DEPARTMENT OF HEALTH

No. R. 27 **25 January 2008**

NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)

REGULATIONS REGARDING COMMUNICABLE DISEASES

The Minister of Health intends, in terms of section 90 of the Health Act, 2003 (Act No. 61 of 2003) and subject to any law, to make the regulations in the schedule.

Interested persons are invited to submit any substantiated comments on the proposed regulations, or any representations they may wish to make in regard thereto, to the Director-General: Health, Private Bag X 828, Pretoria, 0001 - for the attention of the Director: Communicable Disease Control within three months of this notice.

SCHEDULE

CHAPTER 1

DEFINITIONS

"address" means a place of ordinary residence, but excludes a post office box number;

"barrier nursing" means procedures, methods or processes used in nursing care to protect health care workers, patients and other persons against infectious agents transmitted from a patient or patients suffering from a communicable disease;

"body" means a human corpse and includes its placenta, foetus, any severed part or disinterred human remains, but excludes remains of a body which has been cremated;

"bury" means to dispose of a body by interment, cremation or any other method, and burial has a corresponding meaning;

"carrier" means a person or animal infected with a specific infectious agent or medium in the absence of a clinical disease that may be a potential source of infection for humans;

"child" means an unmarried person under the age of 18 years;

"committee" means the committee established in terms of sub-regulation 2(1);

"emerging diseases" means new diseases that are coming on suddenly and which have never been defined before.

"epidemiology" means the study of the distribution and determinants of disease, injury and other health-related conditions in a defined human population;

"immune contact" means any person who, owing to his or her having contracted a communicable disease in the past or his or her having been successfully immunised against it, is not likely to contract the disease again on exposure thereto;

"infectious agent" means an organism which may cause an infection or communicable disease in a person;

"health care facilities" means facilities, which provide health care at both private and public sector and include facilities such clinic (primary health care centre), hospitals, Community health centre, Maternity Obstetrics Units, General practitioners room.

"health care providers" means a person providing health services in terms of any law, including in terms of the-

(a) Allied Health Professions Act, 1982 (Act No. 63 of 1982);

(b) Health Professions Act, 1974 (Act No. 56 of 1974);

(c) Nursing Act, 1978 (Act No. 50 of 1978);

(d) Pharmacy Act, 1974 (Act No. 53 of 1974); and

(e) Dental Technicians Act, 1979 (Act No. 19 of 1979);

"isolation" means the separation of persons who are ill or suspected of having a specific infectious disease from those who are healthy with the objective of stopping transmission of infection and allowing for specialised care.

"local government" means the local sphere of government as determined in section 151 of the Constitution of the Republic of South Africa, 1996 (Act No 108 of 1996);

"National Health Laboratory Service" means the organisation established in terms of the National Health Laboratory Service Act, 2000 (Act No 37 of 2000), hereinafter referred to as the NHLS;

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

"nosocomial infection" means a disease acquired in and originating from a health establishment;

"notifiable medical condition" means a medical condition that must be reported in terms of a statutory obligation;

"public health emergency of international concern" means an extraordinary event which is determined, as provided in the International Health Regulations:

(i) to constitute a public health risk to other States through the international spread of disease and

(ii) to potentially require a coordinated international response;

"public health risk" means a likelihood of an event that may affect adversely the health of human populations, with the emphasis on one which may spread internationally or may present a serious and direct danger;

"poisoning" means to administer poison or to contaminate with poison.

"quarantine" means separation and restriction of movement or activities of "healthy" persons, animals, or goods that have been exposed or are suspected to have been exposed to an infectious agent and may be incubating the disease, through-

(i) the removal, isolation or limitation of freedom of movement of a person or animal; or

(ii) the removal or restriction of movement of vehicles, goods, articles or any other things,

that have been exposed or are suspected of having been exposed to a communicable disease;

"relevant member of Local government" means a person responsible for health at a municipal level;

"susceptible contact" means a person or animal that is at risk of contracting a communicable disease following contact with an infected person and/or animal;

"vector" means any agent (living or inanimate) that acts as an intermediate carrier or alternative host for a pathogenic organism and transmits it to a susceptible host;

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

"zoonoses" means a disease of animals that can be transmitted to man.

CHAPTER 2

COMMUNICABLE DISEASE STRUCTURES AND RESPONSIBILITIES OF HEALTH ESTABLISHMENTS

Establishment of communicable diseases advisory committee

2(1) The Minister, hereby establishes the Communicable Diseases Advisory Committee, hereinafter referred to as the "committee". The Minister will appoint the members of the committee.

Composition of the committee

2(2) The committee shall consist of not less than fifteen (15) but not more than eighteen (18) members.

(a) The Minister will appoint at least six (6) but not more than eight (8) people from the national and provincial departments to be members of the committee. The remainder of the members will be appointed from amongst others the academia and health professionals.

(b) The appointment of members of the committee is for a three (3) year term. A member of the committee may not be re-appointed for more than two (2) successive terms.

(c) The committee must include at least any six (6) of the following experts:

(i) a medical specialist with extensive experience in the treatment of communicable diseases in adults;

(ii) a medical specialist with extensive experience in the treatment of communicable diseases in children;

(iii) a pathologist with extensive experience in laboratory diagnosis of infectious agents;

(iv) a specialist in public health medicine with skills and experience in the management of outbreaks, epidemics and disasters and the epidemiology and surveillance of communicable diseases;

(v) a health care provider with experience in health information systems, in the employ of a health establishment;

(vi) a person with experience in the management and prevention of environmental hazards conducive to the origin or spread of communicable diseases;

(vii) a health care provider with extensive experience of hospital infection control programmes;

(viii) a veterinarian with extensive experience in the control of zoonoses;

(ix) an entomologist with extensive experience in the research and control of human disease vectors;

(x) a representative from the National Institute for Communicable Diseases with extensive experience in the control of communicable diseases.

(d) The Minister, on good course shown, may terminate the appointment of any member to the committee or the latter's sub-committees.

(e) The Minister must appoint the chairperson and vice-chairperson,who will chair the meetings of the committee. In the absence of the chairperson, the vice-chairperson will chair the meeting. In the absence of both the chairperson and vice-chairperson the meeting of the committee may be chaired by any member.

(f) The Minister may appoint expert sub-committees as required, but a malaria advisory sub-committee and an infection control sub-committee will be appointed.

(g) The Minister may second experts to the communicable disease advisory committee and/or any sub-committee.

Responsibilities of the committee

2(3) The functions of the committee are to:

(a) advise the Minister on the following:

(i) policy and guideline formulation on matters related to communicable diseases control

(ii) prevention and control of communicable diseases

(iii) communicable diseases data information flow and/or management;

(iv) strategies for the prevention of nosocomial infections;

(v) strategies to strengthen surveillance and epidemiology of communicable diseases, laboratory analysis of communicable diseases.

(vi) perform any other functions related to communicable diseases

(vii) review the list of priority Communicable Diseases in annexure for emerging and re-emerging conditions of public health significance

(b) Manage and control Communicable Diseases and Notifiable Medical Conditions of public health importance as the Minister may from time to time determine.

Functioning and meetings of the committee

2(4) The committee must determine its own procedures to discharge its responsibilities.

2(5) The committee must hold its meetings on such dates, times and venues as may be determined by the chairperson, but at intervals not exceeding six (6) calendar months. The first meeting must be held within three (3) months of the appointment of the full committee.

2(6) A quorum of a meeting of the committee shall be two thirds majority of the entire committee for decision-making. If a new or administrative decision is taken, such has to be confirmed by a simple majority of the entire committee.

2(7) Directorate Communicable Disease Control of the Department of Health will function as the secretariat for the committee.

2(8) The committee may establish one or more sub-committees to advise it on any matter, and the chairperson of such a subcommittee must be a member of the committee.

(a) The term of office of a person appointed to a sub-committee of the committee will be determined by the task for which the sub-committee was formed, but may not exceed thirty six (36) successive months.

(b) Members of sub-committees may be re-appointed for a maximum of two successive terms.

(c) Notwithstanding paragraphs (a) and (b) above, membership to a sub-committee may be terminated at any time by the chairperson of the committee on good cause shown.

2(9) Terms of reference of the Committee must be finalised within one month after its appointment, and approved by the Director-General.

Responsibilities of Provincial Heads of Departments

3 The responsibilities of Provincial Heads of departments of health with regard to communicable diseases include:

(a) the institution and maintenance of immunisation programmes against common communicable diseases;

(b) the establishment of outbreak response teams that are functional at provincial level and that have local government representatives on the team;

(c) the taking of reasonable steps to ensure that there is the provision, distribution, storage and marketing of fresh meat, dairy products and all other foodstuffs will take place in such manner as to minimise the development or spread of infectious diseases;

(d) ensuring that a chapter on the surveillance, prevention, occurrence, management and control of infectious diseases is included in their annual reports on the health status of each province.

Responsibilities of Heads of Health Facilities

4(1) The head of every health care facility must be responsible for the implementation of the Infection Control (IC) policy

4(2) Facilitate availability of dedicated sections or beds for isolation purposes

4(3) The head of every health facility must appoint one or more persons to act as an Infection Control Officer (ICO) or officers for that health facility.

4(4) All health facilities with less than or equal to two hundred (200) beds must appoint at least one designated ICO. Where there are two hundred (200) or more beds in a health care facility, at least one further ICO must be appointed per additional two hundred (200) beds.

4(5) The functions of an ICO include:

(a) enforcement of infection control measures

(b) assisting with the standardisation of clinical procedures to prevent and control nosocomial outbreaks and/or infections in a health facility;

(c) the investigation and operational research of nosocomial infection and outbreaks;

(d) advising on sterilisation and disinfection;

(e) advising on and supervising isolation and barrier nursing procedures;

(f) training and education of all health care workers in respect of nosocomial infections as in line with applicable legislation and/or policies;

(g) surveillance of communicable diseases in the facilities, including timeous reporting of all communicable diseases

(h) ensuring the collection of appropriate specimens for microbiological investigations where indicated;

(i) the keeping of statistics of nosocomial infections;

(j) providing data obtained from facility records to the head of the health establishment for the purpose of monitoring and surveillance of communicable diseases.

(k) Serving on the infection control committee; and facilitating the establishment where not available

(l) ensure the availability and usage of IC manual or protocols for health care workers.

4(6) In view of the preceding sub-regulation, all health establishments including individual health care providers are required to implement any IC policy plan on the prevention and control of nosocomial infections.

CHAPTER 3

NOTIFIABLE COMMUNICABLE DISEASES

Declaration of Notifiable Communicable Diseases

5. The Minister may, after consultation with the National Health Council, declare by notice in the *Govemment Gazette* any Notifiable Communicable Diseases if in his or her opinion:

(a) such a disease poses a serious threat to an entire or part of a population of a particular province or the Republic;

(b) may require immediate, appropriate and specific action by the national department, one or more provincial departments and/or one or more municipalities; and

(c) in certain instances conditions and diseases that may be regarded as a public health emergency of international concern or a public health risk;

and may determine that –

(i) certain diseases be notifiable in certain provinces or certain municipalities;

(ii) certain diseases be notifiable by certain categories of health care workers;

(iii) specific diagnostic or laboratory criteria apply to specific diseases for notification; or

(iv) on application of a municipality, any medical condition other than a medical condition declared a notifiable disease under (a) and (b), be declared notifiable within a district of that municipality for a period specified in the notice or until the notice is withdrawn.

Reports on Notifiable Communicable Diseases

6(1) When a health care provider diagnoses the disease referred to in Annexure 1 in a person or in a specimen obtained from a person, he or she must report the findings: and

(a) where the disease concerned is acute and life threatening as referred to in Annexure 1 Table 1, immediate verbal notification must be done and this must be followed by confirmation in writing within 24 hours of laboratory confirmation of the disease;

(b) in any other case as referred to in Annexure 1 Table 2, notification must be done in writing within seven days, to

(i) the office of health or any other appropriate section, of the Local government concerned; or

(ii) the provincial department of health concerned.

6(2) When a report referred to in sub-regulation 6(1) is made, all information must be furnished in accordance with the prescribed notification forms as set out in Annexure 5 hereto.

6(3) Each head of a provincial department must furnish the Director-General with a weekly zero report of notifiable life-threatening communicable diseases

6(4) The municipality in which the disease has occurred must-

(a) take all the necessary measures for the prevention of the spread of the disease; and

(b) if the person in respect of whom the report is made has more than one residential address in more than one municipality, whether permanent or temporary, inform the other municipality concerned of the permanent or temporary residential address, whichever is applicable and of the medical condition of the person so that the necessary measures can be taken to prevent the spread of the medical condition.

6(5) The International Health Regulations National Focal Point through the WHO IHR Contact point must notify the Director-General of the World Health Organisation of any disease or risk that may constitute a public health emergency of international concern that may require a coordinated international response, within 24 hours.

CHAPTER 4

PREVENTION AND CONTROL OF COMMUNICABLE DISEASES BY HEALTH AUTHORITIES AND HEADS OF INSTITUTIONS

Voluntary medical examination, prophylaxis, isolation, quarantine or treatment of persons who are carriers or susceptible contacts

7(1) (a) Any person who reasonably suspects on medical grounds that he or she is a carrier, susceptible contact or person suffering from a disease which is a danger to public health must subject himself or herself to medical examination by an authorised medical officer in order to confirm the suspicion.

(b) The medical examination referred to in paragraph 10(1)(a) must include the taking of any biological specimens reasonably necessary for the confirmation of a laboratory analysis.

(c) Any health care provider who reasonably suspects on medical scientific grounds that a person is a carrier, susceptible contact or is suffering from a disease which is a danger to the public health must within 24 hours of having become suspicious inform the relevant health authority of such suspicion.

(d) A health care provider can apply for court order as is contemplated in sub-regulation 7(1) if the person refuses to undergo voluntary intervention.

7(2) (a) The carrier, susceptible contact or person suffering from the specified disease requested or ordered by means of a written notice by a health care provider, must-

(i) at all times comply with and carry out reasonable instructions given to him or her by a health care provider regarding personal and environmental hygiene or other precautionary measures to prevent or restrict the spread of an infection;

(ii) inform such health care provider of his or her intention to change his or her place of residence or work and furnish such authorised health care provider with the new address.

(b) Upon receipt of the new place of residence or work referred to in sub-paragraph (a)(ii), the health care provider must furnish such new address in writing to the relevant Local government in whose area such a carrier or sufferer will be working or residing.

7(3) When a healthcare provider concludes on medical scientific grounds that there is a danger that a carrier or susceptible contact may transmit Table 1 diseases or MDR or XDR TB to other people, he or she may subject the person to a court order as contemplated in sub-regulation 7(1).

7(4) A parent, guardian or person who has legal custody of or control over a child or person who is a carrier or sufferer from a communicable disease must render all reasonable assistance in the execution of this regulation or of any notice issued in terms hereof in respect of such child.

Immunisation as emergency measure

8(a) Where the Director-General reasonably believes on medical and scientific grounds that the health of the entire or part of the population of the Republic including health care providers may be affected by a vaccine preventable communicable disease (Annexure 1), subject to a court order, he or she may by notice in the *Government Gazette* –

(a) demarcate an area for the compulsory immunisation of all its inhabitants or of a specific group or category of such inhabitants;

(b) designate health institutions and persons that shall carry out such immunisation;

(c) determine a period during which the immunisation shall be done, and

(d) quarantine any person who unreasonably refuses to be immunised under these circumstances, and for when there is no written exemption because of contradiction on medical grounds.

(b) The health institution or person referred to in sub-regulation 11(1)(b) may authorise any health practitioner to immunise persons in terms of this sub-regulation 11(1) as an immunisation officer.

(c) The head of a provincial health department in whose province an area or areas referred to in sub-regulation 11(1) fall shall co-ordinate all matters with regard to the immunisations carried out in terms of this regulation.

(d) The health institution or person referred to in sub-regulation 11(1)(b) may determine the places, times of compulsory immunisations and the classification of persons at immunisations points, and any other medically significant information that must be recorded.

Defrayment of costs

9. Any costs associated with any actions performed in terms of regulations 7 and 11 above, shall be defrayed by the state.

CHAPTER 5

Mandatory medical examination, isolation and quarantine

10(1) A health care provider may apply to the high court for an order, if a person who is a carrier or susceptible contact or ill because of a communicable disease as listed in Table 1 or who is diagnosed with MDR or XDR TB and does not voluntary consent:

(a) to be medically examined, including the taking of any biological specimen, where such a person has wilfully refused to undergo such examination;

(b) to be admitted to a health facility ;

(c) mandatory isolation for Table 1 infected persons and persons with MDR or XDR TB who wilfully refuse treatment.

10(2) A health care provider may apply for a High Court order to:

(a) quarantine any "healthy" person who is a carrier or susceptible contact of a Table 1 communicable disease which may be a threat to public health and which may be contagious before he/she becomes overtly ill, to, amongst others, a designated area of a health establishment or any designated place in order to protect other persons from acquiring the disease; or

(b) conduct an autopsy on a corpse, who has presumably died of a communicable disease, in order to ascertain the exact cause of death only where this is in the interest of public health and on special request;

10(3) The following conditions have to be fulfilled before mandatory action can be taken, namely:

(i) It is a confirmed communicable disease that is hazardous to the public (Table1 and MDR and XDR TB);

(ii) Other measures which may prevent the occurrence or spread of the disease must have been tried;

(iii) An overall evaluation has been made that this is clearly the most justifiable course of action in relation to the risk of the disease being transmitted and to the stress the compulsory measure is likely to entail;

(iv) It is highly probable that other persons will otherwise be infected; and

(v) The head physician of the department in which the person is isolated is authorised to annul the decision as soon as the conditions for mandatory action is no longer present, or the person convert to voluntary interventions.

10(4) The provisions of the sub-regulation 10(1) regarding applications to court apply *mutatis mutandis* to the relevant members of municipalities and the latter's equivalent in local authorities, concerning public and private individual and groups, institutions, entertainment, recreational, sporting, business, and any other premises.

10(5) An order of the court contemplated in sub-regulations 10(1) and 10(2) shall be valid for a period not exceeding six months where after a new court order must be sought.

10(6) The proceedings of the court for the applications referred to in sub-regulations 10(1) and 10(2) must be conducted as for civil action brought before that court.

10(7) Where any order of court is sought in terms of sub-regulations 10(1) or (2), the provincial Head of Health must be citated as a co-party to the proceedings.

10(8) The seeking of a court order must not delay any action or activity to protect public health.

10(9) A person against whom the court order is instituted shall have the right to appeal against such order.

Responsibilities of health authorities

11(1) On receipt of the notice referred to in sub-regulation 6(1), a health authority must reasonably satisfy itself that the spread of such disease constitutes or will constitute a real danger to public health, and in writing inform the owner, occupier or person in control of premises that are subject to conditions contained in the court order referred to in sub-regulation 7(1) or 7(2), one or more of the following steps are to be taken as they are deemed necessary:

(a) the regulation or restriction of access to any premises within its jurisdiction where the disease may or actually occurs or has occurred or where the occupants of the premises are carriers or susceptible contacts;

(b) the clinical examination of susceptible contacts by a health care provider for the presence of any clinical evidence of a communicable disease;

(c) the obtaining of biological specimens from humans, animals or any inanimate object for laboratory examination for evidence of a communicable disease;

(d) the quarantining of carriers or susceptible contacts;

(e) the cleaning, sanitising, disinfecting, sterilising or decontaminating of any person or object for the reduction or elimination of any pathogens, vectors or reservoirs of infectious agents;

(f) the employment of any acceptable means to eliminate parasites or infectious agents from the skin of humans or animals harbouring or suspected of harbouring parasites or infectious agents.

11(2) The correspondence referred to in sub-regulation 8(1)-

(a) must be served on the owner, occupier, controller or any other person with control over such premises, or

(b) which relates to any premises in general must be made known through one or more of the following measures as may be deemed necessary:

(i) by notice in the *Government Gazette;*

(ii) by notice in a newspaper in circulation in the area where the order will apply;

(iii) by means of a radio or television announcement;

(iv) by distributing written notices among the public;

(v) by putting up notices in public or in conspicuous places in the area where the order will apply or by having the order announced orally in the area where it will apply.

11(3) The relevant member of local government must immediately inform the relevant member of municipality after correspondence has been issued by the former in terms of sub-regulation 8(1), and confirm in writing within 72 hours of the issuing of the correspondence concerned and reasons for the issuing of such correspondence.

11(4) A health care provider authorised by the relevant member of a municipal council or a local government may, in order to prevent the spread of a communicable disease referred to in Annexure 1 or to control or restrict such disease, require that he or she be furnished with the names and addresses of people who are or were at entertainment, recreational, sporting, business, educational or any other public premises.

11(5) A health care provider who acts under the power vested in him or her by sub-regulation 8(1) must-

(a) immediately after concluding his or her role in such action, give a comprehensive report to the relevant health authority of all action taken;

(b) exercise his or her powers with the necessary circumspection and not cause any unnecessary inconvenience to any person.

Institutions

12(1) The head of an institution such as training or education institutions, care or residential institutions, barracks, prisons –

(a) who is aware or reasonably suspects that any person at the institution of which he or she is head, or who happens to visit such institution –

(i) suffers from a communicable disease listed in Annexure 1

(ii) was in contact with a carrier or susceptible contact; or

(iii) is infested with lice or other parasites, must immediately inform the Local government in which such institution is situated verbally and in writing; and

(e) quarantine, or isolate and treat such person until informed otherwise by the relevant health authority.

12(2) The parent or guardian of a learner in respect of whom to the best knowledge of the parent or guardian a condition referred to in sub-paragraphs 9(1)(a)(i), (ii) or (iii) applies, must immediately inform the head of an educational institution concerned of such condition and ensure that the said learner does not leave their place of residence until informed otherwise by the relevant health authority.

12(3) The parent or guardian of a child of school entry age or younger who attends a care or educational institution as a learner may on admission of the child to the institution be required to submit written proof of all vaccinations against

communicable diseases that such child has received, or written proof of having suffered from a vaccine-preventable disease.

12(4) The head of a care or educational institution attended by learners of school entry age or younger must keep a written record of the immunisations contemplated in sub-regulation 9(3).

12(5) The head of all institutions must ensure prevention of transmission of communicable diseases, particularly those that are vaccine-preventable.

12(6) The head of all institutions must ensure the adherence to infection control principles to prevent transmission of infection.

CHAPTER 6

PREVENTION OF THE TRANSMISSION OF COMMUNICABLE DISEASE FROM BIOLOGICAL AGENTS AND OTHER VECTORS TO PERSONS

Vehicles of transmission of communicable diseases

13 (a) The relevant local government may appoint an authorised health officer to conduct environmental health investigations, enter and search premises, manage offences in accordance with chapter 10 of the Act in order to prevent the transmission of a communicable disease to people by or from animals, insects, parasites, contained in goods, conveyances, parcels, premises and any other vehicles of transmission.

Measures to combat vectors and to prevent the transmission of vector-borne diseases

13(b) (i) An owner or occupier of any premises must take reasonable measures to remove, screen or treat any collection of water or any other habitat in which mosquitoes can live or breed, on such premises in such a way as to prevent the survival and breeding of mosquitoes.

(ii) An environmental health officer may in writing order the owner or occupier of premises where mosquitoes live or breed to take reasonable measures to prevent the survival and breeding of mosquitoes within a determined period, and if such owner or occupier fails to carry out these measures within the said period the local government concerned may take such measures where practicable for the account of such owner or occupier.

13(c) The owner or occupier of any premises must, if so ordered in writing by an environmental health officer, within the period determined in the order:

(i) spray, fumigate, disinfect, or treat the premises or building, structure, goods or article on such premises, with a specific residual insecticide or other agent, in such a way, at such strength of application and with such intervals of application as determined by the order;

(ii) screen the outer doors, windows and other openings of any building, or structure in which people live, work or meet, with gauze screens with not less than six openings per linear centimetre of the surface, and maintain the gauze screens in good working condition or take any other measures to prevent the entry of mosquitoes.

13(d) If an owner or occupier of any premises fails to carry the reasonable measures as ordered in sub-regulation 13(3) within the prescribed period, the local government may take such measures as are practicable for the account of such owner or occupier.

13(e) The owner or occupier of any premises that have been treated with residual insecticide or other agent as referred to in sub-regulation 13(3) or (4), shall ensure that such insecticide or agent is not plastered or painted over, removed or rendered harmless during the effective period of the said insecticide or agent.

13(f) Subject to a court order contemplated in these regulations, any person who lives, works or stays in an area where the vector mosquitoes of a mosquito-borne disease occur, or in an area where it is suspected that such a disease occurs must:

(i) if so ordered by an authorised medical officer, subject himself or herself to a medical examination at a time and place determined by such medical officer, in order to establish whether he or she is a carrier of such mosquito-borne disease;

(ii) if so ordered by an authorised medical officer, subject himself or herself to treatment for the prevention or cure of the mosquito-borne disease as prescribed by an authorised medical officer;

(iii) if he or she has been diagnosed as a carrier or sufferer of a mosquito-borne disease, inform an authorised medical officer of his or her intention to change his or her place of residence or work and after such change of his or her new place of residence or work, and an authorised medical officer shall furnish such new address to the district health authority of the district in which such a carrier or sufferer is.

Compulsory removal, cleansing, disinfecting and treating of persons and animals infested with fleas, lice or other parasites

14(a) Subject to a court order contemplated in the regulations, an authorised medical officer who is aware that any person or animal is infested with fleas, lice or other parasites may by written order, order that-

(i) the infested person cleanse, disinfect or treat himself or herself;

(iii) a person with legal custody or control of the infested person cleanse, disinfect or treat such infested person;

the owner of an infested animal or the owner or occupier of any premises where an infested animal is found cleanse, disinfect or treat such animal.

14(b) Subject to a court order contemplated in the regulations, if such a person, owner or occupier fails to take measures as ordered in sub-regulation 14(a) (i), (ii) or (iii), a medical officer may order such person, owner or occupier to bring the infested person or animal to a place and at a time determined in the order so that he or she or it may be cleansed, disinfected or treated there by or under the supervision of a medical officer.

CHAPTER 7

Offences and penalties

15 Any person who is liable to notify a condition contemplated in the Annexure1 and who fails to do so will be prosecuted and if found guilty of the offence will be liable to a fine of twenty thousand rands (R20 000.00) or a term of imprisonment not exceeding five (5) years or both such fine and imprisonment.

Repeal

16 The regulations published under Government Notice No. R 2438 of 30 October 1987, No. 328 of 22 February 1991, No. 716 of 22 April 1994, No. 1307 of 3 October 1997, No. R. 485 of 23 April 1999, are hereby repealed.

ANNEXURE 1

Reporting of Communicable, Non-Communicable diseases and Health events of Public Health Importance

TABLE 1: Immediate verbal report and written confirmation within 24 hours

Communicable Disease	***ICD10 code***
Acute flaccid paralysis	AFP
Anthrax	A22
Cholera	A00
Crimean-Congo Haemorrhagic Fever & other viral haemorrhagic fevers	A98
Food poisoning	A02 & A05
Meningococcal infection	A39
Plague	A20
Rabies	A82
Yellow fever	A95

TABLE 2: Reportable within seven (7) days

Medical condition	***ICD10 code***
Brucellosis	A23
Congenital syphilis	A50
Diptheria	A36
Haemophilus influenzae type B	HIB
Lead poisoning	T56
Legionellosis	A48
Leprosy	A30
Malaria	B54
Measles	B05
Paratyphoid fever	A01
Poisoning agricultural stock remedies	T57 & T60
Rheumatic fever	I00
Schistosomiasis (Bilharziasis)	B65
Tetanus	A35
Tetanus neonatorum	A33
Trachoma	A71
Tuberculosis	A15 – A 19
Typhoid fever	A01
Typhus fever (lice-borne)	A75.0
Typhus fever (ratflea-borne)	A75.2
Viral hepatitis	B15.9, B16.9, B17.8, B19
Whooping cough	A37

ANNEXURE 2		
Acute flaccid paralysis	On submission of a medical certificate	Immediately but Susceptible contacts should be immunised when a definite diagnosis of wild polio virus is made
Chicken pox (and *Herpes zoster*)	On submission of a medical certificate or 7 days after the onset of rash	Immediately
Cholera	After diarrhoea has stopped	Immediately
Diphtheria	On submission of a medical certificate. A course of immunisation should have been started	Immune contacts: Immediately Non-immune contacts: Eight days after removal from source of infection and a course of immunisation having been started.
German measles (rubella)	On submission of a medical certificate or four days after appearance of rash	Immediately
Haemophilus influenza type B meningitis	On submission of a medical certificate, provided the necessary prophylactic medicine has or is being taken	Immediately, provided the necessary chemoprophylaxis is being taken
Haemorrhagic fever diseases of Africa	On submission of a medical certificate or on recovery	Immediately, but must be kept under surveillance for 14 days
Haemorrhagic virus conjunctivitis	When conjunctivitis has cleared	Immediately
Hepatitis A Hepatitis B Hepatitis C	On submission of a medical certificate or seven days after appearance of jaundice	Immediately and following post-exposure prophylaxis to close contacts in the case of Hepatitis A and B
Leprosy	On submission of a medical certificate or after being on treatment for leprosy for three days	Immediately

Louse infestation	After proper cleansing and delousing and removal of nits on head, body and clothing	Immediately, but must be kept under surveillance
Measles	On submission of a medical certificate or four days after disappearance of rash	Immediately Susceptible contacts should be immunised against measles Immediately
Meningococcal disease	On submission of a medical certificate	Immediately after taking chemoprophylaxis
Mumps	Nine days after appearance of swelling	Immediately
Plague	On submission of a medical certificate	After chemoprophylaxis started, but must be kept under surveillance for 7 days
Poliomyelitis	On submission of a medical certificate or 14 days after beginning of the illness	Immediately Susceptible contacts should be immunised against poliomyelitis immediately
Scabies	After proper treatment	Immediately
Tuberculosis of the lungs	At least two weeks after starting treatment and submission of medical certificate and/ or proof of a negative smear microscopy result For MDR / XDR –TB at least 4-6mts after starting treatment on submission of medical certificate and /or negative culture results	Immediately if asymptomatic aor tested negative for TB, children under 5yrs should be given TB preventive therapy
Typhoid fever	On submission of a medical certificate or after at least 3 consecutive days negative stool cultures	Immediately, but for food-handlers after two negative stool, urine cultures,24 hrs apart
Typhus fever (louse-borne)	On submission of a medical certificate and after delousing	Immediately after delousing, but under close surveillance for 14 days
Whooping cough	On submission of a medical certificate or 21 days after the start of paroxysmal cough	Immediately if adequately immunised and after started a course of postexposure therapy

ANNEXURE 3

Codes of practice

The Minister may in terms of these regulations establish codes of practice regarding the following:

(1) Cleaning, disinfecting, sanitising, sterilising or pasteurising of ambulances, health care facilities, beds, incubators, operating theatres, clinics, wards, hospital crèches, hospital kitchens or milk kitchens, laundries, instruments, surgical sundries, health care equipment, delivery rooms, neonatal facilities and emergency centres.

(2) Management of waste in health care facilities.

(3) Information systems on communicable diseases.

(4) Specification for the standardisation of therapeutic and diagnostic equipment used for the diagnosis of communicable diseases.

(5) Health facility infection control.

(6) The procurement, storage, control and transportation of biological agents.

(7) Immunisation programmes and immunisation as emergency measure.

(8) The management and control of communicable diseases in crèches, pre-primary, primary, secondary and tertiary educational institutions.

(9) The management and control of communicable diseases in correctional service facilities, places of safety and refugee camps, reformatories, schools of industry, homes for older persons and children.

ANNEXURE 4

CASE OUTBREAK LINE LISTING TOOL

Grand Total										

ANNEXURE 5

MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name]....., date of birth....., sex.....,
nationality ....., national identification document, if applicable .....
whose signature follows .....
has on the date indicated been vaccinated or received prophylaxis against:
(name of disease or condition) .....
in accordance with the International Health Regulations.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from ..... until	Cachet officiel du centre habilitè

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organisation.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorised health worker , supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

DR ME TSHABALALA-MSIMANG, MP
MINISTER OF HEALTH
DATE: 21-12-2007