

## **CHAPTER 1. INTRODUCTORY PROVISIONS**

### **§ 1-1 The purpose of the Act**

The purpose of this Act is to protect the population from communicable diseases by preventing their occurrence and hindering them from spreading among the population, and by preventing such diseases from being brought into Norway or carried out of Norway to other countries.

The Act shall ensure that the health authorities and other authorities implement the measures necessary to control communicable diseases and coordinate their efforts to control such diseases.

The Act shall safeguard the legal rights of individuals who are affected by the measures to control communicable diseases pursuant to the Act.

### **§ 1-2 The scope of the Act**

The provisions of the Act relating to services and measures shall apply to every person residing in Norway.

The Ministry may issue regulations which limit application of the Act in respect of persons who are not Norwegian nationals, or who are not domiciled in Norway. The Ministry may also issue regulations to the effect that the Act shall apply to persons who are residing abroad, but who have a connection with Norway.

The Ministry may issue regulations concerning application of the Act on Svalbard, Jan Mayen and the Continental Shelf, and on Norwegian vessels and aircraft wherever they may be.

The provisions of this Act shall apply subject to such limitations as are recognised in international law or which derive from any agreement made with a foreign State.

The King may issue rules governing implementation of agreements with a foreign State concerning matters that fall within the scope of this Act.

### **§ 1-3 Definitions**

For the purpose of this Act, the following expressions shall mean:

1. communicable disease: a disease or carrier state which is caused by a microorganism (infectious agent) or part of such microorganism or by a parasite which can be transmitted between people. Diseases caused by toxins from microorganisms shall also be regarded as communicable diseases.
2. an infected person: a person who has a communicable disease specified in sub-section 1. In the case of chronic infectious diseases, a person shall be regarded as infected only when he or she is contagious or displays such signs of active disease as to indicate that the person may be contagious. A person shall also be regarded as infected when there is reason to assume, after examination by an expert, that the said person is infected.
3. communicable disease that is hazardous to public health: a disease which is particularly infectious, or which may occur frequently, or have high mortality or may result in serious or permanent injuries, and which

- a) usually leads to long-term treatment, possibly hospitalization, long-term sick leave or convalescence, or
  - b) may become so widespread that the disease becomes a significant hazard to public health, or
  - c) constitutes a particular hazard because there are no effective preventive measures or curative treatment for the disease.
4. serious outbreak of a communicable disease that is hazardous to public health: an outbreak or risk of an outbreak which requires particularly comprehensive measures. In case of doubt, the Norwegian Board of Health may decide when a serious outbreak of a communicable disease that is hazardous to public health has occurred.
- The Ministry shall by regulations determine which communicable diseases shall be regarded as hazardous to public health.

## **CHAPTER 2. INFORMATION TO INFECTED PERSONS. EXCEPTIONS FROM THE STATUTORY DUTY OF SECRECY, DUTY TO REPORT AND GIVE NOTIFICATION**

### **§ 2-1 Information and individual infection control guidelines**

The examining or treating medical practitioner shall at the earliest opportunity give a person infected with a communicable disease that is hazardous to public health

- a) information concerning the disease the medical practitioner believes the infected person to have, its infectivity and modes of transmission, and concerning the Acts and regulations which apply.
- b) special infection control guidelines concerning what the infected person can do to prevent the disease from being transmitted to others (individual infection control guidelines).

If the infected person is under 12 years of age or a person over 16 years of age who due to mental illness, other psychological disorders, senile dementia, mental retardation or physical disability cannot safeguard his own interests with regard to the risk of infection, both the infected person and, notwithstanding the medical practitioner's statutory duty of secrecy, those who are responsible for the care of the infected person, shall be entitled to information and individual infection control guidelines pursuant to the first paragraph.

If the infected person is between 12 and 16 years of age, both the infected person and, notwithstanding the medical practitioner's statutory duty of secrecy, those who are responsible for the care of the infected person, shall be entitled to information and individual infection control guidelines. Information must not however be given to those who are responsible for such care if the infected person or others who are aware of the infected person's situation object to this being done and the medical practitioner is of the opinion that the objections should be respected.

The substance of the information and the individual infection control guidelines which the medical practitioner gives to the infected person shall be recorded in the patient's case records.

### **§ 2-2 Certain exceptions from the duty of secrecy**

When it is highly probable that there is or has been a risk of a communicable disease that is hazardous to public health being transmitted by an infected person, and when in the

interest of communicable disease control there is a need to provide information that is subject to the duty of secrecy, the medical practitioner shall as far as possible seek to obtain the cooperation or consent of the infected person so that the necessary information may be given.

If it is impossible to obtain sufficient cooperation from or the consent of the infected person, information may be given regarding status of infectivity and other essential information notwithstanding the statutory duty of secrecy. The medical practitioner may give such information to

- a) health care workers who are responsible for following up the patient or who are responsible for ensuring that other health care workers, other patients or visitors are not infected, when it is highly probable that the health care workers, patients or visitors are in danger of being infected with a communicable disease that is hazardous to public health,
- b) another medical practitioner in connection with tracing the source of infection pursuant to Section 3-6,
- c) any person who in all probability is in danger of being infected with a communicable disease that is hazardous to public health,
- d) any person who in all probability has been in danger of being infected with a communicable disease that is hazardous to public health, when the information may prevent the disease from being transmitted to others, or is crucial to the initiation of medical treatment of the person who has been exposed to infection, or
- e) any person who in all probability has been in danger of being infected with a communicable disease that is hazardous to public health because the infected person has behaved in a blameworthy manner.

If the risk of transmission pursuant to littera c) is imminent and obvious, the information shall be given, unless the medical practitioner knows that another medical practitioner will provide the information or that those who are to have the information have already been apprised of it.

If the medical practitioner is in doubt as to whether the information should be given pursuant to the second paragraph, the medical practitioner may submit the question to the municipal medical officer for comment. If the medical practitioner refuses to provide information, any person wishing to have the information pursuant to the second paragraph or the municipal medical officer may submit the matter to the county medical officer, who may decide that the information shall be given.

When information is given on the basis of the provisions in the second paragraph, the medical practitioner shall inform the infected person in writing that such information has been provided.

If the conditions in the first and second paragraph are satisfied, a dentist, midwife or nurse may give necessary information to the infected person's medical practitioner or to the municipal medical officer.

Health care workers who receive information pursuant to this section shall have the same duty of secrecy as the person who provides the information.

When this is necessary to implement measures or to gain an overview and control of communicable diseases, the municipal medical officer, the county medical officer or the Norwegian Board of Health may demand information from public sources or private health services notwithstanding the statutory duty of secrecy.

### **§ 2-3 The duty of medical practitioners to report cases. The duty of nurses and midwives to give notification.**

A medical practitioner who discovers that a person is infected has a duty to report the case in accordance with regulations laid down pursuant to the fourth paragraph, notwithstanding the statutory duty of secrecy. A nurse or a midwife who in the course of her activities discovers that a person is infected has a duty to give notification in accordance with regulations laid down pursuant to the fourth paragraph, notwithstanding the statutory duty of secrecy.

Any person who pursuant to the first paragraph receives information which is subject to the duty of secrecy has the same duty of secrecy as the person who provides the information.

When a medical practitioner who has a duty to report pursuant to the provision in the first paragraph submits a report identifying a person, the medical practitioner shall inform the person concerned whom the reports will be given to and what they will be used for.

The Norwegian Board of Health shall by regulations issue further provisions concerning who shall report or give notification, and which communicable diseases shall be subject to report or notification. Provisions shall also be laid down in the regulations concerning the form and content of and time-limit for reports and notifications. Among other things, special report/notification forms shall be established and it shall be determined who may or shall receive reports and notification. Provisions shall also be laid down regarding the recording, erasure and storage of the information reported, etc.

Regulations issued pursuant to the fourth paragraph may only stipulate that information shall be given which can identify a person when the information is necessary to monitor the disease, prevent its occurrence or hinder it from spreading, or to implement measures pursuant to the Act.

The Norwegian Board of Health may also issue regulations prescribing the duty to report side-effects of preventive measures, examination, treatment and other measures pursuant to the Act.

Neither private nor public bodies may implement systems for the reporting of communicable diseases in humans without the consent of the Norwegian Board of Health. This shall not apply to internal systems.

## **CHAPTER 3. EXAMINATIONS AND VACCINATION**

### **§ 3-1 Examination of the population**

When this is crucial in order to be able to judge which preventive measures or examinations, treatment or nursing measures are necessary to prevent the occurrence of a communicable disease or hinder it from spreading, the Ministry may by regulations determine that the population or particular groups of it shall have a duty to undergo x-ray examinations, tuberculin tests, blood tests, or other comparable tests that can be carried out without danger.

Such a duty as stated in the first paragraph may not include endoscopies, biopsies, spinal punctures or other similar examinations/interventions.

If the infected person is under 16 years of age or a person over 16 years of age who due to mental illness, other psychological disorders, senile dementia, mental retardation or physical disability is unable to look after his own interests, the person responsible for the care

of the infected person shall ensure that the latter fulfils the duties pursuant to the first paragraph.

### **§ 3-2 Prior examination of applicants for jobs or admittance to an educational institution, examination of employees and persons enrolled in an educational institution**

When infected persons may constitute a serious risk of transmission of a communicable disease in their work or their activity and when so required to control communicable diseases, the Ministry may by regulations prescribe

- a) that applicants for jobs or for admittance to an educational institution shall undergo examination as stated in section 3-1 prior to their appointment or admittance.
- b) that employees or pupils and students shall undergo such examinations.

### **§ 3-3 Prior examination of patients**

A health institution may require that a patient shall submit to a prior examination in respect of a communicable disease, before a diagnostic examination is carried out, and before the patient receives treatment or care. Such an examination may not be established as a routine procedure for all patients and may not encompass endoscopies, biopsies, spinal punctures or other similar examinations or interventions.

A prior examination may only be required when such a disease will necessitate extraordinary preventive measures due to the risk of transmission to other patients or to the staff, and provided the measures can provide significantly greater security against transmission of infection or entail significant relief or savings for the health service.

Prior examination pursuant to the first paragraph must not cause a serious delay in the treatment of the patient, or cause him or her to be exposed to risk or to unreasonable inconvenience.

Decisions regarding prior examination may be appealed to the county medical officer.

### **§ 3-4 Examination of pregnant women**

The Ministry may issue regulations regarding the duty of pregnant women to submit a blood sample or undergo necessary examinations that involve no risk, when the purpose of the examination is to determine whether there is reason to implement measures to prevent a communicable disease that is a hazard to public health from being transmitted to the children.

### **§ 3-5 The duty of the medical practitioner to examine infected persons**

Medical practitioners shall be especially attentive to the possibility that patients may have a communicable disease that is hazardous to public health. A medical practitioner who suspects that a patient has such a disease shall, with the consent of the patient, carry out or initiate such examinations as are necessary to ascertain if such a disease is present. In such case the medical practitioner shall immediately and in consultation with the infected patient make every effort to prevent the disease from being transmitted to others.

If there is any doubt pursuant to the first paragraph, the medical practitioner shall contact the municipal medical officer, notwithstanding the statutory duty of secrecy. If the medical practitioner contacts the municipal medical officer, the latter shall take over further clarification and follow-up if the first medical practitioner proves not to have the necessary qualifications for the task.

A medical practitioner has a duty to examine an infected person, take a blood test or carry out other necessary examinations, when the national commission for communicable disease control has made a decision pursuant to § 5-2 and the examination may be carried out at no risk.

### **§ 3-6 The duty of the medical practitioner to trace contacts**

A medical practitioner who has certain knowledge or a suspicion of a communicable disease that is hazardous to public health and that is due to the transmission of infection from one person to another shall trace contacts if this is feasible and necessary in order to control the communicable disease. In such cases the medical practitioner shall ask the infected person from whom the infection may have been transmitted, when and in what way the transmission may have taken place and to whom he or she may have transmitted the infection.

If the conditions pursuant to the first paragraph are satisfied, the medical practitioner, possibly through the infected person, shall contact those from or to whom the infection may have been transmitted and examine them. This duty ceases to apply if the infected patient or those whom he or she cites as sources of infection or potentially infected persons prove that the persons in question have already been examined or are receiving the necessary treatment or care.

If the medical practitioner is unable to trace and follow up potentially infected persons pursuant to the first and second paragraphs, the medical practitioner shall, notwithstanding the statutory duty of secrecy, notify the municipal medical officer of this if this is necessary in the interest of controlling a communicable disease. The medical practitioner shall then also provide information concerning persons with whom the infected person has been in contact. The same shall apply if the medical practitioner has reason to assume that an infected person is not following the individual infection control guidelines provided by the medical practitioner pursuant to section 2-1. The medical practitioner shall always contact the municipal medical officer when there is suspicion of a communicable disease that is hazardous to public health which is caused by an environmental source of infection, for instance a disease caused by the transmission of infection from drinking water, foodstuffs or animals.

If a medical practitioner contacts the municipal medical officer pursuant to the third paragraph, the municipal medical officer shall take over further clarification and follow-up if the first medical practitioner proves to lack the necessary qualifications for the task.

If the municipal medical officer is informed of an infected person who resides or is staying outside the municipality, the municipal medical officer shall, notwithstanding the statutory duty of secrecy, give the information to the municipal medical officer in the municipality where the infected person resides or is staying, if this is necessary in order to control a communicable disease.

### **§ 3-7 Survey and methodological testing**

Available blood, serum and other human biological material may not be analysed in respect of a communicable disease for a non-diagnostic purpose without the consent of the person from whom the sample derives.

Laboratories and institutions may, however, carry out surveys using available sample material as specified in the first paragraph without the consent of those who have given the samples if the purpose of the survey is to:

- monitor the development of an epidemic which is spreading among the population, or
- shed light on the occurrence of a communicable disease in the population or a part of it, or
- judge whether and, if so, how well the population is protected against a communicable disease against which it is vaccinated,

and the result of the survey is of significance for efforts to control communicable diseases.

Laboratories and institutions may also carry out methodological testing using available sample material as specified in the first paragraph without the consent of those who have given the samples if the purpose of the testing is to develop new methods or improve existing methods for the identification and description of a communicable disease.

The Norwegian Board of Health may order a laboratory or an institution to carry out surveys as specified in the second paragraph when this is deemed necessary for the control of a communicable disease.

The Norwegian Board of Health may by regulations issue further provisions relating to the implementation of surveys pursuant to this section, and to the use of the results, including the duty of laboratories and institutions to report analysis findings notwithstanding the statutory duty of secrecy.

### **§ 3-8 Vaccination and immunization of the population**

The Ministry shall establish a national programme for vaccination against communicable diseases. The municipal health services shall offer this programme to the population.

When it is essential for the prevention of a serious outbreak of a communicable disease that is hazardous to public health, the Ministry may by regulations prescribe that the population or parts of it shall have a duty to be vaccinated.

In the event of a serious outbreak of a communicable disease that is hazardous to public health, the Ministry may by regulations decide that persons who are not vaccinated

- a) shall stay within specific areas,
- b) shall not be allowed to participate in organized assemblies with others, for instance in childcare centres, schools, meetings or means of transport,
- c) shall take necessary precautions as further decided by the municipal medical officer.

When, in the event of a serious outbreak of a communicable disease that is hazardous to public health, it is necessary to vaccinate the population or parts of it at once in order to prevent significant impairment of public health, the Norwegian Board of Health may order vaccination pursuant to the second paragraph and measures pursuant to the third paragraph.

The Norwegian Board of Health may by regulations prescribe that health care workers, notwithstanding the statutory duty of secrecy, shall provide information necessary for the implementation of a control system based on vaccination registers, and lay down rules for such registers.

### **§ 3-9 Regulations relating to examinations and vaccinations**

The Ministry may issue regulations governing the detailed implementation of measures to control communicable diseases pursuant to sections 3-1, 3-2, 3-3, 3-4 and 3-8, second and third paragraphs, including regulations regarding

- a) which population groups shall be covered by the measures, and regarding exemption,
- b) who may grant exemptions, and regarding supervision of implementation of the measures,
- c) the fact that certain examinations and vaccinations must only be carried out by specially approved health care workers, regarding who may grant approval, and regarding the training workers must undergo in order to obtain such approval,
- d) the duty of health care workers to carry out or assist in examinations and vaccinations,
- e) the fact that examinations or analyses shall be effected as decided by the Norwegian Board of Health, and that they must be carried out by a person approved by the Norwegian Board of Health,
- f) who shall cover the costs of the measures.

## **CHAPTER 4 OTHER MEASURES TO CONTROL COMMUNICABLE DISEASES**

### **§ 4-1 Prohibition against assembly, closure of establishments, curtailment of communication, isolation and removal of source of infection**

When it is necessary to prevent the occurrence of a communicable disease that is hazardous to public health or to prevent it from spreading, the municipal council may decide to

- a) prohibit meetings and gatherings or impose other limitations on social contact wherever people are assembled,
- b) close establishments which assemble a number of people, such as child care facilities, schools, swimming pools, airports, shops, hotels or other companies and workplaces, or impose limitations on activities therein.
- c) stop or curtail communications,
- d) isolate persons in geographically delimited areas or impose other limitations on their freedom of movement for a period not exceeding seven days at a time,
- e) order private or public establishments to clean, disinfect or destroy objects or premises. It may also order the destruction of household pets, the extermination of rats and other vermin, delousing or other measures to remove sources of contagion.

In the event of a serious outbreak of a communicable disease that is hazardous to public health and when the swift implementation of measures is decisive to prevent the disease from spreading, the Norwegian Board of Health may make decisions as specified in the first paragraph for the entire country or for parts of the country.

If the municipal council or the Norwegian Board of Health has made a decision concerning measures pursuant to the first or second paragraph with which the person responsible does not comply, the municipal council may ensure that the measures are implemented. The municipal council may also ensure implementation of the measures when the attitude or behaviour of the person responsible may result in delayed implementation, or if it is uncertain who is responsible. Measures shall be implemented at the expense of the person responsible, and the municipality shall be liable for the claim for compensation.



When implementing measures specified in litra e), the municipal council may use and if necessary damage the property of the person responsible. When implementing measures specified in the first paragraph, litrae d) and e), the municipal council may, in return for compensation, also use or damage the property of others. It is a condition that the benefit shall be significantly greater than the damage or the inconvenience caused by the intervention.

The person who has implemented the measure shall immediately annul the decision or limit its scope when it is no longer necessary. In cases requiring urgent action, the municipal medical officer may exercise the authority of the municipal council pursuant to this section.

The Norwegian Board of Health may by regulations issue further provisions concerning the various measures, including the establishment of criteria as regards the methods and means to be used and as regards the qualifications of the persons who are to implement the measures. Provisions may also be laid down by regulations concerning the duty to implement as necessary the measures specified in the first paragraph, litra e).

#### **§ 4-2 Prohibition against the performance of work, etc.**

A person infected with a communicable disease that is hazardous to public health who, through his work or participation in education, constitutes a serious risk that the infection will be transmitted to others, may be prohibited from performing this work or from participating in education for a period not exceeding three weeks if this is necessary for the control of communicable diseases. The prohibition may be extended for a period not exceeding three weeks by means of a new decision.

Decisions pursuant to the first paragraph shall be made by the municipal medical officer together with the medical practitioner appointed by the county pursuant to the third paragraph of section 7-3.

The county medical officer shall make decisions on appeals against decisions. If the medical practitioners who are to make decisions pursuant to the second paragraph disagree, the county medical officer shall take part in the decision. The Norwegian Board of Health shall make a decision on the appeal when the county medical officer has been involved on the first occasion. An appeal will not have the effect of postponing implementation of decisions pursuant to this section.

When, through their work or participation in education, infected persons may constitute a serious risk that the infection will be transmitted to others, the ministry may by regulations prescribe that infected persons shall be prohibited from performing specific work or parts of said work or from participating in education.

#### **§ 4-3 Quarantine provisions**

The King may lay down regulations to prevent communicable diseases from being brought into the country or spread to other countries (quarantine measures), including provisions regarding measures in respect of persons, animals, means of transport, goods and objects which may conceivably transmit communicable diseases. In the regulations the King may also establish further requirements as regards examinations, removal of sources of contagion and documentation in connection with entry into and departure from Norway and in connection with the import and export of goods.

#### **§ 4-4 Transport of infectious material**

The import, transport and other handling of infectious material that may transmit infection to people shall take place in a proper manner, so as to minimize the danger of infection.

The Norwegian Board of Health may by regulations prescribe limitations and other detailed provisions concerning the import, transport and other handling of infectious material which may constitute a danger of a communicable disease being transmitted to people.

#### **§ 4-5 Autopsy**

The municipal medical officer may decide that a deceased person with a communicable disease that is hazardous to public health shall be autopsied if this is necessary to determine the nature of the disease or to demonstrate the presence of other conditions of which it is important to be aware in order to prevent the occurrence of such a disease or prevent it from spreading.

In the event of a serious outbreak of a communicable disease that is hazardous to public health, the State shall bear the costs of the autopsies ordered.

#### **§ 4-6 Funerals and the transport of corpses**

In the event of a serious outbreak of a communicable disease that is hazardous to public health, the municipal council may order that precautions shall be taken in connection with funerals, including decisions that deceased persons shall be cremated, or that other special measures shall be implemented in connection with funerals.

The Norwegian Board of Health may by regulations lay down provisions concerning the transport of corpses within the country and to and from other countries, and lay down provisions regarding hygiene in connection with funerals, including minimum and maximum standards of packing and regarding which information the transport company, funeral parlour and others have the right to receive.

#### **§4-7 Hospital infections**

The Ministry may by regulations lay down provisions regarding measures to prevent hospital infections. In the regulations provisions may be laid down for health care workers and owners of establishments which are engaged in medical examinations, treatment or care, in order to prevent the occurrence of infections or prevent patients, employees or others from becoming infected. Special provisions may be laid down regarding protection against infection for patients who have impaired immunity, including provisions to the effect that such patients may be examined, treated or nursed only at institutions approved by the ministry.

#### **§ 4-8 The media - duty to provide information**

In the event of a serious outbreak of a communicable disease that is hazardous to public health, the Norwegian Board of Health may order any domestic medium to include announcements to the entire population or to limited population groups.

Anyone who has communicated an announcement pursuant to this provision shall be entitled to compensation.

An appeal will not have the effect of postponing implementation of the decision.

#### **§ 4-9 The duty of health care workers to undergo training, follow professional guidelines and implement measures**

When so ordered by the municipal council, health care workers in the municipal health service shall have a duty to undergo necessary training so as to be able to participate in the special tasks required by the efforts to control communicable diseases.

In the event of a serious outbreak of a communicable disease that is hazardous to public health, health care workers who have undergone the necessary training shall have a duty to participate in and carry out necessary tasks related to the control of communicable diseases in accordance with the further decision of the municipal council.

Health care workers shall have a duty to follow the order of the Norwegian Board of Health pursuant to section 7-10 to the effect that a communicable disease that is hazardous to public health shall be prevented, examined, treated or nursed according to specific professional guidelines, or that examinations or analyses shall be performed in the manner decided by the Norwegian Board of Health or that they must only be performed by a person who has been approved by the Norwegian Board of Health.

A medical practitioner in the municipal health service shall have a duty to take part in efforts to prevent the occurrence of a communicable disease that is hazardous to public health and in the examination and treatment of a person who has been infected with such a disease, when this is necessary and pursuant to a decision by the municipal council.

#### **§ 4-10 The duty of other authorities to provide information and assistance**

Officials in the police force, the Norwegian Ship Control, the pilotage authority, the customs authority and the port authority, at airports, in the food control authority and the veterinary authority shall have a duty to pay special attention to communicable diseases. They shall have a duty to assist with implementation of and compliance with the provisions contained in this Act or in the Municipal Health Service Act, or issued pursuant to these Acts.

Officials pursuant to the first paragraph shall, notwithstanding the statutory duty of secrecy, notify the municipal medical officer when they have a strong suspicion of a communicable disease that is hazardous to public health or when they discover a case of such a disease. The same applies when they learn of conditions which may lead to a clear danger of such a disease spreading and help or measures from the health service are obviously necessary. If the municipal medical officer is not present, the officials shall notify the county medical officer. If the county medical officer is not present, they shall alert another medical practitioner.

Veterinaries and the veterinary authorities shall immediately notify the municipal medical officer or the county medical officer in the event of suspicion of or a case of a zoonosis.

The food control authority shall immediately notify the municipal medical officer or the county medical officer in the event of suspicion of a communicable disease which may be transmitted to people through food.

In addition to the duties pursuant to the first and second paragraphs, the police shall upon request assist with the implementation of measures pursuant to sections 4-1, 4-3, 5-2, 5-3 and 5-4.

The ministry may by regulations prescribe further duties for other authorities, including deciding who shall cover the costs of assistance.

## **CHAPTER 5. THE DUTIES OF INFECTED PERSONS - COMPULSORY MEASURES**

### **§ 5-1 The duties of a person who is infected with a communicable disease that is hazardous to public health**

Any person who has reason to assume that he himself or any person for whose care he is responsible is infected with a communicable disease that is hazardous to public health shall as soon as possible notify a medical practitioner and consult the medical practitioner for the necessary examination.

A person infected with a communicable disease that is hazardous to public health has a duty to give necessary information as to who the infection may have been transmitted from. If the disease may have been transmitted through an environmental source of infection, such as drinking water, foods or animals, the said person also has a duty to provide information concerning this. Moreover, the said person has a duty to state to whom he or she himself may have transmitted the infection. Such information shall be given to the examining medical practitioner or to the municipal medical officer.

A person infected with a communicable disease that is hazardous to public health has a duty to accept the individual infection control guidelines provided by the medical practitioner to prevent the disease from being transmitted to others and a duty to let himself be placed in isolation if necessary.

### **§ 5-2 Compulsory medical examination - hospitalization for examination and short-term isolation**

When necessary to prevent the occurrence of a communicable disease that is hazardous to public health or prevent it from spreading, the medical practitioner or the municipal medical officer, if applicable, shall request an infected person to submit to a medical examination.

If an infected person opposes being examined pursuant to the first paragraph, a decision may be made to hospitalise the said person for a medical examination and short-term isolation, if applicable. Such compulsory medical examination or short-term isolation may only be implemented to ascertain whether there is an occurrence of a communicable disease that is hazardous to public health, and this is necessary to prevent such a disease from spreading to others and provided the examination may take place at no risk. A decision may be made for compulsory isolation for a period not exceeding seven days.

When it is justifiable to carry out a medical examination without hospitalization out of consideration for the infected person or those who are to perform the examination, the examination may be carried out at an out-patient clinic or at another suitable place.

Before a decision regarding compulsory medical examination or short-term isolation is made, the infected person shall be notified so that he or she has an opportunity to make a statement concerning the issue. Notification may be omitted when it is not practically feasible or when it will entail a risk that examination or isolation cannot be carried out.

Decisions pursuant to the second and third paragraphs shall be made by the national commission for communicable disease control, see sections 7-5, 7-6, 7-7 and 7-8, pursuant to the rules of sections 5-5, 5-6 and 5-7. See, however, section 5-8 regarding urgent decisions. Submitting the decision to the district or city court shall not have the effect of postponing implementation.

### **§ 5-3 Compulsory isolation in hospital**

When it is necessary to prevent the occurrence of a communicable disease that is hazardous to public health or to prevent it from spreading, the medical practitioner, or the municipal medical officer, if applicable, shall ask an infected person to submit to isolation.

If an infected person opposes isolation pursuant to the first paragraph and other measures which may prevent the occurrence or spread of the disease have been tried or if it is highly probable that such measures will not be effective, a decision may be made to the effect that the said person shall be placed in isolation in a hospital. Such compulsory isolation may only be carried out if, after overall evaluation, this is clearly the most justifiable course of action in relation to the risk of the disease being transmitted and to the strain the compulsory measure is likely to entail, and it is highly probable that other persons will otherwise be infected.

Decisions pursuant to this section may be made for a period not exceeding three weeks. The period of isolation may be extended by a new decision for a period not exceeding six weeks at a time for up to one year as from the first decision.

In connection with extension of the period of isolation, a decision may be adopted to implement compulsory drug therapy when this may significantly reduce the period of isolation. Compulsory drug therapy may only be implemented when it may render an infected person non-infectious and involves no risk or major discomfort. The Norwegian Board of Health may by regulations lay down further provisions regarding such treatment.

Decisions regarding compulsory isolation in hospital and drug therapy shall be made by the national commission for communicable disease control, see sections 7-5, 7-6, 7-7 and 7-8, pursuant to the rules of sections 5-5, 5-6 and 5-7. Bringing the decision before the district or city court shall not have the effect of postponing implementation. The compulsory decision shall be annulled by the head physician of the department as soon as the conditions for hospitalization are no longer present. The national commission for communicable disease control shall be alerted as soon as possible, and not later than three days before the infected person is discharged.

### **§ 5-4 Implementation of isolation in a hospital**

Hospitalization for compulsory examination and short-term isolation pursuant to section 5-2 or isolation pursuant to section 5-3 shall take place in a suitable hospital

department or ward. The department or ward shall be specially adapted to accommodate infected persons so that they may receive the medicinal treatment and care that will make their period of isolation as short as possible.

During the period of isolation care-related and security measures may be taken to ensure effective isolation. The measures shall be limited to what is absolutely necessary in relation to the risk of the spread of infection. As far as possible the patient shall be enabled to live as normally as possible and have contact with close relatives.

When special conditions so require, infected persons may be isolated in other institutions approved by the Norwegian Board of Health.

The ministry may by regulations prescribe further requirements as regards the physical and professional conditions at hospitals and other institutions used for isolation.

### **§ 5-5 Preparation for coercive proceedings by the national commission for communicable disease control**

A case concerning a decision pursuant to sections 5-2 or 5-3 commences with the preparation by the municipal medical officer of a proposal for a measure pursuant to the relevant section. In the proposal an account shall be given of the circumstances on which the municipal medical officer is basing the proposed measure.

The proposal shall be submitted to the county medical officer, who shall immediately send it to the national commission for communicable disease control.

The Norwegian Board of Health may itself bring a case before the commission.

### **§ 5-6 Appointment of a legal representative for the infected person, etc.**

If the infected person has not already engaged a lawyer, the chairman or secretariat of the national commission for communicable disease control shall ensure that a lawyer is appointed for him or her. The lawyer shall immediately be apprised of the proposal and the appended documents, and if possible shall be given a time limit for written submission, presentation of documents, and information as to which witnesses the lawyer wishes to call.

The limitations on the infected person's right to see the case documents that are laid down in section 19, first paragraph, litra c) of the Public Administration Act and the limitations on the infected person's right of access to his medical records with appendices which are laid down with regard to right of access, shall not apply when the national commission for communicable disease control has been requested to adopt a decision pursuant to the Act.

### **§ 5-7 Decision and grounds**

The national commission for communicable disease control shall convene as soon as possible to discuss the case. The meeting of the commission may be attended by a representative of the person who has requested the coercive decision and the infected person's lawyer. If any of the parties so desire, they shall be given an opportunity during the meeting to call witnesses and to present other material which it has not been possible to present during the preparation of the case.

The decision shall be made immediately after discussions in the national commission for communicable disease control have been concluded. The rules of the Civil Procedure Act concerning the substance and grounds of judgments shall apply correspondingly.

In notification of the decision, special attention shall be drawn to the right to have decisions reviewed pursuant to section 5-9.

### **§ 5-8 Urgent decisions**

Urgent decisions pursuant to section 5-2 may be made by the municipal medical officer together with the medical practitioner appointed by the county pursuant to section 7-3, third paragraph. If they do not agree, section 4-2, third paragraph, shall apply correspondingly.

An urgent decision pursuant to section 5-2 may only be made if the interests which the decision shall safeguard may be significantly prejudiced if the decision is not made or implemented immediately.

### **§ 5-9 Review of coercive decision**

The decision of the national commission for communicable disease control may be brought before the district or city court pursuant to the rules of section 9-10, first, second, fourth and fifth paragraphs of Act No. 81 of 13 December 1991 relating to social services, etc. This also applies to urgent decisions pursuant to section 5-8.

## **CHAPTER 6 RIGHT TO ASSISTANCE WITH COMMUNICABLE DISEASE CONTROL**

### **§ 6-1 Right to assistance with communicable disease control**

Everyone is entitled to necessary assistance with communicable disease control. Such assistance is to be regarded as part of the right to medical assistance, cf. section 2-1 of the Act relating to municipal health services and section 6 of the Hospital Act.

Any person who there is reason to assume, after a professional evaluation, is in danger of being infected with a communicable disease that is hazardous to public health is entitled to necessary assistance with communicable disease control in the form of vaccination, information and other necessary preventive assistance. A person infected with a communicable disease that is hazardous to public health is entitled to medical evaluation and diagnosis, treatment, care and other necessary assistance with communicable disease control. Assistance as specified in this paragraph may not be denied on the grounds that there are no funds in adopted budgets to cover the costs.

Any person seeking assistance with communicable disease control may appeal the decision to the county medical officer where he or she believes an error has been committed. Relatives also have the right to appeal.

The ministry may issue regulations to supplement this provision, also regarding assistance with protection against other communicable diseases.

### **§ 6-2 Free services and measures**

The ministry may decide that services or measures pursuant to the Act shall be free of charge for any person who is in danger of being infected with communicable diseases, or who is already infected.

## **CHAPTER 7. ADMINISTRATIVE AGENCIES AND THEIR AUTHORITY**

### **§ 7-1 The responsibilities of the municipality**

With regard to communicable diseases, the municipality shall ensure that the necessary preventive measures, opportunities to be examined, treatment and care outside an institution and care in a nursing home or other municipal health institution are available to everyone domiciled or temporarily residing in the municipality.

The municipality shall also carry out the tasks related to control of communicable diseases that are prescribed by this Act or by provisions pursuant to this Act, including

- obtain an overview of the nature and extent of communicable diseases occurring in the municipality;
- provide information on communicable diseases and offer advice and guidance with regard to preventive measures;
- ensure that individual preventive measures are effected;
- ensure that other measures pursuant to this Act or to the Act relating to municipal health services are effected.

A special section of the plan for the municipal health service shall be devoted to measures and services to prevent communicable diseases or prevent them from spreading. The municipal health service shall cooperate with authorities whose sphere of responsibility is relevant to the measures.

The municipality shall exercise supervision and ensure that the rules of this Act are complied with and that decisions pursuant to this Act are implemented.

When effecting measures pursuant to sections 3-1 and 3-8, the municipality may, subject to compensation, use and if necessary damage the property of other persons.

### **§ 7-2 The responsibilities of the municipal medical officer**

The municipal medical officer shall carry out the tasks related to control of communicable diseases prescribed by this Act. In municipalities where there are several municipal medical officers, the municipal council shall designate one of them to carry out these tasks. A deputy should also be designated. In large urban municipalities with urban district administrations, the municipal council shall designate a physician to carry out the tasks of the municipal medical officers which affect the entire municipality or large areas of it.

The municipal medical officer shall:

- a) prepare a draft plan for the work of the health service related to control of communicable diseases, including contingency plans and measures, and organize and direct this work ;
- b) keep regularly informed of the epidemiological status of communicable diseases in the municipality;
- c) prepare proposals for preventive measures for the municipality;



- d) assist the municipality, health care workers and others in the municipality who are responsible for tasks related to control of communicable diseases;
- e) provide the population with information and advice regarding control of communicable diseases;
- f) execute all other tasks ensuing from this Act or from provisions laid down pursuant to this Act, and help to ensure that effective measures are implemented to prevent the occurrence of communicable diseases and prevent them from spreading.

The Ministry may lay down regulations prescribing that the municipal medical officer shall also have other tasks, and state the specific nature of each task.

### **§ 7-3 The responsibilities of the county**

With regard to communicable diseases, the county shall ensure that all necessary examinations by specialists, laboratory tests, out-patient treatment and hospital treatment, proper isolation in a hospital, and other specialized health services are available to the population of the county.

A special section of the plan for the county health service shall be devoted to measures and services to prevent communicable diseases or prevent them from spreading.

The county shall also appoint a hospital physician who can make decisions pursuant to sections 4-2 and 5-8 in cooperation with the municipal medical officer.

### **§ 7-4 The tasks of the county medical officer**

The county medical officer shall pay special attention to communicable diseases that are hazardous to public health, and shall keep the Norwegian Board of Health informed of the situation in the county. Cf. Act of 30 March 1984 relating to the public inspection of health services.

### **§ 7-5 The sphere of authority of the national commission for communicable disease control**

Coercive implementation of measures pursuant to sections 5-2 and 5-3 of this Act shall be decided by the national commission for communicable disease control. The national commission for communicable disease control shall be the county commission on social affairs, cf. section 9-1 of the Social Services Act, which is appointed by the ministry for this task. When a serious outbreak of a communicable disease that is hazardous to public health occurs, cf. section 1-3, sub-section 4, several county commissions may be appointed as commissions for communicable disease control.

The rules of Chapter 9 of the Social Services Act shall apply unless otherwise provided by this Act. The ministry may decide that the national commission for communicable disease control shall also deal with other matters pursuant to this Act.

### **§ 7-6 The composition of the national commission for communicable disease control**

The national commission for communicable disease control shall be constituted pursuant to the rules of section 9-2 of the Social Services Act.

Before a commission is appointed, cf. first paragraph, proposals shall be obtained from the county medical officer and the county.

The members and secretariat of the national commission for communicable disease control shall have a duty of secrecy in accordance with the provisions of the Act relating to medical practitioners.

#### **§ 7-7 The secretariat of the national commission for communicable disease control**

The office of the county governor shall be the secretariat of the national commission for communicable disease control, cf. section 9-3 of the Social Services Act.

#### **§ 7-8 The composition of the national commission for communicable disease control in individual cases**

In individual cases the national commission for communicable disease control shall consist of the chairman and two members who shall be selected, one from each of the committees specified in section 7-6.

#### **§ 7-9 The National Institute of Public Health**

The National Institute of Public Health shall monitor the epidemiological status of the country as a whole and ensure that there are adequate supplies of vaccines and vaccination contingency plans. The Institute shall organize its activities so as to be able to provide expert assistance, for instance in connection with laboratory tests and other laboratory operations in the fields of microbiology, immunology and entomology.

#### **§ 7-10 The responsibilities of the Norwegian Board of Health**

The Norwegian Board of Health shall have general responsibility for supervising that municipal, county and central government activities are in accordance with this Act and with regulations or individual decisions pursuant to this Act.

By means of advice, guidance, information and decisions pursuant to this Act, the Norwegian Board of Health shall help to meet the needs of the population for services and measures in connection with communicable diseases.

When necessary to ensure the satisfactory and effective implementation of the measures under this Act, or when the activity for which the health service is responsible pursuant to this Act is inadequate, unsuitable or unsatisfactory, the Norwegian Board of Health may decide that municipalities, counties or government institutions shall organize or carry out specific services or measures, cooperate in joint efforts, or follow specific guidelines.

In the same way as provided by the preceding paragraph, the Norwegian Board of Health may prescribe that physicians, midwives, public health nurses, registered nurses and other health care workers shall follow specific professional guidelines.

### **§ 7-11 Regulations relating to organization, cooperation, tasks, distribution of costs and emergency preparedness for the control of communicable diseases**

The ministry may by regulations issue provisions concerning cooperation, and concerning which responsibility and which tasks municipalities and counties shall have pursuant to this Act, the Municipal Health Services Act and the Hospital Act in connection with communicable diseases.

The ministry may decide that Act No. 2 of 2 December 1955 relating to health-related emergency preparedness fully or in part shall apply correspondingly when this is required in order to control communicable diseases, among other things to be able to require municipalities, counties and health care workers to implement the necessary contingency measures to control communicable diseases. The ministry may by regulations lay down further provisions concerning emergency preparedness and contingency plans in connection with a serious outbreak of a communicable disease that is hazardous to public health.

### **§ 7-12 Special authority for the King**

When an outbreak of a communicable disease that is hazardous to public health threatens public health, or when there is a risk of such an outbreak and if delay entails any risk due to these circumstances, the King may issue provisions of a legislative nature to safeguard public health, and to enable measures to be taken to protect the population. If necessary, the King may deviate from the legislation in force. Sections 3 and 4 of Act of 15 December 1950 relating to special decisions during war, the threat of war and similar circumstances shall apply correspondingly.

## **CHAPTER 8. PENALTY, DAMAGES, APPEAL, ENTRY INTO FORCE AND TRANSITIONAL PROVISIONS**

### **§ 8-1 Penalty**

With the exception of breach of duties pursuant to section 5-1 or duties covered by legislation relating to health care workers, contravention of this Act or of regulations issued pursuant to the Act is punishable pursuant to the provisions of section 156 or 357 of the General Civil Penal Code.

### **§ 8-2 Damages for personal injury**

The State has a duty to compensate an injury which alone or in combination with other causes may be a result of recommended or compulsory vaccinations implemented pursuant to this Act. This duty shall apply if the State cannot prove that one or more other causes are more probable.

The State may require that damages granted by it pursuant to the first paragraph shall be covered by a person who is liable pursuant to the ordinary rules regarding damages.

Damages shall be assessed pursuant to the rules of Chapter 3 of Act No. 26 of 13 June 1969 relating to damages.

The ministry may appoint a board to deal with matters relating to damages pursuant to this Act, and may issue regulations concerning the activity of the board.

### **§ 8-3 Appeal against decisions**

The county medical officer shall decide on appeals against municipal decisions unless otherwise provided by this Act.

### **§ 8-4 Implementation and supplementation**

The ministry may issue regulations governing implementation and supplementation of this Act.

### **§ 8-5 Relationship to decisions pursuant to earlier legislation**

Regulations or individual decisions based on statutory provisions that are repealed pursuant to section 8-7 shall remain in force until they are amended or annulled pursuant to this Act.

### **§ 8-6 Entry into force, etc.**

This Act shall come into force from such time as the King will decide. In connection with the entry into force of the Act or subsequently, the ministry may establish a time limit within which all or individual municipalities or counties shall comply with the obligations imposed by the Act on municipalities or counties.

### **§ 8-7 Repeal of other Acts.**

When this Act comes into force, the following Acts shall be repealed:

1. Act of 16 May 1860 relating to health commissions and measures in connection with epidemic and communicable diseases.
2. Act of 8 May 1900 relating to special measures against tuberculous diseases.
3. Act No. 1 of 5 July 1946 relating to rat extermination.
4. Act No. 4 of 12 December 1947 relating to measures against venereal diseases.
5. Act No. 15 of 12 December 1947 relating to X-ray examination by means of photofluorography.
6. Act No. 16 of 12 December 1947 relating to tuberculin testing and vaccination against tuberculosis.
7. Act No. 1 of 19 December 1952 relating to protection against the transmission of communicable diseases from other countries, etc.
8. Act No. 2 of 26 November 1954 relating to vaccination.

## § 8-8 Amendments to other Acts

When this Act comes into force, the following amendments shall be made to other Acts:

I Act of 4 June 1898 containing certain provisions relating to the handling of corpses.

Section 3 is repealed.

II Act No. 10 of 22 May 1902 The General Civil Penal Code.

Section 154 a (new) shall read as follows:

*Any person who wilfully or negligently spreads incorrect or misleading information which may to a significant extent counteract the implementation of measures which are necessary to prevent, stop or limit serious outbreaks of communicable diseases that constitute a hazard to public health shall be liable to fines or imprisonment for a term not exceeding two years. Accomplices shall be liable to the same penalty.*

Section 155 shall read as follows:

*Any person who with just cause to believe that he is infected with a communicable disease that is hazardous to public health through negligence transmits the infection or exposes another person to the risk of infection shall be liable to imprisonment for a term not exceeding three years. Accomplices shall be liable to the same penalty. If the aggrieved person is among those closest to the offender, a public prosecution shall only be instituted at the former's request, unless this is required in the public interest.*

§ 156 shall read as follows:

*Any person who contravenes the regulations legally prescribed for the prevention or combating of contagious disease, or individual decisions made pursuant to the Act relating to the control of communicable diseases, knowing that he thereby causes a risk of the disease being introduced or generally spreading among people or livestock, shall be liable to fines or imprisonment for a term not exceeding two years, but not exceeding four years if as a result thereof any person dies or receives serious injury to body or health. Accomplices shall be liable to the same penalty. However, no penalty shall be imposed for contravention of section 5-1 of the Act relating to control of communicable diseases.*

Section 192, second paragraph, last sentence shall read as follows:

*Sexually transmitted diseases and communicable diseases that are hazardous to public health, cf. section 1-3, subsection 3, cf. subsection 1 of the Act relating to control of communicable diseases, shall always be regarded as serious injury to body or health pursuant to this section.*

Section 195, second paragraph, last sentence shall read as follows:

*Sexually transmitted diseases and communicable diseases that constitute a hazard to public health, cf. section 1-3, subsection 3, cf. subsection 1, of the Act relating to control of communicable diseases, shall always be regarded as serious injury to body or health pursuant to this section.*

Section 357, second paragraph (new) shall read as follows:

*The same shall apply to any person who contravenes decisions made pursuant to the Act relating to control of communicable diseases. However, no penalty shall be imposed for contravention of section 5-1 of the Act relating to control of communicable diseases.*

Section 358 is repealed.

III Act of 3 May 1913 relating to cremation

Section 5 is repealed.

IV Act No. 2 of 15 February 1918 relating to cottage industry

In sections 5 and 29 the municipal health and social welfare committee shall be amended to *the municipal health officer in the municipality.*

V Act No. 9 of 19 June 1936 relating to the limitation of the right of any person who is not a Norwegian medical practitioner or dentist to treat sick persons.

Section 4 shall read as follows:

*Any person who is not a Norwegian medical practitioner shall not treat sick persons, including giving treatment for communicable diseases that are hazardous to public health pursuant to the Act relating to control of communicable diseases.*

*The same shall apply to cancer, diabetes, serious forms of anemia and goitre with disease manifestations.*

VI Act No. 35 of 13 June 1980 relating to free legal aid

An addition shall be made to the third paragraph of section 22, new subsection 4 which shall read as follows:

*4) cases which shall be dealt with pursuant to chapter 6 of the Act relating to control of communicable diseases.*

VII Act No. 42 of 13 June 1980 relating to medical practitioners

Section 39 is repealed.

VIII Act No. 66 of 19 November 1982 relating to municipal health services.

Section 4a-1, new third paragraph, shall read as follows:

*In accordance with the Act relating to control of communicable diseases, cf. section 1-2 of the Municipal Health Services Act, the ministry may issue regulations to the effect that any person wishing to engage in certain kinds of activity which may cause a risk of the spread of communicable diseases must apply for permission. The regulations may, among other things, establish quality standards and threshold limits for facilities, equipment and activities and qualification requirements for personnel associated with such activities.*

Oslo, 10 June 1994.

President of the Lagting

President of the Odelsting

Secretary of the Lagting

Secretary of the Odelsting