

Federal law consolidated: Entire legislation for the Epidemic Act 1950, version of 01.07.2022

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*, snot, transmissible dysentery (amoebic dysentery), SARS (Severe Acute Respiratory Syndrome), transmissible spongiform encephalopathies, tularemia, typhoid (abdominal typhoid), puerperal fever, rage sickness (Lyssa) and bite injuries caused by angry or suspicious animals,
2. Cases and deaths of Bang's disease, chikungunya fever, dengue fever, diphtheria, Hanta virus infections, virus-related meningoencephalitis, invasive bacterial diseases (meningitis and sepsis), whooping cough, Legionnaires' disease, malaria, rubella, scarlet fever, relapse fever, trachoma, trichinosis, West Nile fever, severe *Clostridium difficile* associated diseases and Zika virus infections.

(2) The Federal Minister of Health and Women may, if justified for epidemiological reasons or necessary due to international obligations, make further communicable diseases subject to the reporting obligation 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. At the request of the persons concerned, the district administrative authorities shall subsequently store in the register a surviving infection with SARS-CoV-2 that has been confirmed by molecular biology.

(3b) 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 – GTelG 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. die Konkretisierung, welche der in § 24c Abs. 2 Z 2 lit a bis c GTelG 2012 bezeichneten Daten(kategorien) zu übermitteln sind,
2. die Angabe, ob und gegebenenfalls welche zielgruppenspezifische, altersgruppenspezifische oder geografische Einschränkung der zu übermittelnden Daten vorzunehmen ist und
3. die Periodizität der Datenübermittlung.

Der für das Gesundheitswesen zuständige Bundesminister ist berechtigt, die ihm von der ELGA GmbH übermittelten Daten mit dem Register zu verknüpfen und dürfen diese Daten zum Zweck des Ausbruchs- und Krisenmanagements, wie etwa für die Ermittlung von Impfdurchbrüchen, von Ausbruchsklustern oder für die Kontaktpersonennachverfolgung, verarbeitet werden. Die betroffenen Personen haben nach Maßgabe der technischen Verfügbarkeit das Recht, elektronisch im Wege des Zugangsportals (§ 23 GTelG 2012) Auskunft (Art. 15 DSGVO) über die sie betreffenden Protokolldaten (Abs. 9) zu erhalten. Das Auskunftsrecht kann durch die betroffenen Personen hinsichtlich der sie betreffenden

Protokolldaten auch zumindest monatlich gegenüber dem für das Gesundheitswesen zuständigen Bundesminister geltend gemacht werden.

(4) Im Register werden folgende Datenkategorien verarbeitet:

1. Daten zur Identifikation von Erkrankten, einer Erkrankung Verdächtigen, Gebissenen, Verstorbenen oder Ausscheidern (Name, Geschlecht, Geburtsdatum, Wohnsitz, soweit vorhanden Telefonnummer und E-Mail-Adresse, Sozialversicherungsnummer und bereichsspezifisches Personenkennzeichen (§ 9 E-GovG, [BGBl. I Nr. 10/2004](#))),
2. gegebenenfalls Sterbedaten (Datum, Todesursache, Autopsiestatus),
3. die für die anzeigepflichtige Krankheit relevanten klinischen Daten (Vorgeschichte und Krankheitsverlauf) sowie die in § 24c Abs. 2 Z 2 GTelG 2012 genannten Angaben und Labordaten sofern für die Zwecke des Abs. 2 erforderlich auch negative Testergebnisse auf SARS-CoV-2,
4. Daten zum Umfeld des Erkrankten, einer Erkrankung Verdächtigen, Gebissenen, Verstorbenen oder Ausscheiders, soweit sie in Bezug zur anzeigepflichtigen Erkrankung stehen, sowie Daten zur Identifikation von Kontaktpersonen (Name, Telefonnummer, E-Mail-Adresse, Wohnsitz) und
5. Daten zu den getroffenen Vorkehrungsmaßnahmen.

(5) Bei der Datenverarbeitung gemäß Abs. 2 bis 4 ist die Verwendung des Namens und des bereichsspezifischen Personenkennzeichens GH zulässig (*Anm. 1*).

(6) Jede Verarbeitung der im Register gespeicherten Daten darf nur in Vollziehung dieses Bundesgesetzes, in Vollziehung des Tuberkulosegesetzes in Vollziehung des Zoonosengesetzes, [BGBl. I Nr. 128/2005](#), sowie in Vollziehung des COVID-19-Impfpflichtgesetzes, [BGBl. I Nr. 4/2022](#), erfolgen. Eine Übermittlung der nach den Bestimmungen dieses Bundesgesetzes verarbeiteten personenbezogenen Daten an Dritte und eine Weiterverarbeitung der personenbezogenen Daten zu anderen Zwecken ist nicht zulässig, soweit nicht in diesem Bundesgesetz ausdrücklich anderes bestimmt ist.

(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](#))

(_____)

Note 1: see note in §4e)

Statistics Register

§ 4a. (1) The data (§ 4 para. 3 and para. 3b 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“ ein molekularer Nukleinsäure-Amplifikationstest, insbesondere Verfahren der Reverse-Transkriptase-Polymerase-Kettenreaktion (RT-PCR), der schleifenvermittelten isothermalen Amplifikation (LAMP) und der transkriptionsvermittelten Amplifikation (TMA), die zum Nachweis des Vorhandenseins der SARS-CoV-2-Ribonukleinsäure (RNS) verwendet werden;
2. „RAT-Test“ ein Antigen-Schnelltest, nämlich Verfahren, die auf dem Nachweis viraler Proteine (Antigene) unter Verwendung eines Immuntests mit Seitenstrom-Immunoassay beruhen und in weniger als 30 Minuten zu einem Ergebnis führen; der für das Gesundheitswesen zuständige Bundesminister hat die jeweils aktuelle Liste der anerkannten Testmethoden bzw. -produkte auf der Webseite des Ressorts zu veröffentlichen;
3. „Antikörpertest“ ein laborgestützter Test, der an Blutproben (Serum, Plasma oder Vollblut) durchgeführt wird und darauf abzielt festzustellen, ob eine Person Antikörper gegen SARS-CoV-2 entwickelt hat, unabhängig davon, ob sie Symptome aufwies oder nicht; Der für das Gesundheitswesen zuständige Bundesminister hat die jeweils aktuelle Liste der anerkannten Testmethoden bzw. -produkte auf der Webseite des Ressorts zu veröffentlichen.

(3) Zum Zweck der Ausstellung und der Bereitstellung von Zertifikaten gemäß Abs. 1 hat der für das Gesundheitswesen zuständige Bundesminister als datenschutzrechtlich Verantwortlicher (Art. 4 Z 7 DSGVO) ein elektronisches Service („EPI-Service“) einzurichten und zu betreiben. Er kann sich dazu eines Auftragsverarbeiters bedienen.

(4) Die Ausstellung der Zertifikate hat nach Maßgabe der technischen Verfügbarkeit des EPI-Service und der dafür erforderlichen Daten in Form eines QR-Codes zu erfolgen, der

1. die jeweils notwendigen Daten nach den §§ 4c Abs. 1, 4d Abs. 1 oder 4e Abs. 1 enthält,
2. mit den auf europäischer Ebene allenfalls festgelegten inhaltlichen und technischen Vorgaben interoperabel ist und
3. die Überprüfung von Authentizität, Gültigkeit und Integrität des Zertifikats ermöglicht.

(5) Die Bereitstellung der Zertifikate hat mittels QR-Code und im PDF-Format zu erfolgen, wobei das PDF-Format neben dem QR-Code alle Daten des QR-Codes in menschenlesbarer Form zu enthalten hat. Die Feldbezeichnungen der Daten und allfällige Zusatzinformationen sind in deutscher und englischer Sprache anzugeben. Der für das Gesundheitswesen zuständige Bundesminister kann mit Verordnung Änderungen von Feldbezeichnungen vornehmen und nähere Vorgaben zur Gewährleistung der Barrierefreiheit festlegen.

(6) Die Ausstellung der Zertifikate und die Bereitstellung hat für die sie betreffende Person oder für ihre Vertretung kostenlos zu erfolgen. Dies gilt auch für die Bereitstellung von gedruckten Zertifikaten durch berechnigte Stellen.

(7) Der für das Gesundheitswesen zuständige Bundesminister hat:

1. den Landeshauptleuten als datenschutzrechtlich Verantwortliche (Art. 4 Z 7 DSGVO) den Abruf von Zertifikaten oder von Verweisen auf Zertifikate aus dem EPI-Service zum Zweck der elektronischen Weitergabe an die betroffenen Personen zu ermöglichen, wobei Abrufe ausschließlich mittels bereichsspezifischem Personenkennzeichen Gesundheit (bPK-GH) und über ein gesichertes Netzwerk erfolgen dürfen. Jede über das für die elektronische Weitergabe von Zertifikaten oder Verweisen an Betroffene unbedingt erforderliche Ausmaß hinausgehende Verarbeitung von Daten ist unzulässig.
2. eine Portalverbundanwendung bereitzustellen, die es
 - a) Gemeinden, Bezirksverwaltungsbehörden und der ELGA-Ombudsstelle als datenschutzrechtlich Verantwortliche (Art. 4 Z 7 DSGVO) ermöglicht, einer anfordernden Person Zertifikate (Abs. 1)) sowie
 - b) den Kundenservicestellen der Österreichischen Gesundheitskasse als datenschutzrechtlich Verantwortliche (Art. 4 Z 7 DSGVO) ermöglicht, einer anfordernden Person das Impfzertifikat (Abs. 1 Z 3)in gedruckter Form zur Verfügung zu stellen. Zertifikate dürfen in gedruckter Form und auf Anforderung auch an die Vertretung der betroffenen Person ausgefolgt werden. Jede über das für den Druck von Zertifikaten unbedingt erforderliche Ausmaß hinausgehende Verarbeitung von Daten ist unzulässig.
3. für Bürgerinnen und Bürger die Möglichkeit zur Einsichtnahme, zum Druck und zum Download von Zertifikaten im Wege des Zugangsportals (§ 23 GTelG 2012) zu schaffen; Die Authentifizierung der Bürgerinnen und Bürger hat gemäß § 3 E-GovG zu erfolgen.
4. niedergelassenen Ärztinnen und Ärzten eine Anwendung zur Verfügung zu stellen, die ihnen als datenschutzrechtlich Verantwortliche (Art. 4 Z 7 DSGVO) die Dokumentation von Tests gemäß Abs. 2 Z 1 und 2 sowie den Druck von Zertifikaten gemäß Abs. 1 ermöglicht. Die Authentifizierung der Ärztinnen und Ärzte hat gemäß § 3 E-GovG in Verbindung mit dem eHealth-Verzeichnisdienst (§ 9 GTelG 2012) zu erfolgen.

(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) Exercise of requests for information (Art. 15 GDPR), correction (Art. 16 GDPR), deletion (Art. 17 GDPR) and restriction of processing (Art. 18 GDPR) with regard to those data processed by the respective institution;
 - c) immediate notification to the Federal Minister responsible for health care of any correction or deletion or restriction of processing (Art. 19 GDPR) with regard to the data processed by the respective institution;
 - d) ensuring data security with regard to the identification and transmission of the data processed by the respective entity;
 - e) Exercise of the reporting obligation pursuant to Art. 33 GDPR as well as notification of the data subjects in accordance with Art. 34 GDPR, if the violation of the protection of personal data occurred during the determination or transmission of the data.
3. Both the Federal Minister responsible for health care and the institutions that evaluate SARS-CoV-2 tests within the meaning of § 4b (2) are responsible for the following obligations resulting from the GDPR:
 - 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. Gültigkeitsende des Genesungszertifikats,
9. eindeutige Kennung des Genesungszertifikats.

(2) Der für das Gesundheitswesen zuständige Bundesminister hat die Daten gemäß Abs. 1 Z 1 bis 4 sowie die Sozialversicherungsnummer aus dem Register gemäß § 4 und das bereichsspezifische Personenkennzeichen Gesundheit (bPK-GH) im Wege der Abfrage des Patientenindex (§ 4 in Verbindung mit § 18 GTelG 2012) oder – im Falle des Fehlens der Sozialversicherung – im Wege der Stammzahlenregisterbehörde zu ermitteln. Die ELGA GmbH hat für den Fall, dass Antikörpertests als Grundlage für die Ausstellung von Genesungszertifikaten festgelegt werden (Abs. 4), die für die Ausstellung von Genesungszertifikaten erforderlichen Daten gemäß Abs. 1 Z 1 bis 3 und 5 sowie das bPK-GH aus dem zentralen Impfregister (§ 24c GTelG 2012) zu ermitteln und dem für das Gesundheitswesen zuständigen Bundesminister unter Einhaltung des § 6 GTelG 2012 sowie der technisch-organisatorischen Vorgaben (Schnittstellendefinition) zu übermitteln. Genesungszertifikate sind vom für das Gesundheitswesen zuständigen Bundesminister auf Anforderung von Betroffenen auszustellen.

(3) Das Genesungszertifikat darf frühestens am elften Tag ab dem Datum des ersten positiven NAAT-Testergebnisses ausgestellt werden, seine Gültigkeitsdauer darf 180 Tage, gerechnet ab dem Datum des ersten positiven NAAT-Testergebnisses, nicht übersteigen.

(4) Mit Verordnung kann der für das Gesundheitswesen zuständige Bundesminister auf Grund neuer wissenschaftlicher Erkenntnisse oder diesbezüglicher Festlegungen auf europäischer Ebene bestimmen:

1. abweichende Ausstellungsfristen bzw. Gültigkeitsdauern,
2. dass, gegebenenfalls ab welchem Zeitpunkt und unter welchen Voraussetzungen weitere Testmethoden, insbesondere Antikörpertests, als Grundlage für die Ausstellung von Genesungszertifikaten verwendet werden dürfen.

(5) Das Genesungszertifikat in den gemäß § 4b Abs. 5 festgelegten Formaten sowie das bPK-GH sind im EPI-Service zu speichern.

(6) Sämtliche Daten im EPI-Service sind eine Woche nach Gültigkeitsende des Genesungszertifikats zu löschen.

Impfzertifikat

§ 4e. (1) Das Impfzertifikat hat folgende Daten zu enthalten:

1. Nachname(n) und Vorname(n) der geimpften Person in dieser Reihenfolge,
2. Geburtsdatum der geimpften Person,
3. Krankheit oder Erreger, gegen die oder den die Person geimpft ist, ausschließlich lautend

- auf „COVID-19“ (umfasst auch „SARS-CoV-2“ oder dessen Varianten),
4. Impfstoff/Prophylaxe (generische Beschreibung des Impfstoffs oder seiner Komponenten),
 5. Impfarzneimittel (Bezeichnung des Impfstoffs gemäß Zulassung),
 6. Zulassungsinhaber oder Hersteller des Impfstoffs,
 7. Nummer der Impfdosis und die Gesamtanzahl der Impfdosen einer Impfserie,
 8. Datum der letzten Impfung der Impfserie,
 9. Bezeichnung des Staates, in dem die Impfung durchgeführt wurde,
 10. Bezeichnung des Ausstellers des Impfzertifikats,
 11. eindeutige Kennung des Impfzertifikats.

(1a) Der für das Gesundheitswesen zuständige Bundesminister ist berechtigt, die Daten gemäß § 4d Abs. 1 Z 3 und 4 sowie das bereichsspezifische Personenkennzeichen Gesundheit (bPK-GH) der erkrankten Personen aus dem Register gemäß § 4 der ELGA GmbH zu übermitteln. Die ELGA GmbH hat vor der Übermittlung an das EPI Service gemäß Abs. 2 die Gesamtanzahl der Impfdosen einer Impfserie gemäß Abs 1 Z 7 dem Genesungs-Status entsprechend zu ändern. Hierzu darf Sie die Daten gemäß § 4d Abs. 1 Z 3 und 4 verarbeiten. Eine Weiterverarbeitung über die Zwecke des Abs. 1a hinaus ist nicht zulässig. Mit Verordnung kann der für das Gesundheitswesen zuständige Bundesminister auf Grund neuer wissenschaftlicher Erkenntnisse oder diesbezüglicher Festlegungen auf europäischer Ebene bestimmen, ob und innerhalb welcher Fristen zwischen dem Datum der Erkrankung und der Impfung eine Änderung der Daten gemäß Abs. 1 Z 7 notwendig ist.

(2) Die ELGA GmbH hat die für die Ausstellung von Impfzertifikaten erforderlichen Daten gemäß Abs. 1 Z 1 bis 8, die Chargennummer des verabreichten Impfstoffs sowie das bPK-GH aus dem zentralen Impfregister (§ 24c GTelG 2012) zu ermitteln und dem für das Gesundheitswesen zuständigen Bundesminister unter Einhaltung des § 6 GTelG 2012 sowie der technisch-organisatorischen Vorgaben (Schnittstellendefinition) zu übermitteln.

(3) Mit Verordnung kann der für das Gesundheitswesen zuständige Bundesminister auf Grund neuer wissenschaftlicher Erkenntnisse oder diesbezüglicher Festlegungen auf europäischer Ebene einen abweichenden Ausstellungszeitpunkt oder die Gültigkeitsdauer und deren Berechnungsmethode für Impfzertifikate festlegen.

(4) Das Impfzertifikat in den gemäß § 4b Abs. 5 festgelegten Formaten sowie das bPK-GH werden im EPI-Service gespeichert. Impfstellen dürfen einer geimpften Person das Impfzertifikat ausdrucken, wofür ihnen das Impfzertifikat vom für das Gesundheitswesen zuständigen Bundesminister übermittelt werden darf. Zu diesem Zweck sind die Impfstellen berechtigt, das Impfzertifikat in personenbezogener Form zu verarbeiten.

(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.

(Note: Art. 1 no. 2 of the amendment [BGBl. I No. 103/2022](#) recast § 4 sec. 5, but meant § 4e sec. 5 (see the explanatory memorandum of [IA 2652/A XXVII. GP](#)). The recast provision reads as follows:

“(5) The Federal Minister responsible for health care shall transmit the vaccination certificate in an appropriate manner to ELGA GmbH and the latter shall make the vaccination certificate available in the central vaccination register. ELGA GmbH has a limited specific access authorization for the provision of the vaccination certificate in the central vaccination register 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, [RGGl. 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 must be deleted by 30 June 2023.

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.

Memories of booster vaccinations against COVID-19

§ 4g. (1) The Federal Minister responsible for health care, as the person responsible for data protection (Art. 4 no. 7 GDPR), is authorized to remind persons for whom a booster vaccination against COVID-19 is recommended in accordance with the current application recommendations of the National Vaccination Committee for COVID-19 vaccinations of this booster vaccination. A booster vaccination is a re-vaccination after completion of the basic immunization in order to increase a declining immune response again and to maintain vaccination protection.

(2) For the purpose of sending reminder letters to booster vaccinations against COVID-19, ELGA GmbH as processor (Art. 4 no. 8 GDPR) of the Federal Minister responsible for health care

1. on the basis of the current recommendations for use of the National Vaccination Committee for COVID-19 vaccinations from the COVID-19-related information stored in the central vaccination register (§ 24c para. 2 no. 2 GTelG 2012), to identify those persons for whom a booster vaccination against COVID-19 is recommended, regardless of whether vaccination is not recommended at the time of remembrance due to a current recovery or a contraindication, and
2. To send a reminder of the recommended booster vaccination against COVID-19 to the persons identified in accordance with Z 1.

The Federal Minister responsible for health care must inform ELGA GmbH of the requirements for the determination in accordance with no. 1 resulting from the respective application recommendation of the National Vaccination Committee as well as the time for sending the reminder letters and has a specific access authorization to the information stored in the central vaccination register in accordance with § 24f para. 4 GTelG 2012 for the purpose of sending the reminder letters.

3. The reminder shall contain at least the following:

1. data protection information in accordance with Article 14 GDPR,
2. technical information on the recommended booster vaccination against COVID-19,
3. the indication that the information is provided regardless of whether vaccination at the time of remembrance is not recommended due to a current recovery or contraindication, and education by a doctor is not replaced, and
4. the information referred to in paragraphs 4 and 5.

(4) The body notified in accordance with § 4b (8) shall receive inquiries and complaints from the persons concerned in connection with the reminder, if necessary to determine the nature of the error and to ensure that the error is corrected. The persons concerned must be informed of this.

(5) In accordance with Article 23 (1) (e) GDPR, the controller is entitled to a period of three months for the provision of information on the processing activities taken at the request of the data subjects in accordance with Articles 15 to 22 GDPR in connection with the reminder. The data subjects must be informed of this restriction of Article 12 (3) GDPR in an appropriate manner.

(6) The Federal Minister responsible for health care shall take appropriate data security measures, in particular:

1. further processing of the personal data collected from the central vaccination register for purposes other than the present sending of reminders is inadmissible, unless otherwise provided for in this and other federal laws,
2. access to the central vaccination register for the purpose of sending the reminders must be recorded.

Erhebungen über das Auftreten einer Krankheit

§ 5. (1) Über jede Anzeige sowie über jeden Verdacht des Auftretens einer anzeigepflichtigen Krankheit haben die zuständigen Behörden nach Möglichkeit und Tunlichkeit durch die ihnen zur Verfügung stehenden Ärzte unverzüglich die zur Feststellung der Krankheit und der Infektionsquelle erforderlichen Erhebungen und Untersuchungen einzuleiten. Die Erhebungen sind insoweit durchzuführen, als sie zur Verhinderung der Verbreitung der betreffenden Krankheit erforderlich sind. Kranke, Krankheitsverdächtige und Ansteckungsverdächtige sind verpflichtet, den zuständigen Behörden die erforderlichen Auskünfte zu erteilen und sich den notwendigen ärztlichen Untersuchungen sowie der Entnahme von Untersuchungsmaterial zu unterziehen. Zum Zwecke der Feststellung von Krankheitskeimen sind hiebei nach Möglichkeit fachliche Untersuchungsanstalten in Anspruch zu nehmen.

(2) Unter welchen Voraussetzungen und von welchen Organen bei diesen Erhebungen die Öffnung von Leichen und die Untersuchung von Leichenteilen vorgenommen werden kann, wird durch Verordnung bestimmt.

(3) Auf Verlangen der Bezirksverwaltungsbehörde sind alle Personen, wie insbesondere behandelnde Ärzte, Labors, Arbeitgeber, Familienangehörige und Personal von Gemeinschaftseinrichtungen, die zu den Erhebungen einen Beitrag leisten könnten, zur Auskunftserteilung verpflichtet.

(4) Im Zusammenhang mit der Ermittlung von Kontaktpersonen im Rahmen des Beschlusses Nr. 1082/2013/EU zu schwerwiegenden grenzüberschreitenden Gesundheitsgefahren und zur Aufhebung der Entscheidung Nr. 2119/98/EG, ABl. L 293 vom 5.11.2013 S 1, sind alle natürlichen und juristischen Personen, die über sachdienliche Informationen zur Ermittlung von Kontaktpersonen in grenzüberschreitenden Fällen verfügen, wie Personenbeförderungsunternehmen oder Beherbergungsbetriebe, auf Verlangen dem für das Gesundheitswesen zuständigen Bundesminister zur Auskunftserteilung verpflichtet, soweit dies im Einzelfall erforderlich ist. Diese Informationen umfassen jedenfalls den Namen und – sofern bekannt – das Geburtsdatum, die Telefonnummer sowie die E-Mail-Adresse und können etwa Angaben zur Reiseroute, zu den Mitreisenden oder zu beherbergten Gästen umfassen. Die Daten sind von den Gesundheitsbehörden unverzüglich zu löschen, wenn sie zur Kontaktpersonennachverfolgung nicht mehr erforderlich sind.

(5) Der für das Gesundheitswesen zuständige Bundesminister kann Mitarbeiter der Österreichischen Agentur für Gesundheit und Ernährungssicherheit als Sachverständige für die Abklärung von Ausbruchsklustern bestellen, wenn diese mehrere Bundesländer betreffen. Diese sind berechtigt, unter Wahrung der Amtsverschwiegenheit und aller Erfordernisse des Datenschutzes Einsicht in alle Unterlagen zu nehmen, davon Kopien anzufertigen sowie mit den betroffenen Personen einschließlich Kontaktpersonen direkt Kontakt aufzunehmen, soweit dies zur Abklärung des Ausbruchsklusters unbedingt erforderlich ist. Die nach diesem Bundesgesetz zuständigen Behörden der Länder sind verpflichtet, diesen Experten auf Verlangen die zur Besorgung ihrer Aufgaben unbedingt erforderlichen Auskünfte zu erteilen.

Durchführung von Screeningprogrammen im Rahmen der Bekämpfung von COVID-19

§ 5a. (1) Der für das Gesundheitswesen zuständige Bundesminister kann, soweit dies zur Beurteilung der bereits gesetzten Bekämpfungsmaßnahmen, zur Planung der weiteren Bekämpfungsstrategie, zum Schutz bestimmter von der Pandemie besonders betroffener Personengruppen oder zur Sicherung der Funktionsfähigkeit des Gesundheitssystems notwendig ist, Screeningprogramme

1. zur Feststellung von Prävalenz des Vorkommens der Krankheit in der Bevölkerung oder einzelnen Bevölkerungsgruppen;
2. zur Feststellung von besonders betroffenen Gebieten oder Einrichtungen;
3. zum Screening von bestimmten Bevölkerungsgruppen, bei denen aufgrund des bisherigen Krankheitsverlaufes mit einer Infektion gerechnet werden kann;
4. zum Screening von Berufsgruppen, die auf Grund ihrer Tätigkeit einem erhöhten Risiko einer COVID-19-Infektion ausgesetzt sind;

durchführen. Dazu werden geeignete Testmethoden für den Nachweis des Vorliegens einer Infektion mit SARS-CoV-2 oder Antikörpertests zur Bestätigung einer durchgemachten Infektion oder zum Nachweis einer erworbenen Immunität verwendet. Soweit derartige Programme nur ein Bundesland betreffen, kann der Landeshauptmann als datenschutzrechtlicher Verantwortlicher (Art. 4 Z 7 DSGVO) mit Zustimmung des Bundesministers entsprechende Screeningprogramme innerhalb des jeweiligen Bundeslandes durchführen.

(1a) Der für das Gesundheitswesen zuständige Bundesminister hat im Einvernehmen mit dem Bundesminister für Finanzen unter Berücksichtigung der jeweiligen epidemiologischen Situation, der zu erwartenden positiven Auswirkung auf die Bekämpfung von COVID-19 und der zu erwartenden Effizienz mit Verordnung festzulegen,

1. zu welchen konkreten Zwecken gemäß Abs. 1 Z 1 bis 4,
2. mit welchen Testmethoden und
3. mit welcher Testhäufigkeit

Screeningprogramme gemäß Abs. 1 auf Kosten des Bundes nach § 36 Abs. 1 lit. a dieses Bundesgesetzes durchgeführt werden dürfen.

(2) Im Rahmen der Screeningprogramme dürfen folgende Datenkategorien verarbeitet werden:

1. Daten zur Identifikation der an einem Screeningprogramm teilnehmenden Person (Vor- und Zuname, Geschlecht, Geburtsdatum; die Sozialversicherungsnummer, falls verfügbar),
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. Art des Tests,
6. Bezeichnung des Tests,
7. Testhersteller,
8. Testzentrum oder -einrichtung,
9. Datum und Uhrzeit der Probenabnahme und Erstellung des Testergebnisses,
10. Testergebnis,
11. Gültigkeitsdauer

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) When carrying out screening programmes in accordance with § 5a, it shall be ensured that the data obtained from them are processed in the register for screening programmes.

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

1. Data for the identification of the persons participating in a screening program (name, gender, date of birth, area-specific personal identification number (§ 9 E-GovG, [Federal Law Gazette I No. 10/2004](#)), social security number),
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. Test result
6. time of sampling,
7. time of the test result,
8. type of test,
9. Barcode or QR code.

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

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

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

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

Collection of contact data

§ 5c. 1. For the purpose of identifying contact persons in environmental investigations, to the extent and for as long as this is strictly necessary and proportionate due to the COVID-19 pandemic, but no later than 30 June 2023, it may be determined by regulation that:

1. Operators of catering establishments,
2. operators of tourist accommodation establishments,
3. operators of non-public leisure facilities,
4. operators of cultural institutions,
5. operators of non-public sports facilities,
6. operators of hospitals and health resorts,
7. Operators of homes for the elderly, nursing and disabled and
8. Organizers of meetings (§ 5 COVID-19-MG)

are obliged to collect the personal data specified in paragraph 3 from persons who have stayed at the place concerned for more than 15 minutes and to transmit them to the district administrative authority on request. Data subjects are obliged to disclose this personal data.

(2) In any event, paragraph 1 no. 8 does not cover

1. meetings in the private living area,
2. Assemblies according to the Assembly Act, [Federal Law Gazette No. 98/1953](#),
3. meetings of organs of political parties, and
4. Meetings on the practice of religion.

3. Regulations referred to in paragraph 1 may provide for the collection of the following data:

1. Name
2. Contact details, in particular, if available, telephone number and e-mail address,
3. date, place and time of the beginning and end of the stay and
4. if necessary, more detailed information on the specific place of stay in the company, in the facility or at the venue.

(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. HAUPTSTÜCK.

Vorkehrungen zur Verhütung und Bekämpfung anzeigepflichtiger Krankheiten

Einleitung von Vorkehrungen bei Auftreten anzeigepflichtiger Krankheiten.

§ 6. (1) Über jeden Fall einer anzeigepflichtigen Krankheit sowie über jeden Verdachtsfall einer solchen Krankheit sind, neben den nach § 5 etwa erforderlichen Erhebungen, ohne Verzug die zur Verhütung der Weiterverbreitung der betreffenden Krankheit notwendigen Vorkehrungen im Sinne der folgenden Bestimmungen für die Dauer der Ansteckungsgefahr zu treffen.

(2) Verordnungen der Bezirksverwaltungsbehörden sind in elektronischer Form auf der Internetseite der Behörde, sofern aber landesgesetzliche Vorschriften betreffend die Kundmachung von Verordnungen der Behörde bestehen, nach diesen Vorschriften kundzumachen; sie können ohne Auswirkung auf die Kundmachung auch in anderer Form bekannt gemacht werden, insbesondere durch Anschlag an der Amtstafel der Behörde oder an der Amtstafel der Gemeinden des betroffenen Gebiets.

Absonderung Kranker.

§ 7. (1) Durch Verordnung werden jene anzeigepflichtigen Krankheiten bezeichnet, bei denen für kranke, krankheitsverdächtige oder ansteckungsverdächtige Personen Absonderungsmaßnahmen verfügt werden können.

(1a) Zur Verhütung der Weiterverbreitung einer in einer Verordnung nach Abs. 1 angeführten anzeigepflichtigen Krankheit können kranke, krankheitsverdächtige oder ansteckungsverdächtige Personen abgesondert oder im Verkehr mit der Außenwelt beschränkt werden, sofern nach der Art der Krankheit und des Verhaltens des Betroffenen eine ernstliche und erhebliche Gefahr für die Gesundheit anderer Personen besteht, die nicht durch gelindere Maßnahmen beseitigt werden kann. In Fällen unmittelbar drohender Gefahr der Weiterverbreitung kann die Absonderung auch ohne vorausgegangenes Verfahren und vor Erlassung eines Bescheides erfolgen. Hierüber ist innerhalb von 48 Stunden ein schriftlicher Bescheid zu erlassen, widrigenfalls die Absonderung endet.

(2) Kann eine zweckentsprechende Absonderung im Sinne der getroffenen Anordnungen in der Wohnung des Kranken nicht erfolgen oder wird die Absonderung unterlassen, so ist die Unterbringung des Kranken in einer Krankenanstalt oder einem anderen geeigneten Raume durchzuführen, falls die Überführung ohne Gefährdung des Kranken erfolgen kann.

(3) Zum Zwecke der Absonderung sind, wo es mit Rücksicht auf die örtlichen Verhältnisse geboten erscheint, geeignete Räume und zulässig erkannte Transportmittel rechtzeitig bereitzustellen, beziehungsweise transportable, mit den nötigen Einrichtungen und Personal ausgestattete Barackenspitäler einzurichten.

(4) Abgesehen von den Fällen der Absonderung eines Kranken im Sinne des Abs. 2 kann die Überführung aus der Wohnung, in der er sich befindet, nur mit behördlicher Genehmigung und unter genauer Beobachtung der hiebei von der Behörde anzuordnenden Vorsichtsmaßregeln erfolgen.

(5) Diese Genehmigung ist nur dann zu erteilen, wenn eine Gefährdung öffentlicher Rücksichten hiedurch nicht zu besorgen steht und der Kranke entweder in eine zur Aufnahme solcher Kranker bestimmte Anstalt gebracht werden soll oder die Überführung nach der Sachlage unbedingt geboten erscheint.

Rechtsschutz bei Absonderungen

§ 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.

Traffic restrictions

§ 7b. (1) The Federal Minister responsible for health care may, in the event of the occurrence of a notifiable illness referred to in an ordinance pursuant to § 7 (1), by ordinance, impose traffic restrictions for sick, suspected of illness or suspected of infection.

(2) Traffic restrictions pursuant to paragraph 1 may only be issued if the nature and extent of the disease do not require segregation in accordance with Paragraph 7(1a) and the traffic restrictions are necessary to prevent the further spread of the notifiable disease referred to in a regulation pursuant to Paragraph 7(1).

(3) Traffic restrictions pursuant to paragraph 1 are in particular:

1. Requirements and requirements for entering and driving on business premises, places of work, old people's and nursing homes as well as inpatient residential facilities of the disabled assistance, certain places and public places in their entirety, for the use of means of transport and for meetings.
2. the prohibition of entering and driving at business premises, places of work, old people's and nursing homes as well as inpatient residential facilities of the disabled assistance and certain places, the use of means of transport and meetings, if measures under Z 1 are not sufficient, whereby such measures are to be taken side by side if necessary.

(4) Requirements pursuant to para. 3 no. 1 are in particular certain types or purposes of the use of places and means of transport.

(5) In particular, the following may be considered as conditions pursuant to paragraph 3 no. 1:

1. the requirement to provide evidence of only a low epidemiological risk,
2. the obligation to wear a mechanical protective device covering the mouth and nose area, and
3. Distance rules.

(6) Certain places referred to in paragraph 3 are certain public and certain private places, with the exception of the private residential area.

(7) Public places referred to in paragraph 3 are those that can be entered or driven by a group of persons not determined from the outset.

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. Die Abgabe von Lebensmitteln aus Verkaufsstätten, Häusern oder erforderlichenfalls aus einzelnen Ortsgebieten, in denen Scharlach, Diphtherie, Abdominaltyphus, Paratyphus, Ruhr, Flecktyphus, Blattern, Asiatische Cholera, Pest oder Ägyptische Augenentzündung aufgetreten ist, kann untersagt oder von bestimmten Vorsichten abhängig gemacht werden.

([*BGBI. Nr. 449/1925, Artikel III Abs. 2.*](#))

Abschließung von Wohnungen, Verbot von Totenfeierlichkeiten.

§ 12. (1) Beim Auftreten von Scharlach, Diphtherie, Flecktyphus, Blattern, Asiatischer Cholera oder Pest dürfen vor Durchführung der Desinfektion die ansteckungsverdächtigen Räume von unberufenen Personen nicht betreten, Leichenmahle und sonstige Totenfeierlichkeiten im selben Hause nicht veranstaltet werden.

(2) Durch Verordnung kann bestimmt werden, daß dasselbe Verbot auch beim Auftreten einer anderen anzeigepflichtigen Krankheit Platz zu greifen hat.

Maßnahmen in Bezug auf Leichen.

§ 13. (1) Leichen von mit Flecktyphus, Blattern, Asiatischer Cholera, Pest behafteten Personen sind mit tunlichster Beschleunigung in eine Leichenkammer zu überführen.

(2) Beim Auftreten von Scharlach, Diphtherie, Milzbrand oder Rotz kann gleichfalls die Überführung der Leichen von mit einer dieser Krankheiten behafteten Personen in eine Leichenkammer angeordnet werden.

(3) Kann die Überführung in eine Leichenkammer nicht erfolgen, so ist die Leiche bis zur Beerdigung in der Weise abgesondert zu verwahren, daß unberufene Personen nicht Zutritt zur Leiche erhalten.

(4) Die Überführung oder Absonderung der Leiche ist erforderlichenfalls zwangsweise vorzunehmen.

(5) Nähere Vorschriften über die Einsargung, Überführung und Bestattung von Leichen mit anzeigepflichtigen Krankheiten behafteter Personen sowie über Einrichtung von Leichenkammern werden durch Verordnung erlassen.

Vertilgung von Tieren.

§ 14. Zur Hintanhaltung der Weiterverbreitung übertragbarer Krankheiten können Maßnahmen zur Vertilgung tierischer Schädlinge getroffen werden.

(BGBI. Nr. 151/1947, Artikel II Z 5 lit. e.)

Maßnahmen gegen das Zusammenströmen größerer Menschenmengen.

§ 15. (1) Sofern und solange dies im Hinblick auf Art und Umfang des Auftretens einer meldepflichtigen Erkrankung zum Schutz vor deren Weiterverbreitung unbedingt erforderlich ist, sind Veranstaltungen, die ein Zusammenströmen größerer Menschenmengen mit sich bringen,

1. einer Bewilligungspflicht zu unterwerfen,
2. an die Einhaltung bestimmter Voraussetzungen oder Auflagen zu binden oder
3. auf bestimmte Personen- oder Berufsgruppen einzuschränken.

Erforderlichenfalls sind die Maßnahmen gemäß Z 1 bis 3 nebeneinander zu ergreifen. Reichen die in Z 1 bis 3 genannten Maßnahmen nicht aus, sind Veranstaltungen zu untersagen.

(2) Voraussetzungen oder Auflagen gemäß Abs. 1 können je nach epidemiologischen Erfordernissen insbesondere sein:

1. Vorgaben zu Abstandsregeln,
2. Verpflichtungen zum Tragen einer mechanischen Mund-Nasen-Schutzvorrichtung,
3. Beschränkung der Teilnehmerzahl,
4. Anforderungen an das Vorhandensein und die Nutzung von Sanitäreinrichtungen sowie Desinfektionsmitteln,

(Anm.: Z 5 mit Ablauf des 31.12.2021 außer Kraft getreten)

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, leish, 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, leish, 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, leish, 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, leish, Asian cholera, plague, Egyptian eye inflammation, anthrax or glanders, traffic with objects that can be considered carriers of pathogens and originate from an area affected by the disease may be prohibited or made subject to certain cautions.

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) das Vorliegen bestimmter Zwecke für das Betreten des Epidemiegebietes,
 - b) das Erfordernis eines Nachweises über eine lediglich geringe epidemiologische Gefahr und
 - c) zur Verhinderung der Verbreitung von COVID-19: die Verpflichtung zum Tragen einer den Mund- und Nasenbereich abdeckenden mechanischen Schutzvorrichtung,
2. die Untersagung des Betretens des Epidemiegebietes, sofern Maßnahmen nach Z 1 nicht ausreichen, wobei solche Maßnahmen erforderlichenfalls nebeneinander zu ergreifen sind.

(4) Im Zusammenhang mit Maßnahmen zur Verhinderung der Verbreitung von COVID-19 gelten für das Erfordernis eines Nachweises über eine lediglich geringe epidemiologische Gefahr § 1 Abs. 5 Z 5 und Abs. 5a bis 5d COVID-19-MG sinngemäß.

(5) Im Zusammenhang mit Maßnahmen zur Verhinderung der Verbreitung von COVID-19 gelten als Epidemiegebiete gemäß Abs. 1 bestimmte örtlich abgegrenzte oder abgrenzbare Teile des Bundesgebietes, in denen außergewöhnliche regionale Umstände im Hinblick auf die Verbreitung von SARS-CoV-2 vorliegen. Außergewöhnliche regionale Umstände liegen etwa vor, wenn aufgrund der Bewertung der epidemiologischen Situation gemäß § 1 Abs. 7 COVID-19-MG im bundesweiten Vergleich ein besonders hohes Risiko der Verbreitung von SARS-CoV-2 anzunehmen ist oder wenn aufgrund wesentlich veränderter Eigenschaften des Virus die bereits gesetzten Bekämpfungsmaßnahmen oder die weitere Bekämpfungsstrategie erheblich gefährdet sind.

Verkehrsbeschränkungen gegenüber dem Ausland

§ 25. (1) Sofern dies im Hinblick auf Art und Umfang des Auftretens einer meldepflichtigen Erkrankung zum Schutz vor deren Weiterverbreitung unbedingt erforderlich ist, sind für die Einreise oder die Beförderung von Menschen in das Bundesgebiet oder für die Ein- und Durchfuhr von Waren Verkehrsbeschränkungen anzuordnen.

(2) Als Einreise gilt das Betreten des Bundesgebietes.

(3) Verkehrsbeschränkungen für die Einreise oder die Beförderung von Menschen in das Bundesgebiet gemäß Abs. 1 sind insbesondere:

1. Voraussetzungen und Auflagen für die Einreise oder die Beförderung von Menschen in das Bundesgebiet wie
 - a) das Vorliegen bestimmter Zwecke für die Einreise oder die Beförderung von Menschen in das Bundesgebiet,
 - b) das Erfordernis eines Nachweises über eine lediglich geringe epidemiologische Gefahr,
 - c) das Antreten einer selbstüberwachten Heimquarantäne nach Einreise in das Bundesgebiet und
 - d) die Erhebung von Namen, Kontaktdaten und Einreise- oder Beförderungsdatum unter sinngemäßer Anwendung des § 5c Abs. 4,
2. die Untersagung der Einreise in das Bundesgebiet sowie Lande-, Anlege- oder Halteverbote, sofern Maßnahmen nach Z 1 nicht ausreichen, wobei solche Maßnahmen erforderlichenfalls nebeneinander zu ergreifen sind.

(4) Verkehrsbeschränkungen für die Ein- und Durchfuhr von Waren gemäß Abs. 1 sind insbesondere:

1. Voraussetzungen und Auflagen für die Ein- und Durchfuhr von Waren, wie
 - a) die Desinfektion,
 - b) die Warenkontrolle und
 - c) die Beschränkung der Warenein- und -durchfuhr auf bestimmte Zwecke,
2. die Untersagung der Ein- und Durchfuhr von Waren, sofern Maßnahmen nach Z 1 nicht ausreichen, wobei solche Maßnahmen erforderlichenfalls nebeneinander zu ergreifen sind.

(5) Im Zusammenhang mit Maßnahmen zur Verhinderung der Verbreitung von COVID-19 gelten für das Erfordernis eines Nachweises über eine lediglich geringe epidemiologische Gefahr § 1 Abs. 5 Z 5 und Abs. 5a bis 5d COVID-19-MG sinngemäß.

§ 25a. (1) In einer Anordnung nach § 25 kann geregelt werden, dass Personen, die aus Staaten oder Gebieten mit Vorkommen von COVID-19 einreisen oder innerhalb eines bestimmten Zeitraums vor der Einreise dort aufhältig waren und dies die epidemiologische Situation erfordert, verpflichtet sind, der für den Wohnsitz oder Aufenthalt örtlich zuständigen Bezirksverwaltungsbehörde als Gesundheitsbehörde die in Abs. 2 genannten Daten bekannt zu geben.

(2) Daten gemäß Abs. 1 sind:

1. Vor- und Nachname,
2. Geburtsdatum,
3. Wohn- und Aufenthaltsadresse, falls zutreffend,
4. Datum der Einreise,
5. etwaiges Datum der Ausreise,
6. Abreisestaat oder -gebiet,
7. Aufenthalt während der letzten zehn Tage vor der Einreise,
8. Ort der selbstüberwachten Heimquarantäne (Adresse),
9. Kontaktdaten (Telefonnummer, E-Mail-Adresse),
10. Vorliegen eines ärztlichen Zeugnisses oder eines der in § 4b genannten Zertifikate.

(3) Die Bekanntgabe der in Abs. 2 genannten Daten gemäß Abs. 1 hat mittels elektronischen Formulare über www.oesterreich.gv.at zu erfolgen. Eine entsprechende Sendebestätigung ist bei Einreise mitzuführen und bei einer Kontrolle auf Verlangen vorzuweisen.

(4) Aus Gründen, die sich aus der besonderen Situation der betroffenen Person ergeben, kann der Verpflichtung gemäß Abs. 1 auch durch händisches Ausfüllen eines Formulare bei der Grenzkontrolle nachgekommen werden. Die für die Grenzübertrittsstelle örtlich zuständige Bezirksverwaltungsbehörde hat das ausgefüllte Formular unter Einhaltung geeigneter Datensicherheitsmaßnahmen gemäß Art. 32 DSGVO unverzüglich an die für den Wohnsitz oder Aufenthalt zuständige Bezirksverwaltungsbehörde zu übermitteln. Bei elektronischer Übermittlung ist das Originalformular nach derselben zu vernichten.

(5) Die jeweils für den Wohnsitz oder Aufenthalt örtlich zuständige Bezirksverwaltungsbehörde ist berechtigt, die ihr gemäß Abs. 3 und 4 übermittelten personenbezogenen Daten für den Zeitraum von 28 Tagen ab dem Datum der Einreise gemäß Abs. 2 Z 4 zu speichern. Die Daten dienen ausschließlich der Information der Bezirksverwaltungsbehörde zur Erlangung von Kenntnis der in ihrem Gebiet aufhaltigen Personen, um die in einer Verordnung nach § 25 vorgesehenen Maßnahmen überprüfen zu können, sowie dem Zweck der Kontaktpersonennachverfolgung (§ 5) im Zusammenhang mit SARSCoV-2. Nach Ablauf dieser Frist hat die Bezirksverwaltungsbehörde die Daten zu löschen.

(6) Datenschutzrechtlich Verantwortliche gemäß Art. 4 Z 7 DSGVO ist die jeweils zuständige Bezirksverwaltungsbehörde als Gesundheitsbehörde. Die Bundesrechenzentrum GmbH ist hinsichtlich der Übermittlung der gemäß Abs. 3 bekannt gegebenen Daten Auftragsverarbeiter gemäß Art. 4 Z 8 DSGVO. Die Verpflichtungen nach § 28 Abs. 3 DSGVO sind einzuhalten. Die bekannt gegebenen Daten sind durch die Bundesrechenzentrum GmbH unmittelbar nach Übermittlung an die zuständige Bezirksverwaltungsbehörde zu löschen. Geeignete Datensicherheitsmaßnahmen gemäß § 32 DSGVO sind vorzusehen.

(7) Art. 13 und 14, Art. 18 und Art. 21 DSGVO finden gemäß Art. 23 Abs. 1 lit. e DSGVO keine Anwendung.

§ 25b. (1) An order pursuant to § 25 may stipulate that the district administrative authority as a health authority responsible for the border crossing point and the district administrative authority locally responsible for residence or residence as well as transport companies transporting persons from states or areas with the occurrence of COVID-19 to the Federal territory are entitled to check the data referred to in paragraph 2.

(2) Data referred to in paragraph 1 are:

1. Data according to § 25a Abs. 2,
2. Proof of only a low epidemiological risk in accordance with § 25 para. 3 no. 1 lit. b,
3. Citizenship

4. domicile or habitual residence,
5. Photo ID according to § 5 of the Amtssitzgesetz, [Federal Law Gazette I No. 54/2021](#), in the currently valid version,
6. Residence permit, residence permit or documentation of the right of residence according to the Settlement and Residence Act, [Federal Law Gazette I No. 100/2005](#), as amended from time to time, or the Asylum Act 2005, [Federal Law Gazette I No. 100/2005](#), in the currently valid version, which entitle to residence in Austria,
7. Confirmation of the submission of the application pursuant to Article 18(1) of the Agreement on the Withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community. L No 29 of 31.01.2020 S 7 (Withdrawal Agreement),
8. proof of the status of staff of diplomatic missions or consular missions,
9. Proof of employment with an international organisation,
10. Proof of an employment relationship with a domestic local authority or a domestic corporation under public law, whereby the place of employment is abroad or the service is carried out abroad, insofar as the activity of this corporation abroad is in the interest of the Republic of Austria,
11. proof of the use of medical treatment,
12. Proof of the existence of exceptions to traffic restrictions pursuant to § 25, unless they are covered by nos. 3 to 11.

(3) The respective carrier may be obliged to ensure that the personal data disclosed to it in accordance with paragraph 2 nos. 1 to 11 are transmitted to the district administrative authority locally responsible for the border crossing point. The latter must transmit the data immediately to the district administrative authority responsible for the place of residence or residence. The transfer must be carried out in compliance with suitable data security measures in accordance with Art. 32 GDPR, in particular in the form of confidentiality obligations, information obligations and further processing prohibitions. In the case of electronic transmission, the original form must be destroyed according to the same.

(4) The carrier or the district administrative authority locally responsible for the border crossing point shall delete the disclosed data no later than 28 days after transmission to the competent district administrative authority.

(5) With regard to the purpose, processing, storage and deletion of the data as well as the responsibility under data protection law, § 25a para. 5 to 7 applies mutatis mutandis, whereby the controller under data protection law in accordance with Art. 4 no. 7 GDPR is the transport company with regard to the data collected by it.

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.

Mitwirkung von Organen des öffentlichen Sicherheitsdienstes

§ 28a. (1) Die Organe des öffentlichen Sicherheitsdienstes haben die nach diesem Bundesgesetz zuständigen Behörden und Organe über deren Ersuchen bei der Ausübung ihrer gemäß den §§ 5, 6, 7, 7b, 15, 17, 22 24 und 25 beschriebenen Aufgaben bzw. zur Durchsetzung der vorgesehenen Maßnahmen erforderlichenfalls unter Anwendung von Zwangsmitteln zu unterstützen. Organe nach § des 12b Grenzkontrollgesetzes – GrekoG, [BGBl. Nr. 435/1996](#), haben bei der Ausübung der ihnen nach § 12a GrekoG zukommenden Befugnisse die nach diesem Bundesgesetz zuständigen Behörden und Organe über deren Ersuchen bei der Ausübung ihrer gemäß § 25 beschriebenen Aufgaben zu unterstützen.

(1a) Die Organe des öffentlichen Sicherheitsdienstes haben an der Vollziehung dieses Bundesgesetzes und der auf Grund dieses Bundesgesetzes erlassenen Verordnungen mitzuwirken durch

1. Maßnahmen zur Vorbeugung gegen drohende Verwaltungsübertretungen,
2. Maßnahmen zur Einleitung und Sicherung eines Verwaltungsstrafverfahrens und

3. die Ahndung von Verwaltungsübertretungen durch Organstrafverfügungen (§ 50 VStG).

Zu diesem Zweck dürfen Ortschaften, Betriebsstätten, sonstige Gebäude und Verkehrsmittel betreten werden, sofern dies im Zuge von Erhebungs- und Bekämpfungsmaßnahmen nach diesem Bundesgesetz unbedingt erforderlich ist. Der private Wohnbereich darf nicht betreten werden.

(1b) Die Organe des öffentlichen Sicherheitsdienstes haben nach Maßgabe der ihnen zur Verfügung stehenden Ressourcen auf Ersuchen der nach diesem Bundesgesetz zuständigen Behörden – sofern dringend erforderlich – an Maßnahmen gemäß § 5 mitzuwirken. Die Mitwirkungspflicht umfasst

1. die Erhebung von Identitätsdaten (Name, Wohnsitz),
2. die Erfragung allfälliger Krankheitssymptome und
3. die Erhebung von Kontaktdaten (Telefonnummer, E-Mail-Adresse)

von kranken, krankheitsverdächtigen oder ansteckungsverdächtigen Personen als Auftragsverarbeiter (Art. 4 Z 8 der Verordnung (EU) 2016/679 zum Schutz natürlicher Personen bei der Verarbeitung personenbezogener Daten, zum freien Datenverkehr und zur Aufhebung der Richtlinie 95/46/EG (Datenschutz-Grundverordnung), ABl. Nr. L 119 vom 4.5.2016 S. 1, in der Fassung der Berichtigung ABl. Nr. L 127 vom 23.5.2018 S. 2) für die nach diesem Bundesgesetz zuständigen Behörden. Zu diesem Zweck dürfen die Organe des öffentlichen Sicherheitsdienstes Abfragen aus dem Zentralen Melderegister durchführen. Diese Daten sind den nach diesem Bundesgesetz zuständigen Behörden in elektronischer Form über eine gesicherte Leitung unverzüglich nach der Erhebung zu übermitteln. Die von den Organen des öffentlichen Sicherheitsdienstes erhobenen Daten dürfen ausschließlich zum Zweck der Kontaktierung der betroffenen Person verarbeitet werden und sind nach Übermittlung an die nach diesem Bundesgesetz zuständigen Behörden unverzüglich zu löschen. Eine Verarbeitung der Daten zu anderen Zwecken ist nicht zulässig.

(2) Sofern nach der fachlichen Beurteilung der nach diesem Bundesgesetz zuständigen Behörden im Rahmen der nach Abs. 1 vorgesehenen Unterstützung für die Organe des öffentlichen Sicherheitsdienstes nach der Art der übertragbaren Krankheit und deren Übertragungsmöglichkeiten eine Gefährdung verbunden ist, der nur durch besondere Schutzmaßnahmen begegnet werden kann, so sind die nach diesem Bundesgesetz zuständigen Behörden verpflichtet, adäquate Schutzmaßnahmen zu treffen.

Maßnahmen im Rahmen einer Pandemie

§ 28b. (1) Nationale IGV-Anlaufstelle im Sinne der Internationalen Gesundheitsvorschriften, [BGBI. III Nr. 98/2008](#), ist das für das Gesundheitswesen zuständige Bundesministerium (Art. 4 Abs. 1 und 2 IGV).

(2) Die Entscheidung, welche Informationen die nationale IGV-Anlaufstelle an die Weltgesundheitsorganisation (im Folgenden: WHO) weiterleitet und an welche Behörden Informationen weitergeleitet werden, die von der WHO an die nationale IGV-Anlaufstelle übermittelt werden, trifft der für das Gesundheitswesen zuständige Bundesminister.

(3) Die Bezirksverwaltungsbehörden und Landeshauptmänner stellen dem für das Gesundheitswesen zuständigen Bundesministerium umgehend alle ihnen vorliegenden Informationen zur Verfügung, die für Mitteilungen an die WHO im Sinne der Art. 6 bis 12 und 19 Buchstabe c IGV erforderlich sind.

(4) Soweit dies zur Erfüllung der Verpflichtungen aus den IGV erforderlich ist, sind Bezirksverwaltungsbehörden und Landeshauptmänner berechtigt, im Rahmen des Abs. 3 auch personenbezogene Informationen zu übermitteln und ist der für das Gesundheitswesen zuständige Bundesminister berechtigt, personenbezogene Informationen an Bezirksverwaltungsbehörden, Landeshauptmänner, die WHO und zuständige Behörden im Ausland zu übermitteln.

Naturwissenschaftliche, insbesondere veterinärmedizinische Einrichtungen nach § 2 Abs. 2 Z 1 Ärztegesetz 1998

§ 28c. (1) Die Einrichtungen sind verpflichtet, vor Aufnahme ihrer Tätigkeit für den Menschen dies dem Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz

unter Nachweis ihrer fachlichen Eignung zu melden. Diese Meldungen sind den Bezirksverwaltungsbehörden zur Kenntnis zu bringen.

(2) Die Einrichtungen unterliegen der Meldepflicht nach §§ 2 und 3 dieses Bundesgesetzes.

(3) Die Meldung hat gemäß der Verordnung des Bundesministers für Gesundheit betreffend elektronische Labormeldung in das Register anzeigepflichtiger Krankheiten, [BGBl. II Nr. 184/2013](#), zu erfolgen.

(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. sie in einem Epidemiegebiet, über das Verkehrsbeschränkungen gemäß § 24 verhängt worden sind, aufhältig sind oder Beschränkungen hinsichtlich des Betretens unterworfen sind,

und dadurch ein Verdienstentgang eingetreten ist.

(1a) Abweichend von Abs. 1 Z 1 und Z 3 ist für die Dauer der Pandemie mit COVID-19 eine Vergütung nach Abs. 1 auch dann zu leisten, wenn bei einer natürlichen Person der Nachweis einer befugten Stelle über ein positives Ergebnis eines molekularbiologischen Tests auf SARS-CoV-2 vorliegt. Die Vergütung ist für jeden Tag zu leisten, für den eine Maßnahme gemäß § 7 oder § 17 angeordnet worden wäre. Ebenso ist eine Vergütung zu leisten, wenn einer Person aufgrund einer Verordnung nach § 7b Abs. 1 Verkehrsbeschränkungen auferlegt wurden und ihr deshalb durch die Behinderung ihres Erwerbes ein Vermögensnachteil entstanden ist.

(2) Die Vergütung ist für jeden Tag zu leisten, der von der in Abs. 1 genannten behördlichen Verfügung umfaßt ist.

(3) Die Vergütung für Personen, die in einem Arbeitsverhältnis stehen, ist nach dem regelmäßigen Entgelt im Sinne des Entgeltfortzahlungsgesetzes, [BGBl. Nr. 399/1974](#), zu bemessen. Die Arbeitgeber haben ihnen den gebührenden Vergütungsbetrag an den für die Zahlung des Entgelts im Betrieb üblichen Terminen auszuzahlen. Der Anspruch auf Vergütung gegenüber dem Bund geht mit dem Zeitpunkt der Auszahlung auf den Arbeitgeber über. Der für die Zeit der Erwerbsbehinderung vom Arbeitgeber zu entrichtende Dienstgeberanteil in der gesetzlichen Sozialversicherung und der Zuschlag gemäß § 21 des Bauarbeiterurlaubsgesetzes 1972, BGBl. Nr. 414, ist vom Bund zu ersetzen.

(3a) Der Anspruch auf Vergütung gegenüber dem Bund gemäß Abs. 3 besteht ungeachtet privatrechtlicher oder öffentlich-rechtlicher Verpflichtungen zur Fortzahlung des Entgelts beziehungsweise der Bezüge.

(4) Für selbständig erwerbstätige Personen und Unternehmungen ist die Entschädigung nach dem vergleichbaren fortgeschriebenen wirtschaftlichen Einkommen zu bemessen.

(5) Auf den gebührenden Vergütungsbetrag sind Beträge anzurechnen, die dem Vergütungsberechtigten wegen einer solchen Erwerbsbehinderung nach sonstigen Vorschriften oder Vereinbarungen sowie aus einer anderweitigen während der Zeit der Erwerbsbehinderung aufgenommenen Erwerbstätigkeit zukommen. Dies gilt nicht im Falle der Fortzahlung des Entgelts bzw. der Bezüge gemäß Abs. 3a.

(6) Der für das Gesundheitswesen zuständige Bundesminister kann, wenn und soweit dies zur Gewährleistung einer einheitlichen Verwaltungsführung erforderlich ist, durch Verordnung nähere Vorgaben zur Berechnung der Höhe der Entschädigung oder Vergütung des Verdienstentgangs erlassen.

(7) Auf Grund dieser Bestimmung erlassene Bescheide, denen unrichtige Angaben eines Antragstellers über anspruchsbegründende Tatsachen zugrunde liegen, leiden an einem mit Nichtigkeit bedrohten Fehler im Sinne des § 68 Abs. 4 Z 4 AVG.

Frist zur Geltendmachung des Anspruches auf Entschädigung oder Vergütung des Verdienstentganges.

§ 33. Der Anspruch auf Entschädigung gemäß § 29 ist binnen sechs Wochen nach erfolgter Desinfektion oder Rückstellung des Gegenstandes oder nach Verständigung von der erfolgten Vernichtung, der Anspruch auf Vergütung des Verdienstentganges gemäß § 32 binnen sechs Wochen vom Tage der Aufhebung der behördlichen Maßnahmen bei der Bezirksverwaltungsbehörde, in deren Bereich diese Maßnahmen getroffen wurden, geltend zu machen, widrigenfalls der Anspruch erlischt.

Ersatz der Behandlungskosten für von wutkranken Hunden gebissene Personen

§ 33a. (1) Die Behandlungskosten für von einem wutkranken oder wutverdächtigen Hund gebissene Personen hat, soweit nicht ein Träger der Krankenversicherung oder eine Krankenfürsorgeanstalt oder ein Träger der Unfallversicherung aufzukommen hat, der zahlungsfähige Hundeeigentümer zu tragen.

(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 [BGBI. 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 [BGBI. 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 on the basis of an ordinance pursuant to § 5a (1a);
- 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) Anyone who violates the orders for the filing of complaints and reports contained in this Federal Act or issued on the basis thereof shall be guilty of an administrative offence and shall be punishable by a fine of EUR 218 up to EUR 2 180, in the case of repetition up to EUR 4 360, in the event of non-submission with 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) does not ensure, in breach of his duties of care, that the person under his care and care undergoes a medical examination ordered on the basis of Paragraph 5(1) and the removal of examination material,

is guilty of an administrative offence, provided that the offence is not punishable by a judicial penalty, and is punishable by a fine of UP to EUR 1 450, up to EUR 2 900 in the case of repetition, and up to four weeks' imprisonment in the event of non-recovery.

(2) Anyone who enters an event venue in accordance with § 15 contrary to the specified conditions or conditions commits an administrative offence and is to be punished with a fine of 50 euros up to 500 euros, in the case of repetition up to 1 000 euros, in the case of non-collection with imprisonment of up to one week.

Confiscation and forfeiture of objects.

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

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

(3) The seizure and forfeiture of property within the meaning of paragraph 2 shall be independent of the initiation of prosecution of a particular person and of the conviction of the

same.

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

Dedication of fines.

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

V. MAIN PIECE.

General provisions.

Regulatory competences.

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

(Note: Para. 2 repealed by [Federal Law Gazette I No. 63/2016](#))

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

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

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

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

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

Covid-19 Responsibilities

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

(2) Ordinances under this Federal Act on COVID-19 may be issued by the Governor if no ordinance has been issued in accordance with paragraph 1 or if additional measures are laid down in accordance with paragraph 1.

(3) Ordinances under this Federal Act on COVID-19 may be issued by the district administrative authority if no ordinances have been issued pursuant to paragraphs 1 or 2 or additional measures are laid down in addition to ordinances pursuant to paragraphs 1 or 2.

(4) A regulation pursuant to paragraphs 1 to 3 may differentiate regionally according to the respective epidemiological situation.

5. Regulations referred to in paragraph 1 may repeal regulations referred to in paragraphs 2 and 3 or parts thereof. Regulations pursuant to paragraph 2 may repeal regulations pursuant to paragraph 3 or parts thereof.

(6) Ordinances pursuant to paragraphs 2 and 3 shall be notified to the Federal Minister responsible for health care before they enter into force.

Special powers of the medical authorities and their organs.

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

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

(3) 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. (*StGBI. 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) Decisions pursuant to § 7 or § 17 of this Federal Act may also be issued by telephone for the duration of the covid-19 pandemic, in deviation from § 62 (1) of the General Administrative Procedure Act 1991, [Federal Law Gazette No. 51/1991](#) in the current version, on suspicion of infection with SARS-CoV-2.

(2) The segregation ends if the authority does not issue a decision on the segregation within 48 hours in accordance with § 7 of this Federal Act due to infection with SARS-CoV-2.

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

Postage treatment.

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

2. If the receiving authority does not wish to pay the fees waived in each individual case, those fees may be deferred on a monthly basis.

(*Federal Law Gazette No. 151/1947, Article II No. 5 lit. i.*)

Revision of office

§ 47a. The Federal Minister responsible for health care may appeal on a point of law against decisions of the administrative courts in proceedings under this Federal Act on grounds of illegality before the Administrative Court. The administrative courts must immediately submit

copies of such decisions to the Federal Ministry of Social Affairs, Health, Care and Consumer Protection.

Repeal of older regulations.

§ 48. (1) All provisions on objects regulated in this Act or regulated by ordinance on the basis thereof shall cease to apply with effect from the date of validity of this Act or the relevant Ordinance.

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

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

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

Note for the following provision

Paragraph 4 is only applicable to cases in which the application was submitted before the entry into force of Federal Law [Gazette I No. 21/2022](#) (cf. § 50 para. 29).

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

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

(2) Even before the entry into force of this provision, running and expired periods shall begin to run anew with the entry into force of the Federal Act [Federal Law Gazette I No. 62/2020](#).

(3) The district administrative authority is obliged to decide on applications for remuneration for loss of earnings pursuant to § 32, which are submitted on the basis of an official measure issued due to the occurrence of SARS-CoV-2, without unnecessary postponement, but no later than twelve months after their receipt.

(4) An application for remuneration for the loss of earnings pursuant to § 32 submitted to the locally incompetent authority in due time, which has not been received by the locally competent authority within the period referred to in paragraphs 1 and 2 due to a circumstance within the sphere of the authority (§ 6 para. 1 AVG), shall be deemed to have been submitted in good time.

(5) Applications for remuneration for loss of earnings pursuant to § 32 submitted in due time may also be extended in amount during pending proceedings after expiry of the period referred to in paragraphs 1 and 2 for the assertion of claims on the basis of an ordinance issued pursuant to § 32 (6).

(6) The claim to remuneration of special payments (13th and 14th monthly withdrawal) in accordance with § 32 (3), which refers to official measures lifted until 30.09.2021, can be asserted until 30.09.2022 without prejudice to legal force that has already occurred.

Effectiveness of the law.

§ 50. (1) This Act, in the version of the Act of 17 February 1920, StGBL. No. 83 (Epidemic Act Amendment), and the Federal Act of 3 December 1925, Federal Law Gazette No. 449 (II Epidemic Act Amendment), as well as the provisions of the Federal Act of 18 June 1947, Federal Law Gazette No. 151, Article II No. 5 and Article III and IV (3) and (4) – after the repeal of the

relevant provisions of Reich law by the Federal Act of 18 June 1947, Federal Law Gazette No. 151, Article I No. 6 – re-entered into force on 22 August 1947.

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

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

(4) § 43 in the version of the Federal Act [FEDERAL LAW Gazette I No. 80/2013](#) enters into force on 1 January 2014.

(5) §§ 1 sec. 1 no. 1 and 2, 4 para. 7, 7 para. 1 and 1a, 26b including heading, 36 para. 3, 43 para. 4, and 51 as well as the omission of § 2 sec. 3 and 43 sec. 2 in the version of the Federal Act [BGBl. I No. 63/2016](#) enter into force on the day following the announcement.

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

(7) § 6 (2) in the version of the 3rd COVID-19 Act, [Federal Law Gazette I No. 23/2020](#), comes into force on 1 February 2020, but without effect on ordinances which, in accordance with its previous version, were promulgated by the end of 4 April 2020.

(8) § 3a, § 13 (5), § 28a (1a) and § 43 (4a) and § 46 in the version of the Federal Act [BGBl. I No. 23/2020](#) enter into force on the day following the announcement. § 3a expires on 30 June 2023.

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

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

(11) Sections 5a, 5b and 46 shall cease to apply at the end of 30 June 2023.

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

(13) § 28a sec. 1b in the version of the Federal Act [Federal Law Gazette I No. 103/2020](#) enters into force on the day following the announcement and expires on 30 June 2023.

(14) The title, Paragraph 4(1), Paragraph 5(4) and (5), Paragraph 5a(5), Paragraph 15(1) and (2)(4) and (5), Paragraph 15(5) to (8), Paragraph 32(7), Paragraph 43a and Paragraph 51, including headings as amended by [Federal Law Gazette I No 104/2020](#), shall enter into force on the date following the announcement.

(15) § 7 sec. 1a third sentence in the version of the Federal Act [Federal Law Gazette I No. 104/2020](#) enters into force on the day following the announcement and is also applicable to all prohibitions in force at the time of entry into force pursuant to § 7 sec. 1a.

(16) Paragraph 25a of this Federal Act, as amended by Federal Law [Gazette I No. 104/2020](#), enters into force at the time when the Federal Minister responsible for health care determines by ordinance that the technical requirements for enforcement are met and expires at the end of 30 June 2023 (*Note 1*).

(17) Paragraph 4(4)(1), Paragraph 5a(1) and (6), Paragraph 5b(3)(1), Paragraph 5c and its heading, Paragraph 15(3), Paragraph 25a(1) and (2), Paragraph 28(1) and (1a), Paragraph 28d including the title, Paragraph 40 and Paragraph 50(8) as amended by Federal Law [BGBl. I No 136/2020](#) shall enter into force on the day following the announcement.

(18) Paragraph 3b and its title, Paragraph 4(4), Paragraph 5a(1), (2), (3), (7) and (8), Paragraph 5b(3), Paragraph 5c(2), Paragraph 15(2) and (9), Paragraph 27(1), Paragraph 28c(4),

Paragraph 50(11) and Paragraph 50c, as amended by Federal Law [BGBl. I No 23/2021](#), enter into force on the day following the announcement. § 15 (2) no. 5 and § 15 (9) shall cease to apply at the end of 31 December 2021.

(19) The heading to Paragraph 1, Paragraphs 4(1), 2, 3a, 4, 6, 15, 18 to 20, Paragraph 5a(7), Paragraph 15(2)(5) and (9), the heading to Paragraph 24 and Paragraph 24, Paragraph 28c(4) and Paragraph 28d, as amended by Federal Law [Gazette I No 33/2021](#), shall enter into force on the day following the announcement. § 4 (3a) expires on 30 June 2023.

(19a) The heading to Paragraph 5 and Paragraph 15(2)(5) as amended by Federal Law [Gazette I No 82/2021](#) shall enter into force on 19 May.

(20) § 15 does not apply to COVID-19.

(21) Paragraphs 4(18), 19 and 22 to 24, Paragraph 4a(6), Paragraphs 4b and 4c, Paragraphs 5a(2) and (7), 5c(1)(8), 5c(2), 7(1a), 15(2)(5), 15(4), 24 and their heading, Paragraph 25a(1), Paragraph 25a(2)(8), Paragraph 32(1)(7) § 36 para. 1 lit. f and § 49 para. 3 in the version of the Federal Act [BGBl. I No. 90/2021](#) enter into force on the day following the announcement; at the same time, the second and third sentences of Paragraph 15(6) and Paragraph 15(8) and (9) shall cease to apply. Paragraph 49(3) shall also apply to applications submitted before its entry into force. § 4a (6), §§ 4b and 4c, § 24 (4) and § 25 (5) as well as § 49 (3) expire at the end of 30 June 2023.

(22) The second sentence of §§ 4e(5), 5c(1) and 50(13) as amended by Federal Law [Gazette I No. 105/2021](#) enter into force on the day following the announcement.

(23) The heading relating to § 2, § 4(1), (4)(3), (6) and (7), § 4a(1) and (6), Paragraph 5(4), Paragraph 5a(1), (2)(1), (7) and (8), Paragraph 25a(2)(3) and (10), Paragraph 28a(1) and Paragraph 28d(1), as amended by Federal Law [GAZETTE I No 100/2021](#), enter into force on the day following the announcement; at the same time, Paragraph 4(18) to (24) shall cease to apply. § 4 (3a) and §§ 4b to 4f including headings will enter into force on 4 June 2021. §§ 4b to 4f including headings shall cease to apply at the end of 30 June 2023.

(24) Paragraph 50(20) shall cease to apply at the end of 30 June 2023.

(25) Paragraph 4e(1a) and Paragraph 50(24) as amended by Federal Law [Gazette I No. 143/2021](#) shall enter into force on the day following the announcement.

(26) Paragraph 4b(7)(4), Paragraph 4e(6), Paragraph 4f(1), Paragraph 5a(1a), Paragraph 5c(1), Paragraph 7(1a), Paragraph 7a and its heading, Paragraph 17(5), the heading to Paragraph 23, Paragraph 24(4), Paragraph 25(5) and Paragraph 26a(1) as amended by [Federal Law BGBl. I No 183/2021](#) shall enter into force on the day following the announcement; at the same time, the second and third sentences of Paragraph 7(1a) shall cease to apply. Proceedings pursuant to § 7 (1a) that were already pending before the district court at the time of the entry into force of § 7a in the version of the Federal Act [Federal Law Gazette I No. 183/2021](#) are to be continued in accordance with the provisions of § 7 (1a) in the version of the Federal Act [BGBl. I No. 105/2021](#). Complaints pursuant to Art. 130 sec. 1 no. 1 B-VG, which were already pending before the Regional Administrative Court at the time of the entry into force of § 7a in the version of the Federal Act [Federal Law Gazette I No. 183/2021](#), are to be continued according to the legal situation before [Federal Law Gazette I No. 183/2021](#). § 5a para. 3 and § 36 para. 1 lit. a in the version of the Federal Act [FEDERAL LAW Gazette I No. 183/2021](#) come into force on 1 November 2021.

(27) The heading to § 3 as well as §§ 39, 40 and 50 (8) in the version of the Federal Act [BGBl. I No. 255/2021](#) enter into force on the day following the announcement; § 39 and § 40 in the version of the Federal Act [Federal Law Gazette I No. 255/2021](#) expire at the end of 30 June 2023 and in the version of the Federal Act [Federal Law Gazette I No. 183/2021](#) come into force again on 1 July 2023.

(28) Sections 39 and 40 in the version of the Federal Act [Federal Law Gazette I No. 6/2022](#) shall enter into force on the expiry of the day following the announcement, cease to apply at the end of 30 June 2023 and return into force on 1 July 2023 in the version of Federal Law [Gazette I No. 183/2021](#). § 4 para. 6 in the version of the Federal Act Federal Law Gazette I. No. 6/2022 enters into force on the day following the announcement, expires on 31 January 2024 and returns into force on 1 February 2024 in the version of Federal Law [Gazette I No. 100/2021](#).

(29) Paragraph 5a(1a), Paragraph 25b, Paragraph 36(1)(a) and Paragraph 49(4) to (6) as amended by Federal Law [Gazette I No 21/2022](#) shall enter into force on the day following the announcement. § 49 para. 4 in the version of the Federal Act [Federal Law Gazette I No. 21/2022](#)

is only applicable to cases in which the application was submitted before the entry into force of the Federal Act [Federal Law Gazette I No. 21/2022](#).

(30) Paragraphs 5c(1) and 50(8), 11, 13, 16, 19, 21, 23, 24, 27 and 28, as amended by Federal Law [Gazette I No 80/2022](#), shall enter into force on the day following the date of publication.

(31) Paragraph 4(3a) and (3b), Paragraph 4a(1), Paragraph 4e(7), Paragraph 4g together with the heading, Paragraph 5(1), the heading for the second main item, Paragraph 7(1a), Paragraph 7b, Paragraph 28a(1), Paragraph 32(1a), (3a) and (5) and Paragraph 47a and the title as amended by Bundesgesetz [BGBl. I No 89/2022](#) shall enter into force on the date following the announcement; § 4 para. 3a and 3b as well as § 4g including title expire at the end of June 30, 2023.

(_____)

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

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

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

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

§ 50c. Ordinances which only correspond to a new version of this Federal Act may be issued from the promulgation of the federal law bringing about the amendment, but may not enter into force before the entry into force of the new federal provisions.

Enforcement

§ 51. With the enforcement of this Federal Act,

1. with regard to the first sentence of Paragraph 5a(5) of the Federal Ministers of Education, Science and Research in agreement with the Federal Minister responsible for health,
 2. with regard to the second sentence of Paragraph 5a(5) of the Federal Ministers of Education, Science and Research,
 3. with regard to Paragraph 7(1a) – in so far as it concerns the judicial proceedings – and Paragraph 36(3) of the Federal Minister of Justice,
 4. with regard to § 28a, the Federal Minister responsible for health care in agreement with the Federal Minister of the Interior and
 5. incidentally, the Federal Minister responsible for health care
- entrusted.