

Federal law consolidated: Entire legislation for the Epidemic Act 1950, version of 23.10.2021

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](#) [P. 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](#) [P. 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](#) [P. 75.](#) BR: [6398](#) [AB 6424](#) [S. 679.](#))

[FEDERAL LAW GAZETTE I No. 65/2002](#) (NO: GP XXI [RV 772](#) [AB 885](#) [P. 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](#) [P. 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](#) [P. 138.](#) BR: [AB 9639](#) [S. 856.](#))

[Federal Law Gazette I No. 37/2018](#) (NO: GP XXVI [RV 108](#) [AB 139](#) [P. 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 [AB 337](#) [P. 47.](#) BR: [10368](#))

[Federal Law Gazette I No. 104/2020](#) as amended [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 [AB 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*, snout, 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 or extend existing reporting obligations by ordinance.

Reimbursement of the complaint

§ 2. (1) Any illness, every death from a notifiable illness, in the cases of § 1 para. 1 no. 1 also any suspicion of such a disease, must 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 disease 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 shall be notified to the district administrative authority (health office).

(Note: Para. 3 repealed by [Federal Law Gazette I No. 63/2016](#))

Persons obliged to report.

§ 3. (1) The following are obliged to submit the notification:

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. the owner of the dwelling or the person entrusted with the custody of the dwelling in his place;
7. holders of hotels and restaurants and their officially authorised representatives in respect of the persons they host or staff;
8. the homeowner or the person entrusted with the handling of the house rules;
9. in the case of anthrax, psittacosis, glander, puerpal fever and rage disease (Lyssa) and bite injuries caused by angry or suspicious animals, tularemia, Bang's disease, trichinosis, leptospira disease and infections with influenza virus A/H5N1 or another avian influenza virus, including veterinarians, if they become aware of or suspected infection of a human being in the exercise of their profession;
10. der Totenbeschauer.

(2) The obligation to report is incumbent on the persons referred to under no. 2 to 8 only if there is no previously named obligated party in the above list under nos. 1 to 7.

Data transmission in the interest of health protection

§ 3a. (1) The district administrative authority is authorized to inform the mayor of 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 is resident in his municipal territory, if and to the extent that it is absolutely necessary to provide this 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 they are no longer required for the purposes mentioned in paragraph 1.

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

(5) § 30 (5) of the Data Protection Act, [Federal Law Gazette I No. 165/1999](#), as last amended by the Federal Act [Federal Law Gazette I No. 24/2018](#), is not applicable within the scope of this provision.

SARS-CoV-2 antigen tests for self-testing

§ 3b. If a positive test result is available for self-testing after a SARS-CoV-2 antigen test has been carried out, the person concerned must immediately inform the health authority, for example via the hotline 1450 or independently arrange for a follow-up test at an authorized body. A follow-up test should take place within 48 hours. Until the test result of the follow-up test is available, a self-monitored home quarantine must be started immediately; § 32 applies mutatis mutandis to the continued payment of remuneration and replacement.

Register of notifiable diseases

§ 4. (1) The Federal Minister responsible for health care shall operate an electronic register concerning the notifications pursuant to § 1 (1) and (2), § 2 (2), § 28c and the notifications pursuant to § 5 and 11 of the Tuberculosis Act, [Federal Law Gazette No. 127/1968](#). The Federal Minister responsible for health care is responsible. With regard to the processing of personal data under this Federal Act, there is no right of objection pursuant to Article 21 of Regulation (EU) 2016/679 on the protection of natural persons 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. OJ No L 119, 04.05.2016, p. 1.

(2) The notification 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 of the Tuberculosis Act) as well as to prevent the spread and control of notifiable diseases (§§ 6 to 26a of this Federal Act and §§ 7 to 14 and 23 of the Tuberculosis Act) and the fulfilment of the tasks of the Governors within the framework of their coordination function in accordance with § 43 (5) and 6.

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

(3a) ELGA GmbH is entitled, at the request of the Federal Minister responsible for health care, to transmit to him the data on COVID-19 vaccinations stored in the central vaccination register, including the bPK-GH. § 6 of the Health Telematics Act 2012 – GTeIG 2012, [Federal Law Gazette I No. 111/2012](#) applies to the transmission of this data. The requirement of the Federal Minister responsible for health care must contain:

1. the specification of which of the data (categories) referred to in § 24c Para. 2 no. 2 lit a to c GTeIG 2012 are to be transmitted,
2. whether and, if so, which target group-specific, age group-specific or geographical restriction of the data to be transmitted is to be carried out, and
3. the periodicity of the data transmission.

The Federal Minister responsible for health care is entitled to link the data transmitted to him by ELGA GmbH with the register and may this data be processed for the purpose of outbreak and crisis management, such as for the identification of vaccination breakthroughs, outbreak clusters or contact tracing. In accordance with the technical availability, the data subjects have the right to receive information (Art. 15 GDPR) electronically via the access portal (§ 23 GTeIG 2012) about the protocol data concerning them (para. 9). The right to information can also be asserted by the data subjects with regard to the log data concerning them at least monthly against the Federal Minister responsible for health care.

4. The register shall process the following categories of data:

1. Data for the identification of patients, suspects, bitten, deceased or retirees (name, gender, date of birth, place of residence, if available telephone number and e-mail address, 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) as well as the information and laboratory data referred to in § 24c para. 2 no. 2 GTelG 2012 if necessary for the purposes of para. 2 also negative test results for SARS-CoV-2,
4. Data on the environment of the patient, suspect, bitten, deceased or eliminated person, as far as they are related to the notifiable disease, as well as data for the identification of contact persons (name, telephone number, e-mail address, place of residence) and
5. Data on the precautionary measures taken.

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

(6) Any processing of the data stored in the register may only take place in the execution of this Federal Act, in the enforcement of the Tuberculosis Act and in the enforcement of the Zoonoses Act, [Federal Law Gazette I No. 128/2005](#). A transfer of personal data processed in accordance with the provisions of this Federal Act to third parties and further processing of personal data for other purposes is not permitted, unless expressly stated otherwise in this Federal Act.

(7) Within the scope of its competence, the district administrative authority may, within the scope of its competence, process all data of a person in the register in connection with a particular suspected, illness or death for the purposes of surveys on the occurrence and prevention and control of a notifiable disease in accordance with this Federal Act and the Tuberculosis Act. Within the scope of his coordination function in accordance with § 43 (5) and (6), the Governor may process all data of a person in the register in connection with a specific suspected, ill or death case on a personal basis. If an expert has been appointed by the Federal Minister responsible for veterinary affairs in accordance with § 3 (7) of the Zoonoses Act or by the Federal Minister responsible for health care in accordance with § 5 (4) of this Federal Act to clarify zoonoses outbreaks or outbreak clusters across federal states, he may personally process all data of persons in the register who may be in connection with this zoonoses outbreak or outbreak cluster, to the extent necessary to clarify this zoonoses outbreak or outbreak cluster. The Federal Minister responsible for health care may process the data of a person in the register in order to fulfil the obligations under Articles 15 and 16 of the General Data Protection Regulation.

(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 possible with proof of unique identity (§ 2 no. 2 E-GovG) and authenticity (§ 2 no. 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 procedures.

(11) The data in the register shall 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 ensure by means of organisational and technical precautions 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) Where the communication equipment enabling access to the register is removed from the scope of the authorities, it must be ensured that unauthorised access and use is excluded.

(15) Laboratories must comply with their reporting obligation (§ 1 in conjunction with § 3 sec. 1 no. 1a of this Federal Act and § 5 sec. 2 of the Tuberculosis Act) electronically by entering the report in the register. The Federal Minister responsible for health care must lay down details of these notifications by means of an ordinance. If this information is technically necessary to combat the COVID-19 pandemic, it may be specified that negative test results for SARS-CoV-2 must also be reported.

(16) The Austrian Agency for Health and Food Safety, as the national reference centre and reference laboratory for tuberculosis, must comply electronically with its reporting obligation under Paragraph 1 in conjunction with Paragraph 3(1)(1a) (laboratory findings) by entering the notification 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 sec. 1 no. 1 may also comply with their reporting obligation under § 1 electronically by entering the notification in the register. In doing so, the persons obliged to report must take the data security measures provided for in paragraphs 12 to 14.

(Note: paras. 18 to 24 repealed by Art. 1 no. 7, [Federal Law Gazette I No. 100/2021](#))

Statistics Register

§ 4a. (1) The data (§ 4 para. 3 and para. 3a 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](#), data already contained in the register (§ 4) must be transferred to the statistics register at this time.

(3) The data shall be transferred to the statistical register after the data for personal identification have been replaced by a unique personal identification number that is not traceably encrypted. Gender and year of birth are not subject to pseudonymisation.

(4) In accordance with Article 5(1)(e) of the General Data Protection Regulation, the data in the statistics register may be stored without restriction in accordance with Article 89(1) of the General Data Protection Regulation and, if necessary, otherwise processed.

(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 process the data in the register for the purposes referred to in paragraph 1.

(6) The Federal Minister responsible for health care shall equip the COVID-19-related data of the statistics register with the encrypted area-specific personal identification number Official Statistics (vbPK-AS). At its request, the Covid-19-related data of the Statistics Register, which are provided with the coded area-specific personal identification number Official Statistics (vbPK-AS), must be transmitted to the Federal Institute "Statistics Austria" (Bundesanstalt) within four weeks for the purpose of statistical processing and scientific research into the COVID-19 crisis situation. The Federal Minister responsible for health care is entitled to transmit the COVID-19-related data of the statistics register provided with the vbPK-AS to the Federal Institute for the purpose of compiling statistics in connection with epidemiological surveillance and monitoring the effectiveness of the measures taken to combat COVID-19 with a specific, more detailed mandate and the Federal Institute prepares from the data transmitted to it the Statistics (§ 4 in conjunction with § 23 Abs. 1 Z 1 of the Bundesstatistikgesetz 2000, [BGBl. I Nr. 163/1999](#)).

Certificates related to SARS-CoV-2

§ 4b. 1. The following certificates may be used to demonstrate the performance of a test for infection with SARS-CoV-2, a surviving infection with SARS-CoV-2 and a vaccine received against

COVID-19:

1. a test certificate (§ 4c) of a negative SARS-CoV-2 test result determined by NAAT or RAT test, or
2. a certificate of recovery (§ 4d) on the fact that the person has recovered from a SARS-CoV-2 infection detected by NAAT test or by means of a test method established in accordance with § 4d (4), or
3. a vaccination certificate (§ 4e) about a COVID-19 vaccination.

(2) For the purposes of para. 1 no. 1 and 2:

1. 'NAAT test' means a molecular nucleic acid amplification test, in particular reverse transcriptase polymerase chain reaction (RT-PCR), loop-mediated isothermal amplification (LAMP) and transcription-mediated amplification (TMA) methods used to detect the presence of SARS-CoV-2 ribonucleic acid (RNA);
2. 'RAT test' means a rapid antigen test, namely procedures based on the detection of viral proteins (antigens) using an immune test with sidestream immunoassay, which produce a result in less than 30 minutes; the Federal Minister responsible for health care must publish the current list of recognised test methods or products on the department's website;
3. 'antibody test' means a laboratory-based test carried out on blood samples (serum, plasma or whole blood) aimed at determining whether a person has developed antibodies to SARS-CoV-2, whether or not they had symptoms; The Federal Minister responsible for health care must publish the current list of recognised test methods or products on the department's website.

(3) For the purpose of issuing and providing certificates in accordance with paragraph 1, the Federal Minister responsible for health care, as the person responsible for data protection law (Art. 4 no. 7 GDPR), must set up and operate an electronic service ("EPI service"). He can use a processor for this purpose.

4. Certificates shall be issued in accordance with the technical availability of the EPI service and the data required for that purpose in the form of a QR code which:

1. contains the necessary data in accordance with §§ 4c (1), 4d (1) or 4e (1),
2. is interoperable with any substantive and technical requirements defined at European level, and
3. enables verification of the authenticity, validity and integrity of the certificate.

(5) The certificates must be provided by means of a QR code and in PDF format, whereby the PDF format must contain all data of the QR code in human-readable form in addition to the QR code. The field names of the data and any additional information must be provided in German and English. The Federal Minister responsible for health care can make changes to field designations by ordinance and specify more detailed requirements to ensure accessibility.

6. Certificates shall be issued and made available free of charge to the person concerned or to his or her representative. This also applies to the provision of printed certificates by authorized bodies.

(7) The Federal Minister responsible for health has:

1. to enable the governors responsible under data protection law (Art. 4 no. 7 GDPR) to retrieve certificates or references to certificates from the EPI service for the purpose of electronic transfer to the data subjects, whereby retrievals may only be made by means of an area-specific personal identifier health (bPK-GH) and via a secure network. Any processing of data beyond what is strictly necessary for the electronic transfer of certificates or references to data subjects is prohibited.
2. Provide a portal federation application that allows it
 - a) Municipalities, district administrative authorities and the ELGA Ombudsman's Office as responsible for data protection (Art. 4 no. 7 GDPR) enables a requesting person to obtain certificates (para. 1) and
 - b) enables the customer service offices of the Austrian Health Insurance Fund, as data protection controllers (Art. 4 no. 7 GDPR), to provide a requesting person with the vaccination certificate (para. 1 no. 3)

in printed form. Certificates may be issued in printed form and, on request, also to the representative of the data subject. Any processing of data beyond what is strictly necessary for the printing of certificates is unacceptable.

3. to provide citizens with the opportunity to inspect, print and download certificates by means of the access portal (§ 23 GTelG 2012); The authentication of citizens must be carried out in accordance with § 3 E-GovG.

4. to provide general practitioners with an application that enables them, as data protection officers (Art. 4 no. 7 GDPR), to document tests in accordance with para. 2 no. 1 and 2 as well as to print certificates in accordance with para. 1. The authentication of doctors must be carried out in accordance with § 3 E-GovG in conjunction with the eHealth directory service (§ 9 GTelG 2012).

(8) An erroneous certificate of recovery or vaccination must be revoked by the Federal Minister responsible for health care before the expiry of its period of validity on the basis of information provided to the person concerning him. The Federal Minister responsible for health care must appoint a body to receive information on incorrect certificates. The notified body shall determine the nature of the error, ensure that the error is rectified and, where appropriate, arrange for the certificate to be reissued and made available to the data subject within five working days. Revoked certificates must be deleted immediately in the EPI service.

(9) The processing of data in accordance with paragraph 1 by the Federal Minister responsible for health care is permitted except for the purposes specified in §§ 4b to 4f, exclusively for troubleshooting and troubleshooting as well as for statistical evaluations.

(10) The funds required for the implementation of §§ 4b to 4e are to be replaced by the aforementioned legal entities from the COVID-19 Crisis Management Fund.

Certificate

§ 4c. 1. The test certificate shall contain the following data:

1. surname(s) and first name(s) of the tested person, in that order,
2. date of birth of the tested person,
3. target disease or pathogen for which the person has been tested, exclusively for "COVID-19" (also includes "SARS-CoV-2" or its variants),
4. type of test,
5. Name of the test (optional for NAAT tests),
6. name of the manufacturer of the test (optional for NAAT tests),
7. the date and time of sampling,
8. Test result
9. name of the test centre or facility (optional for RAT tests),
10. the name of the country in which the test was carried out,
11. name of the issuer of the test certificate,
12. Unique identifier of the test certificate.

(2) The data referred to in para. 1 no. 1 to 9 as well as – if available – the social security number of the tested person are to be transmitted electronically in a standardized form to the Federal Minister responsible for health care by the institutions that evaluate SARS-CoV-2 tests within the meaning of § 4b (2), in particular test sites and laboratories, in compliance with § 6 GTelG 2012. The data security measures provided for in § 4 (12) to (14) must be taken. The Federal Minister responsible for health care determines the area-specific personal identifier health (bPK-GH) from the transmitted data by querying the patient index (§ 4 in conjunction with § 18 GTelG 2012) or – in the event of the absence of the social security number – by means of the master number register authority and prepares the test certificate. The test certificate in the formats defined in accordance with § 4b (5) as well as the bPK-GH must be stored in the EPI service. Test sites may print out the test certificate for the person tested; for this purpose, the test certificate may be sent to them by the Federal Minister responsible for health care. The test centres are entitled to process the test certificate for this purpose in personal form.

(3) Within the scope of application of § 4c, the Federal Minister responsible for health care and the transmitting institutions are jointly responsible within the meaning of Art. 4 no. 7 in

conjunction with Art. 26 GDPR:

1. The Federal Minister responsible for health care is responsible for the establishment and operation of the EPI service (§ 4b para. 3) and for the issuance and provision of the test certificates in accordance with § 4b para. 1 no. 1. He is responsible for the following obligations resulting from the GDPR:
 - a) Making requests pursuant to Article 15 GDPR, insofar as they concern the EPI service;
 - b) Ensuring data security with regard to the EPI service;
 - c) Exercise of the reporting obligation pursuant to Art. 33 GDPR as well as notification of data subjects pursuant to Art. 34 GDPR, if the personal data breach has occurred in the EPI service;
 - d) Provision of the essential content of the division of duties in an appropriate manner.
2. The facilities that evaluate SARS-CoV-2 tests within the meaning of § 4b (2) are responsible for determining and transmitting the test results. You are responsible for the following obligations resulting from the GDPR:
 - a) Information of the data subjects in accordance with Art. 13 GDPR in an appropriate manner;
 - b) Wahrnehmung von Anträgen auf Auskunft (Art. 15 DSGVO), Berichtigung (Art. 16 DSGVO), Löschung (Art. 17 DSGVO) und Einschränkung der Verarbeitung (Art. 18 DSGVO) hinsichtlich jener Daten, die von der jeweiligen Einrichtung verarbeitet werden;
 - c) unverzügliche Benachrichtigung des für das Gesundheitswesen zuständigen Bundesministers über jede erfolgte Berichtigung oder Löschung oder Einschränkung der Verarbeitung (Art. 19 DSGVO) hinsichtlich jener Daten, die von der jeweiligen Einrichtung verarbeitet werden;
 - d) Sicherstellung der Datensicherheit hinsichtlich der Ermittlung und Übermittlung der Daten, die die jeweilige Einrichtung verarbeitet;
 - e) Wahrnehmung der Meldepflicht gemäß Art. 33 DSGVO sowie Benachrichtigung der betroffenen Personen gemäß Art. 34 DSGVO, sofern die Verletzung des Schutzes personenbezogener Daten bei der Ermittlung oder Übermittlung der Daten aufgetreten ist.
3. Sowohl dem für das Gesundheitswesen zuständigen Bundesminister als auch den Einrichtungen, die SARS-CoV-2-Tests im Sinne des § 4b Abs. 2 auswerten, obliegen folgende aus der DSGVO resultierende Pflichten:
 - a) Referral to the competent controller if a data subject exercises a right under the GDPR against a controller with no responsibility, proving his or her identity, whereby the data subject must be instructed accordingly;
 - b) Informing the data subjects in accordance with Article 12 (4) GDPR if no action is taken on the basis of their requests;
 - c) Preparation of a register of processing activities in accordance with Article 30 (1) GDPR and
 - d) Cooperation with the supervisory authority in accordance with Art. 31 GDPR.
- (4) The Federal Minister responsible for health care may, on the basis of new scientific findings or specifications at European level, determine or change the validity period of test certificates in accordance with paragraph 1 and their calculation method by ordinance.
- (5) All data in the EPI service shall be deleted one week from the date of sampling.

Certificate of Recovery

§ 4d. 1. The certificate of recovery shall contain the following data:

1. surname(s) and first name(s) of the tested person, in that order,
2. date of birth of the tested person,
3. disease or pathogen from which the person has recovered, exclusively denominated in "COVID-19" (also includes "SARS-CoV-2" or its variants),
4. date of the first positive NAAT test result,

5. the name of the country in which the test was carried out,
6. the name of the issuer of the certificate of recovery,
7. the date of validity of the certificate of recovery,
8. end of validity of the certificate of recovery,
9. unique identifier of the certificate of recovery.

(2) The Federal Minister responsible for health care shall determine the data in accordance with para. 1 no. 1 to 4 as well as the social security number from the register in accordance with § 4 and the sector-specific personal identifier health (bPK-GH) by querying the patient index (§ 4 in conjunction with § 18 GTelG 2012) or – in the absence of social security – by means of the master number register authority. In the event that antibody tests are defined as the basis for the issuance of recovery certificates (para. 4), ELGA GmbH must determine the data required for the issuance of recovery certificates in accordance with para. 1 no. 1 to 3 and 5 as well as the bPK-GH from the central vaccination register (§ 24c GTelG 2012) and inform the Federal Minister responsible for health care in compliance with § 6 GTelG 2012 as well as the technical-organizational requirements (interface definition) convey. Certificates of recovery must be issued by the Federal Minister responsible for health care at the request of those affected.

3. The certificate of recovery may be issued no earlier than the eleventh day from the date of the first positive NAAT test result, its period of validity shall not exceed 180 days from the date of the first positive NAAT test result.

(4) By ordinance, the Federal Minister responsible for health care may, on the basis of new scientific findings or related provisions at European level, determine:

1. deviating issuance periods or validity periods,
2. that, if necessary, from what point in time and under what conditions, further test methods, in particular antibody tests, may be used as a basis for the issuance of recovery certificates.

(5) The certificate of recovery in the formats defined in accordance with § 4b (5) as well as the bPK-GH are to be stored in the EPI service.

(6) All data in the EPI service must be deleted one week after the end of validity of the certificate of recovery.

Vaccination certificate

§ 4e. 1. The vaccination certificate shall contain the following data:

1. surname(s) and first name(s) of the vaccinated person in that order,
2. date of birth of the vaccinated person,
3. disease or pathogen against which the person is vaccinated, exclusively denominating in "COVID-19" (also includes "SARS-CoV-2" or its variants),
4. vaccine/prophylaxis (generic description of the vaccine or its components),
5. vaccine medicinal products (name of the vaccine as authorised),
6. marketing authorisation holder or manufacturer of the vaccine,
7. the number of the vaccine dose and the total number of vaccine doses in a series of vaccines,
8. date of the last vaccination of the vaccination series,
9. the name of the state in which the vaccination was carried out,
10. the name of the issuer of the vaccination certificate,
11. unique identification of the vaccination certificate.

(1a) The Federal Minister responsible for health care is entitled to transmit the data in accordance with § 4d para. 1 no. 3 and 4 as well as the area-specific personal identification number health (bPK-GH) of the sick persons from the register in accordance with § 4 of ELGA GmbH. ELGA GmbH must change the total number of vaccine doses of a vaccination series in accordance with paragraph 1 no. 7 according to the recovery status before transmission to the EPI service in accordance with paragraph 2. For this purpose, you may process the data in accordance with § 4d Abs. 1 Z 3 and 4. Further processing beyond the purposes of paragraph 1a

is not permitted. By ordinance, the Federal Minister responsible for health care can determine, on the basis of new scientific findings or related determinations at European level, whether and within what periods between the date of the disease and the vaccination a change in the data in accordance with para. 1 no. 7 is necessary.

(2) ELGA GmbH must determine the data required for the issuance of vaccination certificates in accordance with para. 1 no. 1 to 8, the batch number of the administered vaccine and the bPK-GH from the central vaccination register (§ 24c GTelG 2012) and transmit them to the Federal Minister responsible for health care in compliance with § 6 GTelG 2012 and the technical-organizational requirements (interface definition).

(3) By ordinance, the Federal Minister responsible for health care may, on the basis of new scientific findings or related provisions at European level, determine a different date of issue or the period of validity and its calculation method for vaccination certificates.

(4) The vaccination certificate in the formats defined in accordance with § 4b (5) as well as the bPK-GH are stored in the EPI service. Vaccination centres may print out the vaccination certificate to a vaccinated person, for which the vaccination certificate may be sent to them by the Federal Minister responsible for health care. For this purpose, the vaccination centres are entitled to process the vaccination certificate in personal form.

(5) The Federal Minister responsible for health care must submit the vaccination certificate in PDF format together with bPK-GH to ELGA GmbH for storage in the central vaccination register. ELGA GmbH must store the vaccination certificate in the central vaccination register and make a printed version of the vaccination certificate (PDF format) available to those persons for whom the vaccination series has been completed by the end of 30 June 2021. ELGA GmbH has a limited specific access authorization for the storage of the vaccination certificate in the central vaccination register as well as for the printing and dispatch of vaccination certificates within the meaning of § 24f Abs. 4 GTelG 2012.

(6) Citizens can also access the vaccination certificate by means of § 24e Abs. 1 Z 1 GTelG 2012. Pharmacies in accordance with § 1 of the Pharmacy Act, [RdBl. No. 5/1907](#), may print out the vaccination certificates made available in the central vaccination register for citizens and have a specific access authorization within the meaning of § 24f abs. 4 GTelG 2012.

7. All data in the EPI service shall be deleted one year after the notification of the vaccination certificate to the central vaccination registry.

Processing of the evidence by reviewers

§ 4f. (1) Reviewers (§ 1 para. 5d no. 1 to 3 of the COVID-19 Measures Act – COVID-19-MG, [Federal Law Gazette I No. 12/2020](#)) may process certificates in accordance with § 4b (1) for the purpose of their verification. The authentication of the reviewers must be omitted.

(2) The identification of a person by reviewers must be carried out on the basis of an official photo ID or an electronic model method, which in any case must contain the cryptographically secured image from an official photo ID of the person.

(3) The verification of certificates by reviewers may only take place on the end device of the reviewer ("offline") and must include the signature verification, from which the syntactic and content-related correctness as well as the temporal validity must emerge.

(4) Electronic applications for the verification of certificates in accordance with §§ 4c to 4e must – except for their use when crossing the border – present the provided certificate data for reviewers in a restricted manner, namely with last name(s), first name(s) and the date of birth of the person for whom the certificate was issued, as well as text- and color-coded either with

1. "valid" (highlighted in green) if a valid test, recovery or vaccination certificate is available, or
2. "invalid" (highlighted in red) if no valid or verifiable certificate is available.

(5) Electronic applications for the verification of certificates may provide the following additional information about the cause of the return value "invalid" (highlighted in red) of the reviewer:

1. "Validity period expired",
2. "QR code incorrect",
3. "Signature verification failed".

(6) If an electronic application for the verification of certificates does not use the open source verification mechanism unchanged, the amended source code shall be disclosed to the Federal Minister responsible for health care. Any defects found must be remedied immediately. The Federal Minister responsible for health care shall publish access to the open source code for the verification of certificates in an appropriate manner.

7. Any processing of data by reviewers beyond what is strictly necessary for the verification of certificates shall be prohibited.

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, such as in particular attending physicians, laboratories, employers, family members and staff of community institutions who could contribute to the surveys, shall be 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 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 persons particularly affected by the pandemic or to ensure the functioning of the health system, 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 as a result of their work;

carry out. For this purpose, appropriate test methods are used for the detection of 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 as the

person responsible for data protection (Art. 4 no. 7 GDPR) can carry out corresponding screening programs within the respective federal state with the consent of the Federal Minister.

2. The screening programmes may process the following categories of data:

1. data to identify the person participating in a screening program (first and last name, gender, date of birth; social security number, if available),
2. Contact details (residence, telephone number, e-mail address),
3. data for epidemiological evaluation depending on the objective of the programme in accordance with § 5a (region of residence, type of occupation, place of professional exercise),
4. a sample material identifier (sample ID), which enables a unique assignment,
5. type of test,
6. the name of the test,
7. test manufacturer,
8. test centre or facility,
9. date and time of sampling and preparation of the test result,
10. Test result
11. Period of validity
12. Barcode or QR code.

(3) Screening programmes in accordance with paragraph 1 shall be carried out with the greatest possible protection of the privacy of the data subject. Participation is voluntary and free of charge.

(4) The content design as well as the specifications for the organizational handling 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 may be carried out in accordance with paragraph 1 by the Federal Minister of Education, Science and Research in agreement with the Federal Minister responsible for health care. 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.

(6) For the purpose of contacting and informing certain groups of persons in connection with screening programmes and to ensure the efficient implementation of screening programmes, in particular by drawing up test directories, the competent authorities are entitled to submit a link request in accordance with § 16a (3) of the Reporting Act 1991 (MeldeG), [Federal Law Gazette No. 9/1992](#), in order to process data of persons participating in or invited to the screening programme to the extent strictly necessary.

(7) Screening programs pursuant to paragraph 1 may also be carried out for the purpose of obtaining a test result in order to meet the requirements or requirements prescribed by this Federal Act or the COVID-19-MG.

8. The person carrying out the screening programme shall provide the person concerned with proof of the result of the test. This proof shall be made available to the data subject either in printed or electronic form, if possible without delay. If this proof is not provided in the form of a test certificate (§ 4c), the Federal Minister responsible for the health care system can lay down more detailed provisions on form and content by ordinance. In any event, the data to be included in the evidence must be specified in this Ordinance on the basis of the data categories referred to in Paragraph 5b(3). The data must be deleted by the person carrying out the screening programme immediately after the evidence has been provided to the data subject. Statutory storage and documentation obligations remain unaffected. The processing of the data for purposes other than the creation and provision of the test certificate or the test proof is not permitted.

Register of screening programmes

§ 5b. (1) The Federal Minister responsible for health care must operate an electronic register as the controller (Art. 4 no. 7 GDPR) for the purpose of carrying out screening programs in

accordance with § 5a and for the purpose of data transmission of confirmed infections with SARS-CoV-2 to the register of notifiable diseases.

(2) Bei der Durchführung von Screeningprogrammen nach § 5a ist dafür Sorge zu tragen, dass die daraus gewonnenen Daten im Register für Screeningprogramme verarbeitet werden.

(3) Im Register werden folgende Datenkategorien verarbeitet:

1. Daten zur Identifikation der an einem Screeningprogramm teilnehmenden Personen (Name, Geschlecht, Geburtsdatum, bereichsspezifisches Personenkennzeichen (§ 9 E-GovG, [BGBl. I Nr. 10/2004](#)), Sozialversicherungsnummer),
2. Kontaktdaten (Wohnsitz, Telefonnummer, E-Mail-Adresse),
3. Daten zur epidemiologischen Auswertung je nach Ziel des Programms nach § 5a (Region des Aufenthalts, Art der Berufsausübung, Ort der Berufsausübung),
4. eine Probenmaterialkennung (Proben ID), die eine eindeutige Zuordnung ermöglicht,
5. Testergebnis,
6. Zeitpunkt der Probenabnahme,
7. Zeitpunkt des Testergebnisses,
8. Art des Tests,
9. Barcode oder QR-Code.

(4) Bei der Datenverarbeitung gemäß Abs. 1 ist zur Identifikation die Verwendung des Namens und des bereichsspezifischen Personenkennzeichens GH und AS (§ 10 Abs. 2 E-Government-Gesetz) zulässig. Das bereichsspezifische Personenkennzeichen AS darf nur in verschlüsselter Form verwendet und gespeichert werden. Der direkte Personenbezug (Name und Kontaktdaten) ist vom Verantwortlichen unverzüglich unumkehrbar zu löschen, sobald das Testergebnis vorliegt und im Fall einer bestätigten Infektion mit SARS-CoV-2 die Datenübertragung in das Register anzeigepflichtiger Krankheiten erfolgt ist.

(5) Die im Register verarbeiteten Daten dürfen ausschließlich zu den in Abs. 1 genannten Zwecken verarbeitet werden. Die Datenarten Namen und Kontaktdaten dürfen im Register ausschließlich zur Gewinnung von Probenmaterial, zur Information der betroffenen Person über das Testergebnis und im Fall einer bestätigten Infektion mit SARS-CoV-2 zur Datenübertragung in das Register anzeigepflichtiger Krankheiten verarbeitet werden.

(6) Die bereichsspezifischen Personenkennzeichen sind zu löschen, sobald sie für die Zwecke nach Abs. 1 nicht mehr erforderlich sind.

(7) § 4 Abs. 9, 10 und 12 bis 14 gilt sinngemäß.

Erhebung von Kontaktdaten

§ 5c. (1) Zum Zweck der Ermittlung von Kontaktpersonen bei Umgebungsuntersuchungen kann, soweit und solange dies aufgrund der COVID-19-Pandemie unbedingt erforderlich und verhältnismäßig ist, längstens jedoch bis 30. Juni 2022, durch Verordnung bestimmt werden, dass

1. Betreiber von Gastronomiebetrieben,
2. Betreiber von Beherbergungsbetrieben,
3. Betreiber von nicht öffentlichen Freizeiteinrichtungen,
4. Betreiber von Kultureinrichtungen,
5. Betreiber von nicht öffentlichen Sportstätten,
6. Betreiber von Krankenanstalten und Kuranstalten,
7. Betreiber von Alten-, Pflege- und Behindertenheimen und
8. Organisatoren von Zusammenkünften (§ 5 COVID-19-MG)

verpflichtet sind, die in Abs. 3 festgelegten personenbezogenen Daten von Personen, die sich länger als 15 Minuten am betreffenden Ort aufgehalten haben, zu erheben und der Bezirksverwaltungsbehörde auf Verlangen zu übermitteln. Betroffene Personen sind zur Bekanntgabe dieser personenbezogenen Daten verpflichtet.

(2) Von Abs. 1 Z 8 jedenfalls nicht erfasst sind

1. Zusammenkünfte im privaten Wohnbereich,
2. Versammlungen nach dem Versammlungsgesetz, [BGBl. Nr. 98/1953](#),
3. Zusammenkünfte von Organen politischer Parteien und
4. Zusammenkünfte zur Religionsausübung.

(3) Verordnungen gemäß Abs. 1 können die Erhebung folgender Daten vorsehen:

1. Name,
2. Kontaktdaten, insbesondere, soweit vorhanden, Telefonnummer und E-Mail-Adresse,
3. Datum, Ort und Uhrzeit von Beginn und Ende des Aufenthalts und
4. soweit geboten, nähere Angaben zum konkreten Aufenthaltsort im Betrieb, in der Einrichtung oder am Veranstaltungsort.

(4) In Verordnungen gemäß Abs. 1 ist vorzusehen:

1. Die Daten sind für die Dauer von 28 Tagen aufzubewahren.
2. Eine Verarbeitung der Daten zu anderen Zwecken ist nicht zulässig.
3. Nach Ablauf der Aufbewahrungsfrist sind die Daten unverzüglich zu löschen.

Die gemäß Abs. 1 zur Aufbewahrung Verpflichteten haben insbesondere sicherzustellen, dass die erhobenen Daten nicht durch Dritte einsehbar sind.

II. MAIN PIECE.

precautions to prevent and control notifiable diseases.

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

§ 6. (1) For each case of a notifiable disease as well as for each suspected case of such a disease, in addition to any surveys required under § 5, the precautions necessary to prevent the further spread of the disease in question within the meaning of the following provisions must be taken without delay for the duration of the risk of infection.

(2) Ordinances of the district administrative authorities are to be published in electronic form on the website of the authority, provided that there are land 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) A regulation shall designate 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 spread of a notifiable disease referred to in a regulation referred to in paragraph 1, sick, suspected of illness or suspected of infection may be isolated or restricted in contact with the outside world, provided that, according to the nature of the disease 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.

(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 appears necessary with regard to 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.

(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 approval and with close observation of the precautionary measures to be ordered by the authority in this regard.

(5) This authorisation shall only be granted 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 in the light of the facts.

Legal protection in the event of segregation

§ 7a. (1) Persons who are or have been segregated in accordance with § 7 or against whom segregation has been ordered have the right to appeal to the Regional Administrative Court with the assertion that their rights have been violated.

(2) An idea is not permitted against the order of segregation by means of a mandate notice (§ 57 para. 1 AVG).

(3) For complaints pursuant to paragraph 1, the provisions of the VwGVG applicable to complaints pursuant to Article 130(1)(2) of the B-VG shall apply, provided that the authority concerned is the authority which issued the contested decision or to which the separation is attributable. The Regional Administrative Court of the country in which the prosecuted authority has its registered office has territorial jurisdiction. The Regional Administrative Court must inform the prosecuted authority immediately of the receipt of the complaint.

(4) The decision of the Landesverwaltungsgericht (Regional Administrative Court) on the legality of the separation must be issued within one week, unless the separation had ended beforehand. If the Regional Administrative Court has instructed the complainant pursuant to § 13 (3) AVG to remedy a defect in the complaint within a certain period of time, the time until the defect is remedied or until the fruitless expiry of the period shall not be included in the decision period.

(5) If the separation is still ongoing, the Landesverwaltungsgericht must in any event determine whether, at the time of its decision, the conditions relevant for the continuation of the separation are met.

(6) If a segregation is to last longer than 14 days, it must be reported immediately to the Landesverwaltungsgericht by the district administrative authority that ordered it. The Regional Administrative Court must decide on the necessity of segregation at intervals of no more than four weeks from the separation or the last review. The district administrative authority which ordered the separation must submit the administrative files in sufficient time to leave the Landesverwaltungsgericht one week before the present dates for a decision and must explain why it is necessary to maintain the separation. Upon submission of the administrative files, the complaint shall be deemed to have been lodged for the separate person. In any event, the Landesverwaltungsgericht must determine whether, at the time of its decision, the conditions relevant to the separation are met and whether the maintenance of the separation is proportionate. This review must be omitted if a complaint under paragraph 1 has already been filed.

Disinfection.

§ 8. (1) Objects and rooms which are presumed to be afflicted with germs 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 may not be removed from disinfection or destruction and may not be removed from the home before these measures are carried out.

(3) The person obliged to report the case in question in accordance with § 3 shall report the disinfection in the manner prescribed in accordance with § 2.

4. Disinfection shall be carried out under expert guidance as required.

5. Detailed rules on the discharge and method of carrying out disinfection and destruction of articles shall be adopted by Regulation.

Exclusion of individuals from educational institutions.

§ 9. (1) Residents of villages or houses in which a notifiable illness has occurred may be excluded from visits to educational establishments, 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 shall be responsible for observing this prohibition.

Restriction of water use and other precautions.

§ 10. (1) In localities in which 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 imposed, insofar as this appears necessary to prevent the spread of the disease.

(2) In the same way, in the event of abdominal typhoid, paratyphoid, dysentery, typhus, 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 para. 2.*)

3. However, the prohibitions referred to in the previous paragraph shall 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 para. 2.*)

Closure of apartments, prohibition of funeral ceremonies.

§ 12. (1) In the event of the occurrence of scarlet fever, diphtheria, typhus, blatters, Asian cholera or plague, no contagion-suspected rooms of uncalled persons may be entered before disinfection is carried out, funeral feasts and other funeral ceremonies may not be held in the same house.

(2) A 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 shall be transferred to a morgue with the greatest possible acceleration.

(2) In the event of the occurrence of scarlet fever, diphtheria, anthrax or glander, 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 to a morgue, the corpse 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) Detailed rules on the burial, transfer and burial of corpses with notifiable diseases and on the establishment of morgues shall be adopted 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 No. 5 lit. e.*)

Measures against the confluence of large crowds.

§ 15. 1. If and as long as this is strictly necessary in view of the nature and extent of the occurrence of a notifiable disease to protect against its spread, events involving a confluence of

larger crowds shall:

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 points 1 to 3 must be taken side by side. If the measures mentioned in nos 1 to 3 are not sufficient, events must be prohibited.

2. Depending on epidemiological requirements, the conditions or obligations referred to in paragraph 1 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. evidence of only a low epidemiological risk to the participant, and
6. 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) Requirements or requirements within the meaning of paragraph 1 may not include the use of contact tracing technologies. This does not apply to the collection of contact data in accordance with § 5c.

(4) Restrictions on groups of persons or professions pursuant to para. 1 no. 3 may not be based on gender, disability, ethnicity, age, religion, belief, sexual orientation or on the existence of any assignment to a risk group of a notifiable disease.

(5) The district administrative authority may 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 a regulation is issued or amended on the basis of paragraph 1 and 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. 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 Abs. 3 AVG remains unaffected.

(7) If a regulation is issued or amended on the basis of paragraph 1 and this has the consequence that any authorisation could be granted in a manner more favourable to the organiser, the authority may not reject a new application for authorisation on the basis of a decided case.

(Note: Para. 8 repealed by § 50 Para. 21 as amended by [Federal Law Gazette I No. 90/2021](#))

(Note: Para. 9 repealed by Art. 1 no. 7, [Federal Law Gazette I No. 90/2021](#))

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

(3) Particular 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, in individual cases, order the implementation of protective vaccinations or the administration of prophylactics for certain persons at risk.

(5) § 7a shall apply mutatis mutandis to segregation in accordance with paragraph 1.

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 peddling and migrant activities may be prohibited in the event of the occurrence of a notifiable illness in the territory of one or more localities or municipalities.

(2) This prohibition and its repeal shall also be promulgated 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: Would also constitute an urgent and serious threat to the employees themselves and to the public in general by the spread of the disease. ([Federal Law Gazette No. 449/1925, Article III para. 2, and Federal Law Gazette No. 151/1947, Article II No. 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 fixed 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 shall not be ordered until extraordinary dangers make it seem necessary.

(4) The extent to which the precautions referred to in paragraphs 1 to 3 can also be taken in the event of the occurrence of another notifiable disease shall be determined by ordinance.

Designation of houses and apartments.

§ 21. (1) In the event of the occurrence of abdominal typhoid, paratyphoid, typhoid, leaf, Asian cholera or plague, houses, in the case of scarlet fever, diphtheria, epidemic neck rigidity, apartments in which sick persons are located, may 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 shall order the evacuation of dwellings and buildings if this measure is absolutely necessary to protect against its further spread according to the nature of the occurrence of a notifiable disease.

(2) The residents concerned shall be provided with adequate accommodation and food for 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, leaf, 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.

Traffic restrictions in relation to epidemic areas

§ 24. 1. Where strictly necessary in view of the nature and extent of the occurrence of a notifiable disease in order to protect against its spread, traffic restrictions shall be imposed on persons staying in epidemic areas. Restrictions on entering epidemic areas may also be imposed.

(2) Traffic restrictions for persons staying in epidemic areas in accordance with paragraph 1 are in particular:

1. Requirements and conditions for leaving the epidemic area, such as
 - a) the existence of certain purposes for leaving the epidemic area,
 - b) the requirement to provide evidence of a low epidemiological risk, and
 - c) the start of a self-monitored home quarantine after leaving the epidemic area,
2. the prohibition of leaving the epidemic area if measures under Z 1 are not sufficient, whereby such measures must be taken side by side if necessary.

(3) Restrictions on entering epidemic areas in accordance with paragraph 1 are in particular:

1. Requirements and requirements for entering the epidemic area, such as
 - a) the existence of certain purposes for entering the epidemic area,
 - b) the requirement to provide evidence of a low epidemiological risk, and
 - c) to prevent the spread of COVID-19: the obligation to wear a mechanical protective device covering the mouth and nose area,
2. the prohibition of entering the epidemic area if measures under Z 1 are not sufficient, whereby such measures must be taken side by side if necessary.

(4) In connection with measures to prevent the spread of COVID-19, § 1 para. 5 no. 5 and para. 5a to 5d COVID-19-MG apply mutatis mutandis to the requirement of a low epidemiological risk.

(5) In connection with measures to prevent the spread of COVID-19, epidemic areas referred to in paragraph 1 are certain locally demarcated or definable parts of the Federal territory in which there are exceptional regional circumstances with regard to the spread of SARS-CoV-2. Exceptional regional circumstances exist, for example, if a particularly high risk of the spread of SARS-CoV-2 can be assumed in a nationwide comparison based on the assessment of the epidemiological situation pursuant to § 1 (7) COVID-19-MG or if the control measures already taken or the further control strategy are significantly endangered due to significantly changed properties of the virus.

Traffic restrictions vis-à-vis foreign countries

§ 25. (1) Insofar as this is absolutely necessary with regard to the nature and extent of the occurrence of a notifiable disease to protect against its further spread, traffic restrictions shall be ordered for the entry or transport of persons into the Federal territory or for the import and transit of goods.

(2) Entry shall be deemed to be entering the Federal territory.

(3) Traffic restrictions for the entry or carriage of persons into the Federal territory in accordance with paragraph 1 are in particular:

1. Requirements and conditions for the entry or transport of people to the Federal territory such as
 - a) the existence of certain purposes for the entry or transport of people into the Federal territory,
 - b) the requirement to provide evidence of only a low epidemiological risk,
 - c) the commencement of a self-monitored home quarantine after entry into the Federal territory and
 - d) the collection of names, contact details and dates of entry or transport under the analogous application of § 5c (4),
2. the prohibition of entry into the Federal territory as well as landing, mooring or stopping bans, if measures according to no. 1 are not sufficient, whereby such measures must be taken side by side if necessary.

(4) Traffic restrictions for the import and transit of goods in accordance with paragraph 1 are in particular:

1. Conditions and conditions for the import and transit of goods, such as:
 - a) disinfection,
 - b) physical checks, and
 - c) the restriction of the import and transit of goods to certain purposes,
2. the prohibition of the import and transit of goods if measures under no. 1 are not sufficient, whereby such measures must be taken side by side if necessary.

(5) In connection with measures to prevent the spread of COVID-19, § 1 para. 5 no. 5 and para. 5a to 5d COVID-19-MG apply mutatis mutandis to the requirement of proof of only a low epidemiological risk.

§ 25a. (1) An order pursuant to § 25 may stipulate that persons who enter from states or territories with the occurrence of COVID-19 or who have been resident there within a certain period of time before entry and this is required by the epidemiological situation are obliged to disclose the data referred to in paragraph 2 to the district administrative authority locally responsible for residence or residence as a health authority.

(2) Data referred to in paragraph 1 are:

1. first and last name,
2. Date of birth
3. residential and residence address, if applicable,
4. date of entry,
5. any date of departure,
6. The State or territory of departure,
7. stay during the last ten days before entry,
8. Place of self-monitored home quarantine (address),
9. Contact details (telephone number, e-mail address),
10. Existence of a medical certificate or one of the certificates referred to in § 4b.

(3) The data referred to in paragraph 2 must be disclosed in accordance with paragraph 1 by means of an electronic form for www.oesterreich.gv.at. A corresponding confirmation of dispatch must be carried upon entry and presented at a check on request.

4. For reasons arising from the particular situation of the data subject, the obligation laid down in paragraph 1 may also be fulfilled by manually completing a form at border control. The district administrative authority locally responsible for the border crossing point must immediately transmit the completed form to the district administrative authority responsible for the place of residence or residence, in compliance with appropriate data security measures in accordance with Article 32 GDPR. In the case of electronic transmission, the original form must be destroyed according to the same.

(5) The district administrative authority with local responsibility for the place of residence or residence is entitled to store the personal data transmitted to it in accordance with paragraphs 3 and 4 for a period of 28 days from the date of entry in accordance with paragraph 2 no. 4. The data is used exclusively to inform the district administrative authority in order to obtain knowledge of the persons residing in their territory in order to be able to verify the measures provided for in an ordinance pursuant to § 25, as well as the purpose of contact person tracking (§ 5) in connection with SARSCoV-2. After this period, the district administrative authority must delete the data.

(6) Responsible under data protection law in accordance with Art. 4 no. 7 GDPR is the respective responsible district administrative authority as the health authority. Bundesrechenzentrum GmbH is a processor in accordance with Art. 4 no. 8 GDPR with regard to the transmission of the data disclosed in accordance with paragraph 3. The obligations according to § 28 (3) GDPR must be complied with. The data provided must be deleted by Bundesrechenzentrum GmbH immediately after transmission to the responsible district administrative authority. Appropriate data security measures in accordance with § 32 GDPR must be provided.

(7) Articles 13 and 14, Article 18 and Article 21 GDPR shall not apply in accordance with Article 23 (1) (e) GDPR.

Regulations relating to domestic transport facilities.

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

(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 ordinance.

Specific provisions concerning zoonoses

§ 26a. (1) Laboratories that diagnose zoonotic agents within the meaning of Annex I of the Zoonoses Act, [Federal Law Gazette I No. 128/2005](#), shall – insofar as diseases of these pathogens are subject to the reporting obligation under this Federal Act – transmit the corresponding isolates or, in the case of *Campylobacter*, to the competent national reference laboratory for further examination on the basis of a sentinel system.

(2) The national reference laboratories are obliged to immediately report the occurrence of zoonotic agents within the meaning of paragraph 1 in a federal state or across federal states to the relevant 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 submit monthly to the heads of the State Commissions for Zoonoses Control a list of all findings of diseases of zoonotic agents within the meaning of paragraph 1 for the respective federal state.

(4) Art. The Federal Minister of Health and Women shall determine the content and scope of the notifications referred to in paragraphs 2 and 3 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 impreventible 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. The epidemic doctors can be appointed by the Governor if the activity is to be able to extend to the entire territory of the Country.

(2) When epidemic doctors are appointed, their remuneration shall be governed by a contract with the proviso that, in the event of their illness, they continue to receive their full salary even if they do not constitute incapacity for work.

§ 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 exercise their profession or the activities of the paramedic in facilities pursuant to § 23 of the Medical Act, [Federal Law Gazette I No. 30/2002](#), are considered suitable.

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 support the competent authorities and bodies under this Federal Act on their requests in the exercise of their tasks described in accordance with §§ 5, 6, 7, 15, 17, 22 24 and 25 or, if necessary, in the enforcement of the measures provided for by means of coercion. Organs pursuant to § 12b of the Border Control Act – GrekoG, [Federal Law Gazette No. 435/1996](#), in exercising the powers assigned to them under § 12a GrekoG, must support the competent authorities and bodies under this Federal Act through their requests in the exercise of their tasks described in accordance with § 25.

(1a) The organs of the public security service shall cooperate 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).

For this purpose, localities, permanent establishments, other buildings and means of transport may be entered, provided that this is absolutely necessary in the course of collection and control measures in accordance with this Federal Act. The private living area may not be entered.

(1b) The organs of the public security service shall, in accordance with the resources at their disposal, cooperate in measures pursuant to § 5 at the request of the competent authorities under this Federal Act – if urgently necessary. 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 persons suspected of illness or suspected of being infected as processors (Art. 4 no. 8 of Regulation (EU) 2016/679 on the protection of natural persons 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 correction OJ No L 127, 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, a risk is associated within the framework of the support provided for in paragraph 1 for the organs of the public security service according to the nature of the communicable disease and its possibilities of transmission that can only be countered by special protective measures, the authorities responsible under this Federal Act shall be obliged to: take adequate protective measures.

Measures in the context of a pandemic

§ 28b. (1) The 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 para. 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 transmitted by WHO to the national IHR focal point shall be taken by the Federal Minister responsible for health.

(3) The district administrative authorities and Governors shall immediately provide the Federal Ministry responsible for health care with all information in their possession that is necessary for notifications to the WHO within the meaning of Articles 6 to 12 and 19 letter c IHR.

(4) Insofar as this is necessary for the fulfilment of the obligations under the IHR, district administrative authorities and State governors are entitled to transmit personal information within the framework of paragraph 3 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 institutions pursuant to § 2 sec. 2 no. 1 of the Medical Practitioners 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 institutions 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 must be made to the Register of Notifiable Diseases, [Federal Law Gazette II No. 184/2013](#).

(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. They are regarded as health care institutions in accordance with § 2 (23) of the Medical Devices Act (MPG), [Federal Law Gazette No. 657/1996](#), and are obliged to regularly participate in proficiency tests of the national reference centre or in proficiency tests of reference centres recognised throughout the Union. Furthermore, without prejudice to other confidentiality obligations, the persons working in these institutions are obliged to maintain secrecy about the secrets entrusted or made known in the course of their activities.

(5) If there is a reasonable suspicion that an institution is violating paragraph 4, the Federal Minister responsible for health care shall prohibit an institution from working for humans if paragraph 4 is violated and a danger to people is thereby to be caused.

Smear taking in the context of the COVID-19 pandemic

§ 28d. 1. Screenings to combat the spread of sars-CoV-2 (COVID-19) shall:

1. Members of the higher service of health and nursing and nursing assistants in accordance with the Health and Nursing Act (GuKG), [Federal Law Gazette I No. 108/1997](#),
2. Members of the higher medical-technical services according to the MTD Act, [Federal Law Gazette No. 460/1992](#),
3. Midwives according to the Midwifery Act, [Federal Law Gazette No. 310/1994](#),
4. Members of the dental profession in accordance with the Dentists Act (ZÄG), [Federal Law Gazette I No. 126/2005](#),
5. Persons who have successfully completed a degree in natural sciences or veterinary medicine in accordance with § 4 (5) MTD Act,
6. Members of the cardiotechnical service in accordance with the Cardiotechnics Act (KTG), [Federal Law Gazette I No. 96/1998](#), and
7. Members of the veterinary profession in accordance with the Federal Act on Veterinary Surgeons and His Professional Representation (Veterinary Act), [Federal Law Gazette No. 16/1975](#),

even without a doctor's order, it is entitled to perform swabs from the nose and throat, including point-of-care Covid-19 antigen tests, for diagnostic purposes. For professionals, the reporting obligation in accordance with §§ 2 and 3 applies, unless a report is made by the person or institution obliged in accordance with §§ 3 or 28c. Without prejudice to other confidentiality obligations, persons acting in accordance with this provision are obliged to maintain secrecy about the secrets entrusted or made known in the course of their activities.

2. In the context of screenings to combat the spread of the pathogen SARS-CoV-2 (COVID-19),

1. Members of the nursing assistant according to GuKG,
2. Members of the medical assistant professions and training therapists in accordance with the Medical Assistance Professions Act (MABG), [Federal Law Gazette I No. 89/2012](#),
3. Medical masseurs and healing masseurs in accordance with the Medical Masseur and Healing Masseur Act (MMHmG), [Federal Law Gazette I No. 169/2002](#),
4. Members of the dental assistant according to ZÄG, and
5. Members of a social care profession according to the agreement pursuant to Art. 15a B-VG on social care professions, [Federal Law Gazette I No. 55/2005](#),

insofar as they are not already authorised to do so on the basis of their statutory field of activity, they are entitled to carry out swabs from the nose and throat, including point-of-care Covid-19 antigen tests, for diagnostic purposes on order and under supervision. Before a smear is taken for the first time, appropriate training must be carried out. The order, supervision and training must be carried out by a doctor, a dentist, a biomedical analyst or a qualified nurse.

(3) In the context of screenings to combat the spread of the pathogen SARS-CoV-2 (COVID-19), paramedics are entitled in accordance with the Medical Act (SanG), [Federal Law Gazette I No. 30/2002](#), to carry out swabs from the nose and throat, including point-of-care Covid-19 antigen tests, for diagnostic purposes in cooperation with a doctor, a dentist, a biomedical analyst, a qualified health and nurse or an institution in accordance with § 28c. § 26 SanG does not apply to the performance of this activity.

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 shall be paid to the person in whose possession the object was located.

(3) No compensation shall be granted for objects owned by a public body (federal, state, district, local municipality, 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 the prevention or control of which disinfection or destruction has been ordered.

(2) Likewise, the right to compensation shall be 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 official order.

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 the 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 shall not apply if the owner or owner of the object does not declare that he or she is entitled to compensation.

Remuneration for loss of earnings.

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

1. they have been separated in accordance with §§ 7 or 17, or
2. they have been prohibited from supplying foodstuffs in accordance with § 11, or
3. they have been prohibited from pursuing gainful employment in accordance with § 17, or
4. they are employed in a limited or closed enterprise in accordance with § 20, or
5. they operate a company that has been restricted or blocked in its operation in accordance with § 20, or
6. they live in apartments or buildings whose eviction has been ordered in accordance with § 22, or
7. they are staying in an epidemic area over which traffic restrictions have been imposed in accordance with § 24 or are subject to restrictions on entry,

and as a result a loss of earnings has occurred.

(2) The remuneration shall be paid for each day covered by the official decision referred to in paragraph 1.

(3) The remuneration for persons who are in an employment relationship is to be calculated according to the regular remuneration within the meaning of the Continued Payment of Remuneration Act, [Federal Law Gazette No. 399/1974](#). 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 in the statutory social security to be paid by the employer for the period of disability and the surcharge pursuant to § 21 of the Bauarbeiterurlaubsgesetz 1972, Federal Law Gazette No. 414, is to be replaced by the Confederation.

(4) For self-employed persons and enterprises, the compensation shall be calculated on the basis of the comparable updated economic income.

(5) Amounts due to the remuneration shall be set off against amounts due to the person entitled to remuneration due to such a disability in accordance with other provisions or agreements and from any other gainful activity taken up during the period of disability.

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

(7) Decisions issued on the basis of this provision, which are based on incorrect information provided by an applicant on facts giving rise to the claim, suffer from an error within the meaning of Paragraph 68(4)(4) of the AVG which is threatened with nullity.

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

§ 33. The claim for compensation pursuant to § 29 must be asserted within six weeks after disinfection or restitution of the object or after notification of the destruction, the claim for compensation for the loss of earnings in accordance with § 32 must be asserted within six weeks of the day of the lifting of the official measures at the district administrative authority in whose area these measures were taken, otherwise the claim expires.

Reimbursement of treatment costs for people bitten by angry dogs

§ 33a. (1) The treatment costs 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 ascertained, one third of the treatment costs (para. 1) shall be borne by the municipality in whose territory the bite violation took place, two thirds by the Confederation.

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

Rest and care pleasures for doctors and their bereaved.

§ 34. (1) If, in the course of combating a notifiable illness, a doctor becomes incapacitated in Germany, becomes incapacitated or finds death, he and, in the event of his death, his survivors shall be entitled to rest and care benefits. 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 from his employment relationship, the doctor or his surviving dependants are entitled to pensions and pension benefits, they shall be supplemented in the cases referred to in paragraph 1 to the extent prescribed in Regulation [BGBl. No. 161/1925](#) or in a provision replacing them.

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

Rest and care pleasures for caregivers and their bereaved.

§ 35. 1. If a carer becomes incapacitated or finds death due to his permanent or temporary admission to the public medical service when combating a notifiable illness, he or she shall be entitled to rest and care benefits and, in the event of his or her death, to his surviving dependants. 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 depends on pensions and pension benefits, they shall be supplemented in the cases referred to in paragraph 1 to the extent prescribed in Regulation [BGBl. No. 161/1925](#) or in a provision replacing it.

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

(4) If a caregiver falls ill under the conditions referred to in paragraph 1 without the effects provided for therein occurring, he shall be entitled to continued receipt of his salary.

(5) This paragraph shall also apply to persons employed in the transport of the sick and disinfection in accordance with § 8.

Reimbursement of costs from the Federal Treasury.

§ 36. (1) The following shall be contested from the Federal Treasury:

- a) the costs of screening programmes in accordance with § 5a;
- b) the costs of the examinations carried out in state investigation institutes in accordance with § 5;
- 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 cost of providing accommodation (§ 22);
- f) the cost of arrangements for traffic restrictions in relation to epidemic areas (§ 24);
- g) the fees of epidemic doctors (§ 27);
- h) compensation for objects damaged or destroyed during disinfection (§§ 29 to 31);
- i) the remuneration for the loss of earnings (§ 32) and the treatment costs in accordance with § 33a (2);
- k) the rest and care pleasures 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 Abs. 4 and § 27a.

(2) Claims made pursuant to paragraph 1 shall be decided by the district administrative authority.

(3) Orders the costs of the legal proceedings to be borne by the Confederation.

Reimbursement of costs by the parties.

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

IV. MAIN PIECE.

Penal provisions.

Violation of a notification or reporting obligation.

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

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

Other violations.

§ 40. (1) Any person by acts or omissions

- a) the commandments and prohibitions contained in the provisions of §§ 5, 8, 12, 13, 21 and 44 (2), or
- b) the official requirements or prohibitions issued on the basis of the provisions referred to in §§ 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 Verletzung seiner Fürsorgepflichten nicht dafür Sorge trägt, daß die seiner Fürsorge und Obhut unterstellte Person sich einer auf Grund des § 5 Abs. 1 angeordneten ärztlichen Untersuchung sowie Entnahme von Untersuchungsmaterial unterzieht, macht sich, sofern die Tat nicht mit gerichtlicher Strafe bedroht ist, einer Verwaltungsübertretung schuldig und ist mit Geldstrafe bis zu 1 450 Euro, im Nichteinbringungsfall mit Freiheitsstrafe bis zu vier Wochen zu bestrafen.

(2) Wer einen Veranstaltungsort gemäß § 15 entgegen den festgelegten Voraussetzungen oder Auflagen betritt, begeht eine Verwaltungsübertretung und ist mit einer Geldstrafe von bis zu 500 Euro, im Nichteinbringungsfall mit Freiheitsstrafe von bis zu einer Woche, zu bestrafen.

Beschlagnahme und Verfall von Gegenständen.

§ 41. (1) Gegenstände, durch deren Verwahrung, Behandlung oder Benützung eine Bestimmung dieses Gesetzes oder eine auf Grund desselben erlassene Anordnung verletzt oder umgangen wurde, können von den berufenen Organen der Sanitätsbehörden mit Beschlag belegt werden.

(2) Gegenstände, mit denen ein nach § 25 erlassenes Verkehrsverbot verletzt oder umgangen wurde, sind jedenfalls mit Beschlag zu belegen und durch die Bezirksverwaltungsbehörde, in deren Sprengel sie betreten wurden, als verfallen zu erklären. (StGBI. Nr. 94/1945 in der Fassung BGBI. Nr. 142/1946, Abschnitt II C § 15 Abs. 2.)

(3) Die Beschlagnahme und der Verfall von Gegenständen im Sinne des Abs. 2 sind von der Einleitung der Strafverfolgung einer bestimmten Person und von der Verurteilung derselben unabhängig.

(4) Wenn die Vernichtung eines verfallenen Gegenstandes nicht einzutreten hat, so ist derselbe nach entsprechend durchgeführter Desinfektion im öffentlichen Versteigerungswege zu veräußern.

Widmung der Geldstrafen.

§ 42. Die Geldstrafen sowie der Erlös für die in Verfall erklärten Gegenstände fließen jenen Gemeinden zu, in deren Gebiet die strafbare Handlung begangen oder der in Verfall erklärte Gegenstand betreten wurde, und sind für Zwecke der öffentlichen Sanitätspflege zu verwenden.

V. HAUPTSTÜCK.

Allgemeine Bestimmungen.

Behördliche Kompetenzen.

§ 43. (1) Die Bestimmungen des Gesetzes vom 30. April 1870, RGBl. Nr. 68, betreffend die Organisation des öffentlichen Sanitätsdienstes, bleiben durch die Vorschriften des gegenwärtigen Gesetzes unberührt.

(Anm.: Abs. 2 aufgehoben durch BGBI. I Nr. 63/2016)

(3) Beim Auftreten von Scharlach, Diphtherie, Abdominaltyphus, Paratyphus, Flecktyphus, Blattern, Asiatischer Cholera, Pest, Ägyptischer Augenentzündung, Wutkrankheit, Bißverletzungen durch wutranke oder wutverdächtige Tiere sowie in sonstigen Fällen dringender Gefahr sind die im § 5 Abs. 1 bezeichneten Erhebungen und die in den §§ 7 bis 14 bezeichneten Vorkehrungen auch sofort an Ort und Stelle von den zuständigen, im öffentlichen Sanitätsdienste stehenden Ärzten zu treffen.

(4) Die Einleitung, Durchführung und Sicherstellung sämtlicher in diesem Gesetze vorgeschriebener Erhebungen und Vorkehrungen zur Verhütung und Bekämpfung anzeigepflichtiger Krankheiten beziehungsweise die Überwachung und Förderung der in erster Linie von den zuständigen Sanitätsorganen getroffenen Vorkehrungen sind Aufgabe der Bezirksverwaltungsbehörde.

(4a) Soweit in diesem Bundesgesetz eine Zuständigkeit zur Erlassung von Verordnungen durch die Bezirksverwaltungsbehörde vorgesehen ist, sind Verordnungen, deren Anwendungsbereich sich auf mehrere politische Bezirke oder das gesamte Landesgebiet erstreckt, vom Landeshauptmann zu erlassen. Einer Verordnung des Landeshauptmanns entgegenstehende

Verordnungen der Bezirksverwaltungsbehörde treten mit Rechtswirksamkeit der Verordnung des Landeshauptmanns außer Kraft, sofern darin nicht anderes angeordnet ist. Erstreckt sich der Anwendungsbereich auf das gesamte Bundesgebiet, so sind Verordnungen vom für das Gesundheitswesen zuständigen Bundesminister zu erlassen. Eine entgegenstehende Verordnung des Landeshauptmanns oder einer Bezirksverwaltungsbehörde tritt mit Rechtswirksamkeit der Verordnung des Bundesministers außer Kraft, sofern darin nicht anderes angeordnet ist.

(5) Dem Landeshauptmann obliegt im Rahmen seines örtlichen Wirkungsbereichs die Koordinierung und Kontrolle der Maßnahmen der Bezirksverwaltungsbehörden gemäß Abs. 4. Besteht der Verdacht oder die Kenntnis über einen bundesländerübergreifenden Ausbruch einer Erkrankung gemäß § 1 Abs. 1 und 2, so haben die Landeshauptmänner der betroffenen Bundesländer zusammenzuarbeiten und ihre Tätigkeiten zu koordinieren.

(6) Das Bundesministerium für Gesundheit, Familie und Jugend ist im Fall von Krankheitsausbrüchen vom Landeshauptmann unverzüglich zu verständigen.

Zuständigkeiten betreffend COVID-19

§ 43a. (1) Verordnungen nach diesem Bundesgesetz betreffend COVID-19 sind vom für das Gesundheitswesen zuständigen Bundesminister zu erlassen.

(2) Verordnungen nach diesem Bundesgesetz betreffend COVID-19 können vom Landeshauptmann erlassen werden, wenn keine Verordnung gemäß Abs. 1 erlassen wurde oder zusätzliche Maßnahmen zu einer Verordnung gemäß Abs. 1 festgelegt werden.

(3) Verordnungen nach diesem Bundesgesetz betreffend COVID-19 können von der Bezirksverwaltungsbehörde erlassen werden, wenn keine Verordnungen gemäß Abs. 1 oder 2 erlassen wurden oder zusätzliche Maßnahmen zu Verordnungen nach Abs. 1 oder 2 festgelegt werden.

(4) In einer Verordnung gemäß Abs. 1 bis 3 kann entsprechend der jeweiligen epidemiologischen Situation regional differenziert werden.

(5) Durch Verordnung gemäß Abs. 1 können Verordnungen gemäß Abs. 2 und 3 oder Teile davon aufgehoben werden. Durch Verordnung gemäß Abs. 2 können Verordnungen gemäß Abs. 3 oder Teile davon aufgehoben werden.

(6) Verordnungen gemäß Abs. 2 und 3 sind vor deren Inkrafttreten dem für das Gesundheitswesen zuständigen Bundesminister mitzuteilen.

Besondere Befugnisse der Sanitätsbehörden und ihrer Organe.

§ 44. (1) Die zur Untersuchung eines Krankheitsfalles im Sinne des § 43 Abs. 3 oder auf Grund behördlicher Verfügung berufenen Ärzte sind nach Verständigung des Haushaltungsvorstandes oder der mit der Leitung der Pflege eines Kranken betrauten Person zum Zutritte zum Kranken oder zur Leiche und zur Vornahme der behufs Feststellung der Krankheit erforderlichen Untersuchungen berechtigt. Hiebei ist nach Möglichkeit im Einvernehmen mit dem behandelnden Arzte vorzugehen.

(2) Den zur Vornahme der Desinfektion oder zu sonstigen Vorkehrungen im Sinne dieses Gesetzes behördlich abgeordneten Organen darf der Zutritt in Grundstücke, Häuser und sonstige Anlagen, insbesondere in ansteckungsverdächtige Räume und zu ansteckungsverdächtigen Gegenständen sowie die Vornahme der erforderlichen Maßnahmen und der zur Desinfektion oder Vernichtung erforderlichen Verfügungen über Gegenstände und Räume nicht verwehrt werden.

(3) Ergibt sich der Verdacht, daß eine anzeigepflichtige Krankheit verheimlicht wird oder daß ansteckungsverdächtige Gegenstände verborgen werden, so kann durch die Bezirksverwaltungsbehörde nach den Vorschriften der §§ 3 und 5 des Gesetzes vom 27. Oktober 1862, RGBl. Nr. 88, eine Hausdurchsuchung vorgenommen werden. (*StGBl. Nr. 94/1945 in der Fassung BGBl. Nr. 142/1946, Abschnitt II C § 15 Abs. 2.*)

Vorkehrungen im militärischen Bereich

§ 45. Die Durchführung der nach Maßgabe dieses Gesetzes im Bereiche des Bundesheeres und der Heeresverwaltung zu treffenden Vorkehrungen obliegt dem Bundesminister oder der Bundesministerin für Landesverteidigung sowie den zuständigen militärischen Dienststellen. Zu

den gedachten Zwecken ist zwischen diesen Stellen und den jeweils zuständigen Gesundheitsbehörden das Einvernehmen zu pflegen.

Telefonischer Bescheid

§ 46. (1) Bescheide gemäß § 7 oder § 17 dieses Bundesgesetzes können für die Dauer der Pandemie mit COVID-19 abweichend von § 62 Abs. 1 Allgemeines Verwaltungsverfahrensgesetz 1991, [BGBl. Nr. 51/1991](#) in der geltenden Fassung, aufgrund eines Verdachts mit der Infektion von SARS-CoV-2 auch telefonisch erlassen werden.

(2) Die Absonderung endet, wenn die Behörde nicht innerhalb von 48 Stunden einen Bescheid über die Absonderung gemäß § 7 dieses Bundesgesetzes wegen einer Infektion mit SARS-CoV-2 erlässt.

(3) Der Inhalt und die Verkündung eines telefonischen Bescheides ist zu beurkunden und der Partei zuzustellen.

Portobehandlung.

§ 47. (1) Die nach diesem Gesetz zur Erstattung von Anzeigen und Meldungen verpflichteten Personen haben für nicht eingeschriebene und nicht mit Zustellungsnachweis erfolgende Postbeförderung solcher Anzeigen und Meldungen Briefumschläge oder Karten zu verwenden, die mit dem Vermerk „Postgebühr beim Empfänger einheben“ und dem Dienstsiegel der empfangenden Behörde zu versehen sind. Diese hat bei der Aushändigung der Meldung die einfache Postgebühr für die Briefpostsendung zu entrichten.

(2) Wenn die empfangende Behörde die entfallenden Gebühren nicht in jedem Einzelfalle bezahlen will, so können diese Gebühren monatlich gestundet werden.

([BGBl. Nr. 151/1947](#), Artikel II Z 5 lit. i.)

Aufhebung älterer Vorschriften.

§ 48. (1) Alle Vorschriften über Gegenstände, die in diesem Gesetze geregelt sind, oder auf Grund desselben durch Verordnung geregelt werden, sind mit dem Beginne der Wirksamkeit dieses Gesetzes oder der betreffenden Verordnung außer Kraft getreten.

(2) Das Hofkanzleidekret vom 11. Jänner 1816, PGS. Bd. 44 Nr. 3, betreffend die Bestreitung der Heilungskosten bei armen, von wütenden Hunden beschädigten Personen, wurde mit 1. September 1925 als dem Wirksamkeitsbeginn des Artikel 35 des Verwaltungsentlastungsgesetzes, [BGBl. Nr. 277/1925](#), aufgehoben.

(3) Das Patent vom 21. Mai 1805, JGS. Nr. 731, ist mit dem Inkrafttreten dieses Gesetzes in seiner ursprünglichen Fassung außer Wirksamkeit getreten (die Worte „Die §§ 393 bis einschließlich 397 des Strafgesetzes vom 27. Mai 1852, RGBl. Nr. 117 und“ entfallen im Hinblick auf das österreichische Strafgesetz 1945, ASlg. Nr. 2).

(4) Die Verordnungen vom 17. Dezember 1917, RGBl. Nr. 490, betreffend die Bekämpfung der Malaria (Wechselfieber), vom 16. Juni 1923, BGBl. Nr. 329, betreffend die Anzeigepflicht bei Varicellen (Windpocken) und vom 11. Jänner 1927, BGBl. Nr. 38, betreffend die Anzeigepflicht bei Poliomyelitis anterior acuta und Encephalitis lethargica epidemica, sind mit Wirksamkeitsbeginn des Bundesgesetzes vom 18. Juni 1947, BGBl. Nr. 151, aufgehoben worden. ([BGBl. Nr. 151/1947](#), Artikel IV Abs. 4.)

Sonderbestimmung für die Dauer der Pandemie mit SARS-CoV-2

§ 49. (1) Abweichend von § 33 ist der Anspruch auf Vergütung des Verdienstentganges, der aufgrund einer wegen des Auftretens von SARS-CoV-2 ergangenen behördlichen Maßnahme besteht, binnen drei Monaten vom Tag der Aufhebung der behördlichen Maßnahmen bei der Bezirksverwaltungsbehörde, in deren Bereich diese Maßnahmen getroffen wurden, geltend zu machen.

(2) Bereits vor Inkrafttreten dieser Bestimmung laufende und abgelaufene Fristen beginnen mit Inkrafttreten des Bundesgesetzes [BGBl. I Nr. 62/2020](#) neu zu laufen.

(3) Die Bezirksverwaltungsbehörde ist verpflichtet, über Anträge auf Vergütung des Verdienstentganges gemäß § 32, die auf Grund einer wegen des Auftretens von SARS-CoV-2

ergangenen behördlichen Maßnahme eingebracht werden, ohne unnötigen Aufschub, spätestens aber zwölf Monate nach deren Einlangen zu entscheiden.

Wirksamkeit des Gesetzes.

§ 50. (1) Dieses Gesetz ist in der Fassung des Gesetzes vom 17. Februar 1920, StGBI. Nr. 83 (Epidemiegesetznovelle), und des Bundesgesetzes vom 3. Dezember 1925, BGBl. Nr. 449 (II. Epidemiegesetznovelle), sowie der Bestimmungen des Bundesgesetzes vom 18. Juni 1947, BGBl. Nr. 151, Artikel II Z 5 und Artikel III sowie IV Abs. 3 und 4 – nach Aufhebung der bezüglichen reichsrechtlichen Vorschriften durch das Bundesgesetz vom 18. Juni 1947, BGBl. Nr. 151, Artikel I Z 6 – am 22. August 1947 wieder in Kraft getreten.

(2) Die Änderungen im § 36 Abs. 2 und § 43 Abs. 4 sowie § 43 Abs. 5 in der Fassung des Verwaltungsreformgesetzes 2001, [BGBl. I Nr. 65/2002](#), treten mit 1. Juli 2002, jedoch nicht vor dem vierten der Kundmachung des Verwaltungsreformgesetzes 2001 folgenden Monatsersten in Kraft.

(3) Zum in Abs. 2 bestimmten In-Kraft-Tretens-Zeitpunkt anhängige Verfahren sind nach der vor diesem Zeitpunkt in Kraft gestandenen Rechtslage durchzuführen.

(4) § 43 in der Fassung des Bundesgesetzes [BGBl. I Nr. 80/2013](#) tritt mit 1. Jänner 2014 in Kraft.

(5) §§ 1 Abs. 1 Z 1 und 2, 4 Abs. 7, 7 Abs. 1 und 1a, 26b samt Überschrift, 36 Abs. 3, 43 Abs. 4, und 51 sowie der Entfall des § 2 Abs. 3 und 43 Abs. 2 in der Fassung des Bundesgesetzes [BGBl. I Nr. 63/2016](#) treten mit dem der Kundmachung folgenden Tag in Kraft.

(6) § 4 Abs. 1 bis 5, 7 bis 9, 11, 12, 15 und 17, § 4a samt Überschrift und § 5 Abs. 3 in der Fassung des 2. Materien-Datenschutz-Anpassungsgesetzes, [BGBl. I Nr. 37/2018](#), treten mit 25. Mai 2018 in Kraft.

(7) § 6 Abs. 2 in der Fassung des 3. COVID-19-Gesetzes, [BGBl. I Nr. 23/2020](#), tritt mit 1. Februar 2020 in Kraft, jedoch ohne Auswirkung auf Verordnungen, die entsprechend seiner früheren Fassung bis zum Ablauf des 4. April 2020 kundgemacht wurden.

(8) § 3a, § 13 Abs. 5, § 28a Abs. 1a und § 43 Abs. 4a und § 46 in der Fassung des Bundesgesetzes [BGBl. I Nr. 23/2020](#) treten mit dem der Kundmachung folgenden Tag in Kraft. § 3a tritt mit Ablauf des 31.12.2021 außer Kraft.

(9) § 6 Abs. 2 in der Fassung des Bundesgesetzes [BGBl. I Nr. 43/2020](#) tritt mit Ablauf des Tages der Kundmachung des genannten Bundesgesetzes in Kraft. Verordnungen, die vor dem 5. April entgegen den Bestimmungen dieses Bundesgesetzes kundgemacht wurden, gelten als den Bestimmungen dieses Bundesgesetzes entsprechend kundgemacht, wenn durch die Kundmachung ein zumindest den Bestimmungen dieses Bundesgesetzes entsprechendes Maß an Publizität erreicht wurde. Dies gilt jedenfalls dann, wenn die Verordnung in einem Gesetzblatt oder in einem Amtsblatt eines Landes kundgemacht wurde.

(10) Die Änderungen in § 4 Abs. 7, § 4a Abs. 5, § 5 Abs. 4, §§ 5a und § 5b samt Überschriften, § 15, § 27a, die Änderungen in § 28c, § 32 Abs. 6, die Änderungen in § 36, § 43 Abs. 4a, § 45 samt Überschrift, § 46 in der Fassung des Bundesgesetzes [BGBl. I Nr. 43/2020](#) treten mit dem der Kundmachung folgenden Tag in Kraft.

(11) Die §§ 5a, 5b und 46 treten mit Ablauf des 30. Juni 2022 außer Kraft.

(12) Die Überschrift von § 46 und § 49 in der Fassung des Bundesgesetzes [BGBl. I Nr. 62/2020](#) treten mit dem der Kundmachung folgenden Tag in Kraft.

(13) § 28a Abs. 1b in der Fassung des Bundesgesetzes [BGBl. I Nr. 103/2020](#) tritt mit dem der Kundmachung folgenden Tag in Kraft und mit Ablauf des 30. Juni 2022 außer Kraft.

(14) Der Titel, § 4 Abs. 1, § 5 Abs. 4 und 5, § 5a Abs. 5, § 15 Abs. 1 und Abs. 2 Z 4 und 5, § 15 Abs. 5 bis 8, § 32 Abs. 7, § 43a und § 51 samt Überschriften in der Fassung des Bundesgesetzes [BGBl. I Nr. 104/2020](#) treten mit dem der Kundmachung folgenden Tag in Kraft.

(15) § 7 Abs. 1a dritter Satz in der Fassung des Bundesgesetzes [BGBl. I Nr. 104/2020](#) tritt mit dem der Kundmachung folgenden Tag in Kraft und ist auch auf alle bei Inkrafttreten aufrechten Anhaltungen nach § 7 Abs. 1a anzuwenden.

(16) § 25a dieses Bundesgesetzes in der Fassung des Bundesgesetzes [BGBl. I Nr. 104/2020](#) tritt zu dem Zeitpunkt in Kraft, in dem der für das Gesundheitswesen zuständige Bundesminister

durch Verordnung feststellt, dass die technischen Voraussetzungen für die Vollziehung gegeben sind, und tritt mit Ablauf des 30. Juni 2022 außer Kraft (*Anm. 1*).

(17) § 4 Abs. 4 Z 1, § 5a Abs. 1 und Abs. 6, § 5b Abs. 3 Z 1, § 5c samt Überschrift, § 15 Abs. 3, § 25a Abs. 1 und 2, § 28 Abs. 1 und 1a, § 28d samt Überschrift, § 40 und § 50 Abs. 8 in der Fassung des Bundesgesetzes [BGBl. I Nr. 136/2020](#) treten mit dem der Kundmachung folgenden Tag in Kraft.

(18) § 3b samt Überschrift, § 4 Abs. 4, § 5a Abs. 1, 2, 3, 7 und 8, § 5b Abs. 3, § 5c Abs. 2, § 15 Abs. 2 und 9, § 27 Abs. 1, § 28c Abs. 4, § 50 Abs. 11 und § 50c in der Fassung des Bundesgesetzes [BGBl. I Nr. 23/2021](#) treten mit dem der Kundmachung folgenden Tag in Kraft. § 15 Abs. 2 Z 5 und § 15 Abs. 9 treten mit Ablauf des 31. Dezember 2021 außer Kraft.

(19) Die Überschrift zu § 1, die §§ 4 Abs. 1, 2, 3a, 4, 6, 15, 18 bis 20, § 5a Abs. 7, § 15 Abs. 2 Z 5 und Abs. 9, die Überschrift zu § 24 und § 24, § 28c Abs. 4 und § 28d in der Fassung des Bundesgesetzes [BGBl. I Nr. 33/2021](#) treten mit dem der Kundmachung folgenden Tag in Kraft. § 4 Abs. 3a tritt mit Ablauf des 30. Juni 2022 außer Kraft.

(19a) Die Überschrift zu § 5 sowie § 15 Abs. 2 Z 5 in der Fassung des Bundesgesetzes [BGBl. I Nr. 82/2021](#) treten mit 19. Mai in Kraft.

(20) § 15 gelangt auf COVID-19 nicht zur Anwendung.

(21) § 4 Abs. 18, 19 und 22 bis 24, § 4a Abs. 6, §§ 4b und 4c, § 5a Abs. 2 und 7, § 5c Abs. 1 Z 8, § 5c Abs. 2, § 7 Abs. 1a, § 15 Abs. 2 Z 5, § 15 Abs. 4, § 24 samt Überschrift, § 25 samt Überschrift, § 25a Abs. 1, § 25a Abs. 2 Z 8, § 32 Abs. 1 Z 7, § 36 Abs. 1 lit. f und § 49 Abs. 3 in der Fassung des Bundesgesetzes [BGBl. I Nr. 90/2021](#) treten mit dem der Kundmachung folgenden Tag in Kraft; gleichzeitig treten § 15 Abs. 6 zweiter und dritter Satz sowie § 15 Abs. 8 und 9 außer Kraft. § 49 Abs. 3 ist auch auf Anträge anzuwenden, die vor seinem Inkrafttreten gestellt wurden. § 4 Abs. 22 bis 24, § 4a Abs. 6, §§ 4b und 4c, § 24 Abs. 4 und § 25 Abs. 5 sowie § 49 Abs. 3 treten mit Ablauf des 30. Juni 2022 außer Kraft.

(22) Die §§ 4e Abs. 5 zweiter Satz, 5c Abs. 1 und 50 Abs. 13 in der Fassung des Bundesgesetzes [BGBl. I Nr. 105/2021](#) treten mit dem der Kundmachung folgenden Tag in Kraft.

(23) Die Überschrift zu § 2, § 4 Abs. 1, Abs. 4 Z 3, Abs. 6 und Abs. 7, § 4a Abs. 1 und Abs. 6, § 5 Abs. 4, § 5a Abs. 1, Abs. 2 Z 1, Abs. 7 und Abs. 8, § 25a Abs. 2 Z 3 und Z 10, § 28a Abs. 1 sowie § 28d Abs. 1 in der Fassung des Bundesgesetzes [BGBl. I Nr. 100/2021](#) treten mit dem der Kundmachung folgenden Tag in Kraft; gleichzeitig tritt § 4 Abs. 18 bis 24 außer Kraft. § 4 Abs. 3a sowie §§ 4b bis 4f samt Überschriften treten mit 4. Juni 2021 in Kraft. §§ 4b bis 4f samt Überschriften treten mit Ablauf des 30. Juni 2022 außer Kraft.

(24) § 50 Abs. 20 tritt mit Ablauf des 30. Juni 2022 außer Kraft.

(25) § 4e Abs. 1a und § 50 Abs. 24 in der Fassung des Bundesgesetzes [BGBl. I Nr. 143/2021](#) treten mit dem der Kundmachung folgenden Tag in Kraft.

(26) § 4b Abs. 7 Z 4, § 4e Abs. 6, § 4f Abs. 1, § 5a Abs. 1a, § 5c Abs. 1, § 7 Abs. 1a, § 7a samt Überschrift, § 17 Abs. 5, die Überschrift zu § 23, § 24 Abs. 4, § 25 Abs. 5 und § 26a Abs. 1 in der Fassung des Bundesgesetzes [BGBl. I Nr. 183/2021](#) treten mit dem der Kundmachung folgenden Tag in Kraft; gleichzeitig treten § 7 Abs. 1a zweiter und dritter Satz außer Kraft. Verfahren gemäß § 7 Abs. 1a, die zum Zeitpunkt des Inkrafttretens des § 7a in der Fassung des Bundesgesetzes [BGBl. I Nr. 183/2021](#) bereits vor dem Bezirksgericht anhängig waren, sind gemäß den Bestimmungen des § 7 Abs. 1a in der Fassung des Bundesgesetzes [BGBl. I Nr. 105/2021](#) weiterzuführen. Beschwerden gemäß Art. 130 Abs. 1 Z 1 B-VG, die zum Zeitpunkt des Inkrafttretens des § 7a in der Fassung des Bundesgesetzes [BGBl. I Nr. 183/2021](#) bereits vor dem Landesverwaltungsgericht anhängig waren, sind nach der Rechtslage vor [BGBl. I Nr. 183/2021](#) weiterzuführen. § 5a Abs 3 und § 36 Abs 1 lit. a in der Fassung des Bundesgesetzes [BGBl. I Nr. 183/2021](#) treten mit 1. November 2021 in Kraft.

(_____)

Anm. 1: Die technischen Voraussetzungen für die Vollziehung des § 25a EpiG sind ab 14. Jänner 2021 gegeben (vgl. § 13 der COVID-19-Einreiseverordnung, [BGBl. II Nr. 445/2020](#)).

§ 50a. Soweit dieses Bundesgesetz auf andere Bundesgesetze verweist, sind diese in ihrer jeweils geltenden Fassung anzuwenden.

§ 50b. (1) Mit dem Inkrafttreten dieses Bundesgesetzes in der Fassung des Bundesgesetzes [BGBl. I Nr. 43/2012](#) tritt die Verordnung des Bundesministers für Gesundheit betreffend anzeigepflichtige übertragbare Krankheiten 2009, BGBl. II Nr. 359, zuletzt geändert durch die Verordnung [BGBl. II Nr. 359/2011](#), außer Kraft.

(2) Mit dem Inkrafttreten dieses Bundesgesetzes in der Fassung des Bundesgesetzes [BGBl. I Nr. 63/2016](#) tritt die Verordnung der Bundesministerin für Gesundheit betreffend anzeigepflichtige übertragbare Krankheiten 2015, [BGBl. II Nr. 224/2015](#), außer Kraft.

§ 50c. Verordnungen, die erst einer neuen Fassung dieses Bundesgesetzes entsprechen, dürfen von der Kundmachung des die Änderung bewirkenden Bundesgesetzes an erlassen werden, dürfen jedoch nicht vor dem Inkrafttreten der neuen bundesgesetzlichen Bestimmungen in Kraft treten.

Vollziehung

§ 51. Mit der Vollziehung dieses Bundesgesetzes ist

1. hinsichtlich § 5a Abs. 5 erster Satz der Bundesminister für Bildung, Wissenschaft und Forschung im Einvernehmen mit dem für das Gesundheitswesen zuständigen Bundesminister,
2. hinsichtlich § 5a Abs. 5 zweiter Satz der Bundesminister für Bildung, Wissenschaft und Forschung,
3. hinsichtlich § 7 Abs. 1a – soweit er das gerichtliche Verfahren betrifft – und § 36 Abs. 3 der Bundesminister für Justiz,
4. hinsichtlich § 28a der für das Gesundheitswesen zuständige Bundesminister im Einvernehmen mit dem Bundesminister für Inneres und
5. im Übrigen der für das Gesundheitswesen zuständige Bundesminister

betraut.