

No. 786/1986

Communicable Diseases Decree

Issued on 31 October 1986

Section 1 was repealed by Decree 1383/2003.

Section 2 (556/2009)

Generally hazardous communicable diseases are:

EHEC infection,
hepatitis A,
influenza A virus subtype H5N1,
smallpox,
yellow fever,
cholera,
syphilis,
diphtheria,
typhoid fever, paratyphoid fever and other diseases caused by salmonellas,
septic diseases and meningitis caused by meningococcus,
anthrax,
polio,
plague,
SARS,
shigellosis,
tuberculosis, and
viral haemorrhagic fever, except epidemic nephropathy.

Notifiable communicable diseases are:

botulism,
Creutzfeldt-Jakob's disease, new variant,
echinococcosis,
septic haemophilus diseases and meningitis,
hepatitis B,
hepatitis C
whooping cough,
HIV infection,
chlamydial infections, sexually transmitted,
legionellosis,

listeriosis,
malaria,
mycobacterial diseases other than tuberculosis,
tick-borne encephalitis (TBE; spread by *Ixodes ricinus*),
rabies,
chancres,
mumps,
gonorrhoea,
measles, and
German measles (rubella).

Section 3 (1383/2003)

As duties referred to in the Communicable Diseases Act (583/1986), the Ministry of Social Affairs and Health shall, besides the duties laid down in the said Act:

- 1) ensure implementation of health education directed at the population and national dissemination of information necessary for the combat of communicable diseases;
- 2) monitor and promote Finnish and international scientific research relating to combating communicable diseases and its application; and
- 3) carry out any other duties separately assigned by law to the Ministry of Social Affairs and Health in order to prevent communicable diseases.

Section 4 (1838/2009)

As duties referred to in the Communicable Diseases Act, the Regional State Administrative Agencies shall, besides the duties laid down in the said Act:

- 1) monitor communicable disease situations in their area of operation;
- 2) plan and direct the combat of communicable diseases in their area of operation, and monitor observance of the relevant provisions and regulations;
- 3) as appropriate, make proposals to the Ministry of Social Affairs and Health for measures to be undertaken to prevent communicable diseases; and
- 4) carry out any other tasks necessary for the prevention of communicable diseases as assigned to the Regional State Administrative Agencies by separate provisions or regulations.

Section 5 (1383/2003)

As duties referred to in the Communicable Diseases Act, the hospital districts shall, besides the duties laid down in the said Act :

- 1) ensure that specialized medical care services necessary for the treatment of communicable diseases are available within the hospital district;

- 2) organize necessary training in how to combat communicable diseases within the hospital district;
- 3) participate in developing the combat of communicable diseases with the hospital district;
- 4) give, upon request and taking into account the restrictions on passing on of information in section 10(3), the physician in charge of communicable diseases at a health centre summarised information on the communicable disease notifications that have been registered within the area of the health centre; and
- 5) ensure dissemination at the regional level of information relating to communicable diseases to health care professionals.

Section 6 (1383/2003)

As duties referred to in the Communicable Diseases Act, the municipal body responsible for the prevention of communicable diseases and the health centre physician in charge of communicable diseases working under the body shall for their part, besides the duties laid down in the said Act:

- 1) be responsible for the combat of communicable diseases in the area of operation of the health centre, including dissemination of information on communicable diseases, health education and health counselling, also health advice to intravenous drug users and exchange of injecting equipment as necessary for the prevention of communicable diseases;
- 2) ensure that anyone having or suspected of having a generally hazardous communicable disease is examined;
- 3) as necessary, undertake measures to arrange treatment for persons having a generally hazardous communicable disease;
- 4) undertake other necessary or separately prescribed measures to prevent a generally hazardous communicable disease; and
- 5) carry out any other duties assigned to the municipal body by separate provisions or regulations in order to prevent communicable diseases.

Section 7 (1383/2003)

The National Institute for Health and Welfare shall: (1838/2009)

Subparagraphs 1) – 3) were repealed by Act No. 1376/2006.

- 4) monitor the combat of communicable diseases and make proposals to the Ministry of Social Affairs and Health for measures to prevent communicable diseases;
- 5) conduct scientific research on communicable diseases and carry out and develop laboratory tests needed in combating communicable diseases;
- 6) ensure national dissemination of information on communicable diseases;

7) provide expert assistance to the municipal bodies responsible for the prevention of communicable diseases and to the hospital districts in investigation of communicable disease epidemics;

8) organize training relating to the combat of communicable diseases;

9) inform the hospital districts, laboratories and health centres about the current situation regarding communicable diseases and provide information to the Ministry of Social Affairs and Health, the Regional State Administrative Agencies, the Defence Forces, the Border Guard, and for the purposes of international exchange of information on communicable diseases;
(1383/2009)

10) participate in the national and international cooperation relating to the combat of communicable diseases, and

11) carry out any other tasks relating to the combat of communicable diseases as prescribed by law or as assigned to it by the Ministry of Social Affairs and Health.

Section 8 was repealed by Decree 1383/2003.

Section 9 (1107/2008)

Injected vaccines may only be administered by physicians and other health care professionals with appropriate training under the supervision of a physician.

Section 10 (1383/2003)

Physicians and dentists shall make a communicable disease notification, below *physician's communicable disease notification*, of generally hazardous and notifiable communicable diseases, except for whooping cough, salmonellosis other than typhoid fever or paratyphoid fever, tick-borne encephalitis (TBE), septic haemophilus diseases and meningitis, sexually transmitted chlamydial infections, mycobacterial diseases other than tuberculosis, and Creutzfeldt-Jakob's disease, its new variant. In order to ascertain the diagnosis, a dentist can however refer patients having a communicable disease to a physician, in which case the physician will make the communicable disease notification. As the information referred to in section 23 of the Communicable Diseases Act a physician's communicable disease notification includes, besides the identification data of the patient, data on the patient's sex, municipality of residence and nationality, care place, course of infection, date of emergence of symptoms, and grounds for the diagnosis. In addition, the person making the notification shall sign the notification and append his or her contact particulars to the notification. (1376/2006)

A physician's communicable disease notification shall be made within seven days from detecting a case. In particularly urgent cases the physician shall make a preliminary notification immediately by telephone to the health centre physician and the hospital district physician in charge of communicable diseases as well as to the National Institute for Health and Welfare. A preliminary notification made by telephone shall be confirmed by a written communicable disease notification once the case has been confirmed. Notification of a case of tuberculosis shall be made both when the disease is detected and when the treatment has been terminated.
(1838/2009)

A communicable disease notification of an HIV infection is made at the moment of detecting the disease, when the disease reaches the AIDS phase and when the patient dies. The physician's communicable disease notification of an HIV infection shall include an estimate of the time and

manner of infection, cause of death and if the infected person has donated blood. The National Institute for Health and Welfare may pass on information on a HIV infection to the health centre physician in charge of communicable diseases only without any identification data. (1107/2008)

Section 10 a (1383/2003)

Laboratories shall make a communicable disease notification of findings of pathogens of generally hazardous and notifiable communicable diseases and other microbial findings subject to registration. Other microbial findings subject to registration are enumerated in Appendix 1.

The information referred to in sections 23(3) and 23 a(4) of the Communicable Diseases Act and in sections 10 and 10 b of this Decree is recorded in the regional register of carriers of microbes extremely resistant to microbes in regard to carriers of the following microbes:

- 1) Escherichia coli or Klebsiella pneumoniae with reduced susceptibility to third generation cephalosporins (ESBL);
- 2) Meticillin/oxacillin-resistant Staphylococcus aureus (MRSA),
- 3) Vancomycin-resistant enterococci (VRE), and
- 4) Vancomycin-resistant staphylococci.

(1107/2008)

Section 10 b (1383/2003)

As the information referred to in section 23 of the Communicable Diseases Act, the communicable disease notifications of laboratories include, besides identification data, information on the place of care, date of taking the specimen, test findings made, method of detecting a microbe, quality of the specimen and the name of the laboratory making the notification. If the specimen has been sent by a laboratory other than the one making the notification or is sent for further study to another laboratory, the names of those laboratories shall also be reported. If it is question of salmonella, shigella and campylobacter infections, the place of infection shall be reported. All laboratories' communicable disease notifications shall include the name of the laboratory making the notification. If the finding of a laboratory suggests a case of a communicable disease regarding which the attending physician shall make a communicable disease notification, the laboratory shall append a mention of that to its reply.

Laboratories shall make their communicable disease notifications within three days from confirming the finding.

Section 10 c (1376/2006)

All the information in the communicable disease notifications is retained until the end of the year following the year when the combination of the separate communicable disease notifications is completed, below *combination interval*. Thereafter the names of persons are removed from the register data and personal identity codes are changed into a form in which they cannot be identified.

The combination interval is 50 years when it is question of typhoid fever, paratyphoid fever, syphilis, tuberculosis, hepatitis B, hepatitis C, HIV infection, mycobacterial diseases other than tuberculosis, diseases caused by hepatitis D virus, diseases caused by HTL virus and new variant of Creutzfeldt-Jakob's disease, infections caused by meticillin/oxacillin-resistant Staphylococcus aureus strains (MRSA), infections caused by vancomycin-resistant staphylococcus strains (VRSA), infections caused by vancomycin-resistant enterococcus (VRE) or infections caused by Escherichia coli strain or Klebsiella pneumoniae strain with reduced

susceptibility to third generation cephalosporins, except for septic infections and meningitis. (1238/2007)

The combination interval is three years when it is question of echinococcosis, malaria, *Borrelia burgdorferi*, brucella, fungal and parasite findings in blood and spinal fluid, filarias and scistosomas.

The combination interval is three months when it is question of septic diseases and meningitis caused by meningococcus, syphilis, *clostridium difficile*, septic diseases and meningitis caused by hemophilus, septic diseases and meningitis caused by MRSA, VRSA, VRE or by *Escherichia coli* strain or *Klebsiella pneumoniae* strain with reduced susceptibility to third generation cephalosporins, sexually transmitted chlamydial infections, soft chancre (chancroid), other bacterial and viral findings in blood and spinal fluid, astrovirus, influenza virus, para-influenza virus, calicivirus (contains norovirus), Respiratory Syncytial virus, rhinovirus and rotavirus. (1238/2007)

In regard to all other communicable diseases the combination interval is 12 months.

Section 11 (1383/2003)

Employers shall require that employees carrying out tasks referred to in section 20 of the Communicable Diseases Act give an account that they have not salmonellosis or respiratory tuberculosis. An account that an employee has not salmonellosis must also be required of employees handling milk on a dairy farm whose milk is delivered for human consumption without pasteurisation.

Section 12 (1383/2003)

As laid down in section 23(2) of the Communicable Diseases Act, communicable disease notifications of laboratories shall be appended with microbial strains or samples in accordance with Appendix 2.

Section 13 (1107/2008)

The diseases referred to in section 23c (2) of the Communicable Diseases Act that shall be notified to the municipal veterinary authority are as follows:

- 1) rabies and suspected cases of rabies;
- 2) anthrax and suspected cases of anthrax;
- 3) brucellosis infection;
- 4) *Mycobacterium bovis* infection;
- 5) *Burkholderia (Pseudomonas) mallei* infection;
- 6) psittacosis;
- 7) EHEC infection in a person who has been in contact with production animals in the home country;
- 8) salmonella infection; Q fever or leptospirosis in a person who lives or works on a production animal farm;
- 9) trichinosis;
- 10) botulism and suspected cases of botulism.

Section 14

If a person discharged from a state institution referred to in section 9 of the Communicable Diseases Act is in need of treatment because of having a generally hazardous or notifiable

communicable disease, the person must be referred from the institution to an appropriate care institution at state expense.

Sections 15 – 17 were repealed by Decree 1383/2003.

Section 18

This Decree enters into force on 1 January 1987.

Measures necessary for the implementation of this Decree may be undertaken before the Decree enters into force.

Entry into force and application of amended Decrees:

369/2010:

This Decree enters into force on 1 June 2010 and is in force until 31 May 2011.

Measures necessary for the implementation of this Decree may be undertaken before the Decree enters into force.

1059/2010:

This Decree enters into force on 1 January 2011.

Measures necessary for the implementation of this Decree may be undertaken before the Decree enters into force.

(1059/2010)

APPENDIX 1

Other microbial findings subject to registration referred to in section 10 of the Communicable Diseases Act are all microbes detected in blood or spinal fluid and, in addition to them:

Bacteria:

Bordetella pertussis,

Borrelia burgdorferi,

Borrelia recurrentis,

Brucella,

Chlamydia pneumoniae,

Chlamydia psittaci,

Clostridium difficile,

Coxiella burnetii,

Enterobacter cloacae (strains with reduced susceptibility to carbapenems or carbapenem-resistant strains),

Enterococci (vancomycin-resistant strains, VRE),

Escherichia coli (strains with reduced susceptibility to third generation cephalosporins),

Escherichia coli (strains with reduced susceptibility to carbapenems or carbapenem-resistant strains),

Francisella tularensis,

Campylobacter,

Klebsiella pneumoniae (strains with reduced susceptibility to third generation cephalosporins),

Klebsiella pneumoniae (strains with reduced susceptibility to carbapenems or carbapenem-resistant strains),

Leptospiras,

Mycoplasma pneumoniae,

Staphylococcus aureus (meticillin/oxacillin-resistant strains, MRSA),

Staphylococci (vancomycin-resistant strains, VRSA),

Vibrio parahaemolyticus, and

Yersinias.

Viruses:

Adenoviruses,

Astroviruses,

Coxsackie viruses,

Dengue viruses,

Echoviruses,

Enteroviruses,

Hepatitis D and E viruses,

HTL viruses,

Influenza viruses,

Japanese B encephalitis virus,

Calicivirus (contains norovirus),

Para-influenza viruses,

Parvovirus,

Puumala virus (Nephropathia epidemica virus),

Tick-borne encephalitis virus (spread by Ixodes ricinus),

Respiratory syncytial virus,

Rhinovirus,

Rotaviruses, Sindbis virus, and

Varicella zoster virus

Protozoons:

Cryptosporidium,

Cyclospora cayetanensis,

Entamoeba histolytica,

Filarias,

Giardia lamblia,

Leishmanias,

Scistosomas,

Toxoplasma gondii, and

Trichinella spiralis.

Fungi

Pneumocystis carinii

(1059/2010)

APPENDIX 2

In accordance with section 23(2) of the Communicable Diseases Act, microbial strains or samples shall be attached to the communicable disease notifications of laboratories as follows:

Those causing generally hazardous communicable diseases:

Escherichia coli EHEC	strain or sample
Hepatitis A	sample
Vibrio cholerae	strain or sample
Corynebacterium diphtheriae	strain or sample
Salmonellas	strain or sample
Neisseria meningiditis	strain: findings in blood and spinal fluid
Polio virus	strain or sample
Shigellas	strain or sample
Mycobacterium tuberculosis	strain or sample

Those causing notifiable communicable diseases:

HIV	strain or sample
Legionella	strain or sample
Listeria monocytogenes	strain or sample
Plasmodium	sample
Haemophilus influenzae	strain: findings in blood and spinal fluid
Mumps virus	sample
Measles virus	sample
German measles virus	sample

Other microbial findings subject to registration:*Bacteria*

Bordetella pertussis	strain or sample
Enterobacter cloacae (strains with reduced susceptibility to carbapenems or carbapenem-resistant strains)	strain: of any sample
Enterococci (VRE)	strain or sample
Escherichia coli (strains with reduced susceptibility to carbapenems or carbapenem-resistant strains)	strain: of any sample
Klebsiella pneumoniae (strains with reduced susceptibility to carbapenems or carbapenem-resistant strains)	strain: of any sample
Staphylococcus aureus (MRSA)	strain or sample
Staphylococci (vancomycin-resistant strains)	strain or sample
Streptococcus agalactiae	strain: findings in blood and spinal fluid
Streptococcus pneumoniae	strain: findings in blood and spinal fluid
Streptococcus pyogenes	strain: findings in blood and spinal fluid

Viruses

Enteroviruses (containing coxsackieviruses and enteroviruses)	strain or sample: findings in faeces
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