

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

**Government Decree on Communicable Diseases
(146/2017)**

Pursuant to the Communicable Diseases Act (1227/2016), the following is enacted:

Chapter 1

Classification of communicable diseases

Section 1

Generally hazardous communicable diseases

Generally hazardous communicable diseases are:

- 1) diseases caused by the Enterohaemorrhagic Escherichia coli (EHEC) bacterium;
- 2) hepatitis A;
- 3) hepatitis E;
- 4) diseases caused by subtypes H5N1 or H7N9, or by some other new or rare subtype of the type A influenza virus;
- 5) smallpox;
- 6) cholera;
- 7) syphilis;
- 8) diphtheria;
- 9) typhoid, paratyphoid, and other diseases caused by a salmonella bacterium;
- 10) severe sepsis and meningitis caused by meningococcal bacteria;
- 11) anthrax;
- 12) poliomyelitis;
- 13) plague;
- 14) SARS and MERS;
- 15) Shigella dysentery;
- 16) tuberculosis;
- 17) measles;

18) Ebola, Lassa, Marburg, Crimean-Congo haemorrhagic fever and other viral haemorrhagic fevers.

Section 2

Communicable diseases to be monitored

Communicable diseases to be monitored are:

- 1) botulism;
- 2) Creutzfeldt-Jakob disease;
- 3) echinococcal disease;
- 4) severe sepsis and meningitis caused by Haemophilus bacteria;
- 5) hepatitis B;
- 6) hepatitis C;
- 7) pertussis;
- 8) HIV infection;
- 9) sexually transmitted chlamydia infections;
- 10) yellow fever;
- 11) legionellosis;
- 12) listeriosis;
- 13) leprosy and mycobacterial diseases other than tuberculosis;
- 14) malaria;
- 15) severe sepsis and meningitis caused by pneumococcal bacteria;
- 16) tick-borne encephalitis;
- 17) hydrophobia (rabies);
- 18) rotavirus infection;
- 19) chancroid;
- 20) parotitis;
- 21) tetanus;
- 22) gonorrhoea;
- 23) rubella.

Chapter 2

Duties of public authorities and the National Institute for Health and Welfare

Section 3

Duties of the Ministry of Social Affairs and Health

The Ministry of Social Affairs and Health shall:

- 1) ensure the implementation of health counselling and national information targeted at the general public that are required for combating communicable diseases;
- 2) monitor and promote scientific research to be done in Finland and internationally related to work to combat communicable diseases, and the application of such research;
- 3) discharge the communicable disease prevention functions that are separately prescribed by the Ministry of Social Affairs and Health.

Section 4

Duties of the National Institute for Health and Welfare

The National Institute for Health and Welfare shall:

- 1) monitor the implementation of work to combat communicable diseases and submit proposals to the Ministry of Social Affairs and Health for measures to prevent communicable disease;
- 2) engage in scientific research related to communicable diseases and perform and develop the laboratory tests required in work to combat communicable diseases;
- 3) render specialist assistance to government executive organs and hospital district joint municipal authorities responsible for combating communicable diseases in investigating epidemics of communicable disease and combating infections related to treatment;
- 4) arrange education and training in work to combat communicable diseases;
- 5) inform hospital district joint municipal authorities, laboratories and health centres of current conditions related to communicable diseases;
- 6) provide information to the Ministry of Social Affairs and Health, Regional State Administrative Agencies, the Defence Forces and the Finnish Border Guard, and for international exchanges of information concerning communicable diseases;
- 7) participate in national and international cooperation related to work to combat communicable diseases;
- 8) discharge the functions related to work to combat communicable diseases that are prescribed thereto or ordered by the Ministry of Social Affairs and Health.

Section 5

Duties of the Regional State Administrative Agency

The Regional State Administrative Agency shall:

- 1) submit proposals where necessary to the Ministry of Social Affairs and Health for measures to prevent communicable disease;
- 2) discharge the communicable disease prevention functions that are separately prescribed or ordered for a Regional State Administrative Agency.

Section 6

Duties of a municipality

A municipal executive body responsible for combating communicable diseases and a municipal medical practitioner responsible for communicable diseases shall:

- 1) ensure health counselling related to communicable disease prevention;
- 2) arrange for exchanges of instruments used by intravenous drug users, as required for combating communicable diseases.

Chapter 3

Notification of communicable diseases

Section 7

Communicable disease notification by a medical practitioner

A medical practitioner and a dentist shall submit a communicable disease notice concerning generally hazardous communicable diseases and communicable diseases to be monitored. No notice shall be submitted concerning the following diseases:

- 1) pertussis;
- 2) typhoid or paratyphoid other than salmonellosis;
- 3) severe sepsis and meningitis caused by pneumococcal bacteria;
- 4) tick-borne encephalitis;
- 5) rotavirus infection;
- 6) severe sepsis and meningitis caused by Haemophilus bacteria;
- 7) sexually transmitted chlamydia infection and mycobacterial disease other than tuberculosis.

The notice shall contain the details referred to in section 29 of the Communicable Diseases Act:

- 1) sex, municipality of residence and citizenship of the patient in addition to identifying details of the patient;

- 2) progress of the infection and the time when symptoms began;
- 3) diagnostic criteria;
- 4) vaccinations received by the patient;
- 5) place of treatment.

The party providing the notice shall include its contact details in the notice and sign it. The notice shall be submitted within seven days of detecting the case. In particularly urgent cases the medical practitioner shall submit a provisional notice immediately by telephone to the health centre and hospital district medical practitioner responsible for communicable diseases and to the National Institute for Health and Welfare. A provisional notice made by telephone shall be confirmed with a written notice after the case has been confirmed. Tuberculosis shall be notified when the disease has been detected and when treatment has ended.

HIV infection shall be notified when the disease is detected, when it reaches the AIDS stage, and on the death of the patient. A notice concerning HIV infection shall include an estimate of the time and manner of infection, the cause of death, and whether the infected person has donated blood.

Section 8

Communicable disease notification by a laboratory

A laboratory shall submit a communicable disease notice concerning a finding of microbes of a generally hazardous communicable disease and a communicable disease to be monitored, and of a notifiable finding of microbes and microbial drug resistance referred to in Annex 1 with respect to other communicable diseases.

The details referred to in section 29 of the Communicable Diseases Act concerning findings of microbes notifiable under Annex 1 on the basis of their microbial drug resistance properties shall be recorded in the regional register of carriers of highly drug-resistant microbes referred to in section 37 of the said Act and in the case-specific register referred to in section 39 of the said Act. Details shall also be recorded in these registers concerning other findings of particularly resistant microbes subject to suppression that may occur in the region.

Section 9

Contents of communicable disease notification by a laboratory

A communicable disease notification by a laboratory shall contain the details referred to in section 29 of the Communicable Diseases Act concerning the place of treatment, the date of taking the sample, the findings made in the examination, the manner of detecting and the properties of the microbes, the quality of the sample, and the name of the notifying laboratory. If the sample was sent from some laboratory other than the notifying laboratory, or if it will be sent to another laboratory for further testing, the names of these other laboratories shall also be notified. Details of the place of infection shall be notified in the case of infections with Salmonella, Shigella and Campylobacter. When a laboratory finding indicates a communicable disease that the attending medical practitioner is required to notify, the laboratory shall append an observation to this effect to its own response.

The communicable disease notification of the laboratory shall be submitted within no more than three days of confirming the finding.

Section 10

Microbial strains or samples

The microbial strains and samples referred to in Annex 2 shall be attached to the communicable disease notification of a laboratory in accordance with section 29, subsection 2 of the Communicable Diseases Act.

Section 11

Zoonoses and cases of animal disease notifiable to the veterinary authority

The zoonoses and cases of animal disease referred to in section 31 of the Communicable Diseases Act that are notifiable to the municipal veterinary authority are:

- 1) hydrophobia (rabies) and suspected rabies;
- 2) anthrax and suspected anthrax;
- 3) brucellosis infection;
- 4) Mycobacterium bovis infection;
- 5) Burkholderia mallei infection;
- 6) psittacosis;
- 7) EHEC infection in a person who has been in contact with farm animals in Finland;
- 8) salmonellosis, Q fever or leptospirosis in a person who lives or works on a farm with animals;
- 9) trichinosis;

10) botulism and suspected botulism;

11) disease caused by subtypes H5N1 or H7N9, or by some other new or rare subtype of the type A influenza virus in a person who lives or works on a poultry farm.

Section 12

Diseases and syndromes to be tracked by sample monitoring

The health service and social welfare units participating in the voluntary sample monitoring referred to in section 33 of the Communicable Diseases Act shall furnish the National Institute for Health and Welfare with itemised details and samples, if necessary, from their patients or clients with respect to the following diseases:

- 1) sexually transmitted diseases;
- 2) blood-borne communicable and drug use-related infections;
- 3) respiratory tract infections;
- 4) infections affecting foetal development during pregnancy.

The National Institute for Health and Welfare shall examine the samples submitted in sample monitoring to monitor the pathogens referred to in subsection 1 and their characteristics. The health service and social welfare units in sample monitoring shall notify identifying details in accordance with section 29, subsection 1 of the Communicable Diseases Act. The information submitted shall also include the date, the person's age and gender, identifying details of the establishment, the sample quality and date of sampling for any sample, and disease-specific details of factors and risk factors affecting the course of infection.

Chapter 4

Miscellaneous provisions

Section 13

Infections associated with treatment

Specialised health care units shall regularly submit information to hospital district joint municipal authorities and to the National Institute for Health and Welfare on preventing and combating infections associated with treatment, and shall participate in national studies concerning the incidence of such infections. A specialised health care unit shall participate in national monitoring of the incidence of infections associated with treatment, as required by the nature of its

operations, in collaboration with the hospital district joint municipal authority and the National Institute for Health and Welfare.

Health care and social welfare units shall regularly submit information to the hospital district joint municipal authority on preventing and combating infections associated with treatment, and shall participate in studies concerning the incidence and suppression of such infections.

Section 14

Blood sample screening in pregnancy

A blood sample shall be taken with the consent of a pregnant woman attending a medical examination to prevent neonatal communicable diseases.

The blood sample shall be screened for early diagnosis of syphilis and HIV infection and for detection of the hepatitis B virus.

Section 15

Combination period for the communicable disease register

All details from notifications of communicable diseases shall be retained in the communicable disease register from the end of the time of combining various notifications of the same case of communicable disease, hereinafter referred to as the combination period, until the end of the following year. The name of the patient shall thereafter be removed from the register and the patient's identity number shall be changed to an unidentifiable form.

The combination period shall be 50 years in the case of:

- 1) typhoid fever;
- 2) paratyphoid fever;
- 3) syphilis;
- 4) tuberculosis;
- 5) hepatitis B;
- 6) hepatitis C;
- 7) HIV infection;
- 8) mycobacterial diseases other than tuberculosis;
- 9) disease caused by the hepatitis D virus;

- 10) disease caused by the HTL virus;
- 11) Creutzfeldt-Jakob disease;
- 12) infection caused by a methicillin or oxacillin-resistant strain of *Staphylococcus aureus* (MRSA), by vancomycin-resistant staphylococcal strains (VRSA), by vancomycin-resistant enterococci (VRE), or by a strain of *Escherichia coli* or a strain of *Klebsiella pneumoniae* with reduced sensitivity to third-generation cephalosporins;
- 13) infection caused by carbapenemase-producing Enterobacteriaceae (CPE).

The combination period shall be three years in the case of:

- 1) echinococcosis;
- 2) malaria;
- 3) *Borrelia burgdorferi*;
- 4) *Brucella*;
- 5) finding of fungus or parasites in blood or spinal fluid;
- 6) filariasis;
- 7) schistosoma.

The combination period shall be three months in the case of:

- 1) severe sepsis or meningitis caused by meningococcal bacteria;
- 2) gonorrhoea;
- 3) infection caused by *Clostridium difficile*;
- 4) severe sepsis or meningitis caused by *Haemophilus* bacteria;
- 5) sexually transmitted chlamydia infection;
- 6) chancroid;
- 7) another finding of bacteria or viruses in blood or spinal fluid;
- 8) disease caused by astrovirus, norovirus, rotavirus or sapovirus;
- 9) disease caused by influenza virus, parainfluenza virus, respiratory syncytial virus and rhinovirus.

The combination period for other communicable diseases not referred to in subsections 2–4 shall be 12 months.

Section 16

Entry into force

This Decree shall enter into force on 13 March 2017.

The notifiable other communicable disease microbe findings and associated drug sensitivity details referred to in subsection 1 of section 28 of the Communicable Diseases Act shall be all microbes found in blood or spinal fluid, and also the following:

Bacteria:

Borrelia burgdorferi

Borrelia recurrentis

Brucella

Chlamydia pneumoniae

Chlamydia psittacii

Clostridium difficile

Coxiella burnetii

Enterobacter cloacae (strains with reduced sensitivity to carbapenems)

Enterococci (vancomycin-resistant strains, VRE)

Escherichia coli (strains with reduced sensitivity to third-generation cephalosporins)

Escherichia coli (strains with reduced sensitivity to carbapenems)

Francisella tularensis

Campylobacter

Klebsiella pneumoniae (strains with reduced sensitivity to third-generation cephalosporins)

Klebsiella pneumoniae (strains with reduced sensitivity to carbapenems)

Leptospira

Mycoplasma pneumoniae

Staphylococcus aureus (strains resistant to methicillin/oxacillin, MRSA)

Staphylococci (vancomycin-resistant strains, VRSA)

Vibrio parahaemolyticus

Yersinia

Viruses:

Adenoviruses

Astroviruses

Chikungunya virus

Dengue viruses

Enteroviruses (also including Coxsackie viruses and Echoviruses)

Hepatitis D viruses

HTL viruses

Influenza viruses

Japanese B encephalitis virus

Noroviruses and sapoviruses

Parainfluenza viruses

Parvovirus

Puumala virus (vole fever virus)

Human respiratory syncytial virus (HRSV)

Rhinovirus

Sindbis virus

Varicella-zoster virus

West Nile virus

Zika virus

Protozoa:

Cryptosporidium

Cyclospora cayetanensis

Entamoeba histolytica

Filarioidea

Giardia lamblia

Leishmania

Schistosoma

Toxoplasma gondii

Trichinella spiralis

Fungi:

Pneumocystis jirovecii

Microbial strains or samples shall be included in laboratory notifications of communicable diseases in accordance with section 29 of the Communicable Diseases Act as follows.

Organisms causing generally hazardous communicable diseases:

Escherichia coli EHEC	strain or sample
Hepatitis A	sample
Vibrio cholerae	strain or sample
Corynebacterium diphtheriae	strain or sample
Salmonella	strain or sample
Neisseria meningitidis	strain: findings made in blood or spinal fluid
Poliovirus	strain or sample
Shigella	strain or sample
Mycobacterium tuberculosis	strain or sample
Measles virus	sample

Organisms causing monitored communicable diseases:

Bordetella pertussis	strain or sample
HIV	strain or sample
Legionella	strain or sample
Listeria monocytogenes	strain or sample
Plasmodium	sample
Haemophilus influenzae	strain: findings made in blood or spinal fluid
Parotitis virus	sample
Streptococcus pneumoniae	strain: findings made in blood or spinal fluid
Rubella virus	sample

Other notifiable findings of microbes causing communicable diseases:

Bacteria

Enterobacter cloacae (strains with reduced sensitivity to carbapenems)	strain: from any sample
Enterococci (VRE)	strain or sample
Escherichia coli (strains with reduced sensitivity to carbapenems)	

	strain: from any sample
Klebsiella pneumoniae (strains with reduced sensitivity to carbapenems)	
	strain: from any sample
Staphylococcus aureus (MRSA)	strain or sample
Staphylococci (vancomycin-resistant strains)	strain or sample
Streptococcus agalactiae	strain: findings made in blood or spinal fluid
Streptococcus pyogenes	strain: findings made in blood or spinal fluid

Viruses

Enteroviruses (including Coxsackie viruses and enteroviruses)	
	strain or sample: findings made in stool