

FIRST SCHEDULE-Prescribed forms

SECOND SCHEDULE-Exclusion from school on account of infectious disease

SECTIONS 12, 28, 103 AND 114-THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS

Regulations by the MinisterGovernment Notices

143 of 1931

198 of 1933

12 of 1937

281 of 1941

229 of 1943

198 of 1948

179 of 1951

176 of 1954

59 of 1957

178 of 1957

291 of 1964

497 of 1964

500 of 1964

Federal Government Notices

135 of 1961

262 of 1961

Act

51 of 1963

Statutory Instrument

154 of 1968

Act

13 of 1994

1. These Regulations may be cited as the Public Health (Infectious Disease) Regulations. Title

2. Every owner or occupier of land, manager of a mine and employer of labour, on becoming aware that any person residing on his premises or in his employ is suffering from any notifiable infectious disease, shall immediately give notice thereof to a Medical Officer of Health or, in a district for which no such officer has been appointed, to the Local Authority. Responsibility for notification of infectious diseases

3. The chief or headman of any village shall forthwith, on becoming aware or having reason to suspect that any person residing in that village is suffering from any notifiable infectious disease, give notice thereof to a Medical Officer of Health or, in a district for which no such officer has been appointed, to the Local Authority. Responsibility of chief or headman

4. (1) Every person in charge of a school, orphanage or other similar institution shall immediately report to a Medical Officer of Health or, in a district for which no such officer has been appointed, to the Local Authority the occurrence in such institution of any case of any notifiable infectious disease or of German measles, infective parotitis or mumps, venereal disease, acute conjunctivitis, acute or granular ophthalmia or any disease of the skin or scalp which appears to be infectious or communicable. Schools

(2) Such reports shall be in writing and shall state, as regards each case, the name, age, sex, nationality and home address of the patient, the nature of the

disease, the date of the onset of illness, and any available information as to the probable place and source of infection.

5. Every medical practitioner attending on or called in to visit any patient shall forthwith, on becoming aware or having reason to suspect that the patient is suffering from any notifiable infectious disease, send to a Medical Officer of Health or, in a district for which no such officer has been appointed, to the Local Authority a certificate in Form 1 in the First Schedule, or in such other form as may from time to time be substituted thereof by the Director of Medical Services, stating the name of the patient, the situation of the building and the disease from which, in the opinion of such medical practitioner, the patient is suffering.

(As amended by Acts No. 176 of 1954 and No. 51 of 1963) Private practitioner's certificate

6. Every person required by these Regulations to give notice or to give a certificate who fails to give the same shall be liable on conviction to a fine not exceeding one hundred and twenty penalty units.

(As amended by Act No. 13 of 1994) Penalty for failure to give notice

7. Every Medical Officer of Health and, where no such officer has been appointed, every Local Authority shall keep a register of the notifications of cases of notifiable infectious disease received, and showing, in respect of each case, the name, age, sex, nationality and address of the patient, the nature of the disease, the date of the onset of illness, where employed or what school attended, probable place and source of infection, name of the medical practitioner notifying and action taken by the responsible authority. Register to be kept

8. Every register under the last preceding regulation shall be available for inspection by the Director or Deputy Director of Medical Services or any officer authorised thereto by them.

(As amended by Acts No. 176 of 1954 and No. 51 of 1963) Inspection of register

9. Every Registrar of Births and Deaths shall-

(a) furnish forthwith to a Medical Officer of Health or, where no such officer has been appointed, to the Local Authority particulars of every death from notifiable infectious disease registered with him; Returns by Registrars of Births and Deaths

(b) furnish on every Monday to a Medical Officer of Health or, where no such officer has been appointed, to the Local Authority particulars of every birth and death registered with him during the week ending the previous Saturday.

10. Every Medical Officer of Health or, where no such officer has been appointed, the Local Authority shall transmit to the Director of Medical Services on Monday of each week a return in Form 2 in the First Schedule of the notifiable diseases occurring in his or its district for the preceding week, and shall at the same time forward any information he or it may possess as to the outbreak or prevalence of any infectious disease in such district. Where no notifiable infectious diseases have occurred, a "nil" return shall be similarly transmitted.

(As amended by Acts No. 179 of 1951, No. 176 of 1954 and No. 51 of 1963) Returns to Director of Medical Services

11. When any case of infectious or suspected infectious disease is notified to a Medical Officer of Health, he may immediately visit and inspect, or appoint some fit and proper person to visit and inspect, the individual alleged to be suffering from the infectious disease, and if, as a result of such visit and inspection, the Medical Officer of Health has reason to believe that such individual may be suffering from an infectious disease, he may order such individual and all individuals who have been in contact with the case to remain on the premises where the case was at the time of infection, or he may cause them to be removed to an Infectious Disease Hospital, or other suitable place provided for the reception of cases suffering from infectious disease or for the segregation of contacts.

(As amended by F.G.N. No. 262 of 1961) Powers for the control of infectious disease

12. A Medical Officer of Health or any Health Inspector or other person acting on the written instructions of a Medical Officer of Health may enter any premises to search for any case of infectious disease, or to inquire whether there is or has been on such premises any case of infectious disease. If a Health Inspector or other person as aforesaid shall find any case or suspected case of infectious disease, he shall report the same to the Medical Officer of Health. Powers of search

13. The officer in charge of the police in any place and every Local Authority shall afford every assistance to a Medical Officer of Health in effecting the isolation of infected cases, suspects or contacts. Duty of police and Local Authority

14. (1) Whenever an infectious disease shall have broken out in any place and it is deemed necessary for preventing the spread of or eradicating such infectious disease, the Minister may, by statutory notice, declare such place or any portion thereof to be an infected area, and may in like manner order the evacuation of the whole or any part of such infected area. Infected area

(2) It shall not be lawful for any person to reside or carry on business within any infected area or portion thereof which is comprised in an order for evacuation, or to enter or be therein, except when passing along a thoroughfare allowed to remain open to the public, without an order in writing to that effect signed by a Medical Officer of Health and upon such conditions as such Medical Officer of Health may in such order direct.

(As amended by Act No. 291 of 1964)

15. (1) Every person travelling by land, water or air from a declared infected area may, if it be considered necessary by a Medical Officer of Health, be subjected to medical inspection or examination by him or by anyone authorised in writing by him prior to being permitted to proceed on his journey. Medical inspection of travellers

(2) A person who refuses to submit to medical examination shall not leave the infected area.

(3) Any persons discovered with suspicious symptoms shall be detained and dealt with as a Medical Officer of Health may direct.

16. The clothing and effects of any person proceeding from a declared infected area may be disinfected at the discretion of a Medical Officer of Health. Disinfection of clothing

17. All persons residing in a declared infected area shall undergo such medical inspection or examination as a Medical Officer of Health may direct. The Medical Officer of Health may place all or any persons in such area under observation in a place decided upon by him or under surveillance, as he may consider necessary. Persons resident in infected areas

18. (1) Every person permitted to leave a declared infected area under surveillance shall comply with the following conditions: Conditions precedent to departure from an infected area

(a) he shall satisfy a Medical Officer of Health as to his name, intended destination and his place of residence thereat, and that such is conveniently situated for medical supervision;

(b) he shall present himself for medical supervision during the prescribed period; and he may be required by a Medical Officer of Health to deposit a sum not exceeding ten kwacha, which may be forfeited if he fails so to present himself.

(2) If the Medical Officer of Health be not satisfied as herein required or if the person fail to comply with paragraphs (a) and (b) of sub-regulation (1), the Medical Officer of Health shall detain him under observation or direct him to proceed to a specified place and there remain under observation during the prescribed period. In the latter case, the provisions of paragraph (b) of sub-regulation (1) may, at the discretion of the Medical Officer of Health, be applied to such person.

19. When any person from a declared infected area is placed under observation or surveillance, the period of observation or surveillance shall be as follows:

(a) when observation is resorted to, the period shall not exceed seven days in the case of plague and cholera, six days in the case of yellow fever or cerebro-spinal meningitis, and fourteen days in the case of smallpox;

(b) when surveillance is resorted to, the period shall be the same as that of observation; save in the case of plague, when it may be extended to a period not exceeding ten days.

In applying these measures, the period of observation or surveillance may extend from the date of removal from the infected area, but only if no subsequent case has occurred among those under observation or surveillance.

If any further case of the same disease occur, the period of observation may date from the day of the isolation of the last case;

(c) a Medical Officer of Health shall prescribe the periods of observation and surveillance in the event of any other infectious disease. Period of observation

20. A Medical Officer of Health may close any premises whereon there has been a case or suspected case of infectious disease, until he considers the place fit

for human occupation, and may also close, until he considers the same to be disinfected, any buildings, latrines, wells, dustbins, dumping grounds and any place which, by reason of the existence of infectious disease, he may deem it advisable to close. Closing of premises

21. No person shall remove any property from any infected premises, or from any premises whereon a suspected case of infectious disease has occurred, without the written permission of a Medical Officer of Health. Removal of property from infected premises

22. The bodies of all persons who have died from an infectious disease shall be disposed of in conformity with the directions of a Medical Officer of Health. Disposal of bodies

23. All clothing, bedding and any other articles worn or taken by the persons ordered to evacuate an infected area shall be disinfected. Infected clothing, etc.

24. The police shall furnish every assistance to a Medical Officer of Health in effecting the evacuation of any infected area and in the necessary measures pertaining thereto. Police to assist Medical Officer of Health

25. On the occurrence of an infectious disease in any place, a Medical Officer of Health may call on the police or Local Authority or both to assist in the establishing of a cordon round such place for the purpose of preventing all or any persons entering or leaving such place. Assistance by police and Local Authority

26. Every person who becomes aware of any apparently unnatural mortality among rats or mice on any land or premises shall forthwith report the same to a Medical Officer of Health or, where no such officer has been appointed, to the Local Authority. Duty to notify mortality among rodents

27. The chief or headman of a village shall forthwith, on becoming aware or having reason to suspect that any apparently unnatural mortality is occurring among the rats or mice in that village, give notice thereof to a Medical Officer of Health or, where no such officer has been appointed, to the Local Authority. Chiefs and headmen to report

28. For the carrying into effect of the last two preceding regulations, a Local Authority or Administrative Officer shall, if required by a Medical Officer of Health, notify the chiefs, headmen and people residing in any town, village or district that it is their duty to report all cases of sickness or death among rats or mice and instruct them as to the officer to whom such report shall be made.

(As amended by Act No. 500 of 1964) Instructions to be given

29. (1) When it may appear to a Medical Officer of Health that the holding of public meetings, funeral ceremonies or customs is likely to tend to the spread of any infectious disease, any police officer of or above the rank of Assistant Inspector or Local Authority shall, if requested by the Medical Officer of Health, prohibit such meetings, funeral ceremonies or customs. Control of public meetings, etc.

(2) Any person who is present at or takes part in any meeting, ceremony or custom which has been prohibited shall be liable to a fine of one hundred and

fifty penalty units

(As amended by Acts No. 500 of 1964 and No. 13 of 1994)

30. It shall be the duty of every Local Authority to cause to be made, from time to time, inspection of its district with a view to ascertaining whether any lands or premises within such district are infested with rats or mice, and to enforce their destruction. Destruction of rats and mice

31. Any person who shall fail to take such steps or carry out such orders for the destruction of rats or mice on or in any land or premises as may from time to time be directed or given by a Local Authority or by a Medical Officer of Health shall be guilty of an offence and shall, on conviction, be liable to a fine not exceeding three hundred penalty units.

(As amended by Act No. 13 of 1994) Penalty

32. Where a Local Authority or Medical Officer of Health is of opinion that the owner or occupier of any land or premises in the district has failed to take such steps or carry out such orders as may be directed or given by any Local Authority or Medical Officer of Health, such Local Authority or Medical Officer of Health may either serve a notice on the owner or occupier requiring him to take such steps or execute such works as are prescribed in the notice within a time specified therein, or, after not less than twenty-four hours' previous notice to the owner or occupier, enter upon the land or premises and take such steps as are necessary and reasonably practicable for the purpose of destroying the rats and mice on the land or premises or of preventing the land or premises from becoming infested with rats and mice, and may recover any reasonable expenses so incurred from the owner or occupier as a civil debt. Power of Local Authority or Medical Officer of Health to take measures for destruction of rats and mice

33. A Medical Officer of Health, Health Inspector or any person duly authorised in writing by the Local Authority or a Medical Officer of Health may enter any land or premises for the purpose of ascertaining whether the steps required by regulation 32 are being taken, or of carrying out these Regulations in any other respect. Powers of entry

34. When any infectious disease occurs, a Medical Officer of Health may prescribe any measures which he considers necessary to ensure the destruction of rats, mice and other kinds of vermin and of mosquitoes, their larvae and pupae, fleas, bugs or any other such parasites, and all persons shall obey any instruction given by a Medical Officer of Health in this behalf. Instructions by Medical Officer of Health to be obeyed

35. (1) To prevent the spread of plague, the owner or occupier of any premises shall, if required by a Medical Officer of Health, render all roofs, partitions, floors and plinths of houses rat-proof. Rat-proof buildings

(2) No foodstuffs attractive to rats shall be kept in inhabited premises unless such foodstuffs are effectively protected against rats and mice to the satisfaction of a Medical Officer of Health.

36. On the occurrence of plague in any locality, all rats and mice caught or killed or found dead on any premises in the vicinity of that locality shall, as soon as possible, be placed by the owner or occupier in a strong solution of disinfectant, and the bodies of such rats or mice shall be subsequently removed

and disposed of to the satisfaction of a Medical Officer of Health. Disinfection of bodies of dead rats

37. When an infectious disease occurs in any place, the occupiers of premises in such place shall comply with any directions given by a Medical Officer of Health with regard to the disposal of refuse and sewage. Disposal of refuse and sewage

38. On the occurrence of an outbreak of infectious disease, a Local Authority may, if requested by a Medical Officer of Health, require any rural council within its district to make an order for the erection of temporary dwellings, mortuaries and similar buildings, as he may deem necessary. Erection of temporary dwellings by rural councils

39. (1) When an animal is suffering from a contagious or infectious disease which can be transmitted to human beings, or a carcass, whether the animal has died or been slaughtered, has been found on examination to be infected with such disease, the place occupied by such animal or carcass shall be forthwith disinfected by and at the expense of the owner or occupier of such place, to the satisfaction of the Medical Officer of Health or a Veterinary Officer. Disease in animals communicable to man

(2) The owner of the infected animal, the owner of the place which was occupied by such animal or carcass, and the person, if any, who slaughtered the animal shall inform a Veterinary Officer on becoming aware of the presence of such disease.

40. Any Veterinary Officer or private veterinary practitioner, on becoming aware of the occurrence of any infectious or contagious disease in animals which can spread from animals to human beings, shall forthwith notify a Medical Officer of Health and shall at the same time inform him of what action he is taking to prevent such spread. Notification of infectious disease in animals

41. (1) A Local Authority, upon production of a certificate signed by a Medical Officer of Health that any person has been bitten by any animal suffering from the disease of rabies and that such person is, in the opinion of such Medical Officer of Health, liable to develop the disease of rabies and that it is advisable that he may be subjected to treatment and/or observation, may make an order compelling such person to reside in any segregation hospital or any other place until discharged by the Medical Officer of Health in charge of that area, and such person shall be deemed to be suffering from such disease and be subject to all rules and regulations made in pursuance of the Act. Rabies

(2) The Local Authority shall, in making any order under the provisions of sub-regulation (1), forthwith report the same to the Director of Medical Services, who shall have power to vary or rescind the same.

(As amended by Acts No. 176 of 1954 and No. 51 of 1963)

42. (1) In this regulation, "carrier" means a person who, though not at the time presenting the clinical symptoms of an infectious disease, has been proved or is believed on reasonable grounds to be harbouring the infection of, and consequently liable to cause the spread of, such disease. Carriers

(2) Any person believed or suspected on reasonable grounds by a Medical Officer of Health to be a carrier shall afford to such officer or any person authorised by him in writing every facility for obtaining specimens of blood, excreta,

discharges or other material required for examination and investigation, and shall take any medicine prescribed by such officer for that purpose. Inspection and treatment of carriers

(3) Where it is certified by a Medical Officer of Health that any person is believed or suspected on reasonable grounds to be a carrier and that the necessary examinations and investigations cannot be properly carried out at such person's house or place of residence, an Administrative Officer may make an order requiring such person to proceed or be removed to a hospital or other suitable place for the purpose of examination and investigation and to remain or be detained therein for such reasonable period as may be required for that purpose. Removal to hospital of carriers

(4) Every carrier shall at all times observe and give effect to all reasonably practicable instructions given to him by a Medical Officer of Health in regard to the disposal of his excreta, and cleansing of articles used by him or other precautions for preventing the spread of infection. Preventive measures

(5) Every carrier shall inform a Medical Officer of Health or, where no such officer has been appointed, the Local Authority of his intention to change his place of residence or work and of his intended new place of residence or work. Such information shall, when possible, be furnished not less than seven days before the change and, if his new place of residence or work is within the district of another Medical Officer of Health or Local Authority, the Medical Officer of Health or Local Authority of the district in which the carrier at the time resides shall inform that Medical Officer of Health or Local Authority of the facts of the case and the carrier's intention. Notification of change of residence of carrier

(6) Where, on the certificate of a Medical Officer of Health, it appears to an Administrative Officer that a person is a carrier, the Administrative Officer, on the application of such Medical Officer of Health and after due inquiry, may, having regard to the nature of the infection and any material assistance which the Local Authority or the Government is prepared to give to mitigate hardship to the individual or his dependants, make, and may from time to time modify, alter, extend or rescind, an order or orders requiring such person—Powers of Administrative Officers to make orders as to carriers

(a) to proceed or be removed to and to remain or be detained for a period to be specified in such order in a hospital or other suitable place for the purpose of medical treatment;

(b) to attend regularly for medical treatment or examination at times and places specified in such order;

(c) to proceed to and remain in a specified locality or area under medical surveillance for a period specified in such order and (if considered necessary) to attend or report himself at times and places specified in such order;

(d) not to handle or otherwise come in contact with food or vessels or articles containing or used to contain, or which come in contact with, food intended for consumption by others, or to engage in any occupation entailing the handling or coming in contact with such food, vessels or articles;

(e) to comply with such other requirements specified in such order as the Administrative Officer, on the application of such Medical Officer of Health, may deem necessary for safeguarding the public health.



(7) The parent or guardian or person in charge of a child who is, or is believed or suspected on reasonable grounds to be, a carrier shall assist in every possible manner in the carrying out of these Regulations or any order made thereunder in respect of such child. Duty of parent of carrier

(8) It shall be the duty of all Medical Officers of Health and Administrative Officers to ensure that these Regulations are carried out sympathetically and without more hardship to any person than is necessary and unavoidable in the public interest. Sympathetic enforcement of regulations

(9) Any person found guilty of a contravention of or failure to comply with this regulation or any order made thereunder, or of failure to assist in their enforcement, shall be liable to the penalties provided by the Act.

(As amended by Acts No. 198 of 1933 and No. 500 of 1964) Penalty

43. When it appears from the certificate of a Medical officer of Health that the conditions on any land or premises favour the multiplication or prevalence of mosquitoes, and that the occurrence or spread of malaria or other disease is likely to be favoured thereby, a Local Authority may and, if called on to do so by the Director of Medical Services, shall give written notice to the owner or occupier thereof requiring him to remove or improve any such condition.

(As amended by Acts No. 281 of 1941, No. 176 of 1954 and No. 51 of 1963) Malaria and mosquito prevention

44. (1) Every notice under the last preceding regulation shall specify the land or premises concerned and the measures required to be carried out. Particulars of notice

(2) Such notice may require the owner or occupier to clear bush or other vegetation, canalise streams, spruits or dambos, drain swamps and pools or low-lying areas, regularise or stem water furrows, repair or remove tanks or other water containers, and take measures for the destruction of mosquitoes and for preventing their multiplication to the satisfaction of a Medical Officer of Health, and may impose a time limit for the completion of the work or the carrying out of the measures therein specified.

(As amended by Act No. 281 of 1941)

45. If any owner or occupier refuses to carry out the measures specified in any notice under these Regulations, or fails to do so within the time limit imposed, a Local Authority may and, if so instructed by the Director of Medical Services, shall, by persons duly authorised thereto, carry out such measures. The costs incurred in so doing shall be recoverable by the Local Authority from the person upon whom the notice was served.

(As amended by Acts No. 176 of 1954 and No. 51 of 1963) Power of Local Authority to carry out remedial measures

46. Any person who fails to carry out or comply with the terms of a notice served under regulation 44 shall be liable, on conviction, to the penalties provided by the Act. Penalties

47. (1) Any owner or occupier of any building provided with roof gutters shall so construct and maintain them as to be self-draining and capable of remaining

dry between rainfalls. Roof gutters

(2) Where gutters are found not to be self-draining, a Medical Officer of Health may serve a notice upon the owner of the building calling on him to remove or repair or perforate such roof gutters within a specified time. Failure to comply with the terms of the notice shall render the owner liable to a penalty of one hundred and fifty penalty units in addition to a further penalty of thirty penalty units for each day the nuisance continues.

(As amended by Acts No. 281 of 1941 and No. 13 of 1994)

48. The landlord of any hotel, boarding-house, lodging-house and any building where persons are accommodated for payment shall provide and keep in good order and repair and in a state of cleanliness a mosquito net for each bed in each room used for sleeping purposes. Hotels, etc., to supply mosquito nets

49. No person shall permit any manure or garbage on his premises or land, so as to be a nuisance or dangerous to health by affording facilities for breeding by flies or other insects, and the owner or occupier of any premises or land omitting to remove or remedy the nuisance, when duly notified of its existence, shall, at the expiration of such period as may be prescribed in writing by a Medical Officer of Health, be guilty of an offence. Manure and garbage

50. No person shall expose for sale any food to be eaten in the state in which it is sold, except with due care for the prevention of flies or other vermin having access to it. Food protection

51. (1) Any Medical Officer of Health, or other officer specially authorised thereto by the Director of Medical Services, may inspect, take samples of and examine or may require the furnishing for examination of samples of any vaccine, vaccine lymph, serum or similar substance imported into or manufactured in Zambia and intended or used for the prevention or treatment of human disease. Inspection of vaccine, etc.

(2) The Director of Medical Services may, by statutory notice, or by order on the person concerned pending the publication of such notice, prohibit the importation, manufacture, sale or use of any such vaccine, vaccine lymph, serum or similar substance which is considered to be unsafe or to be liable to be harmful or deleterious. Power to prohibit importation of harmful vaccines

(3) In order to enable the proper carrying out of these Regulations, it shall not be lawful for any person to import, manufacture, sell or use any such vaccine, vaccine lymph, serum or similar substance unless the bottle, package or container bears or has affixed to it a label stating the name and address of the manufacturer and either the date of manufacture or the date after which the substance is not recommended for use.

(As amended by Acts No. 176 of 1954 and No. 51 of 1963) Particulars required to be stated on vaccine containers

52. No person shall import, convey or transmit into Zambia any culture or preparation of any pathogenic micro-organism or other material capable of causing disease in man without first obtaining the written permission of the Director of Medical Services therefor. Such permission may be general or special and shall be subject to such conditions or requirements as may be specified therein.

(As amended by Acts No. 176 of 1954 and No. 51 of 1963) Importation of cultures without permission prohibited

53. No person shall keep, transmit or use any culture or preparation of any pathogenic micro-organism or other material capable of causing any disease without first obtaining the written permission of the Director of Medical Services therefor. Such permission may be general or special and shall be subject to such conditions or requirements as may be specified therein. This regulation shall not apply to diagnostic examination by medical practitioners or approved veterinary surgeons, or to the transmission from places within Zambia of specimens or material for such examination.

(As amended by Act No. 51 of 1963) Use of cultures without permission prohibited

54. Every person transmitting, keeping or using any culture or preparation of any pathogenic micro-organism or other material capable of causing disease in man shall be responsible for the taking at all times of effective measures to ensure the proper and safe keeping, transmission or use of such material and to prevent or guard against any accidental contamination with or dissemination of the infection. Precautions to be observed in keeping cultures

55. Any Medical Officer of Health, or other officer specially authorised thereto by the Director of Medical Services, may at any time make any inspection or examination in order to ascertain whether the requirements of these Regulations or the conditions of any permit issued thereunder are being properly complied with. Where it appears to the said Director that any person has not properly complied with any such requirement or condition, the said Director may make an order prohibiting such person from importing, conveying, transmitting, keeping or using any culture or preparation of any pathogenic micro-organism or other material capable of causing disease in man, and for the seizure or destruction by a Government Medical Officer of any such culture, preparation or material in the possession or custody of such person.

(As amended by Acts No. 176 of 1954 and No. 51 of 1963) Powers of Director of Medical Services and other officers

56. Nothing in regulations 51 to 55 inclusive shall prevent the Director of Veterinary Services from giving permission for the importation, manufacture, sale or distribution of sera, vaccines, lymph or similar substances or for the importation, conveyance or transmission of any pathogenic micro-organisms or other material, whether for diagnostic, experimental, prophylactic or other use, for veterinary purposes only. Director of Veterinary Services may authorise importation of vaccines, etc., for veterinary purposes

57. Where a cleansing station is provided within the district of a Local Authority or within a reasonable distance therefrom, any person within that district certified by a Medical Officer of Health, School Medical Inspector or other medical practitioner or by a Health Inspector to be dirty or verminous may, on the order of a Medical Officer of Health, be removed, together with his clothing and bedding, to such cleansing station and be cleansed therein. Cleansing of verminous persons

Note: This regulation has been suspended by G.N. No. 229 of 1943 in so far as it relates to second-hand clothing.\*58. (1) Every consignment (exclusive of the personal effects of travellers) of bedding, blankets, body linen or other articles of clothing which have been in use, or any rags, or flock made of rags, or any used sacks, carpets, or canvas or any similar article which has been in

use, which is brought into any place in Zambia shall be declared as second-hand by the importer to the Customs, and a certified statement submitted by him showing the place of origin and precise composition of the consignment.

\*Note-This regulation has been suspended by G.N. No. 229 of 1943 in so far as it relates to seconds-hand clothing.Importation and disinfection of used clothing

(2) Every such consignment or any portion thereof intended for sale or disposal in Zambia shall be accompanied by a sufficient certificate furnished by a recognised Public Authority at the port of shipment or place of origin of the package to the effect that the articles mentioned therein are clean and have been sufficiently disinfected to the satisfaction of such Authority, and stating in detail the method of disinfection and the apparatus used, together with a certificate or other satisfactory evidence that, since the issue of the certificate of disinfection, the package has not been opened nor its contents in any way added to or tampered with. Every such consignment, whether accompanied by the above-mentioned certificates or not, shall be detained by the Customs pending its inspection or examination or authorisation for importation by a Medical Officer of Health or by any person authorised by him to carry out such inspection or examination. For the purposes of carrying out such inspection or examination, the Medical Officer of Health or person authorised by him may open any such consignment or require the opening of such consignment by the consignee or owner thereof.Certificate of disinfection

(3) For the purposes of this regulation, "sufficiently disinfected" means disinfected by steam under pressure in a suitable apparatus, or other process which can be relied upon to destroy any infection or any vermin. Fumigation with hydrocyanic acid gas shall not be accepted unless some reliable germicidal process has also been carried out.

(4) Failing the production of satisfactory certificates as mentioned in sub-regulation (2), or if, despite the production of such certificates, the articles are found to be dirty or uncleansed, the whole of such consignment shall be disinfected to the satisfaction of the Medical Officer of Health and at the sole expense, risk and delay of the consignee.

\*Note-This regulation has been suspended by G.N. No. 229 of 1943 in so far as it relates to second-hand clothing.Re-disinfection on importation

(5) Where a consignment or any part thereof is of such a nature that it cannot, in the opinion of a Medical Officer of Health, be satisfactorily disinfected, or where there are not available satisfactory means of disinfection, the Medical Officer of Health may destroy or order the destruction of the whole or any part of such consignment: Destruction of consignment if disinfection impracticable

Provided that-

(i) the Medical Officer of Health shall not destroy or order the destruction of any part of the consignment where the goods to be destroyed are of a greater value than twenty kwacha without the previous sanction in writing of the Director of Medical Services;

(ii) where the destruction of goods to a greater value than twenty kwacha may be required, such destruction shall not be carried out if the owner or consignee shall undertake to re-export and shall so re-export the said goods within a period of four weeks from the date of the order for destruction.

(6) The recognised Authority for granting the certificate of disinfection mentioned in sub-regulation (2) shall be-Recognised Authorities

(a) the Port Health or Sanitary Authority of any British port at which the consignment has been shipped; or

(b) the Local Health or Sanitary Authority for any area in the British Islands or British Colonies at which the goods have been packed; or

(c) the Port Health or Sanitary Authority, or the Municipality or other Local Health Authority, at any foreign port, or at any place abroad at which the goods have been packed if the certificate thereof has been verified and countersigned by a British Consul.

(7) All charges for any disinfection carried out by the Government or any Local Authority under these Regulations shall be paid by the owner or consignee or his agent, who shall also be responsible for any transport, unpacking, repacking or rebaling which may be required with regard to articles to be disinfected, inspected or examined.

(As amended by Acts No. 176 of 1954 and No. 51 of 1963)Charges for disinfection

59. (1) In this regulation and in the Second Schedule-

"principal", in relation to any school, means the person in charge of such school, and includes the person in charge of any department of a school where there is no person in charge of the whole school;

"pupil" means any person attending at a school for the purpose of receiving instruction thereat;

"scheduled disease" means any disease or condition mentioned in column 1 of the Second Schedule;

"school" means-

(a) any public or private establishment at which pupils receive secular instruction;

(b) any hostel or boarding-house kept for housing pupils at any such establishment; and

(c) any Sunday school.Exclusion from school on account of infectious disease

(2) The provisions of the Second Schedule shall apply to all pupils attending any school and all teachers at any school.

(3) The principal of every school shall-

(a) immediately notify to a Medical Officer of Health or, where no such officer has been appointed, to the Local Authority every case which occurs in

such school of notifiable infectious disease, venereal disease, acute ophthalmia, acute conjunctivitis, granular conjunctivitis, German measles, mumps, or any disease of skin or scalp which appears to be infectious;

(b) exclude from the school pupils or teachers suffering from, or who have been exposed to the infection of, any scheduled disease for the periods specified in, and in accordance with the provisions of, the Second Schedule;

(c) where a pupil who has been absent from school owing to his suffering from, or having been exposed to the infection of, a disease mentioned in paragraph (a) returns to school without a medical certificate of recovery and freedom from infection, satisfy himself by personal investigation that the pupil appears to be well and is clean in person and clothing or that, where the case has been treated by a medical practitioner, a medical certificate has been furnished in every such case;

(d) where there is any doubt as to whether a person is an immune contact or a susceptible contact as defined in the Second Schedule, regard and deal with such person as a susceptible contact.

(4) Where any pupil has developed any disease mentioned in the Second Schedule, the parent or guardian of such pupil shall-

(a) promptly, on such fact coming to his knowledge, notify the same to the principal of the school ordinarily attended by such pupil;

(b) where so required by the Second Schedule and until the measures or precautions therein specified have been carried out or complied with, discontinue the attendance at school of the sick pupil or other pupils who may have been exposed to infection (contacts) for the periods specified in, and in accordance with the provisions of, the Second Schedule;

(c) exercise due care to prevent such pupil from conveying the infection to others, either at home or elsewhere, and to keep children living in the same or any other house away from contact with the infected pupil;

(d) after the termination of every case of scarlet fever or scarlatina, diphtheria or membranous croup, smallpox or enteric fever, and where the Local Authority has not carried out disinfection of the infected premises, bedding and clothing, wash all washable articles, freely expose to sunlight and fresh air all other clothing or bedding and thoroughly scrub the floor of the room and all woodwork and furniture with soap and water and thereafter keep the doors and windows open for at least three hours.

(5) In the case of school boarding establishments-

(a) the person in charge of the establishment shall comply with the provisions of, and shall carry out the duties imposed on, parents or guardians of pupils by sub-regulation (4);

(b) where a pupil is found to be suffering from a disease mentioned in the Second Schedule, the provisions of the said Schedule in respect of "contacts" shall, subject to the discretion of a Medical Officer of Health, apply only to those pupils who have been occupying the same bedroom or dormitory as the patient.

(6) Where a case of notifiable infectious disease in a pupil is notified to a

Local Authority or otherwise comes to the notice of a Medical Officer of Health, that officer shall immediately notify the facts to the principal of the school concerned, and such principal, if so requested by the Medical Officer of Health, shall furnish to him without delay a complete list of the pupils attending thereat together with their names and addresses.

(7) A Medical Officer of Health may, by written notice to the parent or guardian of a pupil and to the principal of the school concerned-

(a) reduce the period of exclusion from school of an infected pupil or of a contact, where he is satisfied, after bacteriological examination or the adoption of special measures, that this will not entail risk of spread of the disease;

(b) increase the period of exclusion, where he has reasonable grounds for believing, on bacteriological or other evidence, that any pupil or person is a "carrier" of the infection-in a virulent form- of diphtheria, scarlet fever, epidemic cerebro-spinal meningitis, acute anterior poliomyelitis or enteric fever, and capable of conveying such disease to others.

(8) Any person failing to comply with any provision or carry out any requirements of this regulation shall be liable on conviction to a fine not exceeding one hundred and fifty penalty units.

(No. 178 of 1957 and Act No. 13 of 1994)

60. (1) In this regulation-

"child" means a child who is received to be looked after for reward at a day nursery;

"day nursery" means a day nursery registered under the Day Nurseries Act;

"employee" means a person regularly engaged or employed at a day nursery in the care of a child. Application of regulation 59 to day nurseries  
Cap. 313

(2) The provisions of regulation 59 and the Second Schedule shall apply mutatis mutandis to every child and every employee and for that purpose any reference therein to-

(a) a pupil, shall be construed as a reference to a child;

(b) a school, shall be construed as a reference to a day nursery;

(c) a teacher, shall be construed as a reference to an employee.

(F.G.N. No. 135 of 1961)

FIRST SCHEDULE

PRESCRIBED FORMS

FORM 1

(Regulation 5)

THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS

Certificate of Medical Practitioner

NOTIFICATION OF INFECTIOUS DISEASE

To the Local Authority of the District

I hereby notify you that in my opinion the undermentioned:

\*is suffering from (a

\*has died on.....from (a)

Full name

Age..... Sex.....

Nationality

Address (b)

Date of onset of illness

Where employed or what school attended

Probable place and source of infection

Probable date of infection

What facilities (if any) for isolating patient at home

Whether notified in private or official capacity

Action recommended

.....

Date.....19.....

.....

Medical Practitioner

\*Strike out words inapplicable.



(a) Insert name of disease.

(b) Give full address where patient sickened.

Note.-A separate form should be filled in for each case.

FORM 2

(Regulation 10)

THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS

No.....19.....

REPORT OF NOTIFIABLE INFECTIOUS DISEASES

for the week ended.....19.....

Place

DiseaseNo. of cases

previously

reportedNo. of cases

reported

during weekDeaths

during

week

Total

deaths

.....  
Medical Officer

(No. 179 of 1951)



SECOND SCHEDULE

(Regulations 59 and 60)

EXCLUSION FROM SCHOOL ON ACCOUNT OF INFECTIOUS DISEASE

In this Schedule-

"patient" means a person suffering from the infectious disease referred to in the context;

"contact" means a person who has been exposed to the infection of the disease referred to in the context, from having been in contact or associated with or living in the same house with a person suffering from the disease. In the case of a boarding-house or hostel or other large establishment, the Medical Officer of Health or, if there be no Medical Officer of Health, the practitioner in attendance shall decide whether all persons living therein are to be dealt with as contacts or, if not, what persons are to be exempted from restrictions;

"immune contact" means a contact who has previously had the disease and, although capable of "carrying" the infection to others, is presumably not liable to a second attack;

"susceptible contact" means a contact who has not previously had the disease and is consequently liable to contact it;

"removal from infection" means, as the case may be-

(a) removal of the patient from, and disinfection or thorough cleansing of, the infected dwelling, bedding, clothing and articles; or

(b) removal of the contact from the infected dwelling, with bathing of his body and disinfection or cleansing of his clothing; or

(c) where both patient and contact remain in the infected dwelling, the complete recovery of the patient and disinfection or thorough cleansing of the infected dwelling, bedding, clothing and articles, with bathing of the bodies of both patient and contact.

|  | Patient may return | Contacts may return |
|--|--------------------|---------------------|
|--|--------------------|---------------------|

| Disease | to school | to school |
|---------|-----------|-----------|
|---------|-----------|-----------|

|  |                         |                  |
|--|-------------------------|------------------|
| Scarlet fever or scarlatina disinfection | After complete recovery | Eight days after |
|--|-------------------------|------------------|

|  |   |
|--|---|
| and no sore throat, no discharge from ears or nose, and no recently enlarged glands or discharging sores. Minimum exclusion, ten | and removal from infection, except where patient and contacts remain in the same dwelling, in which case contacts may return to |
|--|---|

days from onset. school at the same time  
as the last case in the  
dwelling.

Diphtheria. After complete recovery Immune contacts, after  
and no discharge from swabs of throat and  
throat, eyes, ears or nose are examined and  
nose. Minimum exclusion, reported negative for  
four weeks from onset. C. diphtheriae.  
Susceptible contacts, ten  
days after disinfection  
and removal from infec-  
tion, remain in the same  
dwelling, in which case  
contacts may return to  
school at the same time  
as the last case in the  
dwelling.

Measles Ten days after first Twenty-one days after  
appearance of rash. last exposure to infection  
Where a case of measles or at once if pupil  
has occurred in a class, has previously suffered  
the Medical Officer of Health may, at his  
discretion, close the class  
on or about the ninth  
day after the sickening  
of the first child for a  
period of seven days, or  
may exclude susceptible  
children in the  
class for a similar  
period.

German measles (Rubella) Seven days after first No exclusion, but fact of  
appearance of rash. exposure to infection to  
Where a case of be reported by parent  
German measles has or guardian to the  
occurred in a class, the principal.  
Medical Officer of Health  
may, at his discretion,  
close the class on or  
about the ninth day  
after the sickening of  
the first child for a  
period of seven days,  
or may exclude susceptible  
children from  
class for a similar  
period.

Whooping cough Four weeks after comence- Immune contacts: at once  
ment of spasmodic if they are kept apart  
cough. from patient. Susceptible  
contacts: three



|   |   |                                      |
|---|---|--------------------------------------|
| Acute poliomyelitis   | On production of a medical certificate of recovery and freedom from infection. Minimum exclusion, four weeks.   | Twenty-one days after last exposure. |
| Epidemic cerebrospinal meningitis                                   | On production of a medical certificate of recovery and freedom from infection. Minimum exclusion, four weeks.   | Fourteen days after last exposure.   |
| Erysipelas  | After complete recovery.  | As for German measles.               |
| Ophthalmia (acute inflammation of the eyes) or acute conjunctivitis | After complete recovery with eyes no longer red or discharging.   | As for German measles.               |
| Trachoma (chronic granular eyelids).                                | On production of a medical certificate of recovery and freedom from infection.  | As for German measles.               |
| Scabies or itch   | After complete disappearance of rash, spots and itching.  | As for German measles.               |
| Ringworm of scalp   | After affected spots have become smooth and shiny and no broken off hairs (stumps of hairs) can be seen on careful examination, preferably with a lens. | As for German measles.               |
| Ringworm of body  | After complete recovery and when no "rings" or spots with raised, rough edges can be seen.  | As for German measles.               |
| Favus or yellow ringworm or white ringworm (witkop) of the scalp.   | After complete recovery.  | As for German measles.               |
| Contagious impetigo   | After complete recovery.  | As for German measles.               |
| Lice (pediculosis) measles.   | After complete cleansing and freeing of head, body and clothing from lice and nits.   | As for German measles.               |
| Vulvo vaginitis   | On production of a medical certificate of recovery and freedom from infection. Minimum exclusion, four weeks.   | As for German measles.               |

certificate of recovery  
and freedom from  
infection, following  
three negative swabs.

The foregoing requirements shall apply to teachers as well as to pupils, save and except that, where a teacher who has previously had the disease resides on premises where a case of scarlet fever occurs and is not removed therefrom, such teacher may continue to attend school, if the patient, with his nurse or attendant, is properly isolated in a separate room or part of the dwelling and if the teacher does not come in contact with the patient in any way, either directly or indirectly. He should have any clothing which may have been exposed to infection disinfected or washed.

Teachers who are typhus contacts need not be excluded from school if they, with their families or others in the same dwelling, are clean and free from lice.

Where there is a Medical Officer of Health, a certificate by him or by the medical attendant and endorsed by the Medical Officer of Health, to the effect that the patient is completely recovered and free from infection, must be obtained by the parent or guardian and furnished to the principal of the school on or before the patient's return thereto. Where there is no Medical Officer of Health but where a medical practitioner has treated the case, a certificate by the latter to the same effect must be similarly obtained and furnished.

Before being allowed to return to school, the patient must in every case have a bath with soap and hot water and have clean clothing.

(No. 178 of 1957 as amended by No. 154 of 1968)



SECTIONS 12, 28 AND 114-THE PUBLIC HEALTH (INFECTIOUS DISEASES-YELLOW FEVER)  
REGULATIONS

Regulations by the MinisterGovernment Notices  
4 of 1944  
168 of 1954  
Act  
51 of 1963

1. These Regulations may be cited as the Public Health (Infectious Diseases-Yellow Fever) Regulations. Title

2. In these Regulations, "viscerotomy" means the puncturing of a corpse for the purpose of extracting a section of an organ for examination. Interpretation

3. (1) Whenever it shall come to the notice of a medical practitioner that a person is suffering from a febrile disease without obvious diagnosis, such medical practitioner (or, if the patient shall withhold his consent, a Medical Officer of Health) shall take a specimen of blood from the patient not later than the seventh day of the illness and post it by air mail to the Director of the Yellow Fever Research Institute, Entebbe, Uganda, together with a brief description of the symptoms of the case; the medical practitioner shall send a copy of this description to the Director of Medical Services. A second specimen of blood shall be similarly taken from the patient on the fourteenth day after the commencement of the illness and the medical practitioner shall post it to the Director of the Yellow Fever Research Institute, Entebbe, Uganda. Specimen of blood to be sent to Yellow Fever Research Institute in cases of febrile disease without obvious diagnosis

(2) In the event of the patient dying, a viscerotomy or an autopsy shall be performed on the body by the medical practitioner or such other person as the Medical Officer of Health may authorise in writing. Viscerotomy or autopsy to be performed in case of death

(3) The person who performed the viscerotomy or autopsy shall send a specimen of the liver, packed in a solution of 10 per centum formalin in physiological saline, by air mail to the Director of the Yellow Fever Research Institute, Entebbe, Uganda, together with a completed specimen form as set out in the Schedule. A copy of the completed specimen form shall be sent to the Director of Medical Services.

(As amended by Acts No. 168 of 1954 and No. 51 of 1963) Specimen of liver to be sent to Yellow Fever Research Institute

4. (1) If it should come to the notice of a medical practitioner that a person has died of yellow fever, or of a condition resembling yellow fever, such practitioner shall perform a viscerotomy or an autopsy on the corpse and dispose of the specimen of the liver in the manner set out in sub-regulation (3) of regulation 3. Viscerotomy or autopsy to be performed in cases where death suspected from yellow fever

(2) A viscerotomy or an autopsy may be performed on any corpse if a Medical Officer of Health shall so require on the grounds that there is a reasonable suspicion that death was due to yellow fever, and such viscerotomy or autopsy may be performed by a Medical Officer of Health or by a Health Inspector or by

any person authorised in writing by a Medical Officer of Health.

5. Where a person is suffering from a febrile disease in the circumstances described in sub-regulation (1) of regulation 3, or where a person has died in the circumstances described in regulation 3 or 4, no person shall obstruct in any way a Medical Officer of Health or a Health Inspector or a person authorised by a Medical Officer of Health in writing in obtaining any specimen of blood or performing any viscerotomy or autopsy. Offence

SCHEDULE

(Regulation 3 (3))

SPECIMEN FORM

VISCEROTOMY SPECIMEN FOR PATHOLOGICAL EXAMINATION

Specimen No.

Name

Tribe

Village

Chief

Boma

Age

Sex

Locality where taken sick

Date taken sick

Hour and date of death

Hour and date of puncture

Place where death occurred

Name of sender

Date of despatch

Original to be sent to the Director of the Yellow Fever Research Institute, Entebbe, Uganda, with specimen; duplicate to be sent by post to the Director of Medical Services.