

## Federal law consolidated: Entire legislation for epidemic law 1950, version of 26.09.2020

### Long title

Epidemic Act 1950 (EpiG).

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](#))

[Federal Law Gazette I No. 104/2020](#) Idf [Federal Law Gazette I No. 124/2020](#) (VFB) (NO: GP XXVII [IA 826/A AB 370 P. 51](#), BR: [10408 AB 10411 S. 912](#).)

[Federal Law Gazette I No. 136/2020](#) (NO: GP XXVII [IA 1120/A AB 563 P. 71](#), BR: [10471 AB 10518 S. 917](#).)

[Federal Law Gazette I No. 23/2021](#) (NO: GP XXVII [IA 1197/A AB 629 P. 77](#), BR: [10530 AB 10533 S. 919](#).)

[Federal Law Gazette I No. 33/2021](#) (NO: GP XXVII [IA 1214/A AB 671 P. 85](#), BR: [10541 AB 10542 S. 922](#).)

[Federal Law Gazette I No. 64/2021](#) (Constitutional Court)

[Federal Law Gazette I No. 82/2021](#) (NO: GP XXVII [IA 1466/A AB 813 P. 101](#), BR: [FROM 10620 P. 925](#).)

[Federal Law Gazette I No. 90/2021](#) (NO: GP XXVII [IA 1324/A AB 757 P. 91](#), BR: [10577 AB 10603 S. 924](#).)

[Federal Law Gazette I No. 100/2021](#) (NO: GP XXVII [IA 1572/A P. 109](#), BR: [10643 AB 10640 S. 926](#).)

[Federal Law Gazette I No. 105/2021](#) (NO: GP XXVII [IA 1662/A AB 883 P. 113](#), BR: [10647 AB 10662 S. 927](#).)

[Federal Law Gazette I No. 143/2021](#) (NO: GP XXVII [IA 1780/A AB 1008 P. 115](#), BR: [FROM 10717 P. 929](#).)

[Federal Law Gazette I No. 183/2021](#) (NO: GP XXVII [IA 1824/A AB 1067 P. 125](#), BR: [10748 AB 10750 S. 931](#).)

[Federal Law Gazette I No. 255/2021](#) (NO: GP XXVII [IA 1969/A AB 1270 P. 135](#), BR: [10796 AB 10820 S. 936](#).)

[Federal Law Gazette I No. 6/2022](#) (NO: GP XXVII [FROM 1313 P. 139](#), BR: [10864 AB 10873 S. 937](#).)

[Federal Law Gazette I No. 21/2022](#) (NO: GP XXVII [IA 2063/A AB 1353 P. 143](#), BR: [10878 AB 10886 S. 938](#).)

[Federal Law Gazette I No. 80/2022](#) (NO: GP XXVII [IA 2489/A AB 1482 P. 156](#), BR: [AB 10962 S. 941](#).)

[Federal Law Gazette I No. 89/2022](#) (NO: GP XXVII [IA 2591/A AB 1503 P. 162](#), BR: [10980 AB 10994 P. 942](#).)

[Federal Law Gazette I No. 103/2022](#) (NO: GP XXVII [IA 2652/A P. 168](#), BR: [11008 AB 11018 S. 944](#).)

[Federal Law Gazette I No. 131/2022](#) (NO: GP XXVII [IA 2676/A P. 168](#), BR: [AB 11020 P. 944](#).)

### 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. Erkrankungs- und Todesfälle an Bang'scher Krankheit, Chikungunya-Fieber, Dengue-Fieber, Diphtherie, Hanta-Virus-Infektionen, virusbedingten Meningoenzephalitiden, invasiven bakteriellen Erkrankungen (Meningitiden und Sepsis), Keuchhusten, Legionärskrankheit, Malaria, Röteln, Scharlach, Rückfallfieber, Trachom, Trichinose, West-Nil-Fieber, schwer verlaufenden *Clostridium difficile* assoziierten Erkrankungen und Zika-Virus-Infektionen.

(2) Der Bundesminister für Gesundheit und Frauen kann, wenn dies aus epidemiologischen Gründen gerechtfertigt oder auf Grund internationaler Verpflichtungen erforderlich ist, durch Verordnung weitere übertragbare Krankheiten der Meldepflicht unterwerfen oder bestehende Meldepflichten erweitern.

### Erstattung der Anzeige.

**§ 2.** (1) Jede Erkrankung, jeder Sterbefall an einer anzeigepflichtigen Krankheit, in den Fällen des § 1 Abs. 1 Z 1 auch jeder Verdacht einer solchen Erkrankung, ist der Bezirksverwaltungsbehörde (Gesundheitsamt), in deren Gebiet sich der Kranke oder Krankheitsverdächtige aufhält oder der Tod eingetreten ist, unter Angabe des Namens, des Alters und der Wohnung und, soweit tunlich, unter Bezeichnung der Krankheit binnen 24 Stunden anzuzeigen.

(2) Binnen der gleichen Frist sind Personen, die, ohne selbst krank zu sein, Erreger der bakteriellen Lebensmittelvergiftung, des Paratyphus, der übertragbaren Ruhr oder des Typhus ausscheiden, der Bezirksverwaltungsbehörde (Gesundheitsamt) bekanntzugeben.

(Anm.: Abs. 3 aufgehoben durch [BGBl. I Nr. 63/2016](#))

### Zur Anzeige verpflichtete Personen.

**§ 3.** (1) Zur Erstattung der Anzeige sind verpflichtet:

1. Der zugezogene Arzt, in Kranken-, Gebärd- und sonstigen Humanitätsanstalten der Leiter der Anstalt oder der durch besondere Vorschriften hiezu verpflichtete Vorstand einer Abteilung;
- 1a. jedes Labor, das den Erreger einer meldepflichtigen Krankheit diagnostiziert;
2. die zugezogene Hebamme;
3. die berufsmäßigen Pflegepersonen, die mit der Wartung des Kranken befaßt sind;
4. der Haushaltsvorstand (Leiter einer Anstalt) oder die an seiner Stelle mit der Führung des Haushaltes (der Leitung der Anstalt) betraute Person;
5. die Vorsteher öffentlicher und privater Lehranstalten und Kindergärten in bezug auf die ihrer Leitung unterstehenden Schüler, Lehrpersonen und Schulbediensteten;
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.

### Datenübermittlung im Interesse des Gesundheitsschutzes

**§ 3a.** (1) Die Bezirksverwaltungsbehörde ist ermächtigt, dem Bürgermeister den Namen und die erforderlichen Kontaktdaten einer von einer Absonderungsmaßnahme nach Epidemiegesetz 1950 wegen COVID-19 betroffenen Person, die in seinem Gemeindegebiet wohnhaft ist, mitzuteilen, wenn und soweit es zur Versorgung dieser Person mit notwendigen Gesundheitsdienstleistungen oder mit Waren oder Dienstleistungen des täglichen Bedarfs unbedingt notwendig ist.

(2) Eine Verarbeitung dieser Daten zu anderen Zwecken ist nicht zulässig.

(3) Der Bürgermeister hat die Daten umgehend unumkehrbar zu löschen, wenn diese für die in Abs. 1 genannten Zwecke nicht mehr erforderlich sind.

(4) Der Bürgermeister hat geeignete Datensicherheitsmaßnahmen zu ergreifen.

(5) § 30 Abs. 5 Datenschutzgesetz, [BGBl. I Nr. 165/1999](#) zuletzt geändert durch das Bundesgesetz [BGBl. I Nr. 24/2018](#), ist im Rahmen dieser Bestimmung nicht anwendbar.

### Register der anzeigepflichtigen Krankheiten

**§ 4.** (1) Der für das Gesundheitswesen zuständige Bundesminister hat ein elektronisches Register betreffend die Anzeigen nach § 1 Abs. 1 und 2, § 2 Abs. 2, § 28c und die Anzeigen nach §§ 5 und 11 des Tuberkulosegesetzes, [BGBl. Nr. 127/1968](#), zu betreiben. Der für das Gesundheitswesen zuständige Bundesminister ist Verantwortlicher. Hinsichtlich der Verarbeitung personenbezogener Daten nach diesem Bundesgesetz besteht kein Widerspruchsrecht gemäß Art. 21 der Verordnung (EU) 2016/679 zum Schutz natürlicher Personen bei der Verarbeitung personenbezogener Daten, zum freien Datenverkehr und zur Aufhebung der Richtlinie 95/46/EG (Datenschutz-Grundverordnung), ABl. Nr. L 119 vom 04.05.2016 S. 1.

(2) Das Anzeigenregister dient der Erfüllung der Aufgaben der Bezirksverwaltungsbehörden zur Durchführung von Erhebungen über das Auftreten anzeigepflichtiger Krankheiten (§ 5 dieses Bundesgesetzes und § 6 Tuberkulosegesetz) sowie zur Verhütung der Weiterverbreitung und Bekämpfung anzeigepflichtiger Krankheiten (§§ 6 bis 26a dieses Bundesgesetzes und §§ 7 bis 14 und 23 Tuberkulosegesetz) und der Erfüllung der Aufgaben der Landeshauptmänner im Rahmen ihrer Koordinierungsfunktion gemäß § 43 Abs. 6 und 7.

(3) Die Bezirksverwaltungsbehörden sind verpflichtet, die Daten aus Anzeigen nach § 1 Abs. 1 und 2 und § 2 Abs. 2, § 28c, die Daten, die im Rahmen von Erhebungen über das Auftreten anzeigepflichtiger Krankheiten gesammelt werden, und die Daten, die im Zusammenhang mit getroffenen Maßnahmen stehen, im Register zu verarbeiten. Die Bezirksverwaltungsbehörden sind weiters verpflichtet, die Daten aus Anzeigen nach §§ 5, 10 und 11 Tuberkulosegesetz, die Daten, die im Rahmen von Erhebungen über das Auftreten von Tuberkulose gesammelt werden, und die Daten, die im Zusammenhang mit getroffenen Maßnahmen stehen, im Register zu verarbeiten.

(4) Im Register werden folgende Datenkategorien verarbeitet:

1. Daten zur Identifikation von Erkrankten, einer Erkrankung Verdächtigen, Gebissenen, Verstorbenen oder Ausscheidern (Name, Geschlecht, Geburtsdatum, Sozialversicherungsnummer und bereichsspezifisches Personenkennzeichen (§ 9 E-GovG, [BGBl. I Nr. 10/2004](#))),
2. gegebenenfalls Sterbedaten (Datum, Todesursache, Autopsiestatus),
3. die für die anzeigepflichtige Krankheit relevanten klinischen Daten (Vorgeschichte und Krankheitsverlauf) und Labordaten,
4. Daten zum Umfeld des Erkrankten, einer Erkrankung Verdächtigen, Gebissenen, Verstorbenen oder Ausscheiders, soweit sie in Bezug zur anzeigepflichtigen Erkrankung stehen, sowie Daten zur Identifikation von Kontaktpersonen (Name, Telefonnummer, E-Mail-Adresse, Wohnsitz) und
5. Daten zu den getroffenen Vorkehrungsmaßnahmen.

(5) Bei der Datenverarbeitung gemäß Abs. 2 bis 4 ist die Verwendung des Namens und des bereichsspezifischen Personenkennzeichens GH zulässig.

(6) Jede Verwendung der im Register verarbeiteten Daten darf nur in Vollziehung dieses Bundesgesetzes, in Vollziehung des Tuberkulosegesetzes oder in Vollziehung des Zoonosengesetzes, [BGBl. I Nr. 128/2005](#), erfolgen.

(7) Die Bezirksverwaltungsbehörde darf im Rahmen ihrer Zuständigkeit für Zwecke der Erhebungen über das Auftreten und der Verhütung und Bekämpfung einer anzeigepflichtigen Krankheit nach diesem Bundesgesetz und nach dem Tuberkulosegesetz alle Daten einer Person im Register, die im Zusammenhang mit einem bestimmten Verdachts-, Erkrankungs- oder Todesfall stehen, personenbezogen verarbeiten. Der Landeshauptmann darf im Rahmen seiner Koordinierungsfunktion gemäß § 43 Abs. 5 und 6 alle Daten einer Person im Register, die im Zusammenhang mit einem bestimmten Verdachts-, Erkrankungs- oder Todesfall stehen, personenbezogen verarbeiten. Sofern vom für das Veterinärwesen zuständigen Bundesminister gemäß § 3 Abs. 7 des Zoonosengesetzes bzw. vom für das Gesundheitswesen zuständigen Bundesminister gemäß § 5 Abs. 4 dieses Bundesgesetzes ein Sachverständiger zur Abklärung bundesländerübergreifender Zoonosenausbrüche bzw. Ausbruchscluster bestellt wurde, darf dieser alle Daten von Personen im Register, die im Zusammenhang mit diesem Zoonosenausbruch oder

Ausbruchskluster stehen können, personenbezogen verarbeiten, soweit dies zur Abklärung dieses Zoonosenausbruchs oder Ausbruchsklusters erforderlich ist. Eine Übermittlung der personenbezogenen Daten an Dritte und eine Datenweiterverarbeitung der personenbezogenen Daten zu anderen Zwecken ist nicht zulässig. Der für das Gesundheitswesen zuständige Bundesminister darf zur Erfüllung der Verpflichtungen nach Art. 15 und 16 Datenschutz-Grundverordnung die Daten einer Person im Register personenbezogen verarbeiten.

(8) Der für das Gesundheitswesen zuständige Bundesminister darf für Zwecke der epidemiologischen Überwachung, Qualitätssicherung und zur Erfüllung von sich aus EU-Recht ergebenden Meldeverpflichtungen die Daten im Register in pseudonymisierter Form verarbeiten. Der für das Gesundheitswesen zuständige Bundesminister kann dazu Dritte als Auftragsverarbeiter heranziehen. Die Bezirksverwaltungsbehörde und der Landeshauptmann dürfen für Zwecke der epidemiologischen Überwachung die Daten im Register in pseudonymisierter Form verarbeiten.

(9) Der für das Gesundheitswesen zuständige Bundesminister, Familie und Jugend hat sicherzustellen, dass jeder Zugriff auf das Register nur unter Nachweis der eindeutigen Identität (§ 2 Z 2 E-GovG) und der Authentizität (§ 2 Z 5 E-GovG) möglich ist. Er muss sicherstellen, dass geeignete, dem jeweiligen Stand der Technik entsprechende Vorkehrungen getroffen werden, um eine Vernichtung, Veränderung oder Abfrage der Daten des Registers durch unberechtigte Benutzer oder Systeme zu verhindern, und dass alle durchgeführten Verwendungsvorgänge, wie insbesondere Eintragungen, Änderungen, Abfragen und Übermittlungen, im notwendigen Ausmaß protokolliert werden.

(10) Die Vertraulichkeit der Datenübermittlung ist durch dem Stand der Technik entsprechende verschlüsselte Übermittlungsverfahren zu gewährleisten.

(11) Die Daten im Register sind zu löschen, sobald sie zur Erfüllung der Aufgaben der Bezirksverwaltungsbehörden im Zusammenhang mit der Erhebung über das Auftreten und im Zusammenhang mit der Verhütung und Bekämpfung einer anzeigepflichtigen Krankheit nach diesem Bundesgesetz und nach dem Tuberkulosegesetz nicht mehr erforderlich sind.

(12) Der Bezirkshauptmann, der Landeshauptmann und der für das Gesundheitswesen zuständige Bundesminister sind verpflichtet, die Zugriffsberechtigung für die einzelnen Benutzer individuell zuzuweisen und zu dokumentieren. Zugriffsberechtigte sind von der weiteren Ausübung ihrer Zugriffsberechtigung auszuschließen, wenn sie diese zur weiteren Erfüllung der ihnen übertragenen Aufgaben nicht mehr benötigen oder sie die Daten nicht entsprechend ihrer Zweckbestimmung verarbeiten.

(13) Die Bezirksverwaltungsbehörden und der Landeshauptmann haben durch organisatorische und technische Vorkehrungen sicherzustellen, dass der Zutritt zu Räumen, in denen sich eine Zugriffsmöglichkeit auf das Register befindet, grundsätzlich nur Bediensteten der Behörde möglich ist. Ist es erforderlich, dass in Räumen mit einer Zugriffsmöglichkeit auf das Register Parteienverkehr stattfindet, ist jedenfalls sicherzustellen, dass eine Einsichtnahme in die Daten des Registers durch Außenstehende nicht möglich ist.

(14) Wird die kommunikationstechnische Einrichtung, die den Zugang zum Register ermöglicht, aus dem Behördenbereich entfernt, ist sicherzustellen, dass eine unberechtigte Einsichtnahme und Verwendung ausgeschlossen ist.

(15) Labors haben ihrer Meldeverpflichtung (§ 1 in Verbindung mit § 3 Abs. 1 Z 1a dieses Bundesgesetzes und § 5 Abs. 2 des Tuberkulosegesetzes) elektronisch durch Eingabe der Meldung in das Register nachzukommen. Der für das Gesundheitswesen zuständige Bundesminister hat durch Verordnung Details dieser Meldungen festzulegen.

(16) Die Österreichische Agentur für Gesundheit und Ernährungssicherheit als nationale Referenzzentrale und Referenzlabor für Tuberkulose hat ihrer Meldeverpflichtung nach § 1 in Verbindung mit § 3 Abs. 1 Z 1a (Laborbefunde) elektronisch durch Eingabe der Meldung in das Register nachzukommen. Weiters sind die Ergebnisse der Resistenzprüfung und Typisierung elektronisch in das Register einzugeben.

(17) Der für das Gesundheitswesen zuständige Bundesminister kann durch Verordnung nach Maßgabe der technischen Möglichkeiten vorsehen, dass Meldepflichtige nach § 3 Abs. 1 Z 1 ihrer Meldeverpflichtung nach § 1 auch elektronisch durch Eingabe der Meldung in das Register nachkommen können. Dabei sind von den Meldepflichtigen sinngemäß die in den Abs. 12 bis 14 vorgesehenen Datensicherheitsmaßnahmen zu ergreifen.

#### **Statistik-Register**

**§ 4a.** (1) Die Daten (§ 4 Abs. 3 und 14 bis 17) sind unmittelbar nach erfolgter Meldung auch in ein vom für das Gesundheitswesen zuständigen Bundesminister zu betreibendes Statistik-Register überzuführen. Dieses dient der Statistik und wissenschaftlichen Forschung.

(2) Zum Zeitpunkt des Inkrafttretens dieses Bundesgesetzes in der Fassung des 2. Materien-Datenschutz-Anpassungsgesetzes, [BGBl. I Nr. 37/2018](#), bereits im Register (§ 4) enthaltene Daten sind mit diesem Zeitpunkt in das Statistik-Register überzuführen.

(3) In das Statistik-Register sind die Daten nach der Ersetzung der Daten zur Personenidentifikation durch ein nicht rückführbar verschlüsseltes eindeutiges Personenkennzeichen zu überführen. Nicht der Pseudonymisierung unterliegen das Geschlecht und das Geburtsjahr.

(4) Gemäß Art. 5 Abs. 1 lit. e Datenschutz-Grundverordnung dürfen die Daten im Statistik-Register gemäß Art. 89 Abs. 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) In the context of the identification of contact persons under Decision No 1082/2013/EU on serious cross-border threats to health and repealing Decision No 2119/98/EC. OJ L 293, 5.11.2013 S 1, all natural and legal persons who have relevant information for the identification of contact persons in cross-border cases, such as passenger transport undertakings or accommodation establishments, are obliged, upon request, to provide information to the Federal Minister responsible for health care, insofar as this is necessary in individual cases. In any case, this information includes the name and – if known – the date of birth, the telephone number and the e-mail address and may include, for example, information about the itinerary, fellow travellers or guests accommodated. The data must be deleted by the health authorities immediately if they are no longer required for contact tracing. (5) The Federal Minister responsible for health care may appoint employees of the Austrian Agency for Health and Food Security 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 infection 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.

(5) In the school sector, screening programmes in accordance with paragraph 1 may: by the Federal Minister of Education, Science and Research in agreement with the Federal Minister responsible for health. The Federal Minister of Education, Science and Research may commission universities or higher education research institutions to carry out the laboratory tests and school doctors to carry out the examinations at the schools.

### **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 that is maintained for more than ten days 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 snout, 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. to be subject to a licence requirement,
2. to be bound by compliance with certain conditions or obligations, or
3. to certain groups of persons or professions.

If necessary, the measures referred to in Z 1 shall be: to take up to 3 next to each other. Are the ones in Z 1 enough to 3 measures, events are to be prohibited.

(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,
5. a prevention concept to minimise the risk of infection and spread. A prevention concept is a programmatic presentation of regulations to prevent the further spread of a specified notifiable disease within the meaning of this Federal Act.

(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.

(5) The district administrative authority can check compliance with conditions and requirements, including by means of on-site inspections. To this end, the organs of the district administrative authority and the experts consulted by them are entitled to enter and inspect venues, as well as to inspect and secure evidence of all documents relating to compliance with the requirements and requirements of this Federal Act. The organiser shall enable the organs of the district administrative authority and the experts consulted by them to enter and visit the venue, provide them with the necessary information and provide them with the necessary documents.



(6) If, on the basis of paragraph 1: issue or amend a regulation and if this has the consequence that an event could no longer be approved, an authorisation already granted may not be exercised for the duration of the validity of this legal situation. The regulation must contain transitional provisions for events that have already been approved. These can be omitted in case of imminent danger. By way of derogation from the first sentence, this Regulation may provide that existing authorisations may be exercised in compliance with the provisions of this Regulation which were not in force at the time the authorisation was granted and which are sufficiently determined. In such a case, the authorisations shall be deemed to have been amended in accordance with the Regulation for the duration of the new legal situation. § 68 Paragraph 3 AVG remains unaffected.

(7) If, on the basis of paragraph 1: issue or amend a regulation and if this has the consequence that any authorisation could be granted in a manner more favourable to the organiser, the authority cannot reject a new application for authorisation on the basis of a decided case.

(8) The authorisation of an event may be granted from the date of promulgation of a regulation in accordance with paragraph 1 if the date of holding of the event is after the date of entry into force of the Regulation. In this case, the authorisation shall take effect upon the entry into force of the Regulation.

#### **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, leishmaniasis, 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, leishmaniasis, 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 glanders, 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.** Insofar as it is necessary for measures under this Federal Act in the context of combating the spread of the pathogen SARS-CoV-2, the Governor, if the activity is to be able to extend to the entire territory of the Land, or the Federal Minister responsible for the health care system, if the activity is to be able to extend to the entire Federal territory, may - insofar as these are not activities reserved for doctors - also other suitable persons to support Order measures in accordance with this Federal Act in compliance with 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 Sanitätsgesetz, [Federal Law Gazette I No. 30/2002](#) exert.

#### **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).

(1b) At the request of the authorities responsible under this Federal Act, the organs of the public security service shall, in accordance with the resources at their disposal, take measures in accordance with § 5 to participate. The obligation to cooperate includes

1. the collection of identity data (name, place of residence),
2. the inquiry of any symptoms of the disease and
3. the collection of contact data (telephone number, e-mail address)

of sick, suspected of illness or suspected of infection as processors (Art. 4 Z 8 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, 4.5.2016 p. 1, as amended by the Corrigendum No. L 127 of 23.5.2018 p. 2) for the competent authorities under this Federal Act. To this end, the organs of the public security service may carry out queries from the Central Population Register. This data must be transmitted to the competent authorities in accordance with this Federal Act in electronic form via a secure line immediately after collection. The data collected by the organs of the public security service may only be processed for the purpose of contacting the data subject and must be deleted immediately after transmission to the authorities responsible under this Federal Act. Processing of the data for other purposes is not permitted.

(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.

(7) Decisions issued on the basis of that provision, based on incorrect information provided by an applicant on facts giving rise to claims, suffer from an error threatened with nullity within the meaning of Paragraph 68 Paragraph 4 Z 4 Avg.

##### **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 dependents 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. ([StGBL. No. 94/1945](#) in the version [BGBl. 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, RGBl. 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.

##### **Covid-19 Responsibilities**

**§ 43a.** (1) Ordinances under this Federal Act on COVID-19 are to be issued by the Federal Minister responsible for health care.

(2) Ordinances under this Federal Act on COVID-19 may be issued by the Governor if no ordinance pursuant to paragraph 1 or additional measures to a regulation pursuant to paragraph 1 can be determined.

(3) Ordinances under this Federal Act on COVID-19 may be issued by the district administrative authority if no ordinances pursuant to Paragraph 1 or 2 or additional measures to regulations referred to in paragraph 1 or 2.

(4) In a regulation pursuant to paragraph 1 up to 3 can be differentiated regionally according to the respective epidemiological situation.

(5) By regulation referred to in paragraph 1 Regulations pursuant to paragraph 2 and 3 or parts thereof. By regulation pursuant to paragraph 2 Regulations pursuant to paragraph 3 may or parts thereof are cancelled.

(6) Regulations referred to in paragraph 2 and 3 must be notified to the Federal Minister responsible for health care before they enter into force.

##### **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, RGBl. No. 88, a house search can be carried out. ([StGBI. No. 94/1945](#) in the version [BGBl. 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, RGBl. No. 117 and" with regard to the Austrian Criminal Law 1945, ASlg. No. 2).

(4) The Ordinances of 17 December 1917, RGBl. 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.

(13) § 28 Paragraph 1b as amended by Federal Law [Gazette I No. 103/2020](#) shall enter into force on the day following the announcement and shall cease to apply at the end of 30 June 2021.

(14) The title, § 4 Paragraph 1, § 5 Paragraph 4 and 5, § 5a Paragraph 5, § 15 Paragraph 1 and paragraph 2 Z 4 and 5, § 15 Paragraph 5 to 8, § 32 Paragraph 7, § 43a and § 51 including headings in the version of the Federal Act [Federal Law Gazette I No. 104/2020](#) enter into force on the day following the announcement.

(15) § 7 Paragraph 1a third sentence in the version of the Federal Act [BgBl. I No. 104/2020](#) comes into force on the day following the announcement and is also valid on all stops maintained at the time of entry into force in accordance with § 7 Paragraph 1a Apply. § 7 Paragraph 1a third sentence in the version of the Federal Act [BgBl. I No. 104/2020](#) expires on 31 December 2021. On 1 January 2022, § 7 Paragraph 1a as amended by Federal Law [Gazette I 103/2020](#) back in force.

(16) § 25a this Federal Act as amended by Federal Law [Gazette I No. 104/2020](#) enters into force at the time when the Federal Minister responsible for health care determines by decree that the technical requirements for enforcement are met and expires on 31 December 2021 (*Note. 1*).

(\_\_\_\_\_)

*Note. Fig. 1: The technical requirements for the enforcement of § 25a EpiG are available from 14 January 2021 (cf. § 13 of the COVID-19 Entry Ordinance, [Federal Law Gazette II No. 445/2020](#).)*

**§ 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 § 5a Paragraph 5 the first sentence of the Federal Ministers of Education, Science and Research in agreement with the Federal Minister responsible for health,
2. with regard to § 5a Paragraph 5 the second sentence of the Federal Ministers of Education, Science and Research,
3. with regard to § 7 Paragraph 1a – in so far as it concerns the judicial proceedings – and § 36 Paragraph 3 the Federal Minister of Justice,

4. with regard to § 28a the Federal Minister responsible for health care in agreement with the Federal Minister of the Interior and
5. incidentally, the Federal Minister responsible for health care entrusted.