

No. 583/1986

COMMUNICABLE DISEASES ACT

Issued on 25 July 1986

CHAPTER 1

General provisions

Section 1

The provisions of this Act shall be observed in protecting the population against communicable diseases.

Section 2 (70/1999)

In this Act, 'communicable disease' refers to any disease or infection caused by microbes, parts of them or parasites which reproduce in the human body. A condition that is caused by a toxin produced by a microbe is likewise considered a communicable disease. The Communicable Diseases Act is also applicable to diseases caused by a prion.

Section 3 (935/2003)

In this Act, the actions to combat communicable diseases encompass the prevention, early detection and monitoring of communicable diseases, measures needed to investigate or combat an epidemic as well as examination, treatment and medical rehabilitation of persons who have a communicable disease or are suspected of having a communicable disease, and prevention of hospital infections.

In this Act,

- 1) *prevention of communicable diseases* refers to administration of vaccines, antibodies and medicines, health education and other measures aimed at individuals and their environment for the purpose of preventing the occurrence and spread of a communicable disease;
- 2) *early detection of communicable diseases* refers to health examinations and screenings arranged to find a disease;
- 3) *monitoring* refers to continuous collection, analysis and interpretation of information and its communication to those responsible for the prevention of communicable diseases;
- 4) *epidemic* refers to a greater than expected increase in the number of cases of a disease in a certain period of time in a certain population or area;
- 5) *examination* refers to examination of an individual conducted by a physician to diagnose a communicable disease or to give treatment;

- 6) *treatment* refers to outpatient or inpatient treatment given or supervised by a physician;
- 7) *medical rehabilitation* refers to measures aimed to improve and maintain the physical, mental and social functional capacity of the rehabilitees as well as to promote and support the rehabilitees' management of their life situations and coping with everyday routines independently; provisions on the services encompassed by medical rehabilitation are laid down in the Medical Rehabilitation Decree (1015/1991); (989/2006)
- 8) *hospital infection* refers to an infection that has started or has originated during the care provided in a health care unit; (989/2006)
- 9) *quarantine* refers to ordering a person exposed to or justifiably suspected of having been exposed to a pathogen to stay at home or another place assigned by the authorities or limiting the transfer of luggage, containers or other goods or separating them from other goods in order to prevent the possible spread of the microbes causing disease; and (989/2006)
- 10) *isolation* refers to ordering a person who has a communicable disease or a person justifiably suspected of having a communicable disease to a hospital. (989/2006).

Section 4 (935/2003)

Communicable diseases are classified into those that are generally hazardous, those that are notifiable, and other communicable diseases.

A disease can be considered a generally hazardous communicable disease if

- 1) it is easily communicable or spreads rapidly;
- 2) it is dangerous; and
- 3) its spread can be prevented by measures aimed at persons who have such a disease or are justifiably suspected of having such a disease.

A disease can be considered a notifiable communicable disease if

- 1) its monitoring presupposes information from a physician;
- 2) free of charge treatment for the patient is necessary to break the chain of infection;
or
- 3) it is question of a disease that is preventable by a general vaccination programme.

Generally hazardous and notifiable diseases are specified by Government decree.

Section 5

A person is suspected of having a communicable disease if he or she has symptoms suggestive of the disease or can, on some other grounds, be considered to transmit the disease.

A person is considered to have a communicable disease if he or she has been diagnosed as having the disease or if it is possible, on generally accepted medical grounds, to show that he or she has been infected, provided that the transmission of the infection is justifiably possible.

Signs still present in the human body following recovery from a disease shall not be considered a communicable disease.

CHAPTER 2

Administration of the combat of communicable diseases

Section 6 (935/2003)

The general planning, direction and surveillance of the combat of communicable diseases are the responsibility of the Ministry of Social Affairs and Health.

The planning, direction and surveillance of the combat of communicable diseases are the responsibility of the Regional State Administrative Agencies. (1543/2009)

In the area of a hospital district, the hospital district is responsible for directing the combat of communicable diseases. The hospital district is also the regional expert in the combat of communicable diseases and monitors its realisation within its area. The hospital district assists the municipal body responsible for the combat of communicable diseases in detecting these diseases and in investigating epidemics of communicable diseases and in tracking the infection. The hospital district directs the prevention, monitoring and investigation of hospital infections in its area.

The National Institute for Health and Welfare is the expert institution in the combat of communicable diseases. (1543/2009)

The expert body for the combat of communicable diseases is the Advisory Committee on Communicable Diseases in connection with the Ministry of Social Affairs and Health. The composition, appointment and tasks of the Advisory Committee are laid down by Government decree.

Further provisions on the tasks referred to in this section are laid down by Government decree.

Section 6 a (1543/2009)

As the relevant authority under the Ministry of Social Affairs and Health the National Supervisory Authority for Welfare and Health directs the operations of the Regional State Administrative Agencies with a view to harmonising their operational principles, procedures and decision practices in the direction and surveillance of the combat of communicable diseases. Furthermore, the National Supervisory Authority supervises the combat of communicable diseases in particular when it is question of issues that

- 1) are important as a matter of principle or far-ranging;
- 2) concern the area of operation of several Regional State Administrative Agencies or the entire country;
- 3) are related to a supervision matter regarding a health care professional being considered by the National Supervisory Authority for Welfare and Health; and
- 4) the Regional State Administrative Agency concerned is disqualified to consider.

Further provisions on the division of duties between the National Supervisory Authority for Welfare and Health and the Regional State Administrative Agencies in the direction and surveillance can be laid down by Government decree.

Section 7 (935/2003)

Municipalities are responsible for organising the combat of communicable diseases specified in this Act within their area as part of primary health care, as prescribed in the Primary Health Care Act (66/1972), the Health Care Act (1326/2010) and in this Act. (1341/2010)

The physician in charge of communicable diseases at a health centre shall explore the quality of a suspected or diagnosed communicable disease and its incidence, as well as undertake necessary measures to prevent the spread of the disease.

Section 8 (1722/2009)

The Act on Planning and Government Grants for Social Welfare and Health Care (733/1992) and the Act on Central Government Transfers to Local Government for Basic Public Services (1704/2009) are applied to activities arranged by municipalities on the basis of this Act, unless otherwise provided by law.

Section 9 (935/2003)

The State is in charge of organising the combat of communicable diseases within the Defence Forces, the Border Guard and the Prison Administration, as well as in state welfare and other similar state institutions. In organising the combat of communicable diseases, the health care staff of these institutions shall, as necessary, co-operate with the hospital district and the municipalities in the area.

Section 9 a (1244/2010)

The Ministry of Social Affairs and Health decides on economically significant acquisitions of vaccines needed for the vaccinations referred to in sections 11, 12 and 12 a. The National Institute for Health and Welfare implements the Ministry's acquisition decision. The National Institute decides on other acquisitions of vaccines after informing the Ministry of them in advance.

It can be laid down by decree of the Ministry of Social Affairs and Health that the National Institute for Health and Welfare shall ensure the availability of vaccines, antibodies and scientific material needed for the combat of hazardous or rare communicable diseases.

Section 9 b (1244/2010)

The National Institute for Health and Welfare shall monitor the efficiency and effects of the vaccines used for the prevention of communicable diseases, undertake measures to examine any identified or suspected vaccination complications and ensure that the vaccines referred to in section 25 will be appropriately distributed.

Section 10 (1543/2009)

Laboratory tests and tasks needed in the combat of communicable diseases are carried out by the National Institute for Health and Welfare and laboratories approved for this purpose. The relevant Regional State Administrative Agency approves the laboratories and supervises their operations. The Agency shall request the opinion of the National Institute for Health and Welfare before the approval of a laboratory.

The preconditions for approval of a laboratory are that it has appropriate premises and equipment as well as competent staff for performing its tasks and that its quality control is organised appropriately.

If it becomes apparent after the approval of a microbiological laboratory that the laboratory does not fulfil the preconditions for approval or that there are serious defects in its operations, the Regional State Administrative Agency can cancel the approval.

For the supervision of observance of the provisions laid down in this Act or in virtue of it the National Institute for Health and Welfare and the Regional State Administrative Agencies have the right of access to the laboratories in order to inspect their premises, operations and documents needed in the supervision, as well as to obtain for their use, notwithstanding confidentiality provisions and free of charge, information, reports, documents and other material. The right of access to information also applies to such information on private business and professional secrets as is needed for the supervision. The information, reports, documents and other material shall be delivered to the National Institute for Health and Welfare or the Regional State Administrative Agency within a reasonable time limit fixed by them. If the information, reports, documents and other material are not delivered within the fixed time limit, the Regional State Administrative Agency may obligate the laboratory to furnish them under penalty of a fine.

CHAPTER 3

Prevention of communicable diseases

Section 11 (1042/2008)

The municipalities shall arrange general voluntary vaccinations and medical examinations in order to prevent communicable diseases. Further provisions on the administration of general voluntary vaccinations and other vaccinations can be laid down by Government decree. Further provisions on the national vaccination programmes and notification of possible adverse effects of vaccinations and on health examinations for pregnant women are laid down by decree of the Ministry of Social Affairs and Health.

Section 11 a (787/2009)

The Ministry of Social Affairs and Health can decide that it is allowed to derogate from the provisions of the Medicines Act (395/1987) to prevent a communicable

disease constituting an immediate threat to public health and to treat the disease and its complications as follows:

- 1) a medicinal product for which there is no sales permit granted by the Finnish Medicines Agency or the competent body of the European Union may be used;
- 2) a hospital pharmacy or medicines centre can deliver medicinal products to other social and health care units without the permit of the Finnish Medicines Agency referred to in section 62 of the Medicines Act; and
- 3) a health care unit may deliver necessary medicines to persons who visit it.

Section 12 (935/2003)

The municipalities shall arrange general compulsory mass vaccinations in order to prevent the spread of a communicable disease capable of causing substantial harm to the health of population or a part thereof, or for some other medically important reason. The Government decides on the date of a compulsory vaccination and on which part of the population, group or age class the vaccination obligation applies to, how long the decision is in force and on possible other issues to be observed in the context of a vaccination. Opinion of the National Institute for Health and Welfare shall be obtained before making the decision, unless the National Institute has made the proposal on the matter. (1244/2010)

When it shall be considered particularly urgent to arrange a compulsory vaccination, the Ministry of Social Affairs and Health may issue a provisional decision on its realisation. The Government, which shall make the final decision on the matter, shall be informed about the decision without delay.

Section 12 a (1244/2010)

The Defence Forces and the Border Guard arrange compulsory vaccinations for each age class in order to prevent the spread of communicable diseases or for other medically important reasons. The Ministry of Social Affairs and Health decides on the content of a compulsory vaccination programme in the Defence Forces and Border Guard after having obtained the opinion of the National Institute for Health and Welfare thereof.

Section 12 b (596/2009)

The National Institute for Health and Welfare maintains a register of adverse effects of vaccines in order to ensure vaccine safety. Health care professionals must notify all identified or suspected adverse effects of a vaccine that have come to their knowledge. All data that are necessary for patient safety and vaccine safety are recorded in the register of adverse effects of vaccines, including the patients' names and identity codes, and data on vaccinations, their indications and adverse effects. The National Institute submits the data from the register to the Finnish Medicines Agency. The Medicines Agency submits the data it has received regarding a vaccine to the National Institute for Health and Welfare. The Act on the National Personal Data Registers for Health Care (556/1989) is applied to the register of adverse effects of vaccines.

The data on adverse effects shall be retained for ten years after the validity of the sales permit or registration. Thereafter the data shall be disposed of within one year, unless

the National Institute for Health and Welfare for particular reasons prescribes that the data shall be further retained for a maximum of five years at one time.

Section 13 (1543/2009)

The relevant Regional State Administrative Agency may order persons in a specific locality or workplace, institution, vehicle or other such location within its area of operation to undergo a compulsory physical examination if necessary to prevent the spread of a generally hazardous communicable disease.

A compulsory health examination is conducted by a physician or, for special reasons, by another health care professional with appropriate training under the supervision of a physician. Necessary specimens may be taken and other examinations that do not involve significant harm to the persons examined may be performed in order to detect a generally hazardous communicable disease.

Section 14

When a generally hazardous communicable disease constituting a risk of infection has been diagnosed or can justifiably be expected to occur, the health authorities specified in this Act shall, without delay, undertake the measures necessary to prevent its transmission.

For this purpose, the municipal body responsible for the prevention of communicable diseases may undertake the following measures in their area: (935/2003)

- 1) issue general instructions to be observed by the population;
- 2) order private homes and welfare institutions to be isolated and educational institutions and day care centres to be closed, and prohibit or restrict the organisation of events drawing large numbers of people; and
- 3) order sanitation and disinfection to be carried out or, if disinfection is disproportionately expensive in relation to the value of an object, order disposal of the object.

When a communicable disease other than that referred to in paragraph 1 above constitutes a risk of infection in the area of a municipality, the municipal body responsible for the prevention of communicable diseases may, as necessary, issue general instructions to be observed by the population and order educational institutions, day care centres and welfare institutions to be closed. (935/2003)

Section 15 (1543/2009)

Whenever it is necessary to take urgent measures to prevent the spread of a communicable disease fulfilling the criteria laid down in section 4 (2) that constitutes a serious risk to public health, the Ministry of Social Affairs and Health and, in its area of operation, the relevant Regional State Administrative Agency, may issue necessary decisions regarding them. Such a decision enables undertaking for a fixed period such measures as are applicable to generally hazardous communicable diseases.

Section 15 a (989/2006)

Whenever it is necessary to undertake urgent measures to prevent the spread of a generally hazardous communicable disease or a communicable disease fulfilling the criteria laid down in section 4 (2) that constitutes a serious risk to the health of population, the Ministry of Social Affairs and Health and, in its area of operation, the relevant Regional State Administrative Agency or a municipal body in charge of the prevention of communicable diseases may issue necessary decisions regarding them. The decision may involve ordering into quarantine for a fixed period a person who has been exposed to or who can justifiably be suspected to have been exposed to the communicable disease referred to above but who, on the basis of his or her state of health, is not in need of hospital care. It is also possible to put luggage, containers or other goods in quarantine. In urgent cases the health centre physician in charge of communicable diseases may issue a decision on ordering into quarantine. The decision must at once be submitted to the municipal body responsible for the prevention of communicable diseases for approval. (1543/2009)

A decision on ordering into quarantine can be made:

- 1) if there is an obvious risk of the spread of the disease; and
- 2) if the spread of the disease cannot be prevented by other measures or the person cannot subject or does not want to be subjected to the other measures referred to in sections 13, 14 and 16 that are necessary to prevent the spread of the disease.

A person can also be ordered into quarantine against his or her will.

The decision can involve ordering a person referred to in paragraph 1 into quarantine for a maximum of one month and goods for two months. An Administrative Court can upon proposal of the authority that made the decision extend the quarantine of a person by a maximum of two months and the quarantine of goods by three months, if the conditions for it still exist.

The quarantine period shall be terminated once the conditions referred to in paragraph 1 no more exist. The health centre physician in charge of communicable diseases decides on terminating it.

Section 16 (935/2003)

The physician in charge of communicable diseases at a health centre shall, if necessary to prevent the spread of a generally hazardous communicable disease, issue regulations concerning the examination of a person who has or is justifiably suspected of having such a disease and any other instructions necessary to prevent infections, as well as refer the affected person to appropriate treatment.

If the spread of a generally hazardous disease cannot be prevented by undertaking the measures referred to in paragraph 1, the municipal body responsible for the prevention of communicable diseases may order that persons who have the disease or who are justifiably suspected of having the disease shall be absent from their gainful employment for an uninterrupted period of six months at the most. In an urgent case

the health centre physician in charge of communicable diseases may decide on the absence from employment. The decision must at once be submitted to the municipal body responsible for the prevention of communicable diseases for approval. (989/2006)

The municipal body responsible for the prevention of communicable diseases may, on the conditions referred to in paragraph 2, also order that certain persons shall be absent from their day care place or educational institution for an uninterrupted period of six months at the most. In an urgent case the health centre physician in charge of communicable diseases may decide on the absence from day care place or educational institution. The decision must at once be submitted to the municipal body responsible for the prevention of communicable diseases for approval. (989/2006)

Where the conditions referred to in paragraphs 2 and 3 still exist, an Administrative Court may, upon the proposal of the municipal body responsible for the prevention of communicable diseases, order that the period prescribed in paragraphs 2 and 3 shall be extended by a maximum of six months at one time.

Section 17

A person who has or is justifiably suspected of having a generally hazardous communicable disease may be isolated in a medical care institution if

- 1) the risk of spreading the disease is evident; and
- 2) the spread of the disease cannot be prevented by any other measures or the person cannot or does not wish to submit to the other measures referred to in sections 13, 14 and 16 that are necessary to prevent the spread of the disease. (935/2003)

At the place of isolation, a person with a generally hazardous communicable disease may, even against his or her will, be given the treatment necessary to prevent the spread of the disease.

Section 18 (935/2003)

The municipal body responsible for the prevention of communicable diseases may order a person who has or is justifiable suspected of having a communicable disease to be isolated in accordance with section 17 for a period of two months at the most. In urgent cases such a decision may be taken by the health centre physician in charge of communicable diseases. The decision must be submitted immediately to the municipal body responsible for the prevention of communicable diseases for confirmation.

Following a proposal by the municipal body responsible for the prevention of communicable diseases, an Administrative Court may order the isolation to be extended by a maximum of three months if the prerequisites for isolation specified in section 17 are in force at the end of the isolation period referred to in paragraph 1 above.

Section 19 (935/2003)

Isolation must be terminated immediately once the prerequisites for isolation specified in section 17 no longer exist.

The provision of treatment and termination of isolation specified in section 17(2) shall be decided by the health centre physician in charge of communicable diseases or the relevant chief physician in a hospital.

Section 20 (935/2003)

If an employee carries out such tasks referred to in paragraph 2 that are associated with a greater than usual risk of the spread of a communicable disease and in which tasks the consequences of such a communicable disease would be more serious than usually, the employer shall demand that the employee gives a reliable account of not having a certain generally hazardous disease. It is laid down by Government decree for which generally hazardous communicable diseases the account referred to here shall be demanded.

Until giving the account referred to in paragraph 1 an employee may not:

- 1) work in a health care unit, an institution providing long-term care or in a water supply plant where he or she could cause a risk of the spread of a generally hazardous communicable disease referred to in paragraph 1;
- 2) care for children under school age or older people;
- 3) work on foodstuffs premises handling unpacked, easily perishable foodstuffs; or
- 4) carry out other tasks specified by Government decree that are associated with an obvious risk of the spread of a generally hazardous communicable disease referred to in paragraph 1 through foodstuffs.

The employer shall demand that an employee carrying out tasks referred to in paragraph 2(3) report to the employer the results of a laboratory examination or other examination after the employee has returned from a country in which he or she can have caught a generally hazardous communicable disease referred to in paragraph 1.

If there is reasonable cause to suspect that a person carrying out work or duties referred to above in paragraph 2 can spread a communicable disease, the municipal body responsible for the prevention of communicable diseases may order that the person shall stay away from his or her gainful employment for the period there exists a risk of spreading the disease, however for an uninterrupted period of six months at the most. In urgent cases the health centre physician in charge of communicable diseases may decide on the absence from employment. The decision shall at once be submitted to the municipal body responsible for the prevention of communicable diseases for approval. An Administrative Court can, upon the proposal of the municipal body responsible for the prevention of communicable diseases, extend this period by a maximum of six months at one time if the risk of spreading the disease still exists. (989/2006)

Section 21

The decisions referred to in this Act that are taken by the authorities can be implemented immediately despite submission for confirmation or an appeal process.

Section 22 (935/2003)

The attending physician is primarily responsible for referring a patient with a generally hazardous or notifiable disease and others who have possibly caught such a disease to examinations and treatment. If the physician cannot him/herself do this, the physician shall delegate the duty to the relevant health centre or hospital district physician in charge of communicable diseases. If the transfer of the duty has taken place in writing, the information on the transfer must be disposed of immediately after the measures aimed at preventing the spread of an infection have been undertaken, and it may not be recorded in patient documents. With a view to preventing the spread of the disease, a person who has or is justifiably suspected of having a generally hazardous and notifiable communicable disease is obliged to report, upon request, the manner, date and place of infection, and the name of the person from whom he or she may have caught the infection to the physician investigating the matter.

CHAPTER 4

Notifications

Section 23 (935/2003)

Physicians and dentists shall make notification of cases of generally hazardous or notifiable communicable diseases which they suspect or have diagnosed (*communicable disease notification*) to the National Institute for Health and Welfare. In case information needed to combat and prevent the spread of a generally hazardous or notifiable communicable disease is otherwise easily available to the above-mentioned authority, no notification however needs to be made. It is laid down by Government decree which diseases this exemption from the notification obligation applies to. (1042/2008)

The laboratories referred to in section 10(1) shall make a communicable disease notification of microbial findings of generally hazardous or notifiable communicable diseases they have detected to the National Institute for Health and Welfare. A communicable disease notification shall also be made regarding other microbial findings of communicable diseases whose incidence it is important to follow in a centralised way in view of early detection of epidemics or of planning programmes to combat them (*other microbial findings subject to registration*). Other microbial findings subject to registration are specified by Government decree. It is likewise specified by Government decree when microbial strains and samples shall be attached to the communicable disease notification. (1244/2010)

A communicable disease notification contains the identification data of the patient and data on the giver of the notification as well as such data on the patient, communicable disease or microbial finding and the manner, time and place of infection and treatment as are necessary to prevent communicable diseases or to investigate and prevent the spread of communicable disease epidemics, as laid down by Government decree.

The identification data include the patient's personal identity code and, in the notification of a generally hazardous or notifiable communicable disease, also the patient's name. When the communicable disease notification includes a microbial strain or microbial sample that is individualised with the same identification data as a communicable disease notification. If the patient in whom another microbial finding subject to registration has been detected has no personal identity code, the notification shall contain the patient's name, date of birth and sex.

Section 23 a (935/2003)

The physician in charge of communicable diseases of a hospital district shall, on the basis of the information he or she has obtained from a laboratory or a health care unit providing treatment, correct any faulty data and add the lacking data regarding the area or his or her hospital district in the national communicable disease register. The hospital district physician in charge of communicable diseases may keep, in order to prevent the incidence and spread of microbes specified by Government decree that are extremely resistant to medicines, a separate register of the carriers of the said microbes (*regional register of carriers of microbes extremely resistant to medicines*). (1042/2008)

The National Institute for Health and Welfare keeps a national communicable disease register based on the notifications referred to in section 23 (1) and (2) for the purpose of combating communicable diseases and preventing and monitoring their spread and compilation of statistics and research on them. (1244/2010)

A communicable disease notification shall be disposed of by the end of the year following the year of notification, and the information in the notification may not be copied or passed on to a health centre or hospital district to be recorded in their patient registers.

The identification data to be recorded in the national communicable disease register and in the regional register of carriers of microbes extremely resistant to medicines comprise the data referred to in section 23(4). The National Institute for Health and Welfare may supplement the data of the national communicable disease register by data on the patient's municipality of residence, native country, nationality and possible death obtained from the population register system. The information containing identification data may be retained as long as it is necessary for the purposes of the registers specified in paragraphs 1 and 2. The data on a person's name is disposed of by the end of the year following the year when the combination of the separate notifications of one and the same communicable disease is completed (*combination interval*). By the same date the personal identity codes in the national register must be converted into a form that individuals cannot be identified on the basis of them. The provisions of section 12(2) of the Personal Data Act (523/1999) apply to the assessment of the grounds and need for the handling of data. (1244/2010)

The combination interval is, as a rule, 12 months. The combination interval is however:

- 1) three months when the duration of the communicable disease is short,
- 2) three years when the course of the disease is especially slow, and

- 3) 50 years when the majority of persons infected remain permanent carriers of the infection.

Further provisions on the combination interval are laid down by Government decree.

Section 23 b (935/2003)

The personal data recorded in the registers referred to in section 23 a (1) and (2) shall be kept confidential. The National Institute for Health and Welfare may however, notwithstanding confidentiality provisions, pass on from the national register of communicable diseases to the hospital district physician in charge of communicable diseases information regarding the hospital district concerned and to the health centre physician in charge of communicable diseases information regarding the area of operation of the health centre concerned, to the extent necessary for carrying out the tasks related to the combat of communicable diseases of the hospital district and the health centre respectively. It can be laid down by Government decree that identification data shall not be passed on to the health centre physician in charge of communicable diseases in regard to a certain disease if this is necessary to ensure the privacy protection of the person who has the disease. (1042/2008)

The hospital district physician in charge of communicable diseases may, notwithstanding confidentiality provisions, pass on information included in the notifications referred to in section 23 a (1) as well as information he or she has obtained from the national communicable disease register on the basis of paragraph 1 to the physician in charge of communicable diseases at a health centre to the extent necessary for carrying out the tasks of the local authorities related to the combat of communicable diseases, as well as to the communities referred to in section 3 of the Blood Service Act (968/1994) to the extent necessary to prevent an infection transmitted through blood. Furthermore, the hospital district physician in charge of communicable diseases may, notwithstanding confidentiality provisions, pass on information on a patient from the regional register of carriers of microbes extremely resistant to medicines to another health care unit of the same specific catchment area and to the health care unit treating the patient, to the extent necessary to prevent the spread of an epidemic. (1042/2008)

The information referred to in paragraphs 1 to 3 above may also be transferred via a technical connection. Prior to opening a technical connection the person requesting information shall give an account of how the protection of the information is managed appropriately.

The National Institute for Health and Welfare may, notwithstanding confidentiality provisions, authorise passing on of personal data from the national communicable disease register, if the data is passed on for purposes of health care activities, prevention or treatment of diseases or specified scientific research linked with these, provided that the passing on of data meets the requirements laid down in section 16(3) of the Openness of Government Activities Act (621/1999). Before a decision is made on an authorisation, the Data Protection Ombudsman shall be afforded an opportunity to be heard. (1244/2010)

The Blood Service Act No. 968/1994 has been repealed by the Blood Service Act No. 197/2005.

Section 23 c (935/2003)

Whenever the prevention of the spread of a communicable disease may demand measures referred to in sections 12, 12 a, 13 – 18 or 20 of this Act, the recipient of the communicable disease notification or, in urgent cases, the person whose duty it is to make the notification shall, notwithstanding confidentiality provisions, bring the matter to the knowledge of the competent authority. A physician shall also, notwithstanding confidentiality provisions, notify the municipal health protection authority of any epidemic spreading via drinking water or foodstuffs which the physician suspects or has detected. The notification may include identification data of a person necessary to prevent the spread of an epidemic referred to in section 23(4) as well as information on the communicable disease and its manner of infection.

The health centre physician in charge of communicable diseases shall, notwithstanding confidentiality provisions, notify the municipal veterinary authority of a communicable disease that may originate from an animal or be transmitted to humans from animals (*zoonosis*) which the physician suspects or has diagnosed. The notification may contain such identification data of a person as is necessary to prevent the spread of an epidemic referred to in section 23(4) and information on the communicable disease and its manner of infection. Provisions on the diseases that shall be notified to the municipal veterinary authorities are laid down by Government decree. (1042/2008)

Section 24 (1042/2008)

The Finnish Food Safety Authority shall inform the National Institute for Health and Welfare and, in urgent cases, also the Ministry of Social Affairs and Health, of a suspected or diagnosed animal disease case that may endanger the health of humans.

The National Institute for Health and Welfare shall notify the Finnish Food Safety Authority of a suspected or diagnosed serious zoonosis that may endanger the health of humans.

CHAPTER 5

Payments and compensations

Section 25

Municipalities shall obtain vaccines against communicable diseases in accordance with this Act free of charge at the expense of the State.

Section 26 was repealed by Act No. 1106/1992.

Section 27 (989/2006)

A person ordered to be absent from gainful employment or placed in isolation or quarantine in order to prevent a communicable disease from spreading is entitled to a

daily allowance as laid down in the Health Insurance Act (1224/2004). If a child under the age of 16 is confined at home for the same reason, the child's provider shall be entitled to a daily allowance if the provider is prevented from working for this reason.

In addition to the daily allowance referred to in paragraph 1, a person is also entitled to compensation for the loss of income as laid down in the Health Insurance Act.

If the compensation referred to in paragraph 1 has been paid to the employer by virtue of Chapter 7, section 4, of the Health Insurance Act, and does not cover the wages or other similar compensation paid by the employer for the period of absence from work, isolation or quarantine, the employer is entitled to compensation for the remainder as laid down in the Health Insurance Act.

A person who has been forcefully isolated owing to his or her refusal to submit to the other measures necessary to prevent the disease from spreading is not entitled to the compensation referred to in paragraph 2.

Section 28

The owner of an object disposed of or handled in such a way that it is spoilt or damaged is entitled to compensation from the municipality concerned. The compensation shall cover the value of the object or its decrease in value.

Compensation is not paid for objects of minor value unless there are extremely weighty reasons for doing so.

Persons referred to in section 27(1) above are entitled to compensation from the municipality for financial damage which they were unable, through measures that could reasonably be required of them, to avoid, and for which they do not receive compensation on the basis of the said section.

CHAPTER 6

Appeal

Section 29

Appeal against the decisions referred to in this Act shall be lodged according to the provisions of the Act on Administrative Judicial Proceedings (586/1996), unless otherwise laid down below. (70/1999)

Decisions made by municipal authorities can be appealed to an Administrative Court. (935/2003)

Section 30 (989/2006)

Appeal against a decision ordering a person to be absent from gainful employment, to receive treatment against his or her will or to be placed in isolation or quarantine can

be lodged with an Administrative Court within 30 days of being informed of the decision.

Appeal may not, however, be lodged against decisions which, on the basis of section 18(1), are to be submitted to the municipal body responsible for the prevention of communicable diseases.

Section 31

Once the matter has been submitted for confirmation or appealed, the authority to which the submission is made or with which the appeal is lodged can prohibit implementation of the decision or order its interruption.

Section 32 (989/2006)

Submissions for confirmation and appeals in matters concerning a person's absence from gainful employment, isolation and ordering into quarantine specified in this Act must be handled urgently. Submissions for confirmation and appeals in matters concerning treatment, isolation and ordering into quarantine against a person's will shall be handled within seven days.

CHAPTER 7

Miscellaneous provisions

Section 33 (935/2003)

The import of microbes involving a risk of spreading a communicable disease or their parts according to section 4, paragraph 2 (1) and (2) shall be reported as provided in more detail by decree of the Ministry of Social Affairs and Health.

Section 34 (770/1992)

The Ministry of Social Affairs and Health may issue instructions for the use of vaccines, antibodies and other medicines used in the prevention of communicable diseases.

Section 35

If an international agreement that is binding on Finland contains provisions different from those given in this Act or in the provisions and regulations issued on the basis of it, the provisions of such an agreement shall be observed.

Section 36

A hospital district may conclude an agreement on the treatment of patients having a communicable disease with another joint municipal board or municipality. (935/2003)

If no agreement can be reached on cooperation deemed necessary for combating communicable diseases, the Government may order that such an agreement shall be concluded and, taking into account the interests of the parties on an equal basis, determine the terms of this cooperation. (76/1991)

Section 37 (408/2002)

The punishment for infringement of a provision laid down to prevent the spread of a communicable disease or of a general provision or a provision concerning an individual case is prescribed in Chapter 44, section 2, of the Penal Code (39/1889).

Section 38 (1543/2009)

If it is detected in the context of the direction and surveillance referred to in sections 6 and 6 a that a municipality or joint municipal board has, when organising or carrying out activities under this Act, acted erroneously or failed to fulfil its obligations, the National Supervisory Authority for Welfare and Health or the relevant Regional State Administrative Agency can issue the municipality, the joint municipal board or the official responsible for the erroneous action an admonition in order to prevent that such action is repeated in the future.

If the matter does not give cause to an admonition or other measures, the National Supervisory Authority for Welfare and Health and the Regional State Administrative Agency can draw the attention of the supervised party to appropriate arranging of the activities and observing good administrative practice.

The admonition issued or the drawing of attention by the National Supervisory Authority for Welfare and Health or the Regional State Administrative Agency referred to in this section may not be appealed.

Section 38 a (1259/2005)

The supervision authority referred to in section 6 or 6 a above will not consider a complaint regarding the combat of communicable diseases that concerns a case that took place more than five years ago unless there are particular reasons for the consideration of the complaint.

Section 39 (1543/2009)

Should the Regional State Administrative Agency, municipal body responsible for the prevention of communicable diseases or the health centre physician in charge of communicable diseases consider that the spread of a generally hazardous communicable disease cannot be prevented effectively by any other measures, the police must, upon their request, provide executive assistance.

Section 40

Employers shall allow their employees to obtain a vaccination referred to in sections 11 and 12 and to undergo a physical examination referred to in section 13 during working hours where this would otherwise be difficult.

The portion of an employee's regular daily working hours used for the purposes referred to in paragraph 1 above is considered as working time.

Section 40 a (935/2003)

The Ministry of Social Affairs and Health has a right to obtain information necessary for carrying out the tasks prescribed in this Act from other authorities.

The National Institute for Health and Welfare has a right to obtain, upon request, from a laboratory referred to in section 10 information about the number of examinations made to detect cases of communicable diseases and about the laboratory methods used. (1244/2010)

The National Institute for Health and Welfare has a right to obtain, upon request and notwithstanding confidentiality provisions, from the owner, possessor or user of an aircraft or other vessel, without delay and free of charge, information on the personal identity code, name, date of birth, sex, address and related particulars of a passenger who has been on board the aircraft or other vessel, if that is necessary to prevent the spread of a communicable disease which constitutes a serious threat to the population's health or to protect the passenger's own health. (1042/2008)

The National Institute for Health and Welfare and the physician in charge of communicable diseases of a hospital district have a right to obtain, notwithstanding confidentiality provisions, from the municipal and state health care and health protection authorities and from laboratories referred to in section 10 such information as is necessary for investigating the cause of an epidemic as referred to in section 3, as well as for this purpose handle the information given to them by persons having the communicable disease and other persons themselves. The National Institute and the physician in charge of communicable diseases of a hospital district have a right to pass on, notwithstanding confidentiality provisions, the information they obtain when making such investigations as are necessary for carrying out the duties assigned to these authorities in the law, to the authorities responsible for the prevention of communicable diseases and to municipal health protection authorities. The precondition for passing on information given by individuals themselves is, however, that the individual concerned has not prohibited it. Personal data shall be destroyed once they are no more needed for the investigation. (1244/2010)

Section 41

Further provisions on the implementation of this Act are issued by decree.

CHAPTER 8

Entry into force

Section 42

This Act enters into force on 1 January 1987.

This Act replaces:

- 1) the Vaccination Act of 14 June 1951 (361/1951),
- 2) the Act on Sexually Transmitted Diseases of 25 January 1952 (52/1952).
- 3) the Tuberculosis Act of 26 July 1960 (355/1960),
- 4) the Act on the Organisation of Tuberculosis Prevention in Certain Circumstances of 5 May 1967 (198/1967),
- 5) the Act on the Compulsory Physical Examination of Matriculated Students Studying in Institutes of Higher Education of 28 April 1958 (142/1958), and
- 6) the Decision of the Senate of 20 April 1909 including more specific regulations concerning the prevention of cholera,

as amended.

This Act also replaces sections 29-33, 35-45, 48-50 and 57(2)-(3) of the Health Care Act of 27 August 1965 (469/1965); section 29 partially amended by the Act of 17 September 1982 (679/1982), section 36 amended by the Act of 19 February 1980 (932/1980), section 38 partially amended by the Act of 27 August 1976 (741/1976), section 39 partially amended by the Act of 31 December 1974 (1039/1974), section 42 amended by the above Act of 17 September 1982, section 43 amended by the Acts of 29 November 1974 (885/1974) and 18 July 1981 (452/1981), section 44 partially amended by the above Act of 19 February 1980, and section 57(2)-(3) amended by the Act of 1 June 1984 (416/1984).

Section 43

A special outpatient department of sexually transmitted diseases maintained by a municipality shall be transferred to the use of health centres when this Act comes into force, unless the Ministry of Social Affairs and Health, following a proposal by the said municipality, approves its transfer to the use of a central hospital.

Section 44

If the transfer of funds and debts, specified in the Act on the Organisation of Tuberculosis Prevention in Certain Circumstances, from a federation of municipalities maintaining a tuberculosis district to a federation of municipalities maintaining a central hospital has been initiated when this Act comes into force, the transfer must be completed at the latest by the end of 1988.

The Government may, on special grounds, grant an extension to the time limit referred to in paragraph 1 above.

Section 45

Measures necessary for the implementation of this Act may be undertaken before the Act's entry into force.

Entry into force and application of Amended Acts:

1244/2010:

This Act enters into force on 1 January 2011.

The National Institute for Health and Welfare shall complete the acquisition of vaccines it started before the entry into force of this Act.

Measures necessary for the implementation of this Act may be undertaken before the Act's entry into force.

1341/2010:

This Act enters into force on 1 May 2011.

Measures necessary for the implementation of this Act may be undertaken before the Act's entry into force.