

# **Act no. 19/1997 on Health Security and Communicable Diseases**

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).

## **Section I. Definitions**

**Art. 1.** General measures against infection are those measures which by the terms of this Act are to be applied invariably against communicable diseases.

Official measures against infection are those measures that shall be applied against dangerous communicable diseases:

1. when a risk exists of epidemics reaching Iceland, or being spread from Iceland,
2. when a risk exists of an epidemic spreading within the country,
3. when an infected individual creates a risk of the spread of infection by his/her conduct.

**Art. 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.]<sup>1)</sup>

1) Act 43/2007, Art. 1

**Art. 3.** [The Minister decides by regulations,<sup>1)</sup> 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.]<sup>2)</sup>

The term “notifiable” means that the Chief Epidemiologist must be sent non-personally-identified information. “Subject to registration” means that he must be sent personally-identified information on cases of disease.

The Chief Epidemiologist is responsible for maintaining a register of communicable diseases. [This register includes diseases, agents causing diseases and events, cp Art. 2, immunisations, cp. item 1 Art. 5, and use of antimicrobial drugs, cp. item 3 Art 5 and is intended to be of use in preventive measures and in epidemiological research.]<sup>2)</sup> The utmost confidentiality shall be maintained regarding all private information appearing in the register of communicable diseases; the register is subject to the same rules as other medical records.

The Chief Epidemiologist shall be provided with information from the medications database maintained by the Director of Health according to Art. 27 of the Medications Act and from health care institutions in order to keep a record of antimicrobial drug use. The information shall not be personally-identifiable].<sup>3)</sup>

<sup>1)</sup>Reg. 129/1999, cp. 222/2001, 447/2001, 241/2003, and 558/2004. <sup>2)</sup> Act 43/2007, Art. 2. <sup>3)</sup> Act 55/2004, Art.1.

## **Section II. Overall management of health security and communicable disease control and prevention**

**Art. 4.** The Directorate of Health shall be responsible for the implementation of communicable disease control and prevention, under the supervision of the Minister of Health.

[At the Directorate of Health a physician, the Chief Epidemiologist, shall be responsible for the health security and the measures against communicable diseases and other threats to health. The Chief Epidemiologist shall have knowledge of communicable diseases and their epidemiology.]<sup>1)</sup>

The Chief Epidemiologist shall in his work collaborate with [Chief Physicians of Health Care Centres], 2) other staff and institutions within the health care service, health committees and the Chief Veterinary Officer, as applicable.

[The Minister decides by regulations<sup>3)</sup> which Chief Physicians of Health Care Centres shall be responsible for measures against communicable diseases, under the supervision of the Chief Epidemiologist.]<sup>2)</sup>

[Chief Physicians of Health Care Centres, cp. Para 4],<sup>2)</sup> and the Chief Epidemiologist shall collaborate on the implementation of necessary infectious disease control and prevention and shall be assisted by police authorities if necessary.

<sup>1)</sup>Act 90/2000, Art. 1., <sup>2)</sup>Act 93/2002, Art. 15, <sup>3)</sup>Reg. 162/2003

**Art. 5.** The principal responsibilities of the Chief Epidemiologist are as follows:

1. To organise and co-ordinate communicable disease control and prevention and immunisations throughout the country, e.g. by publishing guidelines on how epidemics should be handled.
2. To maintain a register of communicable disease, in order to monitor the spread of communicable diseases, by gathering detailed data on their diagnosis from laboratories, hospitals and physicians.
3. [To keep a register of human use of antimicrobial drugs which may cause microorganisms to become resistant to antimicrobials.]<sup>1)</sup>
4. To promulgate information on spread of communicable diseases, within Iceland and abroad, to physicians and other health workers, regularly and as required.
5. To provide advice to physicians and other dealing with measures against communicable diseases.
6. To supervise communicable disease prevention, e.g. by promulgating information and educational material to the public on these matters.

<sup>1)</sup> Act 55/2004

**Art. 6.** The Minister shall appoint a committee of seven, the National Committee on Communicable Diseases, for a period of four years at a time. The Committee shall include specialists in the fields of communicable diseases, bacteriology, virology, sexually transmitted diseases and epidemiology/hygiene, and a community health physician and a nurse with specialist knowledge in the field of infectious disease

control. The minister shall appoint one of the members to chair the Committee. Substitutes shall be appointed on the same basis.

When the National Committee on Communicable Diseases deals with a matter that falls within the ambit of the [Environmental Agency]<sup>1)</sup>, [Radiation Agency]<sup>2)</sup> or of the [Agriculture Authority]<sup>3)</sup>, representatives of these bodies shall attend the meeting of the Committee, with a right to speak and to propose motions.

The National Committee on Communicable Diseases shall create policy on measures against communicable diseases, and shall advise health authorities on measures to prevent the spread of communicable diseases.

The Committee shall be located at the Directorate of Health, and the Chief Epidemiologist shall be the Committee's secretary.

<sup>1)</sup>Act 164/2002, Art. 26. <sup>2)</sup>Act 43/2007, Art. 3. <sup>3)</sup>Act 76/2005, Art. 51.

### **Section III. General measures against communicable disease**

#### **1. Obligations of the individual**

**Art. 7.** It is incumbent upon everyone to take all precautions against communicable disease, and to do one's best avoid to infecting oneself or others, as far as possible. Any person who has reason to believe that he/she is infected with an infectious disease that may pose a threat to others must seek medical attention without delay. Should medical tests reveal such an infection, the person must follow the instructions of the physician on treatment and measures to prevent infection.

If the physician regards it as important to trace the infection in order to prevent further spread of the disease, the patient must provide necessary information on possible sources of the infection, and on those that he/she may have infected. If the physician is unable to do this, he/she shall refer the patient to an institution that is able to trace the mode of transmission. Those involved must obey the physician's instructions on necessary tests to prevent the spread of infection from a patient.

#### **2. Obligations of physicians and other health workers**

**Art. 8.** Physicians and other health workers shall in their work be on the alert regarding communicable diseases and their spread.

**Art. 9.** A physician who discovers through his/her work that an individual is infected with a disease that is subject to registration by the provisions of this Act, or has reason to believe this is so, shall immediately inform...<sup>1)</sup> the Chief Epidemiologist.

Directors of laboratories, hospital departments and other health institutions are subject to the same obligation. Laboratories carrying out tests of samples from patients with communicable diseases as provided in this Act must be licensed by the Ministry of Health and Social Security.

Those involved are under an obligation to assist [the Chief Epidemiologist and the relevant district physician, cp. par. 4, Art 4],<sup>1)</sup> e.g. by providing information they regard as necessary for measures against spread of disease.

[Directors of health care institutions must send the Chief Epidemiologist information of the quantity of antimicrobial drugs used in the institution in question, classified by department when appropriate.]<sup>2)</sup>

<sup>1)</sup>Act 93/2002, Art. 16. <sup>2)</sup> Act 55/2004.

**Art. 10.** If a physician treating a patient with a communicable disease has a reasonable belief or knowledge that the patient is not following the instructions given to him/her regarding contact with others and treatment, the relevant [Chief Physician of a Health Care Centre, cp. par. 4, Art 4. ],<sup>1)</sup> or Chief Epidemiologist must be informed at once.

<sup>1)</sup>Act 93/2002, Art. 17.

**3. [Obligations of local authority health officers, and health committees, veterinarians, the Radiation Agency, the Agriculture Authority and the Environmental Agency]I)**

**1) Act 43/2007, Art. 4.**

**Art. 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.]<sup>1)</sup>

<sup>1)</sup>Act 43/2007, Art. 4.

## **Section IV. Public measures against communicable diseases**

### **1. Measures with regard to risk of epidemics in Iceland**

**Art. 12.** If notifications to the Chief Epidemiologist on communicable diseases indicate that an epidemic is imminent, he shall inform the Minister of Health immediately.

[The minister shall decide, on the advice of the Chief Epidemiologist, whether official measures should be implemented, such as immunisation, isolation of infected

persons, disinfections, quarantining of communities or of the country as a whole, closing of schools or prohibition of public gatherings.]<sup>1)</sup> [The Chief Epidemiologist may apply such emergency measures without seeking authority in advance, if he believes that any delay would entail a risk, but he must inform the Minister of his actions immediately.]<sup>2)</sup>

[In the case of an outbreak or epidemic threatening human health the Chief Epidemiologist shall carry out an epidemiological investigation on the source of infection and in such cases has the same right of access to information and to inspection as provided in par. 2 Art. 11.]<sup>3)</sup>

<sup>1)</sup>Act 43/2007, Art. 5. <sup>2)</sup> Act 93/2002, Art. 19. <sup>2)</sup>Act 90/2000, Art. 3.

## **2. Measures regarding spread of epidemics to or from Iceland.**

**Art. 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 Organisation. The Chief Epidemiologist is the Icelandic National Focal Point relating to the corresponding WHO Focal Point according to the International Health Regulations.]<sup>1)</sup>

<sup>1)</sup> Art 43/2007, Art. 6.

## **3. Measures regarding risk of infection from individuals.**

**Art. 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]<sup>1)</sup>, 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],<sup>1)</sup> 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],<sup>1)</sup> 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.]<sup>2)</sup><sup>3)</sup>

<sup>1)</sup>Act 93/2002, Art. 20. <sup>2)</sup> Act 43/2007, Art 7. <sup>3)</sup>Act 90/2000, Art. 4.

**Art. 15.** If a person infected with a communicable disease does not agree to follow rules on contact with others, or if there is reason to believe that he/she has not followed such rules, the Chief Epidemiologist may decide that he/she shall be admitted to hospital and placed in isolation, or that he/she be isolated in some other way.

Should the Chief Epidemiologist believe that it is necessary to place an individual in isolation cp. Art 14 or par. 1 of this article, and if the infected person is opposed to such isolation being implemented, the Chief Epidemiologist shall as soon as possible submit the decision in writing to the district court of the region in which the infected person is resident when isolation is requested. The Chief Epidemiologist’s application shall include a detailed account of the circumstances and the necessity for isolation, specifying the period of isolation requested, together with other documents relevant to the case. A judge shall consider the case without delay, and appoint a spokesman for the person subject to isolation, if he/she so desires, in accord with the provisions of the Procedures in Criminal Cases Act regarding defence advocates, and he/she shall be given an opportunity to express a preference regarding who is appointed. The judge may gather information on his/her own initiative. The judge shall then give a ruling on whether the isolation shall continue or cease.

Isolation may not continue for more than 15 days at a time, but if the Chief Epidemiologist believes that a longer period of isolation is necessary, a new application shall be made to the district court. The submission of the case to the court entails no postponement of implementation of isolation.

The legal proceedings described in par. 2. may be appealed to the Supreme Court, and the appeal is subject to the normal rules on appeals in civil cases, as applicable. An appeal entails no postponement of implementation of isolation.

## **Section V. Various provisions**

**Art. 16.** Outpatient departments shall be operated for notifiable communicable diseases, which shall provide treatment and trace means of transmission.

At hospitals to be specified by Minister of Health, there shall be facilities to isolate those who are undergoing tests or treatment for communicable diseases, or suspected communicable disease.

The Minister of Health may assign certain laboratories to take responsibility for identification of microbes or parasites from samples from patients with communicable diseases, and to monitor individuals' immunity to important communicable diseases.

**Art. 17.** [All costs incurred by the implementation of this Act shall be paid by the Treasury. The proportion of costs paid by patients shall be consistent with the Social Security Act [and the Health Care Services Act].<sup>1)</sup> But it is permissible by regulations to grant exemptions from payment, for instance to patients who attend communicable-disease outpatient departments for diagnosis and treatment of communicable diseases which are subject to registration, patients called in for examination in the process of tracing the means of transmission of infection, and those compelled to undergo medical examination.]<sup>2)</sup>

[Medical examination performed in accordance with the working rules of the Chief Epidemiologist for to application for immigration and employment in Iceland a shall be paid by the employer or the person who applies for immigration and employment in Iceland. If the further medical examination needed the person concerned or his medical insurance will pay for the cost raised by the health problems

diagnosed during the first six months living in Iceland. The employer pays for all medical examinations required by required by him.

If the actions taken by the Chief Epidemiologist are based on the risk of epidemics from other countries Iceland or from Iceland to other countries according to the requirements of the international agreements of the World Health Organisation of which Iceland is a Chief Party no charge shall be made pursuant to these agreements.]

<sup>1)</sup>Act 74/2002, Art. 35. <sup>2)</sup>Act 90/2000, Art. 5. <sup>3)</sup> Act 43/2007, Art. 8.

**Art. 18.** The Minister shall, by regulations, make further provisions on arrangements for registration and notification, cp. Art. 3, on the activities of laboratories handling investigation on samples from patients with communicable diseases covered by this Act cp. Art. 9, public measures against communicable diseases cp. Art. 12, [authority to order medical examination on instructions of the Chief Epidemiologist cp. Art. 14]<sup>2)</sup>, operations of outpatient departments cp. Art. 16, and which departments may provide treatment free of charge cp. Art. 17. The Minister may also issue regulations if special measures are required against communicable diseases in case of natural disaster [and other threats]<sup>3)</sup> and to state more detailed provisions on the implementation of this Act in regulations.

<sup>1)</sup>Reg. 129/1999, cp. 222/2001, 447/2001, 241/2003 and 558/2004; Reg. 131/1999, Reg. 221/2001. <sup>2)</sup>Act. 90/2000, Art. 6. <sup>3)</sup>Act. 93/2002, Art 21.

**Art. 19.** Legal cases that may arise due to violation of this Act shall be in accord with procedures of criminal cases.

Violations of this Act, or regulations laid down under the terms of this Act, entail penalties of fines or imprisonment for up to three months.

**Art. 20.** This Act shall enter into force on 1 January 1998. ...