

Federal law consolidated: Entire legislation for the Epidemic Act 1950, version of 08.07.2020

Long title

Epidemic Act 1950.StF

: [Federal Law Gazette No. 186/1950](#) (WV)

Alteration

[Federal Law Gazette No. 185/1961](#) (NO: GP IX [RV 450 AB 462 P. 71](#), BR: [P. 178](#).)

[Federal Law Gazette No. 116/1967](#) (NO: GP XI [RV 253 AB 389 S. 48](#), BR: [P. 252](#).)

[Federal Law Gazette No. 127/1968](#) (NO: GP XI [RV 622 AB 809 P. 98](#), BR: [P. 263](#).)

[Federal Law Gazette No. 702/1974](#) (NO: GP XIII [RV 1205 AB 1312 S. 119](#), BR: [AB 1234 S. 335](#).)

[Federal Law Gazette I No. 191/1999](#) (BG) (1ST BRBG) (NO: GP XX [RV 1811 AB P. 179](#), BR: [FROM 6041 P. 657](#).)

[Federal Law Gazette I No. 98/2001](#) (NO: GP XXI [RV 621 AB 704 S. 75](#), BR: [6398 AB 6424 S. 679](#).)

[Federal Law Gazette I No. 65/2002](#) (NO: GP XXI [RV 772 AB 885 S. 83](#), BR: [6488 AB 6496 S. 682](#).)

[Federal Law Gazette I No. 114/2006](#) (NO: GP XXII [IA 822/A AB 1545 P. 155](#), BR: [AB 7603 S. 736](#).)

[CELEX No.: [32003L0099](#)]

[Federal Law Gazette I No. 76/2008](#) (NO: GP XXIII [RV 503 AB 530 P. 59](#), BR: [AB 7942 S. 756](#).)

[Federal Law Gazette I No. 43/2012](#) (NO: GP XXIV [RV 1732 AB 1763 S. 153](#), BR: [AB 8726 P. 808](#).)

[Federal Law Gazette I No. 80/2013](#) (NO: GP XXIV [RV 2166 AB 2256 P. 200](#), BR: [8946 AB 8962 S. 820](#).)

[Federal Law Gazette I No. 63/2016](#) (NO: GP XXV [RV 1187 AB 1230 S. 138](#), BR: [AB 9639 S. 856](#).)

[Federal Law Gazette I No. 37/2018](#) (NO: GP XXVI [RV 108 AB 139 S. 23](#), BR: [9967 AB 9970 S. 880](#).)

[CELEX No.: [32017L2399](#), [32017L1572](#)]

[Federal Law Gazette I No. 16/2020](#) (NO: GP XXVII [IA 397/A AB 112 P. 19](#), BR: [FROM 10288 P. 904](#).)

[Federal Law Gazette I No. 23/2020](#) (NO: GP XXVII [IA 402/A AB 115 P. 22](#), BR: [FROM 10291 P. 905](#).)

[Federal Law Gazette I No. 43/2020](#) (NO: GP XXVII [IA 484/A AB 132 P. 27](#), Einspr. d. BR: [151](#) BR: [10296 AB 10316 S. 906](#); NR: [AB 177 S. 30](#).)

[Federal Law Gazette I No. 62/2020](#) (NO: GP XXVII [IA 622/A AB 230 P. 38](#), BR: [FROM 10359 P. 909](#).)

[Federal Law Gazette I No. 103/2020](#) (NO: GP XXVII [FROM 337 P. 47](#), BR: [10368](#))

Text

I. MAIN PIECE.

Determination of the disease.

Notifiable diseases.

§ 1. (1) The following are subject to the notification obligation:

1. Suspected deaths and deaths from cholera, yellow fever, virus-related haemorrhagic fever, infectious hepatitis (hepatitis A, B, C, D, E), dog tapeworm (*Echinococcus granulosus*) and fox tapeworm (*Echinococcus multilocularis*), infections with influenza virus A/H5N1 or another bird flu virus, polio, bacterial and viral food poisoning, leprosy, leptospira disease, measles, MERS-CoV (Middle East Respiratory Syndrome Coronavirus/"*new corona virus*"), anthrax, psittacosis, paratyphoid, plague, smallpox, rickettsiosis by *R. prowazekii*, snot, transmissible dysentery (amoebic dysentery), SARS (Severe Acute Respiratory Syndrome), transmissible spongiform encephalopathies, tularemia, typhoid (abdominal typhoid), puerperal fever, rage sickness (Lyssa) and bite injuries caused by angry or suspicious animals,
2. Cases and deaths of Bang's disease, chikungunya fever, dengue fever, diphtheria, Hanta virus infections, virus-related meningoencephalitis, invasive bacterial diseases (meningitis and sepsis), whooping cough, Legionnaires' disease, malaria, rubella, scarlet fever, relapse fever, trachoma, trichinosis, West Nile fever, severe *Clostridium difficile* associated diseases and Zika virus infections.

(2) The Federal Minister of Health and Women may, if justified for epidemiological reasons or necessary due to international obligations, make further communicable diseases subject to the reporting obligation by ordinance or extend existing reporting obligations.

Reimbursement of the complaint.

§ 2. (1) Every illness, every death from a notifiable illness, in the cases of § 1 Paragraph 1 Z 1 any suspicion of such a disease must also be reported to the district administrative authority (health office) in whose territory the sick person or suspected of illness is staying or death has occurred, stating the name, age and home and, if possible, under the name of the illness within 24 hours.

(2) Within the same period, persons who, without being ill themselves, excrete pathogens of bacterial food poisoning, paratyphoid, transmissible dysentery or typhoid fever, must be notified to the district administrative authority (health office).

(Note.: Paragraph 3 repealed by [Federal Law Gazette I No. 63/2016](#))

Persons obliged to report.

§ 3. (1) The following are obliged to file a complaint:

1. The doctor who has moved in, in hospitals, childcare centres and other humanitarian institutions, the head of the institution or the head of a department obliged to do so by special regulations;
- 1a. any laboratory that diagnoses the causative agent of a notifiable disease;
2. the midwife who has moved in;
3. professional carers involved in the maintenance of the sick person;
4. the head of the household (head of an institution) or the person entrusted with the management of the household (the management of the institution) in his place;
5. the heads of public and private educational establishments and kindergartens in respect of pupils, teachers and school staff under their management;
6. der Wohnungsinhaber oder die an seiner Stelle mit der Obsorge für die Wohnung betraute Person;
7. Inhaber von Gast- und Schankgewerben sowie deren behördlich genehmigte Stellvertreter bezüglich der von ihnen beherbergten oder bei ihnen bediensteten Personen;

8. der Hausbesitzer oder die mit der Handhabung der Hausordnung betraute Person;
9. bei Milzbrand, Psittakose, Rotz, Puerpalfieber und Wutkrankheit (Lyssa) und Bissverletzungen durch wutkranke oder – verdächtige Tiere, Tularämie, Bang'scher Krankheit, Trichinose, Leptospiren-Erkrankungen und Infektionen mit dem Influenzavirus A/H5N1 oder einem anderen Vogelgrippevirus auch Tierärzte, wenn sie in Ausübung ihres Berufes von der erfolgten Infektion eines Menschen oder dem Verdacht einer solchen Kenntnis erlangen;
10. der Totenbeschauer.

(2) Die Verpflichtung zur Anzeige obliegt den unter Z 2 bis 8 bezeichneten Personen nur dann, wenn ein in der obigen Aufzählung unter Z 1 bis 7 früher genannter Verpflichteter nicht vorhanden ist.

Data transmission in the interest of health protection

§ 3a. (1) The district administrative authority is authorized to provide the mayor with the name and the necessary contact details of a person affected by a segregation measure under the Epidemic Act 1950 due to COVID-19 who resides in his municipal territory, if and to the extent that it is strictly necessary to provide that person with necessary health services or with goods or services of daily use.

(2) Processing of this data for other purposes is not permitted.

(3) The mayor must immediately and irreversibly delete the data if it is used for the purposes set out in paragraph 1. are no longer necessary.

(4) The mayor must take appropriate data security measures.

(5) § 30 Paragraph 5 Data Protection Act, [Federal Law Gazette I No. 165/1999](#) as last amended by federal law [gazette I no. 24/2018](#), is not applicable in the context of this provision.

Register of notifiable diseases

§ 4. (1) The Federal Minister responsible for health care has an electronic register concerning the notifications pursuant to § 1 Paragraph 1 and 2 and § 2 Paragraph 2 § 28c, *(Note. 1)* as well as the advertisements according to §§ 5 and 11 of the Tuberculosis Act, [Federal Law Gazette No. 127/1968](#), to operate. The Federal Minister responsible for health care is responsible. With regard to the processing of personal data pursuant to this Federal Act, there is no right of objection pursuant to Art. 21 Regulation (EU) 2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation). OJ No L 119, 04.05.2016, p. 1.

(2) The advertising register serves to fulfil the tasks of the district administrative authorities to carry out surveys on the occurrence of notifiable diseases (§ 5 of this Federal Act and § 6 Tuberculosis Act) as well as for the prevention of the spread and control of notifiable diseases (§§ 6 up to 26a of this Federal Act and §§ 7 to 14 and 23 tuberculosis law) and the fulfilment of the duties of the governors within the framework of their coordination function in accordance with § 43 Paragraph 6 and 7.

(3) The district administrative authorities are obliged to collect the data from notifications pursuant to § 1 Paragraph 1 and 2 and § 2 Paragraph 2, § 28c, process in the register the data collected in the context of surveys on the occurrence of notifiable diseases and the data related to measures taken. The district administrative authorities are also obliged to collect the data from notifications in accordance with §§ 5, 10 and 11 tuberculosis law, the data collected in the context of surveys on the occurrence of tuberculosis and the data related to measures taken to process in the register.

(4) The following categories of data are processed in the register:

1. Data for the identification of patients, suspects, bitten, deceased or eliminated persons (name, gender, date of birth, social security number and area-specific personal identification number (§ 9 E-GovG, [Federal Law Gazette I No. 10/2004](#))),
2. where applicable, dates of death (date, cause of death, autopsy status),
3. the clinical data relevant to the notifiable disease (history and course of the disease) and laboratory data,
4. data on the environment of the patient, suspect, bitten, deceased or exterminator of a disease, insofar as they are related to the notifiable disease, and
5. Data on the precautionary measures taken.

(5) In the case of data processing in accordance with paragraph 2 up to 4, the use of the name and the area-specific personal identification number GH is permitted.

(6) Any use of the data processed in the register may only be carried out in enforcement of this Federal Act, in enforcement of the Tuberculosis Act or in enforcement of the Zoonoses Act, [Federal Law Gazette I No. 128/2005](#) follow.

(7) Within the scope of its competence, the district administrative authority may, for the purposes of surveying the occurrence and prevention and control of a notifiable disease under this Federal Act and the Tuberculosis Act, personally process all data of a person in the register in connection with a particular suspected, illness or death. Within the framework of his coordination function in accordance with § 43, the Governor may: Paragraph 5 and 6 process all data of a person in the register in connection with a specific suspected, illness or death. If by the Federal Minister responsible for veterinary affairs in accordance with § 3 Paragraph 7 of the Zoonoses Act or the Federal Minister responsible for health care in accordance with § 5 Paragraph 4 in this Federal Act, an expert has been appointed to investigate cross-state zoonoses outbreaks or outbreak clusters, he may personally process all data of persons in the register who may be in connection with this zoonoses outbreak or outbreak cluster, insofar as this is necessary for the clarification of this zoonoses outbreak or outbreak cluster. A transfer of personal data to third parties and further processing of personal data for other purposes is not permitted. The Federal Minister responsible for health care may fulfil the obligations laid down in Article 15 and 16 general data protection regulation process the data of a person in the register personally.

(8) The Federal Minister responsible for health care may process the data in the register in pseudonymised form for the purposes of epidemiological surveillance, quality assurance and to fulfil reporting obligations arising from EU law. The Federal Minister responsible for health care may use third parties as processors for this purpose. The district administrative authority and the governor may process the data in the register in pseudonymised form for the purposes of epidemiological surveillance.

(9) The Federal Minister, Family and Youth responsible for health care must ensure that any access to the register is only subject to proof of unique identity (§ 2 Z 2 E-GovG) and authenticity (§ 2 Z 5 E-GovG). It must ensure that appropriate precautions are taken to prevent the destruction, alteration or consultation of the data of the register by unauthorised users or systems in accordance with the relevant state of the art, and that all use operations carried out, such as in particular entries, amendments, queries and transmissions, are logged to the extent necessary.

(10) The confidentiality of the data transmission must be ensured by state-of-the-art encrypted transmission methods.

(11) The data in the register must be deleted as soon as they are no longer necessary for the performance of the tasks of the district administrative authorities in connection with the collection of the occurrence and in connection with the prevention and control of a notifiable disease under this Federal Act and the Tuberculosis Act.

(12) The district governor, the governor and the federal minister responsible for health care are obliged to assign and document the access authorization for the individual users individually. Persons entitled to access must be excluded from the further exercise of their access authorization if they no longer need it for the further fulfilment of the tasks assigned to them or if they do not process the data in accordance with their intended purpose.

(13) The district administrative authorities and the governor must take organisational and technical precautions to ensure that access to rooms in which access to the register is located is in principle only possible for employees of the authority. If it is necessary for party traffic to take place in rooms with access to the register, it must in any case be ensured that it is not possible for outsiders to inspect the data of the register.

(14) If the communication equipment enabling access to the register is removed from the area of public authority, it must be ensured that unauthorised inspection and use is excluded.

(15) Laboratories have their reporting obligation (§ 1 in conjunction with § 3 Paragraph 1 Z 1a this Federal Act and § 5 Paragraph 2 of the Tuberculosis Act) electronically by entering the notification in the register. The Federal Minister responsible for health care must lay down details of these notifications by means of an ordinance.

(16) The Austrian Agency for Health and Food Safety as the national reference centre and reference laboratory for tuberculosis has fulfilled its reporting obligation under § 1 in conjunction with § 3 Paragraph 1 Z 1a (laboratory findings) electronically by entering the report in the register. Furthermore, the results of the resistance test and typing must be entered electronically in the register.

(17) The Federal Minister responsible for health care may, by ordinance in accordance with the technical possibilities, provide that persons obliged to report pursuant to § 3 Paragraph 1 Z 1 their reporting obligation according to § 1 can also be complied with electronically by entering the notification in the register. In doing so, the persons obliged to report shall, mutatis mutandis, those referred to in paragraph 12 take up to 14 data security measures.

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Note. 1: Article 33 Z 1 of the amendment [Federal Law Gazette I No. 16/2020](#) reads: 'Paragraph 4 Paragraph 1 is according to the phrase "and § 2 Paragraph 2," the phrase "§ 28c," inserted.". Correct would be: "In § 4 Paragraph 1 is according to the phrase "and § 2 Paragraph 2' the phrase "§ 28c," inserted.".)

Statistics Register

§ 4a. (1) The data (§ 4 Paragraph 3 and 14 to 17) must also be transferred to a statistical register to be operated by the Federal Minister responsible for health care immediately after notification. This is used for statistics and scientific research.

(2) At the time of entry into force of this Federal Act in the version of the 2nd Material Data Protection Amendment Act, [Federal Law Gazette I No. 37/2018](#), already in the register (§ 4) shall be transferred to the Statistics Register at that time.

(3) After the data for personal identification has been replaced by a unique personal identification code that is not traceably encrypted, the data must be transferred to the statistics register. Gender and year of birth are not subject to pseudonymisation.

(4) Pursuant to Article 5 Paragraph 1 lit. e The General Data Protection Regulation may contain the data in the statistical register in accordance with Article 89 Paragraph 1 of the General Data Protection Regulation without restriction and, if necessary, processed otherwise.

(5) The Federal Minister responsible for health care, the provincial governors and district administrative authorities, the Austrian Agency for Health and Food Safety and Gesundheit Österreich GmbH are entitled to use the data in the register for the data referred to in paragraph 1 to process the purposes mentioned.

Surveys on the occurrence of a disease.

§ 5. (1) With regard to any notification or suspicion of the occurrence of a notifiable disease, the competent authorities shall, through the doctors at their disposal, immediately initiate the surveys and examinations necessary to determine the disease and the source of infection. Sick persons, suspects of illness and suspects of infection are obliged to provide the competent authorities with the necessary information and to undergo the necessary medical examinations and the removal of examination material. For the purpose of detecting pathogens, specialist examination institutes must be used as far as possible.

(2) The conditions under which and by which organs the opening of corpses and the examination of body parts may be carried out during these surveys shall be determined by regulation.

(3) At the request of the district administrative authority, all persons, in particular treating doctors, laboratories, employers, family members and staff of community institutions who could contribute to the surveys, are obliged to provide information.

(4) The Federal Minister responsible for health care may appoint employees of the Austrian Agency for Health and Food Safety as experts for the clarification of outbreak clusters if they affect several federal states. They are entitled, while respecting official secrecy and all requirements of data protection, to inspect all documents, to make copies of them and to contact the data subjects including contact persons directly, insofar as this is absolutely necessary to clarify the outbreak cluster. The competent authorities of the Länder under this Federal Act are obliged to provide these experts with the information strictly necessary for the performance of their duties upon request.

Implementation of screening programs in the context of the fight against COVID-19

§ 5a. (1) The Federal Minister responsible for health care may, insofar as this is necessary to assess the control measures already taken, to plan the further control strategy, to protect certain groups of people particularly affected by the pandemic or to ensure the functioning of the health system, to carry out screening programmes.

1. to establish the prevalence of the incidence of the disease in the population or individual groups of the population;
2. to identify areas or facilities particularly affected;
3. for the screening of certain population groups in which infection can be expected due to the previous course of the disease;
4. to screen occupational groups that are at increased risk of COVID-19_Infektion due to their work;

carry out. For this purpose, laboratory tests are used to detect the presence of infection with SARS-CoV-2 or antibody tests to confirm a past infection or to prove acquired immunity. Insofar as such programmes concern only one federal state, the Governor may, with the consent of the Federal Minister, carry out corresponding screening programmes within the respective federal state.

(2) Within the framework of the screening programmes, the following categories of data may be processed:

1. data to identify the person participating in a screening programme (name, gender, date of birth),
2. Contact details (residence, telephone number, e-mail address),
3. Data for epidemiological evaluation depending on the objective of the program according to § 5a (region of residence, type of occupation, place of exercise),
4. a sample material identifier (sample ID), which enables a unique assignment, and
5. Test result.

(3) Screening programmes in accordance with paragraph 1 must be carried out with the greatest possible protection of the privacy of the data subject. Participation is only possible with the express consent of the data subjects in accordance with Art. 9 Paragraph 2 lit. a GDPR.

(4) The content design as well as the specifications for the organizational management of the programs and the organizations commissioned with their implementation are to be published by the Federal Minister in an appropriate manner.

Register of screening programmes

§ 5b. (1) The Federal Minister responsible for health care has, as the person responsible (Art. 4 Z 7 GDPR) an electronic register for the purpose of carrying out screening programs according to § 5a and for the purpose of transferring confirmed infections with SARS-CoV-2 to the Register of Notifiable Diseases.

(2) When carrying out screening programs according to § 5a ensure that the resulting data are processed in the register of screening programmes.

(3) The following categories of data are processed in the register:

1. Data for the identification of the persons participating in a screening program (name, gender, date of birth, area-specific personal identification number (§ 9 E-GovG, [Federal Law Gazette I No. 10/2004](#)),
2. Contact details (residence, telephone number, e-mail address),
3. Data for epidemiological evaluation depending on the objective of the program according to § 5a (region of residence, type of occupation, place of exercise),
3. a sample material identifier (sample ID), which enables a unique assignment,
4. Test result.

(4) In the case of data processing in accordance with paragraph 1 is for identification the use of the name and the area-specific personal identifier GH and AS (§ 10 Paragraph 2 E-Government Act). The area-specific personal identification number AS may only be used and stored in encrypted form. The direct personal reference (name and contact details) must be irreversibly deleted by the person responsible immediately as soon as the test result is available and, in the event of a confirmed infection with SARS-CoV-2, the data transmission to the register of notifiable diseases has taken place.

(5) The data processed in the register may only be used for the purposes set out in paragraph 1. are processed for the purposes mentioned. The data types Names and contact details may only be processed in the register for the purpose of obtaining sample material, informing the data subject of the test result and, in the case of a confirmed infection with SARS-CoV-2, for data transmission to the register of notifiable diseases.

(6) The area-specific personal identifiers must be deleted as soon as they are used for the purposes referred to in paragraph 1. are no longer required.

(7) § 4 Paragraph 9, 10 and 12 to 14 shall apply *mutatis mutandis*.

II. MAIN PIECE.

precautions to prevent and control notifiable diseases.

Initiation of precautions in the event of the occurrence of notifiable diseases.

§ 6. (1) About each case of a notifiable disease as well as about any suspected case of such a disease, in addition to those according to § 5 any necessary surveys to take, without delay, the precautions necessary to prevent the spread of the disease in question within the meaning of the following provisions for the duration of the risk of infection.

(2) Ordinances of the district administrative authorities must be published in electronic form on the website of the authority, provided that there are state regulations concerning the promulgation of ordinances of the authority, in accordance with these regulations; they may also be published in any other form without affecting the proclamation, in particular by posting on the official board of the authority or on the official board of the municipalities of the area concerned.

Segregation of the sick.

§ 7. (1) The ordinance designates those notifiable diseases for which segregation measures can be ordered for sick, suspected of illness or suspected of infection.

(1a) In order to prevent the retransmission of a regulation referred to in paragraph 1 sick, suspected or suspected of being infected may be stopped or restricted in traffic with the outside world, provided that, according to the nature of the illness and the behaviour of the person concerned, there is a serious and significant risk to the health of other persons which cannot be eliminated by more lenient measures. The detained person may apply to the district court in whose district the place of stop is located for a review of the admissibility and the lifting of the restriction of liberty in accordance with Section 2 of the Tuberculosis Act. Any stop must be reported to the district court by the district administrative authority that ordered it. The district court shall, of its own motion, at intervals of no more than three months from the date of the stop or the last review, determine the admissibility of the detention in analogous application of § 17 of the Tuberculosis Act, unless the detention has been lifted beforehand.

(2) If an appropriate segregation within the meaning of the orders made cannot take place in the home of the sick person or if the segregation is omitted, the accommodation of the sick person in a hospital or other suitable room must be carried out if the transfer can take place without endangering the sick person.

(3) For the purpose of segregation, where it seems necessary in view of the local conditions, suitable rooms and permissibly recognized means of transport must be provided in good time, or transportable barrack hospitals equipped with the necessary facilities and personnel must be set up.

(4) Apart from the cases of segregation of a sick person within the meaning of paragraph 2 the transfer from the apartment in which he is located can only take place with official permission and under close observation of the precautionary measures to be ordered by the authority.

(5) This authorisation is to be granted only if this does not endanger public considerations and the sick person is either to be taken to an institution intended for the admission of such sick persons or if the transfer appears absolutely necessary according to the facts of the case.

Disinfection.

§ 8. (1) Objects and rooms that can be assumed to be afflicted with pathogens of a notifiable disease (suspected of infection) are subject to official disinfection. If appropriate disinfection is not possible or too costly in relation to the value of the object, the object may be destroyed.

(2) Objects suspected of infection must not be removed from disinfection or destruction and must not be removed from the home before these measures are carried out.

(3) From the execution of the disinfection, the person responsible for reporting the case in question in accordance with § 3 obligated person in the person according to § 2 prescribed manner to file the complaint.

(4) Disinfection must be carried out under expert guidance as required.

(5) The detailed rules on the discharge and method of carrying out disinfection and destruction of objects shall be adopted by regulation.

Exclusion of individuals from educational institutions.

§ 9. (1) Residents of villages or houses where a notifiable illness has occurred may be excluded from visiting educational institutions, kindergartens and similar institutions.

(2) The management of the institution must be informed of the exclusion that has taken place.

(3) Both the excluded persons themselves and, in the case of minors, their legal representatives, and the bodies of the institution appointed to supervise the visit to the institution are responsible for observing this prohibition.

Restriction of water use and other precautions.

§ 10. (1) In places where a notifiable disease has occurred or which are threatened by such a disease occurring elsewhere, as well as in the vicinity of such localities, the use of public bathing, washing and need facilities may be restricted or prohibited and other appropriate precautions may be taken to the extent necessary to prevent the spread of the disease.

(2) In the same way, in the event of abdominal typhoid, paratyphoid, dysentery, typhoid, Asian cholera, Egyptian eye inflammation or anthrax, the use of springs, wells, water pipes, streams, ponds and other bodies of water may be restricted or prohibited. (*Federal Law Gazette No. 449/1925, Article III(2).*)

(3) However, the prohibitions referred to in the previous paragraph do not extend to the use of water for the production of motor power, for transport and industrial purposes, but to the use of water for the production and distribution of food and beverages.

Restriction of food traffic.

§ 11. The supply of food from sales outlets, houses or, if necessary, from individual local areas where scarlet fever, diphtheria, abdominal typhoid, paratyphoid, dysentery, typhoid, leaf, Asian cholera, plague or Egyptian eye inflammation has occurred may be prohibited or subject to certain cautions.

(*Federal Law Gazette No. 449/1925, Article III(2).*)

Closure of apartments, prohibition of funeral ceremonies.

§ 12. (1) In the event of the occurrence of scarlet fever, diphtheria, typhus, leafs, Asian cholera or plague, it is not allowed to enter the rooms of uncalled persons suspected of infection before disinfection is carried out, funeral feasts and other funeral ceremonies may not be held in the same house.

(2) Regulation may provide that the same prohibition shall also apply in the event of the occurrence of another notifiable disease.

Measures relating to corpses.

§ 13. (1) Corpses of persons afflicted with typhus, leafs, Asian cholera, plague are to be transferred to a morgue with the greatest possible acceleration.

(2) In the event of the occurrence of scarlet fever, diphtheria, anthrax or snot, the transfer of the corpses of persons afflicted with one of these diseases to a morgue may also be ordered.

(3) If it is not possible to transfer it to a morgue, the body shall be kept separate until the funeral in such a way that uncalled persons do not have access to the corpse.

(4) The transfer or separation of the corpse shall, if necessary, be carried out by force.

(5) More detailed rules on the admission, transfer and burial of corpses with notifiable diseases and on the establishment of morgues shall be issued by ordinance.

Extermination of animals.

§ 14. Measures to prevent the spread of communicable diseases may be taken to eradicate animal pests.

([Federal Law Gazette No. 151/1947](#), Article II Z 5 lit. e.)

Measures against the confluence of large crowds.

§ 15. (1) If and as long as this is absolutely necessary in view of the nature and extent of the occurrence of a notifiable disease to protect against its further spread, events involving a confluence of larger crowds are:

1. prohibit, or
2. be bound by compliance with certain conditions or obligations, or
3. their holding is to be limited to certain groups of persons or professions.

(2) Requirements or requirements pursuant to paragraph 1 depending on epidemiological requirements, may be in particular:

1. Requirements for distance rules,
2. obligations to wear a mechanical mouth-nose protection device,
3. Limitation of the number of participants,
4. Requirements for the presence and use of sanitary facilities and disinfectants.

(3) Conditions or obligations within the meaning of paragraph 1 must not include the use of contact tracing technologies.

(4) Restrictions on groups of persons or professions referred to in paragraph 1 Z 3 must not be based on gender, ethnicity, age, religion, belief, sexual orientation or the existence of an assignment to the COVID-19 risk group according to § 735 Paragraph 1 TURN OFF ASVG.

Special reporting requirements.

§ 16. For places and areas for which there is a risk of the emergence or introduction of a notifiable disease from other areas, special orders may be issued on the reporting of foreigners and locals and on the evidentiary nature of the reports, without prejudice to the applicable reporting requirements.

Monitoring of certain persons.

§ 17. (1) Persons who are to be regarded as carriers of pathogens of a notifiable disease may be subject to special medical surveillance or surveillance. They may not be active in the production or treatment of foodstuffs in such a way as to entail the risk of transmitting germs to other persons or to foodstuffs, in accordance with the detailed instructions of the district administrative authority (health authority). For these persons, a special reporting obligation, the periodic medical examination and, if necessary, disinfection and segregation in their home may be ordered; if the segregation in the apartment is not feasible in a convenient manner, the segregation and catering can be ordered in own rooms.

(2) If the suspicion of infection relates to the transmission of typhus, leafs, Asian cholera or the plague, the medical surveillance and surveillance of the person suspected of infection within the meaning of the preceding paragraph shall in any case be carried out.

(3) Special care should be taken for persons professionally involved in medical treatment, nursing or the care of corpses, and for midwives. Traffic and occupational restrictions as well as protective measures, in particular protective vaccinations, may be ordered for such persons.

(4) If this is absolutely necessary in view of the nature and extent of the occurrence of a notifiable disease to protect against its further spread, the district administrative authority may order the implementation of protective vaccinations or the administration of prophylactics for certain persons at risk in individual cases.

Closure of educational institutions.

§ 18. The total or partial closure of educational establishments, kindergartens and similar institutions may be pronounced in the event of the occurrence of a notifiable illness. The competent school authority must be informed of this order, which must carry out the closure immediately.

Prohibition of peddling.

§ 19. (1) The exercise of the peddling trade and the gainful activities carried out in the event of a notifiable illness may be prohibited in the territory of one or more localities or municipalities.

(2) This prohibition, as well as its repeal, must also be announced in the neighbouring municipalities if necessary.

Note for the following provision

cf. Art. 1, [Federal Law Gazette II No. 74/2020](#)

Restriction of operation or closure of commercial enterprises.

§ 20. (1) In the event of the occurrence of scarlet fever, diphtheria, abdominal typhoid, paratyphoid, bacterial food poisoning, typhus, leafs, Asian cholera, plague or anthrax, the closure of establishments in which certain trades are carried out, the operation of which entails a particular risk to the spread of that disease, may be ordered for certain areas to be designated if, and to the extent that, in accordance with the conditions prevailing on the holding, the maintenance of the same would pose an urgent and serious threat to the company employees themselves and to the public in general through the spread of the disease. ([Federal Law Gazette No. 449/1925](#), Article III(2), and [BGBl. No. 151/1947](#), Article II Z 5 lit. h.)

(2) In the event of the occurrence of one of the diseases referred to in the first paragraph, the operation of individual commercially operated enterprises with a permanent establishment may be restricted or the closure of the permanent establishment may be restricted or the closure of the

permanent establishment may be prohibited under the other conditions specified therein, as well as individual persons who come into contact with sick persons from entering the permanent establishments.

(3) However, the closure of a permanent establishment is only to be ordered if extraordinary dangers make it seem necessary.

(4) To what extent the information contained in paragraph 1 up to 3 specified precautions can also be taken in the event of the occurrence of another notifiable disease, is determined by regulation.

Designation of houses and apartments.

§ 21. (1) In the event of the occurrence of abdominal typhoid, paratyphoid, typhus, leishmaniasis, Asian cholera or plague, in the case of scarlet fever, diphtheria, epidemic neck rigidity, apartments in which sick persons are located can be identified by appropriate designations. These designations must not be removed before disinfection is carried out. ([Federal Law Gazette No. 449/1925, Article III\(1\).](#))

(2) The form of the designation shall be determined by regulation.

Evacuation of apartments.

§ 22. (1) The district administrative authority must order the evacuation of apartments and buildings if this measure is absolutely necessary to protect against its spread according to the nature of the occurrence of a notifiable disease.

(2) The residents concerned must be provided with adequate accommodation and food through their request, free of charge in the event of their destituteness.

Traffic restriction for certain items.

§ 23. In the event of the occurrence of scarlet fever, diphtheria, abdominal typhoid, paratyphoid, dysentery, typhoid, leishmaniasis, Asian cholera, plague, Egyptian eye inflammation, anthrax or glander, traffic with objects that can be considered carriers of pathogens and originate from an area affected by the disease may be prohibited or made subject to certain cautions.

([Federal Law Gazette No. 449/1925, Article III\(2\).](#))

Traffic restrictions for the inhabitants of certain localities.

§ 24. If this is absolutely necessary in view of the nature and extent of the occurrence of a notifiable disease to protect against its spread, the district administrative authority must impose traffic restrictions on residents of epidemic areas. Likewise, restrictions on traffic with the inhabitants of such areas from the outside can be ordered.

Traffic restrictions vis-à-vis foreign countries.

§ 25. On the basis of existing laws and international treaties, an ordinance determines which measures to prevent the introduction of a disease from abroad will finally make the entry of seagoing vessels and other vehicles serving the transport of persons or freight, the import and transit of goods and utensils, finally subject to the entry and transport of persons.

Regulations relating to domestic transport facilities.

§ 26. (1) For the operation of public transport establishments (railways, inland waterways, rafts, etc.) and for transport on them, the manner in which and by which organs the measures referred to in this Act for the prevention and control of notifiable diseases are to be applied.

(2) In the same way, the necessary orders on the application of the provisions of this Act to ships and port constructions and other objects located in the area of maritime authorities shall be issued by decree.

Specific provisions concerning zoonoses

§ 26a. (1) Laboratories containing zoonotic agents within the meaning of Annex I of the Zoonoses Act, [Federal Law Gazette I No. 128/2005](#), must - insofar as diseases of these pathogens are subject to the reporting obligation under this Federal Act - transmit the corresponding isolates to the responsible national reference laboratory for further examination.

(2) The national reference laboratories are obliged to monitor the local and temporal occurrence of zoonotic agents within the meaning of paragraph 1 in a federal state or across federal states, immediately report to the affected heads of the state commissions for zoonoses control, the district administrative authorities concerned, the office of the Federal Commission for the Monitoring of Zoonoses and the Austrian Agency for Health and Food Safety.

(3) The national reference laboratories are obliged to provide the heads of the State Commissions for Zoonoses Control with a monthly list of all findings of diseases of zoonotic agents within the meaning of paragraph 1 for the respective federal state.

(4) Kind, content and scope of the reports pursuant to paragraph 2 and 3 must be determined by the Federal Minister of Health and Women by ordinance. A transfer of personal data may be specified to the extent necessary to clarify food-borne disease outbreaks caused by zoonotic agents.

Specific provisions concerning preventable diseases

§ 26b. Laboratories diagnosing meningococci, pneumococci or Haemophilus influenzae shall, insofar as diseases of these pathogens are subject to the reporting obligation, transmit the corresponding isolates to the competent national reference laboratory for further examination.

Epidemic doctors.

§ 27. (1) If, in the event of the occurrence of a notifiable disease, the doctors available in the affected areas, primarily the municipal and district doctors, are not sufficient to effectively combat the disease, epidemic doctors may be appointed for the duration of the need.

(2) When epidemic doctors are appointed, their remuneration is regulated by contract with the proviso that, in the event of their illness, they continue to receive their full salary even if they do not constitute occupational disability.

§ 27a. If measures under this Federal Act are required in the context of combating the spread of the pathogen SARS-CoV-2, the Governor may - insofar as these are not activities reserved for doctors - also appoint other suitable persons to support measures in accordance with this Federal Act, while respecting official secrecy and all requirements of data protection. Their actions are attributable to the district administrative authority. In any case, persons who have their profession or the activities of the paramedic in facilities pursuant to § 23 are considered suitable Sanitätsexpert. ([Federal Law Gazette I No. 30/2002](#))

Measures relating to pathogens.

§ 28. Special arrangements may be issued by regulation for the carrying out of examinations and work with pathogens, as well as for their storage and circulation.

Participation of public security service bodies

§ 28a. (1) The organs of the Public Security Service shall inform the competent authorities and bodies under this Federal Act of their request in the exercise of their duties in accordance with §§ 5, 6, 7, 15, 17, 22 and 24 or, where necessary, to enforce the measures envisaged, by means of coercion.

(1a) In addition, the organs of the public security service shall participate in the enforcement of this Federal Act and the ordinances issued on the basis of this Federal Act by:

1. measures to prevent imminent administrative offences,
2. measures to initiate and secure administrative criminal proceedings, and
3. the punishment of administrative violations by organ penalty orders (§ 50 VStG).

(2) If, according to the professional assessment of the competent authorities under this Federal Act within the framework of the competent authorities in accordance with paragraph 1 The support provided for the organs of the public security service according to the nature of the communicable disease and the possibilities of transmission of which is associated with a risk that can only be countered by special protective measures, the competent authorities under this Federal Act are obliged to take adequate protective measures.

Measures in the context of a pandemic

§ 28b. (1) National IHR contact point within the meaning of the International Health Regulations, [Federal Law Gazette III No. 98/2008](#), is the Federal Ministry responsible for health care (Art. 4 Paragraph 1 and 2 IHR).

(2) The decision as to which information is forwarded by the national IHR focal point to the World Health Organisation ('WHO') and to which authorities information is forwarded by the WHO to the national IHR focal point is taken by the Federal Minister responsible for health.

(3) The district administrative authorities and Governors shall immediately make available to the Federal Ministry responsible for health care all information available to them for notifications to the WHO within the meaning of Article 6 are required by 12 and 19(c) IHR.

(4) Insofar as this is necessary for the fulfilment of the obligations arising from the IHR, district administrative authorities and State governors are entitled, within the framework of paragraph 3 also transmit personal information and the Federal Minister responsible for health care is entitled to transmit personal information to district administrative authorities, state governors, the WHO and competent authorities abroad.

Scientific, in particular veterinary facilities according to § 2 Paragraph 2 Z 1 Doctors Act 1998

§ 28c. (1) The institutions are obliged to report this to the Federal Ministry of Social Affairs, Health, Care and Consumer Protection before commencing their work for humans, providing proof of their professional suitability. These reports shall be brought to the attention of the district administrative authorities.

(2) The facilities are subject to the reporting obligation according to §§ 2 and 3 of this Federal Act.

(3) In accordance with the Ordinance of the Federal Minister of Health concerning electronic laboratory reporting, the notification has been included in the Register of Notifiable Diseases, [Federal Law Gazette II No. 184/2013](#), to be done.

(4) The institutions are obliged to comply with the state of the art in their work for humans as well as the requirements of the Medical Devices Act and the regulations based on it.

(5) If there are reasonable grounds to suspect that an institution has violated paragraph 4 is infringed, the Federal Minister responsible for health care shall prohibit an institution from working for human beings if paragraph 4 is violated and thus a danger to people is to be concerned.

III. MAIN PIECE.

Compensation and reimbursement of costs.

Right to compensation.

§ 29. (1) An appropriate remuneration shall be granted for items which have undergone official disinfection in accordance with the provisions of this Act and which have been damaged in such a way that they can no longer be used for their intended use, as well as for destroyed objects.

(2) The compensation must be paid to the person in whose possession the object was.

(3) No compensation is granted for items owned by a public body (federal, state, district, local community, school community, etc.) or a public fund.

Loss of the right to compensation.

§ 30. (1) The right to compensation shall be lost if the owner or holder of the object is guilty of an act or omission contrary to the provisions of this Act or the orders issued on the basis of the same in relation to the disease for which disinfection or destruction has been ordered to prevent or control.

(2) Likewise, the right to compensation is lost if the owner of the damaged or destroyed objects has brought them or some of them to himself, although he knew or had to assume under the circumstances that they were already contaminated with the disease substance or had to be disinfected by order of the authorities.

Determination of the amount of damage.

§ 31. (1) If the damage caused by the disinfection or destruction cannot be sufficiently determined on the basis of the declaration of the owner, owner or custodian or other appropriate evidence, the same shall apply before restitution or destruction by sworn experts and, where this is not feasible, by unbiased commemorative witnesses who are able to assess the value of the damaged objects, Estimate.

(2) The assessment does not apply if the owner or owner of the object does not declare that he or she will be entitled to compensation.

Remuneration for loss of earnings.

§ 32. (1) Natural and legal persons as well as partnerships under commercial law must be remunerated because of the financial disadvantages caused by the hindrance to their acquisition if and to the extent that

1. they comply with §§ 7 or 17 have been separated, or
2. the supply of food in accordance with § 11 has been prohibited, or
3. they are required to pursue gainful employment in accordance with § 17 has been prohibited, or
4. in accordance with § 20 are employed in limited or closed enterprises, or
5. they operate a company which, in accordance with § 20 has been restricted or blocked in its operation, or
6. they live in apartments or buildings whose eviction in accordance with § 22 has been ordered, or
7. you live or work in a locality about which traffic restrictions in accordance with § 24 have been imposed,

and as a result a loss of earnings has occurred.

(2) The remuneration shall be paid for each day which is paid by the That is why we have tabled a number of amendments.

(3) The remuneration for persons who are in an employment relationship is subject to the regular remuneration within the meaning of the Continued Payment of Remuneration Act, [Federal Law Gazette No. 399/1974](#), to be measured. Employers must pay them the amount of remuneration due on the usual dates for the payment of the remuneration in the company. The entitlement to remuneration vis-à-vis the Confederation is transferred to the employer at the time of payment. The employer's share of the statutory social security contribution to be paid by the employer for the period of disability and the surcharge in accordance with § 21 of the Bauarbeiterurlaubsgesetz 1972, BGBl. No. 414, is to be replaced by the Confederation.

(4) For self-employed persons and enterprises, the compensation is to be calculated according to the comparable updated economic income.

(5) Amounts due to the person entitled to remuneration due to such a disability in accordance with other regulations or agreements as well as from any other gainful activity taken up during the period of disability shall be taken into account against the amount due to the remuneration amount.

(6) If and to the extent necessary to ensure uniform administrative management, the Federal Minister responsible for health care may issue by ordinance more detailed requirements for the calculation of the amount of compensation or remuneration for loss of earnings.

Deadline for asserting the claim for compensation or compensation for loss of earnings.

§ 33. The right to compensation pursuant to § 29 is within six weeks after disinfection or restitution of the object or after notification of the destruction, the right to compensation for the loss of earnings according to § 32 to assert an action within six weeks of the date of the annulment of the administrative measures by the district administrative authority in whose area these measures were taken, otherwise the claim shall lapse.

Reimbursement of treatment costs for people bitten by angry dogs

§ 33a. (1) The cost of treatment for persons bitten by an angry or suspected dog shall be borne by the solvent dog owner, unless a health insurance institution or a health care institution or an accident insurance institution has to pay.

(2) If the dog owner is not solvent or cannot be determined, the treatment costs (para. 1)) one third shall be borne by the municipality in whose territory the violation of the bite took place, and two thirds by the Confederation.

(3) Claims for compensation pursuant to paragraph 1 and 2, in the event of other exclusion, must be lodged with the district administrative authority within six months of the end of the treatment.

Rest and care pleasures for doctors and their bereaved.

§ 34. (1) If, in the course of combating a notifiable illness, a doctor who works in Germany becomes incapacitated or finds death, he and, in the event of his death, his survivors are entitled to rest and care. When these rest and pension benefits are granted as well as the death contribution, the general pension standards can be observed. ([Federal Law Gazette No. 161/1925.](#))

(2) If, in accordance with other provisions arising from his employment relationship, the doctor or his surviving dependants are entitled to pensions and benefits, they shall be provided for in the provisions of paragraph 1 above. cases referred to in Regulation [BGBl. No. 161/1925](#) or to the extent prescribed by a provision replacing it.

(3) If the pension and pension benefits due to the doctor or his surviving dependants under other provisions arising from his employment relationship are provided for in paragraph 1 reach or exceed the prescribed extent, the foregoing provisions of this paragraph shall not apply.

Rest and care pleasures for caregivers and their bereaved.

§ 35. (1) If a carer becomes incapacitated or dies due to his permanent or temporary admission to the public medical service while combating a notifiable illness, he or she and, in the event of his or her death, his or her surviving dependants shall be entitled to rest and care. In addition, the general pension standards can be observed when these rest and pension benefits are granted as well as the death contribution. ([Federal Law Gazette No. 161/1925.](#))

(2) If, in accordance with other provisions from their employment relationship, the caregiver or his or her surviving dependants are entitled to pensions and pension benefits, they shall be provided in the provisions of paragraph 1 above. cases referred to in Regulation [BGBl. No. 161/1925](#) or to the extent prescribed by a provision replacing it.

(3) If the pension and pension benefits due to the caregiver or his or her surviving dependants under other provisions arising from their employment relationship are provided for in paragraph 1 reach or exceed the prescribed extent, the foregoing provisions of this paragraph shall not apply.

(4) If a caregiver is covered by the conditions set out in paragraph 1 She shall be entitled to continue to receive her salary without the effects provided for therein occurring.

(5) This paragraph also applies to the transport of patients and disinfection in accordance with § 8 Employed persons application.

Reimbursement of costs from the Federal Treasury.

§ 36. (1) From the Federal Treasury are to be denied:

- a) the costs of screening programmes in accordance with § 5a;
- b) the costs incurred in state investigation institutes in accordance with § 5 the examinations carried out;
- c) the costs of the eradication of animals through which pathogens can be spread (§ 14);
- d) the costs of monitoring and segregating persons suspected of being infected (§ 17);
- e) the costs of providing accommodation (§ 22);
- f) the cost of the arrangements to restrict traffic with residents of contaminated villages and branches (§ 24);
- g) the fees of epidemic doctors (§ 27);
- h) compensation for objects damaged or destroyed during disinfection (§§ 29 up to 31);
- i) the remuneration for the loss of earnings (§ 32) and the treatment costs pursuant to § 33a paragraph 2;
- k) the enjoyment of rest and care for doctors and their surviving dependents (§ 34);
- l) the rest and care pleasures for caregivers and their surviving dependents (§ 35);
- m) the cost of official acts to be carried out by the public authorities and bodies on the occasion of the implementation of this Law;
- n) the costs for the assignments according to § 5 Paragraph 4 and § 27a.

(2) On claims made pursuant to paragraph 1 , the district administrative authority decides.

(3) The costs of the legal proceedings shall be borne by the Confederation.

Reimbursement of costs by the parties.

§ 37. Determined to be no longer valid. (Transitional amendment [BGBl. No. 269/1925.](#))

IV. MAIN PIECE.

Penal provisions.

Violation of a notification or reporting obligation.

§ 39. (1) Anyone who violates the orders for the filing of complaints and reports contained in this Federal Act or issued on the basis thereof is guilty of an administrative offence and is to be punished with a fine of up to EUR 2 180 and, in the event of non-submission, with imprisonment of up to six weeks.

(2) Prosecution does not occur if the notification has not been made by the initially obligated parties, but in good time.

Other violations.

§ 40. Who by acts or omissions

- a) in the provisions of §§ 5, 8, 12, 13, 21 and 44(2) contained commandments and prohibitions, or
- b) on the basis of the provisions of §§ 7, 9, 10, 11, 12, 13, 14, 15, 17, 19, 20, 21, 22, 23 and 24, or
- c) violates the precepts or prohibitions contained in the ordinances issued pursuant to this Federal Act, or
- d) in violation of his duties of care, does not ensure that the person subordinate to his care and care is subject to a person on the basis of § 5 Paragraph 1 is subjected to ordered medical examination and removal of examination material,

is guilty of an administrative offence, provided that the offence is not punishable by a judicial penalty, and is punishable by a fine of up to EUR 1 450 or, in the event of non-recovery, by imprisonment of up to four weeks.

Confiscation and forfeiture of objects.

§ 41. (1) Objects whose safekeeping, treatment or use has violated or circumvented a provision of this Act or an order issued on the basis thereof may be confiscated by the appointed organs of the medical authorities.

(2) Objects with which a person is referred to in § 25 the traffic ban issued has been violated or circumvented, must in any case be covered with confiscation and declared forfeited by the district administrative authority in whose district they were entered. (StGBI. No. 94/1945 in the version BGBI. No. 142/1946, Section II C § 15 Par. 2.)

(3) The confiscation and forfeiture of objects within the meaning of paragraph 2 are independent of the initiation of prosecution of a particular person and the conviction of the same.

(4) If the destruction of a decayed object does not have to occur, the same must be sold by public auction after appropriate disinfection has been carried out.

Dedication of fines.

§ 42. The fines and the proceeds for the objects declared forfeited shall be paid to those municipalities in whose territory the offence was committed or the object declared to have fallen into disrepair and shall be used for public medical care purposes.

V. MAIN PIECE.

General provisions.

Regulatory competences.

§ 43. (1) The provisions of the Law of 30 April 1870, RGBI. No. 68, concerning the organization of the public medical service, remain unaffected by the provisions of the current law.

(Note.: Paragraph 2 repealed by Federal Law Gazette I No. 63/2016)

(3) In the event of the occurrence of scarlet fever, diphtheria, abdominal typhoid, paratyphoid, typhoid, leaf, Asian cholera, plague, Egyptian eye inflammation, rage disease, bite injuries caused by angry or suspected animals as well as in other cases of urgent danger are those in § 5 Paragraph 1 surveys and those referred to in §§ 7 up to 14 specified precautions must also be taken immediately on the spot by the responsible doctors in the public medical service.

(4) The initiation, implementation and safeguarding of all surveys and precautions prescribed in this Act for the prevention and control of notifiable diseases or the monitoring and promotion of the precautions taken primarily by the competent medical bodies are the task of the district administrative authority.

(4a) Insofar as this Federal Act provides for competence to issue ordinances by the district administrative authority, ordinances whose scope extends to several political districts or the entire territory of the Land are to be issued by the Governor. Ordinances of the district administrative authority that conflict with an ordinance of the Governor shall cease to have effect with the legal validity of the Ordinance of the Governor, unless otherwise stated therein. If the scope of application extends to the whole of Germany, ordinances must be issued by the Federal Minister responsible for health care. A conflicting ordinance of the Governor or a district administrative authority shall cease to have effect with the legal validity of the Ordinance of the Federal Minister, unless otherwise stated therein.

(5) Within the scope of his local sphere of activity, the Governor is responsible for coordinating and controlling the measures of the district administrative authorities in accordance with paragraph 4. If there is a suspicion or knowledge of a cross-state outbreak of a disease in accordance with § 1 Paragraph 1 and 2, the governors of the affected federal states must cooperate and coordinate their activities.

(6) The Federal Ministry of Health, Family and Youth must be informed immediately by the Governor in the event of disease outbreaks.

Special powers of the medical authorities and their organs.

§ 44. (1) The measures used to investigate a case of illness within the meaning of § 43 Paragraph 3 or doctors appointed on the basis of an official order are entitled, after notification of the head of the household or the person entrusted with the management of the care of a sick person, to access the sick person or to the corpse and to carry out the necessary examinations for the determination of the disease. If possible, this should be done in agreement with the attending physician.

(2) The bodies officially seconded to carry out the disinfection or to take other precautions within the meaning of this Act may not be denied access to land, houses and other facilities, in particular to rooms suspected of infection and to objects suspected of infection, as well as the taking of the necessary measures and the disposal of objects and rooms necessary for disinfection or destruction.

(3) If there is a suspicion that a notifiable illness is being concealed or that objects suspected of infection are being hidden, the district administrative authority may, in accordance with the provisions of §§ 3 and 5 of the Law of 27 October 1862, RGBI. No. 88, a house search can be carried out. (StGBI. No. 94/1945 in the version BGBI. No. 142/1946, Section II C § 15 Par. 2.)

Precautions in the military field

§ 45. The implementation of the precautions to be taken in accordance with this Act in the areas of the Federal Armed Forces and the Army Administration is the responsibility of the Federal Minister or the Federal Minister of Defence as well as the competent military departments. For the intended purposes, agreement must be maintained between these bodies and the respective competent health authorities.

Notification by telephone

§ 46. (1) Notices according to § 7 or § 17 this Federal Act may be amended for the duration of the COVID-19 pandemic by way of derogation from § 62 Paragraph 1 General Administrative Procedure Act 1991, Federal Law Gazette No. 51/1991 in the current version, due to a suspicion with the infection of SARS-CoV-2 can also be issued by telephone.

(2) The segregation ends if the authority does not issue a decision on the segregation within 48 hours in accordance with § 7 enacts this federal law because of an infection with SARS-CoV-2.

(3) The content and the promulgation of a telephone decision must be notarised and served on the party.

Postage treatment.

§ 47. (1) Persons obliged under this Act to reimburse advertisements and reports shall use envelopes or cards bearing the words "Collect postal charges from the recipient" and the official seal of the receiving authority for the carriage of such advertisements and reports which are not registered and which are not accompanied by proof of delivery. The latter must pay the simple postal fee for the letter mail when the notification is handed over.

(2) If the receiving authority does not want to pay the omitted fees in each individual case, these fees may be deferred monthly.
([Federal Law Gazette No. 151/1947](#), Article II Z 5 lit. i.)

Repeal of older regulations.

§ 48. (1) All provisions relating to matters governed by this Act or regulated by decree on the basis thereof shall cease to apply with effect from the date of validity of this Act or the relevant Regulation.

(2) The Court Chancellery Decree of 11 January 1816, PGS. Vol. 44 No. 3, concerning the reimbursement of medical costs for poor persons damaged by angry dogs, was published on 1 September 1925 as the beginning of the effectiveness of Article 35 of the Administrative Relief Act, [Federal Law Gazette No. 277/1925](#) abrogated.

(3) The patent of May 21, 1805, JGS. No 731, ceased to have effect with the entry into force of this Act in its original version (the words "Paragraphs 393 up to and including 397 of the Criminal Code of 27 May 1852, RGBI. No. 117 and" with regard to the Austrian Criminal Law 1945, ASlg. No. 2).

(4) The Ordinances of 17 December 1917, RGBI. No. 490, concerning the control of malaria (alternating fever), of 16 June 1923, BGBl. No. 329, concerning the obligation to report varicella (chickenpox) and of 11 January 1927, BGBl. No. 38, concerning the obligation to notify poliomyelitis anterior acuta and encephalitis lethargica epidemica, are effective dated with the start of the Federal Act of 18 June 1947, Federal Law Gazette. No 151. ([Federal Law Gazette No. 151/1947](#), Article IV(4).)

Special provision for the duration of the SARS-CoV-2 pandemic

§ 49. (1) Notwithstanding § 33 the right to remuneration for loss of earnings resulting from an administrative measure taken due to the occurrence of SARS-CoV-2 shall be asserted within three months of the date of the lifting of the administrative measures with the district administrative authority in whose area those measures were taken.

(2) Deadlines already running and expired before the entry into force of this provision begin with the entry into force of federal law [gazette I No. 62/2020](#) to run again.

Effectiveness of the law.

§ 50. (1) This Act is in the version of the Act of 17 February 1920, StGBI. No. 83 (Epidemic Act Amendment), and the Federal Act of 3 December 1925, Federal Law Gazette No. 449 (II Epidemic Act Amendment), as well as the provisions of the Federal Act of 18 June 1947, Federal Law Gazette No. 151, Article II No. 5 and Articles III and IV(3) and 4 – after the repeal of the relevant provisions of Reich law by the Federal Act of 18 June 1947, Federal Law Gazette No. 151, Article I No. 6 – re-entered into force on 22 August 1947.

(2) The changes in § 36 Paragraph 2 and § 43 Paragraph 4 as well as § 43 Paragraph 5 in the version of the Administrative Reform Act 2001, [Federal Law Gazette I No. 65/2002](#), enter into force on 1 July 2002, but not before the fourth month following the promulgation of the Administrative Reform Act 2001.

(3) To the in paragraph 2 Proceedings pending on a certain date of entry into force shall be conducted in accordance with the legal situation in force before that date.

(4) § 43 as amended by Federal Law [Gazette I No. 80/2013](#) will enter into force on 1 January 2014.

(5) §§ 1 Paragraph 1 Z 1 and 2, 4(7), 7(1) and 1a, 26b with heading, 36(3), 43(4), and 51 as well as the omission of § 2 Paragraph 3 and 43(2) as amended by Federal Law [Gazette I No. 63/2016](#) enter into force on the day following the announcement.

(6) § 4 Paragraph 1 to 5, 7 to 9, 11, 12, 15 and 17, § 4a including inscription and § 5 Paragraph 3 in the version of the 2nd Matter Data Protection Amendment Act, [Federal Law Gazette I No. 37/2018](#), enter into force on 25 May 2018.

(7) § 6 Paragraph 2 as amended by the 3rd COVID-19 Act, [Federal Law Gazette I No. 23/2020](#), enters into force on 1 February 2020, but without effect on regulations that have been promulgated in accordance with its previous version by the end of 4 April 2020.

(8) § 3a, § 13 Paragraph 5, § 28a Paragraph 1a and § 43 Paragraph 4a and § 46 as amended by Federal Law [Gazette I No. 23/2020](#) enter into force on the day following the announcement. § 3a expires at the end of 31.12.2020.

(9) § 6 Paragraph 2 as amended by Federal Law [Gazette I No. 43/2020](#) shall enter into force at the end of the date of promulgation of the aforementioned Federal Act. Ordinances issued before 5 April contrary to the provisions of this Federal Act shall be deemed to have been promulgated in accordance with the provisions of this Federal Act if the proclamation has achieved a degree of publicity at least equivalent to the provisions of this Federal Act. This applies in any case if the regulation has been published in a law gazette or in an official gazette of a country.

(10) The changes in § 4 Paragraph 7, § 4a Paragraph 5, § 5 Paragraph 4, §§ 5a and § 5b including headings, § 15, § 27a, the changes in § 28c, § 32 Paragraph 6, the changes in § 36, § 43 Paragraph 4a, § 45 including heading, § 46 as amended by Federal Law [Gazette I No. 43/2020](#) enter into force on the day following the announcement.

(11) §§ 5a, 5b and 46 of this Federal Act as amended by Federal Law [Gazette I No. 43/2020](#) expire at the end of 31 December 2021.

(12) The title of § 46 and § 49 as amended by Federal Law [Gazette I No. 62/2020](#) enter into force on the day following the announcement.

§ 50a. Insofar as this Federal Act refers to other federal laws, these shall apply in their currently valid version.

§ 50b. (1) With the entry into force of this Federal Act in the version of the Federal Act [Federal Law Gazette I No. 43/2012](#) the Ordinance of the Federal Minister of Health concerning notifiable communicable diseases 2009, Federal Law Gazette II No. 359, as last amended by the Ordinance [Federal Law Gazette II No. 359/2011](#), out of force.

(2) With the entry into force of this Federal Act in the version of the Federal Act [Federal Law Gazette I No. 63/2016](#) the Ordinance of the Federal Minister of Health concerning notifiable communicable diseases 2015, [Federal Law Gazette II No. 224/2015](#), out of force.

Enforcement.

§ 51. With the enforcement of this Federal Act,

1. with regard to § 7 Paragraph 1a – in so far as it concerns the judicial proceedings – and § 36 Paragraph 3 the Federal Minister of Justice,
2. with regard to § 28a the Federal Minister of Health in agreement with the Federal Minister of the Interior and
3. incidentally, the Federal Minister of Health

entrusted.