

Bulletin of Acts, Orders and Decrees of the Kingdom of the Netherlands

Year 2008

460

Act of 9 October 2008, regulating public health care matters (Public Health Act)

We Beatrix, by the grace of God, Queen of the Netherlands, Princess of Orange-Nassau, etc., etc., etc.

Greetings to all who shall see or hear these presents! Be it known:

Whereas We consider it desirable, for the purposes of implementing the revised International Health Regulations and enhancing preparedness for infectious disease-related emergencies, that statutory provisions should be made governing the organisation of infectious disease control activities, and that the duty of certain actors to provide information and the authority of certain actors to undertake action should be extended; We also consider it desirable that such provisions and the associated existing provisions should be brought together in a single Act to create a coherent statutory instrument; We therefore consider it desirable that the Public Health (Preventive Measures) Act, the Infectious Diseases Act and the Quarantine Act may be repealed and replaced by an Act governing public health; We also consider it desirable to incorporate into the latter Act provision for the obligatory storage of digital data in the context of youth health care;

We therefore, having heard the Council of State, and in consultation with the States General, have approved and decreed as We hereby approve and decree:

CHAPTER I GENERAL

Section 1

In the context of this Act and the regulations based upon it, the following definitions shall apply:

- a. *the International Health Regulations*: the International Health Regulations, including Appendices (Treaty Series 2007, 34);
- b. *Our Minister*: Our Minister of Health, Welfare and Sport;
- c. *public health care*: activities, including the prevention and early detection of disease, intended to protect and promote the health of the population as a whole or particular population groups;
- d. *youth health care*: public health care for people less than nineteen years old;
- da. *health care for older people*: public health care for people more than sixty-five years old.
- e. *group A*: smallpox, polio, severe acute respiratory syndrome (SARS);
- f. *group B1*: human infection by an avian influenza virus, diphtheria, bubonic plague, rabies, tuberculosis, viral haemorrhagic fever;
- g. *group B2*: typhoid fever, cholera, hepatitis A, B and C, whooping cough, measles, paratyphoid fever, rubella, shigellosis, shiga toxin-producing Escherichia (STEC)/enterohaemorrhagic Escherichia coli infection, invasive

group-A streptococcal infection, related food poisoning affecting two or more patients suggesting food as the source;

h. *group C*: infectious diseases designated in accordance with Section 19;

i. *epidemic of an infectious disease*: a sudden increase in the number of new cases of an infectious disease belonging to group A, B1, B2 or C;

j. *quarantine*: the sojourn of a person who may be contaminated with a group-A infectious disease in a building or vessel, or in rooms within a building or vessel, designated for this purpose by the mayor, in order to control the public health risks associated with that disease;

k. *medical supervision*: the medical supervision of a quarantined person with the purpose of determining whether he or she is infected with a group-A infectious disease and develops the associated symptoms of disease;

l. *contamination*: the presence of a vector, infectious or toxic agent or infectious or toxic substance on or in a building, good or conveyance, insofar as this constitutes a potential public health risk;

m. *infection*: the entry and subsequent development or multiplication of an infectious agent in the human body, insofar as this constitutes a potential public health risk;

n. *vector*: an insect or other animal that normally carries an infectious agent, insofar as this constitutes a potential public health risk, or a plant or substance in which an infectious agent normally lives, insofar as this constitutes a potential public health risk;

o. *corpse*: a corpse in the sense of Section 2, subsection 1(a), of the Burial and Cremation Act;

p. *port*: a port, including the anchorages, moorings, quays, jetties and, where a seaport is concerned, marine approach routes, as well as all nearby businesses, storage places and other premises and buildings, whose position, designation or function is such that it is appropriate to consider them parts of that port;

q. *airport*: a site that is intended entirely or partly for the take-off and landing of aircraft, including:

1°. the associated movement of aircraft on the ground,

2°. the handling of the air traffic referred to in the introductory passage of this definition and under 1°, or

3°. commercial activities associated with the handling of the air traffic referred to in the introductory passage of this definition and under 1°;

r. *civil operator*: civil operator as referred to in Section 1.1, subsection 1, of the Aviation Act;

s. *building*: any structure forming a covered space partially or entirely enclosed by walls, with the exception of structures whose function is the profession of religious or philosophical belief;

t. *conveyance*: an aircraft, vessel, train or road vehicle;

u. *good*: any tangible product, which may be a plant but is not an animal, a conveyance or a corpse in the sense of Section 2, subsection 1(a), of the Burial and Cremation Act;

v. *commodity*: any edible product, including a chewing product, any potable product or any other moveable item used in private housekeeping or another form of housekeeping defined as comparable under the Commodities Act;

w. *transport operator*: a natural or legal person who is responsible for a vessel or aircraft making an international journey using a port or airport, or the representative of such a person;

x. *laboratory*: a laboratory where substances excreted or removed from the human body are analysed for the diagnosis of infectious diseases;

y. *registered pilots' cooperative*: the registered pilots' cooperative (provided for pursuant to Section 15, subsection 1(b)(2), of the Pilots Act) which is

designated for the relevant shipping route, as referred to in Section 10, subsection 1, of the Maritime Traffic Act;

z. *public service number*: the public service number referred to in Section 1(b), of the Public Service Number (General Provisions) Act;

aa. *RIVM*: the National Institute of Public Health and the Environment (part of the Ministry of Health, Welfare and Sport) that is responsible for infectious disease control, as referred to in Section 1(b), of the RIVM Act.

CHAPTER II PUBLIC HEALTH CARE ACTIVITIES

§ 1 General

Section 2

1. The municipal executive shall promote the establishment and continuity of and cohesion within a system of public health care and the harmonisation of that system with the curative health care system and the system for the provision of medical assistance in the event of accident or disaster.

2. Pursuant to subsection 1, the municipal executive shall at least make provision for:

a. the acquisition of insight into the health status of the population based on epidemiological analysis;

b. the collection and analysis, every four years and in accordance with a uniform national standard, of data on the health status of the population, prior to the formulation of the Municipal Health Policy Document, referred to in Section 13, subsection 2;

c. monitoring of the health implications of governmental decisions;

d. support for the establishment, implementation and coordination of preventive programmes, including health promotion programmes;

e. the promotion of environmental medical care;

f. the promotion of technical hygienic care;

g. the promotion of psychosocial assistance in the event of disaster.

3. Regulations may be laid down by order in council governing the activities referred to in subsection 2. Furthermore, in connection with the task referred to in subsection 1, regulations may be laid down by order in council governing and, where appropriate, requiring the provision of anonymous data to the municipal executive by individuals and institutions active in the field of health care. Any order in council regarding the provision of data to the municipal executive by people or institutions shall make provision for the protection of privacy and the reimbursement of costs.

Section 3

1. Our Minister shall promote the quality and efficiency of public health care and shall arrange for maintenance and improvement of the national support structure.

2. Our Minister shall promote interdepartmental and international cooperation in the field of public health care.

Section 4

Regulations may be laid down by order in council governing and, where appropriate, requiring the provision of anonymous systematic information by the municipal executive to Our Minister concerning the implementation of this Act.

§ 2 Youth health care

Section 5

1. The municipal executive shall arrange for the provision of youth health care.
2. Pursuant to subsection 1, the municipal executive shall at least make provision for:
 - a. the systematic monitoring and highlighting of developments in the health status of young people and of health-promoting and health-threatening factors;
 - b. the estimation of care requirements;
 - c. the early detection and prevention of particular disorders, with the exception of perinatal testing for phenylketonuria (PKU), congenital hypothyroidism (CHT) and adrenogenital syndrome (AGS) and vaccinations provided through the National Immunisation Programme;
 - d. the provision of information, advice, instruction and guidance;
 - e. the formulation of measures to influence health risks.
3. Pursuant to subsection 1, the municipal executive shall see to it that digital data storage systems are used for the recording of patient details as referred to in Section 7:454 of the Civil Code. The Minister for Youth and Families may lay down regulations regarding the software to be used for this purpose.
4. Regulations may be laid down by order in council governing the activities referred to in subsection 2.

Section 5a

1. The municipal executive shall arrange for the provision of health care for older people.
2. Pursuant to subsection 1, the municipal executive shall at least make provision for:
 - a. the systematic monitoring and highlighting of developments in the health status of older people and of health-promoting and health-threatening factors;
 - b. the estimation of care requirements;
 - c. the early detection and prevention of particular disorders, including forms of comorbidity;
 - d. the provision of information, advice, instruction and guidance;
 - e. the formulation of measures to influence health risks.
3. Regulations may be laid down by order in council governing the activities referred to in subsection 2.

§ 3 Infectious disease control

Section 6

1. The municipal executive shall arrange for the provision of general infectious disease control, which shall include at least:
 - a. taking general preventive measures to control infectious disease;
 - b. tackling tuberculosis and sexually transmissible diseases, including source and contact tracing;
 - c. source and contact tracing in response to reports as referred to in Sections 21, 22, 25 and 26.
2. The mayor shall manage activities undertaken with a view to controlling an epidemic of an infectious disease, as well as direct preparations for such

activities, and shall arrange for implementation of the measures referred to in Chapter V.

3. Regulations may be laid down by order in council governing the activities referred to in subsections 1 and 2.

Section 7

1. Contrary to the provisions of Section 6, subsection 2, Our Minister shall manage activities undertaken with a view to controlling:

- a. an epidemic or the immediate threat of an epidemic of a group-A infectious disease;
- b. an epidemic of a group-B1 or group-B2 infectious disease, if asked to do so by the mayor of an affected municipality.

2. Pursuant to subsection 1, Our Minister may instruct the mayor on the control activities to be undertaken; in this context, Our Minister may require the mayor to implement the measures referred to in Chapter V.

3. Our Minister may require the mayor, by way of implementation of the recommendations contained in Articles 15 and 16 of the International Health Regulations, to apply the measures referred to in Sections 51, 54 and 55 of this Act, as well as the measures referred to in Section 22a of the Burial and Cremation Act.

4. Before acting as provided for in subsection 1 or 3, Our Minister shall hold a governmental liaison meeting with at least Our Minister of Transport, Public Works and Water Management and the municipality or municipalities affected.

5. Upon assuming the management of control activities, as provided for in subsection 1, Our Minister shall inform the Minister of the Interior and Kingdom Relations.

6. Under circumstances where the provisions of subsection 1 or 3 apply, the mayor shall, if asked to do so, provide Our Minister with the data that Our Minister requires in order to discharge his/her duties.

Section 8

Pursuant to Section 6, subsection 1, the municipal executive shall implement the preparatory measures required by Our Minister for the control of:

- a. group-A infectious diseases; or
- b. a new subtype of the human influenza virus constituting a serious public health risk.

Section 9

In consultation with Our Minister of the Interior and Kingdom Relations, Our Minister may under appropriate circumstances require that another mayor undertakes some or all of the activities referred to in Section 6, subsection 2.

Section 10

Notwithstanding the provisions of Section 7, subsections 2 and 3, Our Minister may issue directions to the mayor if the latter fails to adequately implement measures for the control of an epidemic of an infectious disease constituting a serious potential public health risk.

Section 11

1. In consultation with Our Minister of the Interior and Kingdom Relations, Our Minister may lay down regulations governing the distribution of vaccines and therapeutic pharmaceuticals, if ample supplies of such substances are not readily available and if it is necessary to define priorities for their distribution in order to control a group-A infectious disease.

2. Our Minister shall immediately inform both Houses of the States General regarding the regulations laid down.

Section 12

Our Minister shall see to it that the information provision obligations arising out of the International Health Regulations are met.

CHAPTER III NATIONAL AND MUNICIPAL HEALTH POLICY DOCUMENTS

Section 13

1. Every four years, Our Minister shall draw up a document defining national priorities for public health care and establish a national programme of public health care.

2. Before 1 July 2011 and every four years thereafter, the municipal council shall draw up a municipal health policy document, describing at least how the municipal executive is to discharge its duties under Sections 2, 5 and 6, and to meet its obligation under Section 16.

CHAPTER IV MUNICIPAL HEALTH SERVICES

Section 14

1. In order to discharge its duties under or created pursuant to this Act, the municipal executive shall establish and maintain a municipal health service.

2. Insofar as may be consistent with applicable regulations laid down by order in council, the municipal executive may delegate or partially delegate the activities or component-activities referred to in Section 5, subsection 2(a-d), to a body other than the municipal health service.

Section 15

1. The municipal executive shall see to it that the municipal health service has at its disposal experts in the following fields:

- a. public health care;
- b. epidemiology;
- c. public health nursing;
- d. health promotion; and
- e. behavioural science.

2. Regulations may be laid down by order in council governing the training or expertise required by the experts. These requirements may differentiate on the basis of the activities in which the experts will be engaged by the municipal health service.

Section 16

Before taking any decision that may have significant implications for public health care, the municipal executive shall seek the advice of the municipal health service.

CHAPTER V INFECTIOUS DISEASE CONTROL

§ 1 General

Section 17

In the context of this Chapter, the phrase 'municipal health service' shall be understood to mean a doctor specialising in infectious disease control, appointed by the director of the municipal health service and employed by the municipal health service.

Section 18

Before implementing or withdrawing a measure as referred to in Section 31, 35, 38, 47, 53, 54 or 55, the mayor shall seek the advice of the municipal health service.

Section 19

The infectious diseases belonging to group C shall be designated by order in council.

Section 20

1. Where good public health reasons exist and there is government support for intervention, Our Minister may lay down regulations designating as belonging to group A, B1 or B2 an infectious disease which does not belong to group A, B1, B2 or C, or a pattern of illness whose cause is scientifically obscure, provided that there is good reason to suspect that the disease or pattern of illness is infectious and constitutes a serious public health risk.

2. Where good public health reasons exist and there is government support for intervention, Our Minister may lay down regulations designating a group-B1 infectious disease as belonging to group A, or designating a group-B2 infectious disease as belonging to group A or B1, or designating a group-C infectious disease as belonging to group A, B1 or B2.

3. Any regulations laid down pursuant to subsection 1 or 2 shall state which of those provisions of this Act that apply in relation to infectious diseases of the relevant group are applicable to the newly designated disease or pattern of illness.

4. Within eight weeks of regulations being laid down pursuant to subsection 1 or 2, a Bill providing for the incorporation of those regulations shall be presented to the Lower House of the States General. If the Bill is withdrawn or is rejected by either House of the States General, the regulations shall immediately be withdrawn.

5. If Our Minister considers that immediate provision is required, Our Minister may order that regulations laid down pursuant to subsection 1 or 2 are to come into immediate effect. Under such circumstances, Our Minister may, contrary to

the provisions of Section 4, subsection 1(a), of the Publication Act, publish the regulations in a manner other than specified there.

§ 2 Reporting

Section 21

1. A doctor who detects in a patient a pattern of illness the cause of which is scientifically obscure, and who has good reason to suspect that the pattern of illness is infectious and constitutes a serious public health risk, shall immediately report the matter to the municipal health service.

2. A doctor who ascertains that a corpse is contaminated with an infectious or toxic agent or substance which may give rise to a serious public health risk, shall immediately report the matter to the municipal health service.

3. A doctor who within his or her practice encounters an unusually large number of cases of an infectious disease not belonging to group A, B1, B2 or C, which constitutes a public health risk, shall report the matter within twenty-four hours to the municipal health service.

Section 22

1. A doctor who detects a group-A infectious disease in a patient, or suspects a patient of having such a condition, shall immediately report the matter to the municipal health service.

2. A doctor who detects an infectious disease belonging to group B1, B2 or C in a patient, or suspects that a patient is suffering from diphtheria, rabies or viral haemorrhagic fever, shall report the matter within twenty-four hours to the municipal health service.

3. A doctor who has good reason to suspect a group-B1 or group-B2 infectious disease in a patient shall report the matter within twenty-four hours to the municipal health service if the patient refuses to undergo the testing necessary for diagnosis, thus giving rise to a potentially serious public health risk due to the spread of the infectious disease in question.

4. Our Minister may lay down regulations allowing exemption from the reporting obligations created by subsections 1, 2 and 3, with effect from a date and subject to conditions specified in those regulations.

Section 23

1. In circumstances where Section 21 or Section 22 requires a report to be made, the doctor shall make the report to the municipal health service of the municipality in which the doctor's practice is located.

2. In circumstances where Section 21, subsection 1, or Section 22 requires a report to be made, and where the patient's residence is in a municipality other than that served by the municipal health service that receives the report, the latter service shall immediately communicate the report to the municipal health service of the municipality in which the patient resides.

Section 24

1. A report made pursuant to Section 21, subsection 1, or Section 22, shall contain the following data:

a. the name, address, gender, date of birth, public service number and residence of the patient;

b. the infectious disease or pattern of illness involved, the date of its manifestation, the patient's vaccination status, whether chemoprophylaxis has been used, the suspected source of infection, the date of diagnosis or detection of the suspected infection, the basis of diagnosis; and

c. where relevant, whether the patient or any of the patient's immediate contacts is professionally or occupationally involved in the preparation of edible or potable products or in the treatment, nursing or care of other people.

2. A report made pursuant to Section 21, subsection 2, shall contain the following data: the nature of the infectious or toxic agent or substance involved and the location of the corpse.

3. A report made pursuant to Section 21, subsection 3, shall contain the following data: the infectious disease involved and the gender, date of birth and nationality of the persons involved.

4. The doctor making a report to the municipal health service shall include other medical data concerning the patient only if:

a. the mayor requests such data, pursuant to Section 30; or

b. the patient consents to such data being given.

5. Our Minister shall lay down regulations to ensure that data from reporting pursuant to Section 21 or 22 shall be processed securely.

Section 25

1. When requesting a laboratory to perform a test, a doctor shall provide the name, date of birth and public service number of the patient.

2. Notwithstanding the provisions of Section 22, the head of the laboratory shall report the isolation of a pathogen responsible for an infectious disease belonging to group A, B1, B2 or C to the municipal health service of the municipality in which the practice of the doctor who requested the test is located.

3. The report shall contain the name of the doctor and the name, date of birth and public service number of the patient.

4. If the report concerns a patient whose residence is in a municipality other than that served by the municipal health service that receives the report, the latter service shall immediately communicate the report to the municipal health service of the municipality in which the patient resides.

5. If asked to do so by the municipal health service, the head of the laboratory shall see to it that further testing is carried out on the pathogen and that the municipal health service is informed of the results.

6. Our Minister may lay down regulations specifying the manner in which and the period within which reporting is to take place.

7. Our Minister shall lay down regulations to ensure that data from requests pursuant to subsection 1 and reporting shall be processed securely.

Section 26

1. The head of any institution where a population that is vulnerable to infectious disease is accommodated or gathered for at least four consecutive hours per day, shall inform the municipal health service of the municipality in which the institution is located about any occurrence within the relevant population or amongst the supervisory or care personnel of an unusual number of cases of a gastrointestinal condition, jaundice, a skin condition or another serious condition that is suspected to be infectious.

2. Our Minister may lay down regulations governing the manner in which and the period within which the information is to be communicated.

Section 27

1. In circumstances where Section 21, subsection 1, or Section 22, subsection 1, requires a report to be made, the municipal health service shall immediately notify the mayor of the municipality in which the patient resides.
2. In circumstances where a report is made pursuant to Section 21, subsection 2, the municipal health service shall immediately notify the mayor of the municipality where the corpse is located.
3. In circumstances where a report is made pursuant to Section 21, subsection 3, the municipal health service shall as soon as possible notify the mayor of the municipality in which the doctor's practice is located.
4. In circumstances where a report is made pursuant to Section 22, subsection 2 or 3, the municipal health service shall as soon as possible notify the mayor of the municipality in which the patient resides.
5. In circumstances where a report is made pursuant to Section 26, the municipal health service shall within a reasonable period notify the mayor of the municipality in which the institution is located.
6. The municipal health service shall provide the mayor with any data reported pursuant to Section 24, subsection 1, 2 or 3, which the mayor may require in order to exercise the powers invested in him or her by this Act.

Section 28

1. The municipal health service shall immediately notify the RIVM upon receipt of a report made pursuant to Section 21, subsection 1 or 2, or Section 22, subsection 1.
2. The municipal health service shall notify the RIVM within twenty-four hours upon receipt of a report made pursuant to Section 21, subsection 3, or Section 22, subsection 2 or 3.
3. Upon notification of a report made pursuant to Section 21, subsection 1, or Section 22, the municipal health service shall provide the following data:
 - a. the infectious disease or the pattern of illness, the date of manifestation, the patient's vaccination status, whether chemoprophylaxis has been used, whether hospitalisation was necessary, the suspected source of infection (including, where relevant, the cases attributable to that source) and the date of diagnosis or detection of the suspected infection;
 - b. the patient's gender and month and year of birth, and the first three digits of the patient's home postcode; and
 - c. the results of the testing referred to in Section 25, subsection 5.
4. Upon notification of a report made pursuant to Section 21, subsection 2, the municipal health service shall specify the nature of the infectious or toxic agent or substance and the location of the corpse.
5. Upon notification of a report made pursuant to Section 21, subsection 3, the municipal health service shall specify the infectious disease, the gender, date of birth and nationality of the persons involved, and the place of residence of the doctor who made the report.

Section 29

1. The municipal health service shall record the personal data received in the context of the reporting activities referred to in Sections 24, 25, and 30 in a register maintained for that purpose.
2. The municipal health service shall retain such data for no more than five years.

Section 30

If asked to do so by the mayor, the doctor treating someone whom the mayor considers liable to communicate an infectious disease belonging to group A, B1 or B2 shall as soon as possible provide the municipal health service with the detailed medical and epidemiological data required to ascertain the nature and the extent of the risk of the spread of the infectious disease, as far as this data is known to him/her.

Section 31

1. The mayor may order a person's immediate isolation in a hospital if:
 - a. 1° there is good reason to suspect that the person is suffering from a group-A infectious disease;
 - 2° a report has been made regarding the person pursuant to Section 22, subsection 3; or
 - 3° the person is suffering from an infectious disease belonging to group A or B1;
- b. the spread of the infectious disease in question would constitute a serious public health risk;
- c. there is no other effective means of averting this risk; and
- d. the person is unwilling to voluntarily enter isolation.
2. The mayor may order the examination by a doctor of a person who has been isolated in hospital if:
 - a. the infectious disease in question represents an immediate risk to the health of others;
 - b. the nature and extent of this risk cannot be ascertained other than by such examination;
 - c. the results of such examination are necessary in order to effectively avert this risk; and
 - d. the person is unwilling to voluntarily submit to examination.
3. The mayor may order the examination by a doctor in the body of a person who has been isolated in hospital if the conditions listed in subsection 2 are met and if permission is obtained from a judge.
4. Any examination carried out pursuant to subsection 2 or 3, shall be limited to that which is necessary to avert the danger to others.

Section 32

1. The mayor shall issue an isolation order to the person who is the subject of that order.
2. The order shall specify the hospital, designated pursuant to Section 34, that is required to implement the isolation.
3. After issuing an isolation order, the mayor shall see to it that the person who is the subject of that order has legal advice, unless that person should reject it.
4. As soon as it may be reasonably assumed that the risk referred to in Section 31, subsection 1(b) no longer exists or could be averted by less drastic means, the mayor shall revoke the isolation order.

Section 33

1. The mayor shall issue an order for the examination as referred to in Section 31, subsection 3, to the person who is the subject of that order.
2. The order shall specify the examination to be carried out, the doctor who is to carry it out and the period within which the examination must be carried out.

Section 34

1. The implementation of an isolation order shall involve hospitalisation in a secure unit within a hospital designated for the purpose by Our Minister.
2. The hospital shall admit the person concerned immediately.
3. Requirements may be made by order in council with respect to isolation and the examination.
4. The mayor may impose administrative penalties to enforce compliance with the provisions of subsections 1, 2 and 3, if the circumstances necessitate immediate intervention.

Section 35

1. The mayor may order a person to be quarantined immediately as a means of preventing the spread of a group-A infectious disease if:
 - a. there is good reason to assume that the person has recently been in contact with someone who has or is suspected of having a group-A infectious disease, such that the former person may be infected with the disease in question;
 - b. the spread of the infectious disease would constitute a serious public health risk; and
 - c. the person is unwilling to voluntarily submit to quarantine.
2. The mayor may permit the person in question to be quarantined in his or her own home, subject to compliance with certain conditions.
3. While a person is in quarantine, he or she shall receive medical supervision. Medical responsibility for such supervision shall lie with a doctor appointed by the municipal health service.
4. The conditions, circumstances and duration of quarantine and medical supervision shall be as necessary as to avert the risk, referred to in subsection 1(b). As soon as it may be reasonably assumed that the risk no longer exists or could be averted by less drastic means, the mayor shall revoke the relevant order.
5. The provisions of Section 31, clauses 2 and 4, apply equally in this context.

Section 36

1. The mayor shall issue a quarantine order to the person who is the subject of that order.
2. The order shall specify:
 - a. how and where the order is to be implemented;
 - b. the aspects of the person's condition that medical supervision shall particularly address; and
 - c. the rules that the person must comply with.
3. After issuing a quarantine order, the mayor shall see to it that the person who is the subject of that order has legal advice, unless that person should reject it.

Section 37

The mayor shall charge the municipal health service with implementation of the measures referred to in Sections 31 and 35.

Section 38

1. The mayor may forbid a person to engage in his or her professional or occupational activities if there is a serious risk that the person could in the course of those activities spread an infectious disease belonging to group A, B1 or B2.
2. Before issuing an order pursuant to subsection 1, the mayor shall consult the employer of the person concerned, unless the latter should object.
3. As soon as the risk has been averted or could be averted by less drastic means, the mayor shall revoke the relevant order.

§ 4 Judicial review of isolation, medical examination and quarantine measures

Section 39

1. The mayor shall immediately inform the public prosecutor's office following the issue of an isolation order as referred to in Section 31, subsection 1, a medical examination order as referred to in Section 31, subsection 3, or a quarantine order as referred to in Section 35.
2. As soon as possible after the issue of any such order, and certainly no later than the following day, the mayor shall provide the public prosecutor's office with a copy of the order.
3. The magistrates' court within whose jurisdiction the relevant designated hospital is located, shall be competent to consider a case involving an isolation order as referred to in Section 31, subsection 1, or a medical examination order as referred to in Section 31, subsection 3. The magistrates' court within whose jurisdiction the person who is the subject of the order resides shall be competent to consider a case involving a quarantine order as referred to in Section 35.

Section 40

1. If the public prosecutor's office is of the opinion that the conditions for ordering the isolation of a person, as set out in Section 31, subsection 1, or for ordering the medical examination of a person, as set out in Section 31, subsection 3, or for ordering the quarantining of a person, as set out in Section 35, have been met, the public prosecutor shall, no later than the day after the date of the order's receipt, request authorisation for the medical examination or for the continuation of the isolation or quarantine.
2. The public prosecutor's office shall write to the person who is the subject of the order, to the mayor and, where relevant, to the hospital, notifying them that an authorisation request has been made or that it has been decided that no such request will be made.
3. The public prosecutor's office shall not decide that no authorisation request will be made without first obtaining the advice of the chief inspector of the Public Health Supervisory Service.
4. If the public prosecutor's office decides that no authorisation request will be made, the isolation order as referred to in Section 31, subsection 1, the medical examination order as referred to in Section 31, subsection 3, or the quarantine order as referred to in Section 35, shall cease to have force of law.

Section 41

1. Before arriving at a decision in response to an authorisation request from the public prosecutor's office, the competent Court shall hear the person who is the subject of the order.
2. The Court shall hear the person concerned where he or she resides.
3. The Court may obtain information, call witnesses and experts, or require investigations by experts.
4. The Court shall afford the person's legal counsel the opportunity to make representations on his/her client's behalf.
5. The Court shall arrive at a decision within three days, counting from the day after the order has been issued.
6. No appeal may be made against the Court's decision.

Section 42

1. A person who has been isolated or quarantined may petition the Court to revoke the order.
2. The provisions of Section 41, subsections 2 to 5, shall apply equally under circumstances where such a petition has been made.
3. The Court may reject the petition without following the procedure described in Section 41 if no new facts or circumstances are presented.

Section 43

1. The person who is the subject of an isolation order as referred to in Section 31, subsection 1, a medical examination order as referred to in Section 31, subsection 2 or 3, or a quarantine order as referred to in Section 35, may apply to the Court for the award of reasonable compensation on the grounds that the mayor's order was unlawful. Any such application may be made independently in a written defence statement as referred to in Article 282, clause 4, of the Code of Civil Procedure, or in a document presented when the Court hears the person concerned, or, if the public prosecutor's office has not made a request as referred to in Section 40, subsection 1, in a document submitted separately to the Court.
2. Under circumstances where an application is made in a document presented when the Court hears the person concerned, the provisions of Article 282, clause 4, of the Code of Civil Procedure shall apply equally.

Section 44

1. If the person who is the subject of an isolation order as referred to in Section 31, subsection 1, a medical examination order as referred to in Section 31, subsection 2 or 3, or a quarantine order as referred to in Section 35, has been disadvantaged by a failure of the Court or the public prosecutor's office to respect any provision of this Paragraph, the Court shall, if requested to do so, award that person reasonable compensation by the State.
2. Any application for such compensation may be made independently in a written defence statement as referred to in Article 282, clause 4, of the Code of Civil Procedure, or in a document presented when the Court hears the person concerned, or in a document submitted separately to the Court within three months, counting from the first day that the person concerned could reasonably have been expected to have known about the failure in question.

3. Under circumstances where an application is made in a document presented when the Court hears the person concerned, the provisions of Article 282, clause 4, of the Code of Civil Procedure shall apply equally.

Section 45

The General Extension of Time-Limits Act applies to the periods specified in Section 39, subsection 2, Section 40, subsection 1, and Section 41, subsection 5.

Section 46

If an application is made pursuant to Section 42, subsection 1, or Section 43, subsection 1, or if any person who is entitled to do so appeals, the application does not have to be made through a solicitor.

§ 5 Measures relating to buildings, goods and conveyances

Section 47

1. If there is good reason to suspect contamination, the mayor may order the examination of buildings, conveyances, goods and commodities for evidence of contamination, if necessary by the collection and testing of samples.

2. If contamination is detected, the mayor may:

a. issue technical hygiene orders;
b. order the decontamination of buildings, conveyances or goods, including the destruction of vectors.

3. If contamination which constitutes a serious public health risk is detected, the mayor may:

a. order the closure of buildings or premises or parts thereof;
b. prohibit the use of or access to conveyances;
c. order the destruction of commodities.

4. Once a risk has been averted, the mayor shall withdraw any order relating to that risk.

§ 6 Ports and airports

Section 48

1. Our Minister shall lay down regulations designating the ports and airports to which the requirements of this Paragraph apply. Where the applicability of Section 49 is concerned, Our Minister may designate ports or airports by category.

2. A civil port or airport shall be designated in consultation with Our Minister of Transport, Public Works and Water Management.

3. A military port or airport shall be designated in consultation with Our Minister of Defence.

Section 49

1. Those of the provisions referred to in Article 20, clause 1, and Annex 1 of the International Health Regulations, which must be made at the ports or airports, and the requirements that such provisions must meet, shall be specified by order in council. The provisions to be made and requirements to be met may differ from one category of port or airport to the next.

2. The operator of a civil port or airport shall see to it that the provisions of subsection 1 are complied with.

3. The civil operator at a military airport that is also used for civil air traffic shall see to it that the provisions of subsection 1 are complied with.

Section 50

1. The captain of a vessel making an international journey who wishes to use a port and knows or strongly suspects that the vessel is carrying one or more unwell individuals exhibiting symptoms of an infectious disease that constitutes a serious potential public health risk, shall see to it that the port's maritime traffic authority and the pilot boarding the vessel are notified as soon as possible and certainly before the vessel's arrival.

2. The captain of an aircraft making an international journey who wishes to use an airport and knows or strongly suspects that the aircraft is carrying one or more unwell individuals exhibiting symptoms of an infectious disease that constitutes a serious potential public health risk, shall see to it that the airport's air traffic authority is notified as soon as possible and certainly before the aircraft's arrival.

3. Upon being notified, the maritime traffic authority at a civil port shall immediately report the matter to Our Minister of Transport, Public Works and Water Management, to the registered pilots' cooperative, and to the operator of the civil port. Upon being notified, the air traffic authority at a civil airport shall immediately report the matter to Our Minister of Transport, Public Works and Water Management and to the operator of the civil airport.

4. Upon being notified, the operator of a civil port or airport shall immediately report the matter to the municipal health service. The municipal health service shall immediately report the matter to the mayor and the RIVM.

5. Upon being notified, the maritime traffic authority at a military port or the air traffic authority at a military airport shall immediately report the matter to the municipal health service and the RIVM. The municipal health service shall immediately report the matter to the mayor.

Section 51

1. Notwithstanding the provisions of Section 50, the captain of a vessel making an international journey shall, upon arrival at a civil port, if requested to do so by the mayor, provide a maritime declaration of health referred to in Article 37 of the International Health Regulations.

2. Notwithstanding the provisions of Section 50, the captain of an aircraft making an international journey shall, upon arrival at a civil airport or at the civil section of a military airport that is also used for civil air traffic, if requested to do so by the mayor, provide the health part of the aircraft general declaration referred to in Article 38 of the International Health Regulations.

3. Under circumstances where the mayor considers that the content of a health declaration provided pursuant to subsection 1 or 2 warrants further investigation, the captain shall, at the mayor's request, provide additional information regarding the health status of those on board.

Section 52

If a report is made pursuant to Section 50, or if there is other evidence of circumstances on board a vessel or aircraft making an international journey which constitute a serious potential public health risk, Our Minister of Transport, Public Works and Water Management may, after consulting Our Minister, order

the vessel or aircraft to use a particular civil port or airport and, after consulting the registered pilots' cooperative, stipulate how piloting services are to be provided to the vessel.

Section 53

1. If a report is made pursuant to Section 50, or if there is other evidence of circumstances on board a vessel or aircraft making an international journey which constitute a serious potential public health risk, the mayor may issue orders specifying the extent to which free traffic is to be allowed or denied when the vessel or aircraft arrives at the civil port or airport, or at the civil section of a military airport that is also used for civil air traffic.

2. In circumstances where there is an immediate threat of an epidemic of a group-A infectious disease, the mayor may, with regard to a vessel or aircraft making an international journey, issue orders specifying the extent to which free traffic is to be allowed or denied when the vessel or aircraft arrives at the civil port or airport, or at the civil section of a military airport that is also used for civil air traffic.

3. In the circumstances referred to in subsections 1 and 2, the captain of the vessel or aircraft shall see to it that:

a. once the vessel or aircraft has arrived, no one boards or leaves it and no conveyances or goods are loaded or unloaded, except by order of or with the permission of the mayor; and

b. if requested by the mayor, every passenger's name, address, gender, age and destination (insofar as known to the captain) are reported to the mayor.

4. The orders issued by the mayor shall remain in force only for the length of time required to perform the inspection and to determine the seriousness of the risk.

Section 54

The mayor may require the operator of a civil port or airport or the civil operator to:

a. provide travellers with information regarding the action to be taken to prevent infection or the contamination of baggage;

b. cooperate with measures to be taken by the mayor to check departing or arriving travellers for signs of an infectious disease that constitutes a serious potential public health risk;

c. implement technical hygiene measures with a view to preventing contamination, provided that there are good grounds for believing that a risk of contamination exists;

d. close buildings or premises or certain parts of buildings or premises for the purpose of controlling contamination.

Section 55

The mayor may require a transport operator to:

a. provide travellers with information regarding the action to be taken to prevent infection or the contamination of baggage;

b. implement technical hygiene measures in respect of a vessel or aircraft and the goods it is carrying, with a view to preventing contamination, provided that there are good grounds for believing that a risk of contamination exists;

c. check a vessel or aircraft and the goods it is carrying for evidence of contamination;

d. decontaminate a vessel or aircraft and the goods it is carrying (where necessary destroying vectors in the process) for the purpose of controlling contamination.

Section 56

The mayor may impose administrative penalties to enforce orders issued pursuant to Section 53, subsection 1 and 2, or Section 54, or Section 55, if the circumstances necessitate immediate intervention.

Section 57

1. If requested by the captain, a Vessel Sanitation Control Certificate or a Vessel Sanitation Control Exemption Certificate, as referred to in Article 39 of the International Health Regulations, shall be issued by the mayor, provided that the vessel is free of contamination.

2. The certificates shall be based upon the model provided in Annex 3 to the International Health Regulations.

3. Our Minister shall lay down regulations governing the issue of the certificates.

4. Our Minister shall lay down regulations designating the ports for which the mayor is authorised to issue the certificates.

§ 7 Certificates of vaccination

Section 58

1. The vaccination of persons or the administration of prophylaxis to persons for the purpose of securing an internationally valid certificate as referred to in Article 36 of the International Health Regulations, shall be governed by conditions laid down by Our Minister by ministerial decree.

2. The certificates shall be based upon the model provided in Annex 6 to the International Health Regulations.

3. Our Minister shall lay down regulations designating the organisations or persons that are allowed to provide vaccination against yellow fever.

CHAPTER VI FINANCE

Section 59

1. If the municipal council makes a charge for the provision of public health care services, the municipal executive shall ensure that this does not have a negative effect on the coverage of such activities.

2. No charge shall be made for the performance of duties created by or pursuant to Sections 5 and 6, except in circumstances specified by order in council.

Section 60

1. The municipality shall bear the cost of measures implemented pursuant to Chapter V of this Act. The municipality shall also bear the cost of compensation awards that it makes to parties who have lost income as a result of implementation of the measures referred to in Sections 31, 35, 38 and 47.

2. Contrary to the provisions of the first sentence of subsection 1, the central government shall bear the cost of the measure referred to in Section 31 if it is implemented in the case of a person suffering from tuberculosis.

3. Contrary to the provisions of subsection 1:

a. the operator of a civil port or airport or the civil operator shall bear the cost of measures implemented by order of the mayor pursuant to Section 54;

b. the transport operator shall bear the cost of the measures implemented by order of the mayor pursuant to Section 55.

4. The commodities referred to in Section 47, subsection 3(c) shall be appraised by the mayor prior to destruction. The municipal executive shall pay the owner compensation equal to the mayor's appraisal of the goods.

5. The municipal executive may recover the cost of implementing the measures referred to in Sections 31, 35, 38 and 47 from the person who is the subject of the measure if that person has refused to cooperate voluntarily. Sections 5.25 and 5.26 of the General Administrative Law Act shall apply equally under such circumstances.

6. Our Minister may award the operator of a civil port or airport, or the civil operator, or the transport operator reasonable compensation for any exceptional costs incurred by the said operator, civil operator or transport operator as a result of implementing measures ordered pursuant to Section 54 or 55 in combination with Section 7, subsection 3.

Section 61

Where a civil port or airport is concerned, the costs associated with the level of provision referred to in Section 49, subsection 1, shall be met by the operator.

Section 62

1. If Our Minister orders the mayor to implement measures pursuant to Section 7, subsection 2 or 3, an application may be made to the central government for reimbursement of the resulting costs, excluding costs arising out of the implementation of measures required under circumstances where Our Minister has assumed control, as provided for in Section 7, subsection 1(b).

2. Regulations shall be laid down by order in council governing the circumstances provided for in subsection 1.

Section 63

1. The cost of obtaining a certificate as referred to in Section 57, subsection 1, shall be borne by the captain of the relevant vessel.

2. Except in circumstances to be defined in regulations laid down by Our Minister, the cost of vaccinating persons or administering prophylaxis to persons for the purpose of obtaining a certificate as referred to in Section 58, subsection 1, shall be borne by the interested party.

3. Our Minister shall lay down regulations specifying the charges payable for the certificates referred to in Section 57, subsection 1, and Section 58, subsection 1.

CHAPTER VII ENFORCEMENT

§ 1 Monitoring

Section 64

The Public Health Supervisory Service shall be responsible for monitoring compliance with the provisions of or pursuant to this Act.

Section 65

In the event of contamination or infection or a reasonable suspicion of contamination or infection, the mayor, the municipal health service personnel appointed for the purpose by the mayor and the appropriately designated Public Health Supervisory Service personnel shall have the authority, each within his or her particular field of responsibility and upon presentation of identity documentation if requested, to enter or leave any place that he or she may have reasonable cause to access for the discharge of his or her duties under this Act. Where necessary, access may be gained with police assistance.

§ 2 Penalties

Section 66

1. A doctor who acts in contravention of Section 21, subsection 1, 2 or 3, Section 22, subsection 1, 2 or 3, Section 24, subsection 4, or Section 30, shall be punishable by imprisonment for up to two months or a category-II fine.

2. The head of a laboratory who acts in contravention of Section 25, subsection 2 or 5, shall be punishable by imprisonment for up to two months or a category-II fine.

3. The head of an institution who acts in contravention of Section 26, subsection 1, shall be punishable by imprisonment for up to two months or a category-II fine.

4. A captain who acts in contravention of Section 50, subsection 1 or 2, or who fails to comply with a request as referred to in Section 51 or Section 53, subsection 3(b), shall be punishable by imprisonment for up to two months or a category-II fine.

5. The operator of a civil port or airport who acts in contravention of Section 50, subsection 4, shall be punishable by imprisonment for up to two months or a category-II fine.

6. A person who acts in contravention of the provisions of or pursuant to Section 58, subsection 1 or 3, shall be punishable by imprisonment for up to two months or a category-II fine.

7. The offences referred to in subsections 1 to 6 shall be deemed misdemeanours.

Section 67

1. A person who fails to cooperate with a measure applicable to him or her implemented pursuant to Section 38, subsection 1, or Section 47, subsection 2, 3(a) or 3(b), or who attempts to frustrate the implementation of a measure pursuant to Section 47, subsection 3(c), in respect of the commodities referred to therein, shall be punishable by imprisonment for up to six months or a category-III fine.

2. A person who enters an isolation or quarantine area unauthorised shall be punishable by imprisonment for up to six months or a category-III fine.

3. The operator of a civil port or airport who acts in contravention of Section 49, subsection 2, or in contravention of an order issued pursuant to Section 54, shall be punishable by imprisonment for up to six months or a category-III fine.

4. A civil operator who acts in contravention of Section 49, subsection 3, or in contravention of an order issued pursuant to Section 54, shall be punishable by imprisonment for up to six months or a category-III fine.

5. A transport operator who acts in contravention of an order issued pursuant to Section 55 shall be punishable by imprisonment for up to six months or a category-III fine.

6. The offences referred to in subsections 1 to 5 shall be deemed misdemeanours.

Section 68

1. A person who acts in contravention of an order issued pursuant to Section 53, subsection 1 or 2, shall be punishable by imprisonment for up to four years or a category-V fine.

2. A captain who acts in contravention of Section 53, subsection 3(a), shall be punishable by imprisonment for up to four years or a category-V fine.

3. A person who fails to cooperate with a measure applicable to him or her implemented pursuant to Section 31 or 35, shall be punishable by imprisonment for up to four years or a category-V fine.

4. The offences referred to in subsections 1 to 3 shall be deemed felonies.

CHAPTER VIII OTHER PROVISIONS

Section 69

Part H(2) of the Appendix to the General Administrative Law Act is hereby amended to read:

2. Sections 31 and 35 of the Public Health Act.

Section 70

Section 11, subsection 3, of the Water Supply Act is hereby amended to read:

3. Subsection 1 applies without prejudice to Section 38 of the Public Health Act.

Section 71

Section 11, subsection 5, of the Swimming Facilities Hygiene and Safety Act is hereby amended to read:

5. If, due to the risk of the spread of an infectious disease belonging to group A, B1, B2 or C as referred to in the Public Health Act, the issue of a Decree pursuant to subsection 1 or 2 is considered, the advice of the municipal health service, referred to in Section 17 of the Public Health Act, shall be sought before any such Decree is issued.

Section 72

If the Bill Regulating the Use of the Public Service Number in Health Care (Act on the Use of the Public Service Number in Health Care, Proceedings of the Upper House 2006-7, 30 380), as submitted by Royal Message on 22 November 2005, is enacted and subsequently comes into force, Section 1(b3°) of the Act shall read:

3°. youth health care as defined in or pursuant to the Public Health Act;

Section 73

The Burial and Cremation Act is hereby amended as follows:

After Section 22, a new section shall be inserted, reading as follows:

Section 22a

1. If a corpse is contaminated with an infectious or toxic agent or substance, or if there is good reason to suspect that it is thus contaminated, potentially giving rise to a serious public health risk, the mayor may, after seeking the advice of the municipal health service, referred to in Section 17 of the Public Health Act, implement measures to avert this risk.

2. The Public Health Supervisory Service shall be responsible for monitoring compliance with the provisions of subsection 1.

Section 74

The Public Health (Preventive Measures) Act, the Infectious Diseases Act and the Quarantine Act are hereby repealed.

Section 75

This Act shall come into force on a date to be specified by Royal Decree, which may differ for the various sections or parts thereof.

Section 76

This Act shall be known as the Public Health Act.

We order and command that this Act be entered in the Bulletin of Acts, Orders and Decrees and that all involved ministries, authorities, boards and civil servants shall ensure its proper implementation.

Granted at The Hague, 9 October 2008

Beatrix

The Minister of Health, Welfare and Sport,
A. Klink

Published on the *eighteenth* of November 2008

The Minister of Justice
E.M.H. Hirsch Ballin