

Translation from Finnish
Legally binding only in Finnish and Swedish
Ministry of Social Affairs and Health, Finland

Communicable Diseases Act

(1227/2016)

Chapter 1

General provisions

Section 1 *Objectives*

The objective of the Act is to prevent communicable diseases and their spread, as well as to prevent harmful effects caused by these diseases to people and the society.

Section 2 *Scope of application*

- (1) This Act is applied on the organisation and implementation of infectious disease control, as well as on the planning, supervising, surveillance and monitoring of these activities.
- (2) The provisions of this Act on an employee are also applied on public officials, persons in public service employment, and persons in comparable service relation subject to public law, as well as to work applicants.

Section 3 *Definitions*

For the purposes of this Act:

- 1) communicable disease refers to any disease or infection caused by microbes, their components, or parasites which multiply in the human body; a condition caused by a microbial toxin is similarly considered an communicable disease; a disease caused by a prion is comparable to communicable diseases; manifestations in the human body after an infection has been cured are not considered an communicable disease;
- 2) healthcare - associated infection refers to an communicable disease that has originated during the investigation or treatment carried out in social welfare or health care services;

- 3) extensively drug-resistant microbes refer to microbes and microbial strains that cause infections for which few or no useful, effective antimicrobial drugs are available for treatment;
- 4) quarantine refers to isolating a person, who has been exposed to or is justifiably suspected of having been exposed to a pathogen, to the confines of his or her home or some other designated location, or limiting the transfer of baggage, containers or other goods that are found infectious or are suspected of being infectious, or separating such items from other goods to prevent the spread of the infection;
- 5) isolation refers to treating a person, who is infected or is justifiably suspected of being infected, in a public health care unit in such a manner that the spread of the infection is prevented;
- 6) epidemic refers to a greater than expected increase in the number of cases of a disease within a defined period of time in a defined population or area;
- 7) exceptional epidemic refers to a pandemic declared by the World Health Organisation, or other communicable disease outbreak or epidemic which constitutes a significant threat to public health and the adequacy of health care services;
- 8) zoonosis refers to a disease transmitted between animals and humans;
- 9) laboratory refers to a public or private organization performing microbiological or other laboratory examinations and tasks, necessary for diagnosing and controlling communicable diseases, in order to evaluate the health status and need for treatment of patients in health care and clients in social welfare;
- 10) client and patient facility refers to rooms intended for clients and patients, vehicles used in the transport of patients, and other comparable spaces where an infection may transmit or spread to clients or patients.

Section 4

Classification of communicable diseases

- (1) Communicable diseases are classified into generally hazardous and monitored communicable diseases and other communicable diseases, some of which require regular surveillance due to the disease burden or risk of epidemic they cause to the population.
- (2) A disease is a generally hazardous communicable disease if:
 - 1) the disease is highly infectious;
 - 2) the disease is dangerous; and
 - 3) the spread of the disease can be prevented by measures aimed at persons who have contracted the disease, exposed to the pathogen, or are justifiably suspected of being infected or having been exposed.
- (3) A disease is a monitored communicable disease if:
 - 1) its surveillance requires information from a physician or additional data collected separately;
 - 2) preventing the spread of the disease requires special measures to ensure that examinations to diagnose the disease and treatment of the disease are carried out appropriately; or

3) the disease is preventable by the national vaccination programme.
Section 5
Authority to issue decrees

Generally hazardous and monitored communicable diseases are specified by Government decree. In addition, Government decree defines which of the other communicable diseases referred to in section 4(1) require regular surveillance due to the disease burden or risk of outbreak or epidemic they cause to the population, are notifiable.

Chapter 2

Organization of control activities and authorities

Section 6
General responsibilities of authorities

State authorities and expert institutions as well as municipalities and joint municipal authorities referred to in this Act must systematically combat communicable diseases and be prepared for disruptions in health care. They must take immediate action when informed of an communicable disease or the risk of such a disease within their responsibility area, which requires control measures.

Section 7
National control activities

- (1) The general planning, steering and monitoring of the control of communicable diseases are the responsibility of the Ministry of Social Affairs and Health. The ministry is responsible on the national level for preparing for disruptions of health care or for their risk, and for leadership in such situations.
- (2) The National Institute for Health and Welfare is the national expert institution in the control of communicable diseases; with its expertise, it supports the Ministry of Social Affairs and Health and the Regional State Administrative Agencies, maintains national epidemiological surveillance systems serving the control of communicable diseases, and supervises and supports the control of communicable diseases in municipalities, joint municipal authorities for hospital districts, and social welfare and health care units. The institute carries out research on communicable diseases, implements surveillance and investigates the emergence and occurrence of communicable diseases, develops related diagnostics, surveillance and control methods, disseminates information and provides the population with recommendations for preventing infection and spread of disease. The institute has a defined role in provisions for the vaccination program, carries out surveillance on the impact of vaccinations, and investigates adverse effects to vaccines and vaccinations. The institute acts as the competent authority responsible for performing epidemiological surveillance of communicable diseases and reporting communicable diseases to the European Union.

Section 8

Regional control activities

- (1) The Regional State Administrative Agencies coordinate and monitor the control of communicable diseases in their respective areas. The Regional State Administrative Agency controls that the joint municipal authorities for hospital districts are prepared for disruptions in health care on a regional level. The Regional State Administrative Agency oversees that control activities are carried out according to the regulations, and supervises the implementation of national plans and decisions of the Ministry of Social Affairs and Health. The Regional State Administrative Agency must have a physician in charge of communicable diseases in public service employment relationship.
- (2) The joint municipal authorities for hospital districts guide and support municipalities and social welfare and health care units with their medical expertise in the control of communicable diseases, develop regionally the diagnostics and treatment of communicable diseases, and investigate epidemics and outbreaks in collaboration with municipalities. The hospital district must prepare to control and manage exceptional epidemics, and ensure that the control of healthcare – associated infections is developed in the social welfare and health care units in its area. The joint municipal authority for hospital district must have a physician in charge of communicable diseases in public service employment relationship.
- (3) The Regional State Administrative Agency and the joint municipal authorities for hospital districts within the agency's operating area must collaborate in the control of communicable diseases. The Regional State Administrative Agency makes the administrative decisions laid down in this Act utilising the expertise of the joint municipal authority for hospital district, the relevant university hospital district, and the National Institute for Health and Welfare. Regional preparedness and contingency planning for the control of communicable diseases are implemented in accordance with Section 38 of the Health Care Act (1326/2010), taking also into consideration the operation of occupational health care and private health care services.

Section 9

Municipal control activities

- (1) Municipalities are responsible for organising the control of communicable diseases referred to in this Act within their area as part of public health activities, as laid down in the Primary Health Care Act (66/1972), the Health Care Act and in this Act. A municipality must have a physician responsible for communicable diseases in public service employment relationship. The physician in charge of communicable diseases at a health centre must investigate the nature of a suspected or diagnosed communicable disease and its distribution, as well as undertake necessary measures to control the spread of the disease. In this Act, the actions to control communicable diseases encompass the prevention, early detection and surveillance of communicable diseases, measures needed to investigate or control an epidemic or outbreak, and the examination, treatment and medical rehabilitation of persons who have an

- communicable disease or are suspected of having an communicable disease, as well as the prevention of healthcare - associated infections.
- (2) Further provisions on preventive services organised by municipalities to prevent the spread of communicable diseases are laid down by Government decree.

Section 10

Control of communicable diseases within the Defence Forces, the Finnish Border Guard and certain state institutions

- (1) The Defence Forces, the Finnish Border Guard, the Prisoners' Health Care Unit, the state mental hospitals and state residential schools, and the police with regard to persons in police custody, are responsible for the control of communicable diseases as part of the health care services within their organising responsibilities so that the operation fulfils the obligations laid down in this Act. The Defence Forces, the Finnish Border Guard, the Prisoners' Health Care Unit and the state mental hospitals may make official decisions, which pursuant to this Act are to be made by a municipality, pertaining to a person within the remit of their health care services, if the person is not on vacation or treated in another health care unit.
- (2) The authorities and units referred to in sub-section 1 must collaborate with the region's joint municipal authority for hospital district and the municipality to organise the control of communicable diseases, and they must be prepared for exceptional epidemics taking into consideration the activities for preparedness steered by the Ministry of Social Affairs and Health.

Section 11

Advisory Board on Communicable Diseases

The expert body in the control of communicable diseases is the Advisory Board on Communicable Diseases affiliated with the Ministry of Social Affairs and Health.

Section 12

Monitoring the control activities

- (1) It is the duty of the Regional State Administrative Agencies within their respective areas to monitor the legality of the prevention work on communicable diseases and provide related guidance.
- (2) The National Supervisory Authority for Welfare and Health steers the operation of Regional State Administrative Agencies in the implementation, coordination and harmonisation of the monitoring and related guidance.
- (3) In addition, the National Supervisory Authority for Welfare and Health monitors the legality of the control activities on communicable diseases and provides relevant guidance, especially in matters that:
 - 1) are fundamentally important or far-reaching;
 - 2) pertain to the remit of several Regional State Administrative Agencies or to the whole country;

- 3) are closely linked to another supervisory matter regarding social welfare or health care or a health care professional, which is handled by the National Supervisory Authority for Welfare and Health;
 - 4) the Regional State Administrative Agency is disqualified to process.
- (4) Provisions on the inspections related to the supervision of municipal social welfare and health care services, on the supervisory consequences and the right of the supervising authorities to access information are laid down in sections 42–44 of the Primary Health Care Act, sections 51–53 and 58 of the Act on Specialized Medical Care (1062/1989), sections 33a–33c of the Mental Health Act (1116/1990), sections 55–57 of the Social Welfare Act (710/1982), and sections 75–77 of the Act on Special Care for the Mentally Handicapped (519/1977).
 - (5) Provisions on the inspections related to the supervision of private health care service providers, on the consequences from supervision and the right of the supervising authorities to access information are laid down in sections 16, 17, 20 and 22a of the Private Health Care Act (152/1990). Provisions on the inspections related to the supervision of private social service providers, on the consequences from supervision and the right of the supervising authorities to access information are laid down in sections 17–22 and 39 of the Act on Private Social Services (922/2011). Provisions on the inspections related to the supervision of health care services provided by the state, on the supervisory consequences and the right of the supervising authorities to access information are laid down in sections 33a–33c of the Mental Health Act, sections 10b–10d and 10f of the Act on Arranging Health Care in the Defence Forces, and sections 11–13 of the Act on Prisoners' Health Care Unit (1635/2015).

Section 13

Authority to issue decrees

- (1) Further provisions on the tasks of the Ministry of Social Affairs and Health and the National Institute for Health and Welfare referred to in sections 6 and 7, the tasks of Regional State Administrative Agencies referred to in sections 6 and 8, and the composition, appointment and duties of the Advisory Board on Communicable Diseases referred to in section 11 are laid down by Government decree.
- (2) More detailed provisions on the distribution of duties between the National Supervisory Authority for Welfare and Health and the Regional State Administrative Agencies are issued, if necessary, by Government decree.

Chapter 3

Identifying ill persons and persons justifiably suspected of being infected and trace-back of the infection

Section 14

Voluntary health examinations and vaccinations

The municipality must arrange general vaccinations and health examinations to prevent communicable diseases. Participating in the vaccinations or health examinations is voluntary.

Section 15

Targeted health examinations

- (1) The Regional State Administrative Agency may order a health examination to be organised in its region for persons in a specific locality or workplace, institution, vehicle or other such location within its operating area, if such an examination is necessary to prevent the spread of a generally hazardous communicable disease. Participating in the health examination is voluntary.
- (2) A health examination is conducted by a physician or by another health care professional with appropriate training under the supervision of a physician. As part of the examination, necessary specimens may be taken and other tests not causing significant harm to the person examined may be carried out.
- (3) An employee has the right to go to a health examination or tests referred to in subsection 1 during working hours, if the examination cannot without difficulty be performed at another time. The part of an employee's daily regular working hours used for said purpose is considered working time.

Section 16

Compulsory health examination

The Regional State Administrative Agency may order compulsory participation in a health examination referred to in sections 14 and 15 if necessary to prevent the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous.

Section 17

Prevention of healthcare - associated infections

- (1) A health care and social welfare unit must systematically combat healthcare - associated infections. Measures must be harmonised with the measures of promoting patient safety laid down in section 8 of the Health Care Act.
- (2) The head of the unit must implement surveillance for communicable diseases and extensively drug-resistant microbes, and ensure of infection control. The unit must ensure that patients, clients and personnel are properly protected and placed, and that antimicrobial drugs are used appropriately.
- (3) The head of the unit must enlist the support of health care professionals specialised in the control of communicable diseases, and coordinate his or her activities with measures implemented by the municipality or joint municipal authority as well as with national control programmes on healthcare - associated infections.

Section 18

Laboratory examinations and licensure to operate

- (1) Laboratory examinations and tasks required to diagnose communicable diseases are carried out by the National Institute for Health and Welfare, as well as by laboratories that have been issued an operating license for said purpose and units under their supervision. If a laboratory with an operating license subcontracts laboratory examinations to another laboratory or supervises the examinations in a unit, the laboratory must ensure that the subcontracting laboratory or operating unit fulfils the requirements set for a laboratory in sub-section 3 below.
- (2) Operating licenses to laboratories are issued by a Regional State Administrative Agency. The Regional State Administrative Agency must request a statement from the National Institute for Health and Welfare prior to granting an operating license to a laboratory. The operating license may be complemented with necessary conditions regarding the amount of services, the personnel, facilities, equipment and supplies, and operating practices.
- (3) The prerequisites for granting a license are that the laboratory has adequate facilities and equipment as well as competent personnel for performing its tasks, and that the laboratory's quality assurance procedures, as well as the monitoring of its subcontracting laboratories and units under its supervision, are organised in an appropriate manner.
- (4) Laboratories are monitored by the Regional State Administrative Agencies which utilise the expertise of the National Institute for Health and Welfare. If it becomes evident after an operating license has been issued that the laboratory, its subcontracting laboratory or a unit under its supervision does not fulfil the essential prerequisites for issuing the licence and that there are severe deficiencies in its operation that have not been revised in spite of an order from the Regional State Administrative Agency, the Regional State Administrative Agency may revoke the operating license. In addition, provisions laid down elsewhere concerning the tasks and competencies of a Regional State Administrative Agency are in force.
- (5) To monitor compliance with this Act and provisions issued under it, the Regional State Administrative Agency and the National Institute for Health and Welfare have the right to inspect the facilities of the laboratory, operation and documents needed in the monitoring, and to acquire necessary information, reports, documents and other material free of charge and notwithstanding the confidentiality provisions. The right of access to information applies also to any information concerning trade secrets that is needed for the monitoring. The information, reports, documents and other material must be submitted to the Regional State Administrative Agency or the National Institute for Health and Welfare within a reasonable period specified by the authority. If the information, reports, documents and other material are not submitted within the specified period, the Regional State Administrative Agency may impose an obligation to submit the material under threat of a fine.

Section 19

Expert laboratory, access to information and performing rare examinations

- (1) The National Institute for Health and Welfare acts as a national expert laboratory as required by the World Health Organization and the European Union and participates in the collaboration of expert laboratories.
- (2) The National Institute for Health and Welfare has the right to obtain from laboratories referred to in section 18, free of charge, information on the number

- of examinations performed to identify cases of communicable disease, as well as on the applied laboratory methods and the quality assurance results.
- (3) Rare examinations needed to diagnose communicable diseases may, if necessary, be carried out, in addition to the National Institute for Health and Welfare, by a university hospital district, joint municipal authority for hospital district, or other agreed-upon body.

Section 20

Transfer of a physician's duty of care and release of information

- (1) The physician who diagnoses the disease is primarily responsible for the examination and treatment of the patient with a generally hazardous or monitored communicable disease, and for the examination and treatment of other possibly infected persons. If the physician is unable to perform this duty, he or she must transfer the duty to the physician in charge of communicable diseases in the municipality or joint municipal authority for hospital district.
- (2) When a physician in the case referred to in subsection 1 transfers his or her duty of care to the physician in charge of communicable diseases in the municipality or joint municipal authority for hospital district, he or she must provide the physician with information needed for treatment, notwithstanding confidentiality provisions.

Section 21

Notification of exposure to infection

- (1) Notwithstanding confidentiality provisions, an attending physician must submit a notification to the physician in charge of communicable diseases in the municipality or joint municipal authority for hospital district, if he or she discovers that his or her patient is suffering, or has suffered in his or her lifetime, of a generally hazardous or monitored communicable disease which may constitute a risk of infection to another person.
- (2) In such case, the physician in charge of communicable diseases in the municipality or joint municipal authority for hospital district has, notwithstanding confidentiality provisions, the right to notify the person at risk of the risk of infection without disclosing the source of infection.

Section 22

Duty of infected person

In order to prevent the spread of the disease, a person who has or is justifiably suspected of having a generally hazardous or monitored communicable disease is obliged to provide the physician investigating the matter with information regarding his or her view of the manner, date and place of infection, as well as the names of persons who may have been the source of infection or may have been infected.

Section 23

Investigating outbreaks and epidemics and trace-back of infections

- (1) The physician in charge of communicable diseases in a municipality investigates local outbreaks and epidemics and implements trace-back of infections.
- (2) The physician in charge of communicable diseases in a joint municipal authority for hospital district supervises the investigation on outbreaks and epidemics and the trace-back of infections within the hospital district's area, and carries out investigations in collaboration with municipalities on widespread outbreaks and epidemics.
- (3) In the event that the outbreak or epidemic has spread to the area of several joint municipal authorities for hospital districts, the disease is particularly severe, or investigating the epidemic is otherwise of national importance, the National Institute for Health and Welfare shall supervise and support the trace-back of the infection and investigating the outbreaks and epidemics in municipalities and areas of the joint municipal authorities for hospital districts, and carries out outbreak investigations. The National Institute for Health and Welfare investigates outbreaks and epidemics, and is in charge of investigating outbreaks and epidemics and trace-back of infections in cases requiring international collaboration.

Section 24

Right of access to information to detect and investigate outbreaks and epidemics and trace-back of infections

- (1) The Ministry of Social Affairs and Health has the right, notwithstanding confidentiality provisions and free of charge, to receive from other authorities and private social welfare and health care units any information needed to perform the tasks laid down in this Act.
- (2) The National Institute for Health and Welfare and the physician in charge of communicable diseases in a joint municipal authority for hospital district have the right, notwithstanding confidentiality provisions and free of charge, to receive from municipal and state health care, health protection, veterinary, and food safety control authorities, from laboratories referred to in section 18, from private social welfare and health care units, as well as from self-employed health care practitioners, any information needed to detect an epidemic, identify the cause and trace-back the infection, as laid down in section 23, and for said purpose to handle information given to them by persons who have contracted the disease and other persons. The information must be submitted without delay and free of charge.
- (3) The National Institute for Health and Welfare and the physician in charge of communicable diseases in a joint municipal authority for hospital district have the right to obtain, notwithstanding confidentiality provisions, from a travel organiser, accommodation provider, or owner, possessor or user of an aircraft or other vessel information on the personal identity code, name, date of birth, gender, and contact details of a passenger who has used the vessel, if necessary to prevent the spread of an outbreak or epidemic or to protect the passenger's own health. The information must be submitted without delay and free of charge.
- (4) The National Institute for Health and Welfare and the physician in charge of communicable diseases in a joint municipal authority for hospital district have the right to pass on to authorities in charge of the control of communicable diseases, to municipal health protection and food safety control authorities, and

to the Finnish Medicines Agency, notwithstanding confidentiality provisions, any information obtained when investigating an outbreak or epidemic that is needed by said authorities to carry out the duties assigned to them by law.

Section 25

Right of access to information to prevent a serious outbreak or epidemic

- (1) If urgent measures are necessary to protect the health of the population in an event where the health of the population is threatened by a serious outbreak or epidemic, or during an outbreak or epidemic in order to control it or detect its cause and prevent it from spreading, the National Institute for Health and Welfare has the right, notwithstanding confidentiality provisions and free of charge, to access and link together data recorded in patient documents, the benefit register of the Social Insurance Institution of Finland, and registers accordant to the Act on National Personal Data Registers for Health Care (556/1989), and to extract a random sample of persons for comparison or a population sample from the population information system referred to in the Act on the Population Information System and the Certificate Services of the Population Register Centre (661/2009). This data encompasses information regarding pathogens and their characteristics, diagnoses, risk factors, factors contributing to the course of transmission, and an infected person's place of care, treatment and treatment outcome. Information can be linked if it is necessary to discover the source of a serious outbreak or epidemic or to identify the impact of the outbreak or epidemic.
- (2) In the event that the health of the population is threatened by a serious outbreak or epidemic, or during an outbreak or epidemic, the National Institute for Health and Welfare has the right, notwithstanding confidentiality provisions and free of charge, to obtain from operators information regarding products purchased by the persons with the disease and random sample persons for comparison from the population information system referred to in the Act on the Population Information System and the Certificate Services of the Population Register Centre if the products may have transmitted the infection. All information shall be submitted without delay.
- (3) The National Institute for Health and Welfare has the right to access information referred to in sub-sections 1 and 2 also through a technical access connection.

Section 26

Storing the identifying data of exposed persons

All personal information collected and submitted in the manner laid down in sections 20–25 above must be destroyed after investigation of the outbreak or epidemic, or trace-back of the infection has been completed and storing the data is no longer necessary to control the communicable disease. The trace-back of an infection or a transfer of duty referred to in section 20 is recorded in the patient documents.

Section 27

Authority to issue decrees

Further provisions on voluntary health examinations referred to in section 14 may be issued by Government decree.

Chapter 4

Notifying communicable diseases, disclosure of information, and registers

Section 28

Notifying communicable diseases

- (1) A physicians and a dentist must notify the National Institute for Health and Welfare of suspected or diagnosed cases of generally hazardous or monitored communicable diseases (*communicable disease notification*), confidentiality provisions notwithstanding. A laboratory carrying out testing for communicable diseases must submit a disease notification of microbial findings on a generally hazardous and monitored communicable disease or other communicable diseases subject to notification, as well as of the sensitivity of microbes to drugs.
- (2) If a laboratory examination is subcontracted to another laboratory, the ordering laboratory is responsible for submitting the communicable disease notification.

Section 29

Contents of the communicable disease notification

- (1) A communicable disease notification contains the identification data of the patient and data on the person submitting the notification, as well as any data concerning the patient, communicable disease, microbial finding and microbe characteristics, the manner, time and place of the transmission of infection, as well as any data on the treatment and factors affecting the course of the infection, that is necessary to prevent the spread of the disease and investigate the epidemic. The identification data includes the personal identity code of the patient and, in the notification of a generally hazardous and monitored communicable disease, also the patient's name. If a patient, in whom a microbial finding related to another communicable disease subject to notification as referred to in section 28 has been made, does not have a personal identity code, the notification must include the patient's name, date of birth, and gender.
- (2) The laboratory must attach microbial strains or samples to the communicable disease notification if this is necessary to monitor the occurrence of the disease or to prevent the spread of the disease.

Section 30

Notifying to local authorities

- (1) If the prevention of the spread of a communicable disease requires urgent measures to be performed by a municipality according to this Act, the person

with the obligation to notify must, notwithstanding confidentiality provisions, notify the municipality's physician in charge of communicable diseases of the matter. The person with the obligation to notify must also, notwithstanding confidentiality provisions, notify the municipal health protection authorities of a suspected or discovered epidemic transmitted by drinking water or other environmental sources or by animals, and they must notify the municipal food safety control authorities of an epidemic spreading via foodstuffs.

- (2) To prevent the spread of a communicable disease, a notification referred to above in sub-section 1 may contain necessary data referred to in section 29, including personal identification data and data concerning the communicable disease and its manner of transmission.

Section 31

Notifying zoonoses and animal diseases

- (1) A municipality's physician in charge of communicable diseases must, notwithstanding confidentiality provisions, notify the municipal veterinary authority of a zoonosis he or she either suspects, has diagnosed or has been informed. The notification may contain such personal identification data and data concerning the communicable disease and its manner of transmission referred to in section 29, which are necessary to control any risk to people or animals.
- (2) The Finnish Food Safety Authority must notify the National Institute for Health and Welfare of a suspected or diagnosed animal disease case that may endanger human health. The National Institute for Health and Welfare must notify the Finnish Food Safety Authority of a suspected or diagnosed serious zoonosis that may endanger human health.

Section 32

National Communicable Diseases Register

- (1) On the basis of notifications referred to in section 28, the National Institute for Health and Welfare maintains the National Communicable Diseases Register for the purposes of surveillance and control of diseases, as well as for measures by authorities, statistics, and research. Identification data entered into the register shall consist of the data referred to in section 29. The institute may supplement the data with information obtained from the population register system regarding the patient's municipality and place of residence, country of birth, date of immigration to Finland, nationality, and possible death.
- (2) The physician in charge of communicable diseases in a joint municipal authority for hospital district must provide the National Institute for Health and Welfare with proposals to correct the data on the basis of information requested from the laboratory and treating health care unit concerning disease cases registered in the hospital district's area. Provisions on the correction of data are laid down in the Personal Data Act (523/1999).
- (3) Provisions on assessing the grounds and need for data processing are laid down in section 12(2) of the Personal Data Act.

Section 33

Sample surveillance register for communicable diseases

The National Institute for Health and Welfare maintains a sample-based person register for the surveillance and control, as well as for measures by authorities, statistics and research related to diseases specified with Government decree. Identification data entered into the register shall consist of the data referred to in section 29. The institute shall receive diagnostic information concerning the cases of communicable diseases and, to implement the control measures, data on the course of transmission and related risk factors from the health care and social welfare units which voluntarily participate in the sample surveillance, including information on their patients and clients.

Section 34

Linking data in the sample surveillance register

The National Institute for Health and Welfare may supplement the data in the sample surveillance register with information obtained from the population information system referred to in the Act on the Population Information System and the Certificate Services of the Population Register Centre on the client's or patient's municipality and place of residence, country of birth, nationality, and possible death, and link this data with information in the National Communicable Diseases Register, the benefit register of the Social Insurance Institution, and registers accordant to the Act on National Personal Data Registers for Health Care.

Section 35

Consent of clients and patients in the sample surveillance

- (1) Health care and social welfare units must submit the data to the National Institute for Health and Welfare with a written, informed consent from the patients or clients participating in the sample surveillance referred to in section 33.
- (2) With the patient's consent, laboratory specimens may be taken for the purpose of identifying a pathogen from patients and clients of health care and social welfare units participating in the sample surveillance .
- (3) In the event that a patient is in intensive care due to a serious infection included in the sample surveillance, the consent may be requested afterwards, if possible.
- (4) It is possible to make an exception from the requirement of written consent in the sample surveillance, when submitting personal identifying data might be contrary to the person's interest and the examination only causes minor inconvenience to the person without being harmful to his or her health. In such case, the consent for acquiring a laboratory specimen may be obtained orally without the presence of a witness, and the laboratory specimen needed in the sample surveillance may be linked to risk data provided by the client in the National Institute for Health and Welfare by using a specimen-specific code from which the client's identity cannot be derived.

Section 36

Registers of healthcare - associated infections

- (1) The National Institute for Health and Welfare maintains a national register of healthcare – associated infections for surveillance and control of these infections and for statistics and research. Identification data entered into the register shall consist of the data referred to in section 29. The institute has the right, notwithstanding confidentiality provisions and free of charge, to receive information from health care and social welfare units on their patients and clients regarding the diagnoses and causes of treatment-related infections and factors affecting the course of the infection.
- (2) The institute may supplement the data with information obtained from the population information system on the patient's or client's municipality and place of residence and potential death. The following necessary information may be collected and recorded in the register: data on pathogens and their characteristics, diagnoses, risk factors, factors affecting the course of infection, the infected person's place of care, treatment, and treatment outcome may be obtained from the health and social services' National Hospital Discharge Register, the National Communicable Diseases Register, or registers in accordance to the Act on National Personal Data Registers for Health Care.
- (3) The joint municipal authority for hospital district maintains a regional register of healthcare - associated infections for surveillance and control of these infections. Identification data entered into the register shall consist of the data referred to in section 29. The joint municipal authority for hospital district has the right, notwithstanding confidentiality provisions and free of charge, to receive from health care and social welfare units within its area information on clients or patients regarding the diagnoses and causes of healthcare – associated infections and risk factors affecting the course of the infection and measures taken. The joint municipal authority for hospital district may supplement the data with information obtained from the population information system on the patient's municipality and place of residence and potential death.
- (4) Health care units and social welfare units must, notwithstanding confidentiality provisions, provide the National Institute for Health and Welfare and the physician in charge of communicable disease in the joint municipal authority for hospital district with information on rare and severe or suspected epidemics of healthcare – associated infections, or on infections caused by microbes that are extensively resistant to antimicrobial drugs. The Finnish Medicines Agency must notify the National Institute for Health and Welfare of any information it has acquired showing that a pharmaceutical substance is suspected of causing infections. The National Supervisory Authority for Welfare and Health and the Regional State Administrative Agency must notify the National Institute for Health and Welfare of any information it has acquired showing that a health care appliance or material is suspected of causing infections.

Section 37

Register of carriers of extensively drug-resistant microbes

- (1) Joint municipal authority for hospital district maintains a regional register of carriers of extensively drug-resistant microbes for surveillance of their occurrence and to prevent their spread, as well as for organising appropriate treatment for the persons recorded in the registers.

- (2) Laboratories must submit the data referred to in section 29 on patients under treatment to the institution maintaining the register. Identification data referred to in section 29 may be entered into the register.

Section 38

Storing person identification data

- (1) Person identification data may be stored in the National Communicable Diseases Register, the register of carriers of extensively drug-resistant microbes, the register of healthcare - associated infections, and the sample surveillance register for communicable diseases for as long as it is necessary for the purposes of the registers.
- (2) A person's name recorded in the National Communicable Diseases Register with access by regional and local competent authorities is removed by the end of the year following the year when linking separate notifications pertaining to one and the same case of communicable disease was completed, and, within the same time period, the personal identity codes must be transformed in such a way that they cannot be used to identify individual persons.
- (3) The interval in the National Communicable Diseases Register for linking notifications on the same disease in a person is, as a rule, 12 months. However, the linking interval is:
 - 1) three months when the duration of the disease is short;
 - 2) three years when the course of the disease is particularly slow; and
 - 3) 50 years when the majority of the infected remain permanent carriers of the infection.

Section 39

Case-specific registers

- (1) The National Institute for Health and Welfare, a joint municipal authority for hospital district, or a municipality may establish a person register related to a case of disease or a limited outbreak or epidemic threatening the health of the population in order to trace-back a generally hazardous or monitored communicable disease or other communicable disease, or to carry out surveillance of carriers of microbes and persons justifiably suspected of having been exposed, if it is necessary in order to organise urgent treatment for the infected and to prevent the spread of the disease. The register may be used to record data on persons with the disease, and persons justifiably suspected of having been exposed to the infection, as laid down in section 29.
- (2) The case-specific register must be destroyed immediately once it is no longer necessary to control the communicable disease.

Section 40

Release of information from registers

- (1) Personal data recorded in the registers referred to above in sections 32, 33, 36, 37 and 39 must be kept confidential. However, the National Institute for Health

and Welfare may, notwithstanding confidentiality provisions, release from the National Communicable Diseases Register and the case-specific register to the Regional State Administrative Agency's physician in charge of communicable diseases and to the physician in charge of communicable diseases in a joint municipal authority for hospital district or municipality information concerning the area of the Regional State Administrative Agency, joint municipal authority for hospital district, or municipality concerned, to the extent necessary for performing the tasks related to controlling communicable diseases.

- (2) The physician in charge of communicable diseases in a joint municipal authority for hospital district may, notwithstanding confidentiality provisions, release data received from the National Communicable Diseases Register under sub-section 1 to the municipality's physician in charge of communicable diseases to the extent necessary for the municipality to carry out its tasks to control communicable diseases, to a blood establishment or blood centre referred to in section 2 of the Blood Services Act (197/2005) to the extent necessary to prevent an epidemic transmitted through blood, and to a health care unit performing tissue and organ transplantation to the extent necessary to prevent an infection transmitted through transplants.
- (3) The physician in charge of communicable diseases in a joint municipal authority for hospital district may, notwithstanding confidentiality provisions, pass on information on a patient obtained from the regional register of carriers of extensively drug-resistant microbes to another health care unit and to the health care and social welfare unit treating the person, to the extent necessary to prevent the spread of the infection and provide the person with appropriate treatment.

Section 41

Use of technical connection to release register data

The data referred to in section 40 may also be transferred via a technical access connection. Prior to opening a technical connection, the person requesting information shall give an account ensuring that the data is protected appropriately.

Section 42

Release of information for research

The National Institute for Health and Welfare may, notwithstanding confidentiality provisions, decide to release personal data from registers referred to in this Act that are maintained by the institute, if the release is made for the purpose of scientific research on health care activities, prevention or treatment of diseases, or research related to these, and if the release meets the requirements laid down in section 28 of the Act on the Openness of Government Activities (621/1999).

Section 43

Authority to issue decrees

Further provisions are issued by Government decree on the contents of a communicable disease notification referred to in section 29 and the attached microbial strains and samples, the diseases and syndromes under sample surveillance

as specified in section 33, healthcare – associated infections referred to in section 36, and the linking interval referred to in section 38. Provisions are issued by Government decree on the microbial and drug-sensitivity findings of microbes related to other communicable diseases subject to notification as referred to in section 28, the diseases referred to in sections 30 and 31 notifiable to the municipal veterinary authority, and the extensively drug-resistant microbes referred to in section 37.

Chapter 5

Vaccinations

Section 44

National vaccination programme

- (1) The national vaccination programme includes vaccinations given to protect the population from communicable diseases. The contents of the vaccination programme are set by the Ministry of Social Affairs and Health, after consulting experts specialised in vaccines and vaccination.
- (2) A municipality must provide vaccinations included in the national vaccination programme. Participation in the vaccinations is voluntary.
- (3) The National Institute for Health and Welfare supervises the implementation of the national vaccination programme and other general vaccinations, monitors the implementation and impact of the vaccinations, conducts research, and submits proposals to develop the national vaccination programme.

Section 45

Other voluntary vaccinations

- (1) A decision to implement general voluntary vaccinations is made by the Government.
- (2) A municipality must arrange general voluntary vaccinations decided upon by the Government, as well as such vaccinations not included in the national vaccination programme referred to in section 44 that a physician has ordered for the purpose of preventing communicable diseases.
- (3) Vaccinations not included in the national vaccination programme that are given due to work-related hazards fall within the remit of occupational health care organised by the employer under the Occupational Health Care Act (1383/2001).
- (4) An employee has the right to receive a vaccination referred to in sub-sections 1 and 2 during working hours, if the vaccination cannot without difficulty be organised at another time. The part of an employee's daily regular working hours used for said purpose is considered working time.

Section 46

Vaccinations in the Defence Forces and the Finnish Border Guard

The Defence Forces and the Finnish Border Guard must arrange vaccination for each person entering military service under the Conscription Act (1438/2007) or the Act on Women's Voluntary Military Service (194/1995) to prevent communicable diseases. The prerequisite for the vaccination is that the targeted disease is serious, or its occurrence or spread without the vaccination is increased during military service. Participation in the vaccination is voluntary.

Section 47

Compulsory vaccination

- (1) Provisions on organising compulsory vaccination can be issued by Government decree, if comprehensive vaccination is necessary to prevent the spread of a generally hazardous communicable disease capable of causing substantial harm to the life and health of the population or a part thereof. A compulsory vaccination may also be limited to a certain part of the population, a group or age class.
- (2) A municipality must arrange the compulsory vaccination referred to in sub-section 1.

Section 48

Vaccination of employees and students to protect patients

- (1) For work in the client and patient facilities of social welfare and health care units, which are used for treating clients or patients who, based on medical assessment, are susceptible to severe consequences from communicable diseases, a person with inadequate protection from vaccination may only be used in exceptional circumstances.
- (2) Employees and students in practical training must be protected against measles and varicella, either through vaccination or by having had the disease. In addition, vaccination against influenza is required, as is vaccination against whooping cough for persons treating infants.
- (3) Student health care services must ensure that students participating in practical training have the protection from vaccination referred to in sub-section 2.
- (4) An employer has the right to process data of an employee or a student in practical training concerning the suitability for tasks referred to in sub-section 1, as regards adequate protection from vaccination, with the consent of the employee or student and in accordance with the Act on the Protection of Privacy in Working Life (759/2004), the Occupational Health Care Act, and the Personal Data Act.

Section 49

General vaccination in occupational health care and in health care and social welfare units

- (1) If arranging a general voluntary vaccination referred to in section 45(1) is urgent, the Government may authorise occupational health care referred to in

- the Occupational Health Care Act to participate in the implementation of the vaccination.
- (2) When arranging a general voluntary vaccination referred to in section 45(1) is urgent, the Government may obligate the public health care units and social welfare units to arrange the vaccination for their patients and clients, and the treating or caring personnel.
 - (3) Vaccinations referred to above in sub-sections 1 and 2 must be coordinated with the vaccinations carried out by the municipality.

Section 50

Vaccine acquisitions

- (1) The Ministry of Social Affairs and Health decides on acquisitions that are economically or otherwise significant with regard to vaccines needed for the vaccinations referred to in sections 44–47. The National Institute for Health and Welfare is responsible for implementing the vaccine acquisition decisions taken by the Ministry of Social Affairs and Health. The National Institute for Health and Welfare decides on other vaccine acquisitions after informing the Ministry of Social Affairs and Health of them in advance.
- (2) The National Institute for Health and Welfare shall ensure, as necessary, the availability of vaccines, testing materials, and antibodies needed for the control of other hazardous or rare communicable diseases. The National Institute for Health and Welfare takes care of the distribution of the vaccines.

Section 51

Monitoring the effects of vaccinations and investigating identified or suspected adverse reactions

- (1) The National Institute for Health and Welfare must monitor the efficacy, impact, and safety of vaccines used in the vaccinations, and take measures to investigate a diagnosed or suspected adverse reaction to a vaccine or vaccination.
- (2) The National Institute for Health and Welfare has the right, notwithstanding confidentiality provisions and free of charge, to access information in patient documents that is necessary for performing the tasks referred to in sub-section 1, and to link this information with data recorded in the National Communicable Diseases Register, the benefit register of the Social Insurance Institution, and registers accordant to the Act on National Personal Data Registers for Health Care.
- (3) The necessary information referred to above in sub-section 2 in the treating facility's patient documents include, in addition to identification data, the results of examinations performed to diagnose the diseases mentioned above, as well as data on the symptoms, risk factors, treatment, and administered vaccinations. Data recorded in the registers that are necessary to monitor the effects of vaccinations include personal identification data, information on risk factors and vaccinations, diagnostic information concerning a suspected adverse

- reaction or a disease preventable through vaccination, information on prescribed medication, and data on the treating facility.
- (4) The data referred to above may also be transferred via a technical access connection. Prior to opening a technical connection, the person requesting information shall give an account ensuring that the data is protected appropriately.

Section 52

Notification of adverse reactions

Health care professionals have the right, notwithstanding confidentiality provisions, to notify the Finnish Medicines Agency of a diagnosed or suspected adverse reaction to a vaccine or vaccination.

Section 53

Recording the notifications of adverse reactions to vaccines and vaccinations

- (1) The Finnish Medicines Agency records all received notifications of adverse reactions to vaccines and vaccinations in its national Adverse Reaction Register to ensure pharmaceutical safety as well as the safety of patients. This information consists of the identification of the person vaccinated, information on the person submitting the notification and information on the administered vaccines, including the vaccine's batch data and data on the identified or suspected adverse reaction.
- (2) Provisions on the register are laid down in the Medicines Act (395/1987) and the Act on National Personal Data Registers for Health Care.
- (3) The Finnish Medicines Agency must submit to the National Institute for Health and Welfare information recorded in the Adverse Reaction Register concerning the identified or suspected adverse reactions caused by a vaccine or vaccination. The National Institution for Health and Welfare must submit to the Finnish Medicines Agency nationally or internationally obtained information on the identified or suspected adverse reactions caused by a vaccine or vaccination. The National Institute for Health and Welfare has the right to use the information obtained from the Finnish Medicines Agency to monitor the safety of vaccines and vaccinations.
- (4) The data referred to above in this section may also be transferred via a technical access connection. Prior to opening a technical connection, the person requesting information shall give an account ensuring that the data is protected appropriately.

Section 54

Authority to issue decrees

- (1) Provisions may be issued by Government decree on the implementation of a general voluntary vaccination not included in the national vaccination

- programme as referred to in section 45(1), as well as on the parties participating in the implementation, on which part of population, group or age class the vaccination applies to, the time frame for the vaccination to be carried out, and other necessary matters related to vaccination.
- (2) If the vaccination is made compulsory as specified in section 47, provisions are issued by Government decree on the part of population, group or age class the vaccination applies to, the time frame for the vaccination to be carried out, and other necessary matters related to vaccination.
 - (3) Provisions are laid down by decree of the Ministry of Social Affairs and Health on the national vaccination programme and vaccinations referred to in section 44, as well as on the vaccines, testing materials and antibodies needed to prevent hazardous or rare communicable diseases.
 - (4) Further provisions on vaccinations given in the Defence Forces and the Finnish Border Guard, as referred to in section 46, are issued by decree of the Ministry of Social Affairs and Health. Prior to issuing the decree, the Ministry of Social Affairs and Health must consult the National Institute for Health and Welfare.

Chapter 6

Measures to control the spread of infections

Section 55

Health assessment for employment regarding respiratory tuberculosis

- (1) The employer must require a reliable statement from an employee ensuring that he or she does not have respiratory tuberculosis, if the employee is justifiably suspected of having respiratory tuberculosis and the employee carries out tasks in which consequences of the spread of respiratory tuberculosis are exceptionally serious. A statement must be obtained also from trainees and other similar persons working in the facility without an employment contract. The employer must require the statement from such a person prior to the start of the employment or during employment when there is a justified reason to suspect that the person has respiratory tuberculosis. A justified reason is long-term or repeated residence in a country where tuberculosis is common, or other particular exposure to tuberculosis.
- (2) Until giving the statement for respiratory tuberculosis referred to in sub-section 1, the employee may not:
 - 1) work in social welfare or health care units;
 - 2) care for children under school age.
- (3) The employer has the right to process the health data of the person referred to in sub-section 1 with his or her consent and in accordance with the Act on the Protection of Privacy in Working Life, the Occupational Health Care Act, and the Personal Data Act.

Section 56

Health assessment for employment regarding salmonella infection

- (1) The employer must require a reliable statement from an employee ensuring that he or she does not suffer from salmonella, if the employee carries out tasks associated with higher than average risk of spread of the salmonella infection. A statement must be obtained also from trainees and other similar persons working in the facility without an employment contract.
- (2) Until giving the statement for salmonella referred to in sub-section 1, the employee may not:
 - 1) work in food premises referred to in the Food Act (23/2006), in which the employee handles unpacked foodstuffs that are served cold;
 - 2) work in a milk producing farm in milk processing tasks other than milking, if the facility supplies milk to a dairy farm where the milk is not pasteurised.
- (3) The employer must require the statement referred to in sub section 1 from the employee prior to the start of the employment or during employment when there is a justified reason to suspect that the person is carrying salmonella bacteria.
- (4) The employer has the right to process the health data of the person referred to in sub-section 1 with his or her consent and in accordance with the Act on the Protection of Privacy in Working Life, the Occupational Health Care Act, and the Personal Data Act.

Section 57

Decision on absence from work, day care and educational institution

- (1) If the spread of a generally hazardous communicable disease cannot be prevented by other measures, the physician in charge of communicable diseases, who is in public service employment relationship with the municipality, may order a person who is ill or justifiably suspected of being infected to stay away from work, day care, or educational institution for an uninterrupted period of at most two months. The decision on absence from work, day care, or educational institution must be revoked at once, when the person is no longer infectious.
- (2) The physician in charge of communicable diseases, who is in public service employment relationship with the municipality, may order that the period laid down in sub-section 1 shall be extended by a maximum of six months at a time, if the prerequisites still exist.
- (3) If a person performing a duty or task referred to in section 55(2) or 56(2) has been found to cause or is justifiably suspected of causing the spread of a disease other than a generally hazardous communicable disease, his or her absence from work may be decided upon under sub-sections 1 and 2 of this section.

Section 58

Measures related to extensive risk of infection

- (1) When a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous constituting an extensive risk

of infection has been diagnosed or can justifiably be expected to occur, the municipal body responsible for the control of communicable diseases may in its area decide on closing social and health care units, educational institutions, day care centres, residential apartments, and other similar facilities, as well as on prohibiting general meetings and public events. In addition, it is required that the measure must be essential for preventing the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous. The Regional State Administrative Agency may make the corresponding decisions in its area, when the decisions are needed for an area covering several municipalities.

- (2) If an communicable disease other than a disease referred to in sub-section 1 constitutes an extensive risk of infection, the municipal body responsible for the control of communicable diseases and the Regional State Administrative Agency may decide on closing educational institutions and day care centres in their area, if it is necessary for preventing the spread of the disease.
- (3) The decisions referred to in sub-sections 1 and 2 above are made for a period of one month at the most. The measures must be discontinued at once when the risk of infection no longer exists.

Section 59

Sanitation of facilities and products and disposal of goods

When a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous constituting a risk of infection has been diagnosed or can justifiably be expected to occur, a physician in charge of communicable diseases in a public service employment relationship with the municipality or joint municipal authority for hospital district may order sanitation or disinfection measures to be carried out. If the sanitation or disinfection is disproportionately expensive in relation to the value of an object, a decision can be made on the disposal of the object.

Section 60

Quarantine

- (1) If there is an obvious risk of the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous, and the spread of the disease cannot be prevented by other means, the physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may order a person into quarantine for a maximum of one month. The decision on quarantine can be made for a person who has been exposed, or is justifiably suspected of having been exposed, to a generally hazardous communicable disease.
- (2) The physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may order the person referred to in sub-section 1 into quarantine also against his or her will.

Section 61

Quarantine of goods

The physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may order baggage, container, or other goods into quarantine for a maximum of two months, if there is an obvious risk of the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous, and the spread of the disease cannot be prevented by sanitation or disinfection of the goods or by other measures.

Section 62

Extending and terminating the quarantine period

- (1) The physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may decide to extend the quarantine of a person by at most one month and the quarantine of goods by at most three months, if the prerequisites referred to in sections 60 and 61 still exist.
- (2) The quarantine period must be terminated immediately when the prerequisites referred to in sections 60 and 61 no longer exist. The decision on terminating the quarantine period is made by the physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district.

Section 63

Isolation

- (1) The physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may order a person, who has or is justifiably suspected of having a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous, to be isolated in a health care unit for a maximum of two months, if there is an obvious risk of the spread of the disease and it cannot be prevented by other means. The physician deciding on the isolation must provide the isolated person and the treating personnel instructions necessary to prevent the spread of the infection.
- (2) The physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may order the person referred to in sub-section 1 into isolation also against his or her will.

Section 64

Giving necessary medical treatment during isolation

- (1) A patient ordered into isolation must be treated in mutual understanding with the patient, as laid down in sections 6–9 of the Act on the Status and Rights of Patients (785/1992).
- (2) A person infected with a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous may be given

- the treatment necessary to prevent the spread of the disease at the place of isolation even against his or her will.
- (3) The decision on giving treatment against the patient's will is made by the physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district.

Section 65

Administering medicines during isolation regardless of objections

- (1) A health care professional may, in accordance with instructions from the attending physician, administer medicines prescribed for a patient regardless of the patient's objections, if it is necessary to prevent the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous.
- (2) The decision on administering medications regardless of the patient's objections is made by the physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district.

Section 66

Extending and terminating the isolation period

- (1) The physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may order the isolation period of a person to be extended by a maximum of six months at a time, if the prerequisites still exist.
- (2) The isolation period must be terminated immediately when the prerequisites referred to in section 63 no longer exist. The decision on terminating the isolation period is made by the physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district.

Section 67

Quarantine and isolation in a space locked from outside

- (1) The door of a quarantine or isolation room may be kept locked from the outside, when it is necessary to prevent the spread of an communicable disease that spreads via air or as droplet and contact transmission and meets the prerequisites for a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous.
- (2) A person participating in the care of the patient must monitor the patient, so that he or she can reach contact with the patient immediately. The patient must also be able to immediately reach contact with the personnel.
- (3) The decision on locking the door from the outside is made by the physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district.

Section 68

Conditions during quarantine or isolation

- (1) Quarantine and isolation must be carried out in a way that does not needlessly restrict the person's rights. The person has the right to remain in contact with persons outside the unit in a manner that does not constitute risk of infection to others.
- (2) The quarantine is carried out in the person's apartment or other location approved of or designated by the person ordering the quarantine. If necessary, the municipality must provide the person ordered into quarantine an appropriate quarantine facility and see to the catering for the quarantined person.
- (3) The joint municipal authority for hospital district must ensure that it has an adequate number of facilities suitable for isolation and necessary protective equipment available.

Section 69

Restricted contact during quarantine and isolation

- (1) A patient's right to meet persons other than the personnel of the health care unit may be restricted, if it is necessary to prevent the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous.
- (2) The decision on restricted contact is made by the physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district.

Section 70

Urgent decision on a restrictive measure

In an urgent case, a licensed physician working in a public health care unit, other than a physician working in public health care referred to in sections 60–67 or 69, may order a person or goods into quarantine or a person into isolation, or decide on giving necessary medical treatment, administering medication regardless of the person's objections, or restricting the person's contact with others for a maximum of three days, if it is necessary to prevent the spread of an communicable disease and if the physician finds, based on his or her examination, that the prerequisites for making the decision exist. The decision must be submitted to the physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district for confirmation as soon as the conditions permit.

Section 71

Sudden serious health hazard

If urgent measures are necessary to prevent the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous, the necessary decisions referred to in sections 60, 61 and 63 can be made by the Ministry of Social Affairs and Health, as well as by the Regional State

Administrative Agency and the municipal body in charge of the control of communicable disease in their area, instead of the physician in charge of communicable diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district.

Chapter 7

Use of medicines, medical devices and supplies, and protective equipment

Section 72

Appropriate and equal access to medicines

To ensure appropriate and equal medical treatment when faced with the threat of or during an exceptional epidemic, the Ministry of Social Affairs and Health may, notwithstanding the provisions of the Health Care Professionals Act (559/1994) and the Medicines Act, temporarily restrict the prescription and dispensing of drugs intended for treating the communicable disease, or authorise the prescription or dispensing of the drugs.

Section 73

Emergency stockpile of medicines and supplies

- (1) When faced with the threat of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous, and when faced with the threat of or during an exceptional epidemic, the Ministry of Social Affairs and Health decides on the deployment and distribution of the medicines, medical devices and supplies, and protective equipment stored in the emergency stockpile at the state's expense under section 3 of the Act on the Protection of National Emergency Supply (1390/1992). If the medicines or supplies acquired to the emergency stockpile at the state's expense are dispensed through pharmacies, the Ministry of Social Affairs and Health may decide on their usage and the price charged to the buyer.
- (2) When faced with the threat of or during an exceptional epidemic, the Ministry of Social Affairs and Health may, notwithstanding the provisions of the Medicines Act, decide to issue national instructions for the use, manufacturing and dosage of medicines dispensed from the emergency stockpile that differ from the marketing authorisation issued for the medicines.

Section 74

Other exemptions from the provisions of the Medicines Act

When faced with the threat of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous, when faced with the threat of or during an exceptional epidemic, and in other similar disruptions in health care, the Ministry of Social Affairs and Health may decide on the following exceptions from the provisions of the Medicines Act in order to control or treat a disease and to treat the complications from it:

- 1) the use of a medicinal product is allowed without a marketing authorisation issued by the Finnish Medicines Agency or the competent body of the European Union;
- 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;
- 3) a health care unit may dispense medicines needed for treatment to persons who have a treatment appointment at the unit and to the personnel of the unit;
- 4) to ensure the quality of medicines, the manufacturing and reconstitution of medicines may be centralised by contracts between pharmacies and hospital pharmacies.

Section 75

Exemptions from the provisions of the Medical Devices Act

- (1) When faced with the threat of or during an exceptional epidemic and in other similar disruptions in health care, the Ministry of Social Affairs and Health may, in order to treat the disease and its complications, grant a temporary exemption for a medical device or supply to be placed on the market and its deployment, even though a conformity assessment has not been performed for the device or supply as required under the Medical Devices Act (629/2010) or provisions issued under it.
The Ministry of Social Affairs and Health may issue a decree to provide conditions on the safety of the device or supply and its use.

Section 76

Duties of the Finnish Medicines Agency

The Finnish Medicines Agency is responsible for ensuring the safety and functionality of the distribution of medicines, as well as for steering the operators in the pharmaceutical sector. The agency supports the Ministry of Social Affairs and Health in the preparation of measures referred to in sections 72–74 and, for its part, attends to their implementation.

Section 77

Authority to issue decrees

Further provisions on exemptions regarding the prescription and dispensing of drugs referred to in section 72, the use of a drug and the price charged to a patient referred to in section 73, and measures for exemptions from the Medicines Act as referred to in section 74 and from the Medical Devices Act as referred to in section 75 may be issued by decree of the Ministry of Social Affairs and Health.

Chapter 8

Payments and compensations

Section 78

Central government contribution

The activities organised by a municipality pursuant to this Act are subject to 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), unless otherwise provided by law.

Section 79

Central government contribution to special costs

- (1) The central government may contribute to the costs of maintaining preparedness necessary to control communicable diseases and providing treatment in exceptional medical emergencies, as provided in section 38 of the Health Care Act.
- (2) In the event of disruptions in health care, the central government is responsible for costs arising from ordering a person into quarantine, isolation or compulsory health examination on the grounds of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous, if the person does not have a home municipality in Finland and it has not been possible to otherwise recover the incurred costs.

Section 80

Client payments

Provisions on the fees charged for the control of communicable diseases, examination, treatment and medicines in municipal health care are laid down in the Act on Client Fees in Social Welfare and Health Care (734/1992).

Section 81

Vaccines free of charge

The municipality and the organisers of vaccinations authorised by the Government under section 49 receive the vaccines used for the vaccinations referred to in sections 44(1), 45(1) and 47 free of charge. The central government is responsible for the incurred costs.

Section 82

Communicable disease allowance

A person who is ordered to stay away from his or her gainful employment or is ordered into isolation or quarantine to prevent the spread of an communicable disease, is entitled to receive an communicable disease allowance as compensation for the loss of income, as laid down in the Health Insurance Act (1224/2004). The same applies to the guardian of a child under the age of 16, if the child is ordered for the reason stated above to remain at home, and the guardian is for this reason prevented from working.

Section 83

A municipality's liability

- (1) The owner of an object that has been, on the order of authorities to prevent the spread of an communicable disease, destroyed 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.
- (2) Compensation is not paid for objects of minor value unless there are exceptionally substantial reasons for doing so.
- (3) A person referred to in section 82 above is entitled to compensation from the municipality for financial damage which he or she was unable to avoid through measures that could reasonably be expected from him or her, and for which he or she does not receive compensation on the basis of the said section.

Chapter 9

Miscellaneous provisions

Section 84

International cooperation

- (1) In addition to the provisions of this Act, the requirements of the World Health Organization's International Health Regulations (2005) (SopS 51/2007) must be followed and the European Union's decisions and statutes concerning communicable diseases must be taken into account in the control of communicable diseases and in all related international cooperation.
- (2) If an international agreement that is binding on Finland contains provisions that differ from those laid down in this Act or in the provisions issued pursuant to this Act, the provisions of such an agreement shall be observed.

Section 85

Notifying the World Health Organization, the European Union and foreign authorities

The National Institute for Health and Welfare shall provide the World Health Organization, the European Centre for Disease Prevention and Control, and the competent authorities of said institutions' networks, with necessary information required under the agreement and decisions referred to in section 84, notwithstanding confidentiality provisions and other restrictions on access to information.

Section 86

Diseases transmitted through water and foodstuffs

In the control of diseases transmitted through water and foodstuffs, the provisions laid down in the Health Protection Act (763/1994) and the Food Act must also be observed.

Section 87

Notifying the import of microbes

- (1) The import of microbes or their parts involving a risk of spreading a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous must be reported to the National Institute for Health and Welfare prior to import.
- (2) The reporting duty does not, however, apply to patient or quality assurance specimens imported to a laboratory referred to in section 18 for laboratory examinations, related to the treatment of the patient or to quality assurance.

Section 88

Reference to the Criminal Code

The penalty for a health protection violation is laid down in Chapter 44, section 2 of the Criminal Code (39/1889).

Section 89

Executive assistance

Should the National Institute for Health and Welfare, the Regional State Administrative Agency, the municipal body responsible for the control of communicable diseases, or the physician in charge of communicable diseases in the municipality or in the joint municipal authority for hospital district consider that the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous cannot be prevented by other means, the police, emergency services, or defence forces must provide executive assistance upon their request. Provisions on executive assistance provided by the Finnish Border Guard are laid down in the Border Guard Act (578/2005).

Section 90

Appeals

- (1) Appeal against the decisions referred to in this Act shall be lodged in an Administrative Court in accordance with the provisions of the Administrative Judicial Procedure Act (586/1996).
- (2) Appeal against a decision of an Administrative Court in matters other than the revoking of an operating license referred to in section 18(4) may only be lodged if the Supreme Administrative Court has granted permission to appeal.

Section 91

Enforcement of decisions

- (1) Decisions referred to above in sections 16, 57–67 and 69–71 may be enforced immediately regardless of appeal.
- (2) After an appeal has been lodged, the appellate authority may forbid the enforcement of the decision or order its interruption.

Section 92

Urgency of processing

Appeals concerning absence from gainful employment, educational institution or day care, treatment and medication given against a person's will, restricted contact, isolation, quarantine, and isolation or quarantine in a space locked from the outside referred to in this Act must be processed as urgent.

Section 93

Entry into force

- (1) This Act enters into force on 1 March 2017.
- (2) However, section 48 of this Act is first applied one year from the entry into force of this Act.
- (3) This Act repeals the Communicable Diseases Act (583/1986).

Helsinki, 21 December 2016

President of the Republic

Sauli Niinistö

Minister of Family Affairs and Social Services Juha Rehula