

Part III: Compilation of examples of legislation, regulations and other instruments adopted by States Parties which refer to the IHR (2005)

Note:
The term "legislation, regulations and other instruments" is used in this document generally to refer to the broad range of legal, administrative or other governmental instruments which may be available for States Parties to implement the IHR (2005) and which are not necessarily limited to instruments adopted by the legislature. (see also User's Guide and Box II above)

In order to facilitate the assessment and revision processes, Part III includes examples of legislation, regulations and other instruments adopted by States Parties which refer to the IHR (2005).³⁰

References to particular instruments in this document do not imply approval or endorsement by WHO, but are provided for information only to State Party officials when making their own determinations on what is necessary and appropriate for their own national contexts. Furthermore, the summary descriptions of instruments below contain terminology used by the particular State Party as appropriate for their national contexts and do not necessarily reflect the terminology used in the IHR (2005), or approaches used by other States.

States Parties wishing to explore further any particular samples of instruments adopted by other States Parties may consider contacting the relevant State Party directly, in accordance with the IHR (2005) provision on collaboration concerning these issues.

Indices. For ease of reference, indices by subject matter and also by State Party are included at the end of this Part.

1 Argentina

1.1 **Resolution No. 1715/2007 of 7 December 2007 of the Ministry of Health on Rules for the surveillance and control of diseases or events subject to compulsory notification, their approval and incorporation in the National Programme for the Quality of Health Care, and the repeal of Resolution No. 349/94 of the Ministry of Health**

Published in *Boletín Oficial*, 17 December 2007, available in Spanish at <http://test.e-legis-ar.msal.gov.ar/leisref/public/showAct.php?id=7129&word=Reglamento%20sanitario%20internacional>

³⁰ Most texts of national legislation, regulations and other instruments referencing the IHR (2005) included in this document are summarized and published in the WHO International Digest of Health Legislation (IDHL), available at www.who.int/legislation. For possible updates of such instruments, see IDHL (search by keyword "IHR"). The text in the language version(s) published officially by the government from which it originates should be considered as authentic. References to selected national legislation and other instruments in this document are limited to those adopted or otherwise which the WHO Secretariat understands to be conclusively approved by relevant national authorities and available to the Secretariat prior to June 30, 2008.

Summary description:

Sec. 1. The Rules for the surveillance and control of diseases or events subject to compulsory notification, which are set out in Annex I to this Resolution and form an integral part thereof, are approved and incorporated in the National Programme for the Quality of Medical Care.

Annex I. Rules for the surveillance of diseases or events subject to compulsory notification. This Annex is arranged under the following rubrics:

1. Legal antecedents;

2. Updating of list of events subject to compulsory surveillance (this list is subdivided into the following groups: **I.** Transmissible events (1. Vectorial diseases; 2. Zoonoses; 3. Gastroenteric diseases; 4. Viral hepatitides; 5. Sexually transmitted infections (STIs); 6. Immunopreventable diseases; 7. Respiratory diseases; 8. Meningocephalitis; and 9. Dermatological diseases), the events within each group being differentiated according to whether they come under the International Health Regulations (IHR) or a specific programme); **II.** Non-transmissible events (10. Lesions resulting from intentional or unintentional external causes; 11. Acute poisoning by chemical agents; and 12. Poisoning by venomous animals); and **III.** Other events (13. Smallpox; 14. Outbreaks of whatever etiology; 15. Other events constituting a public health hazard (other infectious events not included in the list, events of unknown cause, natural disasters, epizootics, chemical accidents, nuclear accidents, etc.); and 16. Nosocomial infections);

3. Surveillance strategies for events subject to compulsory notification (3-1. Clinical surveillance; 3-2. Laboratory surveillance; 3-3. Sentinel surveillance; and 3-4. Special studies);

4. Method of notification (4-1. Numerical (notified according to age and place of occurrence); 4-2. Individual (with or without an investigation report card); and 4-3. Negative (corresponding to events under an elimination programme);

5. Periodicity and route of notification (5-1. Immediate; 5-2. Weekly; and 5-3. Other (events requiring special studies));

6. Instruments for the collection of information (the health services have recourse to specific data sources for each type of notification, including clinical surveillance data, laboratory surveillance data, case-specific investigation record cards, specific sentinel surveillance record cards, and specific forms for the notification of outbreaks); and

7. Flow of information (details concerning the classification of diseases/events, the sources of information, and the methods of information dissemination are presented in tabular form).

2 Australia

2.1 The National Health Security Act. Act No. 174 of 2007

Available in English at

[http://www.comlaw.gov.au/ComLaw/Legislation/Act1.nsf/0/FA5EDC875613965ACA25736A00133F60/\\$file/1742007.pdf](http://www.comlaw.gov.au/ComLaw/Legislation/Act1.nsf/0/FA5EDC875613965ACA25736A00133F60/$file/1742007.pdf).

Date of assent: 28 September 2007.

Summary description:

This Act comprises the following Parts:

1. *Preliminary* (Secs. 1-5);

2. *Public health surveillance* (containing the following Divisions: 1. Objects of Part (Sec. 6); 2. National Health Security Agreement (Sec. 7); 3. Permissible purposes (Sec. 8); 4. National Focal Point (Secs. 9-10); 5. National Notifiable Disease List (Secs. 11-12); 6. Notifying, sharing information and liaising with responsible Commonwealth, State or Territory bodies in relation to public health events of national significance etc. (Secs. 13-15); 7. Public health observation (Secs. 16-17); 8. Confidentiality of information (Secs. 18-26); and 9. Miscellaneous (Secs. 27-29);

3. *Regulation of security-sensitive biological agents* (containing the following Divisions: 1. Preliminary (Sec. 30); 2. The List of Security-sensitive Biological Agents (Secs. 31-34); 3. Standards relating to security-sensitive biological agents (Sec. 35); 4. The National Register (Secs. 36-38); 5. Requirements for entities that handle security-sensitive biological agents (Secs. 39-60); 6. Enforcement (Secs. 61-62); 7. Powers of inspection (Secs. 63-79); 8. Review of decisions (Secs. 80-83); 9. Confidentiality of information (Secs. 84-93); and 10. Delegation (Sec. 94)); and

4. *Miscellaneous* (Sec. 95).

The Act includes a number of provisions relating to the IHR (2005). These include Sec. 10 (Functions of the National Focal Point):

"The functions of the National Focal Point are the following:

(a) to liaise with responsible Government, State or Territory bodies in relation to public health events of national significance;

(b) to liaise with and be accessible to the World Health Organization and States Parties at all times for the purposes of giving effect to the International Health Regulations;

(c) to liaise with responsible Commonwealth, State or Territory bodies for the purposes of giving effect to the International Health Regulations;

(d) any other functions given to the National Focal Point under:

(i) this Act or the regulations; or

(ii) any other Act."

2.2 **The National Health Security Agreement, signed on 18 April 2008.**

The National Health Security Agreement is available at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-nhs-agreement.htm>

Summary description (from the website of the Australian Ministry of Health and Ageing):

The Agreement establishes a framework for decision making to support a coordinated national response to public health emergencies. The Agreement was developed to support the practical operation of the National Health Security Act 2007 and enhances communicable disease surveillance systems. It also provides criteria to identify events to be reported to the Commonwealth to assess if they require a coordinated national response or referral to the WHO as potential emergencies of international concern.

Excerpts from the text of the Agreement:

Recitals

Noting:

A. The national and international importance of effective, rapid, coordinated and cooperative health sector responses to significant public health events including:

(a) disease outbreaks with the potential to spread quickly through communities and across State and Territory and international borders;

(b) incidents involving the release of chemical, biological or radiological agents with the potential to cause widespread injury, illness or death; and

(c) natural disasters and other mass casualty events that may require repatriation of Australians or foreign nationals from overseas for treatment.

B. Australia's accession to the International Health Regulations (2005) requiring Australia to develop multi-level capacities in the health sector to effectively manage public health threats and to develop, strengthen and maintain the capacity to detect, report and respond to public health events.

C. The Commonwealth and the States and Territories agree there is a need to maintain a robust surveillance and reporting system with the capacity to:

(a) facilitate the sharing of information about communicable diseases between the Commonwealth, State and the Territory health sectors to enhance:

(i) understanding of the epidemiology of those diseases; and

(ii) understanding of the threats posed by those diseases; and

(iii) the ability within Australia to respond to those diseases;

(b) facilitate the exchange of information on Public Health Events of National Significance, irrespective of cause, between Commonwealth, State and Territory governments where this is necessary to support effective responses to those events;

(c) facilitate the exchange of information on Public Health Emergencies of International Concern between Commonwealth, State and Territory governments and between the Commonwealth, the WHO and the governments of other countries, where this is necessary to support effective public health responses to those events; and

(d) facilitate the exchange of information on Overseas Mass Casualty Events to support the repatriation of Australians or foreign nationals for treatment.

D. A surveillance and reporting system with these capacities will form the basis of a national coordination framework that will:

(a) use existing structures, processes and resources wherever possible;

(b) be based on a cooperative national legislative framework, underpinned by the *National Health Security Act 2007* to enable the rapid sharing of surveillance information between Parties and with the WHO or other countries when required;

(c) operate in a seamless manner in conjunction with Commonwealth, State and Territory legislation and regulatory schemes relevant to public health;

(d) be supported by policy and administrative arrangements that enable Australia to comply with the IHR.

E. The Parties have entered this Agreement as a policy and administrative agreement which is not intended to give rise to any legal or justiciable obligation whatsoever upon any of the Parties, either as between them or as between a Party and any other person.

Legislation

This Agreement supports the *National Health Security Act 2007* which, amongst other things, supports the exchange of information about significant public health events, and authorises the disclosure of personal information when required to support an effective national or international response.

Definitions

Unless otherwise provided, terms used in this Agreement have the same meaning as in the Act. In this Agreement:

Act means the *National Health Security Act 2007*.

Agreement means the National Health Security Agreement.

AHMAC means Australian Health Ministers' Advisory Council.

AHMC means the Australian Health Ministers' Conference.

AHPC means the Australian Health Protection Committee and its sub-committees.

CDI means the Communicable Diseases Intelligence quarterly journal which provides surveillance data and reports of research studies on the epidemiology and control of various communicable diseases.

CDNA means the Communicable Diseases Network Australia, a sub-committee of AHPC.

CMO means the Chief Medical Officer of the Commonwealth.

COAG means the Council of Australian Governments.

Commonwealth Minister means the Commonwealth Minister responsible for administering the Act.

Director-General means Director-General of the WHO.

DoHA website means the surveillance NNDSS data and summaries published by the CDNA on the Department of Health and Ageing website (<http://www.health.gov.au/internet/wcms/publishing.nsf/content/cda-cdna-index.htm>)

EnHealth means the Environmental Health Committee, a sub-committee of AHPC.

IHR means the International Health Regulations as defined in the Act.

National Focal Point (NFP) means the area or areas within the Department of Health and Ageing, designated under the Act, as the IHR National Focal Point to liaise with and facilitate actions by national and international bodies to prevent, protect against, control and respond to a Public Health Event of National Significance or a Public Health Emergency of International Concern.

NFP Protocols means operational procedures for the health sector made by the NFP to implement this Agreement and agreed by the AHPC.

NHEMRN means the National Health Emergency Media Response Network.

NIR means the National Incident Room within the NFP.

NNDL means the National Notifiable Disease List as defined in the Act. A communicable disease can be included on the NNDL if the Commonwealth Minister, having consulted State and Territory Ministers, considers that an outbreak would be a public health risk. The Act provides for diseases to be added to the NNDL in emergency where time does not permit consultation. The occurrence of a disease on the NNDL will constitute a public health event about which personal information can be exchanged, if required.

NNDSS means the National Notifiable Disease Surveillance System.

NSC means the National Surveillance Committee of the CDNA.

Party means a Party to this Agreement.

PHLN means the Public Health Laboratory Network, a sub-committee of AHPC.

Public Health Event of National Significance to be Reported to the NFP means:

(a) one or more cases of the following diseases as defined on the National Notifiable Disease List:

- (i) smallpox,
- (ii) poliomyelitis due to wild-type poliovirus;
- (iii) human influenza caused by a new subtype;
- (iv) severe acute respiratory syndrome (SARS);
- (v) pneumonic plague;
- (vi) yellow fever;
- (vii) viral haemorrhagic fevers;
- (viii) cholera;
- (ix) rabies; or

- (b) any other potential Public Health Event of National Significance or Public Health Emergency of International Concern, irrespective of cause:
- (i) that may have a serious public health impact;
 - (ii) that is unusual or unexpected (causes, or creates the potential for, significant levels of disease, injury or death above the levels that would otherwise be expected for the time and place where the event occurs and may require a significant national response);
 - (iii) where there is a risk of spread across borders within Australia or internationally;
 - (iv) where there is a significant risk of national or international travel or trade restrictions; or
 - (v) that may require a coordinated national media response to manage public concern; or
- (c) an Overseas Mass Casualty Event where more than one person (whether Australian or otherwise) is affected by a disease, or is injured or dies and needs to come to Australia for treatment or for burial, and a Party may need to be involved in responding.

Public Health Emergency of International Concern means an event as defined in Annex 2 of the IHR: *Decision Instrument for the Assessment and Notification of Events that May Constitute a Public Health Emergency of International Concern*.

Responsible Body means a body nominated by a State or Territory Health Minister and designated by the Commonwealth Minister, with whom the NFP can share personal information.

WHO means the World Health Organization.

The parties agree as follows

Part 1. Objectives

1. The primary policy objectives of this Agreement are to strengthen Australia's public health surveillance and reporting system in order to better equip the Commonwealth, State and Territory health sectors to prevent, protect against, control and respond to a Public Health Event of National Significance or Public Health Emergency of International Concern and to respond to Overseas Mass Casualty events.
2. In pursuing these objectives, the Parties will have regard to the following policy aims:
 - (a) To facilitate the sharing of communicable disease information between the Commonwealth, the States and the Territories to enhance understanding of the epidemiology of those diseases, the threats posed by those diseases and the ability to respond to those diseases.
 - (b) To create a consistent and effective means of defining reportable health events requiring a coordinated and cooperative national or international health sector response.
 - (c) To formalise Australia's national surveillance arrangements in order to facilitate the lawful, timely and consistent exchange of health surveillance information between the Commonwealth and the States and Territories, and with the WHO or other countries, where the information is necessary for health protection purposes.
 - (d) To establish a national coordination framework that facilitates rapid decision making and response by the health sector during significant public health and Overseas Mass Casualty events by:
 - (i) establishing trigger points for activation of the framework;
 - (ii) setting out the processes for consultation and cooperation when such events occur; and

(iii) formalising roles and responsibilities.

Part 2. Communicable Disease Surveillance

3. This Agreement acknowledges that communicable disease surveillance in Australia operates at the national, state and local levels, with the States and Territories having primary responsibility for the public health response to events identified by that surveillance.

4. At a national level, the Commonwealth's communicable disease surveillance responsibilities include:

- (a) detecting outbreaks and identifying national trends;
- (b) guiding policy development and resource allocation at a national level;
- (c) monitoring the need for and impact of national disease control programs;
- (d) coordinating a response to national or multi-jurisdictional outbreaks;
- (e) providing descriptions of the epidemiology of rare diseases that may occur infrequently at State and Territory levels;
- (f) complying with international reporting requirements, including the provision of disease statistics to the WHO; and
- (g) supporting quarantine activities, which are the responsibility of the Commonwealth.

5. The States and Territories will:

- (a) collect notifications of communicable diseases in accordance with relevant public health legislation; and
- (b) forward to the Commonwealth, de-identified data on the national set of communicable diseases for the purposes of national communicable disease surveillance

6. The States and Territories will provide data on communicable diseases on the NNDL that are nationally notifiable and reported within their jurisdiction.

7. Data will be provided to the Commonwealth's NNDSS daily, or otherwise as agreed by the Parties.

8. The core data to be provided will include the following mandatory data:

- (i) a unique record reference number;
- (ii) the notifying State or Territory;
- (iii) a disease code; and
- (iv) notification receive date

Additional data may be provided as defined in the NNDSS Core and Enhanced Datafield Specifications.

9. Data quality will be monitored by the Commonwealth and the NSC.

10. The reporting arrangements described in this Part will be complemented by information provided via other disease surveillance arrangements.

11. Information from the communicable disease surveillance arrangements described in this Part will be disseminated through agreed dissemination arrangements, including:

- (a) meetings of the CDNA;
- (b) the DoHA website;
- (c) CDI quarterly journal; and
- (d) in response to requests, with the agreement of the CDNA.

12. The Parties will review the communicable disease surveillance arrangements described in this Part to support their on-going improvement.

Part 3 – Public Health Event of National Significance to be Reported to the NFP

National Coordination Framework

13. A coordinated national health sector response will only be required in relation to a Public Health Event of National Significance to be Reported to the NFP. This Part will operate in addition to, and does not replace, the routine reporting arrangements described in Part 2 of this Agreement.

14. A national health sector response will occur at the request of an affected, or potentially affected, State or Territory.

15. The Commonwealth will act unilaterally only in the national interest. It will advise the affected State or Territory and the AHPC, or its designated sub-committee, as soon as practicable of the event and action taken. The consultation and decision-making processes set out in this Agreement will commence as soon as practicable thereafter.

16. The AHPC will coordinate a national health sector response under the guidance of relevant sub committees and relevant technical advisory committees.

17. The national health sector response will be coordinated in accordance with relevant Commonwealth, State and Territory legislation and established national plans and protocols.

18. The level at which national decisions will be made, and the response required, will depend on the nature of the incident and the particular issues to be addressed.

The AHPC will include decision-making criteria in operational protocols developed for implementation of the Agreement.

19. Where a public health event involves issues beyond the responsibilities of the signatories to this Agreement, consultation will also be undertaken with relevant agencies and organisations by the NFP and/or AHPC via established consultation mechanisms.

20. Parallel to national coordinating activities, each State and Territory will undertake its own jurisdictional coordinating processes.

21. This Agreement recognises that the States and Territories have responsibility for responding to significant public health events within their jurisdictions. The framework to be used for national coordination of health sector responses to a Public Health Event of National Significance

or a Public Health Emergency of International Concern or Overseas Mass Casualty Events augments arrangements under which the States and Territories have the primary responsibility for:

- (a) detecting and reporting events and providing data to the Commonwealth to support a national or international response, if required; and
- (b) responding to public health threats, and other emergency situations, within their jurisdictions in accordance with their own public health and emergency legislation and plans; and
- (c) responding to cross-border events which can be managed on a cooperative basis with neighbouring jurisdictions.

22. This Agreement recognises the Commonwealth has primary responsibility for international border surveillance and responding to public health events occurring at international borders. The national coordination framework is intended to facilitate consultation with the States and Territories and to support a national response if required.

Triggers for activation

23. The national coordination framework will be activated when:

- (a) a public health event that is potentially of national significance or international concern, as defined in this Agreement, is nominated by a State or Territory or the Commonwealth and/or identified through national or international surveillance systems or networks; or
- (b) a mass casualty incident occurs overseas and one or more Australian citizens (or other persons) need to come to Australia for treatment.

24. The Commonwealth will assess the information, in accordance with the consultation arrangements set out in this Agreement to determine whether the event is of national significance and requires a coordinated national health sector response, or of international concern and requires reporting to the WHO or other countries.

Part 4 – Role of the States and Territories

25. The States and Territories will:

- (a) Develop, strengthen, and maintain the capacity of the health sector to detect, report, and respond to public health events.
- (b) Develop and maintain communication networks with agencies and organisations within their jurisdictions to ensure an effective response to public health events.
- (c) Develop and maintain arrangements with other agencies and organisations within their jurisdictions to receive information about events requiring a nationally coordinated public health response and forward that information to the NFP.
- (d) Request a nationally coordinated response to an event which is likely to overwhelm the resources of the affected, or potentially affected, State or Territory or requires activation or delegation of existing Commonwealth powers.

(e) Designate Responsible Bodies for communicating with the NFP during a potential Public Health Event of National Significance or a Public Health Emergency of International Concern, or an Overseas Mass Casualty Event.

(f) Notify the NFP of Public Health Events of National Significance to be Reported to the NFP, including a potential Public Health Emergency of International Concern, as defined in this Agreement, as soon as practicable, but within 12 hours of becoming aware of them.

(g) Provide information about each event that will include:

- (i) location;
- (ii) date and time;
- (iii) nature of the event;
- (iv) details of persons affected, including personal information if required;
- (v) nature of the medical condition(s) occurring or that will potentially result from the event;
- (vi) number of known cases or description of the area where people are potentially exposed to illness or disease as a result of the event;
- (vii) a statement that the event involves death or illness at a level higher than expected for the time and place, together with the reasons;
- (viii) potential impact on other States or Territories;
- (ix) summary of the response undertaken to date; and
- (x) nature of additional response elements that may be required.

(h) Provide personal information in accordance with the Act.

(i) Respond to requests from the NFP for any additional information that is required to assess whether a reported event is of national significance or international concern.

(j) This Agreement is not intended to over-ride existing communication networks.

Part 5 – Role of the Commonwealth - National Focal Point

26. The Commonwealth will:

(a) Establish within the Commonwealth Department of Health and Ageing the NFP, able to perform designated functions in accordance with the Act and (if required) support a coordinated health sector response by the AHPC to public health events 24 hours per day, 7 days per week, 52 weeks a year.

(b) Equip the NFP to perform the following functions:

- (i) Collect information relating to public health events that are potentially of national significance or international concern.
- (ii) Assess information collected to determine if the event may constitute a public health event requiring a national or international response in conjunction with the AHPC and affected States and Territories.
- (iii) Facilitate the exchange of information with Responsible Bodies within Australia in relation to public health events requiring a national response, and with the WHO and other countries in relation to events requiring an international response.
- (iv) Activate the NIR to support the AHPC in providing a coordinated national response to public health or Overseas Mass Casualty Events, where required.

(v) Assist the WHO with the operation of the IHR including by the provision of reports on the operation of the IHR and nomination of Australian experts to committees established by the Director-General for the purposes of the IHR.

(vi) Prepare an annual report on the use of personal information under this Agreement.

(c) Where the functions of the NFP involve the exchange of personal information, ensure that it is handled in accordance with the Act and treated appropriately.

(d) Ensure that appropriate protocols and procedures are in place to enable the NFP to perform its functions effectively in collaboration with Responsible Bodies and other relevant agencies and organisations within Australia and internationally.

5.1 Collecting information

27. The NFP will receive information relating to public health events that are of national significance or a potential Public Health Emergency of International Concern as defined in this Agreement. Potential sources include:

(a) the States and Territories in relation to communicable diseases provided in a de-identified form via the surveillance arrangements described in Part 2 of this Agreement;

(b) the States and Territories in relation to Public Health Events of National Significance to be Reported to the NFP, as defined in this Agreement;

(c) Commonwealth Government agencies in relation to particular public health events;

(d) the WHO or other countries; and

(e) other informal sources.

5.2 Assessing information

28. The NFP will assess information, in consultation with an affected State or Territory, to determine if a reported public health event may be of national significance as defined in this Agreement and require a national response.

29. The NFP will assess information reported, in consultation with an affected State or Territory, to determine if a notified public health event may constitute a Public Health Emergency of International Concern. The assessment will be made in accordance with Annex 2 of the IHR: *Decision Instrument for the Assessment and Notification of Events that May Constitute a Public Health Emergency of International Concern* and any other criteria agreed by the AHPC and set out in the NFP Protocols.

30. In both cases the assessment will be made in consultation with the AHPC, or designated sub-committee, or other body agreed by the AHPC.

31. Where a public health event involves issues beyond the responsibilities of the Parties to this Agreement, consultation will also be undertaken by the NFP with relevant agencies and organisations via established consultation mechanisms.

32. Where time or circumstances do not permit consultation, the NFP will make an assessment and advise the AHPC as soon as practicable. In making an assessment, the NFP will consult affected Parties and AHPC members informally.

33. The consultation and decision-making procedures will be set out in the NFP Protocols agreed by the AHPC.

5.3 Exchanging information

5.3.1 Public health events requiring a national health sector response

34. Where the NFP determines that a reported public health event or Overseas Mass Casualty Event requires a national health sector response, the NFP's functions may include:

- (a) Advising affected States and Territories immediately.
- (b) Advising affected agencies and organisations that are not Parties to this Agreement immediately, where appropriate.
- (c) Activating the AHPC, or designated sub-committee, to coordinate a national response.
- (d) Activating the NIR to support a national response.
- (e) Providing information about the event that will include:
 - (i) location;
 - (ii) date and time;
 - (iii) nature of the event;
 - (iv) nature of the medical condition(s) occurring or that will potentially result from the event;
 - (v) number of known cases or description of the area where people are potentially exposed to illness or disease as a result of the event;
 - (vi) potential impact on other jurisdictions;
 - (vii) summary of the response undertaken to date; and
 - (viii) nature of the response that may be required.
- (f) Providing personal information in accordance with the Act.
- (g) Responding to requests from affected States and Territories for any additional information.

5.3.2 Public Health Emergency Of International Concern

35. Where the NFP determines that a reported public health event is a potential Public Health Event of International Concern, the NFP will:

- (a) Notify the WHO and affected countries within 24 hours of assessment of that event and furnish any information required by the WHO to assist the WHO to assess whether that event is a Public Health Emergency of International Concern. The information to be provided to the WHO will include details of any health measures taken in response to that event.
- (b) Immediately after receipt of information, provide to the States and Territories details of any recommendations made by the WHO, and any other information received from the WHO and/or

other Member States that the Commonwealth considers necessary to support the response by the States and Territories to a Public Health Emergency of International Concern.

(c) Provide personal information in accordance with the Act.

36. In all cases information will be provided in accordance with procedures set out in the NFP Protocols agreed by the AHPC.

Part 6 – Australian Health Protection Committee

37. The principal mechanism for consultation will be the AHPC, reporting through the AHMAC to the AHMC. The AHPC will establish and maintain links with other emergency committees.

38. Specific roles for the AHPC and its sub-committees will include:

(a) Reviewing the operation of, and suggesting improvements to, the communicable disease surveillance system described in Part 2 of this Agreement.

(b) Reviewing and refining the health sector coordination framework, established under Part 3 of this Agreement, in relation to Public Health Events of National Significance to be Reported to the NFP.

(c) Advising the Commonwealth on potential Public Health Emergencies of International Concern, consistent with the IHR, that should be notified to the WHO.

(d) Providing a nationally coordinated response to public health events if required.

(e) Providing advice to the Commonwealth on potential inclusions and/or deletions from the NNDL.

(f) Providing advice on other matters relating to Australia's compliance with the IHR.

39. The role of the AHPC will complement, and not impede, the authority of Parties to act in accordance with relevant public health and emergency legislation.

Part 7 – Complying with Australia's IHR Obligations

40. The Commonwealth will use existing structures and resources to meet IHR core capacity requirements for surveillance, reporting, notification, verification, response and collaboration activities, and assess the ability of existing structures and resources to meet the minimum requirements of the IHR. It will report to the WHO on these matters as required by the IHR.

41. The States and Territories will continue to work cooperatively towards protection of public health nationally and Australia's compliance with the IHR.

Part 8 - Ministerial Council Involvement

42. Health Ministers will sign the Agreement and the Parties will report to the AHMC on progress towards its implementation and on its effectiveness.

43. The AHMC will be responsible for:

- (a) Developing national policy on health sector emergency responses.
- (b) Oversighting the implementation of this Agreement and any future amendments.
- (c) Resolving any disputes arising from this Agreement.
- (d) Requesting and receiving information from Health Ministers concerning general administration of the Agreement.

44. The AHMC will, at the request of the Commonwealth Minister or as the Ministerial Council considers appropriate, make recommendations on specific decisions or matters arising, or on the general principles applied.

Part 9 - Future Legislative Commitments

45. The Parties will regularly review their respective legislation and regulations and procedures relating to significant public health events and Overseas Mass Casualty incidents to ensure they are:

- (a) adequate and nationally consistent;
- (b) supportive of timely and effective national responses to public health threats; and
- (c) continue to provide for Australia's compliance with the IHR.

3 Belgium

3.1 IHR (2005). Signed in Geneva, 23 May 2005

Published in *Moniteur belge*, 18 June 2007, No. 183, pp. 33326 *et seq.*, available in French and Dutch at http://www.ejustice.just.fgov.be/mopdf/2007/06/18_3.pdf.

Summary description:

The text of the IHR (2005) is reproduced in full.

3.2 Protocol of Agreement of 11 December 2006 between the Federal Government and the authorities referred to in Articles 128, 130, and 135 of the Constitution concerning the Focal Point for the IHR (2005)

Published in *Moniteur belge*, 19 July 2007, No. 183, pp. 38876-38878, available in French and Dutch at http://www.ejustice.just.fgov.be/mopdf/2007/07/19_1.pdf#Page16.

Summary description:

The Interministerial Conference approves, through this Agreement, the proposal submitted by the Working Group on the IHR (2005) concerning the designation and operation of the National Focal Point for the Regulations, which is set out in the Annex to this Agreement. The Working Group is to monitor and evaluate this Agreement and is to report back at the next Interministerial Conference.

The Annex draws attention to the fact that the European Union requires the establishment of a single Focal Point for the IHR (2005) and its Early Warning and Response System (EWRS) and that the Commission has a Health Security Committee. It defines "Focal Point" as the contact point within the Federal Public Service (Public Health) for international, Federal, Community, and Regional authorities in matters concerning health risks, in accordance with the tasks of the IHR (2005) and the EWRS. The Focal Point may be alerted: (1) by international authorities in the case of alerts abroad; and (2) by Community, Regional, or Federal health inspectors in the case of alerts in Belgium. The Focal Point is to inform Community, Regional, or Federal health inspectors immediately of international health threats. The Focal Point is to comprise a Risk Management Steering Group and a Risk Analysis Steering Group.

The Risk Management Steering Group is an instrument for the operation of the Focal Point and is composed of members from the Communities/Regions, the Federal Government, and the Scientific Institute of Public Health (ISP). It is a forum for decisions in the event of (inter)national health threats, decisions being taken by consensus in accordance with the IHR (2005) and agreements between the Communities/Regions concerning the level of crisis. It is the starting point for coordinated (inter)national risk management, if necessary. The decision as to whether or not to initiate coordinated risk management at national level in the event of (imminent) disasters, on the basis of the respective areas of competence of Federal entities, has yet to be worked out in detail. The Group is responsible for its practical organization and administrative support. The details of the Group's representation, based on the various areas of competence of its members, have yet to be worked out.

The Risk Analysis Steering Group is a unit within the ISP made up of specialists from the Communities/Regions, Federal Government, and the ISP. It is the central point for the reception of national information from the health inspection services and other services competent in the field of health risks. It is a contact point for risks within a Community/Region likely to constitute a risk for another Community/Region or at Federal level.

4 Brazil

4.1 Order No. 1865 of 10 August 2006 designating the Secretariat of Health Surveillance as the World Health Organization's National Focal Point for the IHR (2005)

Published in *Diário Oficial da União*, 11 August 2006, No. 15, available in Portuguese at http://portal.in.gov.br/imprensa/pesquisa_destaque.

Entry into force: 11 August 2006.

Summary description:

The Secretariat of Health Surveillance is designated as the National IHR Focal Point for the purposes of the IHR (2005). It is to determine the basic operational structure for the National IHR Focal Point and adopt the necessary measures for the implementation of the IHR (2005) at all levels of the management of the Unified Health System [Sistema Único de Saúde].

As National IHR Focal Point, the Secretariat is required: to monitor and respond to events likely to give rise to a public health emergency of international importance; to provide WHO, by means of contact points designated by it, with information relating to the IHR (2005), in particular details concerning notification, information exchange, consultations, reports, and the verification and assessment of events that might give rise to a public health emergency of international importance; to collect, consolidate, and disseminate information relating to the IHR (2005) received from the various sectors of Federal public administration (including services concerned with epidemiological surveillance in, inter alia, ports, airports, frontier posts, clinics, and hospitals); to set up working groups, commissions, and committees to develop the necessary activities for the National IHR Focal Point's full operation; to coordinate and monitor measures taken for the implementation of the IHR (2005), within the scope of the Ministry of Health; after appraisal by the Minister of Health, to guide the drawing up of reports and proposals relating to the implementation of the IHR (2005) in the country and to give notice of WHO recommendations with a view to their adoption throughout the national territory; to determine and provide the technical coordination of the international cooperation requested by the Pan American Health Organization, WHO, and other countries in connection with the implementation of the IHR (2005); to identify and update the personal contact data held by WHO (night-time, weekends, and public holidays included); and to adopt the necessary measures and issue rules for the implementation of the provisions of this Order.

4.2 Order No. 33 of 17 August 2006 establishing a Permanent Committee for the implementation and monitoring of activities relating to the IHR (2005) within the scope of the Unified Health System - SUS

Published in *Diário Oficial da União*, Section 1, 18 August 2006, No. 159, p. 42, available in Portuguese at http://portal.in.gov.br/imprensa/pesquisa_destaque.
Entry into force: 18 August 2006.

Summary description:

This Order has been made with reference to, inter alia, Order No. 1865 of 10 August 2006, which designated the Secretariat of Health Surveillance as the Focal Point for the IHR (2005).

Sec. 1 establishes the above-mentioned Committee, as a consultative body, with the object of implementing and monitoring activities relating to the IHR (2005) within the scope of the Unified Health System.

Under Sec. 2, the Committee's functions are: to support, supervise, and advise the Secretariat in the implementation of the IHR (2005); and to suggest mechanisms to realize their full implementation.

Sec. 3 provides that the Committee is to be made up of representatives from the following bodies of the Ministry of Health and allied institutions: the Secretariat of Health Surveillance; the Secretariat of Health Care; the Secretariat of Employment and Education Management in Health; the Secretariat of Science, Technology and Strategic Supplies; the Secretariat of Participatory Management; the Executive Secretariat of the Integrated System for Frontier Health; the Advisory Office for International Health Matters; the National Health Surveillance Agency; the National Council of State Health Secretaries; the National Council of Municipal Health Secretaries; the National Coordinating Body for the MERCOSUR Working Subgroup-II on "Health"; and the Bahia Community Health Institute as the collaborating centre for the Secretariat of Health Surveillance. The Committee may enlist the participation of other members as technical advisers, provided that there is no conflict of interest.

Secs. 4-7 provide details of the Committee's working procedures.

5 China (Hong Kong Special Administrative Region)

5.1 The Prevention and Control of Disease Regulation. L.N. No. 159 of 2008. Dated 3 June 2008.

Published in *The Government of the Hong Kong Special Administrative Region Gazette, Legal Supplement* No. 2 to No. 23, Vol. 12, 6 June 2008, pp. B3257-B3329. Available in English at: http://www.gld.gov.hk/cgi-bin/gld/egazette/gazettefiles.cgi?lang=e&year=2008&month=6&day=6&vol=12&no=23&gn=159&header=1&part=0&df=1&nt=s2&newfile=1&acurrentpage=12&agree=1&gaz_type=ls2

Summary description:

This Regulation has been made under Sec. 7 of the Prevention and Control of Disease Ordinance, which provides, inter alia, for the application of relevant measures of the International Health Regulations (IHR.)

It comprises the following Parts: 1. Preliminary (Secs. 1-3); 2. Notification of infectious diseases (Secs. 4-9); 3. Disease prevention, medical surveillance, examination and test (Secs. 10-16); 4. Vaccination and prophylaxis (Secs. 17-21); 5. Quarantine and isolation (Secs. 22-31); 6. Exposure of public to infection (Secs. 32-36); 7. Disease control measures (Secs. 37-41); 8. Control of laboratory's handling of scheduled infectious agents (Secs. 42-43); 9. Declaration and certification in respect of cross-boundary conveyances (Secs. 44-49); 10. Pratique (Secs. 50-54); 11. Regulation on landing and departure of cross-boundary aircrafts (Sec. 55); 12. Control measures in respect of specified diseases (Secs. 56-59); and 13. Miscellaneous (Secs. 60-61).

The following Schedules are appended: 1. Fees; and 2. Quarantine signals.

6 Colombia

6.1 Decree No. 3518 of 9 October 2006 establishing and regulating the Public Health Surveillance System and laying down other provisions

Published in *Diario Oficial*, 10 October 2006, Vol. CXLII, No. 46417, pp. 6-12, available in Spanish at http://www.imprenta.gov.co/print-int/HTML/frameset/inter_diariofi.htm.
Entry into force: 10 October 2006.

Summary description:

This Decree repeals all earlier contrary provisions, including Decree No. 1562 of 1984. Its provisions are arranged under the following Chapters.

I. *General provisions* (comprising the following Sections: 1. Purpose; 2. Scope; 3. Definitions; 4. Objectives; and 5. Guiding principles).

II. *Bodies responsible for the Public Health Surveillance System* (Secs. 6-14). The following are responsible for the implementation and development of the Public Health Surveillance System: the Ministry of Social Protection; the National Institutes of Health; the National Institute for Food and Drug Surveillance; the Departmental, District, and Municipal Directorates of Health; the administrative bodies of health plans and benefits; the notifying units; and the primary data generating units.

III. *Basic processes of public health surveillance* (Secs. 15-28). Under Sec. 15, these basic processes include the systematic collection and organization of data, the analysis and interpretation of data, the dissemination of information, and its use in guiding public health interventions. Public health authorities are to ensure the continuous improvement of the appropriateness and quality of the processes of information, as well as the depth of its analysis. The other Sections of this Chapter are: 16. Data and information sources; 17. Obligation to provide information of public health significance; 18. Obligation to provide access to information of public health significance; 19. Confidential nature of information; 20. Compulsory notification; 21. Information system; 22. Information flow; 23. Analysis of information; 24. Dissemination of results; 25. Orientation of public health action; 26. Surveillance models and protocols; 27. Standardization of rules and procedures; and 28. Special tests for the study of events of public health significance.

IV. *Development and management of the Public Health Surveillance System* (Secs. 29-38). The Ministry of Social Protection is to establish the mechanisms for the organization and operation of the Public Health Surveillance System, as well as the guidelines for its planning, organization, management, operation, monitoring, and evaluation at all levels. The various entities involved in the System, in accordance with the rules and provisions laid down by the Ministry of Social Protection, are to coordinate their plans and projects for the implementation, development, and strengthening of the System in their areas of jurisdiction with the Sectoral Health Plan, thereby contributing to the unification and integration of public health management activities. In order to ensure the sustained and coordinated operation of the Public Health Surveillance System, the Nation and the territorial directorates of health, operating within their respective areas of jurisdiction, are to organize the Public Health Surveillance Network. National and territorial

entities and organizations from other sectors whose activities have a direct or indirect influence on the health of the population are to cooperate with the Public Health Surveillance System.

Sec. 33 provides that, for the purposes of the effective harmonization of epidemiological surveillance and control measures with respect to public health events of international significance, and also the surveillance measures necessary to check the trans-frontier spread of diseases and other events of public health significance, the various sectors are to adopt the provisions of the IHR (2005), compliance therewith being mandatory for the entities making up the Public Health Surveillance System.

Sec. 34 designates the Ministry of Social Protection, operating through its Directorate-General of Public Health or the entity acting on its behalf, as the National IHR Focal Point for the purposes of exchanging information with WHO and other international health bodies. The Ministry is to regulate the organization and operation of the Focal Point.

Sec. 35 provides for the establishment of the National Intersectoral Commission for Public Health Surveillance as an advisory body to the Ministry of Social Protection. The Commission is to be composed of: the Minister of Social Protection, or his representative; the Minister of Agriculture and Rural Development, or his representative; the Minister of Trade, Industry and Tourism, or his representative; the Minister of the Environment, Housing and Territorial Development, or his representative; the Minister of Transport, or his representative; the Director of the National Planning Department, or his representative; the Director of the Disaster Prevention and Assistance System of the Ministry of the Interior and Justice, or his representative; and a representative of the Health Science Faculties, elected by the Ministry of Social Protection. The Commission is to meet regularly once every six months and on an extraordinary basis whenever necessary. The Technical Secretariat is to be provided by the Directorate-General of Public Health or the body acting on its behalf. If required by the specific nature of the subject concerned, non-voting experts may be invited from the appropriate areas.

Under Sec. 36, the Commission is to have the following functions: providing permanent advice and support to the Ministry of Social Protection in the drawing up of guidelines for public health measures of priority for the country, in particular with respect to decisions to preserve national health safety; advising the Ministry of Social Protection in the implementation of recommendations of an international nature with regard to epidemiological surveillance, prevention, and control in situations of public health significance; recommending technical regulations and rules in relation to the processes inherent in public health surveillance; recommending the drawing up of plans, programmes, and projects designed to ensure the management and operation of the Public Health Surveillance System; promoting the operation of units for the analysis of the country's public health problems and issuing appropriate recommendations; and guiding decision-making on the basis of the information generated by public health surveillance.

Sec. 37 provides for the establishment of Public Health Surveillance Committees at departmental, district, and municipal levels, which are to be made up of regional representatives from the various sectors involved in the development of the surveillance network. The Committees are normally to meet on a monthly basis, under the chairmanship of the Territorial Director of Health. Where appropriate, non-voting experts from relevant fields may be invited to participate. For the purposes of this Decree, the following are to act as Public Health Surveillance Committees: Epidemiological Surveillance Committees; Intra-Hospital Infection Committees; Vital Statistics Committees; Community Epidemiological Surveillance Committees; and other related

Committees involved in the analysis and interpretation of information on public health surveillance. Bodies administering health plans and benefits and institutions providing health care are to set up institutional public health surveillance committees for the analysis and dissemination of relevant public health care surveillance information.

Under Sec. 38, Departmental, District, and Municipal Public Health Surveillance Committees are to: analyse and interpret the information generated by public health surveillance and issue recommendations to guide decision-making and the formulation and implementation of actions to control health problems within their area of jurisdiction; advise and support the territorial health authority in the adoption, implementation, and evaluation of the Public Health Surveillance System, in accordance with the guidelines indicated by the Ministry of Social Protection; recommend the drawing up of plans, programmes, and projects intended to ensure the management and operation of the Public Health Surveillance System within their area of jurisdiction; and advise the territorial health authority on health research to be carried out in accordance with the priorities and guidelines established by the Ministry of Social Protection.

V. *Surveillance and control system, health measures, and sanctions* (Secs. 39-79). This Chapter includes the following Sections: 39. Responsibilities with regard to the obligation to provide epidemiological information; 40. Health Authorities of the Public Health Surveillance System; 41. Health measures; 42. Isolation or internment of sick persons and/or animals; 43. Quarantine of healthy persons and/or animals; 44. Vaccination and other prophylactic measures; 45. Control of infectious and toxic agents and materials, vectors and reservoirs; 46. Vacation or evacuation of establishments or dwellings; 47. Temporary closure of establishments; 48. Partial or total suspension of work or services; 49. Confiscation of objects or products; 50. Destruction or denaturing of articles and products; 51. Freezing or temporary suspension of the sale or use of products and objects; 52. Application of sanitary measures; 53. Effects of sanitary measures; 54. Introduction of penalty proceedings; 65. Imposition of sanctions; 72. Temporary or permanent closure of establishments, buildings, or services; 78. Submission of evidence by other entities; and 79. Policing powers of the health authorities.

VI. *Final provisions* (Secs. 80-82)

6.2 **Circular No. 4 of 21 January 2008 of the Vice-Minister of Health and Welfare on port health competencies.**

Published in *Diario Oficial*, 10 October 2006, Vol. CXLII, No. 46417, pp. 6-12, available in Spanish at

<http://www.minproteccion-social.gov.co/VBeContent/library/documents/DocNewsNo16780DocumentNo6850.PDF>

Summary description:

This Circular has been issued in accordance with, inter alia, Decree No. 3518 of 9 October 2006 establishing the Public Health Surveillance System and laying down other provisions and the International Health Regulations (IHR) 2005. It is addressed to district governors and mayors and departmental and district directors of health. Its purpose is to guide the activities of health inspection, surveillance, and control in ports in order to prevent and control, and provide appropriate responses to, public health hazards associated with the movement of persons and

international trade.

The activities covered by this Circular include: the monitoring of the health and environmental conditions of port areas and transport vehicles; the control of vectors and zoonoses in port areas; the monitoring of the quality of hygienic processes and industrial safety; the monitoring of the control of risks associated with the movement of cargoes (food cargoes are the responsibility of the National Institute for Food and Drug Surveillance (INVIMA)) in port areas; the monitoring of the health of travellers and workers in ports and means of transport; and the specific examination of events of public health significance in the light of travellers' places of origin.

Territorial health bodies are to energize the operation and functioning of Port Health Committees, taking into account the role of such actors as the regional representatives of the INVIMA, the National Police Force, the Ministry of Foreign Affairs, and other ministries.

A priority task of Port Health Committees is to promote and disseminate to all competent authorities operating at points of entry the rules and regulations in force with regard to port health, and in particular the IHR. It is emphasized that, as from the entry into force of the IHR, compliance therewith is required at both national and sub-national levels. Consequently, priority is to be given to the activities of Territorial Health Plans that ensure appropriate, continuous, and efficient observance.

Attention is drawn to the fact that the Deratting Certificate is no longer valid and that henceforth only the Ship Sanitation Control Exemption Certificate or the Ship Sanitation Certificate will be accepted.

The respective Territorial Health Directorates are required, within 10 days of receiving this Circular, to communicate the names and offices of the persons designated to issue and sign certificates to the Directorate-General for Public Health of the Ministry of Social Protection. The latter is to consult with the Ministry of Foreign Affairs in order to ensure the recognition of certificates at international level.

The requirements of the Maritime Declaration of Health and the Health Part of the Aircraft General Declaration must also be met.

The ports designated for the issuance of certificates are listed, subject to confirmation by the Ministry of the ports' compliance with the requirements of the IHR.

In pursuance of Sec. 34 of the aforesaid Decree No. 3518, a national network of territorial focal points is to be established for the operation and functioning of the National Focal Point. To this end, the Territorial Health Directorates are to provide the Directorate-General for Public Health with details concerning the officials responsible for maintaining contact with the National Focal Point.

The coordinates are given of the person currently responsible for contact with WHO. With respect to the application of measures against yellow fever referred to in Annex 7 of the IHR, Colombia maintains the recommendation of vaccination for all international travellers entering the country without requiring international certification of vaccination. It is requested that the health authorities of areas in which yellow fever is endemic request valid certification of vaccination from travellers as well as persons working at the points of entry concerned. The areas in which yellow fever is endemic are listed and it is recommended that the presentation of a valid vaccination card be requested. In the event that the International Certificate of Vaccination or

Prophylaxis is required, this is to be issued in accordance with the provisions laid down by the Ministry of Social Protection for the operation of the Expanded Programme on Immunization.

6.3 Decree No. 3039 of 10 August 2007 adopting the National Public Health Plan 2007-2010.

Available in Spanish at:

<http://www.minproteccionsocial.gov.co/VBeContent/library/documents/DocNewsNo16780DocumentNo5474.PDF>

Summary description:

Chapter II. Concepts. This Chapter is arranged under the following rubrics: *Theoretical framework* (the Plan brings together a number of international health-related commitments, including those of the Millennium Development Goals and the International Health Regulations (IHR)); *Focuses* (population, determinants, and social risk management); and *Principles* (universality, equity, quality, efficiency, responsibility, respect for cultural and ethnic diversity, social participation, and intersectorality).

Chapter VI. Responsibilities of actors in the health sector. An outline is given of the responsibilities of: the Ministry of Social Protection; the departmental, district, and municipal authorities; the bodies engaged in health promotion; the bodies performing administrative tasks in the field of occupational hazards; and the institutions providing health services. The tasks of the Ministry of Social Protection include the determination and development, in coordination with intra- and extra-sectoral actors, of the components for strengthening the national capacity to comply with the IHR.

7 Costa Rica

7.1 Executive Decree No. 34038-S of 14 August 2007 on the official recognition of the IHR (2005)

Published in *Diario Oficial (La Gaceta)*, 18 December 2007, No. 243, Supplement No. 37, available in Spanish at http://historico.gaceta.go.cr/2007/12/ALCA37_18_12_2007.pdf.

Summary description:

This Executive Decree provides for the official recognition of the IHR (2005) with a view to the compulsory implementation thereof throughout Costa Rica.

8 Finland

8.1 Law No. 254 of 2 March 2007 giving effect to the provisions pertaining to legislation in the World Health Organization's IHR (2005)³¹

Published in *Suomen Säädoskokoelma/ Finlands Författningssamling*, 15 March 2007, Nos. 253-259, p. 857, available in Finnish at <http://www.finlex.fi/fi/laki/kokoelma/2007/20070042.pdf> and Swedish at <http://www.finlex.fi/sv/laki/kokoelma/2007/20070042.pdf>.

Excerpts from the text of the Law:

Section 1

The provisions of the World Health Organization's International Health Regulations (2005) adopted in Geneva on 23 May 2005 that fall within the scope of legislation are in force as a law in such a form as Finland has committed itself to observing them.

Section 2

The National IHR Focal Point referred to in Article 4 of the International Health Regulations (2005) is the National Public Health Institute of Finland.

Section 3

Provisions on the entry into force of this Act are laid down by Decree of the President of the Republic.

8.2 Ordinance No. 643 of 25 May 2007 of the President of the Republic giving effect to the World Health Organization's IHR (2005) and providing for the entry into force of the Law giving effect to the provisions of the IHR (2005) pertaining to legislation³²

Published in *Suomen Säädoskokoelma/ Finlands Författningssamling*, 7 June 2007, Nos. 642-647, p. 3153, available in Finnish <http://www.finlex.fi/fi/laki/kokoelma/2007/20070097.pdf> and Swedish at <http://www.finlex.fi/sv/laki/kokoelma/2007/20070097.pdf>.

Excerpts from the text of the Ordinance:

Section 1

The World Health Organization's International Health Regulations (2005) adopted in Geneva on 23 May 2005, which the Parliament of Finland adopted on 16 January 2007 and which the President of the Republic ratified on 2 March 2007, enter into force on 15 June 2007, as agreed.

Section 2

The Act on the implementation of the provisions of the World Health Organisation's International Health Regulations (2005) falling within the scope of legislation (254/2007), which was adopted

³¹ Unofficial English translation provided by the Government of Finland.

³² Unofficial English translation provided by the Government of Finland.

on 2 March 2007 and which has also been adopted by the Parliament (lagting) of Åland, enters into force on 15 June 2007.

Section 3

The provisions of the Health Regulations other than those falling within the scope of legislation are in force in the form of a Decree.

Section 4

This Decree enters into force on 15 June 2007.

9 France

9.1 Decree No. 2007-1073 of 4 July 2007 publishing the IHR (2005) adopted by the Fifty-eighth World Health Assembly on 23 May 2005

Published in *Journal officiel de la République française, Lois et Décrets*, 7 July 2007, No. 156, pp. 11570-11597, available in French at

<http://www.legifrance.gouv.fr/WAspad/UnTexteDeJorf?numjo=MAEJ0757890D>.

Summary description:

The decree publishes the International Health Regulations (2005) and mandates the Prime Minister and the Minister of Foreign and European Affairs, as far as they are concerned, to execute the decree.

10 Georgia

10.1 The Public Health Law. Dated 27 June 2007.

Available in Georgian at

http://www.parliament.ge/index.php?lang_id=GEO&sec_id=69&kan_det=det&kan_id=2626

Summary description:

This Law has been made with reference to the International Health Regulations (IHR), which it describes, under Sec. 3 (Definition of terms), as the global instrument for the containment of diseases.

It comprises the following Chapters: **I.** General provisions (Secs. 1-4); **II.** Duties and rights of citizens and professionals in the public health sector (Sec. 5); **III.** Prevention of communicable diseases (Secs. 6-9); **IV.** Detection of communicable diseases, isolation and quarantine (Secs. 10-15); **V.** Guaranteeing biological safety (Secs. 16-21); **VI.** Providing a safe environment for public health (Secs. 22-23; under Sec. 23, the tasks of Georgia's Department of Health include the establishment of quality standards for drinking-water in accordance with WHO recommendations); **VII.** Safety policy for chemical and technological procedures and products

(Secs. 24-26); **VIII.** Policies for healthy lifestyles. Maternal health and child and adolescent health (Secs. 27-30); **IX.** Competence of the Government and local government bodies in the public health sector (Secs. 31-39); **X.** Financing activities to secure public health (Secs. 40-41); **XI.** Compensation for damage and responsibility in the public health sector (Secs. 42-43); and **XII.** Final and transitional provisions (Secs. 44-46).

11 Germany

11.1 Law of 20 July 2007 on the IHR (2005) of 23 May 2005³³

Published in *Bundesgesetzblatt* (Federal Law Gazette), II, 27 July 2007, No. 23, pp. 930-994, available in German at <http://frei.bundesgesetzblatt.de/pdf/bgbl2/bgbl207s0930.pdf>.

An Excerpt from the text of the Law:

Article 1

Assent is given to the International Health Regulations (2005) (IHR) adopted on 23 May 2005 in Geneva by the 58th World Health Assembly. The IHR are published below, with an official German translation.

Article 2

The National IHR Focal Point within the meaning of Article 4, para. 1 of the IHR shall be the situation centre of the Federal Ministry of the Interior. It shall perform the functions cited in Article 4, para. 2 IHR, in cooperation with the national authorities and institutions which are responsible for preventing and controlling the health risks covered by the IHR, in particular with the Robert Koch Institute as regards preventing and controlling communicable diseases.

Article 3

Section 12, para. 1 of the Protection Against Infection Act* of 20 July 2000 (BGBl. I, p. 1045), last amended by Article 57 of the Ordinance of 31 October 2006 (BGBl. I, p. 2407), shall be amended as follows:

(1) Sentences 1 and 2 shall read as follows: "Without delay, the local public health office shall notify the competent [German] Land authority, which shall in turn notify the Robert Koch Institute, of the following:

1. the occurrence of a communicable disease, circumstances which point to the occurrence of a communicable disease, or circumstances which may lead to the occurrence of a communicable disease, if, pursuant to Annex 2 of the International Health Regulations (2005) (IHR) of 23 May 2005 (BGBl. 2007 II, p. 930), the communicable disease might constitute a public health emergency of international concern within the meaning of Article 1, para. 1 IHR,
2. the measures taken,
3. other information which is significant for assessing the circumstances and for

³³ Unofficial English translation provided by the Government of Germany.

* Protection Against Infection Act: *German abbreviation: ISG [Translator's note]*.

preventing and controlling the communicable disease.

The Robert Koch Institute shall assess the received information pursuant to Annex 2 IHR and, in accordance with the requirements of the IHR, shall arrange for the communications with the World Health Organization via the National IHR Focal Point."

(2) The following shall be added as sentence 4: "No situation shall be allowed which, under the auspices of Laender law, is at variance with the administrative procedure described in sentence 1."

Article 4

(1) The Federal Ministry of Health shall be authorized to issue, in consultation with the Federal Ministry of Transport, Building and Urban Affairs, the Federal Ministry of Economics and Technology and the Federal Ministry of the Interior, with the assent of the Bundesrat, ordinances required for implementing the IHR, insofar as such ordinances are within the framework of the objectives of the IHR. In that regard, regulations may be made in particular regarding the following:

1. procedures for selecting and designating airports and ports which are to develop and maintain the capacities provided for in Annex 1 IHR (Article 20, para. 1 IHR),
2. the obligation of ships or aircraft with an affected or suspect person on board to call or land at a point of entry which has capacities in accordance with Annex 1 IHR (Article 28, para. 1 IHR),
3. procedures for carrying out ship sanitation control, for providing exemption from ship sanitation control, for issuing certificates about this and for designating ports authorized for this (Article 20, paras. 2 and 3 IHR),
4. the obligation of travellers to provide information about their destination and itinerary on arrival or departure (Article 23, para. 1 a IHR), the obligation of conveyance operators to collect relevant information, to store it and to communicate it to the competent authority, so that travellers can be contacted for public health purposes,
5. the obligation of travellers to present health documents (Article 35, Article 36 IHR),
6. the instances in which travellers are required to undergo a medical examination on arrival and departure (Article 23, para. 1 a iii, Article 23, para. 2 IHR),
7. the obligation of conveyance operators to implement recommendations, in particular of the World Health Organization, to inform travellers of the health measures recommended for application on board and to keep conveyances free from sources of infection and contamination (Article 24, also annexes 4 and 5 IHR),
8. the obligation of container-shippers to keep containers and container-loading areas for international traffic free from sources of infection and contamination and to have facilities for the inspection and isolation of containers (Article 34 IHR),
9. procedures for officers in command of ships and pilots in command of aircraft to report cases of illness (Article 28, para. 4 IHR), for the delivery of the Maritime Declaration of Health (Article 37 IHR) and for the delivery of the Health Part of the Aircraft General Declaration (Article 38 IHR),
10. procedures for selecting and designating specific yellow fever vaccination centres (Annex 7, para. 2 f IHR).

No situation shall be allowed which, under the auspices of Laender law, is at variance with the administrative procedure described in sentences 1 and 2.

(2) Through ordinances in the area of applicability of this Act, with the assent of the Bundesrat, the Federal Government shall be authorized to enact amendments and addenda to the IHR insofar as, in accordance with the recognized rules of science, they serve to avoid the international spread of public health risks through infectious agents or radioactive or chemical substances or insofar as they relate to the procedure to be applied for that purpose, and insofar as they are in each case within the framework of the objectives of the IHR.

Article 5

This Act, in conjunction with the International Health Regulations (2005) (IHR), shall restrict the basic rights of physical integrity (Article 2, para. 2, sentence 1, [German] Basic Law*), of personal freedom (Article 2, para. 2, sentence 2, Basic Law), of the privacy of correspondence and posts (Article 10, Basic Law) and of freedom of movement (Article 11, para. 2, Basic Law). These basic rights may also be restricted by the ordinances under Article 4.

Article 6

(1) Article 2 and Article 3 shall enter into force on the day on which the IHR enter into force for the Federal Republic of Germany pursuant to Article 59, para. 2 of the IHR. Otherwise, this Act shall enter into force on the day after its promulgation.

(2) The day on which the IHR enter into force for the Federal Republic of Germany pursuant to Article 59, para. 2 of the IHR shall be announced in the Federal Law Gazette.

12 Iceland

12.1 Act No. 19/1997 on Health Security and Communicable Diseases communicable diseases as last amended by Act No. 43 of 2007

Enacted 1 January 1998. Amended by Act 90/2000 (enacted 1 September 2000), Act 74/2002 (enacted 17 May 2002), Act 93/2002 (enacted 31 May 2002), Act 164/2002 (enacted 1 January 2003), Act 55/2004 (enacted 14 June 2004), Act 76/2005 (enacted 1 January 2006), and Act 43/2007 (enacted 31 March 2007).

Available in English at

http://eng.heilbrigdisraduneyti.is/media/Reglugerdirenska/Act_on_Communicable_Diseases_2007.pdf.

Entry into force: 31 March 2007.

Summary description:

This consolidated version of Act No. 19/ 1997 incorporates amendments consistent with the IHR (2005).

Excerpts from the text of the Act:

* Basic Law equals *Germany's Constitution*. German abbreviation: GG [Translator's note].

Article 2. This act applies to diseases and agents that can cause epidemics and pose a threat to public welfare, and also other serious infectious diseases. “Diseases” means disease or infection caused by infectious material, microbes and their toxins, or parasites and also serious health consequences caused by toxic chemicals and radio nuclear materials. The act also applies to unusual and unexpected events which may cause severe health consequences of international concern.

Article 3. The Minister decides by regulations, on the advice of the National Committee on Communicable Diseases, which communicable diseases or diseases caused by toxic chemicals and radio nuclear substances shall be notifiable, and which must be registered, cp. Paras. 1 and 2 Art. 9. Those notifiable communicable diseases which can pose a threat to public welfare are subject to registration. Also, any event that may pose a health threat of international concern shall be registered including events of unknown etiology or source.

Article 11. Health officers, appointed under the provisions of the Act on public health and health monitoring, veterinarians and employees of the Agricultural Authority, the Environmental Agency and the Radiation Agency, shall inform the relevant Chief Physician of a Health Care Centre, cp. par. 4, Art 4 or Chief Epidemiologist immediately they become aware of a risk of infection or health threat due to toxic chemicals or radio-nuclear substances. The Chief Physician of a Health Care Centre, cp. par. 4 Art. 4 or the Chief Epidemiologist shall, by the same token, inform the relevant health committee or veterinarians and the Agricultural Authority, the Environmental Agency and the Radiation Agency, as applicable, as soon as they become aware of a risk of infection or health threat due to toxic chemicals or radio-nuclear substances.. The Chief Epidemiologist shall provide necessary information and advice the health committees, and supervise the implementation of necessary measures.

If the Chief Epidemiologist considers that there is a risk that animals, food, water, sewers, ventilation, or anything else in the environment is spreading or could spread infectious sources of disease, toxic chemicals or radio-nuclear agents that threaten the health of humans the minister shall appoint a special collaborative committee to gather all necessary information and supervise the necessary measures for assessment and eradication of the threat of infection, toxic chemicals or radio-nuclear substances. This committee shall consist of the Chief Epidemiologist, who is also the chair, two persons appointed by the Agricultural Agency one of whom is a specialist in food safety and the other is a specialist in zoonotic diseases, one from the Radiation Agency and two from the Environmental Agency one of whom is a specialist in food safety and the other is a specialist toxic chemicals. Substitutes shall be appointed on the same basis. The committee shall have access to necessary information and to all locations that it considers necessary to inspect and shall be assisted by police authorities if necessary. The committee shall instruct all those who have supervision of animals, food and environment to apply without delay all necessary measures to eradicate the risk of infection, toxic chemicals or radio-nuclear materials. In all other respects procedure shall be as provided in this Act and, as applicable, as provided in specific Acts on monitoring bodies.

Article 13. With regard to measures to be applied in the case of a risk of an epidemic reaching Iceland from abroad, or spreading from Iceland to other countries, regulations shall be drawn up consistent with the content of those international treaties to which Iceland is a party, such as the International Health Regulations of the World Health Organization. The Chief Epidemiologist is the Icelandic National Focal Point relating to the corresponding WHO Focal Point according to the International Health Regulations.

Article 14. If the Chief Epidemiologist, when he receives information on a communicable disease, believes that further measures are required in addition to those already applied by the physician, in order to prevent or hinder the spread of infection which may pose a threat to public welfare, he/she shall, in collaboration with the Chief Physician of a Health Care Centre cp. par. 4, Art 4, ensure that such measures are implemented. If co-operation with the person in question proves impossible, the Chief Epidemiologist may, if necessary, seek the assistance of police authorities in measures to prevent infection. Chief Physician of a Health Care Centre cp. par. 4, Art. 4, may also implement such measures in the absence of the Chief Epidemiologist.

The term “measures” means medical examination, isolation of the infected person in hospital, and other necessary measures. Before resorting to compulsive measures, efforts shall always be made to resolve the issue by other means.

A decision on measures of this nature by the Chief Epidemiologist or a Chief Physician of a Health Care Centre, cp. par. 4, Art 4, may be appealed to the Ministry of Health and Social Security. An appeal does not entail any postponement of implementation of measures.

If the Chief Epidemiologist considers that there is a danger of infectious diseases which could pose a threat to human health being brought to Iceland, he may propose to the minister that regulations be issued, providing that people who arrive in the country who are believed to be possible carriers of such diseases shall undergo medical examination in accordance with Art. 23, 30-32, and 45 of the International Health Regulations.

13 Ireland

13.1 Infectious Disease (Shipping) Regulations 2008, S.I. No. 4 of 2008.

Given under the official seal of the Minister for Health and Children on 16 January 2008. These Regulations replace the Infectious Diseases (Shipping) Regulations, 1948 (S.I. No. 170 of 1948).

Available in English at http://www.dohc.ie/legislation/statutory_instruments/pdf/si20080004.pdf

Summary description (from the explanatory note accompanying the Infectious Disease (Shipping) Regulations):

These Regulations make amendments which conform to the standards set down by the International Health Regulations as adopted by the World Health Assembly on 23 May 2005. These Regulations authorise measures to be taken with a view to the prevention of danger to public health in relation to incoming or outgoing ships, its passengers; and or crew; and or conditions on board; they lay down the form of Maritime Declaration of Health to be completed by the Master of a ship in certain circumstances; they impose restrictions on boarding or leaving a ship in certain circumstances.

Provision is made for the issue of Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates in accordance with the International Health Regulations.

Provision is made for the detention and inspection of an infected or suspected ship; the placing under surveillance of a person(s) from an affected area; the removal of an infected person(s) from

a ship; and the application of such additional measures applicable to infectious diseases that are of public health concern subject to the International Health Regulations.

Provision is made also for charges for certain services and for expenses of the Health Service Executive enforcing the Regulations.

Excerpts from the text of the Regulations:

Part 1 Preliminary and General

Definitions

2. In these Regulations—

“Ship Sanitation Control Exemption Certificate” means a Ship Sanitation Control Exemption Certificate contained in Annex 3 to the International Health Regulations, which certificate is—

(a) set out in Schedule 3, and

(b) issued under these Regulations

or otherwise issued in conformity with Article 39 of the International Health Regulations;

“Ship Sanitation Control Certificate” means a Ship Sanitation Control Certificate contained in Annex 3 to the International Health Regulations, which certificate is—

(a) set out in Schedule 3, and

(b) issued under these Regulations,

or otherwise issued in conformity with Article 39 of the International Health Regulations.

Infected ships, etc

8. (1) If a ship arriving in a district has on board a case of an infectious disease then the master of the ship shall cause the ship—

(a) to be taken to a mooring station, or

(b) subject to paragraph (2) where the medical officer of health allows the ship to be isolated at its place of mooring, discharge or loading, or otherwise directs it to be taken to such place and be dealt with in accordance with such direction.

(2) The master of a ship shall cause the ship to be taken to a mooring station if at any time a medical officer of health, has reason to believe that the ship should be so moored.

(3) If a ship is an infected ship a medical officer of health shall for the purpose of the International Health Regulations carry out such measures as he or she considers necessary in respect of the infected ship.

(4) When a ship is taken to a mooring station by virtue of paragraph (1) or (2), then such ship shall remain at the mooring station until it has been examined by a medical officer of health and any measures which may be required to be carried out under paragraph (3) have been completed.

List of infected ports and seaboards

29. (1) The Health Protection Surveillance Centre, as the National International Health Regulations focal point for Ireland shall from time to time prepare and maintain an up to date a

list of foreign ports and sea-boards that are infected or believed to be infected with an infectious disease.

(2) A list prepared and maintained under paragraph (1) shall be distributed to all medical officers of health. The medical officer of health, in whose functional area a port is located shall in turn copy every such list and relevant amendments to each pilot and officer of Customs and Excise employed at the port and to the person in charge of the port.

(3) When preparing or amending a list under paragraph (1) the Health Protection Surveillance Centre shall take into account any information sent to it from time to time by the Minister and all other relevant information.

Saving for ships putting to sea

30. (1) The master of a ship in or approaching a district who does not desire to submit to an requirements of these Regulations which may be applicable shall, subject to compliance with any other obligation, be at liberty to put to sea without being subjected to control under these Regulations if he or she notifies a medical officer of health of his or her intention.

(2) If the master of such a ship desires to discharge cargo, to disembark passengers or to take on fuel, foodstuffs or water, a medical officer of health may grant him or her permission so to do subject to such conditions, in conformity with the provisions of the International Health Regulations as the medical officer of health thinks fit, and the master shall proceed accordingly and put to sea with due dispatch.

14 Norway

14.1 Regulations No. 1573 of 21 December 2007 on the notification of, and measures to be taken in the event of, serious events of significance for international public health (the IHR Regulations)

Available in Norwegian at

http://www.lovddata.no/cgi-wift/ldles?doc=/sf/sf/sf-20071221_1573.html.

Entry into force: 1 January 2008.

Summary description:

The purpose of these Regulations is to prevent and counteract the international spread of communicable diseases and ensure an internationally coordinated follow-up, while avoiding any unnecessary disruption of international traffic and trade

The Regulations are arranged under the following Chapters:

1. Introductory provisions (Secs. 1-3. Sec. 3 designates the Norwegian Institute of Public Health as the National IHR Focal Point, which is to be available at all times for communication with WHO's IHR Contact Points and relevant authorities in Norway);

2. Notification and follow-up (comprising the following Sections: 4. Notification duty of health personnel and other authorities; 5. Notification duty of officers in charge of ships, aircraft and other means of transport; 6. Content of notification; 7. Notification to the World Health

Organization; 8. Follow-up to notification to the World Health Organization; 9. Communication from the World Health Organization on a potentially serious event in Norway; 10. Notification from the World Health Organization concerning a serious event abroad; 11. Reporting to the World Health Organization concerning a potential serious event abroad; and 12. Processing of personal data);

3. Interim measures to limit the harmful effects of a serious event of significance for international public health (comprising the following Sections: 13. Recommendations from the World Health Organization concerning interim measures; 14. Measures in respect of persons; 15. Measures in respect of luggage, cargo, containers, means of transport, postal parcels, human biological material and goods; 16. Exemptions for means of transport and goods in transit; and 17. Ships, aircraft and other means of transport at points of entry);

4. Permanent measures to prevent and limit the harmful effects of a serious event of significance for international public health (comprising the following Sections. 18. Recommendations from the World Health Organization on permanent measures; 19. Designated ports, airports and ground crossings; 20. Health declarations; 21. Ship sanitation certificates; and 22. Fees and the covering of expenditure); and

5. Final provisions (Secs. 23-26).

15 Peru

15.1 Ministerial Resolution No. 793-2006/MINSA of 17 August 2006 establishing the National Focal Point for the International Health Regulations (2005)

Published in *El Peruano*, 20 August 2006, Vol. XXIII, No. 9564, p. 326634, available at <http://www.elperuano.com.pe/>.

Summary description:

The Directorate-General for Epidemiology is designated as the National IHR Focal Point. It is responsible for: (a) sending to WHO IHR Contact Points urgent communications, in particular those referred to in Articles 6 to 12 of the IHR (2005); and (b) disseminating information to, and receiving information from, the entities involved in the National Epidemiological Surveillance System, including those responsible for surveillance, reporting, points of entry, public health services, clinics and hospitals, inter alia.

16 Portugal

16.1 Notice No. 12/2008 of 3 January 2008 of the Ministry of Foreign Affairs publishing the new text of the IHR (2005), adopted by the 58th World Health Assembly on 23 May 2005

Published in *Diário da República*, Part I, 23 January 2008, No. 16, pp. 638-687, available in Portuguese at <http://dre.pt/pdf1sdip/2008/01/01600/0063800687.PDF>.

Summary description:

The text of the IHR (2005), in both English and Portuguese, is set out in the Annex to this Notice.

17 Spain

17.1 Resolution of 11 April 2006 of the Subsecretariat [of the President's Office] publishing the Agreement of the Council of Ministers of 17 February 2006 establishing a Plan of Measures to Improve the Travellers' Health Services

Published in *Boletín Oficial del Estado*, 17 April 2006, No. 91, pp. 14612-14615, available in Spanish at <http://www.boe.es/boe/dias/2006/04/17/pdfs/A14612-14615.pdf>

Summary description:

The Plan, adopted as a follow-up to the revised International Health Regulations, is annexed to this Resolution. Its purpose is to improve the quality of frontier health controls.

17.2 Order No. SCO/3870 of 15 December 2006 designating the National Focal Point for the World Health Organization and supplementing the provisions of the National Epidemiological Surveillance Network for the purpose of implementing the IHR (2005) with regard to the compulsory and emergency declaration of human cases of avian influenza

Published in *Boletín Oficial del Estado*, 21 December 2006, No. 304, pp. 45198-45199, available in Spanish at <http://www.boe.es/boe/dias/2006/12/21/pdfs/A45198-45199.pdf>.

Entry into force: 21 December 2006; The National Epidemiological Surveillance Network was established by Crown Decree No. 2210/1995 of 28 December 1995 (*Boletín Oficial del Estado*, 28 January 1996).

Summary description:

This Order designates the Directorate-General for Public Health of the Ministry of Health and Consumer Affairs as the National IHR Focal Point, in accordance with Article 4 of the International Health Regulations (2005), and as an element in the European Commission's early warning and response system for the prevention and control of communicable diseases, set up by Commission Decision 2000/57/EC of 22 December 1999.

In addition, it reinforces the provisions of the National Epidemiological Surveillance Network with regard to the notification of cases of avian influenza in humans, in accordance with the requirements of the International Health Regulations (2005) and in fulfillment of resolution WHA59.2, adopted by the 59th World Health Assembly on 26 May 2006.

17.3 General Disposition 4723 of 12 March 2008 of the Ministry of Foreign Affairs and Cooperation publishing the new text of the IHR (2005) adopted by the 58th World Health Assembly on 23 May 2005

Published in *Boletín Oficial del Estado* the Spanish Official Bulletin, 12 March, 2008, No. 62, pp. 14657 *et seq.*, available in Spanish at <http://www.boe.es/boe/dias/2008/03/12/pdfs/A14657-14688.pdf>.

Summary description:

The text of the IHR (2005) is reproduced in full.

18 Sweden

18.1 Law No. 1570 of 21 December 2006 on protection against international threats to human health

Available in Swedish at <http://www.riksdagen.se/webbnav/index.aspx?nid=3911&bet=2006:1570> and <http://www.notisum.se> (access to text via rubrics *Genvägar* and *Lagboken*).
Entry into force: 15 June 2007.

Summary description:

This Law, which is effective as of 15 June 2007, repeals the Quarantine Law (No. 290) of 18 May 1989, while maintaining in force any decisions and certificates issued in pursuance of that Law. The following are the principal provisions.

Introductory provisions (Secs. 1-3)

This Law provides for the implementation of the International Health Regulations (2005), adopted by WHO in Geneva on 23 May 2005. The Government may lay down provisions for the protection of human health and life that depart from the present Law if necessary in view of agreements with Denmark, Finland, or Norway. For the purposes of this Law, an "international threat to human health" means a risk of the introduction into the country or the spread to other countries of infectious agents or other agents constituting or potentially constituting a serious threat to human health. The diseases constituting a risk to society [i.e. smallpox and SARS] specified in the Communicable Diseases Law (No. 168) of 2004 are always to be considered an international threat to human health. The Government, or the authority appointed by it, may issue regulations specifying which other diseases or agents are to be considered an international threat to human health. Measures taken under this Law are to be in keeping with universally recognized principles of human rights.

Distribution of responsibility and organizational provisions (Secs. 4-9)

The municipal authorities are responsible for taking measures to protect human health with respect to means of transport, baggage, and other goods including animals. The county authorities are responsible for taking infection control measures directed at persons. The National Board of Health and Welfare is the national Focal Point for the purposes of the IHR (2005) and is responsible for the fulfilment of the tasks required by this Law and any regulations made thereunder. The Government, or the authority appointed by it, is to decide, in consultation with the municipal and county authorities concerned, which ports and airports are to be quarantine ports and airports.

The municipal and county authorities are, within their respective areas of responsibility, to ensure that quarantine ports and airports have access to the necessary personnel and equipment for the control of passengers, means of transport, baggage, and other goods including animals, in order to protect against international threats to human health. The Government, or the authority appointed by it, may issue regulations determining which personnel and equipment quarantine ports and airports are to have. The infection control officer is to coordinate infection control with quarantine ports and airports and is to assist municipalities and authorities in carrying out their tasks under this Law. The various authorities involved are to cooperate with each other, WHO, and the authorities in other countries in order to prevent and reduce international threats to human health.

Duty to provide notification and information (Secs. 10-13)

If municipal, county, or other authorities receive information concerning a suspected international threat to human health, they are to immediately notify the National Board of Health and Welfare. Such notification must contain the necessary information for the Board to assess whether such a threat exists. Upon request, the authorities concerned are to provide the Board as promptly as possible with the information it requires in order to fulfil its duty of informing WHO. The authorities concerned are to inform the Board of the measures that have been taken or that will be taken under this Law. The Board is to provide information on the measures to these authorities. If the Board receives information concerning a suspected threat to human health, it is to inform WHO promptly and at the latest within 24 hours. If WHO receives information concerning a suspected threat to human health in Sweden, the Board is to provide WHO, upon request and within 24 hours at the latest, with information on the health situation in the country. The Board is to provide information on a suspected threat to human health to the municipal, county, and other authorities concerned.

If deemed necessary in order to protect against an international threat to human health, the Board and the authorities concerned are to provide information to WHO as well as to the foreign authorities concerned, even if such data are subject to the Secrecy Law (No. 100) of 20 March 1980. Notwithstanding the provisions of the Personal Data Law (No. 204) of 1998, personal data may be transmitted to WHO and third countries in order to fulfil the information requirement of the present Law. If an area within the country or abroad has been affected by an international threat to human health, the Board is to declare that area as being so affected. The area is to be considered as affected until the Board declares it to be free from the threat.

General provisions concerning measures to protect human health (Secs. 14-15)

Measures to protect human health taken under this Law are to be based on science and sound experience and may not be more intrusive than is necessary to achieve this protection. Measures are to be taken with respect for the equal value of all persons and the integrity of the individual. Special attention should be paid to the needs of children. Measures to which an individual objects

may only be taken if there is no alternative. If measures involve means of transport, baggage, and other goods including animals, the necessary precautions must be taken to ensure that there is no damage to such property.

Measures on arrival in Sweden (Secs. 16-19)

Before a ship puts into port, or at the latest upon arrival at the port, the officer in charge of the ship must provide information on the health situation on board to the customs office or the coastguard if: (1) the officer in charge has reason to suppose that there is an infectious agent on board or any other agent likely to constitute an international threat to human health; (2) the ship has come from a port in an area that has been declared affected by an international threat to human health and arrival is within the incubation period of an infectious disease; or (3) there is a person on board whose stay in an area that has been declared affected by an international threat to human health is such that the incubation period for an infectious disease has not elapsed before the ship's arrival in port. When the customs office or coastguard has received this information, the authority concerned is to immediately notify its content to the infection control officer and the Board. If the ship concerned belongs to the armed forces, the Surgeon-General of the Armed Forces must also be informed. Corresponding measures apply in relation to aircraft and airports.

If a ship or an aircraft is affected or is suspected of being affected by an international threat to human health, the responsible authorities and municipalities are to take the necessary measures against the ship or aircraft in order to protect human health. The Government, or the authority appointed by it, may lay down regulations determining the measures that responsible authorities and municipalities may take against affected ships and aircraft. Ships and aircraft may not be refused entry to a port or airport, but they may be directed to proceed to a quarantine port or airport. Ships and aircraft may not be prevented from setting down passengers or taking them on board, loading or unloading cargo, or taking on board fuel, water, and food and other necessities, other than in pursuance of this Law or regulations or decisions made thereunder.

If a ship or aircraft arrives in Sweden at a place other than a quarantine port or airport and if any of the above-mentioned situations regarding the provision of information by an officer in charge apply, the latter must immediately notify the customs office, coastguard, infection control officer or municipal authorities of the health situation on board. Other than in an emergency, no one may leave the ship or aircraft in such circumstances and no cargo may be unloaded without the permission of the responsible authorities. Once the measures deemed necessary by the responsible authorities have been taken, the ship or aircraft may proceed to its destination or to another suitable port or airport.

Means of transport and goods in transit (Secs. 20-21)

No measures may be taken under this Law against: (1) ships and aircraft in transit that have not come from an affected area as referred to above and concerning which there is nothing to suggest that there is any agent on board that may constitute a threat to human health; (2) trucks, trains, and buses in transit that have not come from an affected area and do not load or unload passengers or cargo while in transit; and (3) goods in transit which are not transhipped, with the exception of live animals. The Government, or the authority appointed by it, may issue regulations on the duty of transport undertakings to take special measures for the protection of human health.

Control of animals that may be vectors (Secs. 22-23)

Municipalities with ports are responsible for taking the necessary measures to eradicate insects, rats, or other animals that may constitute a health risk. On arrival in Sweden, the officer in charge

of a ship must present a certificate or a copy thereof attesting that such eradication has been carried out on board or that such eradication is unnecessary. If no certificate is presented, the customs office or coastguard must immediately inform the municipal authorities who are to arrange for the ship to be inspected and, if necessary, take eradication measures.

Health certificates and other certificates (Sec. 24)

If a measure is taken under this Law or any regulations made in pursuance thereof, the authority concerned must issue a certificate to that effect, if requested by the person affected by the measure. The Government, or the authority appointed by it, may lay down regulations concerning, inter alia, the entities empowered to issue certificates, the duty to present certificates, and exemptions from this requirement.

Charges (Sec. 25)

Municipal and county authorities may levy charges for measures taken under this Law, in accordance with provisions laid down by the Government.

Surveillance, etc. (Secs. 26-29)

The Board is to ensure compliance with this Law and any regulations or decisions made in pursuance thereof. In this, they are to be assisted by the police, customs personnel, pilots, port employees, ship inspectors, coastguards, and air traffic personnel. Police assistance is to be requested in exceptional circumstances only, if it is feared that the necessary measures cannot be taken without police powers. Police, customs, and coastguard personnel involved in exit control are to cooperate in the control of vaccination certificates and, where necessary, in the implementation of other measures in quarantine ports and quarantine airports.

Further regulations (Sec. 30)

The Government, or the authority appointed by it, may issue further regulations where necessary in order to prevent the introduction of infectious or other agents into the country or their spread to other countries.

Liability (Sec. 31)

Fines are imposed for non-observance of the duty to provide information concerning the health situation on board a ship or an aircraft, or for the provision of false information.

Appeals (Sec. 32)

Appeals against decisions taken under this Law or regulations made in pursuance thereof may be lodged with the General Administrative Tribunal. Such decisions are immediate in effect, unless stated otherwise in the decision itself.

18.2 Ordinance No. 156 of 12 April 2007 on protection against international threats to human health

Available in Swedish at <http://www.riksdagen.se/webbnav/index.aspx?nid=3911&bet=2007:156> and <http://www.notisum.se> (access to text via rubrics *Genväger* and *Lagboken*).
Entry into force: 15 June 2007.

Summary description of the principal provisions:

Introductory provisions (Secs. 1-2)

The provisions of this Ordinance supplement those of Law No. 1570 of 21 December 2006 on protection against international threats to human health, which provides for the implementation of the International Health Regulations (2005). Polio is always to be regarded as an international threat to human health.

Distribution of responsibility and organizational provisions (Secs. 3-4)

The National Board of Health and Welfare is to decide, following consultation with the municipal and county authorities concerned, which ports and airports are to be designated quarantine ports and airports. The Board may issue regulations specifying which personnel and equipment quarantine ports and airports are to have.

Duty to provide information (Sec. 5)

The Board may issue more detailed regulations concerning: which suspected or confirmed cases of diseases are to be reported to it under the above-mentioned Law; and which data are to be included in a notification within the meaning of the above-mentioned Law.

Measures on arrival in Sweden (Sec. 6)

The Board may issue regulations determining which measures for the protection of human health the responsible authorities and municipalities may take against affected ships and aircraft.

Health certificates and other certificates (Sec. 7)

The Board may issue regulations concerning: who may issue certificates; the duty to present certificates and exemptions from such duty; and any other necessary regulations on certificates in accordance with the above-mentioned Law.

Charges (Sec. 8)

Municipalities may levy charges from shipowners for inspections carried out and measures taken under the above-mentioned Law. Charges must be in keeping with the actual costs of the measure.

Further regulations (Sec. 9). The Board may issue such further regulations for the protection of individuals as are necessary in order to prevent the introduction into Sweden or spread to other countries of infectious or other agents that may constitute a serious threat to human health.

18.3 Regulations and General Recommendations No.11 of 19 June 2007 of the National Board of Health and Welfare on protection against international threats to human health

Published in *Socialstyrelsens författningssamling*, 2007, 9 June 2007, 12 pp., available in Swedish at http://www.sos.se/sosfs/2007_11/2007_11.htm and http://www.socialstyrelsen.se/NR/rdonlyres/1FA17F4C-9C06-4325-A19D-AC97214D94B8/7915/2007_11.pdf.

Entry into force: 25 June 2007.

Summary description:

These Regulations and General Recommendations have been issued in pursuance of Secs. 3, 4, 7, and 9 of Ordinance No. 156 of 12 April 2007 on protection against international threats to human health and repeal, inter alia, Regulations and General Recommendations No. 20 of 14 August 1996 of the National Board of Health and Welfare concerning quarantine ports and airports,

deratting certificates, and the charges levied for certain measures applicable to vessels and aircraft, etc.

The following is an outline of the principal provisions of the Regulations.

Scope (Sec. 1). These Regulations concern the implementation of Law No. 1570 of 21 December 2006 on protection against international threats to human health.

Quarantine ports and quarantine airports

Designated ports and airports (Sec. 2). Designated ports and airports are listed in Annex 1.

Routines, etc. (Secs. 3-4). Municipalities and counties in which quarantine ports and airports are situated are to plan their activities to ensure that such ports and airports have the necessary staff and equipment for the control of passengers, means of transport, luggage and other goods, as well as animals that might constitute an international threat to human health. Measures are to be taken to prevent the spread of infectious agents or anything else likely to constitute an international threat to human health and to ensure that the authorities responsible for taking measures in the event of such a threat are contacted. Routine measures are to be taken in consultation with the infection control physician and the municipality in which the port or airport is situated. They are to be recorded.

Ship Sanitation Control Certificate

Duty to present a sanitation control certificate upon arrival in Sweden (Sec. 5). In pursuance of Secs. 22 and 23 of the above-mentioned Law, the officer in charge of a ship must present a certificate, and a copy thereof, to the customs office or the coastguard attesting that the eradication has been carried out on board of animals that are commonly vectors of diseases constituting a risk to human health or that the eradication of such animals is not required.

Exemption from the duty to present a sanitation control certificate (Sec. 6). The officer in charge of a ship is exempted from the duty to present such a certificate if an advance notification is not required under the Regulations and General Recommendations of the Customs Office on customs procedures, etc (No. 20 of 2000). This exemption applies on condition that the customs office or coastguard does not specifically request the presentation of such a certificate. The officer in charge of a ship is not required to present a certificate if the customs office or coastguard accepts the submission by the officer of information as to the existence of such a certificate. Naval vessels are always exempt.

Duty to inform the municipality (Sec. 7). The customs office or the coastguard is to inform the municipality immediately if a certificate is not presented or submitted by the officer in charge of a ship. The authority that informs the municipality is also to inform the other authority.

Who may issue a sanitation control certificate (Sec. 8). Municipalities authorized to issue certificates are listed in Annex 2

How sanitation control certificates are to be issued (Sec. 9). Certificates are to be issued using the form reproduced in Annex 3. The municipal authorities are to inspect the ship before issuing the certificate.

It is recommended that the inspection be carried out when the ship's hold is empty or contains only ballast or material placed in such a way that a thorough examination is possible.

Validity of sanitation control certificate (Sec. 10). Certificates are valid for six months. A municipality authorized to issue certificates may extend this period by one month if an inspection of the ship cannot be carried out in the port and if there is no evidence that there is an infectious agent on board or anything else likely to constitute a risk to human health.

Information on the health situation on board an aircraft

Health declaration (Secs. 11-12). Sec. 11 reiterates the conditions set out in Sec. 16 of the above-mentioned Law. Under Sec. 12, the officer in charge must always provide information on the health situation on board (health declaration) if a person on board has fallen ill and symptoms indicate a serious infectious disease. Health declarations submitted to air traffic control at an airport are to be forwarded immediately to the customs office.

Drawing up of the health declaration (Sec. 13). The declaration is to be drawn up in accordance with the provisions of the International Health Regulations (2005).

Infection tracing (Sec. 14). The National Board of Health and Welfare or an infection control physician may require an airline company to collect information from its passengers so that they may later be contacted in the event of a suspected or established international threat to human health on board an aircraft. This information is to be submitted to the local authorities within whose jurisdiction the aircraft lands.

It is recommended that the information be collected using the form reproduced in Annex 4.

Annexes. Annex 1 lists nine quarantine ports and five quarantine airports. The other Annexes are as follows: 2. Municipalities authorized to issue sanitation control certificates; 3. Ship sanitation control exemption certificate/ship sanitation control certificate issued in accordance with Article 39 of the International Health Regulations 2005 [in English]; and 4. Public Health Passenger Locator Card [in English].

18.4 Regulations and General Recommendations No. 12 of 2007 of 19 June 2007 of the National Board of Health and Welfare on the duty to provide information in the event of international threats to human health

Published in *Socialstyrelsens författningssamling*, 2007, 29 June 2007, 3 pp., available in Swedish at http://www.sos.se/sosfs/2007_12/2007_12.htm.

Entry into force: 25 June 2007.

Summary description:

These Regulations and General Recommendations, which concern the implementation of the International Health Regulations (2005), have been issued in pursuance of Sec. 5 of Ordinance No. 156 of 12 April 2007 on protection against international threats to human health.

The following is an outline of the principal provisions of the Regulations.

Scope (Sec. 1). These Regulations concern the duty of municipal, county, and other authorities to provide notification and information for the purposes of implementing Law No. 1570 of 21 December 2006 on protection against international threats to human health.

Notification to the National Board of Health and Welfare (Secs. 2-3). Under Sec. 10 of the aforementioned Law, if municipal, county, or other authorities receive information concerning a suspected international threat to human health, they are to immediately notify the National Board of Health and Welfare. Sec. 2 of the same Law provides that the diseases constituting a risk to society specified in the Communicable Diseases Law (No. 168 of 2004) are always to be considered an international threat to human health. Under Sec. 2 of the aforementioned Ordinance, polio is always to be considered an international threat to human health. In addition to these

diseases, suspected or confirmed cases of the following communicable diseases should also be reported to the National Board of Health and Welfare: 1. human influenza caused by a new subtype; 2. cholera; 3. plague; 4. yellow fever; 5. viral haemorrhagic fevers excluding vole fever; and 6. West Nile fever.

Content of notification (Sec. 4). A notification within the meaning of Sec. 10 of the Law is to contain the necessary information for the National Board of Health and Welfare to assess whether an international threat to human health exists. A notification should, if possible, contain information on:

1. the infectious agent or other agent concerned;
2. epidemiological data of importance for assessing the threat;
3. the risk of the spread of the infectious agent or other agent; and
4. measures taken to prevent the spread of the infectious agent or other agent.

General Recommendations. Information should be provided indicating: which authorities and other actors have been contacted; and the identity of the person within the authority concerned (name, address, and telephone number) who has submitted the notification.

19 Syrian Arab Republic

19.1 Regulatory Decree No. 34/T of 19 July 2007 establishing, within the Ministry of Health, a National Centre for the IHR (2005)

Entry into force: 15 June 2007.

Summary description (based on English translation of the original Arabic both of which were provided by the Permanent Mission of the Syrian Arab Republic to the United Nations, Geneva):

This Regulatory Decree has been made in pursuance of, inter alia, Law No. 27 of 2007 on the control of communicable diseases and Decree No. 29 of 6 April 2007 on the approval of the International Health Regulations (2005) adopted by the World Health Organization.

Sec. 1 provides for the establishment of the above-mentioned Centre.

Under *Sec. 2*, the Centre's functions are as follows: to act as the single competent information authority for emergency situations and emergencies concerning public health and emerging diseases; to issue directives for the application of Regulatory Decree No. 29 concerning the implementation and follow-up of the IHR (2005) within the Syrian territories; to establish a national network of IHR Focal Points in different health administrations and border crossing points, the network having the task of informing the Centre directly of any health emergency that might cause a threat to public health; to develop an emergency plan for rapid response to communicable and emerging diseases in accordance with the approved health regulations; to set up a system for the surveillance of communicable and emerging diseases in accordance with the IHR (2005); to develop public health laboratories and build the necessary capacities for the implementation of the regulations; to convene National Committee meetings and make every effort to implement the regulations in cooperation with all concerned Ministries; to mobilize the

material resources needed for training, organizing workshops, and supervising the implementation process; to respond to the Organization's requests as regards the verification of third party reports, other than notifications and consultations, in relation to events that may constitute a public health emergency of international concern allegedly occurring within the national territories; to disseminate information to the national administrations concerned, including those responsible for monitoring and reporting, points of entry, public health departments, clinics, hospitals, and other governmental departments; to collect information from relevant national administrative sectors, including those responsible for surveillance and reporting, points of entry, public health departments, clinics, hospitals, and other governmental departments; to communicate with the relevant authorities at points of entry in accordance with Articles 20 and 21 of the IHR (2005); to correspond with Ministries concerned with the implementation of the IHR (2005); to supervise the implementation of the IHR at different crossing points and to coordinate implementation with other Ministries; to communicate on a permanent and continuing basis with WHO contact points concerned with the IHR; to receive communications from national IHR Focal Points in different governorates and border crossing points; to forward urgent communications to WHO contact points as regards IHR (2005) implementation; to prepare bilateral agreements with neighbouring countries; to implement the provisions of the IHR in general; and to implement new directives and guidelines communicated by WHO regarding the IHR (2005).

Sec. 3(a) provides for the establishment and composition of a Central Committee within the Ministry of Health.

Sec. 3(b) defines the functions of the Committee's Chairman (Director of the IHR Programme) and its other members (namely, the Director of Legal Affairs, the Director of the Environmental and Chronic Diseases Department, the Director of the Epidemiological Monitoring Department, and the Director of the Emergency Programme).

Sec. 3(c) provides that the Central Committee may recruit assistance from whoever it deems capable of carrying out the Committee's functions in accordance with the provisions of this Regulatory Decree.

Under *Sec. 4*, the Centre's functions are to be carried out by the Director of the Centre (i.e. the Director of the IHR Programme), the Central Committee, and the Secretariat of the new Centre.

20 United Kingdom of Great Britain and Northern Ireland

20.1 The Public Health (Ships) (Amendment) (England) Regulations 2007. S.I. 2007/1446 - dated 14 May 2007

Available in English at <http://www.opsi.gov.uk/si/si2007/20071446.htm>.

Summary description:

These Regulations amend the Public Health (Ships) Regulations 1979 (the principal Regulations), which provide for public health control of ships arriving at or leaving ports in England and Wales.

The Regulations, which apply in relation to England only, implement provisions of the International Health Regulations (IHR) of 2005 on ship sanitation certificates (regulations 17, 3,

and 33) and otherwise amend or update the principal Regulations. In particular, the Regulations provide for health authority functions under the principal Regulations to become local authority functions and alter provisions about charging by local authorities (regulation 25).

20.2 The Public Health (Aircraft) (Amendment) (England) Regulations 2007. S.I. 2007/1447 - dated 14 May 2007

Available in English at <http://www.opsi.gov.uk/si/si2007/20071447.htm>.
Entry into force: 15 June 2007.

Summary description:

These Regulations, which apply in relation to England only, amend the Public Health (Aircraft) Regulations 1979 (the principal Regulations), which provide for public health control of aircraft arriving at or leaving airports in England and Wales. The amendments to the principal Regulations (which concern such matters as definitions, incoming and outgoing aircraft, tuberculosis, and surveillance) are in line with provisions of the International Health Regulations (IHR) of 2005.

20.3 The Public Health (Aircraft and Ships) (Amendment) (England) Regulations 2007. S.I. 2007/1603 - dated 4 June 2007

Available in English at <http://www.opsi.gov.uk/si/si2007/20071603.htm>.
Entry into force: 15 June 2007.

Summary description:

These Regulations further amend the Public Health (Aircraft) Regulations 1979, which provide for public health control of aircraft arriving at or leaving airports in England and Wales. They also amend the Public Health (Ships) (Amendment) (England) Regulations 2007, which implement in England provisions of the International Health Regulations (IHR) of 2005 on ship sanitation certificates and otherwise amend or update the Public Health (Ships) Regulations 1979.

20.4 The Health Protection Agency (Amendment) Regulations 2007. S.I. 2007/1624 - dated 7 June 2007

Available in English at <http://www.opsi.gov.uk/si/si2007/20071624.htm>.
Entry into force: 6 July 2007.

Summary description:

These Regulations, which amend the Health Protection Agency Regulations 2005, enable the Health Protection Agency to carry out additional functions with regard to provisions of the International Health Regulations 2005 (IHR). Specifically these Regulations identify the Health Protection Agency as the National IHR Focal Point and require it to follow the functions laid out in Articles 4(2), 4(2)(a), 4(2)(b), 4(4), 20(3), 22(1)(i), and 27(1) of the IHR.

Text of the Regulations

The Secretary of State for Health makes the following Regulations in exercise of the powers conferred by section 2(2)(a) of the Health Protection Agency Act 2004(1).
In accordance with section 2(2)(a) of that Act she has consulted with the Welsh Ministers(2).

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Health Protection Agency (Amendment) Regulations 2007 and shall come into force on 6th July 2007.

(2) In these Regulations “the principal Regulations” means the Health Protection Agency Regulations 2005(3).

Amendment of regulation 1 of the principal Regulations

2. In regulation 1(3) of the principal Regulations (citation, commencement and interpretation)—

(a) after the definition of “the chairman” insert—

““competent authority” means a competent authority identified in accordance with Article 19 of the IHR (general obligations) and with a role as described at Article 22 of the IHR (role of competent authorities);

“government department” for the purposes of these Regulations includes the Scottish Executive and the Welsh Ministers;”;

(b) after the definition of “health service body” insert—

““the IHR” means the International Health Regulations (2005) of the WHO adopted by the fifty-eighth World Health Assembly on 23rd May 2005;

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

(c) after the definition of “primary care list” add—

““World Health Assembly” has the meaning set out in the Constitution of the World Health Organization adopted by the International Health Conference held in New York from 19th June to 22nd July 1946 and signed on 22nd July 1946;

“WHO” means the World Health Organization, a specialised agency within the terms of Article 57 of the Charter of the United Nations, established by the Constitution of the World Health Organization;

“WHO IHR Contact Point” means the unit within WHO which shall be accessible at all times for communications with the National IHR Focal Point.”.

Amendment of regulation 7 of the principal Regulations

3. In regulation 7 of the principal Regulations (directions – health functions), for paragraph (a) substitute—

“(a) to undertake in England the function of arranging for administering centres to—

(i) vaccinate or revaccinate against yellow fever with a vaccine approved by WHO and in accordance with Annex 7 to the IHR, and

(ii) provide persons undergoing such vaccination or revaccination with a certificate in the form specified in Annex 6 to the IHR reproduced at the Schedule to these Regulations certifying that the person has been so vaccinated; and”.

Directions

4.—(1) After regulation 7 of the principal Regulations (directions – health functions) add—

“Directions – International Health Regulations

8.—(1) The Secretary of State directs the Agency to act as a National IHR Focal Point for the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory except in relation to Scotland in relation to matters which are within devolved competence (within the meaning of the Scotland Act 1998(4) and Northern Ireland in relation to a transferred matter (within the meaning of section 4(1) of the Northern Ireland Act 1998(5)).

(2) Accordingly, the HPA shall exercise the following functions in particular—

(a) to be accessible at all times for communication with the WHO IHR Contact Point (Article 4(2) of the IHR);

(b) to send to the WHO IHR Contact Point urgent communications concerning the implementation of the IHR, in particular under Articles 6 to 12 of the IHR (Article 4(2)(a) of the IHR);

(c) to disseminate information to, and consolidate information from, relevant sectors of the administration within the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory including sectors responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and government departments (Article 4(2)(b) of the IHR);

(d) to communicate with competent authorities in the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory on the relevant public health measures taken pursuant to the IHR (Article 22(1)(i) of the IHR);

(e) to receive reports from competent authorities in the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory on implementation of necessary additional health measures including isolation of conveyances to prevent the spread of disease (Article 27(1) of the IHR).

(3) The Agency has the following additional functions (in relation to the same territories and to the same extent specified in paragraph (1))—

(a) to provide WHO with its contact details, to continuously update WHO in relation to any changes to its contact details, and to confirm its contact details to WHO annually (Article 4(4) of the IHR); and

(b) to provide to WHO—

(i) a list of bodies authorised to issue or extend the validity of Ship Sanitation Control Certificates or Ship Sanitation Control Exemption Certificates in the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory; and

(ii) information on any changes which may occur to the status of the listed bodies (Article 20(3) of the IHR).”.

20.5 The Public Health (Aircraft) (Amendment) (Wales) Regulations 2007. S.I. 2007/1900 (W.161) - dated 2 July 2007

Available in English at http://www.england-legislation.hmsso.gov.uk/legislation/wales/wsi2007/wsi_20071900_en_1.

Entry into force: 1 August 2007.

Summary description:

These Regulations amend the Public Health (Aircraft) Regulations 1979(.1.) ("the principal Regulations") which provide for public health control of aircraft arriving at or leaving airports in England and Wales. The Regulations implement in Wales provisions of the International Health Regulations (IHR) of 2005 by amending or updating the principal Regulations.

20.6 The Public Health (Ships) (Amendment) (Wales) Regulations 2007. S.I. 2007/1901 (W.162) - dated 3 July 2007

Available in English at <http://www.opsi.gov.uk/legislation/wales/wsi2007/20071901e.htm>.
Entry into force: 1 August 2007.

Summary description:

These Regulations amend the Public Health (Ships) Regulations 1979 ("the principal Regulations") which provide for public health control of ships arriving at or leaving ports in England and Wales. The Regulations implement in Wales provisions of the International Health Regulations (IHR) of 2005 on ship sanitation certificates and otherwise amend or update the principal Regulations. The Amendment replaces existing arrangements for deratting certificates (which stem from the IHR 1969) with new arrangements for ship sanitation certificates (consistent with the IHR 2005). In particular, the Regulations provide for health authority functions under the principal Regulations to become local authority functions and alter provisions about charging by local authorities. Additionally, it provides powers for the first time for mail to be inspected and if necessary have health measures applied to it to protect public health.

20.7 Health Protection Agency Order (Northern Ireland) 2007 No. 331 - dated 10 July 2007

Available in English at http://www.bailii.org/nie/legis/num_reg/2007/20070331.html.
Entry into force: 31 July 2007.

Summary description:

Section 2(10) of the Health Protection Agency Act 2004 ("the Act") enables the Department of Health, Social Services and Public Safety by order to confer on the Health Protection Agency ("the Agency") a function of any description falling within section 2(1) of the Act to the extent that it is exercisable for the purposes of a transferred matter. Section 2(1) of the Act includes: (a) the functions of 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 disease; and (c) the provision of assistance to any other person who exercises functions in relation to those matters.

This Order provides for the Agency to have health protection functions in relation to Northern Ireland in connection with implementation of the International Health Regulations of the World Health Organization ("the IHR"). Article 3 confers on the Agency the new IHR related functions, namely the function of assessing events that might constitute a public health emergency of international concern (within the meaning of the IHR), and thereafter by acting as the UK National IHR Focal Point for Northern Ireland interests. The Agency is also given the function,

again for centralised notification reasons from the UK, of sending to the World Health Organization pursuant to Article 20.3 of the IHR lists of ports authorised to offer Ship Sanitation Control Certificates and Ship Sanitation Control Exemption Certificates in Northern Ireland.

Text of the Order

The Department of Health, Social Services and Public Safety makes the following Order in exercise of the powers conferred by section 2(10) of the Health Protection Agency Act 2004.³⁴

In accordance with section 2(11)(a) of that Act, it has obtained the agreement of the Secretary of State.

Citation and commencement

1. This Order may be cited as the Health Protection Agency Order (Northern Ireland) 2007 and shall come into operation on 31st July 2007.

Interpretation

2. (1) The Interpretation Act (Northern Ireland) 1954³⁵ shall apply to this Order as it applies to an Act of the Assembly.

(2) In this Order "the competent IHR authority in Northern Ireland" means the Department of Health, Social Services and Public Safety;

"the IHR" means the International Health Regulations (2005) of WHO adopted by the fifty-eighth World Health Assembly on 23rd May 2005;

"National IHR Focal Point" means the national centre, designated by a State Party to the IHR, which shall be accessible at all times for communications with the WHO IHR Contact Point under the IHR;

"public health emergency of international concern" has the meaning set out in Article 1 of the IHR;

"World Health Assembly" has the meaning set out in the Constitution of the World Health Organization adopted by the International Health Conference held in New York from 19th June to 22nd July 1946 and signed on 22nd July 1946;

"WHO" means the World Health Organization, a specialised agency within the terms of Article 57 of the Charter of the United Nations, established by the Constitution of the World Health Organization; and

"WHO IHR Contact Point" means the unit within WHO which shall be accessible at all times for communications with the National IHR Focal Point.

Functions

3. (1) There are conferred on the Health Protection Agency the following functions—

- (a) the assessment under and in accordance with Article 6.1 of the IHR of events in Northern Ireland that may constitute a public health emergency of international concern;
- (b) acting, in relation to Northern Ireland, as a National IHR Focal Point as described in the IHR, in particular

- (i) to be accessible at all times for communication with the WHO IHR Contact Point;
- (ii) to send to the WHO IHR Contact Point urgent communications concerning the implementation of the IHR, in particular under Articles 6 to 12 of the IHR;

³⁴ 2004 c. 17.

³⁵ 1954 c. 33 (N.I.).

- (iii) to disseminate information to, and consolidate information from, the competent IHR authority in Northern Ireland;
 - (iv) to communicate with the competent IHR authority in Northern Ireland on the relevant public health measures taken pursuant to the IHR; and
 - (v) to receive reports from the competent IHR authority in Northern Ireland on implementation of necessary additional health measures including isolation of conveyances to prevent the spread of disease in accordance with Article 27.1 of the IHR;
- (c) in relation to Northern Ireland and its role as National IHR Focal Point, the provision to WHO of contact details and thereafter:
- (i) continuously updating WHO in relation to any changes to such contact details; and
 - (ii) confirming such contact details to WHO annually; and
- (d) the provision to WHO, in accordance with the function described at Article 20.3 of the IHR, of
- (i) a list of bodies authorised to issue or extend the validity of Ship Sanitation Control Certificates or Ship Sanitation Control Exemption Certificates in Northern Ireland; and
 - (ii) information on any changes which may occur to the status of the listed bodies.

20.8 The Health Protection Agency (Scottish Health Functions) Amendment Order 2007. S.S.I. 2007/316. Dated 6 June 2007

Available in English at http://www.opsi.gov.uk/legislation/scotland/ssi2007/ssi_20070316_en_1.
Entry into force: 6 July 2007.

Summary description:

UK.07.170 This Order amends the principal Order to provide for the Health Protection Agency to have further health protection functions in relation to Scotland in connection with the implementation of the International Health Regulations (IHR). Amendments include: the insertion of additional definitions relating to the IHR into Article 1(2); and the addition to Article 2 of new paragraphs (f) to (i) dealing with the new IHR related functions, namely the function of assessing events that might constitute a public health emergency of international concern (within the meaning of the IHR), and thereafter by acting as the UK National IHR Focal Point for Scottish interests including the notification of any such public health emergency of international concern to WHO. The Agency is also given the function, again for centralized notification reasons from the UK, of sending to WHO pursuant to Article 20.3 of the IHR lists of ports authorized to offer Ships Sanitation Control Certificates and Ships Sanitation Control Exemption Certificates in Scotland.

Text of the Order

The Scottish Ministers make the following Order in exercise of the powers conferred by section 2(7) of the Health Protection Agency Act 2004(1) and all other powers enabling them to do so. In accordance with section 2(8)(a) of that Act, they have secured the agreement of the Secretary of State.

Citation, commencement and interpretation

1.—(1) This Order may be cited as the Health Protection Agency (Scottish Health Functions) Amendment Order 2007 and shall come into force on 6th July 2007.

(2) In this Order “the principal Order” means the Health Protection Agency (Scottish Health Functions) Order 2006.³⁶

Amendment of article 1 of the principal Order

2. In article 1(2) of the principal Order (citation, commencement and interpretation)–

(a) after the definition of “chemicals authority” insert–

““Common Services Agency” means the Common Services Agency of the Scottish Health Service;³⁷

“competent IHR authorities in Scotland” means–

- (a) the Scottish Ministers; and
- (b) the Common Services Agency;”;

(b) after the definition of “health care professional” insert–

““the IHR” means the International Health Regulations (2005) of the WHO adopted by the Fifty eighth World Health Assembly on 23rd May 2005;

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

(c) after the definition of “public health authority” insert–

““public health emergency of international concern” has the meaning set out in Article 1 of the IHR;

“World Health Assembly” has the meaning set out in the Constitution of the World Health Organization adopted by the International Health Conference held in New York from 19th June to 22nd July 1946 and signed on 22nd July 1946;

“WHO” means the World Health Organization, a specialised agency within the terms of Article 57 of the Charter of the United Nations, established by the Constitution of the World Health Organization; and

“WHO IHR Contact Point” means the unit within WHO which shall be accessible at all times for communications with the National IHR Focal Point.”.

Amendment of article 2 of the principal Order

3. In article 2 of the principal Order (additional functions), after paragraph (e) insert–

“(f) the assessment under and in accordance with Article 6.1 of the IHR of events in Scotland that may constitute a public health emergency of international concern;

(g) acting, in relation to Scotland, as a National IHR Focal Point as described in the IHR, in particular–

- (i) to be accessible at all times for communication with the WHO IHR Contact Point;

³⁶ S.S.I. 2006/559.

³⁷ The body established by Order under section 10 of the National Health Service (Scotland) Act 1978 (c. 29). Functions have been conferred on or withdrawn from the Common Services Agency under S.I. 1974/467, as amended by S.I. [1991/900](#), S.S.I. 2000/224, 2003/159 and 306 and 2006/603.

- (ii) to send to the WHO IHR Contact Point urgent communications concerning the implementation of the IHR, in particular under Articles 6 to 12 of the IHR;
 - (iii) to disseminate information to, and consolidate information from, competent IHR authorities in Scotland;
 - (iv) to communicate with competent IHR authorities in Scotland on the relevant public health measures taken pursuant to the IHR; and
 - (v) to receive reports from competent IHR authorities in Scotland on implementation of necessary additional health measures including isolation of conveyances to prevent the spread of disease in accordance with Article 27.1 of the IHR;
- (h) in relation to Scotland and its role as National IHR Focal Point, the provision to WHO of contact details and thereafter–
- (i) continuously updating WHO in relation to any changes to such contact details; and
 - (ii) confirming such contact details to WHO annually; and
- (i) the provision to WHO, in accordance with the function described at Article 20.3 of the IHR, of–
- (i) a list of bodies authorised to issue or extend the validity of Ship Sanitation Control Certificates or Ship Sanitation Control Exemption Certificates in Scotland; and
 - (ii) information on any changes which may occur to the status of the listed bodies.”.

20.9 The Public Health (Ships) (Scotland) Amendment Regulations 2007. S.S.I. 2007/515 - dated 20 November 2007

Available in English at http://www.opsi.gov.uk/legislation/scotland/ssi2007/ssi_20070515_en_1.
Entry into force: 14 December 2007.

Summary description:

These Regulations, which amend the Public Health (Ships) (Scotland) Regulations 1971, implement some of the requirements of the International Health Regulations (IHR). They provide, inter alia, for the implementation of new arrangements for the inspection of ships and the issuance of ship sanitation certificates and the updating of the 1971 Regulations to list the diseases to which they are applicable.

20.10 The Public Health etc. (Scotland) Act 2007

An Act of the Scottish Parliament to restate and amend the law on public health; to make provision about mortuaries and the disposal of bodies; to enable the Scottish Ministers to implement their obligations under the International Health Regulations; to make provision relating to the use, sale or hire of sunbeds; to amend the law on statutory nuisances; and for connected purposes. Bill passed 12 June 2008. (The Public Health etc. (Scotland) Act 2007).

Available in English at <http://www.scottish.parliament.uk/s3/bills/03-PublicHealth/b3s3-aspassed.pdf>

Summary description:

The following is a brief outline of this Act.

Part 1. Public health responsibilities (comprising the following rubrics: The Scottish Ministers (Sec. 1); Health boards (Secs. 2-3); Local authorities (Secs. 4-5); Co-operation and planning (Secs. 6-7); and Power of Scottish Ministers to intervene (Secs. 8-11)).

Part 2. Notifiable diseases, notifiable organisms and health risk states (comprising the following rubrics: Notifiable diseases and organisms (Sec. 12); Duties to notify (Secs. 13-16); and Offences (Secs. 17-19)).

Part 3. Public health investigations(comprising the following rubrics: Public health investigations (Secs. 20-21); Investigators' powers (Secs. 22-28); Offences (Sec. 29); and Compensation (Sec. 30)).

Part 4. Public health functions of health bodies (comprising the following rubrics: Duty to give explanation (Secs. 31-32); Medical examinations (Secs. 33-36); Exclusion orders and restriction orders (Secs. 37-38); Quarantine (Secs. 39-40); and Removal to and detention in hospital (Secs. 41-45); Quarantine and detention: steps that may be taken (Secs. 46-47); Variation and extension of orders (Secs. 48-51); Review of orders (Secs. 52-55); Compensation (Secs. 56-57ZA); Recall of orders granted in absence (Sec. 57A); Appeals (Secs. 57B-61); Breach of orders and offences (62-65A); and Procedures (Sec. 66)).

Part 5. Public health functions of local authorities (comprising the following rubrics: Facilities for disinfection etc. (Sec. 67); Disinfection etc. of premises and things (Secs. 68-74); Offences (Sec. 75); Recovery of expenses (Sec. 76); Compensation (Sec. 77); Appeals (Secs. 78-80); and Existing functions (Sec. 81)).

Part 6. Mortuaries etc. (comprising the following rubrics: Provision of mortuaries (Secs. 82-84); and Protection of public from risks arising from bodies (Secs. 86-88)).

Part 7. International travel (Sec. 89). The Scottish Ministers are empowered to make regulations for the purposes of or in connection with giving effect to the International Health Regulations (IHR) and any other international agreements relating to the spread of infectious disease or contamination, so far as they have effect in or as regards Scotland. These regulations may provide for such matters as: the medical examination, detention, and quarantine of persons; the requirement of persons to provide information relating to health; the detention of vehicles; prohibitions or restrictions on the entry and departure of persons or things; the inspection, testing, detention, or destruction of things; the disinfection, disinfestation, or decontamination of persons, vehicles, or things; the imposition of obligations on masters of ships, pilots of aircraft, other persons on board vehicles, or owners and managers of ports and airports; and offences and penalties.

Part 8. Regulation of provision of sunbeds (comprising the following rubrics: Offences (Secs. 90-90F); Enforcement (Secs. 90G-90M); and Interpretation (Sec. 90N).

Part 9. Statutory nuisances (Secs. 91-96).

Part 10. General and miscellaneous (Secs. 97-108).

There are three Schedules. Schedule 1 is entitled "Lists of notifiable diseases and notifiable organisms".

Index by subject and IHR (2005) article of above legislation and other instruments

This index lists instances where the above legislative and other instruments refer to IHR (2005) articles or subjects.

The listings are organized as follows: States Parties are listed in alphabetical order within each topic, followed immediately by the number of the respective instrument referenced in this document. Then, when applicable and available, the section specifically referring to the IHR (2005) topic within the instrument is stated in parentheses.

Allocations of responsibility for IHR (2005) implementation within government

Australia 2.2;
Belgium 3.2 (Annex);
Brazil 4.2 (Secs. 1-7);
Colombia 6.1 (Sec. 33);
Colombia 6.2;
France 9.1 (Art. 2);
Germany 11.1 (Arts. 2-5);
Spain 17.1;
Sweden 18.1 (Secs. 4-9, 16-19, 24, 30), 18.2 (Secs. 3-9);
Syrian Arab Republic 19.1 (Sec. 4);
United Kingdom of Great Britain and Northern Ireland 19.17 (Part 7);

Conveyances (international aircraft, shipping, ground vehicles)

China (Hong Kong Special Administrative Region) 5.1;
Colombia 6.2;
Ireland 13.1;
Norway 14.1 (Secs. 15-17);
Sweden 18.1 (Secs. 16-23), 18.3 (Secs. 5-14, Annexes 2-4);
United Kingdom of Great Britain and Northern Ireland 20.1, 20.2, 20.3, 20.4, 20.5, 20.6, 20.7, 20.8, 20.9;

Core capacity requirements (surveillance, response and designated ports of entry)

Argentina 1.1 (Annex);
Australia 2.1 (Secs. 30-60);
Colombia 6.1;
Germany 11.1 (Art. 4);
Iceland 12.1;
Norway 14.1;
Spain 17.1;
Sweden 18.1, 18.2, 18.3, 18.4;
Syrian Arab Republic 19.1;
United Kingdom of Great Britain and Northern Ireland 20.1, 20.2, 20.3, 20.4, 20.5, 20.6, 20.7, 20.8, 20.9;

International travellers (persons): applying health measures and protections (including human rights)

Australia 2.1 (Secs. 16-17);

China (Hong Kong Special Administrative Region) 5.1;
Georgia 10.1;
Norway 14.1 (Sec. 14);
Spain 17.1;
Sweden 18.1 (Secs. 1-3, 14-19), 18.2 (Sec. 6);

International goods, containers and container loading areas

Norway 14.1 (Secs. 15-16);
Spain 17.1;
Sweden 18.1 (Secs. 4-9, 14-21);
United Kingdom of Great Britain and Northern Ireland 20.1;

Instruments which reproduce the text of the IHR in full

Belgium 3.1;
Costa Rica 7.1;
Finland 8.1;
France 9.1;
Germany 11.1;
Portugal 16.1;
Spain 17.3;

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Colombia 6.1 (Secs. 33-34);
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Germany 11.1 (Art. 1);
Iceland 12.1 (Art. 13);
Norway 14.1 (Chap. 1);
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Sweden 18.1 (Secs. 14-19);

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