conveyances;  (d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and  (e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.</p> <hr/> <p><b>Pan American Sanitary Code</b>, 14 November 1924.</p> <p><b>55</b> The Pan American Sanitary Bureau shall be the central coordinating sanitary agency of the various member republics of the Pan American Union, and the general collection and distribution center of sanitary information to and from said republics. For this purpose it shall, from time to time, designate representatives to visit and confer with the sanitary authorities of the various Signatory Governments on</p>	



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		<p>public health matters, and such representatives shall be given all available sanitary information in the countries visited by them in the course of their official visits and conferences.</p> <p><b>56</b> In addition, the Pan American Sanitary Bureau shall perform the following specific functions: To supply to the sanitary authorities of the Signatory Governments through its publications, or in other appropriate manner, all available information relative to the actual status of the communicable diseases of man, new invasions of such diseases, the sanitary measures undertaken, and the progress effected in the control or eradication of such diseases; new methods for combating disease; morbidity and mortality statistics; public health organization and administration; progress in any of the branches of preventive medicine; and other pertinent information relative to sanitation and public health in any of its phases, including a bibliography of books and periodicals on public hygiene.</p> <p>In order to more efficiently discharge its functions, it may undertake cooperative epidemiological and other studies; may employ, at headquarters and elsewhere, experts for this purpose; may stimulate and facilitate scientific research and the practical application of the results therefrom; and may accept gifts, benefactions, and bequests, which shall be accounted for in the manner now provided for the maintenance funds of the Bureau.</p> <p><b>57</b> The Pan American Sanitary Bureau shall advise and consult with the sanitary authorities of the various Signatory Commissions relative to public health problems, and the manner of interpreting</p>	

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		and applying the provisions of this Code.	

Table 3

**INFECTIOUS DISEASE MANAGEMENT**

## AUSTRALIA

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
<p><b>Australian Military Regulations 1927</b> (Cth) (made under the <b>Defense Act 1903</b>).</p> <p><b>433(1)</b> A member may be required at any time, by the member's commanding officer or any other superior officer, to be medically examined.</p> <p><b>433(2)</b> If the member is required to be medically examined, the member must:</p> <p>(a) attend at the time and place directed by the officer who requires the examination; and</p> <p>(b) submit to being examined; and</p> <p>(c) give all information, and do anything, that the person who conducts the examination requires for the purpose of the examination.</p> <hr/> <p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>35AA(1)</b> Where a quarantine officer (human quarantine) is not satisfied that a person, being a non-citizen, is not suffering from active pulmonary tuberculosis, the quarantine officer (human quarantine) may, by order in writing served on the</p>	<p><b>Australian Military Regulations 1927</b> (Cth) (made under the <b>Defense Act 1903</b>).</p> <p><b>435(1)</b> Any member may be required to undergo such medical treatment as is deemed by a medical officer, and such dental treatment as is deemed by a dental officer, to be necessary to cure, remove, prevent or to reduce the likelihood of any disease or infirmity which in the opinion of the medical officer or the dental officer affects or is likely to affect the efficiency of the member in the performance of his duties, or to endanger the health of any other member.</p> <hr/> <p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>15(1)</b> A Director of Quarantine may give to the operator or master of:</p> <p>(a) a vessel going from one State or part of the Commonwealth to another State or part of the Commonwealth; or</p> <p>(b) a vessel carrying passengers and trading regularly with the Commonwealth; or</p> <p>(c) a vessel coming from, or which has called at, a declared place;</p>	<p><b>Australian Military Regulations 1927</b> (Cth) (made under the <b>Defense Act 1903</b>).</p> <p><b>435(1)</b> Any member may be required to undergo such medical treatment as is deemed by a medical officer, and such dental treatment as is deemed by a dental officer, to be necessary to cure, remove, prevent or to reduce the likelihood of any disease or infirmity which in the opinion of the medical officer or the dental officer affects or is likely to affect the efficiency of the member in the performance of his duties, or to endanger the health of any other member.</p> <p><b>435(2)</b> For the purposes of subregulation (1) medical treatment shall include vaccination and inoculation, and dental treatment shall include the extraction and filling of teeth, the fitting of artificial dentures and prophylactic treatment for the cure of pathogenic conditions of the gingivae.</p> <hr/> <p><b>National Health Act 1953</b> (Cth).</p> <p><b>9B</b> The Minister may provide, or arrange for the provision of, vaccine for the purpose of immunizing persons against any of the following diseases:</p>	<p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>15(2)</b> A person is guilty of an offence if:</p> <p>(a) a Director of Quarantine gives a direction to the person under subsection (1); and</p> <p>(b) the person fails to comply with the direction.</p> <p>Maximum penalty: 50 penalty units.</p>

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
<p>person, require him or her to undergo, within a time and at a place specified in the order, a medical examination in accordance with subsection (2).</p> <p><b>35AA(2)</b> The medical examination referred to in subsection (1) shall:</p> <p>(a) be carried out by, or under the supervision of, a person registered as a medical practitioner in a State or Territory, being a person approved by the Minister for the purposes of this section; and</p> <p>(b) be such examination as that person considers necessary to ascertain whether or not the person to be examined is suffering from active pulmonary tuberculosis.</p> <p><b>35C(1)</b> A person ordered into quarantine under section 35, 35AA or 35A who is, or is likely to be, suffering from a human quarantinable disease or a communicable disease, may request that a quarantine officer (human quarantine) arrange for a medical practitioner, nominated by the person, to provide the person with a written independent medical assessment of the person's condition.</p> <p><b>35C(2)</b> The quarantine officer (human quarantine) must arrange for the independent medical assessment to be provided if:</p> <p>(a) the person agrees to pay any fee or other amount required by the medical practitioner for providing the assessment; and</p> <p>(b) the medical practitioner agrees to provide the assessment.</p> <p><b>35C(3)</b> A person may not make a request under subsection (1) during any period while:</p> <p>(a) a Proclamation by the Governor-General under</p>	<p>a direction to cause to be carried on the vessel, for a period specified in the direction, such prophylactic agents, efficient disinfecting apparatus or appliances, and disinfectants, as are so specified.</p> <p><b>17(1)</b> The following vessels shall be subject to quarantine:</p> <p>(a) every overseas vessel until pratique has been granted or until it has been released from quarantine;</p> <p>(b) every vessel (whether an Australian vessel, a Cocos Islands vessel, a Christmas Island vessel or an overseas vessel) on board which any quarantinable disease or quarantinable pest, or disease or pest that there is reason to believe or suspect to be a quarantinable disease or a quarantinable pest, has broken out or been discovered (notwithstanding that pratique has been granted or that it has been released from quarantine);</p> <p>(c) every vessel which is ordered into quarantine by a quarantine officer.</p> <p><b>17(2)</b> The following installations shall be subject to quarantine:</p> <p>(a) any overseas installation;</p> <p>(b) any Australian installation and any installation that is in Australian waters for the purpose of becoming attached to the Australian seabed, being an installation on board which any quarantinable disease or quarantinable pest, or disease or pest that there is reason to believe or suspect to be a quarantinable disease or a quarantinable pest, has broken out or been discovered;</p> <p>(c) any installation which is ordered into</p>	<p>(a) poliomyelitis;</p> <p>(aa) mumps;</p> <p>(b) measles;</p> <p>(c) rubella; and</p> <p>(d) any other disease prescribed by the regulations for the purposes of this paragraph.</p> <p><i>[Note: See Appendix 2 for list of prescribed diseases.]</i></p> <hr/> <p><b>Quarantine Act 1908 (Cth).</b></p> <p><b>75(1)</b> A quarantine officer may require a person who is subject to quarantine or performing quarantine to submit himself or herself to vaccination or inoculation with any prophylactic or curative vaccine.</p>	<p><b>15(3)</b> An offence against subsection (2) is an offence of strict liability.</p> <p><b>75(1A)</b> A person is guilty of an offence if:</p> <p>(a) a requirement is made of the person under subsection (1); and</p> <p>(b) the person fails to comply with the requirement.</p> <p>Maximum penalty: 20 penalty units.</p> <p><b>75(1B)</b> An offence against subsection (1A) is an offence of strict liability.</p> <p><b>76(1)</b> In this section: <i>relevant act</i> means any of the following:</p> <p>(a) entering or trespassing on, or leaving, a quarantine station or quarantine area;</p> <p>(b) taking any animal, plant or other goods into or out of a quarantine station or quarantine area;</p> <p>(c) interfering with any animals, plants or other goods that are subject to quarantine.</p> <p><b>76(2)</b> A person is guilty of an offence if:</p> <p>(a) the person does a relevant act; and</p> <p>(b) the person does not have the written permission of a quarantine officer to do the act.</p> <p>Maximum penalty: Imprisonment for 2 years.</p> <p><b>76(3)</b> A person is guilty of an offence if:</p> <p>(a) the person does a relevant act; and</p> <p>(b) the person has the written permission of a quarantine officer to do the act; and</p> <p>(c) the permission is subject to a condition; and</p> <p>(d) the condition is contravened; and</p> <p>(e) the person is reckless as to whether or not the condition is contravened.</p>

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<p>section 2B declaring the existence of an epidemic is in force; or  (b) the Minister is taking quarantine measures, or measures incidental to quarantine, under section 12A.</p> <p><b>35C(4)</b> A person who has been provided with a medical assessment may not make a further request under subsection (1) unless 72 hours have passed since that assessment was provided.</p> <hr/> <p><b>Quarantine Regulations 2000 (Cth).</b></p> <p><b>43(1)</b> A quarantine officer may, by notice to a person subject to quarantine, require the person to submit to a medical examination by a medical practitioner identified in the notice within the period stated in the notice.</p> <p><b>43(2)</b> The person must:  (a) comply with the notice within the period stated in the notice; and  (b) if a symptom of illness or other disease appears in the person, immediately report the symptom to the medical practitioner.</p>	<p>quarantine by a quarantine officer.</p> <p><b>18(1)</b> The following persons shall be subject to quarantine:  (a) every person who is on board a vessel subject to quarantine, or who has been on board the vessel (being an overseas vessel) since:  (i) in the case of a vessel that has arrived in Australia from a place outside Australia—its arrival in Australia; or  (ii) in the case of a vessel that has arrived in the Cocos Islands from a place outside the Cocos Islands—its arrival in the Cocos Islands; or  (iii) in the case of a vessel that has arrived in Christmas Island from a place outside Christmas Island—its arrival in Christmas Island;  (aa) every person who is on board an Australian vessel, a Cocos Islands vessel, or a Christmas Island vessel, subject to quarantine, or who has been on board the vessel since its arrival at the port (if any) at which it is subject to quarantine;  (ab) every person who is on board an installation subject to quarantine;  (b) every person infected with a quarantinable disease or quarantinable pest;  (ba) every person who a quarantine officer reasonably suspects is infected with a quarantinable disease or quarantinable pest;  (c) every person who has been in contact with or exposed to, infection from any person or goods subject to quarantine;  (d) every person who is, or has been within a period of 21 days, in an area which is a quarantine area;</p>		<p>Maximum penalty: Imprisonment for 2 years.</p> <p><b>76(4)</b> A quarantine officer has power to give to a specified person, or to persons included in a specified class of persons, written permission to do one or more relevant acts or to do one or more relevant acts during a specified period.</p> <p><b>76(5)</b> If an unauthorised person:  (a) enters a quarantine station while anyone is performing quarantine at the station; or  (b) enters a quarantine area;  a quarantine officer may:  (c) detain the person at the quarantine station for the performance of quarantine, or detain the person in the quarantine area, as the case may be, and use any means reasonably necessary to detain the person; and  (d) give such directions to the person as are necessary to prevent or control the introduction, establishment or spread of a disease or pest.</p> <p><b>76(6)</b> A person is guilty of an offence if:  (a) a direction is given to the person under subsection (5); and  (b) the person fails to comply with the direction.  Maximum penalty: Imprisonment for 2 years.</p> <p><b>77</b> A pilot who conducts a vessel that is subject to quarantine into a place that is not the proper place for a vessel subject to quarantine is guilty of an offence.  Maximum penalty: Imprisonment for 5 years.</p> <p><b>78</b> The master of a vessel is guilty of an offence if:  (a) the master knows that a quarantinable disease</p>

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	<p>(e) every person who enters Australia, the Cocos Islands or Christmas Island unlawfully;</p> <p>(f) every person who is ordered into quarantine by a quarantine officer.</p> <p><b>20C(1)</b> If an aircraft that is subject to quarantine makes a landing at any place in Australia, the Cocos Islands or Christmas Island that is not a landing place, the aircraft and any person, animal, plant or other goods on board are taken, for the purposes of this Act, to be ordered into quarantine.</p> <p><b>20C(2)</b> A Director of Quarantine may give directions as to how an aircraft, a person, an animal, a plant or other goods referred to in subsection (1) are to be dealt with.</p> <p><b>20C(3)</b> A direction under subsection (2) may be given, as appropriate, to:</p> <p>(a) the operator or commander of the aircraft; or</p> <p>(b) any person who is on board the aircraft or was on board it when it landed; or</p> <p>(c) the importer of, or any person in control of, the animal, plant or other goods.</p> <p><b>25</b> The master of a vessel shall, on being so required by a quarantine officer, bring the vessel to, and shall by all reasonable means facilitate the boarding of the vessel by the quarantine officer. [...].</p>		<p>or quarantinable pest exists on the vessel; and</p> <p>(b) the master causes or permits the vessel to enter a port other than a port declared to be a first port of entry.</p> <p>Maximum penalty: Imprisonment for 10 years.</p> <p><b>25</b> [...] Maximum penalty: Imprisonment for 1 year.</p>

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	<p><b>30(1)</b> A person (not being a quarantine officer) who is on board a vessel subject to quarantine, or who is in a quarantine area, must not leave the vessel or quarantine area.</p> <p><b>30(1A)</b> Subsection (1) does not apply if the person leaves the vessel or quarantine area with the authorisation of a quarantine officer.</p> <p><b>30(2)</b> A reference in subsection (1) to a vessel subject to quarantine shall be read as including a reference to an installation subject to quarantine.</p> <p><b>31(1)</b> Any police officer or authorized person may, without warrant, apprehend:</p> <p>(a) any person who has, in contravention of this Act or the regulations, quitted any vessel subject to quarantine or any quarantine station; or</p> <p>(b) any person subject to quarantine (not being a person who is so subject by reason only of being or having been in a quarantine area or under quarantine surveillance) who is found in any place not being in or part of a quarantine station.</p> <p><b>31(1A)</b> Any police officer or authorized person may, without warrant, apprehend any person who is subject to quarantine by reason of having been in a quarantine area and whom he or she believes to have left that area in contravention of this Act.</p> <p><b>31(4)</b> A reference in this section to a vessel subject to quarantine shall be read as including a reference to an installation subject to quarantine.</p>		<p><b>30(1)</b> [...] Maximum penalty: Imprisonment for 2 years.</p> <p><b>31(2)</b> Any person apprehended under this section shall be brought before a magistrate or quarantine officer, who may, on proof to his or her satisfaction that the person so brought before him or her is subject to quarantine, order him or her to be taken to the vessel from which he or she has landed or to a quarantine station to perform quarantine, or to be taken to the quarantine area from which he or she came, and may by warrant authorize any police officer or other person to</p>



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	<p><b>32(1)</b> A vessel which has arrived at any port from a declared place and which has not been granted pratique having effect in that port shall be moored or berthed in the port in accordance with the directions of a quarantine officer (human quarantine) or as prescribed.</p> <p><b>32(2)</b> The master of a vessel shall not suffer or permit it to be moored or berthed in any port in contravention of this section.</p> <p><b>32B(1)</b> An overseas aircraft that arrives at a port in Australia, the Cocos Islands or Christmas Island, is taken to have been granted pratique at the time of its arrival.</p> <p><b>32B(2)</b> However, subsection (1) does not apply, and is taken never to have applied, if:</p> <p>(a) the commander of the aircraft has, in accordance with section 22, notified a quarantine officer of the presence of a prescribed symptom, or the breaking out of a prescribed disease or an infectious disease, on board the aircraft; or</p> <p>(b) the commander of the aircraft has given prescribed information, required by section 27B, to a quarantine officer; or</p> <p>(c) the Director of Human Quarantine has given a direction, before the aircraft arrives, that pratique is not taken to have been granted under this section; or</p> <p>(d) a quarantine officer (human quarantine) advises the commander of the aircraft, before or after the aircraft arrives, that he or she is not satisfied that</p>		<p>take him or her accordingly, or may order him or her to be dealt with in accordance with the regulations.</p> <p><b>32(2)</b> [...] Maximum penalty: Imprisonment for 5 years.</p>

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	<p>the aircraft is free from infection.</p> <p><b>32B(4)</b> Pratique has effect at the port where the overseas aircraft lands, for as long as the aircraft remains at the port.</p> <p><b>33(1AA)</b> This section does not apply to an overseas aircraft to which subsection 32B(1) applies.</p> <p><b>33(1)</b> Subject to subsection (2), where a quarantine officer (human quarantine) is satisfied that an overseas vessel at, or about to arrive at, a port in relation to which the vessel has not been granted pratique is free from infection, the quarantine officer (human quarantine) shall grant the vessel pratique having effect in that port and such other ports as he or she considers appropriate.</p> <p><b>33(1A)</b> Subject to subsection (2), where:</p> <p>(a) an overseas vessel is:</p> <ul style="list-style-type: none"> <li>(i) in accordance with the permission of the Minister given under section 20AA [<i>Note : see table 4 for Minister's authority</i>]; or</li> <li>(ii) by reason of stress of weather or other reasonable cause;</li> </ul> <p>at, or about to arrive at, a place in Australia, the Cocos Islands or Christmas Island other than a port declared to be a first port of entry, a first Cocos Islands port of entry or a first Christmas Island port of entry, as the case may be; and</p> <p>(b) a quarantine officer (human quarantine) is satisfied that the vessel is free from infection; the quarantine officer (human quarantine) shall grant the vessel pratique having effect in that place and at such ports as he or she considers</p>		

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	<p>appropriate.</p> <p><b>33(2)</b> A quarantine officer (human quarantine) may refuse to grant a vessel pratique if the quarantine officer (human quarantine) has reasonable grounds to believe that section 75A applies to the vessel <i>[i.e. that the vessel has been involved in certain offenses]</i>.</p> <p><b>35(1)</b> A quarantine officer may, by order in writing, order into quarantine any vessel, Australian installation, [...]person, or goods (whether subject to quarantine or not), being or likely to be, in his or her opinion, infected with a quarantinable disease or quarantinable pest or a source of infection with a quarantinable disease or quarantinable pest.</p> <p><b>35(1AAAA)</b> In deciding whether a person is, or is likely to be, infected with a quarantinable disease or quarantinable pest or a source of infection with a quarantinable disease or quarantinable pest, the quarantine officer may seek an opinion from a medical practitioner.</p> <p><b>35(1A)</b> A quarantine officer (human quarantine) may, by order in writing, order into quarantine any person, being a person who is or has been on board an overseas vessel or overseas installation, who fails to satisfy the quarantine officer (human quarantine) that he or she has, within the prescribed period, been successfully vaccinated or inoculated against any prescribed disease.</p> <p><b>35(1B)</b> In deciding whether a person has been successfully vaccinated or inoculated against any</p>		

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	<p>prescribed disease, the quarantine officer (human quarantine) may seek an opinion from a medical practitioner.</p> <p><b>35(1C)</b> If a quarantine officer (human quarantine) orders a person into quarantine under subsection (1A), the officer must also:</p> <p>(a) inform the person of his or her right to request an independent medical assessment as allowed by section 35C; and</p> <p>(b) notify the Director of Human Quarantine, in writing, of the order as soon as practicable.</p> <p><b>35(2)</b> If a vessel has arrived in Australia, the Cocos Islands or Christmas Island from a declared place the quarantine officer shall (except as prescribed) order it into quarantine.</p> <p><b>35(2A)</b> After an overseas installation has arrived in Australian waters from a declared place, the quarantine officer shall (except as prescribed) order the installation into quarantine.</p> <p><b>35AA(4)</b> Where a quarantine officer is of the opinion that a person, being a non-citizen, is, or is likely to be, suffering from active pulmonary tuberculosis, the quarantine officer (human quarantine) may, by order in writing served on the person, order the person into quarantine.</p> <p><b>35AA(4A)</b> If a quarantine officer (human quarantine) orders a person into quarantine under subsection (3) or (4), the officer must also:</p> <p>(a) inform the person of his or her right to request an independent medical assessment as allowed by section 35C; and</p>		<p><b>35AA(3)</b> If a person fails to comply with an order under subsection (1), a quarantine officer (human quarantine) may, by order in writing served on the person, order him or her into quarantine.</p>

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	<p>(b) notify the Director of Human Quarantine, in writing, of the order as soon as practicable.</p> <p><b>35AA(5)</b> A quarantine officer (human quarantine) may release under quarantine surveillance a person ordered into quarantine under this section.</p> <p><b>35A(1)</b> This section applies if:  (a) a vessel or installation has on board any case of communicable disease (the <i>disease</i>); and  (b) a quarantine officer (human quarantine) certifies that measures of quarantine are necessary to prevent the disease from spreading.</p> <p><b>35A(2)</b> The Chief Quarantine Officer (Human Quarantine) or a quarantine officer (human quarantine) may direct:  (a) the measures to be taken for the treatment of the vessel or installation; and  (b) any other measures of quarantine to be taken:  (i) in relation to the vessel or installation or any goods on it; or  (ii) in relation to any people who are or have been on board the vessel or installation or any of their clothing or personal effects;  and may give directions as to the persons who are to take the measures.</p> <p><b>35A(3)</b> A quarantine officer (human quarantine) may order into quarantine any people who are or have been on board the vessel or installation and are suffering or suspected to be suffering, or have been exposed to infection, from the disease.</p> <p><b>35A(3A)</b> In deciding whether a person is suffering or suspected to be suffering from the disease, a</p>		<p><b>35A(6)</b> A person is guilty of an offence if:  (a) a direction is given to the person under subsection (2) to take specified measures; and  (b) the person fails to comply with the direction.  Maximum penalty: Imprisonment for 2 years.</p> <p><b>35A(7)</b> The master of the vessel or installation is guilty of an offence if:  (a) a person is suffering from the disease or has been exposed to infection from the disease; and  (b) the master permits the person to leave the vessel or installation; and  (c) the master knows that, or is reckless as to whether or not, the person is suffering from the disease or has been exposed to infection from the disease.  Maximum penalty: Imprisonment for 5 years.</p> <p><b>35A(8)</b> The master of the vessel or installation is guilty of an offence if:  (a) a person is suffering from the disease or has been exposed to infection from the disease; and  (b) the master permits the person to leave the vessel or installation; and  (c) the master is negligent as to whether or not the person is suffering from the disease or has been exposed to infection from the disease.</p>

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	<p>or suspected to be suffering from the disease, a quarantine officer (human quarantine) may seek an opinion from a medical practitioner.</p> <p><b>35A(3B)</b> If a quarantine officer (human quarantine) orders a person into quarantine under subsection (3), the officer must also:</p> <p>(a) inform the person of his or her right to request an independent medical assessment as allowed by section 35C; and</p> <p>(b) notify the Director of Human Quarantine, in writing, of the order as soon as practicable.</p> <p><b>35A(4)</b> A quarantine officer (human quarantine) may cause any people so ordered into quarantine to be removed to a quarantine station.</p> <p><b>35A(5)</b> People suffering, or suspected to be suffering, from the disease are taken to be subject to quarantine even if the disease has not been proclaimed to be a quarantinable disease.</p> <p><b>35B(1)</b> A person ordered into quarantine under section 35, 35AA or 35A must be released from quarantine once the person receives a certificate of release from a quarantine officer (human quarantine) authorising his or her release.</p> <p><b>35B(2)</b> In deciding whether to give a person a certificate of release, a quarantine officer (human quarantine) may seek an opinion from a medical practitioner.</p> <p><b>35B(3)</b> If a quarantine officer (human quarantine)</p>		<p>Maximum penalty: Imprisonment for 3 years.</p> <p><b>35A(9)</b> A person is guilty of an offence if:</p> <p>(a) the person is suffering, or suspects that he or she is suffering, from the disease or from any other communicable disease; and</p> <p>(b) the person leaves the vessel or installation.</p> <p>Maximum penalty: Imprisonment for 5 years.</p> <p><b>35A(10)</b> A person (the <i>first person</i>) is guilty of an offence if:</p> <p>(a) the first person is in charge of another person who is on board the vessel or installation; and</p> <p>(b) the first person allows the other person to leave the vessel or installation; and</p> <p>(c) the first person knows that, or is reckless as to whether or not, the other person is suffering from the disease or from any other communicable disease.</p> <p>Maximum penalty: Imprisonment for 5 years.</p> <p><b>35A(10A)</b> Subsections (7), (8), (9) and (10) do not apply if the person leaves the vessel or installation with the permission of a quarantine officer (human quarantine).</p>

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	<p>gives a person a certificate of release, the officer must also notify the Director of Human Quarantine, in writing, of the person's release as soon as practicable.</p> <p><b>36(1)</b> When a vessel or installation is ordered into quarantine, a quarantine officer may direct the master of the vessel or installation to cause it, and all people and goods on board it, to be immediately taken to such quarantine station or other place or places as are stated in the direction for the purpose of performing quarantine.</p> <p><b>36(2)</b> When a vessel or installation ordered into quarantine has to be treated in any way, a quarantine officer may direct the master of the vessel or installation to take it to a place stated in the direction for the purpose of being treated.</p> <p><b>39(1)</b> Every vessel in quarantine shall, subject to this Act, perform quarantine at the appointed quarantine station, and for that purpose may be there detained by a quarantine officer or any authorized person until released in accordance with this Act, and whilst so detained shall be subject to the regulations relating to the performance of quarantine and every installation in quarantine shall, subject to this Act, perform quarantine at such place as the quarantine officer directs and whilst performing quarantine, shall be subject to the regulations relating to the performance of quarantine.</p> <p><b>41(1)</b> For the purpose of the performance of quarantine, any persons on board a vessel subject to</p>		<p><b>36(3)</b> A person is guilty of an offence if:</p> <p>(a) a direction is given to the person under this section; and</p> <p>(b) the person fails to comply with the direction.</p> <p>Maximum penalty: Imprisonment for 5 years.</p> <p><b>40(1)</b> The master of a vessel or installation that is in quarantine is guilty of an offence if he or she allows the vessel or installation to be moved.</p> <p>Maximum penalty: Imprisonment for 2 years.</p> <p><b>40(1A)</b> Subsection (1) does not apply if the vessel or installation is moved with the written permission of a quarantine officer.</p> <p><b>40(2)</b> A quarantine officer may give permission for a vessel or installation that is in quarantine to be moved.</p> <p><b>40(3)</b> The master of a vessel or installation that is in quarantine is guilty of an offence if:</p> <p>(a) a permission given by a quarantine officer for</p>

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	<p>quarantine may be removed from the vessel by a quarantine officer at any port (notwithstanding that the port is not their port of destination) and conveyed to and detained in a quarantine station there to perform quarantine.</p> <p><b>41(2)</b> All persons removed from a vessel in pursuance of this section shall be entitled to be provided with free passages to their ports of destination forthwith after being released from quarantine.</p> <p><b>66AA(1)</b> The powers that a quarantine officer may exercise under paragraph 66AB(1)(b), subparagraph 66AC(4)(a)(ii) or paragraph 66AE(1)(b) or 66AG(1)(b) in relation to particular premises are as follows:</p> <p>(a) to search the premises and any thing on the premises;</p> <p>(b) to examine any thing on the premises; document on the premises; [...]</p> <p>(g) to order into quarantine any infected goods found on the premises;</p> <p>(h) if the quarantine officer has reasonable grounds to suspect that infected goods have been or are on the premises—to carry out prescribed measures for regulating or preventing people, vehicles or goods from entering or leaving the premises, or prescribed measures of quarantine on or relating to the premises, during:</p> <p style="padding-left: 40px;">(i) the search referred to in paragraph (a) and the examination referred to in paragraph (b); and</p> <p style="padding-left: 40px;">(ii) the taking of samples of goods found on the premises or the conducting of tests on such samples; and</p>		<p>the movement of the vessel or installation is subject to a condition; and</p> <p>(b) the condition has not been complied with; and</p> <p>(c) the master is negligent as to whether or not the condition has been complied with.</p> <p>Maximum penalty: Imprisonment for 2 years.</p>



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	<p>(iii) any period for which infected goods found on the premises remain on the premises, whether because of an approval of the premises under section 46A or otherwise; and</p> <p>(iv) such period after the treatment of infected goods found on the premises as the quarantine officer considers, on reasonable grounds, to be a period during which there is a danger of the spread of diseases or pests because of those goods having been on the premises;</p> <p>(i) to affix on or near the premises notices in relation to quarantine that have been approved by a Director of Quarantine;</p> <p>(j) to trap or destroy animals on the premises;</p> <p>(k) to exercise any other powers that the quarantine officer has under this Act in respect of the premises or infected goods found on the premises.</p> <p><b>66AA(4)</b> For the purposes of paragraph (1)(h):</p> <p>(a) each of the following is a <i>prescribed measure for regulating or preventing people, vehicles or goods from entering or leaving the premises</i>:</p> <p>(i) stopping a person or vehicle;</p> <p>(ii) prohibiting a person from proceeding, moving goods, or driving or moving a vehicle, beyond a specified point or outside a specified area;</p> <p>(iii) prohibiting a person from entering, moving goods, or driving or moving a vehicle, into a specified area;</p> <p>(iv) requiring a person to proceed, move goods, or drive or move a vehicle, along a specified route or to a specified area;</p>		

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	<p>(v) removing a person, a vehicle or goods from any area; and</p> <p>(b) each of the following is a <i>prescribed measure of quarantine</i>:</p> <ul style="list-style-type: none"> <li>(i) treating any person, premises or goods;</li> <li>(ii) requiring a person to treat himself or herself or any clothes that he or she is wearing or has in his or her possession;</li> <li>(iii) isolating people, premises or goods;</li> <li>(iv) examining an animal for the purpose of determining whether it is infected with a disease or pest;</li> <li>(v) detaining an animal for the purpose of examining it as mentioned in subparagraph (iv);</li> <li>(vi) detaining any goods for the purpose of carrying out any treatment in relation to a disease or pest.</li> </ul> <p><b>70D(1)</b> A quarantine officer may give to a person who is subject to quarantine:</p> <ul style="list-style-type: none"> <li>(a) a direction to remain at a particular place;</li> <li>(b) a direction to go to a place specified by the quarantine officer; or</li> <li>(c) any other directions relating to the movement of the person from a place to another place.</li> </ul> <p><b>74(1)</b> A quarantine officer may affix any notices relating to quarantine that have been approved by a Director of Quarantine:</p> <ul style="list-style-type: none"> <li>(a) on any part of a vessel subject to quarantine; and</li> <li>(b) on any goods subject to quarantine; and</li> <li>(c) at or near any quarantine station or any place approved under section 46A; and</li> <li>(d) in any quarantine area; and</li> </ul>		

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	<p>(e) in any other place approved for the purposes of this Act or a provision of this Act.</p> <p><b>74(2)</b> An unauthorised person must not engage in conduct that results in the interference with, removal or defacement of, any notice affixed under this section.</p> <p><b>75(2)</b> A quarantine officer shall not require any person to be vaccinated or inoculated unless, in his or her opinion, vaccination or inoculation is necessary for the prevention of the spread of a quarantinable disease.</p> <p><b>78AA(1) If:</b>  (a) a vessel or installation is subject to quarantine;  or  (b) a person who is subject to quarantine is on board a vessel or installation;  a quarantine officer may give to the master of the vessel or installation a direction requiring a specified process to be carried out in respect of the vessel or installation in the manner specified in the direction.</p> <p><b>78AA(2) Without limiting subsection (1):</b>  (a) the process that may be specified in a direction under that subsection includes:  (i) subjecting the vessel or installation to specified treatment; and  (ii) storing, discharging, removing, treating or disposing of refuse, organic waste, dunnage, sweepings from the hold or ballast water; and  (iii) keeping food in a hygienic condition; and  (iv) treating any thing on the vessel or installation; and</p>		<p><b>74(2)</b> [...] Maximum penalty: 50 penalty units.</p> <p><b>74(2A)</b> An offence against subsection (2) is an offence of strict liability.</p> <p><b>78AA(3)</b> A person is guilty of an offence if:  (a) a direction is given to the person under subsection (1); and  (b) the person fails to comply with the direction.  Maximum penalty: Imprisonment for 2 years.</p>

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	<p>(v) moving any people on the vessel or installation to a different part of the vessel or installation or causing them to disembark; and</p> <p>(vi) embarking people on to the vessel or installation; and</p> <p>(vii) moving or securing any goods on the vessel or installation or causing them to be unloaded; and</p> <p>(viii) loading goods on to the vessel or installation; and</p> <p>(ix) producing samples of, or exchanging or treating, ballast water in the vessel; and</p> <p>(b) the direction may specify where the specified process is to be carried out.</p> <p><b>78B(1)</b> If, in the opinion of a quarantine officer, a vessel in a port is in an insanitary condition favourable to the spread of communicable disease, the officer may, instead of exercising his or her powers under subsection 78A(2) or 78AA(1), direct the master of the vessel to moor the vessel at a place in the port specified by the officer.</p> <p><b>78B(2)</b> If a direction is given under subsection (1), the master of the vessel:</p> <p>(a) must cause the vessel to be taken to, and moored at, the place in the port specified by the officer; and</p> <p>(b) if the vessel is moored in compliance with paragraph (a), must not move the vessel, or allow the vessel to be moved, from that place.</p> <p><b>78C(1)</b> If a quarantine officer believes, on reasonable grounds, that:</p> <p>(a) a vessel that is in a port or other place is in an</p>		<p><b>78B(2)</b> [...] Maximum penalty: Imprisonment for 2 years.</p> <p><b>78C(2)</b> A person is guilty of an offence if:</p> <p>(a) either of the following happens:</p> <p>(i) a vessel is moved to a place under</p>

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	<p>insanitary condition or is carrying diseases or pests; and</p> <p>(b) if quarantine measures are not taken there will be an unacceptably high level of quarantine risk; the officer may do either or both of the following:</p> <p>(c) cause the vessel to be moved to another place;</p> <p>(d) cause cargo or other goods or any other thing on the vessel to be removed from the vessel to another place.</p>		<p>paragraph (1)(c);</p> <p>(ii) cargo or other goods or any other thing on a vessel is removed from the vessel to a place under paragraph (1)(d); and</p> <p>(b) the person causes the vessel to be moved from the place mentioned in subparagraph (a)(i) or causes the cargo or other goods or other thing on the vessel to be removed from the place mentioned in subparagraph (a)(ii), as the case may be.</p> <p>Maximum penalty: Imprisonment for 2 years.</p> <p><b>83</b> The master, a medical officer or an agent of:</p> <p>(a) a vessel; or</p> <p>(b) an Australian installation; or</p> <p>(c) a resources installation that is in Australian waters for the purpose of becoming attached to the Australian seabed; or</p> <p>(d) a sea installation that is in Australian waters for the purpose of becoming installed in an adjacent area or in a coastal sea;</p> <p>is guilty of an offence if the master, medical officer or agent, as the case may be:</p> <p>(e) makes, in an answer to a question asked of him or her by a quarantine officer under this Act, a statement that he or she knows to be false or misleading in a material particular; or</p> <p>(f) misleads a quarantine officer who is performing duty as such an officer.</p> <p>Maximum penalty: Imprisonment for 5 years.</p> <p><b>84</b> A quarantine officer who maliciously orders any vessel, installation or person, or any animal, plant or other goods, into quarantine is guilty of an offence.</p> <p>Maximum penalty: Imprisonment for 5 years.</p>

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	<p>_____</p> <p><b>Quarantine Regulations 2000 (Cth).</b></p> <p><b>18</b> For subsection 28 (1) of the Act, the matters set out in the following table are prescribed: [...]</p> <p>3. The Names of the master, owner, operator and ship's manager of the vessel or installation [...]</p> <p>10 The Number of persons on board the vessel or installation when it arrived at the port or place, and the name and home address, and proposed address in Australia or the Cocos Islands, of each of those persons</p> <p>11. If any person on board the vessel or installation died during the voyage, the number of deaths and the cause, or suspected cause, of each death</p> <p>12. If any person on board the vessel or installation during the voyage is found to be suffering from an illness, the cause, or suspected cause, of the illness, any treatment that the person has had on board the vessel or installation during the voyage, and the number of people who are found to be suffering from the illness</p> <p>12A. If a symptom prescribed by subregulation 6 (1) presents itself in a person on board the vessel or installation during the voyage, the nature and cause (or suspected cause) of the symptom, any treatment that the person has had on board the vessel or installation, and the number of people in whom the symptom is present</p> <p>13. If any live animal is on board the vessel or installation, the number of animals on board,</p>		

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	<p>and a description, including the health and condition, of the animals</p> <p>14. If any animal died during the voyage, the number of animals that died and how the animals were disposed of</p> <p>15. Whether, since leaving the last port of call of the vessel or installation, any bees have been on board</p> <p>16. The existence, health and condition of any plants on board the vessel or installation during the voyage</p> <p>17. The identity and condition of any other goods on board the vessel or installation during the voyage</p> <p>18. The ports or other places where persons, animals, plants or other goods came on board or were put on board the vessel or installation</p> <p>19. The existence of any disease or pests at the ports of departure or call, or on board the vessel or installation or in contact with the vessel or installation</p> <p>20. The sanitary condition and details of any treatment of the vessel or installation, including any treatment for hull fouling, during the voyage [...]</p> <p>28. The name of, and how to contact, the vessel's or installation's agent in Australia or the Cocos Islands.</p> <p><b>21A(1)</b> For paragraph 32B (3) (a) of the Act, the Director of Human Quarantine may give a direction under paragraph 32B (2) (c) of the Act in relation to an overseas aircraft in any of the following circumstances:  (a) the commander of the aircraft has previously failed to provide information under section 22 or</p>		

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	<p>27B of the Act;</p> <p>(b) there is an outbreak of disease or a threat of an outbreak of disease in any part of the world;</p> <p>(c) the Governor-General has declared the existence of an epidemic, or the danger of an epidemic, under section 2B of the Act;</p> <p>(d) the Minister has taken measures or given directions under section 12A of the Act, and the emergency in relation to which the measures have been taken or the directions have been given is continuing;</p> <p>(e) the aircraft has travelled from or through a declared place;</p> <p>(f) there is a terrorist threat, or the Director has received information about a potential terrorist threat.</p> <p><b>21A(2)</b> In giving a direction, the Director of Human Quarantine must take into account the following considerations:</p> <p>(a) whether similar directions are likely to be given in relation to other aircraft;</p> <p>(b) the period in which it is likely that directions will be given;</p> <p>(c) the class or classes of aircraft in relation to which it is likely that directions will be given;</p> <p>(d) if the circumstance mentioned in paragraph (1) applies — whether the failure is likely to be repeated;</p> <p>(e) if the circumstance mentioned in paragraph (1) applies and the Director considers that the failure is not likely to be repeated — whether it would be more appropriate to issue a warning to the commander of the aircraft.</p> <p><b>22</b> The master of an overseas vessel or overseas</p>		<p><b>Quarantine Regulations 2000</b> (Cth).</p> <p><b>22</b> [...] Penalty: 40 penalty units.</p>



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	<p>installation at a port or other place in Australia, Christmas Island or the Cocos Islands must take reasonable steps to ensure the vessel or installation is in a sanitary condition and is not carrying diseases or pests.</p> <p><b>31(1)</b> A quarantine officer may give, to a person who travels to a place in Australia or the Cocos Islands on an overseas vessel or overseas installation, a notice requesting the person to tell a quarantine officer at the port where the person disembarks, the address in Australia or the Cocos Islands where the person intends to stay immediately after disembarkation.</p> <p><b>31(2)</b> The person must comply with the notice within the period stated in it.</p> <p><b>31(3)</b> A quarantine officer may give, to a person who travels to a place in Australia or the Cocos Islands on an overseas vessel or overseas installation, a notice requesting the person to tell a quarantine officer at the port where the person disembarks, the person's new address each time the person's address changes during the period ending 14 days after the later of:</p> <p>(a) when the person is given the notice; and  (b) when the person disembarks from the vessel or installation.</p> <p><b>31(4)</b> The person must comply with the notice, in respect of each change, within the period after the change stated in the notice.</p> <p><b>34</b> A quarantine officer or an officer of Customs may require a person who travels on a vessel or</p>		<p><b>31(2)</b> Penalty: 30 penalty units.</p> <p><b>31(4)</b> [...] Penalty: 30 penalty units.</p> <p><b>31(5)</b> Strict liability, within the meaning of section 6.1 of the <i>Criminal Code</i>, applies to an offence against subregulation (2) or (4).</p>

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	<p>installation from a yellow fever declared place to show to the officer, on the person's arrival at the first place where the person disembarks in Australia, Christmas Island or the Cocos Islands, an international certificate that complies with regulation 35.</p> <p><b>33</b> For this Division, a person is taken to have travelled to Australia, Christmas Island or the Cocos Islands from a yellow fever declared place if the person was at the yellow fever declared place not more than 6 days before the person arrived in Australia, Christmas Island or the Cocos Islands.</p> <p><b>37(2)</b> The order [into quarantine] may be given:</p> <ul style="list-style-type: none"> <li>(a) in relation to a person who has turned 18 and is ordered into quarantine — to the person; and</li> <li>(b) in relation to a person who has not turned 18 — to a parent or guardian of the person; and</li> <li>(c) in relation to an animal or plant, or other goods, ordered into quarantine — to the importer or any person having possession or custody of the animal, plant or other goods; and</li> <li>(d) in relation to a person, animal or plant, or other goods, on board a vessel or installation — to the master of the vessel or installation.</li> </ul> <p><b>39</b> For subsections 35 (2) and (2A) of the Act, a quarantine officer must not order a vessel or installation into quarantine if the quarantine officer:</p> <ul style="list-style-type: none"> <li>(a) inspects the vessel or installation; and</li> <li>(b) makes the inquiries that the officer considers necessary; and</li> </ul>		

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	<p>(c) is satisfied the vessel or installation is not a danger to public health.</p> <p><b>42(1)</b> For subsection 34 (3) of the Act, the prescribed period is 30 days.</p> <p><b>42(2)</b> A person ordered into quarantine under section 35, 35AA or 35A of the Act, and released under quarantine surveillance, remains under quarantine surveillance for the period mentioned in subregulation (3) for the disease for which the person was ordered into quarantine. <i>[Note: see Appendix 4].</i></p> <p><b>46(1)</b> A person who is under quarantine surveillance must comply with any conditions imposed on the quarantine surveillance, by written notice given to the person, by a quarantine officer (human quarantine).</p> <p><b>46(2)</b> Conditions that may be imposed include any of the following:</p> <ul style="list-style-type: none"> <li>(a) that the person be confined to, or remain at, a place specified in the notice;</li> <li>(b) the frequency with which the person must monitor and record his or her temperature;</li> <li>(c) restrictions on the travel that the person may undertake;</li> <li>(d) that the person is not to receive visitors;</li> <li>(e) the frequency with which the person must report to public health officials;</li> <li>(f) that the person must report to public health officials: <ul style="list-style-type: none"> <li>(i) if his or her temperature is 38 or higher;</li> </ul> </li> </ul>		

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	<p>or</p> <p>(ii) in the case of a person who has been released from quarantine — if another person in the person’s household develops symptoms of the illness or disease for which the person was ordered into quarantine; or</p> <p>(iii) in the case of a person who is under quarantine surveillance under subsection 34 (3) of the Act — if another person in the person’s household develops symptoms of an illness or disease specified in the notice;</p> <p>(g)that the person take measures mentioned in the notice to minimise the risk of illness or disease spreading to other people in the person’s household.</p> <p><i>Examples for paragraph (g)</i></p> <ol style="list-style-type: none"> <li>1. Wearing a mask if another person is present in the same room as the person.</li> <li>2. Not sharing personal items such as cups or towels.</li> <li>3. Observing good hygiene practices such as washing hands.</li> <li>4. Sleeping in a different room from other members of the household.</li> </ol> <p><b>47(1)</b> This regulation applies in relation to a person who has been released under quarantine surveillance.</p> <p><b>47(2)</b> A quarantine officer may order the person into quarantine if:</p> <p>(a) the person fails to comply with a requirement of the Act, or these Regulations, in relation to</p>		

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	<p>quarantine surveillance, and the officer is satisfied that if the person were not ordered into quarantine there would be a danger to public health; or</p> <p>(b) the person displays symptoms of a quarantinable disease.</p>		

## NEW ZEALAND

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<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>70(1)</b> For the purpose of preventing the outbreak or spread of any infectious disease, the Medical Officer of Health may from time to time, if authorised to do so by the Minister [or if [[a state of emergency has been declared under the Civil Defence Emergency Management Act 2002]] ],— [...]</p> <p>(e) Require persons to report themselves or submit themselves for medical examination at specified times and places: [...].</p> <p><b>77</b> The Medical Officer of Health, or any medical practitioner authorised in that behalf by the Medical Officer of Health or by the local authority of the district, may at all reasonable times enter any premises in which he has reason to believe that there is or recently has been any person suffering from a notifiable infectious disease or recently exposed to the infection of any such disease, and may medically examine any person on those premises for the purpose of ascertaining whether that person is suffering or has recently suffered from any such disease.</p> <p><b>78</b> If the death of any person is suspected to have been due to a notifiable disease and the facts relating to the death cannot with certainty be ascertained without a post-mortem examination, or if it is desirable for preventing the occurrence or spread of a notifiable disease that the facts relating</p>	<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>70(1)</b> For the purpose of preventing the outbreak or spread of any infectious disease, the Medical Officer of Health may from time to time, if authorised to do so by the Minister [or if [[a state of emergency has been declared under the Civil Defence Emergency Management Act 2002]] ],— [...]</p> <p>(d) Cause infected animals to be destroyed in such manner as he thinks fit:</p> <p>(e) Require persons to report themselves or submit themselves for medical examination at specified times and places:</p> <p>(f) Require persons, places, buildings, ships, animals, and things to be isolated, quarantined, or disinfected as he thinks fit:</p> <p>(g) Forbid persons, ships, animals, or things to come or be brought to any port or place in the health district from any port or place which is or is supposed to be infected with any infectious disease:</p> <p>(h) Forbid persons to leave the health district or the place in which they are isolated or quarantined until they have been medically examined and found to be free from infectious disease, and until they have undergone such preventive treatment as he may in any such case prescribe:</p> <p>(i) Forbid the removal of ships, animals, or things from the health district, or from one port or part thereof to another, or from the place where they</p>	<p><b>Health (Immunisation) Regulations 1995</b> (NZ), 1995/304.</p> <p><b>4</b> The controlling authority of every early childhood centre must take all reasonable steps to ensure that,— (a) Where a relevant child who is aged 15 months or over is enrolled at that early childhood centre, a caregiver of that child is requested to provide to a centre employee, either before or promptly after enrolment, a duly completed immunisation certificate in respect of that child: (b) Where a child who is enrolled at that early childhood centre (being a child who was enrolled at that centre before attaining the age of 15 months) attains the age of 15 months, a caregiver of that child is requested to provide to a centre employee, promptly after that child attains the age of 15 months, a duly completed immunisation certificate in respect of that child.</p> <p><b>5</b> The controlling authority of every primary school must take all reasonable steps to ensure that, where a relevant child is enrolled at that primary school, a caregiver of that child is requested to provide to a school employee, either before or promptly after enrolment, a duly completed immunisation certificate in respect of that child.</p> <p><b>6</b> Where a caregiver of a child is requested, pursuant to regulation 4 or regulation 5 of these regulations, to provide in respect of that child a duly completed immunisation certificate, that caregiver must—</p>	<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>70(3)</b> In no case shall the Medical Officer of Health, or any [Environmental Health Officer] or assistant or other person, incur any personal liability by reason of anything lawfully done by him under the powers conferred by this section.</p> <p><b>80(1)</b> Every person commits an offence against this Act who—</p> <p>(a) While to his own knowledge suffering from any infectious disease, wilfully is in any public place without having taken proper precautions against the spread of infection:</p> <p>(b) While in charge of any person suffering as aforesaid, takes him into or allows him to be in any public place without having taken proper precautions against the spread of infection:</p> <p>(c) While suffering as aforesaid, enters any public conveyance; or, while in charge of any person so suffering, takes him into any public conveyance without in every such case notifying the driver or conductor of the fact.</p> <p><b>80(2)</b> Every person commits an offence against this Act who—</p> <p>(a) Lends, sells, transmits, or exposes any things which to his knowledge have been exposed to infection from any communicable disease, unless they have first been effectively disinfected, or proper precautions have been taken against spreading the infection:</p>

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<p>to the death of any person should be ascertained, the Director-General of Health may order a post-mortem examination of the body of the deceased person to be made by a medical practitioner.</p> <p><b>101(3)</b> Subject to the provisions of any regulations made under this Act, the Medical Officer of Health may examine any person who arrives by any such aircraft [<i>i.e. an aircraft liable to quarantine</i>] and who is suffering from any infectious disease, or is believed or suspected by him, on reasonable grounds, to be suffering from any quarantinable disease or to have been exposed to the infection of a quarantinable disease during such period as may be prescribed by any such regulations.</p> <p><b>101(5)</b> Every person to whom this section applies shall, when required to do so, present himself before the Medical Officer of Health and submit himself to such examination.</p> <p><b>111(2)</b> Where the [Medical Officer of Health] boards any ship under this section he may require any person on board the ship who in his opinion may be suffering from any infectious disease to submit to any prescribed examination, and that person shall submit to such examination accordingly.</p> <p><b>125(2)</b> Any medical officer employed in the [[Ministry or other person]] authorised by the Minister to exercise the powers conferred by this section on an officer so authorised[, or any nurse employed by the Royal New Zealand Society for the Health of Women and Children (Incorporated) engaged in work pursuant to a contract in that</p>	<p>are isolated or quarantined, until they have been disinfected or examined and found to be free from infection:</p> <p>(j) Prohibit the keeping of animals or of any species of animal in any specified part of the health district:</p> <p>(k) Forbid the discharge of sewage, drainage, or insanitary matter of any description into any watercourse, stream, lake, or source of water supply:</p> <p>(l) Use or authorise any local authority to use as a temporary site for a special hospital or place of isolation any reserve or endowment suitable for the purpose, notwithstanding that such use may conflict with any trust, enactment, or condition affecting the reserve or endowment:</p> <p>(m) By order published in a newspaper circulating in the health district, require all theatres and other places of public amusement, all bars and private bars in premises licensed or deemed to be licensed for the sale of liquor under [the Sale of Liquor Act 1989], all billiard rooms, all churches, reading rooms, and public halls, and all other premises where people are accustomed to assemble for any purpose within the district, or within any defined area thereof, or any of such premises as aforesaid, to be closed for admission to the public either until further order or for any fixed period, and either absolutely or subject to such qualifications as he thinks fit:</p> <p>(n) By order published in like manner, prohibit until further order or for any fixed period, and either absolutely or subject to such qualifications as he thinks fit, the congregation of people at any racecourse, recreation ground, or other place within the health district:</p>	<p>(a) Comply with that request; and</p> <p>(b) Allow any centre employee or school employee, as the case may be, to inspect the certificate, to take extracts from the certificate, and to copy all or part of the certificate, in accordance with regulation 7 of these regulations.</p> <p><b>7</b> For the purpose of enabling the recording of relevant information in an immunisation register, any centre employee or school employee to whom any immunisation certificate is provided in accordance with the requirements of regulation 4 or, as the case may be regulation 5 of these regulations may do one or more of the following:</p> <p>(a) Inspect that certificate:</p> <p>(b) Take extracts from the certificate:</p> <p>(c) Copy all or part of the certificate.</p> <hr/> <p><b>Health (Infectious and Notifiable Diseases) Regulations 1966 (NZ), 1966/87.</b></p> <p><b>19(1)</b> The Minister shall provide, free of charge, all hospitals and all Medical Officers of Health with a supply of smallpox vaccine for use in any such hospital, or for distribution, free of charge, to medical practitioners.</p> <p><b>19(2)</b> Every person other than a person requiring a vaccination certificate for the purpose of international travel, may, on application at a hospital, be vaccinated against smallpox, free of charge, or may have any child of whom he is the parent or guardian so vaccinated.</p>	<p>(b) Lets for hire any house or part of a house to be shared or occupied in common by or with any person who to his knowledge is suffering from any communicable disease:</p> <p>(c) Lets for hire any house or part of a house in which there then is, or within the previous month has been, any person to his knowledge suffering from any communicable disease, unless the house or part thereof, as the case may be, and all things therein liable to infection have been effectively disinfected to the satisfaction of a Medical Officer of Health before the person hiring goes into occupation:</p> <p>(d) When letting or negotiating to let to any person for hire any house in which any person suffering from an infectious disease is then living, or any part of any such house, does not disclose that fact.</p>

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<p>behalf between the said Society and the Minister]], may at all reasonable times enter any public school or child care centre and examine the children attending the school or centre, and may notify the parent or guardian of any such child, or any other person whom he reasonably believes to be concerned with the welfare of the child, of any condition which in his opinion is affecting the health or normal development of the child or of any disease or defect from which in his opinion the child may be suffering.</p> <hr/> <p><b>Health (Infectious and Notifiable Diseases) Regulations 1966</b> (NZ), 1966/87.</p> <p><b>10(2)</b> Every contact or carrier shall submit to medical examination at such times and places and provide and produce to the Medical Officer of Health such specimens as the Medical Officer of Health shall from time to time direct.</p> <hr/> <p><b>Health (Quarantine) Regulations 1983</b> (NZ), 1983/52.</p> <p><b>24</b> The Medical Officer of Health may—</p> <p>(a) Examine any person who arrives in New Zealand by craft from a foreign place and who is believed or suspected by him, on reasonable grounds, to be suffering from any quarantinable disease or to have been exposed within the preceding 6 days to the infection of a quarantinable disease:</p> <p>(b) Detain for the purpose of examination any person whom he is empowered under this</p>	<p>(o) By order published in like manner, prohibit until further order or for a fixed period the attendance of children under the age of 16 years in schools, Sunday schools, theatres, or places of public amusement within the district or within any defined area thereof; or, without the publication of an order, prohibit the admission of children under the age of 16 years to any school, Sunday school, theatre, or place of public amusement.</p> <p><b>70(2)</b> The Medical Officer of Health, and any [Environmental Health Officer] or other person authorised in that behalf by the Medical Officer of Health, may at any time, with or without assistants, enter on any lands, buildings, or ships, and inspect the same and all things thereon or therein; and may do, with respect to any persons, places, lands, buildings, ships, animals, or things, whatever in the opinion of the Medical Officer of Health is necessary or expedient for the purpose of carrying out the foregoing provisions of this section.</p> <p><b>79(1)</b> If the Medical Officer of Health or any [Health Protection Officer] has reason to believe or suspect that any person, whether suffering from an infectious disease or not, is likely to cause the spread of any infectious disease, he may make an order for the removal of that person to a hospital or other suitable place where he can be effectively isolated.</p> <p><b>79(2)</b> An order under this section shall be made in every case where the Medical Officer of Health or the [Health Protection Officer] is</p>	<p><b>20</b> The Medical Officer of Health may at any time—</p> <p>(a) Require any person who in his opinion has been recently exposed to the infection of smallpox to be forthwith vaccinated or revaccinated, or, if the person is a child, may require the parents or guardians to have such child forthwith vaccinated or revaccinated; and</p> <p>(b) Require any such person to be isolated by remaining within any specified house or other place until the vaccination or revaccination has been successful, or until a period of 16 clear days has elapsed since such person was, in the opinion of the Medical Officer of Health, last exposed to the infection of smallpox.</p> <p><b>22(1)</b> The Minister may, by notice in the <i>Gazette</i>, require all persons within any part of New Zealand specified in such notice, wherein an outbreak of smallpox has occurred, or threatens to occur, forthwith to be vaccinated or revaccinated.</p> <p><b>22(2)</b> In every such case the Medical Officer of Health may appoint convenient places as vaccination stations, at which vaccination shall be performed free of charge.</p> <p><b>22(3)</b> Where any medical practitioner is of opinion that any person required to be vaccinated pursuant to these regulations is not in a fit state of health to be successfully vaccinated, or for any reason cannot be safely vaccinated, then in lieu of performing the operation he shall give the person, or where such person is a child, the parent or guardian thereof, a certificate of postponement under his hand in form 3 in Schedule 1 hereto.</p>	



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<p>regulation to examine: [...].</p> <p><b>26(3)</b> Every person who is placed or kept under surveillance pursuant to these regulations shall—</p> <p>(a) Present himself for any medical examination required by the Medical Officer of Health in whose district he may be during the period of surveillance: [...].</p> <hr/> <p><b>Venereal Diseases Regulations 1982 (NZ), 1982/215.</b></p> <p><b>8(1)</b> Whenever the Medical Officer of Health has reason to believe that any person may be suffering from venereal disease in a communicable form (whether or not a notice in respect of that person has been given under subclause (1) or subclause (2) of regulation 7 of these regulations), he may give to such person a notice in form 4 in the Schedule to these regulations, requiring him to submit himself for examination to a medical practitioner, and to forward to the Medical Officer of Health a medical certificate in form 5 in the said Schedule as to the state of his health in relation to venereal disease.</p> <p><b>8(2)</b> Notwithstanding anything in subclause (1) of this regulation, where the disease specified in the notice referred to in that subclause is syphilis, the notice shall require the person to whom it is given to submit himself to the medical practitioner for 1 further examination (in addition to the examination referred to in that subclause), if called upon to do so by the medical practitioner, on such date or within such period as the medical practitioner may</p>	<p>satisfied that any person who is likely to spread an infectious disease cannot, without removal, be effectively isolated or properly attended.</p> <p><b>81</b> Where the local authority is of opinion that the cleansing or disinfection of any premises or of any article is necessary for preventing the spread or limiting or eradicating the infection of any infectious disease, the local authority may authorise any [Environmental Health Officer], with or without assistants, to enter on the premises and to carry out such cleansing and disinfection.</p> <p><b>82(1)</b> Whenever the Medical Officer of Health is of opinion that the cleansing or disinfection of any premises or of any article is necessary for preventing the spread or limiting or eradicating the infection of any communicable disease, or otherwise for preventing danger to health, or for rendering any premises fit for occupation, he may, by notice in writing, require the local authority of the district to cleanse or disinfect the premises or article within a time specified in the notice.</p> <p><b>82(2)</b> On receipt of a notice under subsection (1) of this section it shall be the duty of the local authority, within the time specified in the notice in that behalf, to cleanse and disinfect the premises or article accordingly.</p> <p><b>82(3)</b> If the local authority fails to carry out any work within the time specified in the notice, or in any other case where the Medical Officer of Health thinks fit to do so, the Medical Officer of</p>	<p><b>22(4)</b> The period of postponement named in the certificate shall not exceed two months from the date thereof; but at any time before the expiration of such period a fresh certificate may be given for any period not exceeding two months. Certificates may be given from time to time and as often as the medical practitioner thinks fit, having regard to the circumstances of the case.</p> <hr/> <p><b>Medicines Regulations 1984 (NZ), 1984/143 (under the Medicines Act 1981 (NZ), 1981/118).</b></p> <p><b>44A(1)</b> Any medical practitioner or other person who is authorised by the Director-General or a Medical Officer of Health in accordance with this regulation to administer, for the purposes of an approved immunisation programme, a vaccine that is a prescription medicine, may, in carrying out that immunisation programme, administer that prescription medicine otherwise than pursuant to a prescription.</p> <p><b>44A(2)</b> The Director-General or a Medical Officer of Health may authorise any person to administer a vaccine for the purposes of an approved immunisation programme if that person, following written application, provides documentary evidence satisfying the Director-General or the Medical Officer of Health, as the case may be, that that person—</p> <p>(a) Can carry out basic emergency techniques including resuscitation and the treatment of [[anaphylaxis]]; and</p> <p>(b) Has knowledge of the safe and effective handling of immunising products and equipment, and</p>	

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<p>specify, for the purpose of enabling the medical practitioner to determine whether or not that person is suffering from syphilis.</p> <p><b>8(4)</b> Where the certificate given under subclause (1) of this regulation does not provide sufficient information to satisfy the Medical Officer of Health as to the state of health in relation to venereal disease of the person referred to in the certificate, the Medical Officer of Health may require the person, by a notice in form 6 in the Schedule to these regulations, to submit himself for examination to a medical practitioner nominated by the Medical Officer of Health, and to obtain a certificate from that medical practitioner.</p>	<p>Health may authorise any [Environmental Health Officer], with or without assistants, to enter on any premises and to carry out such disinfection and cleansing; and the cost of such disinfection or cleansing shall be recoverable from the local authority as a debt due to the Crown.</p> <p><b>83</b> Where any article dealt with by a local authority or any [Environmental Health Officer] under section 81 or section 82 of this Act is of such a nature that it cannot be effectively disinfected, the local authority or [Environmental Health Officer] may cause the article to be destroyed.</p> <p><b>84(1)</b> Any local authority may . . . , either separately or jointly with any other local authority or local authorities . . .,— [...]</p> <p>(b) Provide, equip, and maintain disinfecting and cleansing stations, plant, equipment, and attendance for the cleansing of persons and for the disinfection of bedding, clothing, or other articles which have been exposed to or are believed to be contaminated with the infection of infectious disease, or which are dirty or verminous:</p> <p>(c) Provide vehicles for the conveyance of infected articles and any other accommodation, equipment, or articles required for dealing with any outbreak of infectious disease:</p> <p>(d) Provide disinfectants for public use.</p> <p><b>88(1)</b> Every person suffering from any venereal disease, or who has reason to believe that he is suffering from any such disease, shall forthwith consult a . . . medical practitioner with respect</p>	<p>of immunisation products and equipment; and</p> <p>(c) Can demonstrate clinical inter-personal skills; and</p> <p>(d) Has knowledge of the relevant diseases and vaccines in order to be able to explain the vaccination to the patient, or to the parent or guardian of the patient who is to consent to the vaccination on behalf of the patient, to ensure that the patient or the parent or guardian of the patient can give informed consent to the vaccination.</p>	<p><b>88(3)</b> Every person commits an offence against this Act who contravenes or fails to comply in any respect with any of the provisions of this section.</p>

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	<p>thereto, and shall place himself under treatment by that medical practitioner, or by some other . . . medical practitioner, or shall attend for treatment at any hospital or other place available for the treatment of venereal diseases.</p> <p><b>88(2)</b> Every person undergoing treatment for any venereal disease as aforesaid shall, until he has been cured of that disease or is free from that disease in a communicable form, continue to submit himself to such treatment at such intervals as may be prescribed, not exceeding in any case an interval of 4 weeks.</p> <p><b>89</b> Every medical practitioner who attends or advises any patient for or in respect of any venereal disease from which the patient is suffering shall, by written notice in the prescribed form delivered to the patient,—</p> <p>(a) Direct the attention of the patient to the infectious character of the disease, and to the penalties prescribed by this Act for infecting any other person with that disease; and</p> <p>(b) Warn the patient against contracting any marriage until he has been cured of that disease or is free from that disease in a communicable form; and</p> <p>(c) Give to the patient such printed information relating to the treatment of venereal disease, and to the duties of persons suffering from such disease, as may be issued by the directions of the Minister.</p> <p><b>90(1)</b> Any parent, guardian, or other person in charge of a child suffering from any venereal disease shall cause the child to be treated for that</p>		<p><b>90(2)</b> Every parent, guardian, or other person in charge of any such child as aforesaid who fails or neglects to have that child treated as aforesaid by a</p>

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	<p>disease by a . . . medical practitioner.</p> <p><b>90(3)</b> For the purposes of this section the term “child” means a person under the age of 16 years.</p> <p><b>96(1)</b> Except as otherwise provided in any regulations made under this Act, the following ships shall be liable to quarantine:  (a) Every ship arriving in New Zealand from any port beyond New Zealand:  (b) Every ship arriving at any port in New Zealand from any infected place in New Zealand:  (c) Every ship on board which any quarantinable disease, or any disease reasonably believed or suspected to be a quarantinable disease, has broken out or been discovered.</p> <p><b>96(2)</b> Except as otherwise provided in any regulations made under this Act, the following aircraft shall be liable to quarantine:  (a) Every aircraft arriving in New Zealand from any place beyond New Zealand:  (b) Every aircraft arriving at any aerodrome in New Zealand from any infected place in New Zealand.</p> <p><b>97</b> The following persons shall be liable to quarantine:  (a) Every person on board any ship or aircraft that is liable to quarantine:  (b) Every person on board any ship or aircraft who is suffering from any infectious disease:  (c) Every person on board any ship or aircraft who is believed or suspected by the . . . Medical Officer of Health, on reasonable grounds, to have</p>		<p>. . . medical practitioner commits an offence against this Act.</p> <p><b>92</b> Every person who knowingly infects any other person with a venereal disease, or knowingly does or permits or suffers any act likely to lead to the infection of any other person with any such disease, commits an offence and is liable, on summary conviction before a [District Court Judge], to a fine not exceeding [\$1,000] or to imprisonment for a term not exceeding one year, or to both.</p>

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	<p>been exposed to the infection of a quarantinable disease during such period as may be prescribed by regulations made under this Act.</p> <p><b>98(1)</b> Every ship or aircraft liable to quarantine shall continue to be so liable until pratique is granted.</p> <p><b>98(2)</b> Every person liable to quarantine shall continue to be so liable until he is released from quarantine pursuant to regulations made under this Act.</p> <p><b>99(1)</b> Subject to the provisions of any regulations made under this Act, while any ship is liable to quarantine it shall not be lawful, except in the case of urgent necessity due to a marine casualty or other like emergency, or except with the authority of the Medical Officer of Health or Health Protection Officer,—</p> <p>(a) For the master, pilot, or other officer in charge of the navigation of that ship to bring that ship or allow that ship to be brought to any wharf or other landing place; or</p> <p>(b) For any person to go on board that ship, except the Medical Officer of Health or Health Protection Officer, and the assistants of any such officer, or a pilot, or an officer of Customs, or a member of the Police, or an officer appointed or authorised under the Immigration Act 1987, or an Inspector appointed under section 6 of the Ministry of Agriculture and Fisheries Act 1953; or</p> <p>(c) For any person to leave that ship, except the persons specified in paragraph (b) of this subsection; or</p>		

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	<p>(d) For any goods, mails, or other articles whatsoever to be landed or transhipped from that ship; or</p> <p>(e) For any boat, launch, or vessel, other than one in the service of the Police or the Ministry of Health, to be brought within 50 metres of that ship.</p> <p><b>99(2)</b> Any authority given by the Medical Officer of Health or Health Protection Officer under this section may be given subject to such exceptions and conditions as that officer thinks fit, and may be revoked by that officer at any time.]</p> <p><b>100</b> The master of every ship liable to quarantine shall cause the prescribed quarantine signal to be hoisted at the mainmast head of his ship before she comes within one league of any port at which she is about to call, and shall cause the signal to be kept so hoisted until pratique is granted.</p> <p><b>101(1)</b> Subject to the provisions of any regulations made under this Act, the Medical Officer of Health or [[Health Protection Officer]], before granting pratique to any ship liable to quarantine, shall board that ship and inspect it for the purpose of ascertaining whether any infectious disease exists on the ship.</p> <p><b>101(2)</b> Subject to the provisions of any regulations made under this Act, the Medical Officer of Health or [[Health Protection Officer]] may board any aircraft liable to quarantine and inspect it.</p> <p><b>101(6)</b> The master of every such ship, and the</p>		

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	<p>pilot in command of every such aircraft, shall facilitate, by all reasonable means, the boarding of the ship or aircraft by the Medical Officer of Health or [[Health Protection Officer]] and the exercise of his powers and duties under this section.]</p> <p><b>105</b> The master of any ship that arrives at any port from any infected place within New Zealand shall not suffer or permit the ship to be moored or berthed at any place except a place of inspection, unless he is otherwise instructed by the [Medical Officer of Health or [[Health Protection Officer]]].</p> <p><b>106</b> Where any ship arrives at any port in New Zealand from any other port in New Zealand (not being an infected place), and there is on board the ship any person suffering from any quarantinable disease or any disease reasonably believed or suspected to be a quarantinable disease, the master shall not suffer or permit the ship to be moored or berthed at any place except a place of inspection, unless he is otherwise instructed by the [Medical Officer of Health or [[Health Protection Officer]] ].</p> <p><b>108</b> If any person on board any ship, or arriving by any aircraft, is found to be suffering from any quarantinable disease, or is believed or suspected by the Medical Officer of Health or [[Health Protection Officer]], on reasonable grounds, to be suffering from any such disease, or to have been so recently exposed to the infection of any such disease that he may suffer therefrom in consequence, the Medical Officer of Health or</p>		

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	<p>[[Health Protection Officer]] may do all such things and give all such directions in respect of that person as may be prescribed by regulations made under this Act.]</p> <p><b>111 (1)</b> The Medical Officer of Health or Health Protection Officer or any officer of the Ministry of Health or any person acting under the authority of a Medical Officer of Health or a Health Protection Officer may at any time board any ship in any port and enter and inspect any part of the ship, and inspect all animals and goods on board the ship, and the passenger list, and, with the prior authority of the Director-General, inspect the logbook and other ship's papers.</p> <p><b>128</b> For the purposes of this Act any Medical Officer of Health, or any [Health Protection Officer], or any other person authorised in writing in that behalf by the Medical Officer of Health or by any local authority, may at all reasonable times enter any dwellinghouse, building, land, ship, or other premises and inspect the same, and may execute thereon any works authorised under or pursuant to this Act.</p>		<p><b>112(1)</b> The master of any ship who permits any person liable to quarantine to leave that ship without the authority of the [Medical Officer of Health or [[Health Protection Officer]] ] commits an offence and is liable, on summary conviction before a [District Court Judge], to imprisonment for a term not exceeding 3 months or to a fine not exceeding [\$2,000], or to both.</p> <p><b>112(2)</b> Every person on any ship who, being liable to quarantine, leaves the ship without the authority of the Medical Officer of Health or [[Health Protection Officer]] commits an offence and is liable on summary conviction before a District Court Judge to imprisonment for a term not exceeding 3 months or to a fine not exceeding \$2,000 or to both. Every person who commits an offence against this subsection may be arrested without warrant by any constable, or by the Medical Officer of Health or any person authorised by him in that behalf, and may be taken in custody to the ship or to any hospital or place of isolation, and may be detained until he is released from quarantine pursuant to section 98 of this Act.</p> <p><b>112(3)</b> Every person arriving by any aircraft who, being liable to quarantine, leaves the aerodrome, or that part of the aerodrome in which passengers are lawfully detained pending the granting of pratique, or any place where he is lawfully detained pending his release from quarantine, without the authority</p>



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			<p>of the Medical Officer of Health commits an offence and is liable, on summary conviction before a [District Court Judge], to imprisonment for a term not exceeding 3 months or to a fine not exceeding [\$2,000], or to both. Every person who commits an offence against this subsection may be arrested without warrant by any constable, or by the Medical Officer of Health or any person authorised by him in that behalf, and may be taken in custody to that aerodrome or place or to any hospital or place of isolation, and may be detained there until he is released from quarantine pursuant to section 98 of this Act.</p> <p><b>112(4)</b> Every person commits an offence against this Act who contravenes or fails to comply in any respect with any provision of this Part of this Act or with any requirement or direction of the Medical Officer of Health or [[Health Protection Officer]] pursuant to any such provision.</p> <p><b>129(1)</b> A person who[, in pursuance or intended pursuance of any of the provisions of this Act, does any act, or fails or refuses to do any act,] shall not be under any civil or criminal liability in respect thereof, whether on the ground of want of jurisdiction, or mistake of law or fact, or on any other ground, unless he has acted[, or failed or refused to act,] in bad faith or without reasonable care.</p> <p><b>129(2)</b> No proceedings, civil or criminal, shall be brought against any person in any Court in respect of any [act, failure, or refusal, to which subsection (1) of this section applies] except by leave of a Judge of the [High Court] and such leave shall not</p>

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	<p data-bbox="768 824 1306 889"><b>Health (Infectious and Notifiable Diseases) Regulations 1966</b> (NZ), 1966/87.</p> <p data-bbox="768 919 1292 1401"><b>7</b> It shall be the duty of every Inspector charged with the investigation and control of infectious diseases to observe and comply with the following directions and requirements, namely:  (a) On becoming aware in any way of a case or suspected case of notifiable infectious disease in any premises, he shall, unless otherwise instructed by the Medical Officer of Health, forthwith visit those premises and inquire into the causes and circumstances of the case, and shall take such steps as are necessary or desirable to prevent the spread of infection and to remove conditions favourable to infection:  (b) He shall forthwith report to the Medical Officer of Health, in such form as the Director-General may require, the results of his</p>		<p data-bbox="1924 326 2475 472">be granted unless the Judge is satisfied that there is substantial ground for the contention that the person against whom it is sought to bring the proceedings has acted[, or failed or refused to act,] in bad faith or without reasonable care.</p> <p data-bbox="1924 508 2475 716"><b>136</b> Every person who commits an offence against this Act, or against any regulations made under this Act, for which no penalty is provided elsewhere than in this section is liable to a fine not exceeding [\$500] and, if the offence is a continuing one, to a further fine not exceeding [\$50] for every day on which the offence has continued.</p> <p data-bbox="1924 824 2421 889"><b>Health (Infectious and Notifiable Diseases) Regulations 1966</b> (NZ), 1966/87.</p> <p data-bbox="1924 919 2448 1097"><b>26</b> Every person who contravenes or fails or neglects to comply with any provision of regulations 8, 10, 13, 14, 20, and 23 of these regulations or with any requirement or direction made or given under any of those regulations commits an offence against these regulations.</p>

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	<p>investigation into any case or suspected case of infectious disease:</p> <p>(c) Unless otherwise instructed by the Medical Officer of Health, he shall take all reasonable steps to ensure that any person suffering from a notifiable infectious disease who is being nursed or treated at home is effectively isolated, and, if in his opinion removal to hospital is desirable, he shall notify the Medical Officer of Health accordingly:</p> <p>(d) He shall forthwith notify the Medical Officer of Health if he has reason to believe or suspect that any person, whether suffering from an infectious disease or not, is likely to cause the spread of an infectious disease:</p> <p>(e) He shall attend to the removal to hospital of any person suffering from a notifiable infectious disease if and when such removal is necessary:</p> <p>(f) Where the patient is nursed at home, he shall, unless otherwise instructed by the Medical Officer of Health, visit the premises concerned from time to time and shall take all reasonable steps to ensure that precautions necessary to prevent the spread of infection are duly observed:</p> <p>(g) He shall ascertain whether any inmate of the house wherein a case of infectious disease occurs attends any school as a pupil; and, if so, he shall forthwith instruct the parent or other person in charge of the pupil not to permit him to return to the school until the appropriate period of exclusion, if any, set out in Schedule 2 hereto has been completed, and he shall inform the head teacher or person in charge of the school of the occurrence:</p> <p>(h) He shall ascertain whether any inmate of the house wherein a case of infectious disease occurs</p>		

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	<p>attends any school as a teacher; and, if so, he shall forthwith instruct the teacher not to return to the school until the appropriate period of exclusion, if any, set out in Schedule 2 hereto has been completed, and he shall inform the head teacher or person in charge of the school of the occurrence:</p> <p>(i) He shall carry out any work which he is authorised to do under section 81 or section 82 of the Act:</p> <p>(j) He shall carry out disinfection to the extent that it is indicated in respect of the disease in the tenth edition of the publication entitled Control of Communicable Diseases in Man, published in the year 1965, by the American Public Health Association Inc, unless otherwise instructed by the Medical Officer of Health:</p> <p>(k) He shall from day to day keep such particulars in writing regarding cases of infectious diseases as may be required by the Medical Officer of Health:</p> <p>(l) He shall from time to time, at the request of the Medical Officer of Health, produce records for inspection and shall supply such information as may be required with regard to his duties under these regulations:</p> <p>(m) Generally, he shall be guided by the Medical Officer of Health and shall carry out the instructions of the Medical Officer of Health concerning any measures which may lawfully be taken to prevent the outbreak or to check the spread of infectious disease.</p> <p><b>8</b> No person suffering or having suffered from any infectious disease for which a period of isolation is shown in the second column of</p>		

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	<p>Schedule 2 hereto shall, during that period of isolation, wilfully go outside the limits of the premises in which he resides, except with the permission of the Medical Officer of Health: Provided that where a person is suffering or has suffered from an infectious disease for which a period of isolation is shown in the third column of Schedule 2 hereto and—</p> <p>(a) Microbiological examinations have not yet yielded a negative result within that period; or</p> <p>(b) Microbiological examinations cannot conveniently be undertaken because the person is in a place remote from a laboratory,—</p> <p>the medical practitioner attending the patient shall notify the facts to the Medical Officer of Health, who may at any time after the expiration of that period of isolation allow the release of the patient from isolation under such conditions as he considers necessary to protect other persons from infection.</p> <p><b>10(3)</b> Every contact or carrier shall submit to and carry out such treatment as the Medical Officer of Health shall specify, and for such period or periods as he shall direct.</p> <p><b>11</b> The Medical Officer of Health may require a contact or carrier to be isolated by remaining within the limits of the premises in which the contact or carrier resides or within any hospital available for the reception of infectious cases or within such other place as the Medical Officer of Health may specify and he shall so require if in his opinion such action is necessary to prevent the spread of infection.</p>		

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	<p><b>14(3)</b> It shall be the duty of each and every one of the following persons, namely:</p> <p>(a) The parents or guardians of any child who is suffering from, or is suspected to be suffering from, or who has recently suffered from or been exposed to the infection of, an infectious disease:</p> <p>(b) Any school teacher who is suffering from, or is suspected to be suffering from, or who has recently suffered from, or been exposed to the infection of, an infectious disease:</p> <p>(c) The head teacher or other person in charge of any school which any such child or school teacher attends,</p> <p>to take all reasonable steps to secure compliance with this regulation, and to give to the Medical Officer of Health or to an Inspector all information which he may request concerning cases of infectious disease and regarding contacts therewith.</p> <hr/> <p><b>Health (Quarantine) Regulations 1983 (NZ), 1983/52.</b></p> <p><b>4(1)</b> If an aircraft arrives in New Zealand from a foreign place at any place (whether or not an aerodrome) that is not a Customs airport, the captain shall—</p> <p>(b) Prohibit the passengers and crew from leaving the vicinity of the aircraft (except for the purposes of paragraph (a) of this subclause) until permitted to do so by the Medical Officer of Health.</p> <p><b>4(2)</b> If—</p> <p>(a) An aircraft arrives in New Zealand from a</p>		

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	<p>foreign place at an aero drome that is not a Customs airport; and</p> <p>(b) The Medical Officer of Health or an Inspector of Health considers that—</p> <p>(i) Certain sanitary measures are required in respect of the aircraft or any persons on board; and</p> <p>(ii) Those measures can be carried out adequately only at a Customs airport,—</p> <p>the Medical Officer of Health or Inspector of Health may direct the captain, in writing, to take the aircraft to the nearest Customs airport, and shall state in the written direction the reasons for it.</p> <p><b>22(1)</b> Where a craft arrives at an aerodrome or port and it appears to the Medical Officer of Health or an Inspector of Health, from information given to him by the captain or from answers to inquiries made by him or otherwise,—</p> <p>(a) That during the voyage there has been on the craft a death or a case of illness caused or suspected to be caused by a quarantinable disease; or</p> <p>(b) That during the voyage death not attributable to poison or other measures for destruction has occurred among rodents on the craft,— he may direct that the craft and the passengers and crew be detained for inspection.</p> <p><b>22(2)</b> In any case to which subclause (1) of this regulation applies, the Medical Officer of Health or Inspector of Health may take the measures specified in Schedule 3 to these regulations. [Note: For Schedule 3 of the regulations, see Appendix 4 of this Compendium]</p>		

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	<p><b>22(3)</b> The Medical Officer of Health or Inspector of Health shall inform the person in charge of the aerodrome or port of any direction given by him under subclause (1) of this regulation, and that person shall not allow the craft to leave the aerodrome or port until he receives written notice under regulation 23(1) of these regulations of the lifting of the detention of the craft.</p> <p><b>23(1)</b> The detention of craft under these regulations shall cease as soon as the Medical Officer of Health or an Inspector of Health has given written notice to that effect to the person in charge of the aerodrome or port.</p> <p><b>24</b> The Medical Officer of Health may— [...]  (c) Require the captain to take or assist in taking such steps as, in the opinion of the Medical Officer of Health, are reasonably necessary—  (i) For the prevention of the spread of infection by any such person; or  (ii) For the destruction of insects or vermin; or  (iii) For the removal of conditions on the craft likely to convey infection, including conditions that might facilitate the harbouring of vermin:  (d) Place and keep under surveillance any person referred to in paragraph (a) of this regulation for such period, not exceeding 6 days, as he considers necessary.</p> <p><b>25</b> The Medical Officer of Health or an Inspector of Health may cause any person who arrives in New Zealand by craft from a foreign place and who is suffering from any quarantinable disease to be removed to any hospital or other suitable</p>		



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	<p>place for treatment, and to be detained until that person is no longer suffering from that disease.</p> <p><b>26(3)</b> Every person who is placed or kept under surveillance pursuant to these regulations shall— [...]</p> <p>(b) Furnish all such information as the Medical Officer of Health may reasonably require to ascertain the person's state of health:</p> <p>(c) If so instructed by the Medical Officer of Health, report on arrival in any district to the Medical Officer of Health or to any . . . medical practitioner nominated by the Medical Officer of Health, and, if required to do so by the Medical Officer of Health, report in person daily or at specified intervals during the period of surveillance to the Medical Officer of Health or to a . . . medical practitioner nominated by the Medical Officer of Health:</p> <p>(d) If he departs for another place within the period of surveillance, inform the Medical Officer of Health, or the medical practitioner nominated by him, and give details of the address to which he is proceeding.</p> <p><b>26(4)</b> Every person who is placed under surveillance shall give an undertaking, in form 5 in Schedule 2 to these regulations, that if released under surveillance he will report to a medical practitioner at the times and places required.</p> <hr/> <p><b>Venereal Diseases Regulations 1982 (NZ), 1982/215.</b></p>		

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	<p><b>9(1)</b> In this regulation ``prescribed form" means the form prescribed by or under Article 3 of the international agreement respecting facilities to be given to merchant seamen for the treatment of venereal diseases, signed at Brussels on the 1st day of December 1924.</p> <p><b>9(2)</b> When a merchant seaman receives treatment for venereal disease at a [hospital or clinic], the medical practitioner attending him shall enter or cause to be entered on a document, drawn in the prescribed form and supplied to the merchant seamen, the following particulars:  (a) The diagnosis, with a summary of the clinical particulars noted at the time of the examination:  (b) The treatment carried out at the hospital or clinic:  (c) The treatment to be followed on the voyage:  (d) The results of serological tests undertaken in cases of syphilis.</p> <p><b>11(1)</b> Subject to subclause (2) of this regulation, the intervals referred to in section 88(2) of the Health Act 1956 at which treatment shall be undergone by any person suffering from venereal disease shall be 1 week.</p> <p><b>11(2)</b> A medical practitioner treating any person for venereal disease may, if he considers no treatment would be appropriate in the interim, excuse the patient from attendance for any period not exceeding 4 weeks.</p>		

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<p><b>Tuberculosis Act 1948</b> (NZ), 1948/36.</p> <p><b>7(2)</b> It shall be the duty of every Medical Officer of Health, when he is satisfied that any person is suffering from tuberculosis, to do all such things as he deems necessary to ensure, so far as may be possible,— [...]</p> <p>(d) The medical examination of all such contacts as aforesaid who may possibly be suffering from tuberculosis: [...].</p> <p><b>9(1)</b> For the purposes of section 7 of this Act, in any case where the Medical Officer of Health has reason to believe that any person is or may be suffering from tuberculosis and has refused or failed to undergo any medical or other examination in respect thereof, he may from time to time, by notice in writing, require that person to undergo, within a period to be specified in the notice, such medical, X-ray, and bacteriological examinations as may be prescribed.</p> <p><b>9(2)</b> Any notice under subsection (1) of this section may specify any institution or tuberculosis clinic as the place where any such examination as aforesaid is to be undergone. If in any such case— (a) The person to whom the notice is given informs the Medical Officer of Health that he objects to undergoing the examination at the institution or clinic; or (b) The Medical Officer of Health is satisfied that it is impracticable for the person to attend at the institution or clinic for the examination, or that it is not in the interests of the person's health for him to attend,— it shall be sufficient compliance with the notice if</p>	<p><b>Tuberculosis Act 1948</b> (NZ), 1948/36.</p> <p><b>7(2)</b> It shall be the duty of every Medical Officer of Health, when he is satisfied that any person is suffering from tuberculosis, to do all such things as he deems necessary to ensure, so far as may be possible,—</p> <p>(a) That the person obtains medical treatment, care, and supervision, whether in an institution or otherwise:</p> <p>(b) The tracing of the source of the infection:</p> <p>(c) The tracing of contacts of that person:</p> <p>(d) The medical examination of all such contacts as aforesaid who may possibly be suffering from tuberculosis:</p> <p>(e) That any person who is found, in the course of the inquiries made under this section, to be suffering from tuberculosis obtains medical treatment, care, and supervision, whether in an institution or otherwise: [...].</p> <p><b>7(3)</b> For the purposes of this section, and for the purpose of preventing or limiting or eradicating the infection of tuberculosis, the Medical Officer of Health shall have the powers conferred upon him by this Act, and all such other powers as may reasonably be considered incidental thereto or as may be prescribed by regulations under this Act.</p> <p><b>10(1)</b> Whenever the Medical Officer of Health has reason to believe that any tuberculous person refuses or has failed to take reasonable precautions to prevent the spread of the infection of tuberculosis, he may by notice in writing require that person to do such things, to be specified in the notice, as may in the opinion of</p>	<p><b>Tuberculosis Act 1948</b> (NZ), 1948/36.</p> <p><b>7(2)</b> It shall be the duty of every Medical Officer of Health, when he is satisfied that any person is suffering from tuberculosis, to do all such things as he deems necessary to ensure, so far as may be possible,— [...]</p> <p>(f) The immunisation by vaccine, in accordance with the prescribed methods, of such contacts and other persons coming to his knowledge in the course of his inquiries as may voluntarily submit themselves for immunisation against tuberculosis and may suitably be so immunised.</p>	<p><b>Tuberculosis Act 1948</b> (NZ), 1948/36.</p> <p><b>9(4)</b> Every person commits an offence against this Act who, without lawful excuse, fails to comply with any notice given to him under this section.</p> <p><b>10(4)</b> Every person commits an offence against this Act who contravenes or fails to comply in any respect with any notice given to him under this section or with any such requirement as aforesaid.</p>

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<p>the person undergoes the examination, within the period specified in the notice, at the hands of any medical practitioner approved for the purpose by the Medical Officer of Health.</p> <p><b>9(3)</b> Where any person who is required to undergo any such examination as aforesaid is a child the notice shall be given to a parent or guardian or some other person for the time being in charge of the child, and it shall be the duty of the person to whom the notice is so given to do all such things as may be necessary to comply with the notice in respect of that child.</p>	<p>the Medical Officer of Health be necessary to ensure that such precautions as aforesaid are taken.</p> <p><b>10(2)</b> Where in respect of any tuberculous person who is a child the Medical Officer of Health has reason to believe that any parent or guardian or other person for the time being in charge of the child refuses or has failed to do any thing necessary to ensure that reasonable precautions are taken to prevent the spread of the infection, he may by notice in writing require that parent, guardian, or other person to do such things, to be specified in the notice, as may in the opinion of the Medical Officer of Health be necessary to ensure that such precautions as aforesaid are taken.</p> <p><b>10(3)</b> It shall be the duty of every person to whom a notice is given under this section to comply with the notice and with all other reasonable requirements in writing of the Medical Officer of Health for the purposes of this section.</p> <p><b>16(1)</b> Where the Medical Officer of Health is satisfied that any person suffering from tuberculosis (in this section referred to as the patient) is in an infectious condition, and—  (a) That in the patient's own interest he should be properly attended and treated; and  (b) That the patient's circumstances are such that proper precautions to prevent the spread of the infection cannot be taken, or that such precautions are not being taken; and  (c) That substantial risk of infection is or will be thereby caused to others,—</p>		<p><b>16(11)</b> Every person commits an offence against this Act who—  (a) Wilfully disobeys an order under this section;  (b) Obstructs or delays or in any way interferes with the prompt execution of an order under this section;  (c) Contravenes or fails to comply in any respect with any of the provisions of this section.</p> <p><b>16(12)</b> Every person who knowingly assists any other person in committing or attempting to commit an offence under this section shall be</p>

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	<p>the Medical Officer of Health may apply to a [District Court Judge], who may order the patient to be removed to an institution or some other suitable place where he can be properly attended and treated and to be detained there for such period, not exceeding 3 months, as the [District Court Judge] thinks fit; or, if the patient is an in-patient in an institution and proposes, contrary to the advice of the Medical Officer of Health or of a medical officer of the institution or of a medical practitioner, to leave the institution, order him to be detained in the institution or in some other institution or suitable place for such period, not exceeding 3 months, as the [District Court Judge] thinks fit.</p> <p><b>16(2)</b> At any time while any patient is detained pursuant to any order for the time being in force under this section, the Medical Officer of Health, on being satisfied that the conditions which led to the patient's detention being ordered will again exist if he is not detained for a further period, may apply to a [District Court Judge], who may order the detention of the patient for a further period, not exceeding 3 months in the case of each succeeding order.</p> <p><b>16(8)</b> The medical officer or other person in charge of any institution or other place to which any patient is ordered to be removed as aforesaid shall, on the presentation of the order, receive the patient and arrange for his medical treatment, and shall do such other acts as may be necessary for giving effect to the order.</p> <p><b>16(8A)</b> Subject to the provisions of subsection (9)</p>		<p>deemed to have committed an offence against this Act.</p> <p><b>16(12A)</b> If any person who is removed to or detained in any institution or other place pursuant to an order under this section leaves the institution or place while the order continues in force, then (without prejudice to any proceedings that may be taken against him or any other person in respect of an offence under this section) that person may be arrested by an officer of the [[Ministry of Health]] or by any member of the staff of that institution or place or by any constable without warrant and delivered forthwith, by force if necessary, to the same or another suitable institution or place. If in any such case the patient is delivered to any institution or place other than that to which the order relates, the person by whom he was arrested shall, as soon as may be practicable, cause him to be removed to the institution or place to which the order relates. Until he is so removed the institution or place to which he was so delivered shall be deemed for the purposes of this section to be an institution or place to which the order relates, and the provisions of this section shall apply accordingly.</p> <p><b>24(1)</b> A person who does any act in pursuance or intended pursuance of any of the provisions of this Act shall not be under any civil or criminal liability in respect thereof, whether on the ground of want of jurisdiction, or mistake of law or fact, or on any other ground, unless he has acted in bad faith or without reasonable care.</p> <p><b>24(2)</b> No proceedings, civil or criminal, shall be</p>

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	<p>of this section, while any order under this section for the detention of a patient in any institution or other place continues in force, the medical officer or other person in charge of the institution or place shall detain the patient or cause him to be detained in that institution or place, by force if necessary.</p> <p><b>16(9)</b> At any time while any patient is detained in any institution or other place pursuant to an order for the time being in force under this section, a [District Court Judge] may, if he thinks fit, on the application of the Medical Officer of Health or of the medical officer or other person in charge of the institution or place, order the patient to be removed to another institution or suitable place and to be detained there while the first-mentioned order continues in force. The provisions of [subsections (3) to (8A) and subsections (10) to (12A)] of this section shall, so far as applicable and with the necessary modifications, apply with respect to every application and every order made under this subsection.</p> <p><b>16(10)</b> No person who is removed to or detained in any institution or other place pursuant to an order under this section shall, while the order continues in force, leave or attempt to leave the institution or place.</p> <p><b>19(1)</b> Tuberculosis shall not be deemed to be an infectious or notifiable disease within the meaning of [the Health Act 1956].</p> <p><b>19(2)</b> Notwithstanding anything contained in subsection (1) of this section, the provisions of</p>		<p>brought against any person in any Court in respect of any such act except by leave of a Judge of the [High Court], and such leave shall not be granted unless the Judge is satisfied that there is substantial ground for the contention that the person against whom it is sought to bring the proceedings has acted in bad faith or without reasonable care.</p> <p><b>25</b> Every person commits an offence against this Act who in any way resists, obstructs, or deceives any other person in the exercise of any powers conferred upon that other person by or pursuant to this Act.</p> <p><b>26</b> Every person who commits an offence against this Act for which no penalty is provided elsewhere than in this section shall be liable to a fine not exceeding [\$40] and (if the offence is a continuing one) to a further fine not exceeding [\$4] for every day during which the offence continues.</p>

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	[section 82, 83, 86, and 87 of the Health Act 1956] shall continue to apply in all respects as if tuberculosis were an infectious disease under that Act [...].		

## UNITED KINGDOM

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<p><b>The Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22.</p> <p><b>35(1)</b> If a justice of the peace (acting, if he deems it necessary, ex parte) is satisfied, on a written certificate issued by a registered medical practitioner nominated by the local authority for a district--</p> <p>(a) that there is reason to believe that some person in the district--</p> <p>(i) is or has been suffering from a notifiable disease, or</p> <p>(ii) though not suffering from such a disease, is carrying an organism that is capable of causing it, and</p> <p>(b) that in his own interest, or in the interest of his family, or in the public interest, it is expedient that he should be medically examined, and</p> <p>(c) that he is not under the treatment of a registered medical practitioner or that the registered medical practitioner who is treating him consents to the making of an order under this section, the justice may order him to be medically examined by a registered medical practitioner so nominated.</p> <p><b>35(2)</b> An order under this section may be combined with a warrant under subsection (3) of section 61 below authorising a registered medical practitioner nominated by the local authority to enter any premises, and for the purposes of that subsection that practitioner shall, if not an officer</p>	<p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22.</p> <p><b>20(1)</b> With a view to preventing the spread of--</p> <p>(a) a notifiable disease, or</p> <p>(b) a disease to which [subsection (1A) below] applies, the proper officer of the local authority for any district may by notice in writing request any person to discontinue his work.</p> <p>[(1A) The diseases to which this subsection applies are--</p> <p>(a) enteric fever (including typhoid and paratyphoid fevers);</p> <p>(b) dysentery;</p> <p>(c) diphtheria;</p> <p>(d) scarlet fever;</p> <p>(e) acute inflammation of the throat;</p> <p>(f) gastro-enteritis; and</p> <p>(g) undulant fever.]</p> <p><b>20(2)</b> The local authority shall compensate a person who has suffered any loss in complying with a request under this section, and section 57(2), (3) and (4) below shall apply to any dispute arising under this subsection.</p> <p><b>21(1)</b> A person having the care of a child who--</p> <p>(a) is or has been suffering from a notifiable disease, or</p> <p>(b) has been exposed to infection of a notifiable disease, shall not, after receiving notice from the proper officer of the local authority for the district</p>	<p><b>Public Health (Infectious Diseases) Regulations 1988</b>, S.I. 1988/1546.</p> <p><b>10</b> Where a case of any notifiable disease or of any disease mentioned in Schedule 1 (other than tuberculosis) occurs in a district or port health district, the proper officer of that district or port health district and of any adjacent district or port health district may, if he considers it in the public interest, arrange for the vaccination or immunisation, without charge, of any person in his district or port health district who has come or may have come or may come in contact with the infection and is willing to be vaccinated or immunised.</p> <hr/> <p><b>Public Health (Ships) Regulations 1979</b>, S.I. 1979/1435.</p> <p><b>34</b> Where the Secretary of State has, by notice published in the London Gazette, declared any place to be infected with a disease subject to the International Health Regulations or with any other disease which in his opinion constitutes a menace to other countries by reason of its spread or potential spread, then, until the notice is revoked by a subsequent notice published in the London Gazette, every medical officer shall comply with any requirement which may be made by the Secretary of State for preventing the spread of the disease, and in particular (but without prejudice to</p>	<p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22.</p> <p><b>17(1)</b> A person who--</p> <p>(a) knowing that he is suffering from a notifiable disease, exposes other persons to the risk of infection by his presence or conduct in any street, public place, place of entertainment or assembly, club, hotel, inn or shop,</p> <p>(b) having the care of a person whom he knows to be suffering from a notifiable disease, causes or permits that person to expose other persons to the risk of infection by his presence or conduct in any such place as aforesaid, or</p> <p>(c) gives, lends, sells, transmits or exposes, without previous disinfection, any clothing, bedding or rags which he knows to have been exposed to infection from any such disease, or any other article which he knows to have been so exposed and which is liable to carry such infection,</p> <p>shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>17(2)</b> A person shall not incur any liability under this section by transmitting with proper precautions any article for the purpose of having it disinfected.</p> <p><b>19</b> A person who, knowing that he is suffering from a notifiable disease, engages in or carries on any trade, business or occupation which he cannot engage in or carry on without risk of spreading the disease shall be liable on summary conviction to a</p>



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<p>of the local authority, be treated as one.</p> <p><b>35(3)</b> In this section, references to a person's being medically examined shall be construed as including references to his being submitted to bacteriological and radiological tests and similar investigations.</p> <p><b>36(1)</b> If a justice of the peace (acting, if he deems it necessary, ex parte) is satisfied, on a written certificate issued by the proper officer of the local authority for a district--</p> <p>(a) that there is reason to believe that one of a group of persons, though not suffering from a notifiable disease, is carrying an organism that is capable of causing it, and</p> <p>(b) that in the interest of those persons or their families, or in the public interest, it is expedient that those persons should be medically examined, the justice may order them to be medically examined by a registered medical practitioner nominated by the local authority for that district.</p> <p><b>36(2)</b> Subsections (2) and (3) of section 35 above apply in relation to subsection (1) above as they apply in relation to subsection (1) of that section.</p> <p><b>40</b> If the proper officer of a local authority has reasonable grounds for believing that there is in a common lodging-house a person who is suffering, or has recently suffered, from a notifiable disease, he may make complaint thereof upon oath to a justice of the peace, and thereupon the justice may by warrant authorise him to enter the lodging-house and examine any person found in it with a view to ascertaining whether he is suffering, or has</p>	<p>that the child is not to be sent to school, permit the child to attend school until he has obtained from the proper officer a certificate that in his opinion the child may attend school without undue risk of communicating the disease to others.</p> <p><b>24(1)</b> A person shall not send or take to any laundry or public washhouse for the purpose of being washed, or to any place for the purpose of being cleaned, any article which he knows to have been exposed to infection from a notifiable disease, unless that article--</p> <p>(a) has been disinfected by or to the satisfaction of the proper officer of the local authority for the district or a registered medical practitioner, or</p> <p>(b) is sent with proper precautions to a laundry for the purpose of disinfection, with notice that it has been exposed to infection.</p> <p><b>24(3)</b> The occupier of any building in which a person is suffering from a notifiable disease shall, if required by the local authority, furnish to them the address of any laundry, washhouse or other place to which articles from the house have been or will be sent during the continuance of the disease for the purpose of being washed or cleaned.</p> <p><b>25(1)</b> A person who knows that he is suffering from a notifiable disease shall not take any book, or cause any book to be taken for his use, or use any book taken, from any public or circulating library.</p> <p><b>25(2)</b> A person shall not permit any book which has been taken from a public or circulating library, and is under his control, to be used by any person</p>	<p>the generality of the foregoing provision) the following provisions of this regulation shall operate in relation to any ship departing from any district specified by the Secretary of State for a destination, whether final or intermediate, outside the United Kingdom:-- (a) an authorised officer, if so required by the Secretary of State, shall require a valid vaccination certificate from departing travellers. In the absence of such a certificate the medical officer may offer vaccination to any such traveller and may apply the provisions or regulation 33(c);</p>	<p>fine not exceeding level 1 on the standard scale.</p> <p><b>21(3)</b> A person who contravenes the provisions of this section shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>23(5)</b> If the person responsible for the management of a place to which this section applies, having been served by the local authority with a copy of a notice published under this section, admits any person under the prescribed age to that place in contravention of the notice, or fails to comply with any condition specified in the notice, he shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>24(4)</b> A person who contravenes or fails to comply with any provision of this section shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>25(5)</b> A person who contravenes any of the provisions of subsections (1) to (3) above shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>26(1)</b> A person who places, or causes or permits to be placed, in a dustbin or ashpit any matter which he knows to have been exposed to infection from a notifiable disease, and which has not been disinfected, shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>28(3)</b> If any occupier or contractor on whom an</p>

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<p>recently suffered, from a notifiable disease.</p>	<p>whom he knows to be suffering from a notifiable disease.</p> <p><b>25(3)</b> A person shall not return to any public or circulating library a book which he knows to have been exposed to infection from a notifiable disease, or permit any such book which is under his control to be so returned, but shall give notice to the local authority, or, in the case of a library provided by a county council, to that council, that the book has been so exposed to infection.</p> <p><b>25(4)</b> A local authority or, as the case may be, a county council on receiving such a notice shall cause the book to be disinfected and returned to the library, or shall cause it to be destroyed.</p> <p><b>28(1)</b> If a case of a notifiable disease occurs on any premises, then, whether the person suffering from the disease has been removed from the premises or not, the local authority for the district may make an order forbidding any work to which this section applies to be given out to any person living or working on those premises, or on such part of them as may be specified in the order; and any order so made may be served on the occupier of any factory or other place from which work is given out, or on any contractor employed by any such occupier.</p> <p><b>28(2)</b> An order under this section may be expressed--  (a) to operate for a specified time or until the premises or any part of them specified in the order have been disinfected to the satisfaction of the local authority, or  (b) to be inoperative so long as any other</p>		<p>order under this section has been served contravenes the provisions of the order, he shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>29(1)</b> If a person who--  (a) is concerned in the letting of a house or part of a house, or in showing a house or part of a house with a view to its being let, or  (b) has recently ceased to occupy a house or part of a house,  is questioned by any person negotiating for the hire of the house or any part of it as to whether there is, or has been within the preceding six weeks, in any part of the house a person suffering from a notifiable disease, and knowingly makes a false answer to that question, he shall be liable on summary conviction to a fine not exceeding level 2 on the standard scale, or to imprisonment for a term not exceeding one month [51 weeks].</p> <p><b>29(2)</b> A person who lets any house or part of a house in which a person has to his knowledge been suffering from a notifiable disease without having the house, or the part of the house, and all articles in it liable to retain infection, properly disinfected shall be liable on summary conviction to a fine not exceeding level 2 on the standard scale.</p> <p><b>29(3)</b> The keeper of a hotel or inn who allows a room in it in which a person has to his knowledge been suffering from a notifiable disease to be occupied by any other person before the room and all articles in it liable to retain infection have been properly disinfected shall be liable on summary</p>

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	<p>reasonable precautions specified in the order are taken.</p> <p><b>28(4)</b> This section applies to the making, cleaning, washing, altering, ornamenting, finishing or repairing of wearing apparel and any incidental work, and to such other classes of work as may be specified by order of the Secretary of State.</p> <p><b>28(5)</b> The power of the Secretary of State to make orders under subsection (4) above shall be exercisable by statutory instrument.</p> <p><b>29(1)</b> If a person who--  (a) is concerned in the letting of a house or part of a house, or in showing a house or part of a house with a view to its being let, or  (b) has recently ceased to occupy a house or part of a house,  is questioned by any person negotiating for the hire of the house or any part of it as to whether there is, or has been within the preceding six weeks, in any part of the house a person suffering from a notifiable disease, and knowingly makes a false answer to that question, he shall be liable on summary conviction to a fine not exceeding level 2 on the standard scale, or to imprisonment for a term not exceeding one month [51 weeks].</p> <p><b>29(2)</b> A person who lets any house or part of a house in which a person has to his knowledge been suffering from a notifiable disease without having the house, or the part of the house, and all articles in it liable to retain infection, properly disinfected shall be liable on summary conviction to a fine not exceeding level 2 on the standard scale.</p>		<p>conviction to a fine not exceeding level 2 on the standard scale.</p> <p><b>29(4)</b> In this section and in section 30 below, "properly disinfected" means disinfected to the satisfaction of the proper officer of the local authority for the district or a registered medical practitioner, as testified by a certificate signed by him.</p> <p><b>31(4)</b> Where a local authority have under this section disinfected any premises or article or destroyed any article, they may if they think fit pay compensation to any person who has suffered damage by their action.</p> <p><b>33(3)</b> A person who contravenes any provision of this section--  (a) shall be liable on summary conviction to a fine not exceeding level 1 to the standard scale, and  (b) in addition to any fine imposed, shall be ordered by the court to pay any person concerned with the conveyance as owner, driver or conductor a sum sufficient to cover any loss and expense incurred by him in connection with the disinfection of the conveyance in accordance with section 34 below.</p> <p><b>34(4)</b> A person who contravenes any of the foregoing provisions of this section shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>42(2)</b> Any person who fails to comply with an order under subsection (1) above shall be liable on summary conviction to a fine not exceeding level</p>

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p><b>29(3)</b> The keeper of a hotel or inn who allows a room in it in which a person has to his knowledge been suffering from a notifiable disease to be occupied by any other person before the room and all articles in it liable to retain infection have been properly disinfected shall be liable on summary conviction to a fine not exceeding level 2 on the standard scale.</p> <p><b>30(1)</b> If a person ceases to occupy a house or part of a house in which to his knowledge a person has within six weeks previously been suffering from a notifiable disease and either--  (a) he fails to have the house, or the part of the house, and all articles in it liable to retain infection, properly disinfected, or  (b) he fails to give to the owner of the house, or the part of the house, notice of the previous existence of the disease, or  (c) on being questioned by the owner as to whether within the preceding six weeks there has been in it any person suffering from any notifiable disease, he makes a false answer, he shall be liable on summary conviction--  (i) in the case of an offence under paragraph (a) or (b) above, to a fine not exceeding level 2 on the standard scale, or  (ii) in the case of an offence under paragraph (c), to a fine not exceeding level 2 on the standard scale or to imprisonment for a term not exceeding one month [51 weeks].</p> <p><b>30(2)</b> The local authority shall give notice of the provisions of this section to the occupier and also to the owner of any house in which they are aware</p>		<p>1 on the standard scale, and to a further fine not exceeding £2 for each day on which the offence continues after conviction.</p> <p><b>43(3)</b> A person who contravenes any provision of this section shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>44</b> Every person having the charge or control of premises in which is lying the body of a person who has died while suffering from a notifiable disease shall take such steps as may be reasonably practicable to prevent persons coming unnecessarily into contact with, or proximity to, the body, and if he fails to do so he shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>63</b> Any person who wilfully obstructs any person acting in the execution of a relevant provision of this Act, or of any byelaw, order or warrant made or issued under this Act, shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>65</b> Where by or under this Act provision is made for the imposition of a daily penalty in respect of a continuing offence, the court by which a person is convicted of the original offence may fix a reasonable period from the date of conviction for compliance by the defendant with any directions given by the court; and, where the court has fixed such a period, the daily penalty shall not be recoverable in respect of any day before that period</p>

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p>that there is a person suffering from a notifiable disease.</p> <p><b>31(1)</b> If, on a certificate of the proper officer of the local authority for a district, the local authority are satisfied that the cleansing and disinfection of any premises, and the disinfection or destruction of any articles there likely to retain infection, would tend to prevent the spread of any infectious disease, the authority shall give notice to the occupier of the premises that they will at his cost--</p> <p>(a) cleanse and disinfect the premises, and</p> <p>(b) disinfect or, as the case may require, destroy any such articles,</p> <p>unless, within 24 hours after the receipt of the notice, he informs them that within a time to be fixed by the notice he will take such steps as are specified in it.</p> <p><b>31(2)</b> If--</p> <p>(a) within 24 hours after receipt of the notice the person to whom it is given does not so inform the authority, or</p> <p>(b) having so informed the authority, he fails to take the specified steps to the satisfaction of the proper officer within the time fixed by the notice, the authority may cause the premises to be cleansed and disinfected and the articles to be disinfected or destroyed, as the case may require, and may, if they think fit, recover from him the expenses reasonably incurred by them in doing so; and any such expenses may be so recovered as a simple contract debt in any court of competent jurisdiction.</p> <p><b>31(3)</b> Where the occupier of any premises is in the</p>		<p>expires.</p> <hr/>

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	<p>opinion of the local authority unable effectually to take such steps as they consider necessary, they may, without giving such notice but with his consent, take the necessary steps at their own cost.</p> <p><b>32(1)</b> Where any infectious disease occurs in a house, or the local authority deem it necessary to disinfect any house, the authority may, on a certificate of the proper officer of the local authority for the district--</p> <p>(a) cause any person who is not himself sick and who consents to leave the house, or whose parent or guardian, where the person is a child, consents to his leaving the house, to be removed to any temporary shelter or house accommodation provided by the authority, or</p> <p>(b) cause any such person to be so removed without any consent, if a justice of the peace (acting, if he deems it necessary, ex parte) is satisfied, on the application of the authority, of the necessity for the removal and makes an order for the removal, subject to such conditions, if any, as may be specified in the order.</p> <p><b>32(2)</b> The local authority shall in every case cause the removal to be effected, and the conditions of any order to be satisfied, without charge to the person removed, or to the parent or guardian of that person.</p> <p><b>32(3)</b> A local authority may provide temporary shelter or house accommodation for the purposes of this section.</p> <p><b>33(1)</b> No person who knows that he is suffering from a notifiable disease shall--</p>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p>(a) enter any public conveyance used for the conveyance of persons at separate fares, or  (b) enter any other public conveyance without previously notifying the owner or driver that he is so suffering.</p> <p><b>33(2)</b> No person having the care of a person whom he knows to be suffering from a notifiable disease shall permit that person to be carried--  (a) in any public conveyance used for the conveyance of persons at separate fares, or  (b) in any other public conveyance without previously informing the owner or driver that that person is so suffering.</p> <p><b>34(1)</b> The owner, driver or conductor of a public conveyance used for the conveyance of passengers at separate fares shall not convey in it a person whom he knows to be suffering from a notifiable disease.</p> <p><b>34(2)</b> The owner or driver of any other public conveyance may refuse to convey in it any person suffering from a notifiable disease until he has been paid a sum sufficient to cover any loss and expense which will be incurred by reason of the provisions of subsection (3) below.</p> <p><b>34(3)</b> If a person suffering from a notifiable disease is conveyed in a public conveyance, the person in charge of the conveyance shall--  (a) as soon as practicable give notice to the local authority for the district in which the conveyance is usually kept, and  (b) before permitting any other person to enter the conveyance, cause it to be disinfected, [...].</p>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p><b>37(1)</b> Where a justice of the peace (acting, if he deems it necessary, ex parte) is satisfied, on the application of the local authority, that a person is suffering from a notifiable disease and--</p> <p>(a) that his circumstances are such that proper precautions to prevent the spread of infection cannot be taken, or that such precautions are not being taken, and</p> <p>(b) that serious risk of infection is thereby caused to other persons, and</p> <p>(c) that accommodation for him is available in a suitable hospital vested in the Secretary of State [or, pursuant to arrangements made by a [Health Authority] [or Primary Care Trust] (whether under an NHS contract or otherwise), in a suitable hospital vested in a NHS trust[, [NHS foundation trust,] Primary Care Trust] or other person], the justice may, with the consent [mentioned in subsection (1A) below], order him to be removed to it.</p> <p><b>[37(1A)]</b> The consent referred to in subsection (1) above is that of a Primary Care Trust or Health Authority--</p> <p>(a) any part of whose area falls within that of the local authority, and</p> <p>(b) which appears to the local authority to be an appropriate Primary Care Trust or Health Authority from whom to obtain consent.]</p> <p><b>37(2)</b> An order under this section may be addressed to such officer of the local authority as the justice may think expedient, and that officer and any officer of the hospital may do all acts necessary for giving effect to the order.</p>		



Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p><b>38(1)</b> Where a justice of the peace (acting, if he deems it necessary, ex parte) in and for the place in which a hospital for infectious diseases is situated is satisfied, on the application of any local authority, that an inmate of the hospital who is suffering from a notifiable disease would not on leaving the hospital be provided with lodging or accommodation in which proper precautions could be taken to prevent the spread of the disease by him, the justice may order him to be detained in the hospital.</p> <p><b>38(2)</b> An order made under subsection (1) above may direct detention for a period specified in the order, but any justice of the peace acting in and for the same place may extend a period so specified as often as it appears to him to be necessary to do so.</p> <p><b>38(3)</b> Any person who leaves a hospital contrary to an order made under this section for his detention there shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale, and the court may order him to be taken back to the hospital.</p> <p><b>38(4)</b> An order under this section may be addressed--</p> <p>(a) in the case of an order for a person's detention, to such officer of the hospital, and</p> <p>(b) in the case of an order made under subsection (3) above, to such officer of the local authority on whose application the order for detention was made,</p> <p>as the justice may think expedient, and that officer and any officer of the hospital may do all acts</p>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p>necessary for giving effect to the order.</p> <p><b>41(1)</b> If a local authority are satisfied--  (a) that a person lodging in a common lodging-house is suffering from a notifiable disease, and  (b) that serious risk of infection is thereby caused to other persons, and  (c) that accommodation for him is available in a suitable hospital vested in the Secretary of State [or, pursuant to arrangements made by a [Health Authority] [or Primary Care Trust] (whether under an NHS contract or otherwise) in a suitable hospital vested in an NHS trust[, [NHS foundation trust,] Primary Care Trust] or any other person], they may, with the consent of the . . . [Primary Care Trust or Health Authority in whose area the common lodging-house is situated], order him to be removed to the hospital.</p> <p><b>41(2)</b> The officer of the local authority to whom an order under this section is addressed and any officer of the hospital in question may do all acts necessary for giving effect to the order.</p> <p><b>42(1)</b> If, on the application of a local authority, a magistrates' court is satisfied that it is necessary in the interests of the public health that a common lodging-house should be closed on account of the existence, or recent occurrence, in it of a case of notifiable disease, the court may make an order directing the lodging-house to be closed until it is certified by the proper officer of the local authority for the district to be free from infection.</p> <p><b>43(1)</b> If--  (a) a person dies in hospital while suffering from a</p>		

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	<p>notifiable disease, and  (b) the proper officer of the local authority for the district or a registered medical practitioner certifies that in his opinion it is desirable, in order to prevent the spread of infection, that the body should not be removed from the hospital except for the purpose of being taken direct to a mortuary or being forthwith buried or cremated,  it shall not be lawful for any person to remove the body from the hospital except for such a purpose.</p> <p><b>43(2)</b> In any such case, when the body is removed for the purpose of burial or cremation from the hospital or any mortuary to which it has been taken, it shall forthwith be taken direct to some place of burial or crematorium and there buried or cremated.</p> <p><b>44</b> Every person having the charge or control of premises in which is lying the body of a person who has died while suffering from a notifiable disease shall take such steps as may be reasonably practicable to prevent persons coming unnecessarily into contact with, or proximity to, the body, and if he fails to do so he shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>45</b> It shall not be lawful to hold a wake over the body of a person who has died while suffering from a notifiable disease; and the occupier of any premises who permits or suffers any such wake to take place on them, and every person who takes part in the wake, shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p><b>46(1)</b> It shall be the duty of a local authority to cause to be buried or cremated the body of any person who has died or been found dead in their area, in any case where it appears to the authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the authority.</p> <p><b>46(3)</b> An authority shall not cause a body to be cremated under subsection (1) or (2) above where they have reason to believe that cremation would be contrary to the wishes of the deceased.</p> <p><b>46(7)</b> The Secretary of State may cause such inquiries to be held as he may deem necessary or desirable for the purposes of this section.</p> <p><b>48(1)</b> If a justice of the peace (acting, if he deems it necessary, ex parte) is satisfied, on a certificate of the proper officer of the local authority for the district in which a dead body lies, that the retention of the body in any building would endanger the health of the inmates of that building or of any adjoining or neighbouring building, he may order--  (a) that the body be removed by, and at the cost of, the local authority to a mortuary, and  (b) that the necessary steps be taken to secure that it is buried within a time limited by the order or, if he considers immediate burial necessary, immediately.</p> <p><b>48(2)</b> Where an order is made under subsection (1) above, relatives or friends of the deceased person shall be deemed to comply with the order if they cause the body to be cremated within the time</p>		

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<p><b>Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.</b></p> <p><b>8(1)</b> The medical officer may, and if so requested by the commander or required by the Secretary of State shall examine any person on board or leaving an aircraft at a customs airport, when there are reasonable grounds for suspecting that--</p> <p>(a) the person is suffering from an infectious disease;</p> <p>(b) the person has been exposed to infection from an infectious disease;</p> <p>(c) the person is verminous.</p> <p><b>8(2)</b> The authorised officer may--</p> <p>(a) detain any such person for such examination at a place appointed for the purpose;</p> <p><b>8(3)</b> The medical officer or other authorised officer or a customs officer may, and if so required by the Secretary of State shall, require any person on board or leaving an aircraft at a customs airport to produce a valid International Vaccination Certificate.</p> <p><b>8(4)</b> A customs officer or other authorised officer may detain until the arrival of the medical officer or for three hours, whichever is the shorter period,</p>	<p>limited by the order or, as the case may be, immediately.</p> <p><b>48(3)</b> An order under this section shall be an authority to any officer named in it to do all acts necessary for giving effect to the order.</p> <hr/> <p><b>Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.</b></p> <p><b>5</b> For the purposes of these regulations a responsible authority other than the Secretary of State may, and if so required by the Secretary of State shall—[...]</p> <p>(c) at or in connection with a customs airport, provide or arrange for the provision of--</p> <p>(i) premises or waiting rooms for the medical inspection and examination of persons;</p> <p>(ii) premises for the temporary isolation of persons under these regulations;</p> <p>(d) at or in connection with a customs airport, arrange for the reception into a hospital of persons requiring to be removed thereto under these regulations;</p> <p>(e) arrange for the provision of means of transport for the conveyance of persons to any premises referred to in paragraph (c) of this regulation, or to a hospital;</p> <p>(f) at or in connection with a sanitary airport, provide or arrange for the provision of--</p> <p>(i) apparatus or other means for cleansing, disinfecting and disinsecting aircraft, persons or clothing and other articles and deratting aircraft;</p> <p>(ii) a laboratory for the examination of suspected material, or equipment for taking and despatching</p>		<p><b>Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.</b></p> <p><b>36(1)</b> The commander of an aircraft on arrival, or already at an aerodrome, who is unwilling to comply with, or submit to, any provisions of, or requirement made under, these regulations which may be applicable shall so notify the authorised officer, and the authorised officer may then require the commander to remove the aircraft immediately from the aerodrome.</p> <p><b>36(3)</b> When the authorised officer has required the removal of an aircraft from the aerodrome, it shall not during its voyage alight at any other place in England or Wales.</p> <hr/>

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<p>any such person who has been required to produce such a certificate and is unable to do so.</p> <p><b>8(5)</b> Where any such person fails to satisfy the medical officer that he possesses such a certificate, the medical officer may detain him for examination at a place appointed for that purpose, and may apply in his case the additional measures mentioned in paragraphs (1) and (2) of Part IV of Schedule 2.</p> <p><b>27</b> Where an aircraft is due to depart from an aerodrome for a destination outside the United Kingdom, the medical officer--</p> <p>(a) may examine any person who proposes to embark thereon if he has reasonable grounds for believing him to be suffering from a disease subject to the International Health Regulations, and, if after examination the medical officer is of the opinion that he shows symptoms of such a disease, shall prohibit his embarkation and the time and place of this examination shall be arranged so as to take into account any other formalities and to avoid delay; [...].</p> <p><b>28</b> Where the Secretary of State has, by notice published in the London Gazette, declared any place to be infected with a disease subject to the International Health Regulations or with any other disease which in his opinion constitutes a menace to other countries by reason of its spread or potential spread, then, until the notice is revoked by a subsequent notice published in the London Gazette, every medical officer shall comply with any requirement which may be made by the Secretary of State for preventing the spread of the</p>	<p>such material for examination in a laboratory;[...].</p> <p><b>6(1)</b> The authorised officer at a customs airport shall from time to time prepare and keep up to date a list of aerodromes and other areas which are infected or believed to be infected with a disease subject to the International Health Regulations or which may serve other places or areas so infected or believed to be so infected.</p> <p><b>6(2)</b> The authorised officer shall supply copies of every such list and any amendment thereof to the customs officer at the airport and to the person in charge of the airport.</p> <p><b>6(3)</b> In preparing and amending such list the authorised officer shall take into account all information sent to him from time to time by the Secretary of State or issued by the World Health Organisation.</p> <p><b>8(2)</b> The authorised officer may--</p> <p>(b) require the clothing and other articles belonging to any person so examined to be disinfected and, where necessary, disinfected and any person found to be verminous to be disinfected;</p> <p>(c) except as provided in regulation 21, prohibit any person so examined from leaving the aircraft or airport, or permit him to leave it on such conditions and subject to the taking of such measures, under these regulations, as the medical officer considers reasonably necessary for preventing the spread of infection; and</p> <p>(d) require the commander to take or assist in taking such steps as in the opinion of the medical</p>		

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<p>disease, and in particular (but without prejudice to the generality of the foregoing provision) the following provisions of this regulation shall operate in relation to any aircraft departing from any aerodrome specified by the Secretary of State for a destination outside the United Kingdom— [...]</p> <p>(b) the medical officer may, and within three hours after receiving a request from the commander so to do shall, medically examine any person who proposes to embark on or is on board the aircraft; [...].</p> <hr/> <p><b>Public Health (Ships) Regulations 1979, S.I. 1979/1435.</b></p> <p><b>9(1)</b> The medical officer may, and if so requested by the master or required by the Secretary of State shall, examine any person on board a ship on arrival or already in the district, when there are reasonable grounds for suspecting that--</p> <p>(a) the person is suffering from an infectious disease;</p> <p>(b) the person has been exposed to infection from an infectious disease;</p> <p>(c) the person is verminous.</p> <p><b>9(3)</b> On the arrival of any ship which during its voyage has been in a foreign port other than an excepted port the authorised officer, or at any port where their employment for this purpose is sanctioned by the Commissioners of Customs and Excise, a customs officer, may, and if so required by the Secretary of State shall, require any person on board or disembarking from the ship to</p>	<p>officer are reasonably necessary for preventing the spread of infection, for disinsection and the destruction of vermin, and for the removal of conditions on the aircraft likely to convey infection, including conditions the existence of which might facilitate the harbouring of insects or vermin.</p> <p><b>9(1)</b> Where a person intending to leave an aircraft at a customs airport is suffering, or the medical officer suspects that he is suffering, from an infectious disease or tuberculosis, the medical officer may--</p> <p>(a) in the case of an infectious disease, cause such person on leaving the aircraft to be isolated, or to be sent to a hospital or to some other suitable place approved for that purpose by the responsible authority, as may be appropriate; or, except as provided in regulation 21, the medical officer may, by notice in writing to the commander, prohibit the person from leaving the aircraft without the consent in writing of the medical officer;</p> <p>(b) in the case of tuberculosis, if the person leaves the aircraft, send information to that effect to the medical officer for the area in which the intended destination and address of the person is situated.</p> <p><b>9(2)</b> Where the Secretary of State is satisfied that a grave danger to public health exists by reason of infectious disease and notifies medical officers accordingly, the medical officer may, and if the Secretary of State so directs shall, require a person leaving an aircraft at a customs airport to state in writing</p>		

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<p>produce a valid International Vaccination Certificate.</p> <p><b>9(5)</b> Where any such person fails to satisfy the medical officer, that he possesses such a certificate, the medical officer may detain him for examination at a place appointed for that purpose, and may apply in his case the additional measures mentioned in part II of schedule 4 and in paragraphs (1) and (2) of part IV of schedule 4.</p> <p><b>26</b> An authorised officer may detain, or give notice in writing to a customs officer to detain, any ship for medical inspection at its place of mooring (not being a mooring station) or at its place of discharge or loading.</p> <p><b>28(1)</b> The medical officer shall inspect any ship and the persons on board as soon as possible after it has been taken or directed to a mooring station or after it has been detained under these regulations.</p> <p><b>33</b> Where a ship is due to depart for a destination, whether final or intermediate, outside the United Kingdom, the medical officer--</p> <p>(a) may examine any person who proposes to embark thereon if he has reasonable grounds for believing him to be suffering from a disease subject to the International Health Regulations or from lassa fever, viral haemorrhagic fever or marburg disease and, if after examination the medical officer is of the opinion that he shows symptoms of such a disease, shall prohibit his embarkation and the time and place of this examination shall be arranged to take into account</p>	<p>his name and intended destination and address.</p> <p><b>14(1)</b> When on the arrival of an aircraft at a customs airport the medical officer has reasonable grounds for believing that the aircraft may be an infected aircraft or a suspected aircraft, or an aircraft which, although not falling within either of such categories, has had on board during the voyage a case of a disease subject to the International Health Regulations in respect of which the aircraft has not outside the United Kingdom been subjected to appropriate measures equivalent to those provided for in these regulations, he may cause the aircraft to be detained for medical inspection.</p> <p><b>14(2)</b> If the medical officer has caused an aircraft to be so detained, he shall inform the person in charge of the customs airport of such detention and send a notice in writing of such detention to the customs officer.</p> <p><b>15</b> If a customs officer receives in respect of an aircraft a notice in writing from the medical officer under regulation 14, he shall, if he visits the aircraft before the medical officer, deliver the notice to the commander and take all reasonable steps to secure compliance therewith.</p> <p><b>16</b> Where on the arrival of an aircraft at a customs airport it appears to the customs officer that during the voyage of the aircraft--</p> <p>(a) there has been on the aircraft a death caused otherwise than by accident, or a case of illness</p>		



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<p>any other formalities and to avoid delay; [...].</p> <p><b>34</b> Where the Secretary of State has, by notice published in the London Gazette, declared any place to be infected with a disease subject to the International Health Regulations or with any other disease which in his opinion constitutes a menace to other countries by reason of its spread or potential spread, then, until the notice is revoked by a subsequent notice published in the London Gazette, every medical officer shall comply with any requirement which may be made by the Secretary of State for preventing the spread of the disease, and in particular (but without prejudice to the generality of the foregoing provision) the following provisions of this regulation shall operate in relation to any ship departing from any district specified by the Secretary of State for a destination, whether final or intermediate, outside the United Kingdom:-- [...]</p> <p>(b) the medical officer may, and within three hours after receiving a request from the master so to do shall, medically examine any person who proposes to embark on or is on board the ship.</p> <p><b>37</b> Every person who is placed under surveillance under these regulations shall--</p> <p>(a) give facilities for any medical examination required by the medical officer or by the medical officer for any area in which he may be during the period of surveillance;</p> <p>(b) furnish all such information as the medical officer or any such medical officer may reasonably require with a view to ascertaining the person's state of health;</p>	<p>which is or is suspected to be of an infectious nature; or</p> <p>(b) the aircraft has been in an infected area; or</p> <p>(c) death not attributable to poison or other measures for destruction has occurred amongst rodents on the aircraft,</p> <p>he shall, unless the authorised officer otherwise directs, give such directions as seem necessary to him to secure the detention of the aircraft, the persons carried thereon, and its stores, equipment and cargo.</p> <p><b>17</b> The detention of an aircraft by a customs officer under these regulations shall cease as soon as the aircraft has been inspected by an authorised officer or, if such inspection has not commenced within 3 hours after the aircraft has been so detained, on the expiration of that period:</p> <p>Provided that nothing in this regulation shall affect the power of the medical officer to continue the detention of an aircraft under regulation 18.</p> <p><b>20</b> On the arrival of an aircraft at a customs airport, the medical officer may place under surveillance for the appropriate period specified in regulation 30(1)--</p> <p>(a) any person disembarking from the aircraft who has come from an infected area other than an area infected with yellow fever or plague, and</p> <p>(b) any suspect disembarking from the aircraft who has come from an area infected with yellow fever, plague, lassa fever, viral</p>		

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<p><b>Blood Safety and Quality Regulations 2005</b>, S.I. 2005/50.</p> <p><b>7(1)</b> A blood establishment shall-- (c) ensure that all testing and processes of the blood establishment which are referred to in Parts 2 to 5 of the Schedule are validated;</p> <p><b>7(3)</b> A blood establishment shall ensure that, in relation to the blood and blood components which it collects, processes, stores or distributes-- (a) each donation of blood and blood components (including blood and blood components which are imported into the European Community) is tested in conformity with-- (i) the basic testing requirements for whole blood and apheresis donations, specified in paragraph (7), and (ii) any additional tests which may be necessary for specific components, types of donors or epidemiological situations; (b) the storage, transport and distribution conditions of blood and blood components comply with the requirements of Part 4 of the Schedule; and (c) quality and safety requirements for blood and blood components meet the standards specified in Part 5 of the Schedule.</p> <p><b>7(7)</b> The basic testing requirements with which blood establishments must ensure compliance pursuant to paragraph (3)(a)(i) are— [...] (c) testing for the following infections of donors-- (i) Hepatitis B (HBs-Ag);</p>	<p>haemorrhagic fever or marburg disease.</p> <p><b>21</b> The medical officer shall, if so required by the commander of an aircraft on arrival at a customs airport, cause any infected person to be removed from the aircraft.</p> <p><b>22</b> If the authorised officer considers that there should be applied to an aircraft which alights elsewhere than at a sanitary airport, or to any person carried thereon, measures under these regulations which can be applied only at a sanitary airport, he may direct that the aircraft or any such person shall proceed to a sanitary airport, and he shall give the commander notice in writing of the direction and of the reasons for the direction.</p> <p><b>23</b> Without prejudice to any other provision in these regulations, the additional measures in Schedule 2 shall be applicable on the arrival at a customs airport of-- (a) any infected aircraft or suspected aircraft; (b) any aircraft which has during its voyage been in an area infected with plague, cholera, yellow fever, lassa fever, rabies, viral haemorrhagic fever or marburg disease; (c) any suspect for smallpox on an aircraft other than an infected aircraft; (d) any other aircraft or person, when the authorised officer is satisfied that, notwithstanding that measures equivalent to such additional measures have been applied to the aircraft or person previously during its voyage, there is on board or has been on board since such previous application an infected person or suspect and that it is necessary again</p>		

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<p>(ii) Hepatitis C (Anti-HCV); (iii) HIV 1 and 2 (Anti-HIV 1 and 2).</p> <p><b>23(1)</b> Where the Secretary of State is aware of a specific epidemiological situation, such as an outbreak of a disease, which may affect the safety of blood donations, and as a result of which he considers that specific deferral criteria for the collection of blood donations should be adopted, he shall--</p> <p>(a) notify blood establishments that those criteria must be adopted; and (b) notify the Commission of-- (i) the epidemiological situation; and (ii) the additional deferral criteria which blood establishments are required to adopt in relation to it pursuant to sub-paragraph (a).</p> <p>(2) A blood establishment shall adopt and comply with any criteria for additional tests notified to them by the Secretary of State pursuant to paragraph (1).</p>	<p>to apply any such measure, or the authorised officer has reasonable grounds for believing that such previous application was not substantially effective.</p> <p><i>[Note : See Appendix 4 of this compendium for schedule 2].</i></p> <p><b>27</b> Where an aircraft is due to depart from an aerodrome for a destination outside the United Kingdom, the medical officer-- [...] (b) shall prohibit any suspect from embarking thereon: Provided that in the case of smallpox a person shall not be prohibited from embarking if he satisfies the medical officer that he is sufficiently protected by vaccination or by a previous attack of smallpox; [...]</p> <p>(d) notwithstanding the provisions of sub-paragraph (b) of this regulation a person on an international voyage who on arrival was placed under surveillance may be allowed to continue his voyage. The medical officer shall notify by the most expeditious means the health authority for the place to which the person is proceeding that such a person should in the opinion of the medical officer, be placed under surveillance.</p> <p><b>28</b> Where the Secretary of State has, by notice published in the London Gazette, declared any place to be infected with a disease subject to the International Health Regulations or with any other disease which in his opinion constitutes a menace to other countries by reason of its spread or potential spread, then, until the notice is revoked by a subsequent notice published in the London</p>		

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	<p>Gazette, every medical officer shall comply with any requirement which may be made by the Secretary of State for preventing the spread of the disease, and in particular (but without prejudice to the generality of the foregoing provision) the following provisions of this regulation shall operate in relation to any aircraft departing from any aerodrome specified by the Secretary of State for a destination outside the United Kingdom— [...]</p> <p>(c) the authorised officer may require any part of the aircraft which in his opinion may be infected to be cleansed and disinfected to his satisfaction;</p> <p>(d) an authorised officer shall inspect any clothing, bedding or other article which is on, or is intended to be taken by any person on the aircraft and which, in the opinion of the officer, may have been exposed to infection and may require the disinfection or destruction of any such clothing, bedding or article, and the commander shall disclose to the authorised officer any relevant circumstances;</p> <p>(e) no person shall take or cause to be taken on board the aircraft any article which, in the opinion of an authorised officer, is capable of carrying infection, unless that officer is satisfied that it has been efficiently disinfected and, where necessary, disinfected;</p> <p>(f) if the aerodrome is situated in an area which is included in the said notice in the London Gazette and is therein declared to be infected with plague, and if there is reason to believe that there are rodents on the aircraft, the authorised officer may, and if so required by the Secretary of State shall, take steps to secure the deratting of the aircraft.</p>		

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	<p><b>29</b> Every person to whom these regulations apply shall comply with every direction, requirement or condition given, made or imposed by an authorised officer or customs officer under these regulations, and shall furnish all such information as that officer may reasonably require (including information as to his name and intended destination and address to which he is going on leaving an aerodrome) and every person who has for the time being the custody or charge of a child or other person who is under disability shall comply with any direction, requirement, or condition so given, made or imposed, and shall furnish all such information as aforesaid, in respect of that child or other person.</p> <p><b>30(1)</b> Where these regulations permit a medical officer to place a person under surveillance, the period of such surveillance shall not exceed such of the following periods as may be appropriate:--</p> <ul style="list-style-type: none"> <li>(a) in respect of plague, six days;</li> <li>(b) in respect of cholera, five days;</li> <li>(c) in respect of yellow fever, six days;</li> <li>(d) in respect of smallpox, fourteen days;</li> <li>(e) in respect of lassa fever, viral haemorrhagic fever or marburg disease, twenty-one days.</li> </ul> <p><b>30(2)</b> Where a person has been so placed under surveillance for plague, cholera, smallpox, lassa fever, viral haemorrhagic fever or marburg disease under regulation 20 by reason of his having come from an infected area, the period shall be reckoned from the date of his leaving the infected area.</p> <p><b>30(3)</b> When a person has been so placed under surveillance pursuant to the additional measures,</p>		

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	<p>the period shall be reckoned in the manner therein specified.</p> <p><b>31</b> Every person who is placed under surveillance under these regulations shall—[...] (d) if so instructed by the medical officer, report immediately to the medical officer for any area in which he may be during the period of surveillance, and thereafter during that period report to that officer at such intervals as he may require: Provided that an instruction shall not be given under this sub-paragraph unless the Secretary of State has by direction (whether general or special) authorised the giving of instructions there under.</p> <p><b>36(1)</b> The commander of an aircraft on arrival, or already at an aerodrome, who is unwilling to comply with, or submit to, any provisions of, or requirement made under, these regulations which may be applicable shall so notify the authorised officer, and the authorised officer may then require the commander to remove the aircraft immediately from the aerodrome.</p> <p><b>36(2)</b> If before leaving the aerodrome the commander wishes to discharge cargo or disembark passengers or to take on board fuel, water or stores, the authorised officer shall permit him to do so but may impose such conditions under these regulations as the authorised officer considers necessary.</p> <p><b>36(3)</b> When the authorised officer has required the removal of an aircraft from the aerodrome, it shall not during its voyage alight at any other place in England or Wales.</p>		

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	<p><b>Public Health (International Trains) Regulations 1994</b>, S.I. 1994/311.</p> <p><b>8(1)</b> Where the train manager of an international train whose journey terminates in the United Kingdom (or if he is not on board, the most senior member of the crew) becomes aware during the journey that there is on board a sick traveller, on or before arrival at the next stopping place he shall arrange for the enforcement authority for that stopping place to be provided—</p> <p>(a) if the sick traveller is still on board the train, with details of the sick traveller's presence and whereabouts;</p> <p>(b) if the sick traveller is no longer on board the train, with details of the circumstances in which—</p> <p>(i) the sick traveller was identified as a sick traveller, and</p> <p>(ii) the sick traveller alighted from or was removed from the train,</p> <p>unless he has already reported those details to the enforcement authority at another stopping place.</p> <p><b>8(2)</b> The enforcement authority at the stopping place notified in accordance with paragraph (1) may require the disinfestation or decontamination in such a manner and within such a time as they may reasonably determine, of—</p> <p>(a) any article on board the train; or</p> <p>(b) any rolling stock,</p> <p>which the enforcement authority considers may be infested or contaminated.</p> <p><b>8(3)</b> An enforcement authority may require any or</p>		

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	<p>all of the measures which may be required under paragraph (2) to be undertaken elsewhere at—</p> <ul style="list-style-type: none"> <li>(a) a designated customs approved area; or</li> <li>(b) a designated shuttle control area, if the enforcement authority for that area (if different) agrees.</li> </ul> <p><b>8(4)</b> The enforcement authority for an area referred to in paragraph (3)(a) or (b) may require such additional measures to be undertaken to disinfest or decontaminate the train or its contents as in their opinion are necessary.</p> <p><b>8(5)</b> For the avoidance of doubt, arrangements made in accordance with paragraph (1) may include arrangements whereby a train operator employee who is not on board the train contacts the relevant enforcement authority.</p> <hr/> <p><b>Public Health (Ships) Regulations 1979, S.I. 1979/1435.</b></p> <p><b>5</b> For the purposes of these regulations a health authority may, and if so required by the Secretary of State, shall—[...]</p> <ul style="list-style-type: none"> <li>(c) provide or arrange for the provision of--</li> <li>(i) premises or waiting rooms for the medical inspection and examination of persons;</li> <li>(ii) premises for the temporary isolation of persons under these regulations;</li> <li>(iii) apparatus or other means for cleansing, disinfecting or disinsecting ships, persons or clothing and other articles;</li> <li>(d) arrange for the reception into a hospital of</li> </ul>		



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	<p>persons requiring to be removed thereto under these regulations;</p> <p>(e) arrange for the provision of means of transport for the conveyance of persons to any premises referred to in paragraph (c) of this regulation, or to a hospital;</p> <p>(f) do all such other things as in their opinion or the opinion of the Secretary of State, as the case may be, are necessary to enable the provisions of these regulations to be complied with.</p> <p><b>6(1)</b> The authorised officer for every district shall from time to time prepare and keep up to date a list of ports and other areas which are infected or believed to be infected with a disease subject to the International Health Regulations or which may serve other places or areas so infected or believed to be so infected.</p> <p><b>6(2)</b> The authorised officer shall supply copies of every such list and any amendment thereof to the pilots and customs officers employed in the district.</p> <p><b>6(3)</b> In preparing and amending such list the authorised officer shall take into account all information sent to him from time to time by the Secretary of State or issued by the World Health Organisation.</p> <p><b>8</b> Any authorised officer may for the purposes of these regulations require a ship on arrival or already in the district to be brought to, and if necessary moored or anchored at, some safe and convenient place for the purpose of medical inspection.</p>		

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	<p><b>9(2)</b> An authorised officer may--</p> <p>(a) detain any such person for such examination either upon the ship or at some place on shore appointed for the purpose;</p> <p>(b) require the clothing and other articles belonging to any person so examined to be disinfected and, where necessary, disinfected, and any person found to be verminous to be disinfected;</p> <p>(c) except as provided in regulation 31, prohibit any person so examined from leaving the ship, or permit him to leave it on such conditions and subject to the taking of such measures, under these regulations, as the authorised officer considers reasonably necessary for preventing the spread of infection; and</p> <p>(d) require the master to take or assist in taking such steps as in the opinion of the authorised officer are reasonably necessary for preventing the spread of infection, for disinsection and the destruction of vermin, and for the removal of conditions on the ship likely to convey infection, including conditions the existence of which might facilitate the harbouring of insects or vermin.</p> <p><b>9(4)</b> A customs officer or other authorised officer may detain until the arrival of the medical officer or for three hours, whichever is the shorter period, any such person who has been required to produce [a valid International Vaccination Certificate] and is unable to do so.</p> <p><b>9(6)</b> The powers conferred by paragraphs (3), (4) and (5) of this regulation shall not be exercised in respect of any person on board a ship arriving from an excepted port unless the Secretary of State has</p>		

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	<p>directed, or the medical officer is satisfied and has so informed the customs officer, that the exercise of this power is necessary on account of danger to public health.</p> <p><b>9(7)</b> The medical officer or customs officer shall immediately notify the health authority of any directions given to him by the Secretary of State under this regulation.</p> <p><b>9(8)</b> Nothing in this regulation shall be deemed to authorise the use of a ship for the isolation of a person who is suffering from, or had been exposed to infection from, an infectious disease unless such isolation can be effected without delaying or unduly interfering with the movements of the ship.</p> <p><b>10(1)</b> Where there is, or the medical officer suspects that there is, on board a ship on arrival or already in the district a person suffering from an infectious disease or tuberculosis, the medical officer may--</p> <p>(a) in the case of an infectious disease, cause such person to be removed from the ship and isolated or sent to a hospital or to some other suitable place approved for that purpose by the health authority, as may be appropriate; or, except as provided in regulation 31, the medical officer may, by notice in writing to the master, prohibit the removal of the person or his disembarking from the ship without the consent in writing of the medical officer;</p> <p>(b) in the case of tuberculosis, if the person disembarks, send information to that effect to the medical officer for the area in which the intended destination and address of the person is situated.</p>		

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	<p><b>10(2)</b> Where the Secretary of State is satisfied that a grave danger to public health exists by reason of infectious disease and notifies medical officers accordingly, the medical officer, if the Secretary of State so directs, shall require a person disembarking from a ship to state in writing his name and intended destination and address.</p> <p><b>12</b> An authorised officer may, when he is satisfied by information received by radio from a ship from a foreign port before arrival in his district, or by any other information, that the arrival of the ship will not result in or contribute towards the spread of infectious disease, transmit free pratique to the master by radio or otherwise.</p> <p><b>17(1)</b> Where the authorised officer so directs, or where the master is required to make a report in accordance with regulation 13(1)(a), (b) or (c), no person, other than the pilot, a customs officer or an immigration officer, shall, without the permission of the authorised officer, board or leave a ship until free pratique has been granted, and the master shall take all reasonable steps to secure compliance with this provision.</p> <p><b>17(2)</b> Before granting permission to a person to leave the ship, the authorised officer may require him to state his name and his intended destination and address, and to give any other information which the authorised officer may think necessary for transmission to the medical officer for the area in which the intended destination of the person is situated.</p>		

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	<p><b>17(3)</b> If such a person cannot state his intended destination and address or arrives, within a period, not exceeding fourteen days after landing, to be specified to him by the authorised officer, at an address other than that which he has so stated, he shall immediately after his arrival at that address send particulars thereof to the authorised officer of the port where he left the ship.</p> <p><b>21(1)</b> On the arrival of an infected ship or a suspected ship, or any other ship on which there has been, during its current voyage and within the last four weeks before arrival, a case of a disease subject to the International Health Regulations in respect of which the ship has not, outside the United Kingdom, been subjected to appropriate measures equivalent to those provided for in these regulations, the master shall take it to a mooring station unless an authorised officer otherwise allows or directs.</p> <p><b>21(2)</b> When the authorised officer has reason to believe that a ship on arrival may be one to which paragraph (1) of this regulation applies, he may direct the master to take it to a mooring station or to such other place as he considers desirable.</p> <p><b>27</b> The detention of a ship by a customs officer under these regulations shall cease as soon as the ship has been inspected by the medical officer or, if such inspection has not commenced within twelve hours after the ship has been so detained, on the expiration of that period:  Provided that nothing in this regulation shall affect the power of the authorised officer to continue the detention of a ship under regulation 28.</p>		

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	<p><b>28(1)</b> The medical officer shall inspect any ship and the persons on board as soon as possible after it has been taken or directed to a mooring station or after it has been detained under these regulations.</p> <p><b>28(2)</b> If the ship is one to which the authorised officer is required to apply any further measure under these regulations or additional measures in schedule 4, or if after such inspection he considers it necessary to apply any such further or additional measures he may detain the ship at the mooring station or at such other place as he considers desirable, or continue the detention, as the case may be, if such detention or continued detention is necessary for the application of such further or additional measures.</p> <p><b>30</b> On the arrival of a ship the medical officer may place under surveillance for the appropriate period specified in regulation 36(1)--  (a) any person disembarking from the ship who has come from an infected area other than an area infected with yellow fever or plague; and  (b) any suspect disembarking from the ship who has come from an area infected with yellow fever, plague, lassa fever, viral haemorrhagic fever or marburg disease.</p> <p><b>31</b> The medical officer shall, if so required by the master of a ship on arrival, cause any infected person to be removed from the ship.</p> <p><b>32</b> Without prejudice to any other provision in these regulations the additional measures in schedule 4 shall be applicable on the arrival of--</p>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p>(a) any infected ship or suspected ship;  (b) any ship which has during its voyage been in an area infected with plague, cholera, yellow fever, lassa fever, rabies, vital haemorrhagic fever of marburg disease;  (c) any suspect for smallpox on a ship other than an infected ship;  (d) any other ship when the medical officer is satisfied that, notwithstanding that measures equivalent to such additional measures have been applied to the ship or any person on board at a previous port during its voyage, there is on board or has been on board since such previous application an infected person or suspect and that it is necessary again to apply any such measure, or the medical officer has evidence that such previous application was not effective.  <i>[Note : See Appendix 4 of this Compendium for Schedule 4].</i></p> <p><b>33</b> Where a ship is due to depart for a destination, whether final or intermediate, outside the United Kingdom, the medical officer-</p> <p>(a) may examine any person who proposes to embark thereon if he has reasonable grounds for believing him to be suffering from a disease subject to the International Health Regulations or from lassa fever, viral haemorrhagic fever or marburg disease and, if after examination the medical officer is of the opinion that he shows symptoms of such a disease, shall prohibit his embarkation and the time and place of this examination shall be arranged to take into account any other formalities and to avoid delay;  (b) shall prohibit any suspect from embarking thereon:</p>		

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	<p>Provided that in the case of smallpox a person shall not be prohibited from embarking if he satisfies the medical officer that he is sufficiently protected by vaccination or by a previous attack of smallpox; [...]</p> <p>(d) notwithstanding the provisions of subparagraph (b) of this regulation may allow a person on an international voyage who, on arrival, was placed under surveillance to continue his voyage. The medical officer shall notify by the most expeditious means the health authority for the place to which the person is proceeding that such a person should, in the opinion of the medical officer, be placed under surveillance.</p> <p><b>34</b> Where the Secretary of State has, by notice published in the London Gazette, declared any place to be infected with a disease subject to the International Health Regulations or with any other disease which in his opinion constitutes a menace to other countries by reason of its spread or potential spread, then, until the notice is revoked by a subsequent notice published in the London Gazette, every medical officer shall comply with any requirement which may be made by the Secretary of State for preventing the spread of the disease, and in particular (but without prejudice to the generality of the foregoing provision) the following provisions of this regulation shall operate in relation to any ship departing from any district specified by the Secretary of State for a destination, whether final or intermediate, outside the United Kingdom:--</p> <p>(c) the authorised officer may require any part of the ship which in his opinion may be infected to be cleansed and disinfected to his satisfaction;</p>		



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	<p>(d) an authorised officer shall inspect any clothing, bedding or other article which is on, or is intended to be taken by any person on the ship and which, in the opinion of the officer, may have been exposed to infection and may require the disinfection or destruction of any such clothing, bedding or article, and the master shall disclose to the authorised officer any relevant circumstances;</p> <p>(e) no person shall take or cause to be taken on board the ship any article which, in the opinion of an authorised officer, is capable of carrying infection unless that officer is satisfied that it has been efficiently disinfected and, where necessary, disinfected; [...].</p> <p><b>35</b> Every person to whom these regulations apply shall comply with every direction, requirement or condition given, made or imposed by an authorised officer or customs officer under these regulations, and shall furnish all such information as that officer may reasonably require (including information as to his name and intended destination and address to which he is going on leaving a ship), and every person who has for the time being the custody or charge of a child or other person who is under disability shall comply with any direction, requirement or condition so given, made or imposed, and shall furnish all such information as aforesaid in respect of that child or other person.</p> <p><b>36(1)</b> Where these regulations permit a medical officer to place a person under surveillance, the period of such surveillance shall not exceed such of the following periods as may be appropriate:--</p> <p>(a) in respect of plague, six days;</p>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p>(b) in respect of cholera, five days;  (c) in respect of yellow fever, six days;  (d) in respect of small pox, fourteen days;  (e) in respect of lassa fever, viral haemorrhagic fever, or marburg disease, twenty-one days.</p> <p><b>36(2)</b> Where a person has been so placed under surveillance for plague, cholera, smallpox, lassa fever, viral haemorrhagic fever or marburg disease under regulation 30 by reason of his having come from an infected area, the period shall be reckoned from the date of his leaving the infected area.</p> <p><b>36(3)</b> When a person has been so placed under surveillance under the additional measures in schedule 4, the period shall be reckoned in the manner therein specified.</p> <p><b>37</b> Every person who is placed under surveillance under these regulations shall-- [...]  (c) forthwith upon arrival during the period of surveillance at any address other than the one stated as his intended address when placed under surveillance, send particulars of that address to the medical officer;  (d) if so instructed by the medical officer, report immediately to the medical officer for any area in which he may be during the period of surveillance, and thereafter during that period report to that officer at such intervals as he may require:  Provided that an instruction shall not be given under this sub-paragraph unless the Secretary of State has by direction (whether general or special) authorised the giving of instructions there under.</p>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p><b>42(1)</b> The master of a ship on arrival, or already in a district, who is unwilling to comply with, or submit to, any provision of, or requirement made, under these regulations which may be applicable shall notify the authorised officer, and the authorised officer may then require the master to remove the ship immediately from the district.</p> <p><b>42(2)</b> If before leaving the district the master wishes to discharge cargo or disembark passengers or to take on board fuel, water or stores, the authorised officer shall permit him to do so, but may impose such conditions under these regulations as the authorised officer considers necessary.</p> <p><b>42(3)</b> When the authorised officer has required the removal of a ship from the district, it shall not, during its voyage, call at any other district.</p>		<p><b>Public Health (Ships) Regulations 1979, S.I. 1979/1435.</b></p> <p><b>42(1)</b> The master of a ship on arrival, or already in a district, who is unwilling to comply with, or submit to, any provision of, or requirement made, under these regulations which may be applicable shall notify the authorised officer, and the authorised officer may then require the master to remove the ship immediately from the district.</p> <p><b>42(3)</b> When the authorised officer has required the removal of a ship from the district, it shall not, during its voyage, call at any other district.</p>

## UNITED STATES

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
<p><b>Immigration and Nationality Act</b>, 8 U.S.C. §1222 (2005).</p> <p><b>1222</b> Detention of aliens for physical and mental examination            (a) Detention of aliens            For the purpose of determining whether aliens (including alien crewmen) arriving at ports of the United States belong to any of the classes inadmissible under this chapter, by reason of being afflicted with any of the diseases or mental or physical defects or disabilities set forth in section 1182 (a) of this title, or whenever the Attorney General has received information showing that any aliens are coming from a country or have embarked at a place where any of such diseases are prevalent or epidemic, such aliens shall be detained by the Attorney General for a sufficient time to enable the immigration officers and medical officers to subject such aliens to observation and an examination sufficient to determine whether or not they belong to inadmissible classes.            (b) Physical and mental examination            The physical and mental examination of arriving aliens (including alien crewmen) shall be made by medical officers of the United States Public Health Service, who shall conduct all medical examinations and shall certify, for the information of the immigration officers and the immigration judges, any physical and mental defect or disease observed by such medical officers in any such alien. If medical officers of the United States</p>	<p><b>Immigration and Nationality Act</b>, 8 U.S.C. §1182 et seq. (2005).</p> <p><b>1182</b> (a) Classes of aliens ineligible for visas or admission. Except as otherwise provided in this chapter, aliens who are inadmissible under the following paragraphs are ineligible to receive visas and ineligible to be admitted to the United States:            (1) Health-related grounds            (A) In general. Any alien—            (i) who is determined (in accordance with regulations prescribed by the Secretary of Health and Human Services) to have a communicable disease of public health significance, which shall include infection with the etiologic agent for acquired immune deficiency syndrome,            (ii) except as provided in subparagraph (C), who seeks admission as an immigrant, or who seeks adjustment of status to the status of an alien lawfully admitted for permanent residence, and who has failed to present documentation of having received vaccination against vaccine-preventable diseases, which shall include at least the following diseases: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B and hepatitis B, and any other vaccinations against vaccine-preventable diseases recommended by the Advisory Committee for Immunization Practices,</p>	<p><b>Social Security Act</b>, 42 U.S.C. §1396s (2005).</p> <p><b>1396s</b> (a) Establishment of program            (1) In general. In order to meet the requirement of section 1396a (a)(62) of this title, each State shall establish a pediatric vaccine distribution program (which may be administered by the State department of health), consistent with the requirements of this section, under which—            (A) each vaccine-eligible child (as defined in subsection (b) of this section), in receiving an immunization with a qualified pediatric vaccine (as defined in subsection (h)(8) of this section) from a program-registered provider (as defined in subsection (c) of this section) on or after October 1, 1994, is entitled to receive the immunization without charge for the cost of such vaccine; and            (B) (i) each program-registered provider who administers such a pediatric vaccine to a vaccine-eligible child on or after such date is entitled to receive such vaccine under the program without charge either for the vaccine or its delivery to the provider, and            (ii) no vaccine is distributed under the program to a provider unless the provider is a program-registered provider.            (2) Delivery of sufficient quantities of pediatric vaccines to immunize federally vaccine-eligible children</p>	<p><b>42 C.F.R.</b> §34.3 (2005) (Medical Examination of Aliens).</p> <p><b>34.3</b> (d) Failure to present records. When a determination of admissibility is to be made at the U.S. port of entry, a medical hold document shall be issued pending completion of any necessary examination procedures. A medical hold document may be issued for aliens who:            (1) Are not in possession of a valid medical notification, if required;            (2) Have a medical notification which is incomplete;            (3) Have a medical notification which is not written in English;            (4) Are suspected to have an excludable medical condition.</p> <hr/> <p><b>Public Health Service Act</b>, 42 U.S.C. §271 (2005).</p> <p><b>271</b> (a) Penalties for persons violating quarantine laws. Any person who violates any regulation prescribed under sections 264 to 266 of this title, or any provision of section 269 of this title or any regulation prescribed thereunder, or who enters or departs from the limits of any quarantine station, ground, or anchorage in disregard of quarantine rules and regulations or without permission of the quarantine officer in charge, shall be punished by a fine of not more than \$1,000 or by imprisonment</p>

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<p>alien. If medical officers of the United States Public Health Service are not available, civil surgeons of not less than four years' professional experience may be employed for such service upon such terms as may be prescribed by the Attorney General. Aliens (including alien crewmen) arriving at ports of the United States shall be examined by at least one such medical officer or civil surgeon under such administrative regulations as the Attorney General may prescribe, and under medical regulations prepared by the Secretary of Health and Human Services. Medical officers of the United States Public Health Service who have had special training in the diagnosis of insanity and mental defects shall be detailed for duty or employed at such ports of entry as the Attorney General may designate, and such medical officers shall be provided with suitable facilities for the detention and examination of all arriving aliens who it is suspected may be inadmissible under paragraph (1) of section 1182 (a) of this title, and the services of interpreters shall be provided for such examination. Any alien certified under paragraph (1) of section 1182 (a) of this title, may appeal to a board of medical officers of the United States Public Health Service, which shall be convened by the Secretary of Health and Human Services, and any such alien may introduce before such board one expert medical witness at his own cost and expense.</p> <hr/> <p><b>Public Health Service Act</b>, 42 U.S.C. § 252 et seq. (2005).</p> <p><b>252</b> The Surgeon General shall provide for</p>	<p>[...] is inadmissible. [...].</p> <p>(C) Exception from immunization requirement for adopted children 10 years of age or younger Clause (ii) of subparagraph (A) shall not apply to a child who—</p> <ul style="list-style-type: none"> <li>(i) is 10 years of age or younger,</li> <li>(ii) is described in section 1101 (b)(1)(F) of this title, and</li> <li>(iii) is seeking an immigrant visa as an immediate relative under section 1151 (b) of this title,</li> </ul> <p>if, prior to the admission of the child, an adoptive parent or prospective adoptive parent of the child, who has sponsored the child for admission as an immediate relative, has executed an affidavit stating that the parent is aware of the provisions of subparagraph (A)(ii) and will ensure that, within 30 days of the child's admission, or at the earliest time that is medically appropriate, the child will receive the vaccinations identified in such subparagraph.</p> <p><b>1222</b> (a) Detention of aliens. For the purpose of determining whether aliens (including alien crewmen) arriving at ports of the United States belong to any of the classes inadmissible under this chapter, by reason of being afflicted with any of the diseases or mental or physical defects or disabilities set forth in section 1182 (a) of this title, or whenever the Attorney General has received information showing that any aliens are coming from a country or have embarked at a place where any of such diseases are prevalent or epidemic</p>	<p>(A) In general. The Secretary shall provide under subsection (d) of this section for the purchase and delivery on behalf of each State meeting the requirement of section 1396a (a)(62) of this title (or, with respect to vaccines administered by an Indian tribe or tribal organization to Indian children, directly to the tribe or organization), without charge to the State, of such quantities of qualified pediatric vaccines as may be necessary for the administration of such vaccines to all federally vaccine-eligible children in the State on or after October 1, 1994. This paragraph constitutes budget authority in advance of appropriations Acts, and represents the obligation of the Federal Government to provide for the purchase and delivery to States of the vaccines (or payment under subparagraph (C)) in accordance with this paragraph.</p> <p>(B) Special rules where vaccine is unavailable. To the extent that a sufficient quantity of a vaccine is not available for purchase or delivery under subsection (d) of this section, the Secretary shall provide for the purchase and delivery of the available vaccine in accordance with priorities established by the Secretary, with priority given to federally vaccine-eligible children unless the Secretary finds there are other public health considerations.</p> <p>(C) Special rules where State is a manufacturer</p> <ul style="list-style-type: none"> <li>(i) Payments in lieu of vaccines In the case of a State that manufactures a pediatric vaccine the Secretary, instead of</li> </ul>	<p>fine of not more than \$1,000 or by imprisonment for not more than one year, or both.</p> <p><b>271</b> (b) Penalties for vessels violating quarantine laws. Any vessel which violates section 269 of this title, or any regulations thereunder or under section 267 of this title, or which enters within or departs from the limits of any quarantine station, ground, or anchorage in disregard of the quarantine rules and regulations or without permission of the officer in charge, shall forfeit to the United States not more than \$5,000, the amount to be determined by the court, which shall be a lien on such vessel, to be recovered by proceedings in the proper district court of the United States. In all such proceedings the United States attorney shall appear on behalf of the United States; and all such proceedings shall be conducted in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws of the United States.</p> <p><b>271</b> (c) Remittance or mitigation of forfeitures. With the approval of the Secretary, the Surgeon General may, upon application therefor, remit or mitigate any forfeiture provided for under subsection (b) of this section, and he shall have authority to ascertain the facts upon all such applications.</p> <hr/>

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<p>making, at places within the United States or in other countries, such physical and mental examinations of aliens as are required by the immigration laws, subject to administrative regulations prescribed by the Attorney General and medical regulations prescribed by the Surgeon General with the approval of the Secretary.</p> <p><b>264</b> (d) Apprehension and examination of persons reasonably believed to be infected  (1) Regulations prescribed under this section may provide for the apprehension and examination of any individual reasonably believed to be infected with a communicable disease in a qualifying stage and  (A) to be moving or about to move from a State to another State; or  (B) to be a probable source of infection to individuals who, while infected with such disease in a qualifying stage, will be moving from a State to another State. Such regulations may provide that if upon examination any such individual is found to be infected, he may be detained for such time and in such manner as may be reasonably necessary. For purposes of this subsection, the term “State” includes, in addition to the several States, only the District of Columbia.</p> <hr/> <p><b>42 C.F.R.</b> §34.3 (2005) (Medical Examination of Aliens).</p> <p><b>34.3</b> (a) General. In performing examinations, medical examiners shall consider those matters that relate to:</p>	<p>any of such diseases are prevalent or epidemic, such aliens shall be detained by the Attorney General for a sufficient time to enable the immigration officers and medical officers to subject such aliens to observation and an examination sufficient to determine whether or not they belong to inadmissible classes.</p> <hr/> <p><b>Public Health Service Act</b>, 42 U.S.C. §264 (2005).</p> <p><b>264</b> (a) Promulgation and enforcement by Surgeon General. The Surgeon General, with the approval of the Secretary, is authorized to make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession. For purposes of carrying out and enforcing such regulations, the Surgeon General may provide for such inspection, fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings, and other measures, as in his judgment may be necessary.</p> <p><b>264</b> (b) Apprehension, detention, or conditional release of individuals. Regulations prescribed under this section shall not provide for the apprehension, detention, or conditional release of individuals except for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from</p>	<p>providing the vaccine on behalf of a State under subparagraph (A), shall provide to the State an amount equal to the value of the quantity of such vaccine that otherwise would have been delivered on behalf of the State under such subparagraph, but only if the State agrees that such payments will only be used for purposes relating to pediatric immunizations. [...]</p> <p><b>1396s</b> (e) Use of pediatric vaccines list. The Secretary shall use, for the purpose of the purchase, delivery, and administration of pediatric vaccines under this section, the list established (and periodically reviewed and as appropriate revised) by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).</p> <hr/> <p><b>42 C.F.R.</b> §70.9 (2005) (Interstate Quarantine)</p> <p><b>70.9</b> (a) The Director may establish vaccination clinics, through contract or otherwise, authorized to administer vaccines and/or other prophylaxis. <i>[Note: the regulation provides for the administration of Fluarix, from 1/25/05, for a period of one year].</i></p>	

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<p>(1) A communicable disease of public health significance; [...].</p> <p>(b) Persons subject to requirement for chest X-ray examination and serologic testing. (1) Except as provided in paragraph (b)(1)(v) of this section, a chest X-ray examination, serologic testing for syphilis and serologic testing for HIV of persons 15 years of age and older shall be required as part of the examination of:</p> <p>(i) Applicants for immigrant visas;</p> <p>(ii) Students, exchange visitors, and other applicants for a nonimmigrant visa who are required by a consular authority to have a medical examination;</p> <p>(iii) Aliens outside the United States who apply for refugee status;</p> <p>(iv) Applicants in the United States who apply for adjustment of status under the immigration statute and regulations;</p> <p>(v) Exceptions. Neither a chest X-ray examination nor serologic testing for syphilis and HIV shall be required if the alien is under the age of 15. Provided, a tuberculin skin test shall be required if there is evidence of contact with a person known to have tuberculosis or other reason to suspect tuberculosis, and a chest X-ray examination shall be required in the event of a positive tuberculin reaction, and serologic testing where there is reason to suspect infection with syphilis or HIV. Additional exceptions to the requirement for a chest X-ray examination may be authorized for good cause upon application approved by the Director.</p>	<p>time to time in Executive orders of the President upon the recommendation of the Secretary, in consultation with the Surgeon General,<sup>[1]</sup>.</p> <p>(c) Application of regulations to persons entering from foreign countries. Except as provided in subsection (d) of this section, regulations prescribed under this section, insofar as they provide for the apprehension, detention, examination, or conditional release of individuals, shall be applicable only to individuals coming into a State or possession from a foreign country or a possession.</p> <hr/> <p><b>42 C.F.R. §34.7 (2005) (Medical Examination of Aliens).</b></p> <p><b>34.7 (a)</b> An alien detained by or in the custody of the INS may be provided medical, surgical, psychiatric, or dental care by the Public Health Service through interagency agreements under which the INS shall reimburse the Public Health Service. Aliens found to be in need of emergency care in the course of medical examination shall be treated to the extent deemed practical by the attending physician and if considered to be in need of further care, may be referred to the INS along with the physician's recommendations concerning such further care.</p> <hr/> <p><b>42 C.F.R. §70.3 (2005) (Interstate Quarantine).</b></p> <p><b>70.3</b> A person who has a communicable disease in the communicable period shall not travel from one State or possession to another without a</p>		

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<p>(2) Tuberculin skin test examination. (i) All aliens 2 years of age or older in the United States who apply for adjustment of status to permanent residents, under the immigration laws and regulations, or other aliens in the United States who are required by the INS to have a medical examination in connection with a determination of their admissibility, shall be required to have a tuberculin skin test. Exceptions to this requirement may be authorized for good cause upon application approved by the Director. In the event of a positive tuberculin reaction, a chest X-ray examination shall be required. If the chest radiograph is consistent with tuberculosis, the alien shall be referred to the local health authority for evaluation. Evidence of this evaluation shall be provided to the civil surgeon before a medical notification may be issued.</p> <p>(ii) Aliens less than 2 years old shall be required to have a tuberculin skin test if there is evidence of contact with a person known to have tuberculosis or other reason to suspect tuberculosis. In the event of a positive tuberculin reaction, a chest X-ray examination shall be required. If the chest radiograph is consistent with tuberculosis, the alien shall be referred to the local health authority for evaluation. Evidence of this evaluation shall be provided to the civil surgeon before a medical notification may be issued.</p> <p>(3) Sputum smear examination. All aliens subject to the chest X-ray examination requirement and for whom the radiograph shows an abnormality consistent with</p>	<p>permit from the health officer of the State, possession, or locality of destination, if such permit is required under the law applicable to the place of destination. Stop-overs other than those necessary for transportation connections shall be considered as places of destination.</p> <hr/> <p><b>Public Health Service Act</b>, 42 U.S.C. §265 et seq. (2005).</p> <p><b>265</b> Whenever the Surgeon General determines that by reason of the existence of any communicable disease in a foreign country there is serious danger of the introduction of such disease into the United States, and that this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce such persons and property is required in the interest of the public health, the Surgeon General, in accordance with regulations approved by the President, shall have the power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate in order to avert such danger, and for such period of time as he may deem necessary for such purpose.</p> <p><b>269</b> (a) Detail of medical officer; conditions precedent to issuance; consular officer to receive fees. Except as otherwise prescribed in regulations, any vessel at any foreign port or place clearing or departing for any port or place in a State or possession shall be required to obtain from the consular officer of the United States or from the</p>		



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<p>pulmonary tuberculosis shall be required to have a sputum smear examination for acid-fast bacilli.</p>	<p>Public Health Service officer, or other medical officer of the United States designated by the Surgeon General, at the port or place of departure, a bill of health in duplicate, in the form prescribed by the Surgeon General. The President, from time to time, shall specify the ports at which a medical officer shall be stationed for this purpose. Such bill of health shall set forth the sanitary history and condition of said vessel, and shall state that it has in all respects complied with the regulations prescribed pursuant to subsection (c) of this section. Before granting such duplicate bill of health, such consular or medical officer shall be satisfied that the matters and things therein stated are true. The consular officer shall be entitled to demand and receive the fees for bills of health and such fees shall be established by regulation.</p> <p><b>269 (b)</b> Collectors of customs to receive originals; duplicate copies as part of ship's papers. Original bills of health shall be delivered to the collectors of customs at the port of entry. Duplicate copies of such bills of health shall be delivered at the time of inspection to quarantine officers at such port. The bills of health herein prescribed shall be considered as part of the ship's papers, and when duly certified to by the proper consular or other officer of the United States, over his official signature and seal, shall be accepted as evidence of the statements therein contained in any court of the United States.</p> <p><b>269 (c)</b> Regulations to secure sanitary conditions of vessels. The Surgeon General shall from time to time prescribe regulations, applicable to vessels referred to in subsection (a) of this section for the</p>		

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	<p>purpose of preventing the introduction into the States or possessions of the United States of any communicable disease by securing the best sanitary condition of such vessels, their cargoes, passengers, and crews. Such regulations shall be observed by such vessels prior to departure, during the course of the voyage, and also during inspection, disinfection, or other quarantine procedure upon arrival at any United States quarantine station.</p> <p><b>269 (d)</b> Vessels from ports near frontier. The provisions of subsections (a) and (b) of this section shall not apply to vessels plying between such foreign ports on or near the frontiers of the United States and ports of the United States as are designated by treaty.</p> <p><b>269 (e)</b> Compliance with regulations. It shall be unlawful for any vessel to enter any port in any State or possession of the United States to discharge its cargo, or land its passengers, except upon a certificate of the quarantine officer that regulations prescribed under subsection (c) of this section have in all respects been complied with by such officer, the vessel, and its master. The master of every such vessel shall deliver such certificate to the collector of customs at the port of entry, together with the original bill of health and other papers of the vessel. The certificate required by this subsection shall be procurable from the quarantine officer, upon arrival of the vessel at the quarantine station and satisfactory inspection thereof, at any time within which quarantine services are performed at such station.</p>		

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	<p><b>42 C.F.R. §70.4 et seq. (2005) (Interstate Quarantine).</b></p> <p><b>70.4</b> The master of any vessel or person in charge of any conveyance engaged in interstate traffic, on which a case or suspected case of a communicable disease develops shall, as soon as practicable, notify the local health authority at the next port of call, station, or stop, and shall take such measures to prevent the spread of the disease as the local health authority directs.</p> <p><b>70.6</b> Regulations prescribed in this part authorize the detention, isolation, quarantine, or conditional release of individuals, for the purpose of preventing the introduction, transmission, and spread of the communicable diseases listed in an Executive Order setting out a list of quarantinable communicable diseases, as provided under section 361(b) of the Public Health Service Act. Executive Order 13295, of April 4, 2003, contains the current revised list of quarantinable communicable diseases, and may be obtained at <a href="http://www.cdc.gov">http://www.cdc.gov</a>, or at <a href="http://www.archives.gov/federal/register">http://www.archives.gov/federal/register</a>. If this Order is amended, HHS will enforce that amended order immediately and update this reference.</p> <p><b>70.7</b> A parent, guardian, physician, nurse, or other such person shall not transport, or procure or furnish transportation for any minor child or ward, patient or other such person who is in the communicable period of a communicable disease,</p>		

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	<p>except in accordance with provisions of this part.</p> <hr/> <p><b>42 C.F.R. §71.31 et seq. (2005) (Foreign Quarantine).</b></p> <p><b>71.31 (a)</b> Upon arrival at a U.S. port, a carrier will not undergo inspection unless the Director determines that a failure to inspect will present a threat of introduction of communicable diseases into the United States, as may exist when the carrier has on board individual(s) reportable in accordance with § 71.21 or meets the circumstances described in § 71.42. Carriers not subject to inspection under this section will be subject to sanitary inspection under § 71.41 of this part.</p> <p><b>71.31 (b)</b> The Director may require detention of a carrier until the completion of the measures outlined in this part that are necessary to prevent the introduction or spread of a communicable disease. The Director may issue a controlled free pratique to the carrier stipulating what measures are to be met, but such issuance does not prevent the periodic boarding of a carrier and the inspection of persons and records to verify that the conditions have been met for granting the pratique.</p> <p><b>71.21 (a)</b> The master of a ship destined for a U.S. port shall report immediately to the quarantine station at or nearest the port at which the ship will arrive, the occurrence, on board, of any death or any ill person among passengers or crew (including those who have disembarked or have been removed) during the</p>		<p><b>42 C.F.R. §71.2 (2005) (Foreign Quarantine).</b></p> <p><b>71.2</b> Any person violating any provision of these regulations shall be subject to a fine of not more than \$ 1,000 or to imprisonment for not more than 1 year, or both, as provided in section 368 of the Public Health Service Act (42 U.S.C. 271).</p>

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	<p>15-day period preceding the date of expected arrival or during the period since departure from a U.S. port (whichever period of time is shorter).</p> <p><b>71.21</b> (b) The commander of an aircraft destined for a U.S. airport shall report immediately to the quarantine station at or nearest the airport at which the aircraft will arrive, the occurrence, on board, of any death or ill person among passengers or crew.</p> <p><b>71.21</b> (c) In addition to paragraph (a) of this section, the master of a ship carrying 13 or more passengers must report by radio 24 hours before arrival the number of cases (including zero) of diarrhea in passengers and crew recorded in the ship's medical log during the current cruise. All cases of diarrhea that occur after the 24 hour report must also be reported not less than 4 hours before arrival.</p> <p><b>71.42</b> When the cargo manifest of a carrier lists articles which may require disinfection under the provisions of this part, the Director shall disinfect them on board or request the appropriate customs officer to keep the articles separated from the other cargo pending appropriate disposition.</p> <p><b>71.32</b> (a) Whenever the Director has reason to believe that any arriving person is infected with or has been exposed to any of the communicable diseases listed in an Executive Order, as provided</p>		

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	<p>under section 361(b) of the Public Health Service Act, he/she may isolate, quarantine, or place the person under surveillance and may order disinfection or disinfestation, fumigation, as he/she considers necessary to prevent the introduction, transmission or spread of the listed communicable diseases. Executive Order 13295, of April 4, 2003, contains the current revised list of quarantinable communicable diseases, and may be obtained at <a href="http://www.cdc.gov">http://www.cdc.gov</a> and <a href="http://www.archives.gov/federal/register">http://www.archives.gov/federal/register</a>. If this Order is amended, HHS will enforce that amended order immediately and update this reference.</p> <p><b>71.32 (b)</b> Whenever the Director has reason to believe that any arriving carrier or article or thing on board the carrier is or may be infected or contaminated with a communicable disease, he/she may require detention, disinfection, disinfestation, fumigation, or other related measures respecting the carrier or article or thing as he/she considers necessary to prevent the introduction, transmission, or spread of communicable diseases.</p> <p><b>71.33 (a)</b> Persons held in isolation under this subpart may be held in facilities suitable for isolation and treatment.</p> <p><b>71.33 (b)</b> The Director may require isolation where surveillance is authorized in this subpart whenever the Director considers the risk of transmission of infection to be exceptionally serious.</p> <p><b>71.33 (c)</b> Every person who is placed under surveillance by authority of this subpart shall, during the period of surveillance:</p>		

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	<p>(1) Give information relative to his/her health and his/her intended destination and report, in person or by telephone, to the local health officer having jurisdiction over the areas to be visited, and report for medical examinations as may be required;</p> <p>(2) Upon arrival at any address other than that stated as the intended destination when placed under surveillance, or prior to departure from the United States, inform, in person or by telephone, the health officer serving the health jurisdiction from which he/she is departing.</p> <p><b>71.33</b> (d) From time to time the Director may, in accordance with section 322 of the Public Health Service Act, enter into agreements with public or private medical or hospital facilities for providing care and treatment for persons detained under this part.</p> <p><b>71.41</b> Carriers arriving at a U.S. port from a foreign area shall be subject to a sanitary inspection to determine whether there exists rodent, insect, or other vermin infestation, contaminated food or water, or other insanitary conditions requiring measures for the prevention of the introduction, transmission, or spread of communicable disease.</p> <p><b>71.48</b> Carriers, on an international voyage, which are in traffic between U.S. ports, shall be subject to inspection as described in §§ 71.31 and 71.41 when there occurs on board, among passengers or crew, any death, or any ill person, or when illness is suspected to be caused by insanitary conditions.</p> <p><b>71.31</b> (a) Upon arrival at a U.S. port, a carrier</p>		

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	<p>will not undergo inspection unless the Director determines that a failure to inspect will present a threat of introduction of communicable diseases into the United States, as may exist when the carrier has on board individual(s) reportable in accordance with § 71.21 or meets the circumstances described in § 71.42. Carriers not subject to inspection under this section will be subject to sanitary inspection under § 71.41 of this part.</p> <p><b>71.31</b> (b) The Director may require detention of a carrier until the completion of the measures outlined in this part that are necessary to prevent the introduction or spread of a communicable disease. The Director may issue a controlled free pratique to the carrier stipulating what measures are to be met, but such issuance does not prevent the periodic boarding of a carrier and the inspection of persons and records to verify that the conditions have been met for granting the pratique.</p> <p><b>71.41</b> Carriers arriving at a U.S. port from a foreign area shall be subject to a sanitary inspection to determine whether there exists rodent, insect, or other vermin infestation, contaminated food or water, or other insanitary conditions requiring measures for the prevention of the introduction, transmission, or spread of communicable disease.</p> <hr/> <p><b>Public Health Service Act</b>, 42 U.S.C. §247b-15 et seq. (2005).</p>		



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	<p><b>247b-15</b> (a) In general. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may (directly and through grants to public and nonprofit private entities) provide for programs to carry out the following:</p> <ul style="list-style-type: none"> <li>(1) To cooperate with the States in implementing a national system to determine the incidence of hepatitis C virus infection (in this section referred to as “HCV infection”) and to assist the States in determining the prevalence of such infection, including the reporting of chronic HCV cases.</li> <li>(2) To identify, counsel, and offer testing to individuals who are at risk of HCV infection as a result of receiving blood transfusions prior to July 1992, or as a result of other risk factors.</li> <li>(3) To provide appropriate referrals for counseling, testing, and medical treatment of individuals identified under paragraph (2) and to ensure, to the extent practicable, the provision of appropriate follow-up services.</li> <li>(4) To develop and disseminate public information and education programs for the detection and control of HCV infection, with priority given to high risk populations as determined by the Secretary.</li> <li>(5) To improve the education, training, and skills of health professionals in the detection and control of HCV infection, with priority given to pediatricians and other primary care physicians, and obstetricians and gynecologists.</li> </ul> <p><b>247b-15</b> (b) Laboratory procedures. The Secretary</p>		

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	<p>may (directly and through grants to public and nonprofit private entities) carry out programs to provide for improvements in the quality of clinical-laboratory procedures regarding hepatitis C, including reducing variability in laboratory results on hepatitis C antibody and PCR testing. [...].</p> <p><b>247b–17</b> (a) Surveillance  (1) In general. The Secretary, acting through the Centers for Disease Control and Prevention, shall—  (A) enter into cooperative agreements with States and other entities to conduct sentinel surveillance or other special studies that would determine the prevalence in various age groups and populations of specific types of human papillomavirus (referred to in this section as “HPV”) in different sites in various regions of the United States, through collection of special specimens for HPV using a variety of laboratory-based testing and diagnostic tools; and  (B) develop and analyze data from the HPV sentinel surveillance system described in subparagraph (A).</p> <p><b>247c</b> (a) Technical assistance to public and nonprofit private entities and scientific institutions. The Secretary may provide technical assistance to appropriate public and nonprofit private entities and to scientific institutions for their research in, and training and public health programs for, the prevention and control of sexually transmitted diseases.</p>		

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	<p><b>247c (b)</b> Research, demonstration, and public information and education projects. The Secretary may make grants to States, political subdivisions of States, and any other public and nonprofit private entity for—</p> <ul style="list-style-type: none"> <li>(1) research into the prevention and control of sexually transmitted diseases;</li> <li>(2) demonstration projects for the prevention and control of sexually transmitted diseases;</li> <li>(3) public information and education programs for the prevention and control of such diseases; and</li> <li>(4) education, training, and clinical skills improvement activities in the prevention and control of such diseases for health professionals (including allied health personnel).</li> </ul> <p><b>247c (c)</b> Project grants to States. The Secretary is also authorized to make project grants to States and, in consultation with the State health authority, to political subdivisions of States, for—</p> <ul style="list-style-type: none"> <li>(1) sexually transmitted diseases surveillance activities, including the reporting, screening, and followup of diagnostic tests for, and diagnosed cases of, sexually transmitted diseases;</li> <li>(2) casefinding and case followup activities respecting sexually transmitted diseases, including contact tracing of infectious cases of sexually transmitted diseases and routine testing, including laboratory tests and followup systems;</li> <li>(3) interstate epidemiologic referral and followup activities respecting sexually</li> </ul>		

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	<p>transmitted diseases; and  (4) such special studies or demonstrations to evaluate or test sexually transmitted diseases prevention and control strategies and activities as may be prescribed by the Secretary.</p> <p><b>247c</b> (f) Consent of individuals. Nothing in this section shall be construed to require any State or any political subdivision of a State to have a sexually transmitted diseases program which would require any person, who objects to any treatment provided under such a program, to be treated under such a program.</p> <p><b>247c-1</b> (a) In general. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States, political subdivisions of States, and other public or nonprofit private entities for the purpose of carrying out the activities described in subsection (c) of this section regarding any treatable sexually transmitted disease that can cause infertility in women if treatment is not received for the disease.</p> <p><b>247c-1</b> (b) Authority regarding individual diseases. With respect to diseases described in subsection (a) of this section, the Secretary shall, in making a grant under such subsection, specify the particular disease or diseases with respect to which the grant is to be made. The Secretary may not make the grant unless the applicant involved agrees to carry out this section only with respect to the disease or diseases so specified.</p> <p><b>247c-1</b> (c) Authorized activities. With respect to</p>		

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	<p>any sexually transmitted disease described in subsection (a) of this section, the activities referred to in such subsection are—</p> <ul style="list-style-type: none"> <li>(1) screening women for the disease and for secondary conditions resulting from the disease, subject to compliance with criteria issued under subsection (f) of this section;</li> <li>(2) providing treatment to women for the disease;</li> <li>(3) providing counseling to women on the prevention and control of the disease (including, in the case of a woman with the disease, counseling on the benefits of locating and providing such counseling to any individual from whom the woman may have contracted the disease and any individual whom the woman may have exposed to the disease);</li> <li>(4) providing follow-up services;</li> <li>(5) referrals for necessary medical services for women screened pursuant to paragraph (1), including referrals for evaluation and treatment with respect to acquired immune deficiency syndrome and other sexually transmitted diseases;</li> <li>(6) in the case of any woman receiving services pursuant to any of paragraphs (1) through (5), providing to the partner of the woman the services described in such paragraphs, as appropriate;</li> <li>(7) providing outreach services to inform women of the availability of the services described in paragraphs (1) through (6);</li> <li>(8) providing to the public information and education on the prevention and control of the disease, including disseminating such</li> </ul>		

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	<p>information; and  (9) providing training to health care providers in carrying out the screenings and counseling described in paragraphs (1) and (3).</p> <p><b>247d-1 (a) Capacities</b>  (1) In general. Not later than 1 year after November 13, 2000, the Secretary, and such Administrators, Directors, or Commissioners, as may be appropriate, and in collaboration with State and local health officials, shall establish reasonable capacities that are appropriate for national, State, and local public health systems and the personnel or work forces of such systems. Such capacities shall be revised every five years, or more frequently as the Secretary determines to be necessary.  (2) Basis. The capacities established under paragraph (1) shall improve, enhance or expand the capacity of national, State and local public health agencies to detect and respond effectively to significant public health threats, including major outbreaks of infectious disease, pathogens resistant to antimicrobial agents and acts of bioterrorism. Such capacities may include the capacity to—  (A) recognize the clinical signs and epidemiological characteristic of significant outbreaks of infectious disease;  (B) identify disease-causing pathogens rapidly and accurately;  (C) develop and implement plans to provide medical care for persons infected with disease-causing agents and to provide preventive care as needed for individuals likely to be exposed to disease-causing</p>		

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	<p>agents;  (D) communicate information relevant to significant public health threats rapidly to local, State and national health agencies, and health care providers; or  (E) develop or implement policies to prevent the spread of infectious disease or antimicrobial resistance.</p> <p><b>247d-1 (b)</b> Supplement not supplant. Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.</p> <p><b>247d-1 (c)</b> Technical assistance. The Secretary shall provide technical assistance to the States to assist such States in fulfilling the requirements of this section.</p> <p><b>247d-3 (a)</b> Program authorized. The Secretary shall award competitive grants to eligible entities to address core public health capacity needs using the capacities developed under section 247d-1 of this title, with a particular focus on building capacity to identify, detect, monitor, and respond to threats to the public health.</p> <p><b>247d-3 (b)</b> Eligible entities. A State or political subdivision of a State, or a consortium of two or more States or political subdivisions of States, that has completed an evaluation under section 247d-2 (a) of this title, or an evaluation that is substantially equivalent as determined by the Secretary under section 247d-2 (a) of this title, shall be eligible for grants under subsection (a) of this section.</p>		

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	<p><b>247d-3 (c)</b> Use of funds. An eligible entity that receives a grant under subsection (a) of this section, may use funds received under such grant to—</p> <ul style="list-style-type: none"> <li>(1) train public health personnel;</li> <li>(2) develop, enhance, coordinate, or improve participation in an electronic network by which disease detection and public health related information can be rapidly shared among national, regional, State, and local public health agencies and health care providers;</li> <li>(3) develop a plan for responding to public health emergencies, including significant outbreaks of infectious diseases or bioterrorism attacks, which is coordinated with the capacities of applicable national, State, and local health agencies and health care providers; and</li> <li>(4) enhance laboratory capacity and facilities. [...].</li> </ul> <p><b>247d-3 (e)</b> Supplement not supplant. Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.</p> <p><b>249 (a)</b> Persons entitled to treatment. Any person when detained in accordance with quarantine laws, or, at the request of the Immigration and Naturalization Service, any person detained by that Service, may be treated and cared for by the Public Health Service.</p> <p><b>249 (b)</b> Temporary treatment in emergency cases.</p>		



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	<p>Persons not entitled to treatment and care at institutions, hospitals, and stations of the Service may, in accordance with regulations of the Surgeon General, be admitted thereto for temporary treatment and care in case of emergency.</p> <p><b>249 (c)</b> Authorization for outside treatment. Persons whose care and treatment is authorized by subsection (a) of this section may, in accordance with regulations, receive such care and treatment at the expense of the Service from public or private medical or hospital facilities other than those of the Service, when authorized by the officer in charge of the station at which the application is made.</p>		

## WORLD HEALTH ORGANIZATION/PAN AMERICAN HEALTH ORGANIZATION

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<p><b>International Health Regulations (2005)</b> A58/55.</p> <p><b>Article 23</b>  <b>1</b> Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, on arrival or departure:                      (a) with regard to travellers: [...]                     <ul style="list-style-type: none"> <li>(iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective;</li> </ul>                     (b) inspection of baggage, cargo, containers, conveyances, goods, postal parcels and human remains.</p> <p><b>2</b> On the basis of evidence of a public health risk obtained through the measures provided in paragraph 1 of this Article, or through other means, States Parties may apply additional health measures, in accordance with these Regulations, in particular, with regard to a suspect or affected traveller, on a case-by-case basis, the least intrusive and invasive medical examination that would achieve the public health objective of preventing the international spread of disease.</p> <p><b>3</b> No medical examination, vaccination, prophylaxis or health measure under these Regulations shall be carried out on travellers without their prior express informed consent or that of their parents or guardians, except as provided in paragraph 2 of Article 31, and in accordance with</p>	<p><b>International Health Regulations (2005)</b> A58/55.</p> <p><b>Article 13</b>  <b>1</b> Each State Party shall develop, strengthen and maintain, as soon as possible but no later than 5 years from the entry into force of these Regulations for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response capacities.</p> <p><b>2</b> Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Review Committee. After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.</p>	<p><b>International Health Regulations (2005)</b> A58/55.</p> <p><b>Article 23</b>  <b>3</b> No medical examination, vaccination or prophylaxis or health measure under these Regulations shall be carried out on travellers without their prior express informed consent or that of their parents or guardians, except as provided in paragraph 2 of Article 31, and in accordance with the law and international obligations of the State Party.</p> <p><b>4</b> Travellers to be vaccinated or offered prophylaxis pursuant to these Regulations, or their parents or guardians, shall be informed of any risk associated with vaccination or with non-vaccination and with the use or non-use of prophylaxis in accordance with the law and international obligations of the State Party. States Parties shall inform medical practitioners of these requirements in accordance with the law of the State Party.</p> <p><b>5</b> Any medical examination, medical procedure, vaccination or other prophylaxis which involves a risk of disease transmission shall only be performed on, or administered to, a traveller in accordance with established national or international safety guidelines and standards so as to minimize such a risk.</p>	<p><b>International Health Regulations (2005)</b> A58/55.</p> <p><b>Article 31</b>  <b>2</b> If a traveller for whom a State Party may require a medical examination, vaccination or other prophylaxis under paragraph 1 of this Article fails to consent to any such measure, or refuses to provide the information or the documents referred to in paragraph 1(a) of Article 23, the State Party concerned may, subject to Articles 32, 42, and 45, deny entry to that traveler. If there is evidence of an imminent public health risk, the State Party may, in accordance with its national law and to the extent necessary to control such a risk, compel the traveller to undergo or advise the traveller, pursuant to paragraph 3 of Article 23, to undergo:                      (a) the least invasive and intrusive medical examination that would achieve the public health objective;                      (b) vaccination or other prophylaxis; or                      (c) additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.</p>

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<p>paragraph 2 of Article 31, and in accordance with the law and international obligations of the State Party.</p> <p><b>4</b> Travellers to be vaccinated or offered prophylaxis pursuant to these Regulations, or their parents or guardians, shall be informed of any risk associated with vaccination or with non-vaccination and with the use or non-use of prophylaxis in accordance with the law and international obligations of the State Party. States Parties shall inform medical practitioners of these requirements in accordance with the law of the State Party.</p> <p><b>5</b> Any medical examination, medical procedure, vaccination or other prophylaxis which involves a risk of disease transmission shall only be performed on, or administered to, a traveller in accordance with established national or international safety guidelines and standards so as to minimize such a risk.</p> <p><b>Article 31</b></p> <p><b>1</b> Invasive medical examination, vaccination or other prophylaxis shall not be required as a condition of entry of any traveller to the territory of a State Party, except that, subject to Articles 32, 42 and 45, these Regulations do not preclude States Parties from requiring medical examination, vaccination or other prophylaxis or proof of vaccination or other prophylaxis</p> <p>(a) when necessary to determine whether a public health risk exists;</p> <p>(b) as a condition of entry for any travellers seeking temporary or permanent residence;</p>	<p><b>3</b> At the request of a State Party, WHO shall collaborate in the response to public health risks and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary.</p> <p><b>5</b> When requested by WHO, States Parties should provide, to the extent possible, support to WHO-coordinated response activities.</p> <p><b>Annex 1</b></p> <p><b>A. Core Capacity Requirements for Surveillance and Response</b></p> <p><b>1</b> States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:</p> <p>(a) their surveillance, reporting, notification, verification, response and collaboration activities; and</p> <p>(b) their activities concerning designated airports, ports and ground crossings.</p> <p><b>2</b> Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of</p>	<p><b>Article 31</b></p> <p><b>1</b> Invasive medical examination, vaccination or other prophylaxis shall not be required as a condition of entry of any traveller to the territory of a State Party, except that, subject to Articles 32, 42 and 45, these Regulations do not preclude States Parties from requiring medical examination, vaccination or other prophylaxis or proof of vaccination or other prophylaxis:</p> <p>(a) when necessary to determine whether a public health risk exists;</p> <p>(b) as a condition of entry for any travellers seeking temporary or permanent residence;</p> <p>(c) as a condition of entry for any travellers pursuant to Article 43 or Annexes 6 and 7; or</p> <p>(d) which may be carried out pursuant to Article 23.</p> <p><b>2</b> If a traveller for whom a State Party may require a medical examination, vaccination or other prophylaxis under paragraph 1 of this Article fails to consent to any such measure, or refuses to provide the information or the documents referred to in paragraph 1(a) of Article 23, the State Party concerned may, subject to Articles 32, 42, and 45, deny entry to that traveler. If there is evidence of an imminent public health risk, the State Party may, in accordance with its national law and to the extent necessary to control such a risk, compel the traveller to undergo or advise the traveller, pursuant to paragraph 3 of Article 23, to undergo:</p> <p>(a) the least invasive and intrusive medical examination that would achieve the public health objective;</p> <p>(b) vaccination or other prophylaxis; or</p> <p>(c) additional established health measures that</p>	

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<p>(c) as a condition of entry for any travellers pursuant to Article 43 or Annexes 6 and 7; or (d) which may be carried out pursuant to Article 23.</p> <p><b>2</b> If a traveller for whom a State Party may require a medical examination, vaccination or other prophylaxis under paragraph 1 of this Article fails to consent to any such measure, or refuses to provide the information or the documents referred to in paragraph 1(a) of Article 23, the State Party concerned may, subject to Articles 32, 42, and 45, deny entry to that traveler. If there is evidence of an imminent public health risk, the State Party may, in accordance with its national law and to the extent necessary to control such a risk, compel the traveller to undergo or advise the traveller, pursuant to paragraph 3 of Article 23, to undergo:</p> <p>(a) the least invasive and intrusive medical examination that would achieve the public health objective;</p> <p>(b) vaccination or other prophylaxis; or</p> <p>(c) additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.</p> <p><b>Article 32</b> In implementing health measures under these Regulations, States Parties shall treat travellers with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by:</p> <p>(a) treating all travellers with courtesy and respect;</p> <p>(b) taking into consideration the gender,</p>	<p>Article 13.</p> <p><b>3</b> States Parties and WHO shall support assessments, planning and implementation processes under this Annex.</p> <p><b>4</b> At the local community level and/or primary public health response level The capacities:</p> <p>(a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and</p> <p>(b) to report all available essential information immediately to the appropriate level of health-care response. At the community level, reporting shall be to local community health-care institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and</p> <p>(c) to implement preliminary control measures immediately.</p> <p><b>5</b> At the intermediate public health response levels The capacities:</p> <p>(a) to confirm the status of reported events and to support or implement additional control</p>	<p>prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.</p> <p><b>Article 32</b> In implementing health measures under these Regulations, States Parties shall treat travellers with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by:</p> <p>(a) treating all travellers with courtesy and respect;</p> <p>(b) taking into consideration the gender, sociocultural, ethnic or religious concerns of travellers; and</p> <p>(c) providing or arranging for adequate food and water, appropriate accommodation and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible in a language that they can understand and other appropriate assistance for travellers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes.</p> <p><b>Article 42</b> Health measures taken pursuant to these Regulations shall be initiated and completed without delay, and applied in a transparent and non-discriminatory manner.</p>	

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<p>sociocultural, ethnic or religious concerns of travellers; and  (c) providing or arranging for adequate food and water, appropriate accommodation and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible in a language that they can understand and other appropriate assistance for travellers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes.</p> <p><b>Article 42</b>  Health measures taken pursuant to these Regulations shall be initiated and completed without delay, and applied in a transparent and non-discriminatory manner.</p>	<p>measures; and  (b) to assess reported events immediately, and if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.</p> <p><b>6</b> At the national level  <i>Assessment and notification.</i> The capacities:  (a) to assess all reports of urgent events within 48 hours; and  (b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9 [and Article 45].  <i>Public health response.</i> The capacities:  (a) to determine rapidly the control measures required to prevent domestic and international spread;  (b) to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and transport);  (c) to provide on-site assistance as required to supplement local investigations;  (d) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;  (e) to provide direct liaison with other relevant government ministries;</p>		

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	<p>(f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;</p> <p>(g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and</p> <p>(h) to provide the foregoing on a 24-hour basis.</p> <p><b>B. Core Capacity Requirements for Designated Airports, Ports and Ground Crossings</b></p> <p><b>1 At all times</b></p> <p>The capacities:</p> <p>(a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;</p> <p>(b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;</p> <p>(c) to provide trained personnel for the inspection of conveyances;</p> <p>(d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms,</p>		

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	<p>appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and  (e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.</p> <p><b>Article 16</b>  WHO may make standing recommendations of appropriate health measures in accordance with Article 53 for routine or periodic application. Such measures may be applied by States Parties regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels for specific, ongoing public health risks in order to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. WHO may, in accordance with Article 53, modify or terminate such recommendations, as appropriate.</p> <p><b>Article 53</b>  When the Director-General considers that a standing recommendation is necessary and appropriate for a specific public health risk, the Director-General shall seek the views of the Review Committee. In addition to the relevant paragraphs of Articles 50 to 52, the following provisions shall apply:  (a) proposals for standing recommendations, their modification or termination may be submitted to the Review Committee by the Director-General or by States Parties through the Director-General;  (b) any State Party may submit relevant</p>		

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	<p>information for consideration by the Review Committee;</p> <p>(c) the Director-General may request any State Party, intergovernmental organization or nongovernmental organization in official relations with WHO to place at the disposal of the Review Committee information in its possession concerning the subject of the proposed standing recommendation as specified by the Review Committee;</p> <p>(d) the Director-General may, at the request of the Review Committee or on the Director-General's own initiative, appoint one or more technical experts to advise the Review Committee. They shall not have the right to vote;</p> <p>(e) any report containing the views and advice of the Review Committee regarding standing recommendations shall be forwarded to the Director-General for consideration and decision. The Director-General shall communicate the Review Committee's views and advice to the Health Assembly;</p> <p>(f) the Director-General shall communicate to States Parties any standing recommendation, as well as the modifications or termination of such recommendations, together with the views of the Review Committee;</p> <p>(g) standing recommendations shall be submitted by the Director-General to the subsequent Health Assembly for its consideration.</p> <p><b>Article 17</b> When issuing, modifying or terminating temporary or standing recommendations, the Director-General shall consider:</p> <p>(a) the views of the States Parties directly</p>		



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	<p>concerned;</p> <p>(b) the advice of the Emergency Committee or the Review Committee, as the case may be;</p> <p>(c) scientific principles as well as available scientific evidence and information;</p> <p>(d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;</p> <p>(e) relevant international standards and instruments;</p> <p>(f) activities undertaken by other relevant intergovernmental organizations and international bodies; and</p> <p>(g) other appropriate and specific information relevant to the event.</p> <p>With respect to temporary recommendations, the consideration by the Director-General of subparagraphs (e) and (f) of this Article may be subject to limitations imposed by urgent circumstances.</p> <p><b>Article 18</b></p> <p><b>1</b> Recommendations issued by WHO to States Parties with respect to persons may include the following advice:</p> <ul style="list-style-type: none"> <li>• no specific health measures are advised;</li> <li>• review travel history in affected areas;</li> <li>• review proof of medical examination and any laboratory analysis;</li> <li>• require medical examinations;</li> <li>• review proof of vaccination or other prophylaxis;</li> <li>• require vaccination or other prophylaxis;</li> </ul>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<ul style="list-style-type: none"> <li>• place suspect persons under public health observation;</li> <li>• implement quarantine or other health measures for suspect persons;</li> <li>• implement isolation and treatment where necessary of affected persons;</li> <li>• implement tracing of contacts of suspect or affected persons;</li> <li>• refuse entry of suspect and affected persons;</li> <li>• refuse entry of unaffected persons to affected areas; and</li> <li>• implement exit screening and/or restrictions on persons from affected areas.</li> </ul> <p><b>2</b> Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers, conveyances, goods, and postal parcels may include the following advice:</p> <ul style="list-style-type: none"> <li>• no specific health measures are advised;</li> <li>• review manifest and routing;</li> <li>• implement inspections;</li> <li>• review proof of measures taken on departure or in transit to eliminate infection or contamination;</li> <li>• implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;</li> <li>• the use of specific health measures to ensure the safe handling and transport of human remains;</li> <li>• implement isolation or quarantine;</li> <li>• seizure and destruction of infected or contaminated or suspect baggage, cargo,</li> </ul>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p>containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; and</p> <ul style="list-style-type: none"> <li>• refuse departure or entry.</li> </ul> <p><b>Article 27</b></p> <p><b>1</b> If clinical signs or symptoms and information based on fact or evidence of a public health risk, including sources of infection and contamination, are found on board a conveyance, the competent authority shall consider the conveyance as affected and may:</p> <p>(a) disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and</p> <p>(b) decide in each case the technique employed to secure an adequate level of control of the public health risk as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed, unless the competent authority determines that other methods are as safe and reliable.</p> <p>The competent authority may implement additional health measures, including isolation of the conveyances, as necessary, to prevent the spread of disease. Such additional measures should be reported to the National IHR Focal Point.</p> <p><b>2</b> If the competent authority for the point of entry is not able to carry out the control measures required under this Article, the affected conveyance may nevertheless be allowed to depart, subject to the following conditions:</p> <p>(a) the competent authority shall, at the time of</p>		

Testing for Infectious Diseases	Treatment and Management of Infectious Diseases	Immunization	Immunity / Sanctions
	<p>departure, inform the competent authority for the next known point of entry of the type of information referred to under subparagraph (b); and</p> <p>(b) in the case of a ship, the evidence found and the control measures required shall be noted in the Ship Sanitation Control Certificate.</p> <p>Any such conveyance shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.</p> <p><b>3</b> A conveyance that has been considered as affected shall cease to be regarded as such when the competent authority is satisfied that:</p> <p>(a) the measures provided in paragraph 1 of this Article have been effectively carried out; and</p> <p>(b) there are no conditions on board that could constitute a public health risk.</p> <p><b>Article 32</b></p> <p>In implementing health measures under these Regulations, States Parties shall treat travellers with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by:</p> <p>[...]</p> <p>(c) providing or arranging for adequate food and water, appropriate accommodation and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible in a language that they can understand and other appropriate assistance for travellers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes.</p>		



Table 4

**GOVERNMENT:  
SURVEILLANCE AND SPECIAL POWERS**

## AUSTRALIA

Prevention or Investigation of Infectious Diseases	Special Powers / Crisis Management by the Government
<p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>6B(1)</b> If:            (a) a provision of this Act refers to a Proclamation, order, determination or declaration made, an approval, direction, authorisation, permission or permit given, or any other act done, by the Governor-General, the Minister or the Secretary or by a Director of Quarantine, Chief Quarantine Officer, quarantine officer or another person; and            (b) there is no other provision of this Act expressly conferring power on the Governor-General, Minister, Secretary, Director of Quarantine, Chief Quarantine Officer, quarantine officer or other person to make such a Proclamation, order, determination or declaration, give such an approval, direction, authorisation, permission or permit or do such an act;            the Governor-General, Minister, Secretary, Director of Quarantine, Chief Quarantine Officer, quarantine officer or other person has power by this subsection to make such a Proclamation, order, determination or declaration, give such an approval, direction, authorisation, permission or permit or do such an act, as the case requires.</p> <p><b>6B(2)</b> If the Governor-General, the Minister or the Secretary or a Director of Quarantine, Chief Quarantine Officer, quarantine officer or other person has power under a provision of this Act (including power under subsection (1)) to make a Proclamation, order, determination or declaration, give an approval, direction, authorisation, permission or permit or do any other act, the power may, unless the contrary intention appears, be exercised subject to conditions, restrictions or requirements.</p> <p><b>6B(3)</b> Unless the contrary intention appears, any power conferred by this Act, by a Proclamation under this Act, by the regulations or by a compliance agreement, to make a Proclamation, order, determination or declaration or give an approval, direction, authorisation, permission or permit includes:            (a) the power to suspend (for a period of not more than one year or until the happening of an event occurring within such a period) a Proclamation, order, determination or declaration so made or an approval, direction, authorisation, permission or permit so given and to revoke such a suspension; and            (b) the power to vary or revoke a Proclamation, order, determination or declaration so made or an approval, direction, authorisation, permission or permit so given (including the power to vary or revoke at a time when the relevant instrument is suspended under paragraph (a)).</p>	<p><b>Quarantine Act 1908</b> (Cth).</p> <p><b>2A(1)</b> Whenever the Governor-General is satisfied that an emergency exists which makes it necessary to do so, he or she may, by proclamation, declare that any or all measures of quarantine prescribed by or under any State Act shall, for such period as is specified in the proclamation, cease to have effect, and such measure shall thereupon cease to have effect accordingly.</p> <p><b>2A(2)</b> The Governor-General may at any time revoke or vary any such proclamation.</p> <p><b>2B(1)</b> Where the Governor-General is satisfied that an epidemic caused by a quarantinable disease or quarantinable pest or danger of such an epidemic exists in a part of the Commonwealth, the Governor-General may, by proclamation, declare the existence in that part of the Commonwealth of that epidemic or of the danger of that epidemic.</p> <p><b>2B(2)</b> Upon the issue of a proclamation under subsection (1) the Minister may, during the period the proclamation remains in force, give such directions and take such action as he or she thinks necessary to control and eradicate the epidemic, or to remove the danger of the epidemic, by quarantine measures or measures incidental to quarantine.</p> <p><b>2B(2A)</b> If the Governor-General is satisfied that the epidemic or danger of an epidemic to which a proclamation issued under subsection (1) relates has the potential so to affect an industry of national significance that it calls for the exercise of coordinated response powers in accordance with section 3, the Governor-General may, in the proclamation issued under subsection (1), declare it to be a proclamation to which section 3 applies.</p> <p><b>2B(2B)</b> A direction may be given, or an action taken, by the Minister under subsection (2) despite the provisions of any other Commonwealth law, or of any law of a State or Territory.</p> <p><b>2B(3)</b> A person is guilty of an offence if:            (a) a direction is given to the person under subsection (2); and            (b) the person fails to comply with the direction.            Maximum penalty: Imprisonment for 10 years.</p>

Prevention or Investigation of Infectious Diseases	Special Powers / Crisis Management by the Government
<p><b>6B(4)</b> However, if a provision conferring a power to make a Proclamation, order, determination or declaration, or give an approval, direction, authorisation, permission or permit, allows a suspension, variation or revocation only in particular circumstances, on particular grounds, subject to particular conditions or after taking particular matters into account, subsection (3) only permits a suspension, variation or revocation under the power in those circumstances, on those grounds, subject to those conditions or after taking those matters into account.</p> <p><b>13(1)</b> The Governor-General may, by proclamation: [...]            (ca) declare a disease or pest to be a quarantinable disease or quarantinable pest, as the case may be; or            (d) prohibit the introduction or importation into Australia, into the Cocos Islands, or into Christmas Island, of any disease or pest or any substance, article or thing containing, or likely to contain, any disease or pest; or            (e) prohibit the importation into Australia, into the Cocos Islands, or into Christmas Island, of any articles or things likely, in his or her opinion, to introduce, establish or spread any disease or pest; or [...]            (h) declare any part of the Commonwealth, of the Cocos Islands, or of Christmas Island in which any disease or pest exists, or is suspected to exist, to be a quarantine area; or            (i) declare that any vessel, people, animals, plants or other goods in any quarantine area, or in any part of the Commonwealth, of the Cocos Islands or of Christmas Island in which a disease or pest exists, or is suspected to exist, are to be subject to quarantine.</p> <p><b>13(3)</b> The powers conferred on the Governor-General by this section, in relation to the matters specified in paragraphs (1)[...](i), so far as they relate to vessels, people, animals, plants or other goods, or any disease or pest, are exercisable in relation to the Commonwealth, the Cocos Islands or Christmas Island only if the Governor-General is satisfied that the exercise of the powers is necessary for the purpose of preventing the introduction, establishment or spread of a disease or pest.</p> <p><b>28(1)</b> A quarantine officer may require any of the following:            (a) the master of an overseas vessel that has arrived, or is expected to arrive, at a port in Australia, the Cocos Islands or Christmas Island;            (b) the master of a vessel that has arrived or is expected to arrive:                (i) at a place in Australia (other than a place in the Protected Zone or in a Special Quarantine Zone declared in respect of Australia) from a place in any of those zones; or                (ii) at a place in the Cocos Islands (other than a place in a Special Quarantine Zone declared in respect of the Cocos Islands) from a place in such a zone; or                (iii) at a place in Christmas Island (other than a place in a Special Quarantine Zone declared in respect of Christmas Island) from a place in such a zone;</p>	<p><b>2B(4)</b> In paragraph (3)(a), strict liability applies to the physical element of circumstance, that the direction given to the person was under subsection (2).</p> <p><b>3(1)</b> If a proclamation under subsection 2B(1) is declared to be a proclamation to which this section applies, the Minister may, during the period the proclamation remains in force, by instrument in writing:            (a) authorise persons who are the executive heads of national response agencies:                (i) to give such directions; and                (ii) to take such action;                as the persons think necessary, subject to any conditions or limitations specified under subsection (4):                (iii) to control and eradicate the epidemic; or                (iv) to remove the danger of the epidemic;                by quarantine measures or measures incidental to quarantine; or            (b) revoke any authorisation so given.</p> <p><b>3(2)</b> If the Minister, under subsection (1), authorises the executive head of a national response agency to give directions, and to take action, in accordance with that subsection, the executive head of that agency may, while that authorisation remains in force, by instrument in writing:            (a) authorise a person performing duties in that agency:                (i) to give such directions of a kind that the executive head of the agency could give and that are specified in the instrument; or                (ii) to take such action of a kind that the executive head of the agency could take and that is specified in the instrument;                as the person considers necessary, subject to any conditions or limitations specified under subsection (4):                (iii) to control and eradicate the epidemic; or                (iv) to remove the danger of the epidemic;                by quarantine measures or measures incidental to quarantine; or            (b) revoke any authorisation so given.</p> <p><b>11(1)</b> The Governor-General may enter into an arrangement with the Governor of any State or the Administrator of the Northern Territory with respect to all or any of the following matters:            (a) the use of any State or Territory quarantine station or other place in the State or Territory as a quarantine station under this Act, and the control and management of any such quarantine station;            (aa) the exercise of functions and powers by State officers who are appointed as quarantine officers or Chief Quarantine Officers;</p>



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<p>(c) the master of an overseas installation;</p> <p>(d) the commander of an overseas aircraft that has landed, or is expected to land, at a place in Australia, the Cocos Islands or Christmas Island that is not a landing place;</p> <p>(e) if a vessel, installation or aircraft referred to in paragraph (a), (b), (c) or (d) carries a medical officer—that medical officer;</p> <p>(f) the agent of the operator of a vessel, installation or aircraft referred to in paragraph (a), (b), (c) or (d); to answer questions asked by the quarantine officer about any prescribed matters that are relevant to the vessel, installation or aircraft.</p> <p><b>28(2)</b> Any questions asked by a quarantine officer under subsection (1) may be oral or in writing and the quarantine officer may:</p> <p>(a) require the answers to be given orally; or</p> <p>(b) require the answers to be given in writing.</p> <p><b>28(3)</b> A quarantine officer may require a person who answers a question to verify the answer by making a written declaration.</p> <p><b>28(4)</b> If, after a person answers a question asked under subsection (1), the person becomes aware that the answer is incorrect, the person must cause the correct answer to be sent to a quarantine officer as soon as possible.</p> <p><b>28(5)</b> A person is guilty of an offence if:</p> <p>(a) the person is asked a question under subsection (1); and</p> <p>(b) the person is required to answer the question orally; and</p> <p>(c) the person fails to comply with the requirement.</p> <p>Maximum penalty: 50 penalty units.</p> <p><b>28(6)</b> A person is guilty of an offence if:</p> <p>(a) the person is asked a question under subsection (1); and</p> <p>(b) the person is required to answer the question in writing; and</p> <p>(c) the person fails to comply with the requirement.</p> <p>Maximum penalty: 50 penalty units.</p> <p><b>28(7)</b> A person is guilty of an offence if:</p> <p>(a) the person is required to verify an answer to a question by making a written declaration; and</p> <p>(b) the person fails to comply with the requirement.</p>	<p>(b) any matters necessary or convenient to be arranged in order to enable the Commonwealth quarantine authorities and the State or Territory health or other authorities to act in aid of each other in preventing the introduction, establishment or spread of diseases or pests;</p> <p>(c) if the Commonwealth is a party to any international agreement requiring the certification of export products—any matters necessary or convenient to be arranged to assist authorities of that State or Territory in the implementation and monitoring, in that State or Territory, of arrangements to enable that certification, and in providing reports to the Commonwealth concerning such arrangements.</p> <p><b>11(2)</b> The Prime Minister may enter into an arrangement with the Chief Minister of the Australian Capital Territory with respect to all or any of the following matters:</p> <p>(a) the use of any Australian Capital Territory quarantine station or other place in the Australian Capital Territory as a quarantine station under this Act, and the control and management of any such quarantine station;</p> <p>(b) any matters necessary or convenient to be arranged in order to enable the Commonwealth quarantine authorities and the Australian Capital Territory health or other authorities to act in aid of each other in preventing the introduction, establishment or spread of diseases or pests;</p> <p>(c) if the Commonwealth is a party to any international agreement requiring the certification of export products—any matters necessary or convenient to be arranged to assist authorities of the Australian Capital Territory in the implementation and monitoring, in the Australian Capital Territory, of arrangements to enable that certification, and in providing reports to the Commonwealth concerning such arrangements.</p> <p><b>12A(1)</b> If, in the opinion of the Minister, an emergency has arisen that requires the taking of action not otherwise authorised under this Act, the Minister may take such quarantine measures, or measures incidental to quarantine, and give such directions, as he or she thinks necessary or desirable for the diagnosis, for the prevention or control of the introduction, establishment or spread, for the eradication, or for the treatment, of any disease or pest.</p> <p><b>12A(2)</b> A person is guilty of an offence if:</p> <p>(a) a direction is given to the person under subsection (1); and</p> <p>(b) the person fails to comply with the direction.</p> <p>Maximum penalty: Imprisonment for 10 years.</p> <p><b>20(1)</b> The master of an overseas vessel arriving in Australia, the Cocos Islands or Christmas Island is guilty of an offence if the master permits the vessel to enter a place in Australia, the Cocos Islands or Christmas Island other than a port declared to be a first port of entry, a first Cocos Islands port of entry or</p>

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<p>Maximum penalty: 50 penalty units.</p> <p><b>28(8)</b> A person is guilty of an offence if:  (a) the person is asked a question under subsection (1); and  (b) the person gives an answer that the person knows to be false or misleading in a material particular.  Maximum penalty: Imprisonment for 5 years.</p> <p><b>28(9)</b> A person is guilty of an offence if:  (a) the person is asked to verify an answer to a question by making a written declaration; and  (b) the person makes a statement in the declaration that the person knows to be false or misleading in a material particular.  Maximum penalty: Imprisonment for 5 years.</p> <p><b>28(10)</b> A person is guilty of an offence if:  (a) subsection (4) applies to the person; and  (b) the person fails to comply with that subsection.  Maximum penalty: 50 penalty units.</p> <p><b>55C</b> A quarantine officer (human quarantine), and other persons acting under his or her supervision or control (if any), may, when necessary, carry out vector monitoring and control activities in a monitoring and control area. However, to enter onto private property that is, or is within, such an area and carry out vector monitoring and control activities, one of sections 55E to 55G must be satisfied.</p> <p><b>55D(1)</b> The Director of Quarantine (Human Quarantine) or a Chief Quarantine Officer (Human Quarantine) may, in writing, direct a person who owns, or has control over, private property to carry out vector monitoring and control activities on the property if:  (a) the property is, or is within, a monitoring and control area; and  (b) the Director or Chief Quarantine Officer has reasonable grounds to believe that carrying out those activities on the property is necessary to ensure that a vector has not spread onto, or is not likely to become established on, the property.</p> <p><b>55E(1)</b> A quarantine officer (human quarantine), and other persons acting under his or her supervision or control (if any), may enter onto private property and carry out vector monitoring and control activities if:  (a) the property is, or is within, a monitoring and control area; and  (b) a consent given by the person who owns or controls the property covers the officer and those other persons (if any) entering onto the property and carrying out those activities.</p>	<p>a first Christmas Island port of entry, as the case may be.  Maximum penalty: Imprisonment for 5 years.</p> <p><b>20(1A)</b> Subsection (1) does not apply if the entry is made with the permission of the Minister given under section 20AA.</p> <p><b>20(2)</b> The master of an overseas vessel arriving in Australia, the Cocos Islands or Christmas Island is guilty of an offence if the master permits the vessel to be:  (a) beached in Australia, the Cocos Islands or Christmas Island; or  (b) moored, anchored or otherwise secured in waters on the landward side of the baseline of the territorial sea of Australia, of the Cocos Islands or of Christmas Island;  otherwise than at a port.  Maximum penalty: Imprisonment for 5 years.</p> <p><b>20A(1)</b> The commander of an overseas aircraft is guilty of an offence if the commander permits the aircraft to land in Australia, the Cocos Islands or Christmas Island at a place other than a landing place.  Maximum penalty: Imprisonment for 5 years.</p> <p><b>20A(2)</b> Subsection (1) does not apply if the landing is made with the permission of the Minister given under section 20AA.</p> <p><b>20AA (1)</b> The Minister administering the Department that deals with human quarantine may, upon application being made in writing by the master, owner or agent of an overseas vessel, by notice in writing given to the person who made the application, give permission, subject to such conditions (if any) as are specified in the notice, for the vessel to be brought to:  (a) a place in Australia; or  (b) a place in the Cocos Islands; or  (c) a place in Christmas Island;  being a place other than a first port of entry, a first Cocos Island port of entry, a first Christmas Island port in entry or a landing place.</p> <p><b>20AA(2)</b> A person is guilty of an offence if:  (a) the person is, under subsection (1), given a permission that is subject to a condition; and  (b) the condition is contravened; and  (c) the person is reckless as to whether or not the condition is contravened.</p>

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<p><b>55E(2)</b> A person’s consent is not effective for the purposes of this section unless, before giving the consent, a quarantine officer (human quarantine) informed the person that he or she could refuse to consent.</p> <p><b>55D(2)</b> The person must comply with the direction. Maximum penalty: Imprisonment for 5 years.</p> <p><b>55D(3)</b> Subsection (2) does not apply if the person has a reasonable excuse.</p> <p><b>55E(3)</b> A person’s consent is not effective for the purposes of this section unless the consent is voluntary.</p> <p><b>55F</b> A quarantine officer (human quarantine), and other persons acting under his or her supervision or control (if any), may enter onto private property and carry out vector monitoring and control activities if:</p> <ul style="list-style-type: none"> <li>(a) the property is, or is within, a monitoring and control area; and</li> <li>(b) a quarantine officer (human quarantine) has reasonable grounds to believe that the situation is of such seriousness and urgency as to justify carrying out the activities on the property without the consent of the person who owns or controls the property and without the authority of a warrant issued under section 55G.</li> </ul> <p><b>55G(1)</b> A quarantine officer (human quarantine), and other persons acting under his or her supervision or control (if any), may enter onto private property and carry out vector monitoring and control activities if:</p> <ul style="list-style-type: none"> <li>(a) the property is, or is within, a monitoring and control area; and</li> <li>(b) a warrant in force under this section authorises the quarantine officer (human quarantine), and those other persons (if any), to enter onto the property and carry out the activities.</li> </ul> <p><b>55G(2)</b> A quarantine officer (human quarantine) may apply to a magistrate for a warrant under this section in relation to particular private property.</p> <p><b>55G(3)</b> The magistrate may issue the warrant if the magistrate is satisfied, by information on oath, that there are reasonable grounds for suspecting that:</p> <ul style="list-style-type: none"> <li>(a) the property is, or is within, a monitoring and control area; and</li> <li>(b) entering onto the property and carrying out the activities is necessary to ensure that a vector has not spread onto, or is not likely to become established on, the property.</li> </ul> <p><b>55G(4)</b> However, the magistrate must not issue the warrant unless the officer or some other person has</p>	<p>Maximum penalty: Imprisonment for 5 years.</p> <p><b>20B(1)</b> If the Governor-General is of the opinion that there is danger of the introduction into Australia, the Cocos Islands or Christmas Island by aircraft of disease from any place outside Australia, the Cocos Islands or Christmas Island, as the case may be, the Governor-General may, by Proclamation, declare the place to be a place in relation to which this section applies in respect of Australia, the Cocos Islands or Christmas Island, as the case may be.</p> <p><b>20B(3)</b> The Governor-General may, by Proclamation, declare that a person must not, so long as the Proclamation remains in force, enter Australia, the Cocos Islands or Christmas Island by an aircraft from any place outside Australia, the Cocos Islands or Christmas Island, as the case may be, specified in the Proclamation unless the person has complied with the conditions stated in the Proclamation.</p> <p><b>20B(4)</b> The conditions stated in a Proclamation under subsection (3) are such conditions as the Governor-General thinks necessary or desirable for avoiding the possibility of the entry into Australia, the Cocos Islands or Christmas Island of people suffering from, or capable of communicating, any disease.</p> <p><b>32B(3)</b> For the purpose of paragraph (2)(c), regulations may prescribe:</p> <ul style="list-style-type: none"> <li>(a) the circumstances in which the Director of Human Quarantine may give a direction; and</li> <li>(b) considerations the Director must take into account in giving a direction; and</li> <li>(c) if paragraph (b) applies—whether the Director may take other considerations into account in giving the direction.</li> </ul> <p><b>42</b> The Minister administering the Department that deals with human quarantine may, if he or she thinks fit, permit any vessel in quarantine to proceed on its voyage with its officers, crew, and passengers, or any of them, without performing quarantine at the quarantine station at the port or landing place at which it then is; but the vessel and its officers, crew, and passengers shall not thereby be released from quarantine, but shall, while in Australia and until released from quarantine, be deemed to be in quarantine, and shall, except as prescribed or as ordered by the Minister administering that Department, be subject to this Act and the regulations to the same extent as if they were performing quarantine at a quarantine station.</p> <hr/> <p><b>Quarantine Regulations 2000</b> (Cth).</p> <p><b>21A(1)</b> For paragraph 32B (3) (a) of the Act, the <b>Director of Human Quarantine may give a direction</b></p>

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<p>given to the magistrate, either orally or by affidavit, such further information (if any) as the magistrate requires concerning the grounds on which the issue of the warrant is being sought.</p> <p><b>55G(5)</b> The warrant must:</p> <p>(a) authorise a named quarantine officer (human quarantine), and other persons under the supervision or control of the officer (to the extent that the magistrate considers it appropriate for the warrant to cover such other persons):</p> <p style="padding-left: 20px;">(i) to enter onto the property; and</p> <p style="padding-left: 20px;">(ii) to carry out vector monitoring and control activities either generally, or as specified in the warrant; and</p> <p>(b) specify the day (not more than 7 days after the issue of the warrant) on which the warrant ceases to have effect; and</p> <p>(c) state whether the entry and carrying out of activities is authorised to be made at any time of the day or night or during specified hours of the day or night.</p> <p><b>55G(6)</b> Paragraph (5)(b) does not prevent the issue of successive warrants in relation to the same property.</p> <p><b>55G(7)</b> If the application for the warrant is made under section 66AH, this section applies as if paragraph (5)(b) referred to 48 hours rather than 7 days.</p> <p><b>66AA(1)</b> The powers that a quarantine officer may exercise under paragraph 66AB(1)(b), subparagraph 66AC(4)(a)(ii) or paragraph 66AE(1)(b) or 66AG(1)(b) in relation to particular premises are as follows:</p> <p>(a) to search the premises and any thing on the premises;</p> <p>(b) to examine any thing on the premises;</p> <p>(c) to take photographs (including video or audio recordings) or to make sketches of the premises or any thing on the premises;</p> <p>(d) to take extracts from, or make copies of, any document on the premises;</p> <p>(e) to secure the premises or any thing on the premises;</p> <p>(f) if tests are to be carried out on samples taken of any thing on the premises and the quarantine officer thinks it is necessary to do so, to remove the samples from the premises for the purpose of conducting the tests;</p> <p>(g) to order into quarantine any infected goods found on the premises;</p> <p>(h) if the quarantine officer has reasonable grounds to suspect that infected goods have been or are on the premises—to carry out prescribed measures for regulating or preventing people, vehicles or goods from entering or leaving the premises, or prescribed measures of quarantine on or relating to the premises,</p>	<p>under paragraph 32B (2) (c) of the Act in relation to an overseas aircraft in any of the following circumstances:</p> <p>(a) the commander of the aircraft has previously failed to provide information under section 22 or 27B of the Act;</p> <p>(b) there is an outbreak of disease or a threat of an outbreak of disease in any part of the world;</p> <p>(c) the Governor-General has declared the existence of an epidemic, or the danger of an epidemic, under section 2B of the Act;</p> <p>(d) the Minister has taken measures or given directions under section 12A of the Act, and the emergency in relation to which the measures have been taken or the directions have been given is continuing;</p> <p>(e) the aircraft has travelled from or through a declared place;</p> <p>(f) there is a terrorist threat, or the Director has received information about a potential terrorist threat.</p> <p><b>21A(2)</b> In giving a direction, the Director of Human Quarantine must take into account the following considerations:</p> <p>(a) whether similar directions are likely to be given in relation to other aircraft;</p> <p>(b) the period in which it is likely that directions will be given;</p> <p>(c) the class or classes of aircraft in relation to which it is likely that directions will be given;</p> <p>(d) if the circumstance mentioned in paragraph (1) (a) applies — whether the failure is likely to be repeated;</p> <p>(e) if the circumstance mentioned in paragraph (1) (a) applies and the Director considers that the failure is not likely to be repeated — whether it would be more appropriate to issue a warning to the commander of the aircraft.</p>

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<p>during:</p> <ul style="list-style-type: none"> <li>(i) the search referred to in paragraph (a) and the examination referred to in paragraph (b); and</li> <li>(ii) the taking of samples of goods found on the premises or the conducting of tests on such samples; and</li> <li>(iii) any period for which infected goods found on the premises remain on the premises, whether because of an approval of the premises under section 46A or otherwise; and</li> <li>(iv) such period after the treatment of infected goods found on the premises as the quarantine officer considers, on reasonable grounds, to be a period during which there is a danger of the spread of diseases or pests because of those goods having been on the premises;</li> </ul> <p>(i) to affix on or near the premises notices in relation to quarantine that have been approved by a Director of Quarantine;</p> <p>(j) to trap or destroy animals on the premises;</p> <p>(k) to exercise any other powers that the quarantine officer has under this Act in respect of the premises or infected goods found on the premises.</p> <p><b>66AA(2)</b> If, while a quarantine officer is entitled to exercise powers referred to in subsection (1) in relation to premises, any vehicle leaves the premises without the permission of the quarantine officer, the quarantine officer may exercise those powers, so far as relevant, in relation to the vehicle as if it were part of the premises.</p> <p><b>66AB(1)</b> For the purpose of deciding whether to exercise a power under this Act or finding out whether this Act is being complied with, a quarantine officer, at any time and with any necessary help, may:</p> <p>(a) enter:</p> <ul style="list-style-type: none"> <li>(i) any premises approved for the purposes of a provision of this Act; or</li> </ul> <p>Note: For premises that have been approved, see for example subsection 44A(5) and section 46A.</p> <ul style="list-style-type: none"> <li>(ii) a quarantine station; or</li> <li>(iii) any premises at which procedures are authorised under a compliance agreement to be carried out;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>(iv) any other premises with the consent of the occupier; and</li> </ul> <p>(b) exercise the powers set out in section 66AA.</p> <p><b>66AB(2)</b> If the relevant premises are a vessel or a vehicle, a quarantine officer may stop and detain the vessel or vehicle for the purpose of exercising a power conferred by subsection (1).</p> <p><b>66AC(1)</b> A quarantine officer may apply to a magistrate for a warrant under this section in relation to particular premises.</p>	

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<p><b>66AC(2)</b> Subject to subsection (3), the magistrate may issue a warrant if satisfied, by information on oath or affirmation, that it is reasonably necessary that the quarantine officer should have access to the premises for the purpose of:</p> <p>(a) deciding whether to exercise a power under this Act; or</p> <p>(b) finding out:</p> <p style="padding-left: 20px;">(i) whether this Act has been complied with; and</p> <p style="padding-left: 20px;">(ii) if the premises are in the Cocos Islands or in Christmas Island—whether any domestic animals are on the premises.</p> <p><b>66AC(3)</b> The magistrate must not issue a warrant unless the quarantine officer or another person has given the magistrate, either orally (on oath or affirmation) or by affidavit, such further information as the magistrate requires about the grounds on which the issue of the warrant is being sought.</p> <p><b>66AC(4)</b> The warrant must:</p> <p>(a) authorise a quarantine officer named in the warrant, with such assistance and by such force as is necessary and reasonable, from time to time, while the warrant remains in force:</p> <p style="padding-left: 20px;">(i) to enter the premises; and</p> <p style="padding-left: 20px;">(ii) to exercise powers of the kind set out in section 66AA in relation to the premises; and</p> <p style="padding-left: 20px;">(iii) if the premises are in the Cocos Islands or in Christmas Island—to exercise the powers referred to in paragraphs 66AB(3)(b) and (c) in relation to the premises; and</p> <p>(b) state whether an entry under the warrant is authorised to be made at any time of the day or night or during specified hours of the day or night; and</p> <p>(c) specify the day (not more than 6 months after the day on which the warrant is issued) on which the warrant ceases to have effect; and</p> <p>(d) state the purpose for which the warrant is issued.</p> <p><b>66AW(1)</b> Before obtaining the consent of a person for the purposes of entering premises under section 66AB or 66AE, a quarantine officer must tell the person that the person may refuse to give consent.</p> <p><b>66AW(2)</b> An entry by a quarantine officer in consequence of the consent of a person is not lawful unless the person voluntarily consented to the entry.</p> <p><b>70(1)</b> A quarantine officer may board any vessel that:</p> <p>(a) is in a port or place in Australia, the Cocos Islands or Christmas Island; or</p>	

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<p>(b) is:</p> <ul style="list-style-type: none"> <li>(i) on the seaward side of the outer limits of the territorial sea of Australia, the Cocos Islands or Christmas Island and is within 9 nautical miles, or such greater distance as the Governor-General, by proclamation, declares, of those outer limits; and</li> <li>(ii) bound for a port or place in Australia, the Cocos Islands or Christmas Island;</li> </ul> <p>and may, after boarding the vessel:</p> <ul style="list-style-type: none"> <li>(c) enter and examine any part of the vessel;</li> <li>(d) examine any animals, plants or other goods on board the vessel; and</li> <li>(e) examine the passenger list, log, manifest, journal and any other papers relating to the vessel or to any persons, animals, plants or other goods on board the vessel.</li> </ul> <p><b>70(2)</b> The master of a vessel is guilty of an offence if:</p> <ul style="list-style-type: none"> <li>(a) he or she is required by a quarantine officer to produce to him or her for examination the papers referred to in paragraph (1)(e); and</li> <li>(b) he or she fails to comply with the requirement.</li> </ul> <p>Maximum penalty: 60 penalty units.</p> <p><b>70(2A)</b> An offence against subsection (2) is an offence of strict liability.</p> <p><b>70(3)</b> A person authorized in writing by a Director of Quarantine to act under this subsection may board any vessel that:</p> <ul style="list-style-type: none"> <li>(a) is in a port or place in Australia, the Cocos Islands or Christmas Island; or</li> <li>(b) is: <ul style="list-style-type: none"> <li>(i) on the seaward side of the outer limits of the territorial sea of Australia, the Cocos Islands or Christmas Island and is within 9 nautical miles, or such greater distance as the Governor-General, by proclamation, declares, of those outer limits; and</li> <li>(ii) bound for a port or place in Australia, the Cocos Islands or Christmas Island;</li> </ul> </li> </ul> <p>and may, after boarding the vessel, enter and examine any part of the vessel and all animals, plants or other goods on board the vessel.</p> <p><b>72(1)</b> A quarantine officer may require the master of a vessel to cause all or any of the persons on the vessel to be informed that, for the purposes of quarantine inspection, a muster of those persons will be held at a time, and at a place on or in the vicinity of the vessel, specified by the quarantine officer.</p> <p><b>72(2)</b> The master of a vessel shall comply with a requirement made by a quarantine officer under subsection (1) and, whether or not such a requirement is made, shall, by all reasonable means, facilitate</p>	

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<p>the inspection by a quarantine officer of persons on the vessel. Maximum penalty: 50 penalty units.</p> <p><b>72(3)</b> A person on a vessel must attend a muster of which he or she is informed in pursuance of a requirement made under subsection (1). Maximum penalty: 20 penalty units.</p> <p><b>72(4)</b> If so required by a quarantine officer, a person on a vessel must attend, for the purpose of quarantine inspection, at a time, and at a place on or in the vicinity of the vessel, specified by the quarantine officer. Maximum penalty: 20 penalty units.</p> <p><b>72(4A)</b> Subsections (3) and (4) do not apply if the person is prevented from attending by illness or some other cause.</p> <p><b>72(5)</b> A person on a vessel, or a person who attends at a place in the vicinity of a vessel in pursuance of subsection (3) or (4), shall answer truly to the best of his or her knowledge all questions asked him or her by a quarantine officer concerning his or her personal health and the likelihood of his or her having been exposed to infection. Maximum penalty: 50 penalty units.</p> <p><b>72(6)</b> A person on a vessel, or a person who attends at a place in the vicinity of a vessel in pursuance of subsection (3) or (4), shall, if required by a quarantine officer, submit to a medical examination. Maximum penalty: 50 penalty units.</p> <p><b>72(6A)</b> An offence against subsection (2), (3), (4) or (6) is an offence of strict liability.</p> <p><b>72(7)</b> A reference in this section to a vessel shall be read as including a reference to an installation to which section 70AA applies.</p> <p><b>73(1)</b> A quarantine officer may ask the master or medical officer of any vessel any questions he or she thinks fit to ask concerning any sickness on board the vessel or the sanitary condition of the vessel, and the master or medical officer shall, to the best of his or her knowledge, information, and belief, truly answer the questions asked him or her by the quarantine officer. Maximum penalty: Imprisonment for 2 years.</p>	



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<p><b>73(2)</b> A quarantine officer may ask any person subject to quarantine any questions concerning his or her personal health or liability to infection, and the person shall, to the best of his or her knowledge, information, and belief, truly answer the questions asked him or her by the quarantine officer. Maximum penalty: Imprisonment for one year.</p> <p><b>73(3)</b> A quarantine officer may, if he or she thinks fit, require a person, who has been asked questions in pursuance of this section, to verify, by statutory declaration, the answers given to the questions.</p> <p><b>73(3A)</b> A person is guilty of an offence if: (a) a requirement is made of the person under subsection (3); and (b) the person fails to comply with the requirement. Maximum penalty: 50 penalty units.</p> <p><b>73(3B)</b> An offence against subsection (3A) is an offence of strict liability.</p> <p><b>73(4)</b> A reference in this section to a vessel shall be read as including a reference to an installation to which section 70AA applies.</p> <p><b>74BC(1)</b> Subject to subsection (2), a quarantine officer who has entered premises under subparagraph 66AB(1)(a)(iv) or paragraph 66AE(2)(b) or under a warrant under section 66AC, 66AF or 66AH may, to the extent that it is reasonably necessary for the purpose of deciding whether to exercise any power under this Act or finding out whether this Act has been complied with: (a) require a person to answer questions relating to the movement of people, vehicles or goods to or from the premises or otherwise relating to the prevention or control of the introduction, establishment or spread of a disease or pest; or (b) require a person to produce any documents relating to the movement of people, vehicles or goods to or from the premises or otherwise relating to the prevention or control of the introduction, establishment or spread of a disease or pest, and inspect any documents so produced.</p> <p><b>74BC(2)</b> A quarantine officer is not entitled to make a requirement of a person under subsection (1) unless the officer produces his or her identity card for inspection by the person.</p> <p><b>74C(1)</b> A person is guilty of an offence if: (a) the person is asked a question or required to produce a document under subsection 70B(2) or (3) or 74BC(1); and (b) the person fails to answer the question or produce the document.</p>	

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<p>Maximum penalty: Imprisonment for one year.</p> <p><b>74C(2)</b> A person is guilty of an offence if:</p> <p>(a) the person is required under subsection 70B(4) to deliver a sample; and</p> <p>(b) the person fails to deliver the sample.</p> <p>Maximum penalty: Imprisonment for one year.</p> <p><b>75(3)</b> The Minister may take such action as he or she thinks fit to ensure the manufacture or importation of any prophylactic vaccine or other biological product required for the prevention or treatment of disease.</p>	

## NEW ZEALAND

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<p><b>Civil Defence Emergency Management Act 2002</b> (NZ), 2002/33.</p> <p><b>76(1)</b> The Director, or a Civil Defence Emergency Management Group, or a person acting under the authority of the Director or Group, may, by notice in writing, require any person to give the Director or the Group information described in subsection <u>(2)</u>.</p> <p><b>76(2)</b> The information referred to in subsection <u>(1)</u> is information that, in the opinion of the Director or the Group, as the case may be, is reasonably necessary for the exercise of civil defence emergency management by the Director or the Civil Defence Emergency Management Group, as the case may be, and that is—</p> <p>(a) in the possession of the person who is asked to give the information; and</p> <p>(b) capable of being provided without unreasonable difficulty or expense.</p> <p><b>76(3)</b> The information required to be given under subsection <u>(1)</u> must be given—</p> <p>(a) in the form specified by the Director or the Group; and</p> <p>(b) within the reasonable time that is specified by the Director or the Group; and</p> <p>(c) free of charge.</p> <p><b>78(1)</b> This section applies if a state of emergency is in force or the Director, a Controller, or a person authorised by a Civil Defence Emergency Management Group considers that an imminent threat of an emergency exists.</p> <p><b>78(2)</b> If this section applies, a District Court Judge may, by warrant, authorise any member of the police to enter and search any premises, not being a dwellinghouse, to obtain information if satisfied on oath by the Director, a Controller, or a person authorised by a Civil Defence Emergency Management Group that—</p> <p>(a) the information is urgently required in order to prevent or limit the extent of the emergency; and</p> <p>(b) the person in possession of the information has refused to provide the information.</p> <p><b>78(3)</b> A warrant may be issued under this section—</p> <p>(a) even if a requirement to give the information referred to in subsection <u>(2)</u> has been imposed at an earlier time under section <u>76</u>; and</p>	<p><b>Civil Defence Emergency Management Act 2002</b> (NZ), 2002/33.</p> <p><b>3</b> The purpose of this Act, which repeals and replaces the <u>Civil Defence Act 1983</u>, is to—</p> <p>[...]</p> <p>(c) provide for planning and preparation for emergencies and for response and recovery in the event of an emergency; and</p> <p>(d) require local authorities to co-ordinate, through regional groups, planning, programmes, and activities related to civil defence emergency management across the areas of reduction, readiness, response, and recovery, and encourage co-operation and joint action within those regional groups; and</p> <p>(e) provide a basis for the integration of national and local civil defence emergency management planning and activity through the alignment of local planning with a national strategy and national plan; and</p> <p>(f) encourage the co-ordination of emergency management, planning, and activities related to civil defence emergency management across the wide range of agencies and organisations preventing or managing emergencies under this Act and the Acts listed in section <u>17(3)</u>.</p> <p><b>8(1)</b> The chief executive of the responsible department may appoint under the <u>State Sector Act 1988</u> a suitably qualified and experienced person as the Director of Civil Defence Emergency Management.</p> <p><b>8(2)</b> The functions of the Director are to—</p> <p>(a) provide advice to the Minister on matters relating to civil defence emergency management;</p> <p>(b) identify hazards and risks that the Director considers are of national significance;</p> <p>(c) monitor and evaluate the national civil defence emergency management strategy;</p> <p>(d) develop, monitor, and evaluate the national civil defence emergency management plan;</p> <p>(e) develop, in consultation with the relevant persons and organisations that have responsibilities under this Act, any guidelines, codes, or technical standards that may be required for the purposes of this Act;</p> <p>(f) monitor the performance of Civil Defence Emergency Management Groups and persons who have responsibilities under this Act;</p> <p>(g) promote civil defence emergency management that is consistent with the purpose of this Act;</p> <p>(h) during a state of national emergency, direct and control for the purposes of this Act the resources available for civil defence emergency management.</p> <p><b>9(1)</b> The Director has all the powers that are reasonably necessary or expedient to enable the Director to</p>

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<p>(b) whether or not appeal proceedings or the prosecution of an offence in respect of that requirement have been completed.</p> <p><b>80(1)</b> Subject to any special conditions stated in the warrant under section <u>79</u>, every warrant issued under section <u>78</u> authorises the member of the police executing the warrant—</p> <p>(a) to enter and search the premises stated in the warrant at any time by day or night during the currency of the warrant; and</p> <p>(b) to use any assistants that may be reasonable in the circumstances for the purpose of the entry and search; and</p> <p>(c) to use any force that is reasonable in the circumstances for the purposes of effecting entry, and for breaking open anything in or on the place searched; and</p> <p>(d) to search for and seize the information referred to in section <u>78</u>, and for that purpose,—</p> <p>(i) to take copies of any document, or extracts from any document; and</p> <p>(ii) to require any person who has a document in his or her possession or under his or her control to reproduce, or to assist the person executing the warrant to reproduce, in usable form, any information recorded or stored in the document.</p> <p><b>80(2)</b> Every person called on to assist any member of the police executing a warrant issued under section <u>78</u> has the powers described in paragraphs (c) and (d) of subsection (1).</p>	<p>perform his or her functions.</p> <p><b>9(2)</b> Without limiting the generality of subsection (1), the Director may—</p> <p>(a) co-ordinate the use of and, during a state of national emergency, use, for the purposes of this Act, the personnel, material, information, services, and any other resources made available by departments, Civil Defence Emergency Management Groups, emergency services, New Zealand Defence Force (as provided in the <u>Defence Act 1990</u>), and other persons and in particular, without limitation, for—[...]</p> <p>(iii) medical care and attention to casualties:</p> <p>(b) during a state of national emergency, control the exercise and performance of the functions, duties, and powers of Civil Defence Emergency Management Groups and Group Controllers: [...]</p> <p>(d) devise, promote, and carry out, or cause to be carried out, research and investigations into matters relating to civil defence emergency management: [...]</p> <p>(f) disseminate information and advice on matters relating to civil defence emergency management:</p> <p>(g) promote and carry out, or cause to be carried out, the training of personnel for civil defence emergency management purposes:</p> <p>(h) co-ordinate the planning of civil defence emergency management between Civil Defence Emergency Management Groups:</p> <p>(i) advise in relation to, and assist in the planning, preparation, co-ordination, and carrying out of, civil defence emergency management.</p>
<p><b>Health Act 1956</b> (NZ), 1956/65.</p> <p><b>3A</b> Without limiting any other enactment or rule of law, and without limiting any other functions of the Ministry or of any other person or body, the Ministry shall have the function of improving, promoting, and protecting public health.</p> <p><b>8(1)</b> The [improvement, promotion, and protection of] public health in any outlying islands or other areas that are not for the time being within the jurisdiction of any local authority or of any Harbour Board shall be a function of the [Ministry], which for the purposes of this section shall be deemed to be a local authority.</p> <p><b>8(2)</b> The powers of the [Ministry] for the purposes of this section shall be exercisable by the Director-General or by any other officer or officers of the [Ministry] acting with the authority of the Director-General.</p>	<p><b>9(3)</b> Without limiting the generality of subsection (1), the Director may issue guidelines, codes, or technical standards to any person or organisation with responsibilities under this Act, including guidelines, codes, or technical standards for—</p> <p>(a) the establishment and operation of Civil Defence Emergency Management Groups and Co-ordinating Executive Groups:</p> <p>(b) the development of Civil Defence Emergency Management Group plans and operational plans for responding to specific emergencies:</p> <p>(c) the development of Civil Defence Emergency Management plans by the Crown, local government agencies, emergency services, and lifeline utilities:</p> <p>(d) the operational role of controllers, recovery co-ordinators, and other persons with responsibilities under this Act:</p> <p>(e) any other matters that—</p> <p>(i) the Director considers necessary; and</p> <p>(ii) are consistent with the purposes of this Act.</p> <p><b>10(1)</b> The Director may, in writing, either generally or particularly, delegate to any person the functions</p>

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<p><b>8(3)</b> The Governor-General may by Order in Council make regulations for the purpose of giving effect to this section, and by any such Order in Council may apply, with the necessary modifications, any other regulations made under this Act.</p> <p><b>8(4)</b> Any regulations made for the purposes of this section may prescribe reasonable fees to be payable by the owners or occupiers of lands within any area over which the [Ministry] has jurisdiction in accordance with this section, for the purpose of recouping the expenditure incurred by the [Ministry] in the exercise of its functions in such areas. All fees payable in accordance with such regulations shall be recoverable as a debt due to the Crown. For the purposes of this subsection, the term "occupier", in relation to any land, includes a person in temporary occupation thereof, whether or not that person is in occupation as of right.</p> <p><b>8(5)</b> Subject to the provisions of this section and to any regulations for the time being in force thereunder, all expenses incurred by the [Ministry] in the exercise of its powers and functions under this section shall be paid out of money to be appropriated by Parliament.</p> <p><b>23</b> Subject to the provisions of this Act, it shall be the duty of every local authority to [improve, promote, and protect] public health within its district, and for that purpose every local authority is hereby empowered and directed—</p> <p>(a) To appoint all such [Environmental Health Officers] and other officers and servants as in its opinion are necessary for the proper discharge of its duties under this Act:</p> <p>(b) To cause inspection of its district to be regularly made for the purpose of ascertaining if any nuisances, or any conditions likely to be injurious to health or offensive, exist in the district:</p> <p>(c) If satisfied that any nuisance, or any condition likely to be injurious to health or offensive, exists in the district, to cause all proper steps to be taken to secure the abatement of the nuisance or the removal of the condition:</p> <p>(d) Subject to the direction . . . of the Director-General, to enforce within its district the provisions of all regulations under this Act for the time being in force in that district:</p> <p>(e) To make bylaws under and for the purposes of this Act or any other Act authorising the making of bylaws for the protection of [public health]:</p> <p>(f) To furnish from time to time to the Medical Officer of Health such reports as to diseases and sanitary conditions within its district as the Director-General or the Medical Officer of Health may require.</p> <p><b>64(1)</b> Every local authority may, for the purposes of this Act, make bylaws for all or any of the following matters, namely: [...]</p> <p>(u) For preventing the outbreak or spread of disease by the agency of flies, mosquitoes, or other insects,</p>	<p>and powers of the Director referred to in sections <u>8(2)(h)</u> and <u>9(2)(a)</u> for the purposes of dealing with any state of national emergency.</p> <p><b>31(1)</b> The Minister must, on behalf of the Crown, complete a national civil defence emergency management strategy.</p> <p><b>31(2)</b> The national civil defence emergency management strategy may include statements of—</p> <p>(a) the Crown's goals in relation to civil defence emergency management in New Zealand:</p> <p>(b) the objectives to be pursued to achieve those goals:</p> <p>(c) the measurable targets to be met to achieve those objectives.</p> <p><b>32(1)</b> Before completing the national civil defence emergency management strategy, the Minister must—</p> <p>(a) publicly notify the proposed strategy by—</p> <p>(i) publishing a notice in the <i>Gazette</i> ; and</p> <p>(ii) publishing a notice in 1 or more daily newspapers circulating in the major metropolitan areas; and</p> <p>(iii) giving any other notification that the Minister considers appropriate having regard to the persons likely to have an interest in the proposal; and</p> <p>(b) give interested persons a reasonable time, which must be specified in the notice published under paragraph (a), to make submissions on the proposal; and</p> <p>(c) consult any persons that the Minister in each case considers appropriate.</p> <p><b>32(2)</b> The Minister may sign the completed national civil defence emergency management strategy and, as soon as possible after signing the strategy, must,—</p> <p>(a) by notice in the <i>Gazette</i>, state that the strategy has been made and specify the place or places where the strategy is available to members of the public for inspection free of charge and for purchase at a reasonable price; and</p> <p>(b) present a copy of the strategy to the House of Representatives.</p> <p><b>36</b> The Minister may amend or revoke a national civil defence emergency management strategy by following, with any necessary modifications, the procedure provided in section <u>32</u> for completing a national civil defence emergency management strategy.</p> <p><b>37(1)</b> A Civil Defence Emergency Management Group must ensure that its actions in exercising or performing its functions, duties, and powers under this Act are not inconsistent with any national civil defence emergency management strategy that is for the time being in force.</p>

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<p>or of rats, mice, or other vermin</p> <p><b>70(1)</b> For the purpose of preventing the outbreak or spread of any infectious disease, the Medical Officer of Health may from time to time, if authorised to do so by the Minister [or if [[a state of emergency has been declared under the <u>Civil Defence Emergency Management Act 2002</u>]],— (d) Cause infected animals to be destroyed in such manner as he thinks fit:</p> <p>(e) Require persons to report themselves or submit themselves for medical examination at specified times and places:</p> <p>(f) Require persons, places, buildings, ships, animals, and things to be isolated, quarantined, or disinfected as he thinks fit:</p> <p>(g) Forbid persons, ships, animals, or things to come or be brought to any port or place in the health district from any port or place which is or is supposed to be infected with any infectious disease:</p> <p>(h) Forbid persons to leave the health district or the place in which they are isolated or quarantined until they have been medically examined and found to be free from infectious disease, and until they have undergone such preventive treatment as he may in any such case prescribe:</p> <p>(i) Forbid the removal of ships, animals, or things from the health district, or from one port or part thereof to another, or from the place where they are isolated or quarantined, until they have been disinfected or examined and found to be free from infection:</p> <p>(j) Prohibit the keeping of animals or of any species of animal in any specified part of the health district:</p> <p>(k) Forbid the discharge of sewage, drainage, or insanitary matter of any description into any watercourse, stream, lake, or source of water supply:</p> <p>(l) Use or authorise any local authority to use as a temporary site for a special hospital or place of isolation any reserve or endowment suitable for the purpose, notwithstanding that such use may conflict with any trust, enactment, or condition affecting the reserve or endowment:</p> <p>(m) By order published in a newspaper circulating in the health district, require all theatres and other places of public amusement, all bars and private bars in premises licensed or deemed to be licensed for the sale of liquor under [the <u>Sale of Liquor Act 1989</u>], all billiard rooms, all churches, reading rooms, and public halls, and all other premises where people are accustomed to assemble for any purpose within the district, or within any defined area thereof, or any of such premises as aforesaid, to be closed for admission to the public either until further order or for any fixed period, and either absolutely or subject to such qualifications as he thinks fit:</p> <p>(n) By order published in like manner, prohibit until further order or for any fixed period, and either absolutely or subject to such qualifications as he thinks fit, the congregation of people at any racecourse, recreation ground, or other place within the health district:</p> <p>(o) By order published in like manner, prohibit until further order or for a fixed period the attendance of children under the age of 16 years in schools, Sunday schools, theatres, or places of public amusement</p>	<p><b>37(2)</b> The Director must ensure that his or her actions in exercising or performing his or her functions, duties, and powers under this Act are not inconsistent with any national civil defence emergency management strategy that is for the time being in force.</p> <p><b>39(1)</b> The Governor-General may, by Order in Council made on the recommendation of the Minister, make a national civil defence emergency management plan.</p> <p><b>39(2)</b> The national civil defence emergency management plan must state and provide for—</p> <p>(a) the hazards and risks to be managed at the national level:</p> <p>(b) the civil defence emergency management necessary at the national level to manage the hazards and risks described under paragraph (a):</p> <p>(c) the objectives of the plan and the relationship of each objective to the national civil defence emergency management strategy:</p> <p>(d) the co-ordination of civil defence emergency management during a state of national emergency:</p> <p>(e) the period for which the plan remains in force.</p> <p><b>39(3)</b> The national civil defence emergency management plan may authorise a person to exercise the power in section <u>88</u>.</p> <p><b>39(4)</b> A national civil defence emergency management plan made under this section is a regulation for the purposes of the <u>Acts and Regulations Publication Act 1989</u>, but is not a regulation for the purposes of the <u>Regulations (Disallowance) Act 1989</u>.</p> <p><b>41(1)</b> The Minister must not recommend to the Governor-General the making of a national civil defence emergency management plan unless the Minister—</p> <p>(a) has publicly notified the proposed plan by—</p> <p>(i) publishing a notice in the <i>Gazette</i> ; and</p> <p>(ii) publishing a notice in 1 or more daily newspapers circulating in the major metropolitan areas; and</p> <p>(iii) giving any other notification that the Minister considers appropriate, having regard to the persons likely to have an interest in the proposal; and</p> <p>(b) has presented the proposed plan to the House of Representatives at least 90 days before making the recommendation.</p> <p><b>41(2)</b> Every notice under this section must include—</p> <p>(a) a description of the proposed plan:</p>

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<p>within the district or within any defined area thereof; or, without the publication of an order, prohibit the admission of children under the age of 16 years to any school, Sunday school, theatre, or place of public amusement.</p> <p><b>70(2)</b> The Medical Officer of Health, and any [Environmental Health Officer] or other person authorised in that behalf by the Medical Officer of Health, may at any time, with or without assistants, enter on any lands, buildings, or ships, and inspect the same and all things thereon or therein; and may do, with respect to any persons, places, lands, buildings, ships, animals, or things, whatever in the opinion of the Medical Officer of Health is necessary or expedient for the purpose of carrying out the foregoing provisions of this section.</p> <p><b>70(3)</b> In no case shall the Medical Officer of Health, or any [Environmental Health Officer] or assistant or other person, incur any personal liability by reason of anything lawfully done by him under the powers conferred by this section.</p> <p><b>77</b> The Medical Officer of Health, or any medical practitioner authorised in that behalf by the Medical Officer of Health or by the local authority of the district, may at all reasonable times enter any premises in which he has reason to believe that there is or recently has been any person suffering from a notifiable infectious disease or recently exposed to the infection of any such disease, and may medically examine any person on those premises for the purpose of ascertaining whether that person is suffering or has recently suffered from any such disease.</p> <p><b>78</b> If the death of any person is suspected to have been due to a notifiable disease and the facts relating to the death cannot with certainty be ascertained without a post-mortem examination, or if it is desirable for preventing the occurrence or spread of a notifiable disease that the facts relating to the death of any person should be ascertained, the Director-General of Health may order a post-mortem examination of the body of the deceased person to be made by a medical practitioner.</p> <p><b>81</b> Where the local authority is of opinion that the cleansing or disinfection of any premises or of any article is necessary for preventing the spread or limiting or eradicating the infection of any infectious disease, the local authority may authorise any [Environmental Health Officer], with or without assistants, to enter on the premises and to carry out such cleansing and disinfection.</p> <p><b>82(1)</b> Whenever the Medical Officer of Health is of opinion that the cleansing or disinfection of any premises or of any article is necessary for preventing the spread or limiting or eradicating the infection of any communicable disease, or otherwise for preventing danger to health, or for rendering any premises fit</p>	<p>(b) a statement that submissions on the proposed plan may be made in writing to the Minister by any person:</p> <p>(c) a closing date for submissions (which must not be earlier than 40 working days after notification under this section):</p> <p>(d) a statement that every submission should state—</p> <ul style="list-style-type: none"> <li>(i) those aspects of the proposed plan that the submission supports; and</li> <li>(ii) those aspects of the proposed plan that the submission opposes; and</li> <li>(iii) the reasons for the support and opposition identified; and</li> <li>(iv) any specific alternatives to the proposed plan that the person making the submission wishes to recommend:</li> </ul> <p>(e) a list of the places where a copy of the proposal for the plan may be obtained or inspected:</p> <p>(f) an address for submissions.</p> <p><b>46(1)</b> If a national civil defence emergency management plan has been operative for 5 years or more and it is more than 5 years since the plan has been reviewed under this section, the Minister must review the plan.</p> <p><b>46(2)</b> The Minister may at any time review a national civil defence emergency management plan.</p> <p><b>46(3)</b> Following a review, the Minister may recommend that the plan be amended or revoked and replaced or may decide not to recommend that the plan be changed.</p> <p><b>46(4)</b> A review under this section is commenced by a proposal notified in accordance with section <a href="#">41</a>, and sections <a href="#">39</a>, <a href="#">40</a>, <a href="#">43</a> and <a href="#">45</a> apply to that review with any necessary modifications.</p> <p><b>66(1)</b> The Minister may declare that a state of national emergency exists over the whole of New Zealand or any areas or districts if at any time it appears to the Minister that—</p> <ul style="list-style-type: none"> <li>(a) an emergency has occurred or may occur; and</li> <li>(b) the emergency is, or is likely to be, of such extent, magnitude, or severity that the civil defence emergency management necessary or desirable in respect of it is, or is likely to be, beyond the resources of the Civil Defence Emergency Management Groups whose areas may be affected by the emergency.</li> </ul> <p><b>66(2)</b> The Minister must advise the House of Representatives as soon as practicable where a state of national emergency has been declared or extended.</p> <p><b>66(3)</b> If a declaration of a state of national emergency is made, any other state of emergency then in force in the area to which the state of national emergency applies ceases to have effect.</p>

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<p>for occupation, he may, by notice in writing, require the local authority of the district to cleanse or disinfect the premises or article within a time specified in the notice.</p> <p><b>82(2)</b> On receipt of a notice under subsection (1) of this section it shall be the duty of the local authority, within the time specified in the notice in that behalf, to cleanse and disinfect the premises or article accordingly.</p> <p><b>82(3)</b> If the local authority fails to carry out any work within the time specified in the notice, or in any other case where the Medical Officer of Health thinks fit to do so, the Medical Officer of Health may authorise any [Environmental Health Officer], with or without assistants, to enter on any premises and to carry out such disinfection and cleansing; and the cost of such disinfection or cleansing shall be recoverable from the local authority as a debt due to the Crown.</p> <p><b>83</b> Where any article dealt with by a local authority or any [Environmental Health Officer] under section 81 or section 82 of this Act is of such a nature that it cannot be effectively disinfected, the local authority or [Environmental Health Officer] may cause the article to be destroyed.</p> <p><b>84(1)</b> Any local authority may . . . , either separately or jointly with any other local authority or local authorities . . .,—</p> <p>(b) Provide, equip, and maintain disinfecting and cleansing stations, plant, equipment, and attendance for the cleansing of persons and for the disinfection of bedding, clothing, or other articles which have been exposed to or are believed to be contaminated with the infection of infectious disease, or which are dirty or verminous:</p> <p>(c) Provide vehicles for the conveyance of infected articles and any other accommodation, equipment, or articles required for dealing with any outbreak of infectious disease:</p> <p>(d) Provide disinfectants for public use.</p> <p><b>94</b> The Minister may from time to time, by notice in the <i>Gazette</i>, declare any specified portion of any harbour to be a place of inspection to which ships liable to quarantine shall be taken while awaiting inspection by the [Medical Officer of Health or [[Health Protection Officer]] ].</p> <p><b>95</b> The Minister may from time to time, by notice in the <i>Gazette</i>, declare any place in New Zealand to be an infected place for the purposes of this Part of this Act, on the ground that the place is infected with a quarantinable disease.</p> <p><b>101(1)</b> Subject to the provisions of any regulations made under this Act, the Medical Officer of Health or</p>	<p><b>67(1)</b> Subsection (3) applies if—</p> <p>(a) a declaration of a state of national emergency is made; and</p> <p>(b) Parliament—</p> <p>(i) has been prorogued until a date more than 7 days after the date on which the declaration is made or the date on which Parliament is next to meet has not been determined; or</p> <p>(ii) has been dissolved or has expired and no Proclamation has been made summoning Parliament to meet on a day not later than 7 days after the date on which the declaration is made.</p> <p><b>67(2)</b> Subsection (4) applies if—</p> <p>(a) a declaration of a state of national emergency is made; and</p> <p>(b) the House of Representatives is adjourned until a date more than 7 days after the date on which the declaration is made.</p> <p><b>67(3)</b> If this subsection applies,—</p> <p>(a) a Proclamation must be made appointing a day for Parliament to meet, being—</p> <p>(i) a day not later than 7 days after the date of the making of the declaration of a state of national emergency; or</p> <p>(ii) if the declaration is made after the date on which Parliament has been dissolved or has expired and before the latest day appointed under the <u>Electoral Act 1993</u> for the return of the writ for the election of members of Parliament, a day not later than 7 days after the latest day appointed for the return of the writ; and</p> <p>(b) Parliament must meet and sit on the day appointed.</p> <p><b>67(4)</b> If this subsection applies,—</p> <p>(a) the Speaker of the House of Representatives must, as soon as practicable, by notice in the <i>Gazette</i>, appoint a day and time for the House of Representatives to meet, being a day not later than 7 days after the date of the making of the declaration; and</p> <p>(b) the House of Representatives must meet and sit at the time and on the day specified in the notice.</p> <p><b>69(1)</b> If at any time it appears to the Minister that an emergency has occurred or may occur in the area of any Civil Defence Emergency Management Group and a state of local emergency has not been declared under section 68, the Minister may declare a state of local emergency for that area.</p> <p><b>69(2)</b> Nothing in this section authorises the Minister to declare a state of local emergency for any part of New Zealand while a state of national emergency is in force in respect of that part.</p>



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<p>[[Health Protection Officer]], before granting pratique to any ship liable to quarantine, shall board that ship and inspect it for the purpose of ascertaining whether any infectious disease exists on the ship.</p> <p><b>101(2)</b> Subject to the provisions of any regulations made under this Act, the Medical Officer of Health or [[Health Protection Officer]] may board any aircraft liable to quarantine and inspect it.</p> <hr/> <p><b>Health (Infectious and Notifiable Diseases) Regulations 1966 (NZ), 1966/87.</b></p> <p><b>7</b> It shall be the duty of every Inspector charged with the investigation and control of infectious diseases to observe and comply with the following directions and requirements, namely:</p> <p>(a) On becoming aware in any way of a case or suspected case of notifiable infectious disease in any premises, he shall, unless otherwise instructed by the Medical Officer of Health, forthwith visit those premises and inquire into the causes and circumstances of the case, and shall take such steps as are necessary or desirable to prevent the spread of infection and to remove conditions favourable to infection:</p> <p>(b) He shall forthwith report to the Medical Officer of Health, in such form as the Director-General may require, the results of his investigation into any case or suspected case of infectious disease: [...].</p> <p><b>14(3)</b> It shall be the duty of each and every one of the following persons, namely:</p> <p>(a) The parents or guardians of any child who is suffering from, or is suspected to be suffering from, or who has recently suffered from or been exposed to the infection of, an infectious disease:</p> <p>(b) Any school teacher who is suffering from, or is suspected to be suffering from, or who has recently suffered from, or been exposed to the infection of, an infectious disease:</p> <p>(c) The head teacher or other person in charge of any school which any such child or school teacher attends,</p> <p>to take all reasonable steps to secure compliance with this regulation, and to give to the Medical Officer of Health or to an Inspector all information which he may request concerning cases of infectious disease and regarding contacts therewith.</p> <p><b>22(1)</b> The Minister may, by notice in the <i>Gazette</i>, require all persons within any part of New Zealand specified in such notice, wherein an outbreak of smallpox has occurred, or threatens to occur, forthwith to be vaccinated or revaccinated.</p> <p><b>23</b> Where the Minister has, pursuant to these regulations, issued a notice requiring all persons within a</p>	<p><b>70(1)</b> A state of emergency comes into force immediately on the making of the declaration declaring it, or at a later time and date stated in that declaration.</p> <p><b>70(2)</b> A state of emergency expires with the commencement of the seventh day after the date on which it was declared, or any earlier time and date that may be stated in the declaration of the state of emergency.</p> <p><b>70(3)</b> Nothing in this section prevents the extension or termination of a state of emergency under section <u>71</u> or section <u>72</u>.</p> <p><b>71(1)</b> The duration of a state of national emergency may be extended by declaration made by the Minister.</p> <p><b>71(2)</b> The duration of a state of local emergency may be extended by declaration by a person authorised to declare a state of local emergency for the area concerned.</p> <p><b>71(3)</b> Every extension of a state of emergency expires with the commencement of the seventh day after the date on which it was declared, or at any earlier time and date that may be stated in the declaration of the extension of the duration of the state of emergency.</p> <p><b>71(4)</b> Nothing in this section prevents the termination of a state of emergency under section <u>72</u>, or the making of another declaration under this section, before the expiration of the state of emergency (as extended), further extending the state of emergency.</p> <p><b>72(1)</b> A person who is authorised to declare a state of emergency may, by declaration, terminate that state of emergency, whether or not the declaration of the state of emergency or any extension of it was made by that person.</p> <p><b>72(2)</b> Every declaration made under subsection (1) takes effect from the time and date of the declaration, or any later time and date that may be stated in the declaration.</p> <p><b>78(1)</b> This section applies if a state of emergency is in force or the Director, a Controller, or a person authorised by a Civil Defence Emergency Management Group considers that an imminent threat of an emergency exists.</p> <p><b>78(2)</b> If this section applies, a District Court Judge may, by warrant, authorise any member of the police</p>

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<p>defined area to be vaccinated, no person within the area shall travel on any public conveyance, or attend any school or other public meeting-place, or leave the area or the health district within which he resides unless he has in his possession a certificate of successful vaccination or revaccination, as the case may require, or the written permission of the Medical Officer of Health.</p> <hr/> <p><b>Tuberculosis Act 1948</b> (NZ), 1948/36.</p> <p><b>7(1)</b> It shall be the duty of every Medical Officer of Health, forthwith after the receipt by him of any notice, given pursuant to subsection (1) of section 3 of this Act, that any person is suspected of suffering from tuberculosis, to make such inquiries and do all such things as he deems necessary to ascertain whether or not the person to whom the notice relates is suffering from tuberculosis.</p> <p><b>8(1)</b> If in the opinion of the Medical Officer of Health it is necessary or expedient, for the purpose of giving effect to any of the provisions of this Act, that any premises in which there resides, or recently resided, any person believed or suspected by him to be suffering from tuberculosis, or any contact of any such person, should be inspected and inquiries made therein, and permission to enter on the premises is refused by the occupier or any person for the time being in charge thereof, the Medical Officer of Health or any medical practitioner, [district nurse or [[Health Protection Officer]] under [[the <a href="#">Health Act 1956</a>]] authorised by him in that behalf, may at all reasonable times enter on the premises and inspect them and make such inquiries as he deems necessary.</p> <p><b>8(2)</b> If with respect to any person who is suffering from tuberculosis or any contact of any such person the Medical Officer of Health has reason to believe or suspect that the source of the infection is in any premises in which that person or contact works, and is of opinion that for the purposes of this Act the premises should be inspected and inquiries made therein, and permission to enter on the premises is refused by the occupier or any person for the time being in charge of the premises, the Medical Officer of Health, or any medical practitioner, [district nurse or [[Health Protection Officer]] under [[the <a href="#">Health Act 1956</a>]] authorised by him in that behalf, may enter at all reasonable times upon those premises and inspect them and make such inquiries as he deems necessary.</p> <p><b>15</b> For the purposes of this Act, the Minister may, in addition to exercising any other powers conferred upon him by this or any other Act,—</p> <p>(a) Make such provision as he thinks proper for the dissemination of information with respect to the nature, effects, and proper treatment of tuberculosis, and with respect to the precautions which should be taken to prevent the spread of infection:</p>	<p>to enter and search any premises, not being a dwellinghouse, to obtain information if satisfied on oath by the Director, a Controller, or a person authorised by a Civil Defence Emergency Management Group that—</p> <p>(a) the information is urgently required in order to prevent or limit the extent of the emergency; and  (b) the person in possession of the information has refused to provide the information.</p> <p><b>78(3)</b> A warrant may be issued under this section—</p> <p>(a) even if a requirement to give the information referred to in subsection (2) has been imposed at an earlier time under section 76; and  (b) whether or not appeal proceedings or the prosecution of an offence in respect of that requirement have been completed.</p> <p><b>80(1)</b> Subject to any special conditions stated in the warrant under section 79, every warrant issued under section 78 authorises the member of the police executing the warrant—</p> <p>(a) to enter and search the premises stated in the warrant at any time by day or night during the currency of the warrant; and  (b) to use any assistants that may be reasonable in the circumstances for the purpose of the entry and search; and  (c) to use any force that is reasonable in the circumstances for the purposes of effecting entry, and for breaking open anything in or on the place searched; and  (d) to search for and seize the information referred to in section 78, and for that purpose,—</p> <p>(i) to take copies of any document, or extracts from any document; and  (ii) to require any person who has a document in his or her possession or under his or her control to reproduce, or to assist the person executing the warrant to reproduce, in usable form, any information recorded or stored in the document.</p> <p><b>80(2)</b> Every person called on to assist any member of the police executing a warrant issued under section 78 has the powers described in paragraphs (c) and (d) of subsection (1).</p> <p><b>84(1)</b> This section applies if—</p> <p>(a) a state of emergency is in force, or the Minister considers that an imminent threat of an emergency exists; and  (b) the Minister considers that, having regard to all the circumstances, it is expedient to exercise the power in subsection (2).</p> <p><b>84(2)</b> If this section applies, the Minister may direct the Director or any Civil Defence Emergency</p>

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<p>(b) Establish and maintain any clinic and provide thereat such equipment and services, including X-ray and bacteriological laboratory equipment and services, as may be necessary for the diagnosis or treatment of tuberculosis and for the immunisation against tuberculosis of such persons or classes of persons as may voluntarily submit themselves for immunisation and may suitably be immunised:</p> <p>(c) Encourage the establishment of associations for the purpose of preventing the spread of tuberculosis, and of securing the care, supervision, after-care, and assistance of persons who are suffering or have suffered from tuberculosis, and authorise the grant of subsidies, on such conditions as he thinks fit, to any such association out of money appropriated by Parliament for the purpose.</p>	<p>Management Group or person—</p> <p>(a) to perform or exercise any of the functions, duties, or powers conferred on that person or Group under this Act; or</p> <p>(b) to cease to perform or exercise any of the functions, duties, or powers conferred on that person or Group under this Act.</p> <p><b>84(3)</b> If, under this section, the Minister directs any Civil Defence Emergency Management Group or person to perform any function or duty or exercise any power, the Minister may direct that the function, duty, or power must be performed or exercised under the control and to the satisfaction of the Director.</p> <p><b>85(1)</b> While a state of emergency is in force in its area, a Civil Defence Emergency Management Group may— [...]</p> <p>(f) prohibit or regulate land, air, and water traffic within the area or district to the extent necessary to conduct civil defence emergency management:</p> <p>(g) undertake emergency measures for the disposal of dead persons or animals if it is satisfied that the measures are urgently necessary in the interests of public health:</p> <p>(h) disseminate information and advice to the public:</p> <p><b>85(2)</b> A Civil Defence Emergency Management Group must not act inconsistently with any directions given by the Minister or the Director.</p> <hr/> <p><b>Health Act 1956 (NZ), 1956/65.</b></p> <p><b>71(1)</b> In the event of the outbreak of any infectious disease the Medical Officer of Health, with the authority in writing of the Minister [or during [[a state of emergency declared under the <u>Civil Defence Emergency Management Act 2002</u>]], may—</p> <p>(a) Take possession of and occupy and use such lands and buildings, whether public or private, as in his opinion are required for the accommodation and treatment of patients:</p> <p>(b) By requisition in writing served on the owners or other persons for the time being in charge of any vehicles, require the exclusive use of such vehicles for the conveyance of patients, or of persons in attendance on patients, or otherwise for use in connection with the outbreak of disease as aforesaid:</p> <p>(c) By requisition in writing served on the occupier of any premises or on any person for the time being in charge of any premises, require to be delivered to him or in accordance with his order such drugs and articles of food or drink, and such other materials, as he deems necessary for the treatment of patients.</p>

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	<p><b>71(2)</b> Every person who suffers any loss or damage by the exercise of any of the powers conferred on the Medical Officer of Health by this section shall be entitled to compensation to be determined in case of dispute by a [District Court], whose decision shall be final.</p> <p><b>71(3)</b> Every person who refuses or fails to comply with any requisition under this section, or who counsels, procures, aids, or incites any other person so to do, or who interferes with or obstructs the Medical Officer of Health or any person acting under the authority of the Medical Officer of Health in the exercise of any powers under this section, commits an offence and is liable on summary conviction before a [District Court Judge] to a fine not exceeding [\$1,000].</p> <hr/> <p><b>Health (Infectious and Notifiable Diseases) Regulations 1966 (NZ), 1966/87.</b></p> <p><b>15(1)</b> In the case of an outbreak of an epidemic of infectious disease the Medical Officer of Health may constitute local committees to operate within defined areas and to assist him and the local authorities in checking the epidemic and conserving the public health.</p> <hr/> <p><b>Tuberculosis Act 1948 (NZ), 1948/36.</b></p> <p><b>15</b> For the purposes of this Act, the Minister may, in addition to exercising any other powers conferred upon him by this or any other Act,—</p> <p>(a) Make such provision as he thinks proper for the dissemination of information with respect to the nature, effects, and proper treatment of tuberculosis, and with respect to the precautions which should be taken to prevent the spread of infection:</p> <p>(b) Establish and maintain any clinic and provide thereat such equipment and services, including X-ray and bacteriological laboratory equipment and services, as may be necessary for the diagnosis or treatment of tuberculosis and for the immunisation against tuberculosis of such persons or classes of persons as may voluntarily submit themselves for immunisation and may suitably be immunised:</p> <p>(c) Encourage the establishment of associations for the purpose of preventing the spread of tuberculosis, and of securing the care, supervision, after-care, and assistance of persons who are suffering or have suffered from tuberculosis, and authorise the grant of subsidies, on such conditions as he thinks fit, to any such association out of money appropriated by Parliament for the purpose.</p>

## UNITED KINGDOM

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<p><b>Anti-Terrorism, Crime and Security Act 2001</b> (U.K.), 2001, c. 24.</p> <p><b>59(1)</b> The occupier of any premises must give a notice to the Secretary of State before any dangerous substance is kept or used there.</p> <p><b>59(2)</b> Subsection (1) does not apply to premises in respect of which a notice has previously been given under that subsection (unless it has been withdrawn).</p> <p><b>59(3)</b> The occupier of any premises in respect of which a notice has been given may withdraw the notice if no dangerous substance is kept or used there.</p> <p><b>59(4)</b> A notice under this section must-</p> <ul style="list-style-type: none"> <li>(a) identify the premises in which the substance is kept or used;</li> <li>(b) identify any building or site of which the premises form part; and</li> <li>(c) contain such other particulars (if any) as may be prescribed.</li> </ul> <p><b>59(5)</b> The occupier of any premises in which any dangerous substance is kept or used on the day on which this section comes into force must give a notice under this section before the end of the period of one month beginning with that day.</p> <p><b>59(6)</b> Where-</p> <ul style="list-style-type: none"> <li>(a) a substance which is kept or used in any premises becomes a dangerous substance by virtue of a modification of Schedule 5, but</li> <li>(b) no other dangerous substance is kept or used there,</li> </ul> <p>the occupier of the premises must give a notice under this section before the end of the period of one month beginning with the day on which that modification comes into force.</p> <p><b>60(1)</b> A constable may give to the occupier of any relevant premises a notice requiring him to give the chief officer of police such information as is specified or described in the notice by a time so specified and in a form and manner so specified.</p> <p><b>60(2)</b> The required information must relate to--</p> <ul style="list-style-type: none"> <li>(a) any dangerous substance kept or used in the premises; or</li> </ul>	<p><b>Biological Weapons Act 1974</b> (U.K.), 1974, c. 6.</p> <p><b>1(1)</b> No person shall develop, produce, stockpile, acquire or retain--</p> <ul style="list-style-type: none"> <li>(a) any biological agent or toxin of a type and in a quantity that has no justification for prophylactic, protective or other peaceful purposes; or</li> <li>(b) any weapon, equipment or means of delivery designed to use biological agents or toxins for hostile purposes or in armed conflict.</li> </ul> <p>[(1A) A person shall not--</p> <ul style="list-style-type: none"> <li>(a) transfer any biological agent or toxin to another person or enter into an agreement to do so, or</li> <li>(b) make arrangements under which another person transfers any biological agent or toxin or enters into an agreement with a third person to do so,</li> </ul> <p>if the biological agent or toxin is likely to be kept or used (whether by the transferee or any other person) otherwise than for prophylactic, protective or other peaceful purposes and he knows or has reason to believe that that is the case.]</p> <p><b>1(3)</b> Any person contravening this section shall be guilty of an offence and shall, on conviction on indictment, be liable to imprisonment for life.</p> <p><b>1A(1)</b> Section 1 applies to acts done outside the United Kingdom, but only if they are done by a United Kingdom person.</p> <p><b>1A(2)</b> Proceedings for an offence committed under section 1 outside the United Kingdom may be taken, and the offence may for incidental purposes be treated as having been committed, in any place in the United Kingdom.</p> <p><b>1A(3)</b> Her Majesty may by Order in Council extend the application of section 1, so far as it applies to acts done outside the United Kingdom, to bodies incorporated under the law of any of the Channel Islands, the Isle of Man or any colony.</p> <p><b>1A(4)</b> In this section "United Kingdom person" means a United Kingdom national, a Scottish partnership or a body incorporated under the law of a part of the United Kingdom. [...].</p>

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<p>(b) the measures taken (whether by the occupier or any other person) to ensure the security of any such substance.</p> <p><b>60(3)</b> In this Part references to measures taken to ensure the security of any dangerous substance kept or used in any relevant premises include--  (a) measures taken to ensure the security of any building or site of which the premises form part; and  (b) measures taken for the purpose of ensuring access to the substance is given only to those whose activities require access and only in circumstances that ensure the security of the substance.</p> <p><b>60(4)</b> In this Part "relevant premises" means any premises--  (a) in which any dangerous substance is kept or used, or  (b) in respect of which a notice under section 59 is in force.</p> <p><b>61(1)</b> A police officer of at least the rank of inspector may give to the occupier of any relevant premises a notice requiring him to give the chief officer of police a list of--  (a) each person who has access to any dangerous substance kept or used there;  (b) each person who, in such circumstances as are specified or described in the notice, has access to such part of the premises as is so specified or described;  (c) each person who, in such circumstances as are specified or described in the notice, has access to the premises; or  (d) each person who, in such circumstances as are specified or described in the notice, has access to any building or site of which the premises form part.</p> <p><b>61(2)</b> A list under subsection (1) must be given before the end of the period of one month beginning with the day on which the notice is given.</p> <p><b>61(3)</b> Where a list under subsection (1) is given, the occupier of the premises for the time being--  (a) must secure that only the persons mentioned in the list are given the access identified in the list relating to them; but  (b) may give a supplementary list to the chief officer of police of other persons to whom it is proposed to give access.</p> <p><b>61(4)</b> Where a supplementary list is given under subsection (3)(b), the occupier of the premises for the time being must secure that persons mentioned in that list do not have the proposed access relating to them until the end of the period of 30 days beginning with the day on which that list is given.</p>	<p><b>4(1)</b> If a justice of the peace is satisfied by information on oath, or in Scotland the sheriff or a magistrate or justice of the peace is satisfied by evidence on oath, that there is reasonable ground for suspecting that an offence under section 1 of this Act has been, or is about to be, committed, he may grant a search warrant authorising a constable . . . --  (a) to enter, at any time within one month from the date of the warrant, any premises or place named therein, if necessary by force, and to search the premises or place and every person found therein;  (b) to inspect any document found in the premises or place or in the possession of any person found therein, and to take copies of, or seize or detain any such document;  (c) to inspect, seize and detain any equipment so found; and  (d) to inspect, sample, seize and detain any substance so found.</p> <p><b>4(2)</b> A warrant issued under subsection (1) above, authorising a constable to take the steps mentioned in that subsection, may also authorise any person named in the warrant to accompany the constable and assist him in taking any of those steps.</p> <hr/> <p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22.</p> <p><b>16(1)</b> A local authority may by order direct that an infectious disease other than one specified in section 10 above or one to which regulations under section 13 above relate shall, for the purpose of the application to their district of such of the provisions of this Act relating to notifiable diseases as are specified in the order, be deemed to be a notifiable disease.</p> <p><b>16(2)</b> Subject to the provisions of this section with respect to a temporary order made in a case of emergency, an order made under this section shall have no effect until it has been approved by the Secretary of State and duly advertised.</p> <p><b>16(3)</b> When any such order has been approved by the Secretary of State, the local authority--  (a) shall give notice of the order by advertisement in a local newspaper circulating in the district and in such other manner as they think sufficient for informing persons interested, and  b) shall also send a copy to each registered medical practitioner who after due inquiry is ascertained to be practising in their district,  and the order shall come into operation on such date, not being earlier than one week after the date of the publication of the advertisement of the order in a local newspaper, as the local authority may fix.</p> <p><b>16(4)</b> If, in a case which appears to a local authority to be one of emergency, the authority resolve under</p>

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<p><b>61(5)</b> The chief officer of police may direct that a person may have such access before the end of that period.</p> <p><b>61(6)</b> The Secretary of State may by order modify the period mentioned in subsection (4).</p> <p><b>61(7)</b> Any list under this section must--  (a) identify the access which the person has, or is proposed to have;  (b) state the full name of that person, his date of birth, his address and his nationality; and  (c) contain such other matters (if any) as may be prescribed.</p> <p><b>62(1)</b> A constable may give directions to the occupier of any relevant premises requiring him to take such measures to ensure the security of any dangerous substance kept or used there as are specified or described in the directions by a time so specified.</p> <p><b>62(2)</b> The directions may--  (a) specify or describe the substances in relation to the security of which the measures relate; and  (b) require the occupier to give a notice to the chief officer of police before any other dangerous substance specified or described in the directions is kept or used in the premises.</p>	<p>this section to make a temporary order and declare in their resolution the nature of the emergency, the order may be advertised at once in accordance with the provisions of subsection (3) above and shall come into operation at the end of one week from the date of the publication of the advertisement.</p> <p><b>16(5)</b> A copy of the resolution to make a temporary order shall be transmitted to the Secretary of State as soon as it is passed, and the order shall, unless previously approved by him, cease to be in force at the end of one month after it is made, and may be revoked by the Secretary of State at any earlier date.</p> <p><b>16(6)</b> Any temporary order shall specify the period during which it is to continue in operation.</p> <p><b>16(7)</b> An order made under this section may be varied or revoked by an order made and approved in the like manner as the original order.</p> <p><b>28(1)</b> If a case of a notifiable disease occurs on any premises, then, whether the person suffering from the disease has been removed from the premises or not, the local authority for the district may make an order forbidding any work to which this section applies to be given out to any person living or working on those premises, or on such part of them as may be specified in the order; and any order so made may be served on the occupier of any factory or other place from which work is given out, or on any contractor employed by any such occupier.</p>
<p><b>Health Protection Agency Act 2004</b> (U.K.), 2004, c. 17.</p> <p><b>2(1)</b> The Agency has the following functions in relation to health--  (a) the protection of the community (or any part of the community) against infectious disease and other dangers to health;  (b) the prevention of the spread of infectious disease;  (c) the provision of assistance to any other person who exercises functions in relation to the matters mentioned in paragraphs (a) and (b).</p> <p><b>7(1)</b> The Agency may publish in such manner as it thinks appropriate--  (a) information it obtains from any source;  (b) advice it provides to any person.</p> <p><b>7(2)</b> But the Agency must not publish any matter--  (a) which contravenes the Data Protection Act 1998 (c 29);  (b) in contravention of an express restriction contained in any other enactment on the publication of the</p>	<p><b>28(2)</b> An order under this section may be expressed--  (a) to operate for a specified time or until the premises or any part of them specified in the order have been disinfected to the satisfaction of the local authority, or  (b) to be inoperative so long as any other reasonable precautions specified in the order are taken.</p> <p><b>28(4)</b> This section applies to the making, cleaning, washing, altering, ornamenting, finishing or repairing of wearing apparel and any incidental work, and to such other classes of work as may be specified by order of the Secretary of State.</p> <p><b>28(5)</b> The power of the Secretary of State to make orders under subsection (4) above shall be exercisable by statutory instrument.</p> <p><b>71(1)</b> If the Secretary of State is satisfied that any local authority, port health authority or joint board have failed to discharge their functions under a relevant provision of this Act in any case where they ought to have discharged them, he may make an order declaring them to be in default and directing them for the purpose of removing the default to discharge such of their functions, and in such manner and within such</p>

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<p>matter; (c) if the publication is not in the public interest.</p> <p><b>7(3)</b> Enactment includes-- (a) any provision of or instrument made under an Act of the Scottish Parliament; (b) Northern Ireland legislation.</p> <hr/> <p><b>Public Health (Control of Disease) Act 1984</b> (U.K.), 1984, c. 22.</p> <p><b>18(1)</b> On the application of the proper officer of the local authority for any district, the occupier of any premises in the district in which there is or has been any person suffering from a notifiable disease or food poisoning shall furnish such information within his knowledge as that officer may reasonably require for the purpose of enabling measures to be taken to prevent the spread of the disease or, as the case maybe, to trace the source of food poisoning.</p> <p><b>18(2)</b> If any person required to furnish information under this section fails to furnish it, or knowingly furnishes false information, he shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.</p> <p><b>23(1)</b> This section applies-- (a) to any theatre, including a cinematograph theatre, and any building used as a public hall, public concert-room or lecture room, public dance room or public gymnasium or indoor swimming baths, and (b) to any sports ground, outdoor swimming baths, outdoor swimming pool, or skating or roller skating rink, to which the public are admitted, either on payment of a charge for admission or not, and (c) to any circus, show, fair, fête, amusement arcade or other public place of entertainment which is not in a building.</p> <p><b>23(2)</b> With a view to preventing the spread of a notifiable disease, a local authority may, by notice published in such manner as they think best for bringing it to the notice of persons concerned, prohibit or restrict the admission of persons under the prescribed age to any place to which this section applies for a time specified in the notice.</p> <p><b>50(1)</b> An inspector appointed by the Secretary of State may, on producing, if required, evidence of his authority, enter a canal boat at any time between six o'clock in the morning and nine o'clock in the</p>	<p>time or times, as may be specified in the order.</p> <p><b>71(2)</b> If the authority or board with respect to whom an order has been made under subsection (1) above fail to comply with any requirement of the order within the time limited by the order for compliance with that requirement, the Secretary of State, in lieu of enforcing the order by mandamus or otherwise, may make an order transferring to himself such of the functions of the body in default as may be specified in his order.</p> <p><b>71(3)</b> Where the Secretary of State has by order under subsection (2) above transferred any functions to himself, any expenses incurred by him in discharging those functions shall be paid in the first instance out of moneys provided by Parliament, but the amount of those expenses as certified by the Secretary of State shall on demand be paid to him by the body in default, and shall be recoverable by him from them as a debt due to the Crown; and that body shall have the like power of raising the money required as they have of raising money for defraying expenses incurred directly by them.</p> <p><b>71(4)</b> The payment of any such expenses shall, to such extent as may be sanctioned by the Secretary of State, be a purpose for which a local authority, port health authority or joint board may borrow money in accordance with the statutory provisions relating to borrowing by that authority or board.</p> <p><b>71(5)</b> In any case where the Secretary of State has made an order under subsection (2) above, he may by order vary or revoke that order, but without prejudice to the validity of anything previously done under it.</p> <p><b>71(6)</b> Where any such order is so revoked, the Secretary of State may, either by the revoking order or by a subsequent order, make such provision as appears to him to be desirable with respect to the transfer, vesting and discharge of any property or liabilities acquired or incurred by him in discharging any of the functions to which the revoked order related.</p>



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<p>evening and examine every part of the boat and may, if need be, detain the boat for the purpose of his examination, but not for any longer period than is necessary.</p> <p><b>50(2)</b> If an authorised officer of a local authority or port health authority has reasonable ground for believing--</p> <p>(a) that any provision of regulations made under section 49 above is being contravened as respects a canal boat, or</p> <p>(b) that there is on board a canal boat any person suffering from an infectious disease, he shall, for the purpose of ascertaining whether there is any such contravention or any person on board suffering from an infectious disease, have the like rights of entering, examining and if necessary detaining the boat as an inspector appointed by the Secretary of State has under subsection (1) above.</p> <p><b>50(3)</b> The master of a canal boat shall, if required by such an inspector or officer, furnish him with such assistance and means as he may require for the purpose of his entry on and departure from the boat and his examination of it.</p> <p><b>50(4)</b> Any person who refuses to comply with a requisition made under subsection (3) above shall be deemed to have obstructed the person by whom the requisition was made.</p> <p><b>51(1)</b> A local authority or port health authority, on being informed that any person on a canal boat within their district is suffering from an infectious disease, shall cause such steps to be taken for preventing the spread of the disease as they consider to be necessary, and for that purpose may exercise any of the powers in relation to the prevention of infection conferred upon them by this Act, including powers for procuring the removal to hospital of persons suffering from an infectious disease, and may also, if need be, detain the boat, but not for any longer period than is necessary for cleansing and disinfecting it.</p> <p><b>54</b> The council of a non-metropolitan county or a local authority may arrange for the publication within their area of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures or cinematograph films in which such questions are dealt with, and may defray the whole or part of the expenses incurred for any of the purposes of this section.</p> <p><b>56(2)</b> A local authority may make byelaws for preventing the spread of infectious disease by the occupants or users of tents, vans, sheds and similar structures used for human habitation.</p> <p><b>56(3)</b> The powers of a court before which proceedings are brought in respect of any contravention of byelaws made under subsection (2) above shall include power to make an order prohibiting the use for</p>	

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<p>human habitation of the tent, van, shed or other structure in question at such places or within such area as may be specified in the order.</p> <p><b>61(1)</b> Subject to the provisions of this section, any authorised officer of a local authority shall, on producing, if so required, some duly authenticated document showing his authority, have a right to enter any premises at all reasonable hours--</p> <p>(a) for the purpose of ascertaining whether there is, or has been, on or in connection with the premises, any contravention of a relevant provision of this Act, or of byelaws made under this Act, which it is the duty of the local authority to enforce.</p> <p>(b) for the purpose of ascertaining whether or not circumstances exist which would authorise or require the local authority to take any action, or execute any work, under such a provision or such byelaws,</p> <p>(c) for the purpose of taking any action, or executing any work, authorised or required by such a provision or such byelaws, or by any order made under such a provision, to be taken, or executed, by the local authority, or</p> <p>(d) generally, for the purpose of the performance by the local authority of their functions under such a provision or such byelaws.</p> <p><b>61(2)</b> Admission to any premises, other than a factory or workplace, shall not be demanded as of right unless twenty-four hours' notice of the intended entry has been given to the occupier.</p> <p><b>61(3)</b> If it is shown to the satisfaction of a justice of the peace on sworn information in writing--</p> <p>(a) that admission to any premises has been refused, or that refusal is apprehended, or that the premises are unoccupied or the occupier is temporarily absent, or that the case is one of urgency, or that an application for admission would defeat the object of the entry, and</p> <p>(b) that there is reasonable ground for entry into the premises for any such purpose as is mentioned in subsection (1) above,</p> <p>the justice may by warrant under his hand authorise the local authority by any authorised officer to enter the premises, if need be by force.</p> <p><b>61(4)</b> Such a warrant shall not be issued unless the justice is satisfied either that notice of the intention to apply for a warrant has been given to the occupier, or that the premises are unoccupied, or that the occupier is temporarily absent, or that the case is one of urgency, or that the giving of such notice would defeat the object of the entry.</p> <p><b>70</b> The Secretary of State may cause a local inquiry to be held in any case where he is authorised by this Act to make an order, to give any consent or approval or otherwise to act under this Act, and in any other case where he deems it advisable that a local inquiry should be held in relation to any matter concerning</p>	

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<p>the public health in any place.</p> <hr/> <p><b>Public Health (Aircraft) Regulations 1979</b>, S.I. 1979/1434.</p> <p><b>7(1)</b> An authorised officer may, for the purposes of these regulations, inspect any aircraft at a customs airport.</p> <p><b>7(2)</b> The medical officer or other authorised officer acting on the medical officer's instructions shall--  (a) inspect on arrival any aircraft in respect of which the commander has sent a message under regulation 12; and  (b) inspect any aircraft at the airport when he has reasonable grounds for believing that there is on board a case or suspected case of infectious disease.</p> <p><b>7(4)</b> For the purposes of this regulation, the inspection of an aircraft may include the taking from the aircraft of samples of food and water for the purposes of analysis or examination with a view to the treatment of persons affected with any epidemic, endemic or infectious disease and for preventing the spread of such diseases.</p> <p><b>18(1)</b> The medical officer shall inspect any aircraft and the persons carried thereon as soon as possible and in any case within 3 hours after it has been detained under these regulations.</p> <p><b>18(2)</b> If the aircraft is one to which the authorised officer is required by these regulations to apply any further or additional measure, or if after such inspection the medical officer considers it necessary to apply any further or additional measure under these regulations, the medical officer may continue the detention of the aircraft, if such continued detention is necessary for the application of that further or additional measure.</p> <p><b>28</b> Where the Secretary of State has, by notice published in the LondonGazette, declared any place to be infected with a disease subject to the International Health Regulations or with any other disease which in his opinion constitutes a menace to other countries by reason of its spread or potential spread, then, until the notice is revoked by a subsequent notice published in the London Gazette, every medical officer shall comply with any requirement which may be made by the Secretary of State for preventing the spread of the disease, and in particular (but without prejudiceto the generality of the foregoing provision) the following provisions of this regulation shall operate in relation to any aircraft departing from any aerodrome specified by the Secretary of State for a destination outside the United Kingdom--</p>	

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<p>(a) an authorised officer, if so required by the Secretary of State, shall require a valid vaccination certificate from departing travellers. In the absence of such a certificate the medical officer may offer vaccination to any such traveller and apply the provisions of regulation 27(c);</p> <p>(b) the medical officer may, and within three hours after receiving a request from the commander so to do shall, medically examine any person who proposes to embark on or is on board the aircraft;</p> <p>(c) the authorised officer may require any part of the aircraft which in his opinion may be infected to be cleansed and disinfected to his satisfaction;</p> <p>(d) an authorised officer shall inspect any clothing, bedding or other article which is on, or is intended to be taken by any person on the aircraft and which, in the opinion of the officer, may have been exposed to infection and may require the disinfection or destruction of any such clothing, bedding or article, and the commander shall disclose to the authorised officer any relevant circumstances;</p> <p>(e) no person shall take or cause to be taken on board the aircraft any article which, in the opinion of an authorised officer, is capable of carrying infection, unless that officer is satisfied that it has been efficiently disinfected and, where necessary, disinfected;</p> <p>(f) if the aerodrome is situated in an area which is included in the said notice in the London Gazette and is therein declared to be infected with plague, and if there is reason to believe that there are rodents on the aircraft, the authorised officer may, and if so required by the Secretary of State shall, take steps to secure the deratting of the aircraft.</p> <p><b>31</b> Every person who is placed under surveillance under these regulations shall--</p> <p>(a) give facilities for any medical examination required by the medical officer for any area in which he may be during the period of surveillance;</p> <p>(b) furnish all such information as the medical officer may reasonably require with a view to ascertaining the person's state of health;</p> <p>(c) forthwith upon arrival during the period of surveillance at any address, other than the one stated as his intended address on leaving the aerodrome at which he arrived in England or Wales, send particulars of that address to the medical officer;</p> <p>(d) if so instructed by the medical officer, report immediately to the medical officer for any area in which he may be during the period of surveillance, and thereafter during that period report to that officer at such intervals as he may require:</p> <p>Provided that an instruction shall not be given under this sub-paragraph unless the Secretary of State has by direction (whether general or special) authorised the giving of instructions there under.</p>	

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<p><b>Public Health (International Trains) Regulations 1994</b>, S.I. 1994/311.</p> <p><b>9</b> Where there are reasonable grounds for suspecting that there is a significant danger to public health because a person either is believed to be a sick traveller or may have been exposed to infection with a serious epidemic, endemic or infectious disease, an enforcement authority may require him while he is on or when he alights from an international train--</p> <p>(a) to answer in a control area questions pertaining to his current state of health or his contact with the possible source of infection;</p> <p>(b) to answer in writing in a control area questions about his name, address and intended destination.</p> <hr/> <p><b>Public Health (Prevention of Tuberculosis) Regulations 1925</b>, S.I. 1925/757.</p> <p><b>4</b> No person who is aware that he is suffering from tuberculosis of the respiratory tract shall enter upon any employment or occupation in connection with a dairy which would involve the milking of cows, the treatment of milk, or the handling of vessels used for containing milk.</p> <p><b>5</b> Notwithstanding anything contained in the Public Health (Tuberculosis) Regulations 1912, of a local authority, on the report in writing of their Medical Officer of Health, are satisfied that a person residing in their district who is engaged in any such employment or occupation as aforesaid is suffering from tuberculosis of the respiratory tract and is in an infectious state, they may by notice in writing signed by the Clerk or the Medical Officer of Health require such person to discontinue his employment or occupation on or before the date specified in the notice, such date being not less than seven days after the service of the said notice, and such person shall thereupon comply with the said notice. [...].</p> <hr/> <p><b>Public Health (Ships) Regulations 1979</b>, S.I. 1979/1435.</p> <p><b>7(1)</b> The authorised officer may, for the purposes of these regulations, inspect any ship on arrival or already in the district.</p> <p><b>7(2)</b> An authorised officer shall--</p> <p>(a) inspect on arrival any ship in respect of which the master has sent to the health authority a message or notification under regulation 13(1)(a)(ii) and (iii), (b) or (c), and</p> <p>(b) inspect any ship already in the district when he has reasonable grounds for believing that there is on</p>	

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<p>board a case or suspected case of infectious disease.</p> <p><b>7(3)</b> For the purposes of this regulation, the inspection of a ship may include the taking from the ship of samples of food and water for the purposes of analysis or examination with a view to the treatment of persons affected with any epidemic, endemic or infectious disease and for preventing the spread of such diseases.</p> <p><b>10(2)</b> Where the Secretary of State is satisfied that a grave danger to public health exists by reason of infectious disease and notifies medical officers accordingly, the medical officer, if the Secretary of State so directs, shall require a person disembarking from a ship to state in writing his name and intended destination and address.</p> <p><b>22</b> The authorised officer may for the purposes of these regulations direct that any ship from a foreign port shall on arrival be taken to a mooring station for medical inspection, and he may, if a customs officer is to be the first officer to board the ship, give a notice in writing of such direction to the customs officer, who shall deliver the notice to the master.</p> <p><b>23</b> Where on the arrival of a ship from a foreign port it appears to a customs officer, from information in the Maritime Declaration of Health or otherwise, that the ship--  (a) has during its voyage been in an infected area; or  (b) is one to which regulation 21(1) applies,  he shall direct the master to take it to a mooring station for detention there unless an authorised officer otherwise allows or directs.</p> <p><b>24</b> If after the arrival of a ship a case of disease subject to the International Health Regulations or of lassa fever, rabies, viral haemorrhagic fever or marburg disease occurs on board, or an animal infected with any such disease is discovered or suspected of being on board, the authorised officer may direct the master to take the ship to a mooring station.</p> <p><b>25</b> A ship which has been taken to a mooring station or directed there by an authorised officer shall remain there until it has been inspected by the medical officer.</p> <p><b>26</b> An authorised officer may detain, or give notice in writing to a customs officer to detain, any ship for medical inspection at its place of mooring (not being a mooring station) or at its place of discharge or loading.</p>	

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<p><b>27</b> The detention of a ship by a customs officer under these regulations shall cease as soon as the ship has been inspected by the medical officer or, if such inspection has not commenced within twelve hours after the ship has been so detained, on the expiration of that period:  Provided that nothing in this regulation shall affect the power of the authorised officer to continue the detention of a ship under regulation 28.</p> <p><b>28(1)</b> The medical officer shall inspect any ship and the persons on board as soon as possible after it has been taken or directed to a mooring station or after it has been detained under these regulations.</p> <p><b>34</b> Where the Secretary of State has, by notice published in the London Gazette, declared any place to be infected with a disease subject to the International Health Regulations or with any other disease which in his opinion constitutes a menace to other countries by reason of its spread or potential spread, then, until the notice is revoked by a subsequent notice published in the London Gazette, every medical officer shall comply with any requirement which may be made by the Secretary of State for preventing the spread of the disease, and in particular (but without prejudice to the generality of the foregoing provision) the following provisions of this regulation shall operate in relation to any ship departing from any district specified by the Secretary of State for a destination, whether final or intermediate, outside the United Kingdom:--</p> <p>(a) an authorised officer, if so required by the Secretary of State, shall require a valid vaccination certificate from departing travellers. In the absence of such a certificate the medical officer may offer vaccination to any such traveller and may apply the provisions of regulation 33(c);</p> <p>(b) the medical officer may, and within three hours after receiving a request from the master so to do shall, medically examine any person who proposes to embark on or is on board the ship;</p> <p>(c) the authorised officer may require any part of the ship which in his opinion may be infected to be cleansed and disinfected to his satisfaction;</p> <p>(d) an authorised officer shall inspect any clothing, bedding or other article which is on, or is intended to be taken by any person on the ship and which, in the opinion of the officer, may have been exposed to infection and may require the disinfection or destruction of any such clothing, bedding or article, and the master shall disclose to the authorised officer any relevant circumstances;</p> <p>(e) no person shall take or cause to be taken on board the ship any article which, in the opinion of an authorised officer, is capable of carrying infection unless that officer is satisfied that it has been efficiently disinfected and, where necessary, disinfected;</p> <p>(f) if any part of a district is included in the said notice in the London Gazette and is therein declared to be infected with plague, and if there is reason to believe that there are rodents on the ship, the authorised officer may, and if so required by the Secretary of State shall, take steps to secure the deratting of the ship.</p>	

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<p><b>35</b> Every person to whom these regulations apply shall comply with every direction, requirement or condition given, made or imposed by an authorised officer or customs officer under these regulations, and shall furnish all such information as that officer may reasonably require (including information as to his name and intended destination and address to which he is going on leaving a ship), and every person who has for the time being the custody or charge of a child or other person who is under disability shall comply with any direction, requirement or condition so given, made or imposed, and shall furnish all such information as aforesaid in respect of that child or other person.</p> <p><b>37</b> Every person who is placed under surveillance under these regulations shall--  (a) give facilities for any medical examination required by the medical officer or by the medical officer for any area in which he may be during the period of surveillance;  (b) furnish all such information as the medical officer or any such medical officer may reasonably require with a view to ascertaining the person's state of health;</p> <hr/> <p><b>Blood Safety and Quality Regulations 2005</b>, S.S. 2005/50 (under the <b>European Communities Act 1972</b>).</p> <p><b>23(1)</b> Where the Secretary of State is aware of a specific epidemiological situation, such as an outbreak of a disease, which may affect the safety of blood donations, and as a result of which he considers that specific deferral criteria for the collection of blood donations should be adopted, he shall--  (a) notify blood establishments that those criteria must be adopted; and  (b) notify the Commission of--  (i) the epidemiological situation; and  (ii) the additional deferral criteria which blood establishments are required to adopt in relation to it pursuant to sub-paragraph (a).</p> <p><b>23(2)</b> A blood establishment shall adopt and comply with any criteria for additional tests notified to them by the Secretary of State pursuant to paragraph (1).</p> <hr/> <p><b>Health Service (Control of Patient Information) Regulations 2002</b>, S.I. 2002/1438.</p> <p><b>3(4)</b> Where the Secretary of State considers that it is necessary to process patient information for a purpose specified in paragraph (1), he may give notice to any body or person specified in paragraph (2) to</p>	



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<p>require that person or body to process that information for that purpose and any such notice may require that the information is processed forthwith or within such period as is specified in the notice.</p> <p><b>3(5)</b> Where confidential information is processed under this regulation, the bodies and persons specified in paragraph (2) shall make available to the Secretary of State such information as he may require to assist him in the investigation and audit of that processing and in his annual consideration of the provisions of these Regulations which is required by section 60(4) of the Act.</p> <hr/> <p><b>Immigration (European Economic Area) Regulations 2000, S.I. 2000/2326.</b></p> <p><b>21(1)</b> A person is not entitled to be admitted to the United Kingdom by virtue of regulation 12 if his exclusion is justified on grounds of public policy, public security or public health.</p> <p><b>21(3)</b> A person may be removed from the United Kingdom—[...]</p> <p>(b) if he is a qualified person or the family member of such a person, but the Secretary of State has decided that his removal is justified on the grounds of public policy, public security or public health.</p> <p><i>[Note : Regulation 12 provides that EEA nationals and their family members must be admitted to the United Kingdom if they produce specified documents on arrival.]</i></p> <p><b>22(1)</b> The Secretary of State may refuse to issue a residence permit or residence document (as the case may be) if the refusal is justified on grounds of public policy, public security or public health.</p> <p><b>22(2)</b> The Secretary of State may revoke, or refuse to renew, a residence permit or residence document if--</p> <p>(a) the revocation or refusal is justified on grounds of public policy, public security or public health; or [...].</p> <p><b>22(4)</b> An immigration officer may, at the time of a person's arrival in the United Kingdom, revoke that person's EEA family permit if--</p> <p>(a) the revocation is justified on grounds of public policy, public security or public health; or [...].</p> <p><b>Schedule 1</b></p> <p><b>1</b> The following diseases may justify a decision taken on grounds of public health--</p>	

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<p>(a) diseases subject to quarantine listed in International Health Regulation No 2 of the World Health Organisation of 25th May 1951;</p> <p>(b) tuberculosis of the respiratory system in an active state or showing a tendency to develop;</p> <p>(c) syphilis;</p> <p>(d) other infectious diseases or contagious parasitic diseases, if they are the subject of provisions for the protection of public health in the United Kingdom.</p>	

## UNITED STATES

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<p><b>Public Health Service Act</b>, 42 U.S.C. §241 et seq. (2005).</p> <p><b>241</b> (a) Authority of Secretary. The Secretary shall conduct in the Service, and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man, including water purification, sewage treatment, and pollution of lakes and streams [...].</p> <p><b>247b–6</b> (a) In general. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States, political subdivisions, and other public entities for preventive health service programs for the prevention, control, and elimination of tuberculosis.</p> <p><b>247b–6</b> (b) Research, demonstration projects, education, and training. With respect to the prevention, control, and elimination of tuberculosis, the Secretary may, directly or through grants to public or nonprofit private entities, carry out the following:</p> <ol style="list-style-type: none"> <li>(1) Research, with priority given to research concerning strains of tuberculosis resistant to drugs and research concerning cases of tuberculosis that affect certain populations.</li> <li>(2) Demonstration projects.</li> <li>(3) Public information and education programs.</li> <li>(4) Education, training, and clinical skills improvement activities for health professionals, including allied health personnel and emergency response employees.</li> <li>(5) Support of centers to carry out activities under paragraphs (1) through (4).</li> <li>(6) Collaboration with international organizations and foreign countries in carrying out such activities.</li> </ol> <p><b>247b–6</b> (c) Cooperation with providers of primary health services. The Secretary may make a grant under subsection (a) or (b) of this section only if the applicant for the grant agrees that, in carrying out activities under the grant, the applicant will cooperate with public and nonprofit private providers of primary health services or substance abuse services, including entities receiving assistance under section 254b, 254c, 254b (h), or 256a of this title or under subchapter III–A or XVII of this chapter.</p>	<p><b>42 U.S.C. §26</b> (2005) (Isolation of civilians for protection of military, air and naval forces).</p> <p><b>26</b> The Secretary of the Army, the Secretary of the Air Force and the Secretary of the Navy are authorized and directed to adopt measures for the purpose of assisting the various States in caring for civilian persons whose detention, isolation, quarantine, or commitment to institutions may be found necessary for the protection of the military, air and naval forces of the United States against venereal diseases.</p> <hr/> <p><b>Public Health Service Act</b>, 42 U.S.C. §217 et seq. (2005).</p> <p><b>217</b> In time of war, or of emergency proclaimed by the President, he may utilize the Service to such extent and in such manner as shall in his judgment promote the public interest. In time of war, or of emergency involving the national defense proclaimed by the President, he may by Executive order declare the commissioned corps of the Service to be a military service. Upon such declaration, and during the period of such war or such emergency or such part thereof as the President shall prescribe, the commissioned corps</p> <ol style="list-style-type: none"> <li>(a) shall constitute a branch of the land and naval forces of the United States,</li> <li>(b) shall, to the extent prescribed by regulations of the President, be subject to the Uniform Code of Military Justice [10 U.S.C. 801 et seq.], and</li> <li>(c) shall continue to operate as part of the Service except to the extent that the President may direct as Commander in Chief.</li> </ol> <p><b>233(p)(2)(A)</b> (i) In general The Secretary may issue a declaration, pursuant to this paragraph, concluding that an actual or potential bioterrorist incident or other actual or potential public health emergency makes advisable the administration of a covered countermeasure to a category or categories of individuals.  (ii) Covered countermeasure The Secretary shall specify in such declaration the substance or substances that shall be considered covered countermeasures (as defined in paragraph (8)(A)) for purposes of administration to individuals during the effective period of the declaration.  (iii) Effective period The Secretary shall specify in such declaration the beginning and ending dates of the effective period of the declaration, and may subsequently amend such declaration to shorten or extend such effective period, provided that the new closing date is after the date when the declaration is amended.</p>

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<p><b>247b-6</b> (d) Application for grant. [...]  (2) Plan for prevention, control, and elimination. The Secretary may make a grant under subsection (a) of this section only if the application under paragraph (1) contains a plan regarding the prevention, control, and elimination of tuberculosis in the geographic area with respect to which the grant is sought.</p> <p><b>247b-6</b> (e) Supplies and services in lieu of grant funds  (1) In general. Upon the request of a grantee under subsection (a) or (b) of this section, the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the grantee in carrying out the subsection involved and, for such purpose, may detail to the State any officer or employee of the Department of Health and Human Services. [...].</p> <p><b>247b-6</b> (f) Advisory Council.  (1) In general. The Secretary shall establish an advisory council to be known as the Advisory Council for the Elimination of Tuberculosis (in this subsection referred to as the “Council”).  (2) General duties. The Council shall provide advice and recommendations regarding the elimination of tuberculosis to the Secretary, the Assistant Secretary for Health, and the Director of the Centers for Disease Control and Prevention.  (3) Certain activities. With respect to the elimination of tuberculosis, the Council shall—  (A) in making recommendations under paragraph (2), make recommendations regarding policies, strategies, objectives, and priorities;  (B) address the development and application of new technologies; and  (C) review the extent to which progress has been made toward eliminating tuberculosis.</p> <p><b>247b-15</b> (a) In general. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may (directly and through grants to public and nonprofit private entities) provide for programs to carry out the following:  (1) To cooperate with the States in implementing a national system to determine the incidence of hepatitis C virus infection (in this section referred to as “HCV infection”) and to assist the States in determining the prevalence of such infection, including the reporting of chronic HCV cases.  (2) To identify, counsel, and offer testing to individuals who are at risk of HCV infection as a result of receiving blood transfusions prior to July 1992, or as a result of other risk factors.  (3) To provide appropriate referrals for counseling, testing, and medical treatment of individuals identified under paragraph (2) and to ensure, to the extent practicable, the provision of appropriate follow-up services.  (4) To develop and disseminate public information and education programs for the detection and</p>	<p>(iv) Publication The Secretary shall promptly publish each such declaration and amendment in the Federal Register.</p> <p><b>247d</b> (a) Emergencies. If the Secretary determines, after consultation with such public health officials as may be necessary, that—  (1) a disease or disorder presents a public health emergency; or  (2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists,  the Secretary may take such action as may be appropriate to respond to the public health emergency, including making grants, providing awards for expenses, and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder as described in paragraphs (1) and (2). Any such determination of a public health emergency terminates upon the Secretary declaring that the emergency no longer exists, or upon the expiration of the 90-day period beginning on the date on which the determination is made by the Secretary, whichever occurs first. Determinations that terminate under the preceding sentence may be renewed by the Secretary (on the basis of the same or additional facts), and the preceding sentence applies to each such renewal. Not later than 48 hours after making a determination under this subsection of a public health emergency (including a renewal), the Secretary shall submit to the Congress written notification of the determination.</p> <p><b>247d</b> (b) Public Health Emergency Fund  (1) In general. There is established in the Treasury a fund to be designated as the “Public Health Emergency Fund” to be made available to the Secretary without fiscal year limitation to carry out subsection (a) of this section only if a public health emergency has been declared by the Secretary under such subsection. There is authorized to be appropriated to the Fund such sums as may be necessary.  (2) Report. Not later than 90 days after the end of each fiscal year, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Commerce and the Committee on Appropriations of the House of Representatives a report describing—  (A) the expenditures made from the Public Health Emergency Fund in such fiscal year; and  (B) each public health emergency for which the expenditures were made and the activities undertaken with respect to each emergency which was conducted or supported by expenditures from the Fund.</p> <p><b>247d</b> (c) Supplement not supplant. Funds appropriated under this section shall be used to supplement and</p>

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<p>control of HCV infection, with priority given to high risk populations as determined by the Secretary.</p> <p>(5) To improve the education, training, and skills of health professionals in the detection and control of HCV infection, with priority given to pediatricians and other primary care physicians, and obstetricians and gynecologists.</p> <p><b>247b–15</b> (b) Laboratory procedures. The Secretary may (directly and through grants to public and nonprofit private entities) carry out programs to provide for improvements in the quality of clinical-laboratory procedures regarding hepatitis C, including reducing variability in laboratory results on hepatitis C antibody and PCR testing. [...].</p> <p><b>247b–17</b> (a) Surveillance</p> <p>(1) In general. The Secretary, acting through the Centers for Disease Control and Prevention, shall—</p> <p>(A) enter into cooperative agreements with States and other entities to conduct sentinel surveillance or other special studies that would determine the prevalence in various age groups and populations of specific types of human papillomavirus (referred to in this section as “HPV”) in different sites in various regions of the United States, through collection of special specimens for HPV using a variety of laboratory-based testing and diagnostic tools; and</p> <p>(B) develop and analyze data from the HPV sentinel surveillance system described in subparagraph (A). [...].</p> <p><b>247b–17</b> (b) Prevention activities; education program</p> <p>(1) In general. The Secretary, acting through the Centers for Disease Control and Prevention, shall conduct prevention research on HPV, including—</p> <p>(A) behavioral and other research on the impact of HPV-related diagnosis on individuals;</p> <p>(B) formative research to assist with the development of educational messages and information for the public, for patients, and for their partners about HPV;</p> <p>(C) surveys of physician and public knowledge, attitudes, and practices about genital HPV infection; and</p> <p>(D) upon the completion of and based on the findings under subparagraphs (A) through (C), develop and disseminate educational materials for the public and health care providers regarding HPV and its impact and prevention. [...].</p> <p><b>247b–17</b> (c) HPV education and prevention</p> <p>(1) In general. The Secretary shall prepare and distribute educational materials for health care providers and the public that include information on HPV. Such materials shall address—</p>	<p>not supplant other Federal, State, and local public funds provided for activities under this section.</p> <p><b>247d–3a</b> (a) In general. To enhance the security of the United States with respect to bioterrorism and other public health emergencies, the Secretary shall make awards of grants or cooperative agreements to eligible entities to enable such entities to conduct the activities described in subsection (d) of this section.</p> <p><b>247d–3a</b> (b) Eligible entities</p> <p>(1) In general. To be eligible to receive an award under subsection (a) of this section, an entity shall—</p> <p>(A) (i) be a State; and</p> <p>(ii) prepare and submit to the Secretary an application at such time, and in such manner, and containing such information as the Secretary may require, including an assurance that the State—</p> <p>(I) has completed an evaluation under section 247d–2 (a) of this title, or an evaluation that is substantially equivalent to an evaluation described in such section (as determined by the Secretary);</p> <p>(II) has prepared, or will (within 60 days of receiving an award under this section) prepare, a Bioterrorism and Other Public Health Emergency Preparedness and Response Plan in accordance with subsection (c) of this section;</p> <p>(III) has established a means by which to obtain public comment and input on the plan prepared under subclause (II), and on the implementation of such plan, that shall include an advisory committee or other similar mechanism for obtaining comment from the public at large as well as from other State and local stakeholders;</p> <p>(IV) will use amounts received under the award in accordance with the plan prepared under subclause (II), including making expenditures to carry out the strategy contained in the plan; and</p> <p>(V) with respect to the plan prepared under subclause (II), will establish reasonable criteria to evaluate the effective performance of entities that receive funds under the award and include relevant benchmarks in the plan; or</p> <p>(B) (i) be a political subdivision of a State or a consortium of 2 or more such subdivisions; and</p> <p>(ii) prepare and submit to the Secretary an application at such time, and in such manner, and containing such information as the Secretary may require.</p> <p>(2) Coordination with Statewide plans. An award under subsection (a) of this section to an eligible entity described in paragraph (1)(B) may not be made unless the application of such entity is in coordination with, and consistent with, applicable Statewide plans described in subsection (d)(1) of this section.</p>

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<p>(A) modes of transmission;            (B) consequences of infection, including the link between HPV and cervical cancer;            (C) the available scientific evidence on the effectiveness or lack of effectiveness of condoms in preventing infection with HPV; and            (D) the importance of regular Pap smears, and other diagnostics for early intervention and prevention of cervical cancer purposes in preventing cervical cancer.</p> <p>(2) Medically accurate information. Educational material under paragraph (1), and all other relevant educational and prevention materials prepared and printed from this date forward for the public and health care providers by the Secretary (including materials prepared through the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration), or by contractors, grantees, or subgrantees thereof, that are specifically designed to address STDs including HPV shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address. Such requirement only applies to materials mass produced for the public and health care providers, and not to routine communications.</p> <p><b>247c</b> (a) Technical assistance to public and nonprofit private entities and scientific institutions. The Secretary may provide technical assistance to appropriate public and nonprofit private entities and to scientific institutions for their research in, and training and public health programs for, the prevention and control of sexually transmitted diseases.</p> <p><b>247c</b> (b) Research, demonstration, and public information and education projects. The Secretary may make grants to States, political subdivisions of States, and any other public and nonprofit private entity for—</p> <ol style="list-style-type: none"> <li>(1) research into the prevention and control of sexually transmitted diseases;</li> <li>(2) demonstration projects for the prevention and control of sexually transmitted diseases;</li> <li>(3) public information and education programs for the prevention and control of such diseases; and</li> <li>(4) education, training, and clinical skills improvement activities in the prevention and control of such diseases for health professionals (including allied health personnel).</li> </ol> <p><b>247c</b> (c) Project grants to States. The Secretary is also authorized to make project grants to States and, in consultation with the State health authority, to political subdivisions of States, for—</p> <ol style="list-style-type: none"> <li>(1) sexually transmitted diseases surveillance activities, including the reporting, screening, and followup of diagnostic tests for, and diagnosed cases of, sexually transmitted diseases;</li> <li>(2) casefinding and case followup activities respecting sexually transmitted diseases, including contact tracing of infectious cases of sexually transmitted diseases and routine testing, including</li> </ol>	<p><b>247d–3a</b> (c) Bioterrorism and Other Public Health Emergency Preparedness and Response Plan. Not later than 60 days after receiving amounts under an award under subsection (a) of this section, an eligible entity described in subsection (b)(1)(A) of this section shall prepare and submit to the Secretary a Bioterrorism and Other Public Health Emergency Preparedness and Response Plan. Recognizing the assessment of public health needs conducted under section 247d–2 of this title, such plan shall include a description of activities to be carried out by the entity to address the needs identified in such assessment (or an equivalent assessment).</p> <p><b>247d–3a</b> (d) Use of funds. An award under subsection (a) of this section may be expended for activities that may include the following and similar activities:</p> <ol style="list-style-type: none"> <li>(1) To develop Statewide plans (including the development of the Bioterrorism and Other Public Health Emergency Preparedness and Response Plan required under subsection (c) of this section), and community-wide plans for responding to bioterrorism and other public health emergencies that are coordinated with the capacities of applicable national, State, and local health agencies and health care providers, including poison control centers.</li> <li>(2) To address deficiencies identified in the assessment conducted under section 247d–2 of this title.</li> <li>(3) To purchase or upgrade equipment (including stationary or mobile communications equipment), supplies, pharmaceuticals or other priority countermeasures to enhance preparedness for and response to bioterrorism or other public health emergencies, consistent with the plan described in subsection (c) of this section.</li> <li>(4) To conduct exercises to test the capability and timeliness of public health emergency response activities.</li> <li>(5) To develop and implement the trauma care and burn center care components of the State plans for the provision of emergency medical services.</li> <li>(6) To improve training or workforce development to enhance public health laboratories.</li> <li>(7) To train public health and health care personnel to enhance the ability of such personnel—             <ol style="list-style-type: none"> <li>(A) to detect, provide accurate identification of, and recognize the symptoms and epidemiological characteristics of exposure to a biological agent that may cause a public health emergency; and</li> <li>(B) to provide treatment to individuals who are exposed to such an agent.</li> </ol> </li> <li>(8) To develop, enhance, coordinate, or improve participation in systems by which disease detection and information about biological attacks and other public health emergencies can be rapidly communicated among national, State, and local health agencies, emergency response personnel, and health care providers and facilities to detect and respond to a bioterrorist attack or other public health emergency, including activities to improve information technology and communications equipment available to health care and public health officials for use in responding to a biological threat or</li> </ol>

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<p>laboratory tests and followup systems;  (3) interstate epidemiologic referral and followup activities respecting sexually transmitted diseases; and  (4) such special studies or demonstrations to evaluate or test sexually transmitted diseases prevention and control strategies and activities as may be prescribed by the Secretary.</p> <p><b>247c</b> (d) Grants for innovative, interdisciplinary approaches. The Secretary may make grants to States and political subdivisions of States for the development, implementation, and evaluation of innovative, interdisciplinary approaches to the prevention and control of sexually transmitted diseases.</p> <p><b>247c-1</b> (a) In general. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States, political subdivisions of States, and other public or nonprofit private entities for the purpose of carrying out the activities described in subsection (c) of this section regarding any treatable sexually transmitted disease that can cause infertility in women if treatment is not received for the disease.</p> <p><b>247c-1</b> (b) Authority regarding individual diseases. With respect to diseases described in subsection (a) of this section, the Secretary shall, in making a grant under such subsection, specify the particular disease or diseases with respect to which the grant is to be made. The Secretary may not make the grant unless the applicant involved agrees to carry out this section only with respect to the disease or diseases so specified.</p> <p><b>247c-1</b> (c) Authorized activities. With respect to any sexually transmitted disease described in subsection (a) of this section, the activities referred to in such subsection are—</p> <p>(1) screening women for the disease and for secondary conditions resulting from the disease, subject to compliance with criteria issued under subsection (f) of this section; [...]</p> <p>(3) providing counseling to women on the prevention and control of the disease (including, in the case of a woman with the disease, counseling on the benefits of locating and providing such counseling to any individual from whom the woman may have contracted the disease and any individual whom the woman may have exposed to the disease); [...]</p> <p>(7) providing outreach services to inform women of the availability of the services described in paragraphs (1) through (6);</p> <p>(8) providing to the public information and education on the prevention and control of the disease, including disseminating such information; and</p> <p>(9) providing training to health care providers in carrying out the screenings and counseling described in paragraphs (1) and (3).</p>	<p>attack or other public health emergency.</p> <p>(9) To enhance communication to the public of information on bioterrorism and other public health emergencies, including through the use of 2-1-1 call centers.</p> <p>(10) To address the health security needs of children and other vulnerable populations with respect to bioterrorism and other public health emergencies.</p> <p>(11) To provide training and develop, enhance, coordinate, or improve methods to enhance the safety of workers and workplaces in the event of bioterrorism.</p> <p>(12) To prepare and plan for contamination prevention efforts related to public health that may be implemented in the event of a bioterrorist attack, including training and planning to protect the health and safety of workers conducting the activities described in this paragraph.</p> <p>(13) To prepare a plan for triage and transport management in the event of bioterrorism or other public health emergencies.</p> <p>(14) To enhance the training of health care professionals to recognize and treat the mental health consequences of bioterrorism or other public health emergencies.</p> <p>(15) To enhance the training of health care professionals to assist in providing appropriate health care for large numbers of individuals exposed to a bioweapon.</p> <p>(16) To enhance training and planning to protect the health and safety of personnel, including health care professionals, involved in responding to a biological attack.</p> <p>(17) To improve surveillance, detection, and response activities to prepare for emergency response activities including biological threats or attacks, including training personnel in these and other necessary functions and including early warning and surveillance networks that use advanced information technology to provide early detection of biological threats or attacks.</p> <p>(18) To develop, enhance, and coordinate or improve the ability of existing telemedicine programs to provide health care information and advice as part of the emergency public health response to bioterrorism or other public health emergencies.</p> <p>Nothing in this subsection may be construed as establishing new regulatory authority or as modifying any existing regulatory authority.</p> <p><b>247d-3a</b> (e) Priorities in use of grants</p> <p>(1) In general</p> <p>(A) Priorities. Except as provided in subparagraph (B), the Secretary shall, in carrying out the activities described in this section, address the following hazards in the following priority:</p> <p>(i) Bioterrorism or acute outbreaks of infectious diseases.</p> <p>(ii) Other public health threats and emergencies.</p> <p>(B) Determination of the Secretary. In the case of the hazard involved, the degree of priority that would apply to the hazard based on the categories specified in clauses (i) and (ii) of subparagraph</p>

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<p><b>247c–1</b> (n) Technical assistance, and supplies and services in lieu of grant funds.</p> <p>(1) Technical assistance. The Secretary may provide training and technical assistance to grantees under subsection (a) of this section with respect to the planning, development, and operation of any program or service carried out under such subsection. The Secretary may provide such technical assistance directly or through grants or contracts. [...].</p> <hr/> <p><b>42 C.F.R. § 70.2</b> et seq. (2005) (Interstate Quarantine).</p> <p><b>70.2</b> Measures in the event of inadequate local control. Whenever the Director of the Centers for Disease Control and Prevention determines that the measures taken by health authorities of any State or possession (including political subdivisions thereof) are insufficient to prevent the spread of any of the communicable diseases from such State or possession to any other State or possession, he/she may take such measures to prevent such spread of the diseases as he/she deems reasonably necessary, including inspection, fumigation, disinfection, sanitation, pest extermination, and destruction of animals or articles believed to be sources of infection.</p> <p><b>70.6</b> Regulations prescribed in this part authorize the detention, isolation, quarantine, or conditional release of individuals, for the purpose of preventing the introduction, transmission, and spread of the communicable diseases listed in an Executive Order setting out a list of quarantinable communicable diseases, as provided under section 361(b) of the Public Health Service Act. Executive Order 13295, of April 4, 2003, contains the current revised list of quarantinable communicable diseases, and may be obtained at <a href="http://www.cdc.gov">http://www.cdc.gov</a>, or at <a href="http://www.archives.gov/federal/register">http://www.archives.gov/federal/register</a>. If this Order is amended, HHS will enforce that amended order immediately and update this reference.</p> <hr/> <p><b>Public Health Service Act</b>, 42 U.S.C. §300aa–1 et seq. (2005).</p> <p><b>300aa–1</b> The Secretary shall establish in the Department of Health and Human Services a National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The Program shall be administered by a Director selected by the Secretary.</p> <p><b>300aa–2 (a)</b> The Director of the Program shall have the following responsibilities:</p>	<p>(A) may be modified by the Secretary if the following conditions are met:</p> <p>(i) The Secretary determines that the modification is appropriate on the basis of the following factors:</p> <p>(I) The extent to which eligible entities are adequately prepared for responding to hazards within the category specified in clause (i) of subparagraph (A).</p> <p>(II) There has been a significant change in the assessment of risks to the public health posed by hazards within the category specified in clause (ii) of such subparagraph.</p> <p>(ii) Prior to modifying the priority, the Secretary notifies the appropriate committees of the Congress of the determination of the Secretary under clause (i) of this subparagraph.</p> <p>(2) Areas of emphasis within categories. The Secretary shall determine areas of emphasis within the category of hazards specified in clause (i) of paragraph (1)(A), and shall determine areas of emphasis within the category of hazards specified in clause (ii) of such paragraph, based on an assessment of the risk and likely consequences of such hazards and on an evaluation of Federal, State, and local needs, and may also take into account the extent to which receiving an award under subsection (a) of this section will develop capacities that can be used for public health emergencies of varying types.</p> <p><b>247d–3a</b> (f) Certain activities. In administering activities under section 247d–3 (c)(4) of this title or similar activities, the Secretary shall, where appropriate, give priority to activities that include State or local government financial commitments, that seek to incorporate multiple public health and safety services or diagnostic databases into an integrated public health entity, and that cover geographic areas lacking advanced diagnostic and laboratory capabilities.</p> <p><b>247d–3a</b> (g) Coordination with local Medical Response System. An eligible entity and local Metropolitan Medical Response Systems shall, to the extent practicable, ensure that activities carried out under an award under subsection (a) of this section are coordinated with activities that are carried out by local Metropolitan Medical Response Systems.</p> <p><b>247d–3a</b> (h) Coordination of Federal activities. In making awards under subsection (a) of this section, the Secretary shall—</p> <p>(1) annually notify the Director of the Federal Emergency Management Agency, the Director of the Office of Justice Programs, and the Director of the National Domestic Preparedness Office, as to the amount, activities covered under, and status of such awards; and</p> <p>(2) coordinate such awards with other activities conducted or supported by the Secretary to enhance preparedness for bioterrorism and other public health emergencies.</p> <p><b>247d–3b</b> (a) Grants. The Secretary shall make awards of grants or cooperative agreements to eligible</p>



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<p>(1) Vaccine research. The Director of the Program shall, through the plan issued under section 300aa-3 of this title, coordinate and provide direction for research carried out in or through the National Institutes of Health, the Centers for Disease Control and Prevention, the Office of Biologics Research and Review of the Food and Drug Administration, the Department of Defense, and the Agency for International Development on means to induce human immunity against naturally occurring infectious diseases and to prevent adverse reactions to vaccines.</p> <p>(2) Vaccine development. The Director of the Program shall, through the plan issued under section 300aa-3 of this title, coordinate and provide direction for activities carried out in or through the National Institutes of Health, the Office of Biologics Research and Review of the Food and Drug Administration, the Department of Defense, and the Agency for International Development to develop the techniques needed to produce safe and effective vaccines.</p> <p>(3) Safety and efficacy testing of vaccines. The Director of the Program shall, through the plan issued under section 300aa-3 of this title, coordinate and provide direction for safety and efficacy testing of vaccines carried out in or through the National Institutes of Health, the Centers for Disease Control and Prevention, the Office of Biologics Research and Review of the Food and Drug Administration, the Department of Defense, and the Agency for International Development.</p> <p>(4) Licensing of vaccine manufacturers and vaccines. The Director of the Program shall, through the plan issued under section 300aa-3 of this title, coordinate and provide direction for the allocation of resources in the implementation of the licensing program under section 263a of this title.</p> <p>(5) Production and procurement of vaccines. The Director of the Program shall, through the plan issued under section 300aa-3 of this title, ensure that the governmental and non-governmental production and procurement of safe and effective vaccines by the Public Health Service, the Department of Defense, and the Agency for International Development meet the needs of the United States population and fulfill commitments of the United States to prevent human infectious diseases in other countries.</p> <p>(6) Distribution and use of vaccines. The Director of the Program shall, through the plan issued under section 300aa-3 of this title, coordinate and provide direction to the Centers for Disease Control and Prevention and assistance to States, localities, and health practitioners in the distribution and use of vaccines, including efforts to encourage public acceptance of immunizations and to make health practitioners and the public aware of potential adverse reactions and contraindications to vaccines.</p> <p>(7) Evaluating the need for and the effectiveness and adverse effects of vaccines and immunization activities. The Director of the Program shall, through the plan issued under section 300aa-3 of this title, coordinate and provide direction to the National Institutes of Health, the Centers for Disease Control and Prevention, the Office of Biologics Research and Review of the Food and Drug Administration, the National Center for Health Statistics, the National Center for Health Services</p>	<p>entities to enable such entities to improve community and hospital preparedness for bioterrorism and other public health emergencies.</p> <p><b>247d-3b</b> (b) Eligibility. To be eligible for an award under subsection (a) of this section, an entity shall—</p> <ul style="list-style-type: none"> <li>(1) be a partnership consisting of— <ul style="list-style-type: none"> <li>(A) one or more hospitals (including children’s hospitals), clinics, health centers, or primary care facilities; and</li> <li>(B) (i) one or more political subdivisions of States;</li> <li>(ii) one or more States; or</li> <li>(iii) one or more States and one or more political subdivisions of States; and</li> </ul> </li> <li>(2) prepare, in consultation with the Chief Executive Officer of the State, District, or territory in which the hospital, clinic, health center, or primary care facility described in paragraph (1)(A) is located, and submit to the Secretary, an application at such time, in such manner, and containing such information as the Secretary may require.</li> </ul> <p><b>247d-3b</b> (d) Consistency of planned activities. An entity described in subsection (b)(1) of this section shall utilize amounts received under an award under subsection (a) of this section in a manner that is coordinated and consistent, as determined by the Secretary, with an applicable State Bioterrorism and Other Public Health Emergency Preparedness and Response Plan.</p> <p><b>247d-3b</b> (e) Use of funds. An award under subsection (a) of this section may be expended for activities that may include the following and similar activities—</p> <ul style="list-style-type: none"> <li>(1) planning and administration for such award;</li> <li>(2) preparing a plan for triage and transport management in the event of bioterrorism or other public health emergencies;</li> <li>(3) enhancing the training of health care professionals to improve the ability of such professionals to recognize the symptoms of exposure to a potential bioweapon, to make appropriate diagnosis, and to provide treatment to those individuals so exposed;</li> <li>(4) enhancing the training of health care professionals to recognize and treat the mental health consequences of bioterrorism or other public health emergencies;</li> <li>(5) enhancing the training of health care professionals to assist in providing appropriate health care for large numbers of individuals exposed to a bioweapon;</li> <li>(6) enhancing training and planning to protect the health and safety of personnel involved in responding to a biological attack;</li> <li>(7) developing and implementing the trauma care and burn center care components of the State plans for the provision of emergency medical services; or</li> </ul>

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<p>Research and Health Care Technology Assessment, and the Health Care Financing Administration in monitoring the need for and the effectiveness and adverse effects of vaccines and immunization activities.</p> <p>(8) Coordinating governmental and non-governmental activities. The Director of the Program shall, through the plan issued under section 300aa-3 of this title, provide for the exchange of information between Federal agencies involved in the implementation of the Program and non-governmental entities engaged in the development and production of vaccines and in vaccine research and encourage the investment of non-governmental resources complementary to the governmental activities under the Program.</p> <p>(9) Funding of Federal agencies. The Director of the Program shall make available to Federal agencies involved in the implementation of the plan issued under section 300aa-3 of this title funds appropriated under section 300aa-6 of this title to supplement the funds otherwise available to such agencies for activities under the plan.</p> <p><b>300aa-2</b> (b) In carrying out subsection (a) of this section and in preparing the plan under section 300aa-3 of this title, the Director shall consult with all Federal agencies involved in research on and development, testing, licensing, production, procurement, distribution, and use of vaccines.</p> <p><b>300aa-3.</b> The Director of the Program shall prepare and issue a plan for the implementation of the responsibilities of the Director under section 300aa-2 of this title. The plan shall establish priorities in research and the development, testing, licensing, production, procurement, distribution, and effective use of vaccines, describe an optimal use of resources to carry out such priorities, and describe how each of the various departments and agencies will carry out their vaccine functions in consultation and coordination with the Program and in conformity with such priorities. The first plan under this section shall be prepared not later than January 1, 1987, and shall be revised not later than January 1 of each succeeding year.</p>	<p>(8) conducting such activities as are described in section 247d-3a (d) of this title that are appropriate for hospitals (including children’s hospitals), clinics, health centers, or primary care facilities.</p> <p><b>247d-3b</b> (g) Priorities in use of grants</p> <p>(1) In general</p> <p>(A) Priorities. Except as provided in subparagraph (B), the Secretary shall, in carrying out the activities described in this section, address the following hazards in the following priority:</p> <p>(i) Bioterrorism or acute outbreaks of infectious diseases.</p> <p>(ii) Other public health threats and emergencies. [...].</p> <p><b>247d-4</b> (a) Facilities; capacities.</p> <p>(3) Improving the capacities of the Centers for Disease Control and Prevention. The Secretary, taking into account evaluations under section 247d-2 (a) of this title, shall expand, enhance, and improve the capabilities of the Centers for Disease Control and Prevention relating to preparedness for and responding effectively to bioterrorism and other public health emergencies. Activities that may be carried out under the preceding sentence include—</p> <p>(A) expanding or enhancing the training of personnel;</p> <p>(B) improving communications facilities and networks, including delivery of necessary information to rural areas;</p> <p>(C) improving capabilities for public health surveillance and reporting activities, taking into account the integrated system or systems of public health alert communications and surveillance networks under subsection (b) of this section; and</p> <p>(D) improving laboratory facilities related to bioterrorism and other public health emergencies, including increasing the security of such facilities.</p> <p><b>247d-4</b> (b) National communications and surveillance networks</p> <p>(1) In general. The Secretary, directly or through awards of grants, contracts, or cooperative agreements, shall provide for the establishment of an integrated system or systems of public health alert communications and surveillance networks between and among—</p> <p>(A) Federal, State, and local public health officials;</p> <p>(B) public and private health-related laboratories, hospitals, and other health care facilities; and</p> <p>(C) any other entities determined appropriate by the Secretary.</p> <p>(2) Requirements. The Secretary shall ensure that networks under paragraph (1) allow for the timely sharing and discussion, in a secure manner, of essential information concerning bioterrorism or another public health emergency, or recommended methods for responding to such an attack or emergency.</p>

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	<p>(3) Standards. Not later than one year after June 12, 2002, the Secretary, in cooperation with health care providers and State and local public health officials, shall establish any additional technical and reporting standards (including standards for interoperability) for networks under paragraph (1).</p> <p><b>247d-6</b> (a) Working group on bioterrorism and other public health emergencies</p> <p>(1) In general. The Secretary, in coordination with the Secretary of Agriculture, the Attorney General, the Director of Central Intelligence, the Secretary of Defense, the Secretary of Energy, the Administrator of the Environmental Protection Agency, the Director of the Federal Emergency Management Agency, the Secretary of Labor, the Secretary of Veterans Affairs, and with other similar Federal officials as determined appropriate, shall establish a working group on the prevention, preparedness, and response to bioterrorism and other public health emergencies. Such joint working group, or subcommittees thereof, shall meet periodically for the purpose of consultation on, assisting in, and making recommendations on—</p> <ul style="list-style-type: none"> <li>(A) responding to a bioterrorist attack, including the provision of appropriate safety and health training and protective measures for medical, emergency service, and other personnel responding to such attacks;</li> <li>(B) prioritizing countermeasures required to treat, prevent, or identify exposure to a biological agent or toxin pursuant to section 262a of this title;</li> <li>(C) facilitation of the awarding of grants, contracts, or cooperative agreements for the development, manufacture, distribution, supply-chain management, and purchase of priority countermeasures;</li> <li>(D) research on pathogens likely to be used in a biological threat or attack on the civilian population;</li> <li>(E) development of shared standards for equipment to detect and to protect against biological agents and toxins;</li> <li>(F) assessment of the priorities for and enhancement of the preparedness of public health institutions, providers of medical care, and other emergency service personnel (including firefighters) to detect, diagnose, and respond (including mental health response) to a biological threat or attack;</li> <li>(G) in the recognition that medical and public health professionals are likely to provide much of the first response to such an attack, development and enhancement of the quality of joint planning and training programs that address the public health and medical consequences of a biological threat or attack on the civilian population between— <ul style="list-style-type: none"> <li>(i) local firefighters, ambulance personnel, police and public security officers, or other emergency response personnel (including private response contractors); and</li> <li>(ii) hospitals, primary care facilities, and public health agencies;</li> </ul> </li> </ul>

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	<p>(H) development of strategies for Federal, State, and local agencies to communicate information to the public regarding biological threats or attacks;</p> <p>(I) ensuring that the activities under this subsection address the health security needs of children and other vulnerable populations;</p> <p>(J) strategies for decontaminating facilities contaminated as a result of a biological attack, including appropriate protections for the safety of workers conducting such activities;</p> <p>(K) subject to compliance with other provisions of Federal law, clarifying the responsibilities among Federal officials for the investigation of suspicious outbreaks of disease and other potential public health emergencies, and for related revisions of the interagency plan known as the Federal response plan; and</p> <p>(L) in consultation with the National Highway Traffic Safety Administration and the U.S. Fire Administration, ways to enhance coordination among Federal agencies involved with State, local, and community based emergency medical services, including issuing a report that—</p> <ul style="list-style-type: none"> <li>(i) identifies needs of community-based emergency medical services; and</li> <li>(ii) identifies ways to streamline and enhance the process through which Federal agencies support community-based emergency medical services.</li> </ul> <p>(2) Consultation with experts. In carrying out subparagraphs (B) and (C) of paragraph (1), the working group under such paragraph shall consult with the pharmaceutical, biotechnology, and medical device industries, and other appropriate experts. [...].</p> <p><b>247d-6 (c)</b> Strategy for communication of information regarding bioterrorism and other public health emergencies. In coordination with working group under subsection (a) of this section, the Secretary shall develop a strategy for effectively communicating information regarding bioterrorism and other public health emergencies, and shall develop means by which to communicate such information. The Secretary may carry out the preceding sentence directly or through grants, contracts, or cooperative agreements.</p> <p><b>247d-6 (d)</b> Recommendation of Congress regarding official Federal Internet site on bioterrorism. It is the recommendation of Congress that there should be established an official Federal Internet site on bioterrorism, either directly or through provision of a grant to an entity that has expertise in bioterrorism and the development of websites, that should include information relevant to diverse populations (including messages directed at the general public and such relevant groups as medical personnel, public safety workers, and agricultural workers) and links to appropriate State and local government sites.</p> <p><b>247d-6 (e) Grants</b></p> <ul style="list-style-type: none"> <li>(1) In general. The Secretary, in coordination with the working group established under subsection</li> <li>(b) of this section, shall, on a competitive basis and following scientific or technical review, award</li> </ul>

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	<p>grants to or enter into cooperative agreements with eligible entities to enable such entities to increase their capacity to detect, diagnose, and respond to acts of bioterrorism upon the civilian population.</p> <p>(2) Eligibility. To be an eligible entity under this subsection, such entity must be a State, political subdivision of a State, a consortium of two or more States or political subdivisions of States, or a hospital, clinic, primary care facility, professional organization or society, school or program that trains medical laboratory personnel, private accrediting organization, or other nonprofit private institution or entity meeting criteria established by the Secretary.</p> <p>(3) Use of funds. An entity that receives a grant under this subsection shall use such funds for activities that are consistent with the priorities identified by the working group under subsection (b) of this section, including—</p> <ul style="list-style-type: none"> <li>(A) training health care professionals and public health personnel to enhance the ability of such personnel to recognize the symptoms and epidemiological characteristics of exposure to a potential bioweapon;</li> <li>(B) addressing rapid and accurate identification of potential bioweapons;</li> <li>(C) coordinating medical care for individuals exposed to bioweapons; and</li> <li>(D) facilitating and coordinating rapid communication of data generated from a bioterrorist attack between national, State, and local health agencies, and health care providers. [...].</li> </ul> <p><b>247d-6 (f)</b> Federal assistance. The Secretary shall ensure that the Department of Health and Human Services is able to provide such assistance as may be needed to State and local health agencies to enable such agencies to respond effectively to bioterrorist attacks. [...].</p> <p><b>247d-6 (h)</b> Accelerated research and development on priority pathogens and countermeasures</p> <p>(1) In general. With respect to pathogens of potential use in a bioterrorist attack, and other agents that may cause a public health emergency, the Secretary, taking into consideration any recommendations of the working group under subsection (a) of this section, shall conduct, and award grants, contracts, or cooperative agreements for, research, investigations, experiments, demonstrations, and studies in the health sciences relating to—</p> <ul style="list-style-type: none"> <li>(A) the epidemiology and pathogenesis of such pathogens;</li> <li>(B) the sequencing of the genomes, or other DNA analysis, or other comparative analysis, of priority pathogens (as determined by the Director of the National Institutes of Health in consultation with the working group established in subsection (a) of this section), in collaboration and coordination with the activities of the Department of Defense and the Joint Genome Institute of the Department of Energy;</li> <li>(C) the development of priority countermeasures; and</li> <li>(D) other relevant areas of research;</li> </ul>

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	<p>with consideration given to the needs of children and other vulnerable populations.  (2) Priority. The Secretary shall give priority under this section to the funding of research and other studies related to priority countermeasures. [...].</p> <p><b>247d-7</b> (a) In general. The Secretary shall make grants to not more than three eligible entities to carry out demonstration programs to improve the detection of pathogens likely to be used in a bioterrorist attack, the development of plans and measures to respond to bioterrorist attacks, and the training of personnel involved with the various responsibilities and capabilities needed to respond to acts of bioterrorism upon the civilian population. Such awards shall be made on a competitive basis and pursuant to scientific and technical review.</p> <p><b>247d-7</b> (b) Eligible entities. Eligible entities for grants under subsection (a) of this section are States, political subdivisions of States, and public or private non-profit organizations. [...].</p> <p><b>266</b> To protect the military and naval forces and war workers of the United States, in time of war, against any communicable disease specified in Executive orders as provided in subsection (b) of section 264 of this title, the Secretary, in consultation with the Surgeon General, is authorized to provide by regulations for the apprehension and examination, in time of war, of any individual reasonably believed  (1) to be infected with such disease and  (2) to be a probable source of infection to members of the armed forces of the United States or to individuals engaged in the production or transportation of arms, munitions, ships, food, clothing, or other supplies for the armed forces. Such regulations may provide that if upon examination any such individual is found to be so infected, he may be detained for such time and in such manner as may be reasonably necessary.</p> <p><b>300hh</b> (a) In general.  (1) Preparedness and response regarding public health emergencies. The Secretary shall further develop and implement a coordinated strategy, building upon the core public health capabilities established pursuant to section 319A [42 USCS § 247d-1], for carrying out health-related activities to prepare for and respond effectively to bioterrorism and other public health emergencies, including the preparation of a plan under this section. The Secretary shall periodically thereafter review and, as appropriate, revise the plan.  (2) National approach. In carrying out paragraph (1), the Secretary shall collaborate with the States toward the goal of ensuring that the activities of the Secretary regarding bioterrorism and other public health emergencies are coordinated with activities of the States, including local governments.  (3) Evaluation of progress. The plan under paragraph (1) shall provide for specific benchmarks and</p>

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	<p>outcome measures for evaluating the progress of the Secretary and the States, including local governments, with respect to the plan under paragraph (1), including progress toward achieving the goals specified in subsection (b).</p> <p><b>300hh</b> (b) Preparedness goals. The plan under subsection (a) should include provisions in furtherance of the following:</p> <ul style="list-style-type: none"> <li>(1) Providing effective assistance to State and local governments in the event of bioterrorism or other public health emergency.</li> <li>(2) Ensuring that State and local governments have appropriate capacity to detect and respond effectively to such emergencies, including capacities for the following: <ul style="list-style-type: none"> <li>(A) Effective public health surveillance and reporting mechanisms at the State and local levels.</li> <li>(B) Appropriate laboratory readiness.</li> <li>(C) Properly trained and equipped emergency response, public health, and medical personnel.</li> <li>(D) Health and safety protection of workers responding to such an emergency.</li> <li>(E) Public health agencies that are prepared to coordinate health services (including mental health services) during and after such emergencies.</li> <li>(F) Participation in communications networks that can effectively disseminate relevant information in a timely and secure manner to appropriate public and private entities and to the public.</li> </ul> </li> <li>(3) Developing and maintaining medical countermeasures (such as drugs, vaccines and other biological products, medical devices, and other supplies) against biological agents and toxins that may be involved in such emergencies.</li> <li>(4) Ensuring coordination and minimizing duplication of Federal, State, and local planning, preparedness, and response activities, including during the investigation of a suspicious disease outbreak or other potential public health emergency.</li> <li>(5) Enhancing the readiness of hospitals and other health care facilities to respond effectively to such emergencies.</li> </ul> <p><b>300hh</b> (c) Reports to Congress.</p> <ul style="list-style-type: none"> <li>(1) In general. Not later than one year after the date of the enactment of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 [enacted June 12, 2002], and biennially thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate, a report concerning progress with respect to the plan under subsection (a), including progress toward achieving the goals specified in subsection (b).</li> <li>(2) Additional authority. Reports submitted under paragraph (1) by the Secretary (other than the first</li> </ul>

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	<p>report) shall make recommendations concerning—</p> <ul style="list-style-type: none"> <li>(A) any additional legislative authority that the Secretary determines is necessary for fully implementing the plan under subsection (a), including meeting the goals under subsection (b); and</li> <li>(B) any additional legislative authority that the Secretary determines is necessary under section 319 [42 USCS § 247d] to protect the public health in the event of an emergency described in section 319(a) [42 USCS § 247d(a)].</li> </ul> <p><b>300hh</b> (d) Rule of construction. This section may not be construed as expanding or limiting any of the authorities of the Secretary that, on the day before the date of the enactment of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 [enacted June 12, 2002], were in effect with respect to preparing for and responding effectively to bioterrorism and other public health emergencies.</p> <p><b>300hh-11</b> (b) National Disaster Medical System</p> <ul style="list-style-type: none"> <li>(1) In general. The Secretary shall provide for the operation in accordance with this section of a system to be known as the National Disaster Medical System. The Secretary shall designate the Assistant Secretary for Public Health Emergency Preparedness as the head of the National Disaster Medical System, subject to the authority of the Secretary.</li> <li>(2) Federal and State collaborative System <ul style="list-style-type: none"> <li>(A) In general. The National Disaster Medical System shall be a coordinated effort by the Federal agencies specified in subparagraph (B), working in collaboration with the States and other appropriate public or private entities, to carry out the purposes described in paragraph (3).</li> <li>(B) Participating Federal agencies. The Federal agencies referred to in subparagraph (A) are the Department of Health and Human Services, the Federal Emergency Management Agency, the Department of Defense, and the Department of Veterans Affairs.</li> </ul> </li> <li>(3) Purpose of System <ul style="list-style-type: none"> <li>(A) In general. The Secretary may activate the National Disaster Medical System to - <ul style="list-style-type: none"> <li>(i) provide health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims of a public health emergency (whether or not determined to be a public health emergency under section 247d of this title); or</li> <li>(ii) be present at locations, and for limited periods of time, specified by the Secretary on the basis that the Secretary has determined that a location is at risk of a public health emergency during the time specified.</li> </ul> </li> <li>(B) Ongoing activities. The National Disaster Medical System shall carry out such ongoing activities as may be necessary to prepare for the provision of services described in subparagraph (A) in the event that the Secretary activates the National Disaster Medical System for such</li> </ul> </li> </ul>



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	<p>purposes.</p> <p><b>300hh-11 (c) Criteria.</b></p> <p>(1) In general. The Secretary shall establish criteria for the operation of the National Disaster Medical System.</p> <p>(2) Participation agreements for non-Federal entities. In carrying out paragraph (1), the Secretary shall establish criteria regarding the participation of States and private entities in the National Disaster Medical System, including criteria regarding agreements for such participation. The criteria shall include the following:</p> <p>(A) Provisions relating to the custody and use of Federal personal property by such entities, which may in the discretion of the Secretary include authorizing the custody and use of such property to respond to emergency situations for which the National Disaster Medical System has not been activated by the Secretary pursuant to subsection (b)(3)(A) of this section. Any such custody and use of Federal personal property shall be on a reimbursable basis.</p> <p>(B) Provisions relating to circumstances in which an individual or entity has agreements with both the National Disaster Medical System and another entity regarding the provision of emergency services by the individual. Such provisions shall address the issue of priorities among the agreements involved.</p> <p><b>300hh-12 (a) Strategic national stockpile</b></p> <p>(1) In general. The Secretary of Homeland Security (referred to in this section as the "Secretary"), in coordination with the Secretary of Health and Human Services and the Secretary of Veterans Affairs, shall maintain a stockpile or stockpiles of drugs, vaccines and other biological products, medical devices, and other supplies in such numbers, types, and amounts as are determined by the Secretary of Health and Human Services to be appropriate and practicable, taking into account other available sources, to provide for the emergency health security of the United States, including the emergency health security of children and other vulnerable populations, in the event of a bioterrorist attack or other public health emergency.</p> <p>(2) Procedures. The Secretary of Health and Human Services, in managing the stockpile under paragraph (1), shall -</p> <p>(A) consult with the working group under section 247d-6(a) of this title;</p> <p>(B) ensure that adequate procedures are followed with respect to such stockpile for inventory management and accounting, and for the physical security of the stockpile;</p> <p>(C) in consultation with Federal, State, and local officials, take into consideration the timing and location of special events;</p> <p>(D) review and revise, as appropriate, the contents of the stockpile on a regular basis to ensure that</p>

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	<p>emerging threats, advanced technologies, and new countermeasures are adequately considered;  (E) devise plans for the effective and timely supply-chain management of the stockpile, in consultation with appropriate Federal, State and local agencies, and the public and private health care infrastructure; and  (F) ensure the adequate physical security of the stockpile.</p> <p><b>300hh-12 (b) Smallpox vaccine development</b>  (1) In general. The Secretary of Health and Human Services shall award contracts, enter into cooperative agreements, or carry out such other activities as may reasonably be required in order to ensure that the stockpile under subsection (a) of this section includes an amount of vaccine against smallpox as determined by the Secretary of Health and Human Services to be sufficient to meet the health security needs of the United States.  (2) Rule of construction. Nothing in this section shall be construed to limit the private distribution, purchase, or sale of vaccines from sources other than the stockpile described in subsection (a) of this section.</p>

## WORLD HEALTH ORGANIZATION/PAN AMERICAN HEALTH ORGANIZATION

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<p><b>International Health Regulations (2005)</b>, WHO Doc. A58/55.</p> <p><b>Article 5</b>  <b>1</b> Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.</p> <p><b>2</b> Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances, and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Committee established under Article 50 (hereinafter the “Review Committee”). After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.</p> <p><b>3</b> WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article.</p> <p><b>4</b> WHO shall collect information regarding events through its surveillance activities and assess their potential to cause international disease spread and possible interference with international traffic. Information received by WHO under this paragraph shall be handled in accordance with Articles 11 and 45 where appropriate.</p> <p><b>Annex 1</b>  <b>A. Core Capacity Requirements for Surveillance and Response</b>  <b>1</b> States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:                      (a) their surveillance, reporting, notification, verification, response and collaboration activities; and                      (b) their activities concerning designated airports, ports and ground crossings.</p>	<p><b>International Health Regulations (2005)</b>, WHO Doc. A58/55.</p> <p><b>Article 5</b>  <b>1</b> Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.</p> <p><b>2</b> Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances, and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Committee established under Article 50 (hereinafter the “Review Committee”). After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.</p> <p><b>3</b> WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article.</p> <p><b>4</b> WHO shall collect information regarding events through its surveillance activities and assess their potential to cause international disease spread and possible interference with international traffic. Information received by WHO under this paragraph shall be handled in accordance with Articles 11 and 45 where appropriate.</p> <p><b>Annex 1</b>  <b>A. Core Capacity Requirements for Surveillance and Response</b>  <b>6</b> At the national level [...] <i>Public health response.</i> The capacities: [...]                     <ul style="list-style-type: none"> <li>(g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and</li> <li>(h) to provide the foregoing on a 24-hour basis.</li> </ul> </p>

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<p><b>2</b> Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of Article 13.</p> <p><b>3</b> States Parties and WHO shall support assessments, planning and implementation processes under this Annex.</p> <p><b>4</b> At the local community level and/or primary public health response level The capacities: (a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and (b) to report all available essential information immediately to the appropriate level of health-care response. At the community level, reporting shall be to local community health-care institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and (c) to implement preliminary control measures immediately.</p> <p><b>5</b> At the intermediate public health response levels The capacities: (a) to confirm the status of reported events and to support or implement additional control measures; and (b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.</p> <p><b>6</b> At the national level <i>Assessment and notification.</i> The capacities: (a) to assess all reports of urgent events within 48 hours; and (b) to notify WHO immediately through the National IHR Focal Point when the assessment</p>	<p><b>B. Core Capacity Requirements for Designated Airports, Ports and Ground Crossings [...]</b> <b>2</b> For responding to events that may constitute a public health emergency of international concern The capacities: (a) to provide appropriate public health emergency response, by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services; (b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required; (c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons; (d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry; (e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose; (f) to apply entry or exit controls for arriving and departing travellers; and (g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.</p> <p><b>Article 12</b> <b>1</b> The Director-General shall determine, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.</p> <p><b>2</b> If the Director-General considers, based on an assessment under these Regulations, that a public health emergency of international concern is occurring, the Director-General shall consult with the State Party in whose territory the event arises regarding this preliminary determination. If the Director-General and the State Party are in agreement regarding this determination, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the “Emergency Committee”) on appropriate temporary recommendations.</p> <p><b>3</b> If, following the consultation in paragraph 2 above, the Director-General and the State Party in</p>

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<p>indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9 [and Article 45].</p> <p><i>Public health response.</i> The capacities:</p> <p>(a) to determine rapidly the control measures required to prevent domestic and international spread;</p> <p>(b) to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and transport);</p> <p>(c) to provide on-site assistance as required to supplement local investigations;</p> <p>(d) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;</p> <p>(e) to provide direct liaison with other relevant government ministries;</p> <p>(f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;</p> <p>(g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and</p> <p>(h) to provide the foregoing on a 24-hour basis.</p> <p><b>B. Core Capacity Requirements for Designated Airports, Ports and Ground Crossings</b></p> <p><b>1</b> At all times</p> <p>The capacities:</p> <p>(a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;</p> <p>(b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;</p> <p>(c) to provide trained personnel for the inspection of conveyances;</p> <p>(d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and</p> <p>(e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.</p>	<p>whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.</p> <p><b>4</b> In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider:</p> <p>(a) information provided by the State Party;</p> <p>(b) the decision instrument contained in Annex 2;</p> <p>(c) the advice of the Emergency Committee;</p> <p>(d) scientific principles as well as the available scientific evidence and other relevant information; and</p> <p>(e) an assessment of the risk to human health, of the risk of international spread of disease and of interference with international traffic.</p> <p><b>5</b> If the Director-General, following consultations with the State Party within whose territory the public health emergency of international concern has occurred, considers that a public health emergency of international concern has ended, the Director-General shall take a decision in accordance with the procedure set out in Article 49.</p> <p><b>Article 48</b></p> <p><b>1</b> The Director-General shall establish an Emergency Committee that at the request of the Director-General shall provide its views on:</p> <p>(a) whether an event constitutes a public health emergency of international concern;</p> <p>(b) the termination of a public health emergency of international concern, and</p> <p>(c) the proposed issuance, modification, extension or termination of temporary recommendations.</p> <p><b>2</b> The Emergency Committee shall be composed of experts selected by the Director-General from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization. The Director-General shall determine the duration of membership with a view to ensuring its continuity in the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable geographical representation. At least one member of the Emergency Committee should be an expert nominated by a State Party within whose territory the event arises.</p> <p><b>3</b> The Director-General may, on his or her own initiative or at the request of the Emergency</p>

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<p><b>Article 22</b></p> <p><b>1</b> The competent authorities shall:</p> <p>(a) be responsible for monitoring baggage, cargo, containers, conveyances, goods, postal parcels and human remains departing and arriving from affected areas, so that they are maintained in such a condition that they are free of sources of infection or contamination, including vectors and reservoirs;</p> <p>(b) ensure, as far as practicable, that facilities used by travellers at points of entry are maintained in a sanitary condition and are kept free of sources of infection or contamination, including vectors and reservoirs;</p> <p>(c) be responsible for the supervision of any deratting, disinfection, disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels and human remains or sanitary measures for persons, as appropriate under these Regulations; [...]</p> <p>(h) have effective contingency arrangements to deal with an unexpected public health event; and</p> <p>(i) communicate with the National IHR Focal Point on the relevant public health measures taken pursuant to these Regulations.</p> <p><b>2</b> Health measures recommended by WHO for travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains arriving from an affected area may be reapplied on arrival, if there are verifiable indications and/or evidence that the measures applied on departure from the affected area were unsuccessful.</p> <p><b>3</b> Disinsection, deratting, disinfection, decontamination and other sanitary procedures shall be carried out so as to avoid injury and as far as possible discomfort to persons, or damage to the environment in a way which impacts on public health, or damage to baggage, cargo, containers, conveyances, goods and postal parcels.</p> <p><b>Article 28</b></p> <p><b>1</b> Subject to Article 43 or as provided in applicable international agreements, a ship or an aircraft shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship or aircraft may be ordered to proceed at its own risk to the nearest suitable point of entry available to it, unless the ship or aircraft has an operational problem which would make this diversion unsafe.</p> <p><b>2</b> Subject to Article 43 or as provided in applicable international agreements, ships or aircraft</p>	<p>Committee, appoint one or more technical experts to advise the Committee.</p> <p><b>Article 49</b></p> <p><b>1</b> The Director-General shall convene meetings of the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise and experience most relevant to the specific event that is occurring. For the purpose of this Article, “meetings” of the Emergency Committee may include teleconferences, videoconferences or electronic communications.</p> <p><b>2</b> The Director-General shall provide the Emergency Committee with the agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance.</p> <p><b>3</b> The Emergency Committee shall elect its Chairperson and prepare following each meeting a brief summary report of its proceedings and deliberations, including any recommendations.</p> <p><b>4</b> The Director-General shall invite the State Party in whose territory the event arises to present its views to the Emergency Committee. To that effect, the Director-General shall notify to it the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as necessary. The State Party concerned, however, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.</p> <p><b>5</b> The views of the Emergency Committee shall be forwarded to the Director-General for consideration. The Director-General shall make the final determination on these matters.</p> <p><b>6</b> The Director-General shall communicate to States Parties the determination and the termination of a public health emergency of international concern, any health measure taken by the State Party concerned, any temporary recommendation, and the modification, extension and termination of such recommendations, together with the views of the Emergency Committee. The Director-General shall inform conveyance operators through States Parties and the relevant international agencies of such temporary recommendations, including their modification, extension or termination. The Director-General shall subsequently make such information and recommendations available to the general public.</p> <p><b>7</b> States Parties in whose territories the event has occurred may propose to the Director-General the termination of a public health emergency of international concern and/or the temporary</p>

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<p>shall not be refused <i>free pratique</i> by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of <i>free pratique</i> to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the infection or contamination.</p> <p><b>5</b> The following shall apply if a suspect or affected aircraft or ship, for reasons beyond the control of the pilot in command of the aircraft or the officer in command of the ship, lands elsewhere than at the airport at which the aircraft was due to land or berths elsewhere than at the port at which the ship was due to berth:</p> <p>(a) the pilot in command of the aircraft or the officer in command of the ship or other person in charge shall make every effort to communicate without delay with the nearest competent authority;</p> <p>(b) as soon as the competent authority has been informed of the landing it may apply health measures recommended by WHO or other health measures provided in these Regulations;</p> <p>(c) unless required for emergency purposes or for communication with the competent authority, no traveller on board the aircraft or ship shall leave its vicinity and no cargo shall be removed from that vicinity, unless authorized by the competent authority; and</p> <p>(d) when all health measures required by the competent authority have been completed, the aircraft or ship may, so far as such health measures are concerned, proceed either to the airport or port at which it was due to land or berth, or, if for technical reasons it cannot do so, to a conveniently situated airport or port.</p> <p><b>Article 43</b></p> <p><b>1</b> These Regulations shall not preclude States Parties from implementing health measures, in accordance with their relevant national law and obligations under international law, in response to specific public health risks or public health emergencies of international concern, which:</p> <p>(a) achieve the same or greater level of health protection than WHO recommendations; or</p> <p>(b) are otherwise prohibited under Article 25, Article 26, paragraphs 1 and 2 of Article 28, Article 30, paragraph 1(c) of Article 31 and Article 33, provided such measures are otherwise consistent with these Regulations.</p> <p>Such measures shall not be more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection.</p> <p><b>2</b> In determining whether to implement the health measures referred to in paragraph 1 of this Article or</p>	<p>recommendations, and may make a presentation to that effect to the Emergency Committee.</p> <p><b>Article 13</b></p> <p><b>1</b> Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response capacities.</p> <p><b>2</b> Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Review Committee. After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.</p> <p><b>3</b> At the request of a State Party, WHO shall collaborate in the response to public health risks and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary.</p> <p><b>4</b> If WHO, in consultation with the States Parties concerned as provided in Article 12, determines that a public health emergency of international concern is occurring, it may offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State Party, including an assessment of the severity of the international risk and the adequacy of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.</p> <p><b>5</b> When requested by WHO, States Parties should provide, to the extent possible, support to WHO-coordinated response activities.</p> <p><b>6</b> When requested, WHO shall provide appropriate guidance and assistance to other States Parties affected or threatened by the public health emergency of international concern.</p>

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<p>additional health measures under paragraph 2 of Article 23, paragraph 1 of Article 27, paragraph 2 of Article 28 and paragraph 2(c) of Article 31, States Parties shall base their determinations upon:</p> <p>(a) scientific principles;</p> <p>(b) available scientific evidence of a risk to human health, or where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies; and</p> <p>(c) any available specific guidance or advice from WHO.</p> <p><b>3</b> A State Party implementing additional health measures referred to in paragraph 1 of this Article which significantly interfere with international traffic shall provide to WHO the public health rationale and relevant scientific information for it. WHO shall share this information with other States Parties and shall share information regarding the health measures implemented. For the purpose of this Article, significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours.</p> <p><b>4</b> After assessing information provided pursuant to paragraph 3 and 5 of this Article and other relevant information, WHO may request that the State Party concerned reconsider the application of the measures.</p> <p><b>5</b> A State Party implementing additional health measures referred to in paragraphs 1 and 2 of this Article that significantly interfere with international traffic shall inform WHO, within 48 hours of implementation, of such measures and their health rationale unless these are covered by a temporary or standing recommendation.</p> <p><b>6</b> A State Party implementing a health measure pursuant to paragraph 1 or 2 of this Article shall within three months review such a measure taking into account the advice of WHO and the criteria in paragraph 2 of this Article.</p> <p><b>7</b> Without prejudice to its rights under Article 56, any State Party impacted by a measure taken pursuant to paragraph 1 or 2 of this Article may request the State Party implementing such a measure to consult with it. The purpose of such consultations is to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution.</p> <p><b>8</b> The provisions of this Article may apply to implementation of measures concerning travellers taking part in mass congregations.</p>	<p><b>Annex 1</b></p> <p><b>A. Core Capacity Requirements for Surveillance and Response</b></p> <p><b>1</b> States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:</p> <p>(a) their surveillance, reporting, notification, verification, response and collaboration activities; and</p> <p>(b) their activities concerning designated airports, ports and ground crossings.</p> <p><b>2</b> Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of Article 13.</p> <p><b>3</b> States Parties and WHO shall support assessments, planning and implementation processes under this Annex.</p> <p><b>4</b> At the local community level and/or primary public health response level The capacities:</p> <p>(a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and</p> <p>(b) to report all available essential information immediately to the appropriate level of health-care response. At the community level, reporting shall be to local community health-care institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and</p> <p>(c) to implement preliminary control measures immediately.</p> <p><b>5</b> At the intermediate public health response levels The capacities:</p> <p>(a) to confirm the status of reported events and to support or implement additional control measures; and</p>



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<p><b>Article 37</b>  <b>4</b> A State Party may decide:  (a) to dispense with the submission of the Maritime Declaration of Health by all arriving ships; or  (b) to require the submission of the Maritime Declaration of Health under a recommendation concerning ships arriving from affected areas or to require it from ships which might otherwise carry infection or contamination.  The State Party shall inform shipping operators or their agents of these requirements.</p> <p><b>Article 38</b>  <b>3</b> A State Party may decide:  (a) to dispense with the submission of the Health Part of the Aircraft General Declaration by all arriving aircraft; or  (b) to require the submission of the Health Part of the Aircraft General Declaration under a recommendation concerning aircraft arriving from affected areas or to require it from aircraft which might otherwise carry infection or contamination.  The State Party shall inform aircraft operators or their agents of these requirements.</p> <p><b>Article 44</b>  <b>1</b> States Parties shall undertake to collaborate with each other, to the extent possible, in:  (a) the detection and assessment of, and response to, events as provided under these Regulations;  (b) the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the public health capacities required under these Regulations;  (c) the mobilization of financial resources to facilitate implementation of their obligations under these Regulations; and  (d) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations.</p> <p><b>2</b> WHO shall collaborate with States Parties, upon request, to the extent possible, in:  (a) the evaluation and assessment of their public health capacities in order to facilitate the effective implementation of these Regulations;  (b) the provision or facilitation of technical cooperation and logistical support to States Parties; and  (c) the mobilization of financial resources to support developing countries in building, strengthening and</p>	<p>(b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.</p> <p><b>6</b> At the national level  <i>Assessment and notification.</i> The capacities:  (a) to assess all reports of urgent events within 48 hours; and  (b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9 [and Article 45].  <i>Public health response.</i> The capacities:  (a) to determine rapidly the control measures required to prevent domestic and international spread;  (b) to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and transport);  (c) to provide on-site assistance as required to supplement local investigations;  (d) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;  (e) to provide direct liaison with other relevant government ministries;  (f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;  (g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and  (h) to provide the foregoing on a 24-hour basis.</p> <p><b>B. Core Capacity Requirements for Designated Airports, Ports and Ground Crossings</b>  <b>2</b> For responding to events that may constitute a public health emergency of international concern  The capacities:  (a) to provide appropriate public health emergency response, by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and</p>

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<p>maintaining the capacities provided for in Annex 1.</p> <p><b>3</b> Collaboration under this Article may be implemented through multiple channels, including bilaterally, through regional networks and the WHO regional offices, and through intergovernmental organizations and international bodies.</p> <hr/> <p><b>Pan American Sanitary Code</b>, 14 November 1924.</p> <p><b>8</b> The Signatory Governments agree that in the event of the appearance of any of the following diseases, namely, cholera, yellow fever, plague, typhus fever, or other pestilential diseases in severe epidemic form in their territory, they will immediately put in force appropriate sanitary measures for the prevention of the international carriage of any of the said diseases therefrom by passengers, crew, cargo, and vessels, and mosquitoes, rats, and vermin that may be carried thereon, and will promptly notify each of the other Signatory Governments and the Pan American Sanitary Bureau as to the nature and extent of the sanitary measures which they have applied for the accomplishment of the requirements of this article.</p>	<p>contact points for relevant point of entry, public health and other agencies and services;</p> <p>(b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;</p> <p>(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;</p> <p>(d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;</p> <p>(e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose;</p> <p>(f) to apply entry or exit controls for arriving and departing travellers; and</p> <p>(g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.</p> <p><b>Article 15</b></p> <p><b>1</b> If it has been determined in accordance with Article 12 that a public health emergency of international concern is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.</p> <p><b>2</b> Temporary recommendations may include health measures to be implemented by the State Party experiencing the public health emergency of international concern, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.</p> <p><b>3</b> Temporary recommendations may be terminated in accordance with the procedure set out in Article 49 at any time and shall automatically expire three months after their issuance. They may be modified or extended for additional periods of up to three months. Temporary recommendations may not continue beyond the second World Health Assembly after the determination of the public health emergency of international concern to which they relate.</p>

Prevention or Investigation of Infectious Diseases	Special Powers / Crisis Management
	<p><b>Article 49</b></p> <p><b>1</b> The Director-General shall convene meetings of the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise and experience most relevant to the specific event that is occurring. For the purpose of this Article, “meetings” of the Emergency Committee may include teleconferences, videoconferences or electronic communications.</p> <p><b>2</b> The Director-General shall provide the Emergency Committee with the agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance.</p> <p><b>3</b> The Emergency Committee shall elect its Chairperson and prepare following each meeting a brief summary report of its proceedings and deliberations, including any recommendations.</p> <p><b>4</b> The Director-General shall invite the State Party in whose territory the event arises to present its views to the Emergency Committee. To that effect, the Director-General shall notify to it the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as necessary. The State Party concerned, however, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.</p> <p><b>5</b> The views of the Emergency Committee shall be forwarded to the Director-General for consideration. The Director-General shall make the final determination on these matters.</p> <p><b>6</b> The Director-General shall communicate to States Parties the determination and the termination of a public health emergency of international concern, any health measure taken by the State Party concerned, any temporary recommendation, and the modification, extension and termination of such recommendations, together with the views of the Emergency Committee. The Director-General shall inform conveyance operators through States Parties and the relevant international agencies of such temporary recommendations, including their modification, extension or termination. The Director-General shall subsequently make such information and recommendations available to the general public.</p> <p><b>7</b> States Parties in whose territories the event has occurred may propose to the Director-General the termination of a public health emergency of international concern and/or the temporary recommendations, and may make a presentation to that effect to the Emergency Committee.</p>

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	<p><b>Article 17</b>  When issuing, modifying or terminating temporary or standing recommendations, the Director-General shall consider:</p> <ul style="list-style-type: none"> <li>(a) the views of the States Parties directly concerned;</li> <li>(b) the advice of the Emergency Committee or the Review Committee, as the case may be;</li> <li>(c) scientific principles as well as available scientific evidence and information;</li> <li>(d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;</li> <li>(e) relevant international standards and instruments;</li> <li>(f) activities undertaken by other relevant intergovernmental organizations and international bodies; and</li> <li>(g) other appropriate and specific information relevant to the event.</li> </ul> <p>With respect to temporary recommendations, the consideration by the Director-General of subparagraphs (e) and (f) of this Article may be subject to limitations imposed by urgent circumstances.</p> <p><b>Article 18</b>  <b>1</b> Recommendations issued by WHO to States Parties with respect to persons may include the following advice:</p> <ul style="list-style-type: none"> <li>• no specific health measures are advised;</li> <li>• review travel history in affected areas;</li> <li>• review proof of medical examination and any laboratory analysis;</li> <li>• require medical examinations;</li> <li>• review proof of vaccination or other prophylaxis;</li> <li>• require vaccination or other prophylaxis;</li> <li>• place suspect persons under public health observation;</li> <li>• implement quarantine or other health measures for suspect persons;</li> <li>• implement isolation and treatment where necessary of affected persons;</li> <li>• implement tracing of contacts of suspect or affected persons;</li> <li>• refuse entry of suspect and affected persons;</li> <li>• refuse entry of unaffected persons to affected areas; and</li> <li>• implement exit screening and/or restrictions on persons from affected areas.</li> </ul> <p><b>2</b> Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers,</p>

Prevention or Investigation of Infectious Diseases	Special Powers / Crisis Management
	<p>conveyances, goods, and postal parcels may include the following advice:</p> <ul style="list-style-type: none"> <li>• no specific health measures are advised;</li> <li>• review manifest and routing;</li> <li>• implement inspections;</li> <li>• review proof of measures taken on departure or in transit to eliminate infection or contamination;</li> <li>• implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;</li> <li>• the use of specific health measures to ensure the safe handling and transport of human remains;</li> <li>• implement isolation or quarantine;</li> <li>• seizure and destruction of infected or contaminated or suspect baggage, cargo, containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; and</li> <li>• refuse departure or entry.</li> </ul>

# APPENDIX 1

## JURISDICTION OVER PUBLIC HEALTH / RESPONSIBILITIES

### AUSTRALIA

#### **Commonwealth of Australia Constitution Act 1900 (U.K.) & Vict.**

**51** The Parliament shall, subject to this Constitution, have power to make laws for the peace, order, and good government of the Commonwealth with respect to:

(i) trade and commerce with other countries, and among the States;

(ix) quarantine;

(xi) census and statistics;

(xxiiiA) the provision of maternity allowances, widows' pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, medical and dental services (but not so as to authorize any form of civil conscription), benefits to students and family allowances;

(xxxv) conciliation and arbitration for the prevention and settlement of industrial disputes extending beyond the limits of any one State;

(xxxvi) matters in respect of which this Constitution makes provision until the Parliament otherwise provides;

(xxxvii) matters referred to the Parliament of the Commonwealth by the Parliament or Parliaments of any State or States, but so that the law shall extend only to States by whose Parliaments the matter is referred, or which afterwards adopt the law;

(xxxviii) the exercise within the Commonwealth, at the request or with the concurrence of the Parliaments of all the States directly concerned, of any power which can at the establishment of this Constitution be exercised only by the Parliament of the United Kingdom or by the Federal Council of Australasia;

(xxxix) matters incidental to the execution of any power vested by this Constitution in the Parliament or in either House thereof, or in the Government of the Commonwealth, or in the Federal Judicature, or in any department or officer of the Commonwealth.

**52** The Parliament shall, subject to this Constitution, have exclusive power to make laws for the peace, order, and good government of the Commonwealth with respect to:

(ii) matters relating to any department of the public service the control of which is by this Constitution transferred to the Executive Government of the Commonwealth;

(iii) other matters declared by this Constitution to be within the exclusive power of the Parliament.

# UNITED STATES

## **Constitution of the United States.**

### **Article I, §8**

**cl. 1** The Congress shall have Power to [...].

**cl. 3** To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes; [...].

**cl. 18** To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

### **Amendment X**

The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the People.

*Note: the States have an inherent sovereign authority to protect the peace, safety, health, and general welfare of its citizens. These police powers include the intrinsic right to pass laws and adopt other measures to protect their citizens, including measures to protect public health.<sup>1</sup>*

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<sup>1</sup> V.S. Neslund, R.A. Goodman & D.W. Fleming, “Frontline Public Health Surveillance and Outbreak Investigations” in R.A. Goodman *et al.*, eds., *Law in Public Health Practice* (Oxford: Oxford University Press, 2003) 143 at 144-45.

# **WORLD HEALTH ORGANIZATION / PAN AMERICAN HEALTH ORGANIZATION**

**Constitution of the World Health Organization, 22 July 1946.**

## **Article 1**

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

## **Article 2**

In order to achieve its objective, the functions of the Organization shall be:

- (a) to act as the directing and co-ordinating authority on international health work;
- (b) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate;
- (c) to assist governments, upon request, in strengthening health services;
- (d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments;
- (e) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories;
- (f) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services;
- (g) to stimulate and advance work to eradicate epidemic, endemic and other diseases;
- (h) to promote, in co-operation with other specialized agencies where necessary, the prevention of accidental injuries;
- (i) to promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene;
- (j) to promote co-operation among scientific and professional groups which contribute to the advancement of health;
- (k) to propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective;
- (l) to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment;
- (m) to foster activities in the field of mental health, especially those affecting the harmony of human relations;
- (n) to promote and conduct research in the field of health;
- (o) to promote improved standards of teaching and training in health, medical and related professions;
- (p) to study and report on, in co-operation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security;
- (q) to provide information, counsel and assistance in the field of health;
- (r) to assist in developing an informed public opinion among all peoples on matters of health;
- (s) to establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices;
- (t) to standardize diagnostic procedures as necessary;
- (u) to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products;
- (v) generally to take all necessary action to attain the objective of the Organization.



**Article 3**

Membership in the Organization shall be open to all States.

**Article 4**

Members of the United Nations may become Members of the Organization by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX and in accordance with their constitutional processes.

**Article 5**

The States whose Governments have been invited to send observers to the International Health Conference held in New York, 1946, may become Members by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX and in accordance with their constitutional processes provided that such signature or acceptance shall be completed before the first session of the Health Assembly.

**Article 6**

Subject to the conditions of any agreement between the United Nations and the Organization, approved pursuant to Chapter XVI, States which do not become Members in accordance with Articles 4 and 5 may apply to become Members and shall be admitted as Members when their application has been approved by a simple majority vote of the Health Assembly.

**Article 8**

Territories or groups of territories which are not responsible for the conduct of their international relations may be admitted as Associate Members by the Health Assembly upon application made on behalf of such territory or group of territories by the Member or other authority having responsibility for their international relations. Representatives of Associate Members to the Health Assembly should be qualified by their technical competence in the field of health and should be chosen from the native population. The nature and extent of the rights and obligations of Associate Members shall be determined by the Health Assembly.

**Article 9**

The work of the Organization shall be carried out by:

- (a) The World Health Assembly (hereinafter called the Health Assembly);
- (b) The Executive Board (hereinafter called the Board);
- (c) The Secretariat.

**Article 21**

The Health Assembly shall have authority to adopt regulations concerning:

- (a) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;
- (b) nomenclatures with respect to diseases, causes of death and public health practices;
- (c) standards with respect to diagnostic procedures for international use;
- (d) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce;
- (e) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce.

**Article 22**

Such Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.

**Article 23**

The Health Assembly shall have authority to make recommendations to Members with respect to any matter within the competence of the Organization.

**Article 28**

The functions of the [Executive] Board shall be: [...]

(h) to study all questions within its competence;

(i) to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action. In particular it may authorize the Director-General to take the necessary steps to combat epidemics, to participate in the organization of health relief to victims of a calamity and to undertake studies and research the urgency of which has been drawn to the attention of the Board by any Member or by the Director-General.

**Article 61**

Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people.

**Article 62**

Each Member shall report annually on the action taken with respect to recommendations made to it by the Organization and with respect to conventions, agreements and regulations.

**Article 63**

Each Member shall communicate promptly to the Organization important laws, regulations, official reports and statistics pertaining to health which have been published in the State concerned.

**Article 64**

Each Member shall provide statistical and epidemiological reports in a manner to be determined by the Health Assembly.

**Article 65**

Each Member shall transmit upon the request of the Board such additional information pertaining to health as may be practicable.

## **Constitution of the Pan American Health Organization, 7 October 1947.**

### **Article 1**

The fundamental purposes of the Pan American Health Organization (hereinafter called the Organization) shall be to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people.

### **Article 2**

A. All American States are entitled to membership in the Organization. (American States which are Members of the Organization are hereinafter called Member Governments.)

B. Territories or groups of territories within the Western Hemisphere which are not responsible for the conduct of their international relations shall have the right to be represented and to participate in the Organization. The nature and extent of the rights and obligations of these territories or groups of territories in the Organization shall be determined in each case by the Directing Council after consultation with the Government or other authorities having responsibility for their international relations (hereinafter called Participating Governments).

It is understood that Member Governments having under their jurisdiction subordinate territories and peoples within the Western Hemisphere will apply the provisions of the Pan American Sanitary Code and of this Constitution to such territories and peoples.

### **Article 3**

The Organization shall comprise:

1. The Pan American Sanitary Conference (hereinafter called the Conference);
2. The Directing Council (hereinafter called the Council);
3. The Executive Committee of the Directing Council (hereinafter called the Executive Committee); and
4. The Pan American Sanitary Bureau (hereinafter called the Bureau).

### **Article 4**

[...]

C. The Conference shall serve as a forum for the interchange of information and ideas relating to the prevention of disease; the preservation, promotion, and restoration of mental and physical health; and the advancement of sociomedical measures and facilities for the prevention and treatment of physical and mental diseases in the Western Hemisphere. [...]

### **Article 27**

A. The Director of the Bureau shall prepare periodic revisions of the Pan American Sanitary code in accordance with general needs and policies determined by the Conference or the Council.

B. Such revisions shall be reviewed by the Executive Committee and submitted to the Conference or the Council for approval.

C. Such revisions shall be submitted to the Governments which are parties to the Pan American Sanitary Code, for appropriate action as recommendations of the Conference or the Council.

# APPENDIX 2

## LISTS OF INFECTIOUS DISEASES: MANDATORY REPORTING AND TREATMENT

### AUSTRALIA

#### National Health Regulations 1954 (Cth).

6 For paragraph 9B (d) of the Act, the following diseases are prescribed as diseases for which vaccines may be provided:

- |   |                            |                           |
|---|----------------------------|---------------------------|
| (a) diphtheria;                           | (e) influenza;             | (i) pneumococcal disease; |
| (b) <i>Haemophilus influenzae</i> type B; | (f) Japanese encephalitis; | (j) Q fever;              |
| (c) hepatitis A;                          | (g) meningococcal disease; | (k) tetanus;              |
| (d) hepatitis B;                          | (h) pertussis;             | (l) varicella.            |

#### Quarantine Regulations 2000 (Cth).

4 In these Regulations, unless the contrary intention appears : [...]

*illness* means a disease produced by the action of a microorganism on the human body. [...].

6(2) For paragraph 22 (1) (a) of the Act, the following diseases are prescribed:

- |                   |   |  |
|-------------------|---|--|
| (a) cholera;      | (f) polio;                                    | (k) tuberculosis;                        |
| (b) dengue fever; | (g) plague;                                   | (l) typhoid fever;                       |
| (c) influenza;    | (h) rabies;                                   | (m) viral haemorrhagic fevers of humans; |
| (d) malaria;      | (i) severe acute respiratory syndrome (SARS); | (n) yellow fever.                        |
| (e) measles;      | (j) smallpox;                                 |  |

## NEW ZEALAND

### **Health Act 1956 (NZ), 1956/65.**

#### Schedule 1:

#### Part I: Notifiable Infectious Diseases

##### **Section A. Infectious diseases notifiable to Medical Officer of Health and local authority**

[Acute gastroenteritis.]	Hepatitis A.	Shigellosis.
[Campylobacteriosis.]	[Legionellosis.]	[Typhoid and paratyphoid fever.]
Cholera.	[Listeriosis.]	[Yersiniosis.]
[Cryptosporidiosis.]	Meningoencephalitis—primary amoebic.	
[Giardiasis.]	Salmonellosis.	

##### **Section B. Infectious diseases notifiable to Medical Officer of Health**

Acquired Immunodeficiency Syndrome	[Highly Pathogenic Avian Influenza (including HPAI subtype H5N1).]	[Plague.]
[Anthrax.]	[Hydatid disease.]	[Poliomyelitis.]
[Arboviral diseases.]	Leprosy	[Rabies.]
[Brucellosis.]	[Leptospirosis.]	Rheumatic Fever.
[Creutzfeldt Jakob Disease and other spongiform encephalopathies.]	[Malaria.]	[Rickettsial diseases.]
[Diphtheria.]	[Measles.]	[Rubella.]
[Haemophilus influenza b.]	[Mumps.]	[Severe Acute Respiratory Syndrome.]
[Hepatitis B.]	[Neisseria meningitidis invasive disease.]	[Streptococcal infection Group A.]
[Hepatitis C.]	[Non-specific urethritis.]	[Tetanus.]
[Hepatitis (viral) not otherwise specified.]	[Pertussis.]	[Varicella-zoster infection.]
		[Viral haemorrhagic fevers.]
		[Yellow fever.]

#### Part II: Other Infectious Diseases

Chancroid.	Impetigo contagiosa.	Scabies.
Gonorrhoeal infection.	Influenza.	Syphilis.
Herpes simplex.	Pediculosis.	[Venereal granuloma.]

## **Health (Diseases Communicated by Animals) Regulations 1965 (NZ), 1965/167.**

2 Trichinosis is hereby declared to be a communicable disease for the purposes of the Health Act 1956.

### Schedule 1

#### **Communicable diseases to which section 87A of the Health Act 1956 applies:**

[Anthrax.]

Ornithosis (psittacosis).

[Rabies.]

Trichinosis.

## **Health (Infectious and Notifiable Diseases) Regulations 1966 (NZ), 1966/87.**

### Schedule 2

#### **Infectious disease:**

Chickenpox (Varicella)

Cholera

Diphtheria

Dysentery (amoebic)

Dysentery (bacillary)

Enteric Fever (typhoid fever, paratyphoid fever)

Hepatitis A

Hepatitis B

Hepatitis non A or B

Leprosy

Measles (morbilli)

Meningococcal meningitis

Mumps (Epidemic parotitis)

Plague (bubonic or pneumonic)

Poliomyelitis

Relapsing fever

Ringworm

Salmonella infection

Severe Acute Respiratory Syndrome (SARS)

Smallpox (Variola including varioloid and alastrim)

Streptococcal sore throat, including scarlet fever

Typhus

Whooping cough (pertusis)

Yellow fever

## UNITED KINGDOM

### **Anti-Terrorism, Crime and Security Act 2001 (U.K.), 2001, c. 24.**

#### Schedule 5: Pathogens and Toxins

##### VIRUSES

Chikungunya virus  
Congo-crimean haemorrhagic fever virus  
Dengue fever virus  
Eastern equine encephalitis virus  
Ebola virus  
Hantaan virus  
Japanese encephalitis virus  
Junin virus  
Lassa fever virus  
Lymphocytic choriomeningitis virus  
Machupo virus  
Marburg virus  
Monkey pox virus  
Rift Valley fever virus  
Tick-borne encephalitis virus (Russian Spring-Summer encephalitis virus)  
Variola virus  
Venezuelan equine encephalitis virus

Western equine encephalitis virus  
Yellow fever virus

##### RICKETTSIAE

Bartonella quintana (Rochalimea quintana, Rickettsia quintana)  
Coxiella burnetii  
Rickettsia prowazeki  
Rickettsia rickettsii

##### BACTERIA

Bacillus anthracis  
Bucella abortus  
Brucella melitensis  
Brucella suis  
Burkholderia mallei (Pseudomonas mallei)  
Burkholderia pseudomallei (Pseudomonas pseudomallei)  
Chlamydophila psittaci  
Clostridium botulinum

Francisella tularensis  
Salmonella typhi  
Shigella dysenteriae  
Vibrio cholerae  
Yersinia pestis

##### TOXINS

Aflatoxins  
Botulinum toxins  
Clostridium perfringens toxins  
Conotoxin  
Microcystin (Cyanginosin)  
Ricin  
Saxitoxin  
Shiga toxin  
Staphylococcus aureus toxins  
Tetrodotoxin  
Verotoxin

#### **Notes**

**1** Any reference in this Schedule to a micro-organism includes--

- (a) any genetic material containing any nucleic acid sequence associated with the pathogenicity of the micro-organism; and
- (b) any genetically modified organism containing any such sequence.

**2** Any reference in this Schedule to a toxin includes--

- (a) any genetic material containing any nucleic acid sequence for the coding of the toxin; and
- (b) any genetically modified organism containing any such sequence.

**3** Any reference in this Schedule to a toxin includes subunits of the toxin.

**Public Health (Control of Disease) Act 1984 (U.K.), 1984, c. 22.**

Section 10

In this Act, "notifiable disease" means any of the following diseases--

- (a) cholera;
- (b) plague;
- (c) relapsing fever;
- (d) smallpox; and
- (e) typhus.

**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, S.I. 1995/3163.**

Schedule 2

7 Any accident or incident which resulted or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness.

Schedule 3

Part I: Occupational Diseases

Infections due to biological agents

- |                           |   |
|---------------------------|---|
| 15 Anthrax                | (a) Work involving handling infected animals, their products or packaging containing infected material; or<br>(b) work on infected sites  |
| 16 Brucellosis            | Work involving contact with:<br>(a) animals or their carcasses (including any parts thereof) infected by brucella or the untreated products of same; or<br>(b) laboratory specimens or vaccines of or containing brucella |
| 17 (a) Avian chlamydiosis | Work involving contact with birds infected with chlamydia psittaci, or the remains or untreated products of such birds  |
| (b) Ovine chlamydiosis    | Work involving contact with sheep infected with chlamydia psittaci or the remains or untreated products of such sheep   |
| 18 Hepatitis              | Work involving contact with:<br>(a) human blood or human blood products; or<br>(b) any source of viral hepatitis  |
| 19 Legionellosis          | Work on or near cooling systems which are located in the workplace and use water; or work on hot water service  |



	systems located in the workplace which are likely to be a source of contamination
20 Leptospirosis	(a) Work in places which are or are liable to be infested by rats, fieldmice, voles or other small mammals; (b) work at dog kennels or involving the care or handling of dogs; or (c) work involving contact with bovine animals or their meat products or pigs or their meat products
21 Lyme disease	Work involving exposure to ticks (including in particular work by forestry workers, rangers, dairy farmers, game keepers and other persons engaged in countryside management)
22 Q fever	Work involving contact with animals, their remains or their untreated products
23 Rabies	Work involving handling or contact with infected animals
24 Streptococcus suis	Work involving contact with pigs infected with streptococcus suis, or with the carcasses, products or residues of pigs so affected
25 Tetanus	Work involving contact with soil likely to be contaminated by animals
26 Tuberculosis	Work with persons, animals, human or animal remains or any other material which might be a source of infection
27 Any infection reliably attributable to the performance of the work specified in the entry opposite hereto	Work with micro-organisms; work with live or dead human beings in the course of providing any treatment or service or in conducting any investigation involving exposure to blood or body fluids; work with animals or any potentially infected material derived from any of the above

Part II: Diseases Additionally Reportable in respect of Offshore Work Places

<b>48</b> Chickenpox.	<b>57</b> Measles.	<b>66</b> Scarlet fever.
<b>49</b> Cholera.	<b>58</b> Meningitis.	<b>67</b> Tetanus.
<b>50</b> Diphtheria.	<b>59</b> Meningococcal septicaemia (without meningitis).	<b>68</b> Tuberculosis.
<b>51</b> Dysentery (amoebic or bacillary).	<b>60</b> Mumps.	<b>69</b> Typhoid fever.
<b>52</b> Acute encephalitis.	<b>61</b> Paratyphoid fever.	<b>70</b> Typhus.
<b>53</b> Erysipelas.	<b>62</b> Plague.	<b>71</b> Viral haemorrhagic fevers.
<b>54</b> Food poisoning.	<b>63</b> Acute poliomyelitis.	<b>72</b> Viral hepatitis.
<b>55</b> Legionellosis.	<b>64</b> Rabies.	
<b>56</b> Malaria.	<b>65</b> Rubella.	

## UNITED STATES

### **Executive Order 13295 of April 4, 2003**, 68 F.R. 17255 (2003) (Revised List of Quarantinable Communicable Diseases).

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 361(b) of the Public Health Service Act (42 U.S.C. 264(b)), it is hereby ordered as follows:

**Section 1.** Based upon the recommendation of the Secretary of Health and Human Services (the “Secretary”), in consultation with the Surgeon General, and for the purpose of specifying certain communicable diseases for regulations providing for the apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of suspected communicable diseases, the following communicable diseases are hereby specified pursuant to section 361(b) of the Public Health Service Act:

- (a) Cholera;  
Diphtheria;  
infectious Tuberculosis;  
Plague;  
Smallpox;  
Yellow Fever; and  
Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named).
- (b) Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences.

**Section 2.** The Secretary, in the Secretary’s discretion, shall determine whether a particular condition constitutes a communicable disease of the type specified in section 1 of this order.

### **42 C.F.R. §34.2** (2005) (Medical Examination of Aliens).

As used in this part, terms shall have the following meanings: [...]

- (a) **Communicable disease of public health significance.** Any of the following diseases:
  - (1) Chancroid.
  - (2) Gonorrhea.
  - (3) Granuloma inguinale.
  - (4) Human immunodeficiency virus (HIV) infection.
  - (5) Leprosy, infectious.
  - (6) Lymphogranuloma venereum.
  - (7) Syphilis, infectious stage.
  - (8) Tuberculosis, active.

**Nationally Notifiable Infectious Diseases (established by Council of State and Territorial Epidemiologists and CDC).**

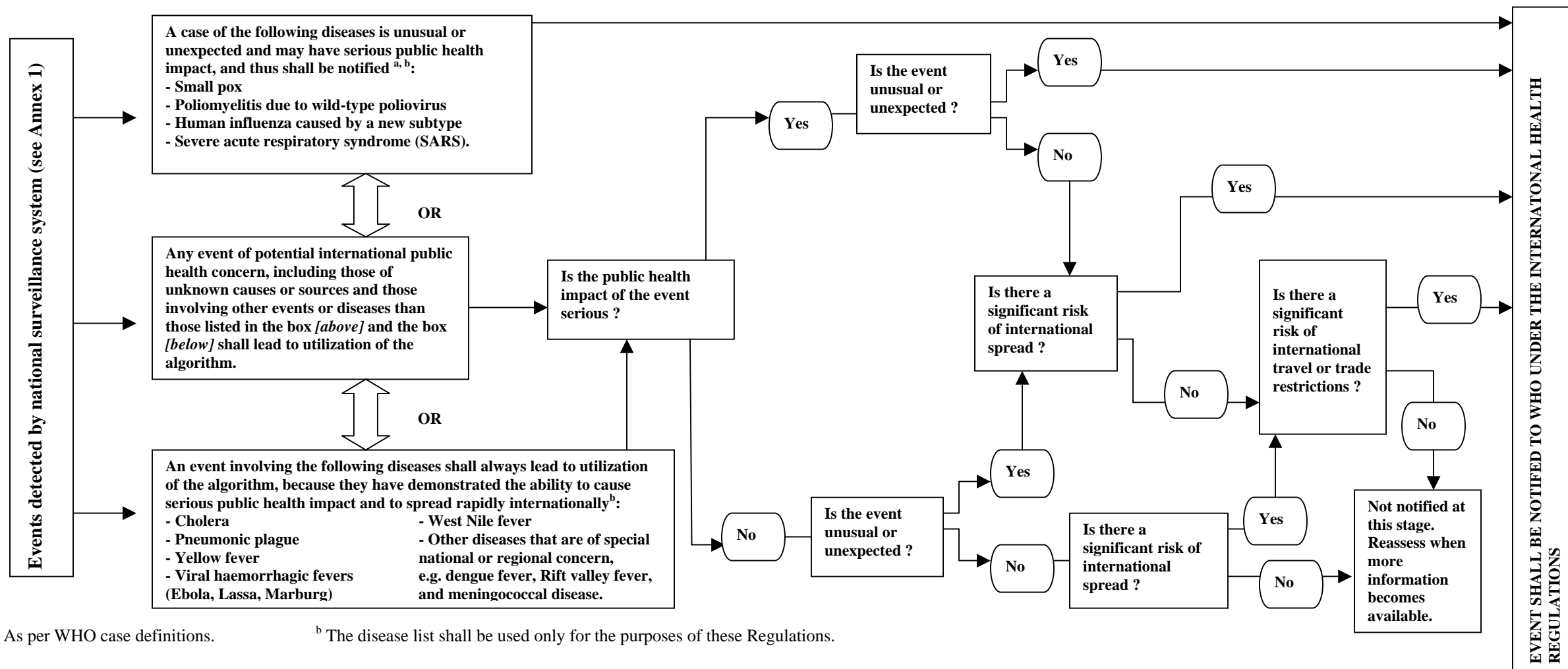
*Note: States have no obligation to report infectious disease cases to the CDC; this is done on a voluntary basis.*

- Acquired Immunodeficiency Syndrome (AIDS)
- Anthrax
- Arboviral neuroinvasive and non-neuroinvasive diseases
  - California serogroup virus disease
  - Eastern equine encephalitis virus disease
  - Powassan virus disease
  - St. Louis encephalitis virus disease
  - West Nile virus disease
  - Western equine encephalitis virus disease
- Botulism
  - Botulism, foodborne
  - Botulism, infant
  - Botulism, other (wound & unspecified)
- Brucellosis
- Chancroid
- *Chlamydia trachomatis*, genital infections
- Cholera
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Ehrlichiosis
  - Ehrlichiosis, human granulocytic
  - Ehrlichiosis, human monocytic
  - Ehrlichiosis, human, other or unspecified agent
- Enterohemorrhagic *Escherichia coli*
  - Enterohemorrhagic *Escherichia coli*, O157:H7
  - Enterohemorrhagic *Escherichia coli*, shiga toxin positive, serogroup non-O157
  - Enterohemorrhagic *Escherichia coli* shiga toxin+ (not serogrouped)
- Giardiasis
- Gonorrhea
- *Haemophilus influenzae*, invasive disease
- Hansen disease (leprosy)
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis, viral, acute
  - Hepatitis A, acute
  - Hepatitis B, acute
  - Hepatitis B virus, perinatal infection
  - Hepatitis C, acute
- Hepatitis, viral, chronic
  - Chronic Hepatitis B
  - Hepatitis C Virus Infection (past or present)
- HIV infection
  - HIV infection, adult(> =13 years)
  - HIV infection, pediatric (<13 years)
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Measles
- Meningococcal disease
- Mumps
- Pertussis
- Plague
- Poliomyelitis, paralytic
- Psittacosis
- Q Fever
- Rabies
  - Rabies, animal
  - Rabies, human
- Rocky Mountain spotted fever
- Rubella
- Rubella, congenital syndrome
- Salmonellosis
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
- Shigellosis
- Smallpox
- Streptococcal disease, invasive, Group A
- Streptococcal toxic-shock syndrome
- *Streptococcus pneumoniae*, drug resistant, invasive disease
- *Streptococcus pneumoniae*, invasive in children <5 years
- Syphilis
  - Syphilis, primary
  - Syphilis, secondary
  - Syphilis, latent
  - Syphilis, early latent
  - Syphilis, late latent
  - Syphilis, latent unknown duration
  - Neurosyphilis
  - Syphilis, late, non-neurological
- Syphilis, congenital
  - Syphilitic Stillbirth
- Tetanus
- Toxic-shock syndrome
- Trichinellosis (Trichinosis)
- Tuberculosis
- Tularemia
- Typhoid fever
- Vancomycin - intermediate *Staphylococcus aureus* (VISA)
- Vancomycin - resistant *Staphylococcus aureus* (VRSA)
- Varicella (morbidity)
- Varicella (deaths only)
- Yellow fever

# WORLD HEALTH ORGANIZATION / PAN AMERICAN HEALTH ORGANIZATION

International Health Regulations (2005), WHO Doc. A58/55, Annex 2.

## DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN



<sup>a</sup> As per WHO case definitions.

<sup>b</sup> The disease list shall be used only for the purposes of these Regulations.

## **DOES THE EVENT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?**

### **I. Is the public health impact of the event serious?**

**1** *Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?*

**2** *Has the event the potential to have a high public health impact?*

THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT:

Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier).

Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure).

Event represents a significant public health risk even if no or very few human cases have yet been identified.

Cases reported among health staff.

The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.).

Concomitant factors that may hinder or delay the public health response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the State Party).

Event in an area with high population density.

Spread of toxic, infectious or otherwise hazardous materials that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area.

**3** *Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?*

THE FOLLOWING ARE EXAMPLES OF WHEN ASSISTANCE MAY BE REQUIRED:

Inadequate human, financial, material or technical resources – in particular:

- Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources)
- Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs
- Existing surveillance system is inadequate to detect new cases in a timely manner.

### **IS THE PUBLIC HEALTH IMPACT OF THE EVENT SERIOUS?**

**Answer “yes” if you have answered “yes” to questions 1, 2 or 3 above.**

### **II. Is the event unusual or unexpected?**

**4** *Is the event unusual?*

THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS:

The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown.

Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms.

Occurrence of the event itself unusual for the area, season or population.

**5** *Is the event unexpected from a public health perspective?*

THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS:

Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported.

### **IS THE EVENT UNUSUAL OR UNEXPECTED?**

**Answer “yes” if you have answered “yes” to questions 4 or 5 above.**

### **III. Is there a significant risk of international spread?**

**6** *Is there evidence of an epidemiological link to similar events in other States?*

**7** *Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?*

THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT MAY PREDISPOSE TO INTERNATIONAL SPREAD:

Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of:

- international travel (or time equivalent to the incubation period if the pathogen is known)
- participation in an international gathering (pilgrimage, sports event, conferences, etc.)
- close contact with an international traveller or a highly mobile population.

Event caused by an environmental contamination that has the potential to spread across international borders.

Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination.

### **IS THERE A SIGNIFICANT RISK OF INTERNATIONAL SPREAD?**

**Answer “yes” if you have answered “yes” to questions 6 or 7 above.**

**IV. Is there a significant risk of international travel or trade restrictions?**

**8** *Have similar events in the past resulted in international restriction on trade and/or travel?*

**9** *Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported to/from other States?*

**10** *Has the event occurred in association with an international gathering or in an area of intense international tourism?*

**11** *Has the event caused requests for more information by foreign officials or international media?*

**IS THERE A SIGNIFICANT RISK OF INTERNATIONAL TRADE OR TRAVEL RESTRICTIONS?**

**Answer “yes” if you have answered “yes” to questions 8, 9, 10 or 11 above.**

**State Parties that answer “yes” to the question whether the event meets any two of the four criteria (I – IV) above, shall notify WHO under Article 6 of the International Health Regulations.**

**Pan American Sanitary Code, 14 November 1924.**

**Article 3**

[...]

The following diseases are obligatorily reportable:

Plague

cholera

yellow fever

smallpox

typhus

epidemic cerebrospinal meningitis

acute epidemic poliomyelitis

epidemic lethargic encephalitis

influenza or epidemic la grippe

typhoid and paratyphoid fevers

and such other diseases as the Pan American Sanitary Bureau may, by resolution, add to the above list.

**Article 4**

Each Signatory Government agrees to notify adjacent countries and the Pan American Sanitary Bureau immediately by the most rapid available means of communication, of the appearance in its territory of an authentic or officially suspected case or cases of

plague

cholera

yellow fever

smallpox

typhus

or any other dangerous contagion liable to spread through the intermediary agency of international commerce.

# APPENDIX 3

## DEFINITIONS

### AUSTRALIA

#### **Australian Institute of Health and Welfare Act 1987 (Cth).**

##### Section 3

"**health-related information and statistics**" means information and statistics collected and produced from data relevant to health or health services.

"**State Health Minister**" means:

- (a) the Minister of the Crown for a State;
- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to health in the State, the Australian Capital Territory or the Northern Territory, as the case may be.

#### **Health Insurance Act 1973 (Cth).**

##### Part IV, Section 46A

In this Part:

***Australian immunisation encounter*** means the immunisation in Australia (using a vaccine of a kind referred to in paragraph (a) or (b) of the definition of ***immunisation***) of a child against a vaccine preventable disease by a recognised immunisation provider.

***Australian Immunisation Handbook*** means the latest edition of the Australian Immunisation Handbook published by the Government Printer.



**authorised**, in relation to a person to whom information may be given in accordance with paragraph 46E(1)(e), means a person who is authorised under subsection 46E(2).

**child** means a child under the age of 7 years.

**foreign immunisation encounter** means the process of administering to a child, for the purpose of immunising a child, a vaccine against a vaccine preventable disease if that process occurs outside Australia.

**immunisation** means the process of administering to a child for the purpose of immunising the child:

- (a) a vaccine that is registered under section 17 of the *Therapeutic Goods Act 1989*; or
- (b) a vaccine that is:
  - (i) exempt goods within the meaning of that Act; or
  - (ii) approved under section 19 of that Act; or
- (c) a vaccine that is administered outside Australia.

**information** means:

- (a) information relating to a child's Australian immunisation encounter; and
- (b) information relating to a child's foreign immunisation encounter.

**information relating to a child's Australian immunisation encounter** includes the name and address of the child immunised, the date and nature of the immunisation of the child and the identity and address of the provider of the immunisation and particulars of the immunisation provided by the provider, but:

- (a) in paragraphs 46E(1)(a) and (b)—does not include information as to the address of the child or of a parent or guardian of the child; and
- (b) in paragraphs 46E(1)(d) and (e)—does not include information about the child or a parent or guardian of the child, if the parent or guardian, or another person exercising responsibilities in relation to the health of the child, has told the Commission in writing that he or she does not wish to be notified when the child needs to be immunised.

**information relating to a child's foreign immunisation encounter** includes an interpretation of information relating to a foreign immunisation encounter of a child if the interpretation is provided by a recognised immunisation provider or a prescribed body.

**prescribed body** means a body prescribed by the regulations for the purposes of this Part.

**purpose relating to the immunisation or health of children** means any of the following purposes:

- (a) the recording of information about the immunisation of children;
- (b) the recording of information about recognised immunisation providers;
- (c) the use of information so recorded to determine:
  - (i) if a particular child has been immunised and, if so, when the last immunisation took place and the diseases against which the child was immunised; or
  - (ii) when a particular child needs to be immunised;
- (d) the notification to a parent or guardian of a child, or to another person exercising responsibilities in relation to the health of a child, as to when the child needs to be immunised.

*recognised immunisation provider* means a person who is recognised by the Commission as a provider of immunisation to children.

*the Register* means the Australian Childhood Immunisation Register kept under section 46B.

*vaccine preventable disease* means a disease listed as a vaccine preventable disease in the Australian Immunisation Handbook.

## **Quarantine Act 1908 (Cth).**

### Section 4

(1) In this Act, *quarantine* includes, but is not limited to, measures:

(a) for, or in relation to:

- (i) the examination, exclusion, detention, observation, segregation, isolation, protection, treatment and regulation of vessels, installations, human beings, animals, plants or other goods or things; or
- (ii) the seizure and destruction of animals, plants, or other goods or things; or
- (iii) the destruction of premises comprising buildings or other structures when treatment of these premises is not practicable; and

(b) having as their object the prevention or control of the introduction, establishment or spread of diseases or pests that will or could cause significant damage to human beings, animals, plants, other aspects of the environment or economic activities.

(2) Without otherwise limiting the nature of any quarantine measure, or measure incidental to quarantine:

(a) by way of a direction that a person may be authorised to give; or

(b) by way of an action that a person may be authorised to take;

either as a result of a Ministerial authorisation under subsection 3(1) or as a result of an authorisation by the executive head of a national response agency under subsection 3(2), that direction or action must be no more than is reasonably appropriate and adapted: to the control and eradication of the epidemic; or

(d) to the removal of the danger of the epidemic;

in respect of which the authorisation was given.

### Section 5

*aircraft* means any machine or craft that can derive support in the atmosphere from the reactions of the air or from buoyancy but does not include an air cushion vehicle.

*Animal* includes a dead animal and any part of an animal.

*animals, plants or goods* or *animals, plants or other goods* includes, to avoid doubt, any goods as defined by this subsection.

**Authorized person** means a person authorized by this Act or the regulations, or by the Minister or a quarantine officer, to do the act in relation to which the expression is used.

**By authority** means by the authority of the Minister, or of a quarantine officer, or of an officer under this Act doing duty in the matter in relation to which the expression is used.

**Chief Quarantine Officer** means:

- (a) where the expression is used in a context that relates only to human quarantine—a Chief Quarantine Officer (Human Quarantine);
- (b) where the expression is used in a context that relates only to animals—a Chief Quarantine Officer (Animals);
- (c) where the expression is used in a context that relates only to plants—a Chief Quarantine Officer (Plants); or
- (d) in any other case—a Chief Quarantine Officer (Human Quarantine), a Chief Quarantine Officer (Animals) or a Chief Quarantine Officer (Plants).

**declared place** has the meaning given by section 12.

**Director of Quarantine** means:

- (a) where the expression is used in a context that relates only to human quarantine—the Director of Human Quarantine;
- (b) where the expression is used in a context that relates only to animals or plants or both—the Director of Animal and Plant Quarantine; or
- (c) in any other case—the Director of Human Quarantine or the Director of Animal and Plant Quarantine.

**discharge**, in relation to a vessel or installation, includes any escape, spilling, leaking, pumping, emptying or other release, however caused, from the vessel or installation.

**disease** includes a micro-organism, a disease agent, an infectious agent and a parasite.

**environment** includes all aspects of the surroundings of human beings, whether natural surroundings or surroundings created by human beings themselves, and whether affecting them as individuals or in social groupings.

**executing officer**, for a warrant, means the person named in the warrant as being responsible for executing the warrant.

**goods** includes:

- (a) an animal; and
- (b) a plant (whether moveable or not); and
- (c) any other article, substance or thing (including, but not limited to, any kind of moveable property);

and, to avoid doubt, includes mail of any kind and ballast water.

**in quarantine**, in relation to a vessel or installation, has a meaning affected by section 37.

**Master** means:

- (a) in relation to a vessel other than an aircraft—the person (other than a ship's pilot) in charge or command of the vessel; and
- (aa) in relation to an aircraft—the commander of the aircraft; and

(b) in relation to an installation—the person (other than a ship’s pilot) in charge or command of the installation.

**Medical Officer** in relation to a vessel means any person on the vessel acting as the medical officer, doctor, or surgeon of the vessel.

**national response agency** means:

(a) the Australian Federal Police and the police force of each of the States and the Northern Territory; and

(b) if it is declared by the Minister, by notice published in the *Gazette*, to be a national response agency for the purposes of subsection 3(1):

(i) any arm or unit of the Australian Defence Force; or

(ii) any department, or part of a department, of the Commonwealth, or of a State or Territory; or

(iii) any other agency or authority, whether incorporated or not, that is established for a public purpose by or under a law of the Commonwealth, or of a State or Territory.

**offence against this Act** includes:

(a) an offence against the regulations; and

(b) an offence against section 6 of the *Crimes Act 1914* or section 11.1, 11.4 or 11.5 of the *Criminal Code* in relation to an offence against this Act or the regulations.

**Officer** means a quarantine officer or other officer appointed under this Act.

**pest** includes any animal, or any plant, that is a pest.

**Pratique** means:

(a) in relation to a vessel, other than an overseas aircraft to which subsection 32B(1) applies—pratique granted by a quarantine officer since the last arrival of the vessel from:

(i) in the case of a vessel in, or about to arrive in, Australia—places outside Australia; or

(ii) in the case of a vessel in, or about to arrive in, the Cocos Islands—places outside the Cocos Islands; or

(iii) in the case of a vessel in, or about to arrive in, Christmas Island—places outside Christmas Island;

and having effect at the port where the vessel is for the time being or is about to arrive; and

(aa) in relation to an overseas aircraft to which subsection 32B(1) applies—pratique taken to have been granted under subsection 32B(1) since the last arrival of the aircraft from:

(i) in the case of an aircraft in Australia—places outside Australia; or

(ii) in the case of an aircraft in the Cocos Islands—places outside the Cocos Islands; or

(iii) in the case of an aircraft in Christmas Island—places outside Christmas Island;

and having effect at the port where the aircraft is for the time being; and

(b) in relation to an overseas installation—pratique granted by a quarantine officer since the last arrival of the installation from a place (including a place at sea) outside the outer limits of Australian waters and having effect in the place (including a place at sea) where the installation is for the time being or is about to be taken.

**premises** includes any place (whether enclosed or built on, or not) and, in particular, includes:

(a) a building, wharf or other structure; and

- (b) a vessel; and
- (c) an Australian installation; and
- (d) a vehicle; and
- (e) a part of premises (including a part of any of the above).

**Quarantinable disease** means any disease declared by the Governor-General, by proclamation, to be a quarantinable disease.

**quarantinable pest** means any pest declared by the Governor-General, by Proclamation, to be a quarantinable pest.

**Quarantine area** means any part of Australia, the Cocos Islands or Christmas Island which, in pursuance of this Act, is declared to be a quarantine area.

**quarantine officer** means a person appointed under subsection 9(2), 9AA(3) or 9A(1).

**State officer** means:

- (a) an employee of a State or Territory, or an employee of an authority of a State or Territory (including a member of the police force or police service of a State or Territory); or
  - (b) a State or Territory office holder;
- who is covered by an arrangement made under:
- (c) section 11; or
  - (d) section 71 of the *Public Service Act 1999* in respect of quarantine officer powers and functions.

**treatment** means any process for controlling or eliminating a disease or pest and:

- (a) in relation to a vessel, installation or premises, includes examination, spraying, fumigation, disinfection, denaturing and cleaning; and
- (b) in relation to a person, includes examination, spraying, fumigation, disinfection and cleaning; and
- (c) in relation to an animal, includes examination, disinfection, denaturing, vaccination, testing and veterinary treatment; and
- (d) in relation to a plant or other goods, includes examination, spraying, fumigation, disinfection, denaturing, sorting, cleaning and repacking.

## **Quarantine Regulations 2000 (Cth).**

### Section 4

"**Act**" means the *Quarantine Act 1908*.

"**International Health Regulations**" means the third edition of the International Health Regulations published by the World Health Organization, as amended and in force on 23 June 2000.

"**medical practitioner**" means a person registered as a medical practitioner under a law of a State or Territory that provides for the registration of medical practitioners.

"**stores**" means goods for the use of persons on board a vessel or installation or for the service of a vessel or installation.

"waste" includes:

- (a) material used to pack or stabilise cargo; and
- (b) galley and food waste; and
- (c) human, animal or plant waste; and
- (d) refuse or sweepings from the holds or decks of a vessel or installation.

**24A(1)** For section 55B of the Act, *vector monitoring and control activities* means any activity necessary to:

- (a) identify a vector; or
- (b) assess the threat posed by a vector; or
- (c) eradicate a vector; or
- (d) modify the environment to inhibit the incursion or spread of a vector.

**24A(2)** Without limiting subregulation (1), the following activities may be *vector monitoring and control activities*:

- (a) setting traps;
- (b) assessment of the environment and premises;
- (c) fumigation or fogging;
- (d) removal or modification of containers or other receptacles capable of holding water.

**32** A *yellow fever declared place* is a place declared under section 12 of the Act to be a place infected with yellow fever, or from or through which yellow fever can be brought or carried.

*Note* Yellow fever is declared to be a quarantinable disease under:

- (a) section 21 of the *Quarantine Proclamation 1998*; and
- (b) section 11 of the *Quarantine (Cocos Islands) Proclamation 2004*; and
- (c) section 11 of the *Quarantine (Christmas Island) Proclamation 2004*.

## NEW ZEALAND

### **Civil Defence Emergency Management Act 2002 (NZ), 2002/33.**

#### Section 4

"**emergency**" means a situation that

- (a) is the result of any happening, whether natural or otherwise, including, without limitation, any explosion, earthquake, eruption, tsunami, land movement, flood, storm, tornado, cyclone, serious fire, leakage or spillage of any dangerous gas or substance, technological failure, infestation, plague, epidemic, failure of or disruption to an emergency service or a lifeline utility, or actual or imminent attack or warlike act; and
- (b) causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand; and
- (c) cannot be dealt with by emergency services, or otherwise requires a significant and co-ordinated response under this Act

### **Health Act 1956 (NZ), 1956/65.**

#### Section 22B

"**Agency**" has the same meaning as in section 2 of the Privacy Act 1993:

"**Document**" has the same meaning as in section 2 of the Official Information Act 1982:

"**Health information**", in relation to an identifiable individual, means—

- (a) Information about the health of that individual, including that individual's medical history;
- (b) Information about any disabilities that individual has, or has had;
- (c) Information about any [[services]] that are being provided, or have been provided, to that individual;
- (d) Information provided by that individual in connection with the donation, by that individual, of any body part, or any bodily substance, of that individual;
- (e) For the purposes of section 22E of this Act and for that purpose only, information—
  - (i) Derived from the testing or examination of any body part, or any bodily substance, donated by an individual; or
  - (ii) Otherwise relating to any part or substance so donated, or relating to the donor and relevant (whether directly or indirectly) to the donation:

"**Individual**" means a natural person, and includes a deceased natural person:

#### Section 74A

(1) In this section,

"**Cervical smear test**" means any test or the taking of any cytological or histological specimen to determine the presence in the cervix of any woman of a cancer or non-invasive, pre-cancerous lesion:

"**Register**" means the National Cervical Screening Register maintained by the Ministry of Health or by a person who is appointed by the Director-General for this purpose.

Section 125

"**Child care centre**" has the same meaning as in [[section 105(3) of the Children and Young Persons Act 1974]]:

"**Private school**" means a school registered under section 186 of the Education Act 1964 and any premises, not being so registered and being neither a child care centre nor a public school, which are or purport to be mainly for the care or training of children, whether for reward or not:

"**Public school**" means a school established under Part 3 of the Education Act 1964; and includes a kindergarten or other institution providing pre-school education recognised under regulations made pursuant to section 70 of that Act.

**International Terrorism (Emergency Powers) Act 1987 (NZ), 1987/179.**

Section 2

"**Emergency power**" means any of the powers specified in section 10 or section 11 of this Act:

"**International terrorist emergency**" means a situation in which any person is threatening, causing, or attempting to cause—

- (a) The death of, or serious injury or serious harm to, any person or persons; or
- (b) The destruction of, or serious damage or serious injury to,—
  - (i) Any premises, building, erection, structure, installation, or road; or
  - (ii) Any aircraft, hovercraft, ship or ferry or other vessel, train, or vehicle; or
  - (iii) Any natural feature which is of such beauty, uniqueness, or scientific, economic, or cultural importance that its preservation from destruction, damage or injury is in the national interest; or
  - (iv) Any chattel of any kind which is of significant historical, archaeological, scientific, cultural, literary, or artistic value or importance; or
  - (v) Any animal—

in order to coerce, deter, or intimidate—

- (c) The Government of New Zealand, or any agency of the Government of New Zealand; or
- (d) The Government of any other country, or any agency of the Government of any other country; or
- (e) Any body or group of persons, whether inside or outside New Zealand,—  
for the purpose of furthering, outside New Zealand, any political aim:

"**Public place**" means a place that, at any material time, is open to or is being used by the public, whether free or on payment of a charge, and whether any owner or occupier of the place is lawfully entitled to exclude or eject any person from that place; and includes any aircraft, hovercraft, ship or ferry or other vessel, train, or vehicle carrying or available to carry passengers for reward:



**New Zealand Public Health and Disability Act 2000 (NZ), 2000/91.**

Section 6

"**DHB**" means an organisation established as a DHB by or under section 19

"**Director-General**" means the chief executive or acting chief executive under the State Sector Act 1988 of the Ministry of Health

"**health services**" means personal health services and public health services

"**Minister**" means the Minister of Health

"**Ministry of Health**" means the department of the Public Service referred to by that name

"**personal health**" means the health of an individual ``personal health services" means goods, services, and facilities provided to an individual for the purpose of improving or protecting the health of that individual, whether or not they are also provided for another purpose; and includes goods, services, and facilities provided for related or incidental purposes

"**public health**" means the health of all of—

- (a) the people of New Zealand; or
- (b) a community or section of such people

"**public health services**" means goods, services, and facilities provided for the purpose of improving, promoting, or protecting public health or preventing population-wide disease, disability, or injury; and includes—

- (a) regulatory functions relating to health or disability matters; and
- (b) health protection and health promotion services; and
- (c) goods, services, and facilities provided for related or incidental functions or purposes

**Tuberculosis Act 1948 (NZ), 1948/36.**

Section 2

"**Child**" means any person under the age of 16 years

"**Contact**", when used with reference to tuberculosis, means any person who resides or works, or has resided or worked, in close association with any other person suffering from tuberculosis

"**Director-General**" means the Director-General of Health

"**In-patient**" means any person who is an inmate of any institution for the purpose of undergoing treatment in respect of tuberculosis or of preventing the spread of the infection of tuberculosis

["**institution**" means a hospital care institution within the meaning of section 58(4) of the Health and Disability Services (Safety) Act 2001:]

["**Medical Officer of Health**" means a person designated as a Medical Officer of Health under the Health Act 1956:]

["**medical practitioner**"—

(a) means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of medicine; and

(b) includes a tuberculosis officer.]

"**Minister**" means the Minister of Health:

"**Out-patient**" means any person, not being an inmate of a sanatorium or other institution, who is undergoing treatment, or under medical care or supervision, in respect of tuberculous disease and is enrolled as an out-patient at a tuberculosis clinic:

"**Premises**" includes any home trade ship within the meaning of [the Shipping and Seamen Act 1952]:

"**Prescribed**" means prescribed by this Act or by [or under] regulations under this Act:

"**Tuberculosis**" means tuberculous disease, in any form, which has not yet been arrested:

"**Tuberculosis clinic**" means any tuberculosis clinic established pursuant to this Act or any place declared by the Minister to be a tuberculosis clinic for the purposes of this Act

["**Tuberculosis officer**" means a medical practitioner employed by a [[district health board]] or by the Ministry of Health and in charge, in the course of such employment, of the examination, treatment, and supervision of persons who are suffering or suspected of suffering from tuberculosis and are in-patients in any institution (not being a sanatorium) under the control of the [[district health board]] or the Ministry or are attending, for examination or treatment, any such institution or any tuberculosis clinic; and includes any medical practitioner so employed who is for the time being acting as an assistant tuberculosis officer:"]

"**Tuberculous person**" means any person who is suffering from tuberculosis in an active form and who is likely to infect others.

#### Section 5

"**Home trade ship**" means a home trade ship within the meaning of [the Shipping and Seamen Act 1952]:

#### Section 6

In subsection (1), the terms "**doctor's certificate**" and "**Registrar**" have the meanings given to them by section 2 of the Births, Deaths, and Marriages Registration Act 1995.]

**Venereal Diseases Regulations 1982** (NZ), 1982/215 (made under the **Health Act 1956** (NZ), 1956/65).

#### Section 2

"**Venereal disease**" means—

(a) Chancroid:

(b) Gonorrhoeal infection affecting any site:

(c) Syphilis:

(d) Venereal granuloma [*Lymphogranuloma venereum* or *granuloma inguinale*]

## UNITED KINGDOM

### **Anti-Terrorism, Crime and Security Act 2001** (U.K.), 2001, c. 24.

#### Section 58

#### Section 74

"**dangerous substance**" has the meaning given in section 58;

"**direction**" means a direction in writing;

"**notice**" means a notice in writing;

"**occupier**" includes a partnership or unincorporated association and, in relation to premises that are unoccupied, means any person entitled to occupy the premises;

"**relevant premises**" has the meaning given in section 60.

### **Biological Weapons Act 1974** (U.K.), 1974, c. 6.

**1(2)** In this section--

"**biological agent**" means any microbial or other biological agent; and

"**toxin**" means any toxin, whatever its origin or method of production.

**1A(5)** For this purpose a United Kingdom national is an individual who is--

(a) a British citizen, a [British overseas territories citizen], a British National (Overseas) or a British Overseas citizen;

(b) a person who under the British Nationality Act 1981 (c 61) is a British subject; or

(c) a British protected person within the meaning of that Act.

### **Blood Safety and Quality Regulations 2005**, S.I. 2005/50.

#### Section 1

"**blood**" means whole human blood collected from a donor and processed either for transfusion or for further manufacturing;

"**blood component**" means a therapeutic constituent of human blood (red cells, white cells, platelets and plasma) that can be prepared by various methods;

"**blood component release**" means a process which enables a blood component to be released from a quarantine status by the use of systems and procedures to ensure that the finished product meets its release specification;

"**blood establishment**" means any person, other than a person responsible for management of a hospital blood bank, which carries out any of the activities listed in regulation 3(2);

"**blood product**" means any therapeutic product derived from human blood or plasma;

"**Commission**" means the European Commission;

"**serious adverse event**" means any untoward occurrence associated with the collection, testing, processing, storage and distribution of blood or blood components that might lead to death or life-threatening, disabling or incapacitating conditions for patients or which results in, or prolongs, hospitalisation or morbidity;

"**serious adverse reaction**" means an unintended response in a donor or in a patient associated with the collection or transfusion of blood or blood components that is fatal, life-threatening, disabling or incapacitating, or which results in or prolongs hospitalisation or morbidity.

## **Nationality, Immigration and Asylum Act 2002 (U.K.), 2002, c. 41.**

### Section 133

(4) For the purposes of this section "health service body" in relation to a person means a body which carries out functions in an area which includes his place of residence and which is—

(a) in relation to England—

- (i) a Primary Care Trust established under section 16A of the National Health Service Act 1977 (c 49),
- (ii) a National Health Service Trust established under section 5 of the National Health Service and Community Care Act 1990 (c 19),
- [(iia) an NHS foundation trust,]
- (iii) a Strategic Health Authority established under section 8 of the National Health Service Act 1977, [or]
- (iv) a Special Health Authority established under section 11 of that Act, or
- (v) the Public Health Laboratory Service Board, [or(vi) the Health Protection Agency]

(b) in relation to Wales—

- (i) a Health Authority or Local Health Board established under section 8 or 16BA of that Act, [or]
- (ii) a National Health Service Trust established under section 5 of the National Health Service and Community Care Act 1990, or
- (iii) the Public Health Laboratory Service Board, [or]
- [(iv) the Health Protection Agency]

(c) in relation to Scotland—

- (i) a Health Board, Special Health Board or National Health Service Trust established under section 2 or 12A of the National Health Service (Scotland) Act 1978 (c 29), or
- (ii) the Common Services Agency for the Scottish Health Service established under section 10 of that Act, or
- [(iii) the Health Protection Agency, or]

(d) in relation to Northern Ireland—

- (i) a Health and Social Services Board established under the Health and Personal Social Services (Northern Ireland) Order 1972 (SI 1972/1265 (NI 14)),
- (ii) a Health and Social Services trust established under the Health and Personal Social Services (Northern Ireland) Order 1991 (SI 1991/194 (NI 1)), or
- (iii) the Department of Health, Social Services and Public Safety, [or(iv) the Health Protection Agency].

### **Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.**

2(1) In these regulations, unless the context otherwise requires –  
[...]

**"diseases subject to the International Health Regulations"** means cholera, including cholera due to the El Tor vibrio, plague, smallpox including variola minor (alastrim), and yellow fever;  
[...]

**"epidemic"** means an extension of a disease subject to the International Health Regulations by a multiplication of cases in an area;  
[...]

**"infected aircraft"** means--

(a) an aircraft which has on board on arrival

(i) a case of a disease subject to the International Health Regulations; or

(ii) a case of lassa fever, rabies, viral haemorrhagic fever or marburg disease; or

(b) an aircraft on which a plague-infected rodent is found on arrival; or

(c) an aircraft which has had a case of smallpox on board during its voyage and which has not before arrival been subjected in respect of such case to appropriate measures equivalent to those provided in these regulations;

**"infected area"** means an area notified as such to health administrations by the World Health Organisation under Article 11 of the International Health Regulations and which has not been subsequently notified by that organisation as being free from infection;

**"infected person"** means a person who is suffering from a disease subject to the International Health Regulations or who is considered by the medical officer to be infected with such a disease or with some other infectious or contagious disease other than venereal disease or tuberculosis;

**"infectious disease"** means a disease subject to the International Health Regulations or any other infectious or contagious disease other than venereal disease or tuberculosis;  
[...]

**"International Health Regulations"** means the International Health Regulations adopted by the 22nd World Health Assembly in 1969 as amended by the 26th World Health Assembly in 1973;

**"isolation"**, when applied to a person or group of persons, means the separation of that person or group of persons from other persons, except the health staff on duty, in such a manner as to prevent the spread of infection;  
[...]

**"medical officer"** means the medical officer of a responsible authority, or any other medical practitioner appointed by such authority under regulation 5;

**"sanitary airport"** means a customs airport which has been designated in accordance with article 19 of the International Health Regulations;  
[...]

**"suspect"** means a person (not being an infected person) who is considered by the medical officer as having been exposed to infection by an infectious disease and is considered capable of spreading that disease;

**"suspected aircraft"** means an aircraft

(a) from which a case of cholera occurring on board during the voyage has been removed before the arrival of the aircraft, and which has not before arrival been subjected in respect of such case to appropriate measures equivalent to those provided for in these regulations, or

(b) which has on board on arrival a person who the medical officer considers may have been exposed to infection from lassa fever, rabies, viral haemorrhagic fever or marburg disease;  
[...].

## **Public Health (Control of Disease) Act 1984 (U.K.), 1984, c. 22.**

### Section 74

In this Act, unless the context otherwise requires--

**"authorised officer"**, in relation to a local authority, means--

(a) an officer of the authority authorised by them in writing, either generally or specially, to act in matters of a specified kind or in a specified matter, or

(b) by virtue of his appointment and for the purpose of matters within his province, a proper officer of the authority, appointed for purposes corresponding to any of those of the former medical officers of health, surveyors and sanitary inspectors;

**"common lodging-house"** means a house (other than a public assistance institution) provided for the purpose of accommodating by night poor persons, not being members of the same family, who resort to it and are allowed to occupy one common room for the purpose of sleeping or eating, and, where part only of a house is so used, includes the part so used;

**"district"**, in relation to a local authority in Greater London, means a London borough, the City of London, the Inner Temple or the Middle Temple [and, in relation to a local authority in Wales, means a county or county borough];

**"functions"** includes powers and duties;

**"hospital"** includes any premises for the reception of the sick;

"**house**" means a dwelling-house, whether a private dwelling-house or not;

"**inland waters**" includes rivers, harbours and creeks;

"**local Act**" includes a provisional order confirmed by Parliament and the confirming Act so far as it relates to that order;

"**local authority**" has the meaning given by section 1(2) above;

Section 1

Subject to subsection (4) below, it shall be the duty of each of the following authorities--

(a) a district council,

[(aa) in Wales, a county council or county borough council,]

(b) a London borough council,

(c) the Common Council of the City of London, and

(d) the Sub-Treasurer of the Inner Temple and the Under Treasurer of the Middle Temple,  
to carry this Act into execution in their district.

(2) In this Act, except where it is otherwise expressly provided, "**local authority**" means an authority mentioned in subsection (1) above.

"**London port health authority**" and "**London port health district**" have the meanings given by section 7 above;

Section 7

(1) For the purposes of this Act--

(a) the Port of London, together with

(b) so much (being either the whole or any part or parts) of the district or districts of one or more riparian authorities as (not being comprised in the Port of London) may be specified in an order made by the Secretary of State,

shall be a port health district (in this Act referred to as "**the London port health district**"), and the Common Council of the City of London shall be the port health authority for that district.

"**NHS trust**" and "**NHS contract**" have the same meaning as in Part I of the National Health Service and Community Care Act 1990 or, as the case may require, the National Health Service (Scotland) Act 1978;

"**notifiable disease**" has the meaning given by section 10 above;

Section 10

In this Act, "**notifiable disease**" means any of the following diseases--

(a) cholera;

(b) plague;

(c) relapsing fever;

(d) smallpox; and

(e) typhus.



"**officer**" includes servant;

"**owner**" means the person for the time being receiving the rackrent of the premises in connection with which the word is used, whether on his own account or as agent or trustee for any other person, or who would so receive the rackrent if those premises were let at a rackrent;

"**port**" has the meaning given by section 2(1) above;

Section 2

(1) In this Act, "**port**" means—

- (a) a port as appointed for the purposes of the enactments for the time being in force relating to customs or excise other than the Port of London, or
- (b) the Port of London.

"**Port of London**" has the meaning given by section 6 above;

Section 6

In this Act, "**the Port of London**" means the port of that name appointed for the purposes of the enactments relating to customs or excise, together with all such waters between--

- (a) the seaward limit of the port as so established, and
- (b) imaginary straight lines drawn from latitude 51 degrees 37 minutes 00 seconds north, longitude 00 degrees 57 minutes 19 seconds east (Foulness Point in the county of Essex) to latitude 51 degrees 46 minutes 05 seconds north, longitude 01 degrees 20 minutes 32 seconds east (Gunfleet Old Lighthouse) and thence to latitude 51 degrees 26 minutes 36 seconds north, longitude 01 degrees 25 minutes 30 seconds east and thence to latitude 51 degrees 24 minutes 55 seconds north, longitude 00 degrees 54 minutes 21 seconds east (Warden Point in the county of Kent), as [immediately before the coming into force of the Territorial Sea Act 1987 were] within the territorial waters of Her Majesty's dominions.

"**premises**" includes buildings, lands, easements and hereditaments of any tenure;

"**proper officer**" means, in relation to a purpose and to an authority, an officer appointed for that purpose by that authority;

"**school**" includes a Sunday school or a Sabbath school;

"**vessel**" has the same meaning as ["ship" in the Merchant Shipping Act 1995] except that it includes a hovercraft within the meaning of the Hovercraft Act 1968, and "master" shall be construed accordingly.

**Public Health (Infectious Diseases) Regulations 1988, S.I. 1988/1546.**

Section 2

"**appropriate medical officer**" means--

- (a) in a case where the [Health Authority or Primary Care Trust] has appointed a Director of Public Health, the Director of Public Health, and
- (b) in any other case, the registered medical practitioner designated by the [Health Authority or Primary Care Trust] for the purposes of these Regulations;

"**certificate**" means a certificate required by section 11 of the Act to be sent by a registered medical practitioner to a proper officer;

"**Chief Medical Officer for England**" means the Chief Medical Officer to the Department of Health;

"**Chief Medical Officer for Wales**" means the Chief Medical Officer to the Welsh Office;

["**Health Authority**" means a Health Authority established under section 8 of the National Health Service Act 1977;]

"**International Health Regulations**" means the International Health Regulations (1969) as adopted by the World Health Assembly on 25th July 1969 and as amended by the 26th World Health Assembly in 1973 and by the 34th World Health Assembly in 1981;

"**viral haemorrhagic fever**" means Argentine haemorrhagic fever (Junin), Bolivian haemorrhagic fever (Machupo), Chikungunya haemorrhagic fever, Congo/Crimean haemorrhagic fever, Dengue fever, Ebola virus disease, haemorrhagic fever with renal syndrome (Hantaan), Kyasanur forest disease, Lassa fever, Marburg disease, Omsk haemorrhagic fever and Rift Valley disease.

#### Section 6

(1) In this regulation "**a disease subject to the International Health Regulations**" means cholera, including cholera due to the eltor vibrio, plague, smallpox, including variola minor (alastrim), and yellow fever.

### **Public Health (International Trains) Regulations 1994, S.I. 1994/311.**

#### Section 2

"**enforcement authority**" means--

(a) in relation to any place in England or Wales, the authority (or authorities) by whom these Regulations are to be enforced and executed at that place in accordance with **regulation 10**;

(b) in relation to any function to be executed and enforced on board any through train in accordance with regulation 9, the Secretary of State;

"**international train**" means any shuttle train or through train;

"**serious epidemic, endemic or infectious disease**" does not include venereal disease or infection with human immunodeficiency virus;

"**sick traveller**" means a person on an international train who has a serious epidemic, endemic or **infectious disease**, or in relation to whom there are reasonable grounds for suspecting that he has such a disease;

"**stowaway animal**" means any animal, whether dead or alive, which is on board an international train, except one which--

(a) is lawfully being transported through the tunnel system; or

(b) is being imported into Great Britain contrary to any order made, or which has effect as if made, under section 10 of the Animal Health Act 1981;

"**train manager**" means, in relation to a through train or a shuttle train, the person designated as train manager by the person operating the international service on which the train is engaged;

"**train operator**" means a person operating any international service, except where the service is operated by a joint international undertaking and part of that undertaking is a British undertaking, in which case it means the British undertaking which forms part of that joint international undertaking;

## **Public Health (Ships) Regulations 1979, S.I. 1979/1435.**

### Section 2

"**additional measures**" means such of the additional measures specified in schedule 4 with respect to the diseases subject to the International Health Regulations as are appropriate;

"**animals**" has the same meaning as in Article 2(1) of the Rabies (Control) Order 1974; [...]

"**arrival**" in relation to a **ship**, means the entry within the limits of jurisdiction of a district of a **ship** which has not during its voyage or since it last

(a) called at a port outside the United Kingdom, or

(b) met with an offshore installation, or

(c) met with a **ship** which has proceeded from a foreign port, been subjected elsewhere in the United Kingdom to measures provided for in these regulations or any corresponding regulations in force in Scotland or Northern Ireland, apart from any measure which may have been applied there to any person, baggage or cargo landed from the **ship**, and "arrives" shall be construed accordingly;

"**authorised officer**" means the medical officer, the proper officer, as described by paragraph 13 of Schedule 14 of the Local Government Act 1972, or any other officer authorised by the health authority under regulation 4, to enforce and execute any of these regulations; [...]

"**diseases subject to the International Health Regulations**" means cholera, including cholera due to the El Tor vibrio, plague, smallpox, including variola minor (alastrim), and yellow fever; [...]

"**epidemic**" means an extension of a disease subject to the International Health Regulations by a multiplication of cases in an area; [...]

"**health authority**" means in relation to a port health district the port health authority, and in relation to any other district the council of that district; [...]

"**infected area**" means an area notified as such to health administrations by the World Health Organisation under Article 11 of the International Health Regulations and which has not been subsequently notified by that organisation as being free from infection;

"**infected person**" means a person who is suffering from a disease subject to the International Health Regulations or who is considered by the medical officer to be infected with such a disease or with some other infectious or contagious disease other than venereal disease or tuberculosis;

"**infected ship**" means--

(a) a ship which has on board on arrival—

(i) a case of a disease subject to the International Health Regulations; or

(ii) a case of lassa fever, rabies, viral haemorrhagic fever or marburg disease; or

(b) a ship on which a plague-infected rodent is found on arrival; or

(c) a ship which has had on board during its voyage--

(i) a case of human plague which developed more than six days after the embarkation of the person affected; or

(ii) a case of cholera within five days before arrival; or

(iii) a case of yellow fever or smallpox; and which has not before arrival been subjected in respect of such case to appropriate measures equivalent to those provided for in these regulations;

"**infectious disease**" means a disease subject to the International Health Regulations or any other infectious or contagious disease other than venereal disease or tuberculosis;

**"International Health Regulations"** means the International Health Regulations adopted by the 22nd World Health Assembly in 1969 as amended by the 26th World Health Assembly in 1973; [...]

**"isolation"**, when applied to a person or group of persons, means the separation of that person or group of persons from other persons, except the health staff on duty, in such a manner as to prevent the spreading of infection; [...]

**"master"** means the person for the time being in charge of or in command of a ship;

**"medical officer"** means the medical officer for a district, or any other medical practitioner appointed by the health authority under regulation 5;

**"medical practitioner"** means a registered medical practitioner; [...]

**"ship"** has the same meaning as the expression "vessel" bears for the purposes of the Public Health Act 1936 and accordingly includes--

- (a) any ship or boat;
- (b) any other description of vessel used in navigation;
- (c) any hovercraft within the meaning of the Hovercraft Act 1968.

**"suspect"** means a person (not being an infected person) who is considered by the medical officer as having been exposed to infection by an infectious disease and is considered capable of spreading that disease;

**"suspected ship"** means--

- (a) a ship which, not having on board on arrival a case of human plague, has had on board during the voyage a case of that disease which developed within six days of the embarkation of the person affected; or
- (b) a ship on which there is evidence of abnormal mortality among rodents, the cause of which is unknown on arrival; or
- (c) a ship which has had on board during the voyage a case of cholera which developed more than five days before arrival; or
- (d) a ship which left within six days before arrival an area infected with yellow fever;
- (e) a ship which has on board on arrival a person who the medical officer considers may have been exposed to infection from lassa fever, rabies, viral haemorrhagic fever or marburg disease;

Provided that a ship to which the foregoing paragraph (a) or (c) applies shall not be deemed to be a suspected ship if in respect of such case of human plague or cholera, as the case may be, the ship has before arrival been subjected to appropriate measures equivalent to those provided for in these regulations; [...].

## **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, S.I. 1995/3163.**

### Section 2

**"accident"** includes

- (a) an act of non-consensual physical violence done to a person at work; and
- (b) an act of suicide which occurs on, or in the course of the operation of, a relevant transport system;

**"approved"** means approved for the time being in writing for the purposes of these Regulations by the Executive and published in such form as the Executive considers appropriate;

**"biological agent"** has the meaning assigned to it by regulation 2(1) of the Control of Substances Hazardous to Health Regulations [1999];

**"dangerous occurrence"** means an occurrence which arises out of or in connection with work and is of a class specified in--

- (a) paragraphs 1-17 of Part I of Schedule 2;
- (b) paragraphs 18-21 of Part I of Schedule 2 and takes place elsewhere than at an offshore workplace;
- (c) paragraphs 22-40 of Part II of Schedule 2 and takes place at a mine;
- (d) paragraphs 41-48 of Part III of Schedule 2 and takes place at a quarry;
- (e) paragraphs 49-72 of Part IV of Schedule 2 and takes place where a relevant transport system is operated (other than at a factory, dock, construction site, mine or quarry); or
- (f) paragraphs 73-83 of Part V of Schedule 2 and takes place at an offshore workplace;

**"disease"** includes a medical condition;

**"the Executive"** means the Health and Safety Executive;

**"major injury"** means an injury or condition specified in Schedule 1;

**"offshore installation"** has the meaning assigned to it by article 4(2) of the 1995 Order but excluding the fixed structures specified in article 4(2)(a) of that Order;

**"offshore workplace"** means any place where activities are carried on or any premises such that prescribed provisions of the 1974 Act are applied to those activities or premises by virtue of articles 4, 5 or 6 of the 1995 Order, and for this purpose those articles shall be deemed to apply to activities or premises within Great Britain which are in tidal waters or on the foreshore or other land intermittently covered by such waters as they apply to activities and premises within territorial waters or a designated area;

**"responsible person"** means--

- (a) in the case of—
  - (i) a mine, the manager of that mine;
  - (ii) a quarry, the [operator] of that quarry;
  - (iii) a closed tip, the owner of the mine . . . with which that tip is associated;
  - (iv) an offshore installation (otherwise than in the case of a disease reportable under regulation 5), the duty holder for the purposes of the Offshore Installations and Pipeline Works (Management and Administration) Regulations 1995 provided that for the purposes of this provision regulation 3(2)(c) of those Regulations shall be deemed not to apply;
  - (v) a dangerous occurrence at a pipeline (being an incident to which paragraph 14(a)-(f) of Part I of Schedule 2 applies), the owner of that pipeline;
  - (vi) a dangerous occurrence at a well, the person appointed by a concession owner to execute any function of organising or supervising any operation to be carried out by the well or, where no such person has been appointed, the concession owner (and for this purpose "concession owner" means the person who at any time has the right to exploit or explore mineral resources in any area, or to store gas in any area and to recover gas so stored if, at any time, the well is, or is to be, used in the exercise of that right);
  - (vii) a [diving project] (otherwise than in the case of a disease reportable under regulation 5), the diving contractor;
  - (viii) a vehicle to which paragraph 16 or 17 of Part I of Schedule 2 applies, the operator of the vehicle;
- (b) (where sub-paragraph (a) above does not apply) in the case of the death of or other injury to an employee reportable under regulation 3 or of a disease suffered by an employee reportable under regulation 5, his employer; and
- (c) in any other case, the person for the time being having control of the premises in connection with the carrying on by him of any trade, business or other undertaking (whether for profit or not) at which, or in connection with the work at which, the accident or dangerous occurrence reportable under regulation 3, or case of disease reportable under regulation 5, happened;

## UNITED STATES

**Public Health Service Act**, 42 U.S.C. §201 et seq. (2005).

**201** When used in this chapter—

- (a) The term “**Service**” means the Public Health Service;
- (b) The term “**Surgeon General**” means the Surgeon General of the Public Health Service;
- (c) Unless the context otherwise requires, the term “**Secretary**” means the Secretary of Health and Human Services.
- (d) The term “**regulations**”, except when otherwise specified, means rules and regulations made by the Surgeon General with the approval of the Secretary; [...]
- (p) The term “**uniformed service**” means the Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, or National Oceanic and Atmospheric Administration.

**264(2)** For purposes of this subsection, the term “qualifying stage”, with respect to a communicable disease, means that such disease—

- (A) is in a communicable stage; or
- (B) is in a precommunicable stage, if the disease would be likely to cause a public health emergency if transmitted to other individuals.

**42 C.F.R. §34.2** (2005) (Medical Examination of Aliens).

**34.2** As used in this part, terms shall have the following meanings: [...]

(a) “**CDC**” Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services.

(b) “**Communicable disease of public health significance**” Any of the following diseases:

- (1) Chancroid.
- (2) Gonorrhea.
- (3) Granuloma inguinale.
- (4) Human immunodeficiency virus (HIV) infection.
- (5) Leprosy, infectious.
- (6) Lymphogranuloma venereum.
- (7) Syphilis, infectious stage.
- (8) Tuberculosis, active.

[...]

(d) “**Class A medical notification**” Medical notification of:

(1) A communicable disease of public health significance; [...]

(i) INS. Immigration and Naturalization Service, U.S. Department of Justice.

(j) Medical examiner. A panel physician, civil surgeon, or other physician designated by the Director to perform medical examinations of aliens.

(k) Medical hold document. A document issued to the INS by a quarantine inspector of the Public Health Service at a port of entry which defers the inspection for admission until the cause of the medical hold is resolved.

(l) Medical notification. A document issued to a consular authority or the INS by a medical examiner, certifying the presence or absence of:

- (1) A communicable disease of public health significance; [...].
- (2) (i) A physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others;
- (ii) A history of a physical or mental disorder and behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or lead to other harmful behavior; or
- (3) Drug abuse or addiction.
- (e) "**Class B medical notification**" Medical notification of a physical or mental abnormality, disease, or disability serious in degree or permanent in nature amounting to a substantial departure from normal well-being.

#### 42 C.F.R. §70.1 (2005) (Interstate Quarantine).

**70.1** As used in this part, terms shall have the following meaning:

- (a) "**Communicable diseases**" means illnesses due to infectious agents or their toxic products, which may be transmitted from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly through the agency of an intermediate plant or animal host, vector, or the inanimate environment.
- (b) "**Communicable period**" means the period or periods during which the etiologic agent may be transferred directly or indirectly from the body of the infected person or animal to the body of another. [...]  
[...]
- (d) "**Incubation period**" means the period between the implanting of disease organisms in a susceptible person and the appearance of clinical manifestation of the disease.
- (e) "**Interstate traffic**" means:
  - (1) The movement of any conveyance or the transportation of persons or property, including any portion of such movement or transportation that is entirely within a State or possession –
    - (i) From a point of origin in any State or possession to a point of destination in any other State or possession; or
    - (ii) Between a point of origin and a point of destination in the same State or possession but through any other State, possession, or contiguous foreign country.
  - (2) Interstate traffic does not include the following:
    - (i) The movement of any conveyance which is solely for the purpose of unloading persons or property transported from a foreign country, or loading persons or property for transportation to a foreign country.
    - (ii) The movement of any conveyance which is solely for the purpose of effecting its repair, reconstruction, rehabilitation, or storage. [...].

#### 42 C.F.R. §71.1 (2005) (Foreign Quarantine).

**71.1(b)** As used in this part the term:

"**Communicable disease**" means an illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person or animal or a reservoir to a susceptible host, either directly, or indirectly through an intermediate animal host, vector, or the inanimate environment.

"**Contamination**" means the presence of undesirable substances or material which may contain infectious agents or their toxic products.

"**Detention**" means the temporary holding of a person, ship, aircraft, or other carrier, animal, or thing in such place and for such period of time as may be determined by the Director.

"**Director**" means the Director, Centers for Disease Control, Public Health Service, Department of Health and Human Services, or his/her authorized representative.

"**Ill person**" means a person who:

- (1) Has a temperature of 100 [degrees]F. (or 38 [degrees]C.) or greater, accompanied by a rash, glandular swelling, or jaundice, or which has persisted for more than 48 hours; or

(2) Has diarrhea, defined as the occurrence in a 24-hour period of three or more loose stools or of a greater than normal (for the person) amount of loose stools.

**"International Health Regulations"** means the International Health Regulations of the World Health Organization, adopted by the Twenty-Second World Health Assembly in 1969, as amended by the Twenty-Sixth World Health Assembly in 1973, the Thirty-Fourth World Health Assembly in 1981, and as may be further amended.

**"International voyage"** means: (1) In the case of a carrier, a voyage between ports or airports of more than one country, or a voyage between ports or airports of the same country if the ship or aircraft stopped in any other country on its voyage; or (2) in the case of a person, a voyage involving entry into a country other than the country in which that person begins his/her voyage.

**"Isolation"** means: (1) When applied to a person or group of persons, the separation of that person or group of persons from other persons, except the health staff on duty, in such a manner as to prevent the spread of infection; or (2) when applied to animals, the separation of an animal or group of animals from persons, other animals, or vectors of disease in such a manner as to prevent the spread of infection.

**"Surveillance"** means the temporary supervision of a person who may have or has been exposed to a communicable disease.

**"Vector"** means an animal (including insects) or thing which conveys or is capable of conveying infectious agents from a person or animal to another person or animal.



# WORLD HEALTH ORGANIZATION / PAN AMERICAN HEALTH ORGANIZATION

## **International Health Regulations (2005) A58/55.**

### **Article 1**

1. For the purpose of the International Health Regulations (hereinafter the “IHR” or “Regulations”):

“**affected**” means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains, that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk;

“**affected area**” means a geographical location specifically for which health measures have been recommended by WHO under these Regulations;

“**aircraft**” means an aircraft making an international voyage;

“**airport**” means any airport where international flights arrive or depart;

“**arrival**” of a conveyance means:

- (a) in the case of a seagoing vessel, arrival or anchoring in the defined area of a port;
- (b) in the case of an aircraft, arrival at an airport;
- (c) in the case of an inland navigation vessel on an international voyage, arrival at a point of entry;
- (d) in the case of a train or road vehicle, arrival at a point of entry;

“**baggage**” means the personal effects of a traveller;

“**competent authority**” means an authority responsible for the implementation and application of health measures under these Regulations;

“**contamination**” means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

“**conveyance**” means an aircraft, ship, train, road vehicle or other means of transport on an international voyage;

“**conveyance operator**” means a natural or legal person in charge of a conveyance or their agent;

“**crew**” means persons on board a conveyance who are not passengers;

**“decontamination”** means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

**“departure”** means, for persons, baggage, cargo, conveyance or goods, the act of leaving a territory;

**“Director-General”** means the Director-General of the World Health Organization;

**“disease”** means an illness or medical condition, irrespective of origin or source, that presents or could present a significant harm to humans;

**“disinfection”** means the procedure whereby measures are taken to control or kill infectious agents on a human or animal body surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents;

**“event”** means a manifestation of disease or an occurrence that creates a potential for disease;

**“free pratique”** means permission for a ship to enter a port, embark or disembark, discharge or load cargo or stores; permission for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores; and permission for a ground transport vehicle, upon arrival, to embark or disembark, discharge or load cargo or stores;

**“ground crossing”** means a point of land entry in a State Party, including one utilized by road vehicles and trains;

**“health measure”** means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures;

**“ill person”** means an individual suffering from or affected with a physical ailment that may pose a public health risk;

**“infection”** means the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk;

**“inspection”** means the examination, by the competent authority or under its supervision, of areas, baggage, containers, conveyances, facilities, goods or postal parcels, including relevant data and documentation, to determine if a public health risk exists;

**“international traffic”** means the movement of persons, baggage, cargo, containers, conveyances, goods or postal parcels across an international border, including international trade;

**“international voyage”** means:

(a) in the case of a conveyance, a voyage between points of entry in the territories of more than one State, or a voyage between points of entry in the territory or territories of the same State if the conveyance has contacts with the territory of any other State on its voyage but only as regards those contacts;

(b) in the case of a traveller, a voyage involving entry into the territory of a State other than the territory of the State in which that traveller commences the voyage;

**“intrusive”** means possibly provoking discomfort through close or intimate contact or questioning;

**“invasive”** means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive;

**“isolation”** means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;

**“medical examination”** means the preliminary assessment of a person by an authorized health worker or by a person under the direct supervision of the competent authority, to determine the person’s health status and potential public health risk to others, and may include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case;

**“National IHR Focal Point”** means the national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations;

**“Organization”** or **“WHO”** means the World Health Organization;

**“permanent residence”** has the meaning as determined in the national law of the State Party concerned;

**“personal data”** means any information relating to an identified or identifiable natural person;

**“point of entry”** means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit;

**“port”** means a seaport or port on an inland body of water where ships on an international voyage arrive or depart;

**“postal parcel”** means an addressed article or package carried internationally by postal or courier services;

**“public health emergency of international concern”** means an extraordinary event which is determined, as provided in these Regulations:

- (i) to constitute a public health risk to other States through the international spread of disease and
- (ii) to potentially require a coordinated international response;

**“public health observation”** means the monitoring of the health status of a traveller over time for the purpose of determining the risk of disease transmission;

**“public health risk”** means a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger;

**“quarantine”** means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

**“recommendation”** or **“recommended”** refer to temporary or standing recommendations issued under these Regulations;

**“reservoir”** means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk;

**“road vehicle”** means a ground transport vehicle other than a train;

**“scientific evidence”** means information furnishing a level of proof based on the established and accepted methods of science;

**“scientific principles”** means the accepted fundamental laws and facts of nature known through the methods of science;

**“ship”** means a seagoing or inland navigation vessel on an international voyage;

**“standing recommendation”** means non-binding advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

**“surveillance”** means the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary;

**“suspect”** means those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

**“temporary recommendation”** means non-binding advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

**“temporary residence”** has the meaning as determined in the national law of the State Party concerned;

**“traveller”** means a natural person undertaking an international voyage;

**“vector”** means an insect or other animal which normally transports an infectious agent that constitutes a public health risk;

**“verification”** means the provision of information by a State Party to WHO confirming the status of an event within the territory or territories of that State Party;

**“WHO IHR Contact Point”** means the unit within WHO which shall be accessible at all times for communications with the National IHR Focal Point; [...].

# APPENDIX 4

## TREATMENT AND MANAGEMENT OF SPECIFIED DISEASES

### AUSTRALIA

#### **Quarantine Act 1908 (Cth).**

**35AA(1)** Where a quarantine officer (human quarantine) is not satisfied that a person, being a non-citizen, is not suffering from active pulmonary tuberculosis, the quarantine officer (human quarantine) may, by order in writing served on the person, require him or her to undergo, within a time and at a place specified in the order, a medical examination in accordance with subsection (2).

**35AA(2)** The medical examination referred to in subsection (1) shall:

- (a) be carried out by, or under the supervision of, a person registered as a medical practitioner in a State or Territory, being a person approved by the Minister for the purposes of this section; and
- (b) be such examination as that person considers necessary to ascertain whether or not the person to be examined is suffering from active pulmonary tuberculosis.

**35AA(3)** If a person fails to comply with an order under subsection (1), a quarantine officer (human quarantine) may, by order in writing served on the person, order him or her into quarantine.

**35AA(4)** Where a quarantine officer is of the opinion that a person, being a non-citizen, is, or is likely to be, suffering from active pulmonary tuberculosis, the quarantine officer (human quarantine) may, by order in writing served on the person, order the person into quarantine.

**35AA(4A)** If a quarantine officer (human quarantine) orders a person into quarantine under subsection (3) or (4), the officer must also:

- (a) inform the person of his or her right to request an independent medical assessment as allowed by section 35C; and
- (b) notify the Director of Human Quarantine, in writing, of the order as soon as practicable.

**35AA(5)** A quarantine officer (human quarantine) may release under quarantine surveillance a person ordered into quarantine under this section.

**35AA(6)** The regulations may provide that this section does not apply to a person included in a prescribed class of persons.

**35AA(7)** In this section, *non-citizen* has the same meaning as in the *Migration Act 1958*.

## **Quarantine Regulations 2000 (Cth).**

**42(3)** For subregulation (2)[quarantine surveillance periods], the following periods apply:

- (a) for cholera — 5 days;
- (b) for plague — 7 days;
- (c) for rabies — 14 days;
- (d) for severe acute respiratory syndrome (SARS) — 10 days;
- (e) for smallpox — 21 days;
- (f) for viral haemorrhagic fever — 21 days;
- (g) for yellow fever — 6 days;
- (h) for active pulmonary tuberculosis — 12 weeks;
- (i) for any other disease — 30 days.

## NEW ZEALAND

### Health (Infectious and Notifiable Diseases) Regulations 1966 (NZ), 1966/87, Schedule 2.

<b>Infectious Disease</b>	<b>Period of isolation (reg 8) and period of exclusion from school of pupils and teachers suffering from an infectious disease (Patients) (reg 14 (1))</b>	<b>Period of isolation (paras (a) and (b) of the Proviso to reg 8)</b>	<b>Period of Exclusion from School of Pupils and Teachers Exposed to an Infectious Disease (Contacts) (reg 14 (2))</b>	<b>Period of Incubation (Reg 9)</b>
<b>Chickenpox (Varicella)</b>	For 1 week from the date of the appearance of the rash	..	Nil	21 days
<b>Cholera</b>	..	..	..	5 days
<b>Diphtheria</b>	For 2 weeks from the date of the onset of the disease and until two cultures from the throat and two cultures from the nose, taken not less than 24 hours apart, and not within 12 hours of the local application of an antibiotic or chemotherapeutic agent, fail to show the presence of virulent diphtheria bacilli	For 4 weeks from the date of the onset of the disease	5 days from the last exposure to infection unless a microbiological examination of throat and nose fails to show the presence of virulent diphtheria bacilli	5 days
<b>Dysentery (amoebic)</b>	Until cured	For 4 weeks from the date of the onset of the disease	..	4 weeks

<b>Dysentery (bacillary)</b>	For 4 weeks from the date of the onset of the disease or until three microbiological examinations of the faeces made at intervals of 48 hours fail to show the presence of dysentery bacilli	For 4 weeks from the date of the onset of the disease	Nil	7 days
<b>Enteric fever (typhoid fever, paratyphoid fever)</b>	For 4 weeks from the date of the onset of the disease or until three successive cultures of faeces and of urine, collected not less than 48 hours apart, fail to show the presence of typhoid or paratyphoid bacilli	For 8 weeks from the date of the onset of the disease	Nil	21 days
<b>Hepatitis A</b>	For 7 days from the date of the onset of the disease and until fever subsides	..	Nil	(25 days)
<b>Hepatitis B</b>	For 7 days from the date of the onset of the disease and until fever subsides			
<b>Hepatitis non A or B</b>	For 7 days from the date of the onset of the disease and until fever subsides			
<b>Leprosy</b>	..	..	..	7 days



<b>Measles (morbilli)</b>	For 7 days from the date of appearance of the rash and until recovery	..	(1) if the disease is epidemic, nil (2) if the disease is not epidemic, teachers are not to be excluded, but susceptible children are to be excluded for 14 days from the appearance of the rash on the patient	14 days
<b>Meningococcal meningitis</b>	For 24 hours from the commencement of chemotherapy or antibiotic treatment and until cured	For 24 hours from the commencement of chemotherapy or antibiotic treatment and until cured	Nil	10 days
<b>Mumps (epidemic parotitis)</b>	For 9 days from the date of the onset of the disease or until swelling of all involved glands have completely subsided and the patient has returned to normal	..	Nil	..
<b>Plague (bubonic or pneumonic)</b>	..	..	..	6 days
<b>Poliomyelitis</b>	For 7 days from the date of the onset of the disease and until fever subsides	..	Nil	14 days
<b>Relapsing fever</b>	..	..	..	12 days
<b>Ringworm</b>	Nil if under treatment, otherwise until cured	..	..	..

<b>Salmonella infection</b>	For 3 weeks from the date of the onset of the disease and until three successive microbiological specimens of faeces, collected at intervals of not less than 48 hours, fail to show the presence of salmonella organisms	For 4 weeks from the date of the onset of the disease	Nil	7days
<b>Severe Acute Respiratory Syndrome (SARS)</b>	For the period from the time the person is diagnosed as satisfying the World Health Organization's case definition for a "suspect" case of SARS or a "probable" case of SARS until either – •10 days after the resolution of fever, if at that time there is no cough; or •any later time when there is no cough	..	For 10 days from the person ("person A") most recently had close contact with a person who is diagnosed as satisfying the World Health Organization's case definition for a "probable" case of SARS (a "probable SRAS person"). However, if person A resides in the same premises as any 1 more probable SARS or persons, until 10 days after the time that is •10 days after the resolution of fever in all of the 1 or more probable SARS persons, if at that time none of the 1 or more probable SARS persons has a cough; or •any later time when none of the 1 or more probable SARS persons has a cough	10 days

<b>Smallpox (variola including varioloid and alastrim)</b>	Until all scabs and crusts have disappeared	..	If the strain of smallpox is of the variola minor type, and if the contacts are vaccinated within 24 hours of first exposure and thereafter kept under daily medical observation, to be excluded until height of reaction is passed; otherwise for 16 days from last exposure	16 days
<b>Streptococcal sore throat, including scarlet fever</b>	For 7 days from the date of the onset of the disease and until all symptoms have subsided, all abnormal discharges have ceased, and all open lesions have healed	..	Nil	5 days
<b>Typhus</b>	..	..	..	15 days
<b>Whooping cough (pertusis)</b>	For 3 weeks from the date of the onset of typical paroxysms		Unimmunised children to be excluded for 14 days from last exposure	21 days
<b>Yellow</b>	..	..	..	6 days

## **Health (Quarantine) Regulations 1983 (NZ), 1983/52.**

### **Schedule 3**

#### **MEASURES TO BE CARRIED OUT IN RESPECT OF AN INFECTED CRAFT IN RESPECT OF PASSENGERS WHO HAVE BEEN EXPOSED TO INFECTION WITH A QUARANTINABLE DISEASE**

##### **PART A – PLAGUE**

1. The craft shall be inspected and, if so required by the Medical Officer of Health, the passengers and crew shall be medically examined.
2. The sick may be immediately disembarked and isolated.
3. Any suspect may be disinfected.
4. All suspects shall be placed under surveillance for a period of not more than 6 days reckoned from the date of arrival.
5. The baggage of any infected person or suspect may be disinfected and, if necessary, disinfected.
6. Any other articles such as used bedding or linen, and any part of the craft which is considered to be contaminated, may be disinfected or disinfected.
7. If a rodent which has died of plague is found on board, the craft shall be deratted, if necessary in quarantine.

##### **PART B – CHOLERA**

1. The craft shall be inspected and the passengers and crew shall be medically examined.
2. The sick shall be removed and isolated.
3. All other persons shall be placed under surveillance, or in exceptional circumstances isolated, for a period of not more than 5 days reckoned from the date of disembarkation.
4. The baggage of any infected person or suspect and any other article such as used bedding or linen and any part of the craft which is considered to be contaminated may be disinfected.
5. If the drinking water stored on board is considered by the Medical Officer of Health or an Inspector of Health to be contaminated it shall be disinfected and removed and the containers shall be disinfected.
6. Human dejecta and waste water shall not be discharged without previous disinfection.
7. The Inspector of Health shall direct the disposal of foodstuffs in the craft or may prohibit their unloading, unless the foodstuffs form part of the cargo carried in the freight compartment of the craft, and are consigned to an airport or port in some other territory.

# UNITED KINGDOM

## **Public Health (Aircraft) Regulations 1979, S.I. 1979/1434.**

### **Schedule 2**

#### **Part I Plague**

##### A. Infected aircraft

- (1) The medical officer may—
  - (a) require any suspect on board to be disinfected and place him under surveillance, the period of surveillance being reckoned from the date of arrival of the aircraft;
  - (b) require the disinfecting and, if necessary, disinfection of the baggage of any infected person or suspect, and of any other article on board and any part of the aircraft which the medical officer considers to be contaminated.
- (2) On arrival of an aircraft having on board a person suffering from pulmonary plague the medical officer may--
  - (a) carry out the measures set out in paragraph 1 of Part I of this Schedule;
  - (b) require any person on board to be placed in isolation for six days reckoned from the date of the last exposure to infection.

##### B. Aircraft which have been in infected areas

- (3) The medical officer may place under surveillance any suspect who disembarks, the period of surveillance being reckoned from the date of the departure of the aircraft from the infected area.

#### **Part II Cholera**

##### Infected aircraft and suspected aircraft

- (1) The medical officer—
  - (a) may place under surveillance any person who disembarks from an aircraft, the period of surveillance being reckoned from the date of disembarkation from the aircraft;
  - (b) shall be responsible for the supervision of the removal and safe disposal of any water, food (excluding cargo), human dejecta, waste water, waste matter and any other matter which is considered to be contaminated and shall be responsible for the disinfection of water tanks and food handling equipment.
- (2) Foodstuffs carried as cargo on board aircraft in which a case of cholera has occurred during the journey may not be subjected to bacteriological examination except by the health authorities of the country of final destination.

### **Part III Yellow Fever**

Infected aircraft and aircraft which have been in infected areas  
The medical officer may require the aircraft to be disinfected.

### **Part IV Smallpox**

#### **A. Infected aircraft**

- (1) The medical officer shall offer vaccination to any person on board or disembarking from the aircraft who does not show sufficient evidence of protection by a previous attack of smallpox or who does not satisfy the medical officer that he possesses a valid International Vaccination Certificate.
- (2) The medical officer may either—
  - (a) place under surveillance any person who disembarks, the period of surveillance being reckoned from the date on which the medical officer considers the person was last exposed to infection; or
  - (b) if he considers any such person is not sufficiently protected against smallpox, isolate him for a similar period.
- (3) The medical officer shall require the disinfection of the baggage of any infected person, and of any other article on board and any part of the aircraft which the medical officer considers to be contaminated.

#### **B. Suspects on other aircraft**

- (4) The medical officer may also apply the provisions of paragraphs (1) and (2) of this part to any suspect who disembarks from an aircraft which is not an infected aircraft.

### **Part V Lassa Fever, Rabies, Viral Haemorrhagic Fever or Marburg Disease**

Infected aircraft and suspected aircraft

The medical officer may--

- (a) place any suspect on board under surveillance, the period of surveillance being reckoned from the date of arrival of the aircraft;
- (b) require the disinfection of the baggage of any infected person or suspect, and of any other article on board and any part of the aircraft which the medical officer considers to be contaminated.

### **Public Health (Infectious Diseases) Regulations 1988, S.I. 1988/1546.**

**9(1)** The provisions of Schedule 3 shall have effect in relation to typhus and relapsing fever.

**9(2)** The provisions of Schedule 4 shall have effect in relation to food poisoning and to typhoid, paratyphoid and other salmonella infections, amoebic and bacillary dysentery, and staphylococcal infections likely to cause food poisoning.

**Schedule 1:** The Enactments in the Act Applied to Particular Diseases

(1) Diseases	(2) Enactments applied
Acquired immune deficiency syndrome	Sections 35, 37, 38 (as modified by regulation 5), 43 and 44.
Acute encephalitis	Sections 11, 12, 17 to 24, 26, 28 to 30, 33 to 35 (as modified by regulation 4), 37, 38, 44 and 45.
Acute poliomyelitis	
Meningitis	
Meningococcal septicaemia (without meningitis)	
Anthrax	Sections 11, 12, 17 to 22, 24, 26, 28 to 30, 33 to 35 (as modified by regulation 4), 37, 38 and 43 to 45.
Diphtheria	Sections 11, 12, 17 to 24, 26, 28 to 30, 33 to 38, 44 and 45.
Dysentery (amoebic or bacillary)	
Paratyphoid fever	
Typhoid fever	
Viral hepatitis	
Leprosy	Sections 11, 12, 17, 19 to 21, 28 to 30, 35 (as modified by regulation 4), 37, 38 and 44.
Leptospirosis	Sections 11, 12, 17 to 22, 24, 26,
Measles	28 to 30, 33 to 35 (as modified by
Mumps	regulation 4), 37, 38, 44 and 45.
Rubella	
Whooping cough	
Malaria	Sections 11, 12, 18 and 35 (as modified by regulation 4).
Tetanus	
Yellow fever	
Ophthalmia neonatorum	Sections 11, 12, 17, 24 and 26.

Rabies	Sections 11, 12, 17 to 26, 28 to 30 and 32 to 38.
Scarlet fever	Sections 11, 12, 17 to 22, 24, 26, 28 to 30, 33 to 38, 44 and 45.
Tuberculosis	Sections 12, 17 to 24, 26, 28 to 30, 35 (as modified by regulation 4), 44 and 45; in addition- (a) section 11 shall apply where the opinion of the registered medical practitioner that a person is suffering from tuberculosis is formed from evidence not derived solely from tuberculin tests, and (b) sections 25, 37 and 38 shall apply to tuberculosis of the respiratory tract in an infectious state.
Viral haemorrhagic fever	Sections 11, 12, 17 to 38, 43 to 45 and 48.

**Schedule 3:** Typhus and Relapsing Fever

**1** The proper officer shall, if he thinks it necessary, report any case of typhus or relapsing fever in his district to the local authority who may, by notice in writing, require--

(a) that such measures as may be specified in the notice shall be immediately taken to the satisfaction of the proper officer to obtain the complete destruction of lice on the person and clothing of every occupant of the building of which the patient is an inmate, and to secure the destruction of lice or their products in the building; and

(b) the temporary segregation, for a period to be specified in the notice, of other inmates of the building or of other persons recently in contact with the patient until their persons and clothing have been completely freed from lice.

Addressing of notices

**2** The notice may be addressed to the head of the family to which the patient belongs, to any person in charge of or in attendance on the patient, to any other person in the building of which the patient is an inmate, or to the occupier of the building, and also to any person with whom the patient has recently been in contact.

Authorisation of proper officer

**3(1)** A local authority may authorise the proper officer generally to issue any notice on their behalf under this Schedule in relation to any particular case if in his opinion it is immediately and urgently necessary for him to do so for the purpose of preventing the spread of infection.

**3(2)** The proper officer shall at the earliest opportunity report any case dealt with under such an authorisation, and the action taken by him, to the local authority.

**Schedule 4:** Food Poisoning and Food Borne Infections

**1(1)** If a proper officer, after considering the information available to him, forms the opinion—

(a) that a person in the district--

(i) is suffering from food poisoning which may be caused by an infection, or

(ii) is suffering from, or is shown to be a carrier of, any infection mentioned in paragraph 5 of this Schedule, and



(b) that it is desirable for the protection of the public health that measures should be taken to prevent the spread of infection, he shall report to the local authority accordingly.

**1(2)** On receipt of such a report, the local authority may by notice in writing—

- (a) require the person concerned to discontinue or to refrain from engaging in any occupation connected with food until they notify him that the risk of causing infection is removed;
  - (b) require that such measures shall be taken for the protection of the public health as are specified in the notice, being measures which in the opinion of the proper officer are desirable to prevent the spread of infection by the person concerned; and
  - (c) require the assistance of any other person reasonably able to assist in securing compliance with any requirement under this paragraph;
- and if the person concerned is already engaged in any occupation connected with food, the local authority shall send a copy of any notice served on him under this paragraph to his employer, if any, and to any other person reasonably able to assist in securing compliance with any requirement under this paragraph.
- Suspected carriers in food trade

**2(1)** If a proper officer has reason to believe that a person engaged in any trade or business connected with food may be a carrier of any infection mentioned in paragraph 5 of this Schedule, he shall report to the local authority accordingly.

**2(2)** The local authority may give notice in writing to the responsible manager of the trade or business concerned that for the purpose of preventing the spread of infection they consider it necessary for the proper officer or a registered medical practitioner acting on his behalf to make a medical examination of that person, and the responsible manager shall give to the proper officer all reasonable assistance in the matter.

Authorisation of proper officer

**3(1)** A local authority may authorise the proper officer generally to issue any notice on their behalf under this Schedule in relation to any particular case if in his opinion it is immediately and urgently necessary for him to do so for the purpose of preventing the spread of infection.

**3(2)** The proper officer shall at the earliest opportunity report any case dealt with under such an authorisation, and the action taken by him, to the local authority.

Definition of terms

**4** In this Schedule--

- (a) "connected with food", in relation to an occupation, trade or business, means connected with the preparation or handling of food or drink for human consumption; and
  - (b) the reference to making a medical examination shall be construed as including a reference to making bacteriological tests and similar investigations.
- Infections to which this Schedule applies

**5** The infections referred to in paragraphs 1 and 2 of this Schedule are typhoid, paratyphoid and other salmonella infections, amoebic and bacillary dysentery, and staphylococcal infections likely to cause food poisoning.

## **Public Health (Ships) Regulations 1979, S.I. 1979/1435.**

**32** Without prejudice to any other provision in these regulations the additional measures in schedule 4 shall be applicable on the arrival of—

- (a) any infected ship or suspected ship;
- (b) any ship which has during its voyage been in an area infected with plague, cholera, yellow fever, lassa fever, rabies, viral haemorrhagic fever or marburg disease;
- (c) any suspect for smallpox on a ship other than an infected ship;
- (d) any other ship when the medical officer is satisfied that, notwithstanding that measures equivalent to such additional measures have been applied to the ship or any person on board at a previous port during its voyage, there is on board or has been on board since such previous application an infected person or suspect and that it is necessary again to apply any such measure, or the medical officer has evidence that such previous application was not effective.

**36(1)** Where these regulations permit a medical officer to place a person under surveillance, the period of such surveillance shall not exceed such of the following periods as may be appropriate:--

- (a) in respect of plague, six days;
- (b) in respect of cholera, five days;
- (c) in respect of yellow fever, six days;
- (d) in respect of small pox, fourteen days;
- (e) in respect of lassa fever, viral haemorrhagic fever, or marburg disease, twenty-one days.

**36(2)** Where a person has been so placed under surveillance for plague, cholera, smallpox, lassa fever, viral haemorrhagic fever or marburg disease under regulation 30 by reason of his having come from an infected area, the period shall be reckoned from the date of his leaving the infected area.

**36(3)** When a person has been so placed under surveillance under the additional measures in schedule 4, the period shall be reckoned in the manner therein specified.

### **Schedule 4: ADDITIONAL MEASURES WITH RESPECT TO THE DISEASES SUBJECT TO THE INTERNATIONAL HEALTH REGULATIONS**

#### **Part I Plague**

##### **A. Infected ships and suspected ships**

(1) The medical officer may—

- (a) require any suspect on board to be disinfected and may place him under surveillance, the period of surveillance being reckoned from the date of arrival of the ship;
- (b) require the disinfecting and, if necessary, disinfection of the baggage of any infected person or suspect, and of any other article on board and any part of the ship which the medical officer considers to be contaminated.

(2) If there is any rodent infected with plague on board the medical officer or other authorised officer shall require the ship to be deratted in a manner to be determined by him, but without prejudice to the generality of this requirement the following special provisions shall apply to any such deratting:--

- (a) the deratting shall be carried out as soon as the holds have been emptied or when they contain only ballast or other material, unattractive to rodents, of such a nature or so disposed as to make a thorough inspection of the holds possible. A Deratting Exemption Certificate may be issued for an oil tanker with full holds;
- (b) one or more preliminary derattings of a ship with the cargo in situ, or during its unloading, may be carried out to prevent the escape of infected rodents;

(c) if the complete destruction of rodents cannot be secured because only part of the cargo is due to be unloaded, a ship shall not be prevented from unloading that part, but the medical officer or other authorised officer may apply any measure which he considers necessary to prevent the escape of infected rodents, including placing the ship in quarantine.

(3) On arrival of a ship having on board a person suffering from pulmonary plague, or if there has been a case of pulmonary plague on board a ship within the period of six days before its arrival, the medical officer may—

- (a) carry out the measures set out in paragraph 1 of Part 1 of this schedule;
- (b) require any person on board to be placed in isolation for six days reckoned from the date of the last exposure to infection.

**B. Ships which have been in infected areas**

(4) The medical officer may—

- (a) place under surveillance any suspect who disembarks; the period of surveillance being reckoned from the date of the departure of the ship from the infected area;
- (b) regard as suspect any person not isolated for six days before departure from an area with an epidemic of pulmonary plague;
- (c) require, in exceptional circumstances and for well founded reasons, the destruction of rodents on the ship and disinsecting, but he shall give the master notice in writing of the reasons for the requirement.

## **Part II Cholera**

Infected ships and suspected ships

(1) The medical officer

- (a) may place under surveillance any person who disembarks from a ship, the period of surveillance being reckoned from the date of disembarkation from the ship;
- (b) shall be responsible for the supervision of the removal and safe disposal of any water, food (excluding cargo), human dejecta, waste water, including bilge water, waste matter, and any other matter which is considered to be contaminated, and shall be responsible for the disinfection of water tanks and food handling equipment.

(2) Foodstuffs carried as cargo on board ships in which a case of cholera has occurred during the journey, may not be subjected to bacteriological examination except by the health authorities of the country of final destination.

## **Part III Yellow Fever**

Infected ships, suspected ships, and ships which have been in infected areas

The medical officer may require the ship to be disinsected for the destruction of vectors of yellow fever which may be on board.

## **Part IV Smallpox**

**A. Infected ships**

(1) The medical officer shall offer vaccination to any person on board or disembarking from the ship who does not show sufficient evidence of protection by a previous attack of smallpox or who does not satisfy the medical officer that he possesses a valid International Vaccination Certificate.

(2) The medical officer may either--

- (a) place under surveillance any person who disembarks, the period of surveillance being reckoned from the date on which the medical officer considers the person was last exposed to infection; or
- (b) if he considers any such person is not sufficiently protected against smallpox, isolate him for a similar period.

(3) The medical officer shall require the disinfection of the baggage of any infected person, and of any other article on board and any part of the ship which the medical officer considers to be contaminated.

B. Suspects on other ships

(4) The medical officer may also apply the provisions of paragraphs (1) and (2) of this part to any suspect who disembarks from a ship which is not an infected ship.

#### **Part V Lassa Fever, Rabies, Viral Haemorrhagic Fever or Marburg Disease**

Infected ships and suspected ships

(1) The medical officer may—

- (a) place any suspect on board under surveillance, the period of surveillance being reckoned from the date of arrival of the ship;
- (b) require the disinfection of the baggage of any infected person or suspect, and of any other article on board and any part of the ship which the medical officer considers to be contaminated.

(2) If there is any rodent on board the authorised officer may require the ship to be deratted in a manner to be determined by him, but without prejudice to the generality of this requirement the following special provisions shall apply to any such deratting:--

- (a) the deratting shall be carried out as soon as the holds have been emptied or when they contain only ballast or other material, unattractive to rodents, of such a nature or so disposed as to make a thorough inspection of the holds possible. A Deratting Exemption Certificate may be issued for an oil tanker with full holds;
- (b) one or more preliminary derattings of a ship with the cargo in situ, or during its unloading, may be carried out to prevent the escape of infected rodents;
- (c) if the complete destruction of rodents cannot be secured because only part of the cargo is due to be unloaded, a ship shall not be prevented from unloading that part, but the authorised officer may apply any measure which he considers necessary to prevent the escape of infected rodents, including placing the ship in quarantine.

## UNITED STATES

**42 C.F.R. §70.5 (2005)** (Interstate Quarantine; Certain communicable diseases; special requirements).

**70.5** The following provisions are applicable with respect to any person who is in the communicable period of cholera, plague, smallpox, typhus or yellow fever, or who, having been exposed to any such disease, is in the incubation period thereof:

(a) Requirements relating to travelers.

(1) No such person shall travel from one State or possession to another, or on a conveyance engaged in interstate traffic, without a written permit of the Surgeon General or his/her authorized representative.

(2) Application for a permit may be made directly to the Surgeon General or to his/her representative authorized to issue permits.

(3) Upon receipt of an application, the Surgeon General or his/her authorized representative shall, taking into consideration the risk of introduction, transmission, or spread of the disease from one State or possession to another, reject it, or issue a permit that may be conditioned upon compliance with such precautionary measures as he/she shall prescribe.

(4) A person to whom a permit has been issued shall retain it in his/her possession throughout the course of his/her authorized travel and comply with all conditions prescribed therein, including presentation of the permit to the operators of conveyances as required by its terms.

(b) Requirements relating to operation of conveyances.

(1) The operator of any conveyance engaged in interstate traffic shall not knowingly:

- (i) Accept for transportation any person who fails to present a permit as required by paragraph (a) of this section; or
- (ii) Transport any person in violation of conditions prescribed in his/her permit.

(2) Whenever a person subject to the provisions of this section is transported on a conveyance engaged in interstate traffic, the operator thereof shall take such measures to prevent the spread of the disease, including submission of the conveyance to inspection, disinfection and the like, as an officer of the Public Health Service designated by the Surgeon General for such purposes deems reasonably necessary and directs.