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CONTENT

Act—	PAGE
The Busia County Public Health Act, 2016	1



THE BUSIA COUNTY PUBLIC HEALTH ACT, 2016

No. 6 of 2016

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ARRANGEMENT OF SECTIONS

Section

PART I—PRELIMINARY

- 1—Short title.
- 2—Interpretation.
- 3—Objects of the Act
- 4—Responsibilities of the public health department relating to public health.

PART II—INSTITUTIONAL FRAMEWORK

- 5—County Board of Health.
- 6—Appointments to be gazetted.
- 7—Filling vacancies.
- 8—Substitute members.
- 9—Rules as to meetings of the board.
- 10—Committees of the Board.
- 11—Functions of the Board.
- 12—Appointment and duties of officers.
- 13—Functions of County Department of Health.
- 14—Power to direct inquiries.
- 15—Powers of persons directed to make inquiries.
- 16—General duties of health authorities.
- 17—Proceedings on complaint to board of urban, towns and cities boards.
- 18—Executive member to be consulted over urban, towns and cities regulations.
- 19—Provisions of Act in relation to other Acts.

PART III—GENERAL PROVISIONS ON PUBLIC HEALTH

- 20—Power to deal with public health risks during state of emergency
- 21—Power to deal with public health risks arising from conduct of public authorities
- 22—Offence not to comply with the Member of the Executive Committee's direction
- 23—Power to close public premises on public health grounds
- 24—Power to direct disinfection or destruction of noxious articles

**PART IV—WATER, PUBLIC HEALTH NUISANCES,
SANITATION OF TOWNS AND URBAN AREAS**

- 25—Drinking water shall be fit for human consumption
- 26—Power to take action with respect to unsafe water
- 27—Offence not to comply with Member of the Executive Committee's direction.
- 28—Power to direct testing of drinking water.
- 29—Power to direct production of information.
- 30—Offence not to comply with Member of the Executive Committee's direction.
- 31—The County Chief Health Officer responsible for determining necessity for boil water advices.
- 32—Advice to public.
- 33—Correction of misleading information.
- 34—Protection from liability.
- 35—Quality assurance programs.

PART V—GENERAL PROVISIONS

- 36—Dead to be buried in appointed cemeteries.
- 37—Appointment of public health officers.
- 38—Functions of public health officers.
- 39—Exercise by public health officers of functions of authorised officers.
- 40—General penalty.
- 41—Regulations.

THE BUSIA COUNTY PUBLIC HEALTH ACT, 2016

AN ACT of the County Assembly of Busia to make provisions on public health and for connected purposes

ENACTED by the County Assembly of Busia, as follows—

PART I—PRELIMINARY

1. This Act may be cited as the County Public Health Act, 2016 and shall come into operation on the fourteenth day after gazettment. Short title

2. In this Act, unless the context otherwise requires— Interpretation.

“authorised officer” means a person who is appointed as an authorised officer under this Act;

“Board” means the County Board of Health established at section 5 of this Act’.

“building” has the same as given in the public health act Cap. 242 laws of Kenya;

“Constitution” means the Constitution of Kenya, 2010;

“County *Gazette*” means a gazette published by the authority of the county government or a supplement of such *gazette*;

“County Government” means the County Government of Busia;

“Director” means Director appointed as per section 13 of this Act;

“Division” means the Division of the Department of the County Government for the time being responsible for public health as established at section 14 of this Act;

“drinking water” means water that is intended, or likely, to be used for human consumption, or for purposes connected with human consumption, such as—

(a) the washing or cooling of food, or

(b) the making of ice for consumption, or for the preservation of unpackaged food, whether or not the water is used for other purposes;

“Executive Committee Member” means the County Executive Committee Member for the time being

responsible for matters relating to Health;

“exercise” a function includes perform a duty;

“function” includes a power, authority or duty;

“government” means county government of Busia;

“Health Authority” means ‘County Executive Committee Member or town management committee or municipal or city management committee or any public officer exercising delegated authority under this Act;

“health practitioner” a professional involved in the provision of medical services;

“Hospital in-charge” means the medical superintendant in charge with respect to the County Referral Hospital, the medical officer in charge with respect to a sub-county hospital and the clinical officer or nursing officer in charge with reference to health centres and dispensaries whether private or public;

“Notifiable Disease” means a disease in respect of which there is a duty to notify under, and as provided in, this Act.

“noxious article” means any article or animal that—

- (a) has been in contact with a person who has an infectious disease that is transmissible by contact with the article or animal; or
- (b) is or is likely to be infested with vermin; or
- (c) is likely to be a risk to health as a result of its having been in contact with any article, person or animal that is infested with vermin;

“occupier” of premises or a part of premises (including premises that are vacant) means:

- (a) except as provided by paragraph (b), the owner of the premises or part, or
- (b) if any other person is entitled to occupy the premises or part to the exclusion of the owner, the person so entitled;

“premises” premises include any land, temporary or permanent structure, vehicle or vessel;

“public authority” means an incorporated or

unincorporated body constituted by or under an Act for a public purpose;

“public health officer” means a public health officer appointed under this Act;

“public place” means a place (including a place in any vehicle or vessel) that the public, or a section of the public, is entitled to use or that is open to, or is used by, the public or a section of the public (whether on payment of money, by virtue of membership of a club or other body, or otherwise);

“rules” includes rules and regulations made or deemed to be made under this Act;

“safety water advice” for drinking water means advice to the effect that the water should not be used for human consumption (or for purposes connected with human consumption) until after it has been boiled or otherwise treated;

“temporary structure” includes a booth, tent or other temporary enclosure (whether or not part of the booth, tent or enclosure is permanent), and also includes a mobile structure;

“town and urban administration” means the administrative person in charge of towns and urban areas;

“treatment” when applied with respect to water means any prescribed process or technique used to improve the quality of water;

“unsafe water” means drinking water that contains pathogens and injurious to human health.

3. (1) The objects of this Act are as follows—

Objectives of the Act.

- (a) to promote, protect and improve public health;
- (b) to control the risks to public health;
- (c) to promote the control of infectious diseases;
- (d) to prevent the spread of infectious diseases; and
- (e) to recognise the role of county government in protecting public health;
- (f) to mobilize resources to support public health services

(2) The protection of the health and safety of the public

is to be the paramount consideration in the exercise of functions under this Act.

4. (1) The functions of public health shall be, subject to the provisions of this Act—

- (a) to prevent and guard against the introduction of infectious diseases into Busia county;
- (b) to promote the public health and the prevention, limitation or suppression of infectious, communicable or preventable disease within Busia county;
- (c) to advise and direct the county government in regard to matters affecting the public health;
- (d) to promote or carry out researches and investigations in connection with the prevention or treatment of human diseases;
- (e) to prepare reports and publish reports and statistical or other information relative to the public health; and
- (f) generally to carry out in accordance with directions the powers and duties in relation to the public health conferred or imposed by this Act.

Division of
County Public
Health
Responsibilities
of the public
health department
relating to public
health.

(2) It shall be the duty of the department to obtain and publish periodically such information regarding infectious disease and other health matters in Busia County, and such procurable information regarding epidemic diseases in counties adjacent to Busia or in the neighbouring country, as the interests of public health may require.

PART II—INSTITUTIONAL FRAMEWORK

5. (1) There shall be established a County Board of Health (hereinafter referred to as the Board), having its offices at Busia, which shall consist of—

- (a) the County Director of Health who shall be secretary;
- (b) a sanitary engineer, or such person as may be appointed by the Executive Committee Member to perform the duties of sanitary engineer;
- (c) a Chairperson appointed by the Executive Committee Member and

County Board of
Health.

(d) such other person or persons not exceeding six (at least half of whom shall be medical practitioners) as are appointed from time to time by the Executive Committee Member.

(2) The Board shall elect a vice-chairperson from among its members not being of the same gender as the chairperson.

6. The names of all members appointed to the Board shall be forthwith notified in the County *Gazette* and any number of the *Gazette* containing a notice of any such appointment shall be deemed sufficient evidence thereof for all purposes.

Appointments to be gazetted.

7. The Executive Committee Member shall, as soon as possible, fill up vacancies occurring in the Board, but the Board shall continue to exercise its powers as long as there shall remain on the Board at least five members including the County Director of Health.

Filling vacancies.

8. If any member of the Board is at any time prevented by absence or other cause from acting, the Executive Committee Member may appoint some other person to replace such member until he returns or is able to resume his functions.

Substitute members

9. The Executive Committee Member may make rules as to the convening and holding meetings of the Board, the quorum thereof, the procedure thereat, allowances payable to members thereof and the circumstances in which any member shall vacate his membership.

Rules as to meetings of board.

10. The board may appoint committees, whether of its own members or otherwise, to carry out general or specific functions as may be specified by the Board and may delegate to any such committee such of its powers as the Board may deem appropriate to run hospitals, health centres, dispensaries and ward public health services.

Committees of the Board

11. (1) There shall be established a sub-county health management board in each sub-county which shall be charged with responsibility of overseeing the running of sub-county County health services.

Establishment of sub-county health management boards

(2) The Executive Committee Member may make rules as to the composition of the sub-county health management boards, the convening and holding of meetings of the

boards, the procedure thereat, allowances payable to members thereof and the circumstances in which any member shall vacate his membership.

12. The functions of the Board shall be to advise the Executive Committee Member upon all matters affecting the public health, and particularly upon all matters mentioned in subsection (2) of section 14.

Functions of the Board.

13. (1) There shall, from time to time, be appointed a County Director of Health, Deputy County Directors of Health, assistant directors of health, medical officers, pathologists, health inspectors, public health officers and such other officers as may be deemed necessary.

Appointment and duties of officers

(2) The County Public Service Board shall on behalf of the Executive Committee Member and if so directed by the Executive Committee member for the time being responsible for municipal, urban, town administrations with the approval of the Executive Committee Member, appoint for its area a medical officer of health and such deputy and assistant medical officers of health and public health officers and such health inspectors as it may be necessary.

(3) The Executive Committee Member, in consultation with the Executive Committee Member for the time being responsible for urban, town or city administration may prescribe the qualifications to be held by and in respect of professionals, the mode and terms of engagement of, and the duties to be performed by, all or any of the officers and inspectors referred to in subsection (1).

(4) Every medical officer appointed under this section shall be a medical practitioner.

(5) The officers appointed under this section shall carry out such duties in relation to public health as the County Director of health may respectively assign to them.

(6) The County Director of health or Deputy Director of health or medical officers, public health officers or health inspector acting on his authority and behalf shall also make any necessary inquiries and inspections in regard to or advise urban, town and city administration on any matter incidental to public health.

14. (1) There shall be a Department of the County Government to be responsible for matters relating to Health

Functions of the Health Department

to be under the leadership of the Executive Committee Member.

(2) County health services shall include, in particular—

- (a) county health facilities and pharmacies;
- (b) ambulance services;
- (c) promotion of primary health care;
- (d) licensing and control of undertakings that sell food to the public;
- (e) veterinary services (excluding regulation of the profession);
- (f) cemeteries, funeral parlours and crematoria; and
- (g) refuse removal, refuse dumps and solid waste disposal.

15. The Executive Committee Member may, on the advice of the Board or of the Health Department, cause to be made such inquiries as he may see fit in relation to any matters concerning the public health in any place.

Power to direct inquiries

16. When an inquiry is directed to be made by the Executive Committee Member, the person directed to make the same shall have free access to all books, plans, maps, documents and other things relevant to the inquiry, and shall, have in relation to witnesses and their examination and the production of documents, similar powers to those conferred upon magistrates by the Criminal Procedure Code and may enter and inspect any building, premises or place the entry or inspection whereof appears to him requisite for the purpose of such inquiry.

Powers of persons directed to make inquiries

17. It shall be the duty of every health authority to take all lawful measures necessary and, under its special circumstances, reasonably practicable measures for preventing the occurrence or dealing with any outbreak or prevalence of any infectious, communicable or preventable disease, to safeguard and promote the public health and to exercise the powers and perform the duties in respect of the public health conferred or imposed on it by this Act or by any other law.

General duties of health authorities

18. (1) Whenever a complaint is made to the Board that the public health in any locality is endangered by the failure or refusal on the part of any municipal urban and town administration to exercise its powers or perform the duties devolving upon it under this Act or any other Act which it is its duty to enforce, the Executive Committee Member, on the recommendation of the board, if satisfied after due inquiry that the urban, town or city administrations has been guilty of the alleged default, may make an order directing the urban, town or city Administration to perform its duty in the matter of such complaint, and prescribing a time for such performance.

Proceedings on complaint to board of urban, town or city Administrations

(2) If the duty is not performed within the time prescribed in the order, the Executive Committee Member may appoint such other person to perform the duty, and shall by order direct that the expense of performing the same, together with a reasonable remuneration to the person appointed for superintending such performance, and amounting to a sum specified in the order, be paid by the urban, town or city Administrations in default, and any order made for the payment of such expenses and costs may be recovered by a petition to the county inter-departmental conflict and dispute resolutions team for arbitration.

(3) Any person appointed under this section to perform the duty of municipal, town and urban Administrations shall, in the performance and for the purposes of that duty, have all the powers of such administrator, other than the powers of levying rates vested in the provisions of other Acts; and the CEC Member may from time to time by order change any person so appointed.

19. The Executive Committee Member for the time being responsible for municipal, town and urban areas shall, before approving any regulation made affecting public health, obtain the agreement of the Executive Committee Member for the time being responsible for Health.

Executive Committee Member to be consulted over municipal, town and urban areas rules

PART III—GENERAL PROVISIONS ON PUBLIC HEALTH

20. (1) If the Executive Committee Member considers on reasonable grounds that the emergency has occurred which is, or is likely to be, a risk to public health the Executive Committee Member—

Power to deal with public health risks during state of emergency.

- (a) may take such action; and
 - (b) may by order give such directions as the Executive Committee Member considers necessary to deal with the risk and its possible consequences.
- (2) Without limiting subsection (1), an order may direct—
- (a) all persons in a specified group, or
 - (b) all persons residing in a specified area, or
 - (c) all persons working in a specified area to submit themselves for medical examination in accordance with the order.
- (3) An order shall be published in the County Gazette as soon as practicable after it is made, but failure to do so does not invalidate the order.
- (4) Unless it is earlier revoked, an order under this section expires when the relevant state of emergency ceases being in force in accordance with the regulations to be made under this Act.

21. (1) If the Executive Committee Member considers that, because of an act or omission of a public authority, or of any person acting on behalf of a public authority, a situation has arisen that is, or is likely to be, a risk to public health, the Executive Committee Member may cause an order to be written and served on the public authority or the chief executive officer (however described) of the authority, direct the public authority or the chief executive officer to take specified action to minimise or rectify any adverse consequences of the act or omission.

Power to deal with public health risks arising from conduct of public authorities

(2) If a public authority or the chief executive officer (however described) of a public authority considers that, for any reason, a situation has arisen that is, or is likely to be, a risk to public health, the public authority or chief executive officer is to notify the Executive Committee Member of that fact.

22. A person who—

- (a) is subject to a direction under section 20 or 21, and
- (b) has notice of the direction, and without reasonable excuse, fails to comply with the direction shall be guilty of an offence.

Offence not to comply with Directions of the Health Authority

23. (1) If the Health Authority considers that access to any premises on which the public, or sections of the public, are required, permitted or accustomed to congregate should be restricted or prohibited in order to protect public health, the Health Authority may, by order, direct that access to the premises be restricted or prohibited as specified in the order.

Power to close public premises on public health grounds.

(2) An order shall be published in the County *Gazette* as soon as practicable after it is made, but failure to do so does not invalidate the order.

(3) Any person who—

- (a) controls, or is involved in the control of, the premises; and
- (b) has notice of the direction;
- (c) shall take such reasonably practicable action as is necessary to comply with the direction.

24. (1) If the Health Authority suspects that there is a noxious article on any premises, the authority may, by order in writing, authorize Public Health Officers to enter the premises, seize anything that appears to be a noxious article and, there or elsewhere, disinfect or destroy it.

Power to direct disinfection or destruction of noxious articles

(2) A person (other than a public authority) shall not—

- (a) transfer possession of an article to another person,
- (b) expose an article to another person, or
- (c) remove an article from any premises the subject of an order under subsection (1), if the person knows it to be a noxious article.

(3) A person who suffers damage as a result of the disinfection or destruction of an article is entitled to reasonable compensation unless the condition of the article that necessitated its disinfection or destruction was attributable to that person's act or default.

(4) Any such compensation is payable out of money appropriated by the County Assembly.

PART IV—WATER, PUBLIC HEALTH NUISANCES, SANITATION OF TOWNS AND URBAN AREAS

25. A person shall not, by means of a reticulated water system, supply any other person with drinking water that is not fit for human consumption.

Drinking water shall be fit for human consumption

26. (1) The Executive Committee Member shall authorise public health officers and by order give such directions, as the Executive Committee Member considers necessary—

Power to take action with respect to unsafe water.

- (a) to restrict or prevent the use of unsafe water, and
- (b) to bring unsafe water to such a condition that it is no longer unsafe water.

(2) Before giving a direction to a supplier of drinking water constituted under an Act, the Member of the Executive Committee shall consult with the Member of the Executive Committee responsible for the Act under which the supplier is constituted or registered.

27. A person who—

- (a) is subject to a direction under section 26, and
- (b) has notice of the direction;
- (c) shall not, without reasonable excuse, fail to comply with the direction.

Offence not to comply with Member of the Executive Committee's direction

(2) If a direction under section 26 is not complied with, the Executive Committee Member may take the action referred to in the direction.

(3) The cost incurred by the Executive Committee member in taking the action referred to in the order may be recovered as a summary debt owed to the County Government under the Debts (Summary Recovery) Act.

28. (1) The Health Authority may, by notice in writing, direct a supplier of drinking water to carry out such tests on the drinking water that it has available for supply, or on any substance used in or produced by the treatment of any such water, as the Health Authority considers appropriate.

Power to direct testing of drinking water

(2) Any such direction may specify that the test to be carried out on water is to be carried out in any one or more of the following ways—

- (a) on the water in its raw state,
- (b) while the water is undergoing treatment;
- (c) after the water has been treated or partly treated.

29. (1) The Executive Committee Member may, by notice in writing, direct a supplier of drinking water to

Power to direct production of information

produce such information as the Executive Committee Member may specify concerning—

- (a) the quality of the drinking water that the supplier has made available for supply, and
 - (b) the methods by which the water is treated.
- (2) The information to be produced may include (but is not limited to) the following:-
- (a) copies of relevant records of the supplier,
 - (b) the results of any tests required under this Act,

The information is to be provided in such form and manner as the Member of the Executive Committee may direct.

30. (1) A supplier of drinking water to which a direction is given under section 28 or 19 shall not, without reasonable excuse, fail to comply with the direction.

Offence not to comply with Member of the Executive Committee's direction

(2) If a direction under section 28 or 29 is not complied with, the Member of the Executive Committee may take the action referred to in the direction.

31. The County Chief Health Officer may from time to time decide, in relation to any supplier of drinking water—

The County Chief Health Officer responsible for determining necessity for water safety advices

- (a) whether or not it should issue safe water advice for the drinking water it supplies or has available for supply;
- (b) whether or not it should provide additional information to the public in connection with any safe water advice it issues, and
- (c) whether or not safe water advice is to be retracted or corrected.

32. (1) The County Public Health Officer may from time to time prepare advice, for the benefit of the public, concerning the safety of available drinking water (or drinking water available from a particular supplier of drinking water) and any possible risks to health involved in the consumption of that water.

Advice to public

(2) The County Public Health Officer is to provide the advice in writing to the relevant supplier of drinking water.

(3) The supplier of drinking water to whom the advice

is provided shall issue the advice to the public in such form and manner as the County Public Health Officer may direct by notice in writing.

(4) The County Public Health Officer may also issue the advice to the public as the County Chief Health Officer sees fit.

33. (1) The County chief Health officer may, by notice in writing, direct a supplier of drinking water to retract or correct any information or advice issued, by or on behalf of the supplier, to the public in relation to the safety of the supplier's drinking water if the County chief Health officer is of the opinion that the information or advice is inaccurate, incomplete or otherwise misleading.

Correction of misleading information

(2) The County chief Health officer may specify any one or more of the form, content and manner of the retraction or correction and of its publication.

(3) A supplier of drinking water to which a direction is given under this section shall not, without reasonable excuse, fail to comply with the direction.

(4) If a direction given to a supplier of drinking water is not complied with, the County chief Health officer may take the action referred to in the direction and may recover an amount equal to the cost of doing so as a debt owed by the person to the government.

(5) The cost incurred by the Executive Committee member in taking the action referred to in the order may be recovered as a summary debt owed to the County Government under the Debts (Summary Recovery) Act.

34. (1) The provision of any information or advice concerning drinking water by the County Chief Health Officer exercising any function under this Act, or by a supplier of drinking water pursuant to a direction under this Act in good faith for the purpose of executing this Act is not subject to any action, liability, claim or demand.

Protection from liability.

(2) A reference in this section to the exercise by the County chief of Health of a function includes a reference to a decision by the County chief of Health not to exercise that function.

35. (1) A supplier of drinking water shall establish, and adhere to, a quality assurance program that complies with the requirements prescribed by the regulations.

Quality assurance programs.

(2) The regulations may make provision for or with respect to any of the following—

- (a) the tests on water and other substances to be carried out by a supplier of drinking water pursuant to this Act; or
- (b) the records to be maintained by a supplier.

(3) The County Public Health Officer may, by notice in writing, exempt a supplier of drinking water or class of suppliers from subsection (1) if the County Public Health Officer is satisfied that the supplier, or class of suppliers, is subject to other appropriate licensing or other regulatory requirements.

PART V—SCHEDULED MEDICAL CONDITIONS

36. (1) A person who—

- (a) has a Category 2, 3, 4 or 5 condition, and
- (b) is in a public place;
- (c) shall take reasonable precautions against spreading the condition if the condition is infectious.

Spread of condition 2, 3, 4 or 5

(2) It will be an offence to spread an infectious Category 2, 3, 4 or 5 condition but a defence under this section if the defendant satisfies the court that at the time of commission of the alleged offence, the defendant was not aware that he or she had the medical condition on which the prosecution is based.

37. Immediately after registering the death of a person where the apparent cause of death involves a scheduled medical condition, the Registrar of Births and Deaths is to arrange to have sent to the Member of the Executive Committee, in the approved form, a notice of the death stating—

Notification of death arising from scheduled medical condition

- (a) the name, address and age of the deceased;
- (b) the name of the scheduled medical condition;
- (c) the name of the person who certified the cause of death; and

- (d) such other particulars as may be prescribed by the regulations.

38. (1) This section applies if a registered medical practitioner—

Notification of
category 3
diseases

- (a) attends a person in connection with a Category 1 condition;
- (b) while attending a person in connection with any medical condition, reasonably suspects that the person has a Category 2 condition; or
- (c) as a result of conducting a post-mortem examination, reasonably suspects that a person's cause of death involves a Category 1 or 2 condition.

(2) In the circumstances referred to at subsection (1) of this section, the registered medical practitioner shall, as soon as practicable—

- (a) record such particulars concerning the person's medical condition as may be prescribed by the regulations; and
- (b) send to the Member of the Executive Committee a certificate, in the approved form, of the particulars so recorded.

(3) The registered medical practitioner—

- (a) shall keep any such particulars for the period prescribed by the regulations; and
- (b) shall provide the Member of the Executive Committee with such further information concerning the person's medical condition and transmission and risk factors as is available to the medical practitioner and as the Member of the Executive Committee may request.

(4) A registered medical practitioner who attends a person as a patient at a hospital is not required to comply with this section if—

- (a) the Category 1 or 2 condition concerned is a notifiable disease; and
- (b) the medical practitioner believes on reasonable

grounds that the Member of the Executive Committee has been notified of the disease.

(5) A registered medical practitioner shall not, without reasonable excuse, fail to comply with the requirements of this section.

(6) It is a defence to proceedings for an offence under this section if the defendant satisfies the court—

- (a) that the record alleged not to have been made or kept; or
- (b) that the certificate alleged not to have been sent;
- (c) had been made, kept or sent by another registered medical practitioner.

(7) This section applies to a person engaged in an occupation prescribed by the regulations in the same way as it applies to a registered medical practitioner.

39. (1) This section applies if—

- (a) a pathology test is carried out at the request of a registered medical practitioner (“the requesting practitioner”) for the purpose of determining whether a person has a Category 3 condition, and
- (b) the test has a positive result.

Pathology laboratories to notify the Executive Member of category 3 conditions

(2) In the circumstances referred to at subsection (1) of this section, the person who certifies the test results (“the certifier”) shall send to the Member of the Executive Committee a report, in the approved form, as to those results as soon as practicable.

(3) If the certifier so requests, the requesting practitioner shall provide the certifier, within 72 hours after the request is made, with sufficient information to enable the report to be completed.

(4) On receiving a report that appears to be incomplete or incorrect, the Executive Committee Member may ask any medical practitioner involved in the treatment of the person concerned to provide—

- (a) such information as is necessary to complete or correct the report; and
- (b) such other information concerning the person’s medical condition and transmission and risk

factors as is available to the medical practitioner.

(5) A medical practitioner who is asked to provide such information is obligated to do so.

40. (1) A registered medical practitioner shall not include a patient's name or address—

Duty of
confidentiality
for Protection of
patient's identity

(a) in a certificate under section 23, if the condition to which the certificate relates is a Category 5 condition; or

(b) in a written or oral communication made by the medical practitioner for the purpose of arranging a test to determine whether the patient has a Category 5 condition.

(2) Subsection (1) (b) does not apply if the patient concerned—

(a) is receiving hospital services or other health services, provided by a hospital; or

(b) consents to the disclosure of his or her name and address in the relevant communication.

(3) A person who, in the course of providing a service, including the conduct of a pathology test under section 37, acquires information that another person—

(a) has been, is to be or is required to be tested for a Category 5 condition; or

(b) is, or has had, a Category 5 condition;

(c) shall take all reasonable steps to prevent that information from being disclosed to any other person.

(4) Subsection (3) does not apply to the disclosure of such information—

(a) with the consent of the person concerned;

(b) to a person who is involved in the provision of care, treatment or counseling to the person concerned so long as the information is relevant to the provision of such care, treatment or counselling;

(c) in connection with the administration of this Act or the regulations; or

(d) for the purposes of any legal proceedings arising out

of this Act or the regulations, or of any report of any such proceedings; or

(e) in the circumstances prescribed by the regulations.

(5) A registered medical practitioner or other person shall not, without reasonable excuse, fail to comply with the requirements of this section.

41. (1) A registered medical practitioner or a person who provides a pathology service who is of the opinion that a patient is suffering from a medical condition or disease that may pose a significant risk to public health may notify the Member of the Executive Committee in writing in the approved form of particulars of the person and the condition or disease.

(2) On receiving a notification under this section, the Member of the Executive Committee may ask the medical practitioner or person to provide further information as to the patient's condition and risk factors.

(3) A medical practitioner or person may provide information under this section despite any other Act or law.

(4) This section does not apply to a medical condition or disease for which notification is otherwise provided under this Act.

42. (1) The Member of the Executive Committee may apply to a Court of law, for an order authorizing the service on a medical practitioner of a notice requiring disclosure of a name and address that would otherwise be protected by this Act from disclosure.

Executive Member may apply for court order of identity disclosure

(2) An application under this section may be made in relation to a medical practitioner only if the Member of the Executive Committee has reasonable grounds for believing that—

- (a) the person whose name and address are sought is suffering from a Category 5 condition; and
- (b) identification of the person is necessary in order to safeguard the health of the public.

(3) An application to the Court under this section is to be heard and determined in the absence of the public but is to be otherwise heard and determined in accordance with the rules of the Court.

(4) The Court—

- (a) is to make an order applied for under this section if satisfied that there are reasonable grounds for making the order; or
- (b) is to dismiss the application if not so satisfied.

43. (1) This section applies if the Member of the Executive Committee—

- (a) suspects on reasonable grounds that a person may have a Category 4 or 5 condition and may, on that account, be a risk to public health; and
- (b) considers that the nature of the suspected condition is such as to warrant medical examination.

(2) In the circumstances referred to under subsection (1) of this section, the Member of the Executive Committee may, by notice in writing, direct the person concerned to undergo, within a specified period, a specified kind of medical examination and associated tests—

- (a) by a registered medical practitioner in general practice; or
- (b) by a registered medical practitioner practising in a specified field.

(3) If the person fails to comply with a direction under subsection (2), the Executive Committee Member may, by further notice in writing, direct the person to undergo the specified kind of medical examination and associated tests, at a specified time and place, by a specified registered medical practitioner.

(4) A person shall not, without reasonable excuse, fail to comply with a direction under subsection (3).

(5) A direction under subsection (2) or (3) shall have due regard to the sensitivities of the person concerned in relation to the gender, ethnicity and cultural background of the registered medical practitioner by whom the examination is to be carried out.

44. (1) An authorised medical practitioner may make a public health order in respect of a person if satisfied, on reasonable grounds, that the person—

Authorised
medical
practitioner may
make public
health order with
regard to

- (a) has a Category 4 or 5 condition, and category 4 or 5
condition
- (b) because of the way the person behaves may, as a consequence of that condition, be a risk to public health.
- (2) A public health order—
- (a) shall be in writing; and
- (b) shall name the person subject to the order; and
- (c) shall state the grounds on which it is made; and
- (d) shall state that, unless sooner revoked, it expires at the end of a specified period (not exceeding 28 days) after it is served on the person subject to the order.
- (3) A public health order may require the person subject to the order to do any one or more of the following—
- (a) to refrain from specified conduct;
- (b) to undergo specified treatment;
- (c) to undergo counseling by one or more specified persons or by one or more persons belonging to a specified class of persons;
- (d) to submit to the supervision of one or more specified persons or of one or more persons belonging to a specified class of persons;
- (e) to undergo specified treatment at a specified place.
- (4) A public health order based on a Category 4 condition, being an order that requires the person to undergo specified treatment at a specified place, may authorise the person subject to the order to be detained at that place while undergoing the treatment.
- (5) A public health order based on a Category 5 condition may authorise the person subject to the order to be detained at a specified place for the duration of the order.
- (6) In deciding whether or not to make a public health order, the authorised medical practitioner shall take into account—
- (a) the principle that any restriction on the liberty of a person should be imposed only if it is the most

effective way to prevent any risk to public health;
and

- (b) any matters prescribed by the regulations for the purposes of this section.

(7) A public health order may include provisions ancillary to, or consequential on, the matters included in the order.

(8) A public health order does not take effect until it is served personally on the person subject to the order.

45. Unless sooner revoked, a public health order based on a Category 4 or 5 condition expires at the end of the period specified in the order.

Life of public health order

46. (1) An authorised medical practitioner may issue a certificate to the effect that a named person is contravening a public health order.

Arrest for contravention of public health order

(2) A police officer may apply for an arrest warrant in relation to the person named in a certificate issued under subsection (1).

(3) The authorised warrants officer may issue an arrest warrant in relation to the person so named if satisfied that there are reasonable grounds for doing so.

(4) A warrant under this section is sufficient authority for any police officer to arrest the named person and to bring the named person before a Chief Magistrates Court to be dealt with under section 33.

47. (1) A public health detainee or person arrested under section 31 who escapes from the place where he or she is detained may be arrested at any time—

- (a) by the person for the time being in charge of that place;
- (b) by an authorised medical practitioner;
- (c) by a police officer; or
- (d) by any person assisting a person referred to in paragraphs (a)-(c).

(2) On being arrested, the escapee shall be returned to the place from which he or she has escaped.

48. (1) If a person in respect of whom an authorised medical practitioner has issued a certificate for an alleged contravention of a public health order is brought or otherwise appears before the Court, the Court shall conduct an inquiry into the allegation.

Court's inquiry
and discretion

(2) Following its inquiry, the Court—

- (a) may confirm the order; or
- (b) may vary the order and confirm it as varied; or
- (c) may caution the person and take no further action in the matter.

(3) The Court's power to vary a public health order under this section is a power—

- (a) to omit a requirement from the order, or
- (b) to include in the order a requirement that could have been included in the order when it was made; or
- (c) to substitute a requirement that could have been included in the order when it was made for any one or more of the requirements already included in the order.

49. (1) A public health detainee is to be detained in accordance with the conditions specified in the relevant public health order with respect to the person's security.

Conditions
applicable if
person detained
pursuant to
public health
order

(2) Despite subsection (1), a public health detainee may, with the approval of an authorised medical practitioner, be permitted to leave the place of detention, but only under the constant personal supervision of a person, or one of a number of persons, nominated by the medical practitioner.

(3) A public health detainee who evades or attempts to evade any supervision to which he or she is subject under subsection (2) is taken to have failed to comply with a requirement of the relevant public health order.

50. (1) A person who, without lawful authority, releases, or attempts to release a public health detainee or a person arrested under this Act is guilty of an offence.

Unlawful release
from detention

(2) It is a defence to proceedings for an offence under this section if the defendant satisfies the court that the

defendant's action was not a risk to public health and that the defendant knew this to be so.

PART VI—OTHER DISEASE CONTROL MEASURES AND NOTIFICATIONS

51. (1) A registered medical practitioner who suspects that a person receiving attention from the medical practitioner has a sexually transmitted infection shall subject the person to confirmation tests and shall, upon that confirmation, provide the person with such information concerning the infection as is prescribed by the regulations.

Medical practitioners to provide information to patients with sexually transmitted infections

(2) A registered medical practitioner shall not, without reasonable excuse, fail to comply with this section.

(3) It is a defence to proceedings for an offence under this section if the defendant satisfies the court that he or she believed that the relevant information had previously been supplied to the patient by some other registered medical practitioner.

52. (1) A person who knows that he or she suffers from a sexually transmitted infection is guilty of an offence if he or she has sexual intercourse with another person unless, before the intercourse takes place, the other person—

Duties of persons in relation to sexually transmitted infections

(a) has been informed of the risk of contracting a sexually transmitted infection from the person with whom intercourse is proposed; and

(b) has voluntarily agreed to accept the risk.

(2) An owner or occupier of a building or place who knowingly permits another person to—

(a) have sexual intercourse at the building or place for the purpose of prostitution; and

(b) in doing so, commit an offence under subsection (1);

(c) is guilty of an offence.

(3) It is a defence to any proceedings for an offence under this section if the court is satisfied that the defendant took reasonable precautions to prevent the transmission of the sexually transmitted infection.

53. A health practitioner who is providing professional care or treatment at a hospital and who suspects that—

Health practitioners to make hospital

- (a) a patient at the hospital has a notifiable disease; or
- (b) a former patient has had a notifiable disease while a patient at the hospital;
- (c) has a duty, and is authorised, to ensure that the chief Executive officer of the hospital is made aware of that fact.

CEO aware of notifiable diseases

54. (1) If the chief executive officer of a hospital suspects that—

Hospital CEO to make member of Executive Committee aware of notifiable diseases

- (a) a patient at the hospital has a notifiable disease; or
- (b) a former patient has had a notifiable disease while a patient at the hospital.

(2) The hospital in-charge shall, as soon as practicable, provide the Member of the Executive Committee with such information as may be prescribed by the regulations in relation to the patient or former patient.

(3) The hospital in-charge shall provide the Member of the Executive Committee with such additional information as the Member of the Executive Committee may request in a particular case.

(4) It is a defence to proceedings for an offence under this section if the hospital in-charge satisfies the court that he or she believed that the relevant information had previously been provided to the Member of the Executive Committee.

55. (1) This section applies if a patient or former patient dies while under, or as a result of, or within 24 hours after, the administration of an anesthetic or a sedative drug administered in the course of a medical, surgical or dental operation or procedure or other health operation or procedure (other than a local anesthetic or sedative drug administered for the purpose of facilitating a procedure for resuscitation from apparent or impending death).

Notification of deaths arising after anaesthesia or sedation for operations or procedures

(2) The health practitioner who is responsible for the administration of the anesthetic or sedative drug shall, as soon as practicable—

- (a) if it was administered at a hospital, ensure that the hospital in-charge is notified of the death; or
- (b) if it was not administered at a hospital, ensure that the Member of the Executive Committee is given notice in writing of the death in the approved form.

(3) The hospital in-charge of a hospital who is notified under this section of a death or otherwise becomes aware that a death of a patient or former patient of the hospital to which this section applies has occurred shall, as soon as practicable, ensure that the Member of the Executive Committee is given notice in writing of the death in the approved form.

(4) The hospital in-charge, and any health practitioner who was responsible for the administration of the anesthetic or sedative drug concerned, shall provide the Executive Committee Member with such additional information as the Executive Committee Member may request in a particular case.

(5) It is a defence to proceedings for an offence under this section if the hospital in-charge or health practitioner satisfies the court that he or she reasonably believed that the relevant information had previously been provided to the Member of the Executive Committee.

56. (1) When a child is enrolled at a primary school, and on such other occasions as may be prescribed by the regulations, the headmaster of the school shall ask a parent or guardian of the child to lodge with the head teacher a certified copy of immunization certificate for the child.

Parent or guardian to ensure immunization and lodge certificate

(2) If a child does not have immunization certificate for the reason that the has not been immunized, the head teacher shall advice the parent or guardian of the child or any other relevant authority to take the child for immunization immediately and lodge a certified copy of the certificate with the headmaster as soon as it is the certificate obtained.

(3) Subject to subsection (2) of this section, the head teacher of a primary school shall record in the approved form the immunization status of each child enrolled at the school, as indicated by the child's immunization certificate, and, for that purpose, a child for whom no immunization certificate has been lodged is taken not to have been immunized against any of the vaccine preventable diseases.

(4) The headmaster of a primary school shall retain a certified copy of the immunization certificate lodged with the principal in safe custody for such period as may be prescribed by the regulations and shall produce it for inspection on request by the public health officer.

(5) The provisions of this section shall, with necessary modifications, apply to an orphanage or a child care facility.

57. (1) On becoming aware that a child enrolled at a primary school or child care facility has a vaccine preventable disease, the head teacher of the school or facility shall inform the public health officer in charge of that area who shall then notify the relevant healthy authority within a period prescribed by regulations.

Responsibilities
of head teachers
during outbreaks
of vaccine
preventable
diseases

(2) On being informed that a child has a vaccine preventable disease, the Director may direct the head teacher of the primary school, orphanage or child care facility to do either or both of the following, in respect of the child that has the disease and any other child enrolled at the school or facility who is at risk—

- (a) give to a parent of each such child a notice to the effect that, unless specified requirements are complied with in respect of the child within a specified period, the child is not to attend the school or facility for the duration of the outbreak of the disease;
- (b) take other specified action with respect to each such child.

(3) In giving any such direction, the Director shall comply with the requirements prescribed by the regulations for the purposes of this section.

(4) On receiving any such direction, the head teacher of the primary school, orphanage or child care facility shall not, without reasonable excuse, fail to comply with the direction.

(5) A head teacher who has given a notice referred to in subsection (2) (a) of this section in respect of a child shall ensure that the child is excluded from the primary school, orphanage or child care facility concerned for the duration of the outbreak of the disease unless the requirements specified in the notice have been duly complied with.

(6) Subsections (1) and (2) do not apply while the primary school or child care facility is closed for a public holiday or vacation, unless the school or facility would reopen before the end of the duration of the outbreak of the disease.

(7) For the purposes of this section, the duration of an outbreak of a vaccine preventable disease is to be as determined by the Director.

58. Notwithstanding any other provision of this Act, a member of staff of a primary school, orphanage or child care facility shall not subject a child who attends or seeks to attend the school or facility to any detriment because of the child's immunization status.

Lack of
certificate not
detrimental

59. (1) A public health or disease register may be established and maintained under this Part for any of the following purposes—

Public Health or
Disease Register

- (a) to facilitate the care, treatment and the follow up of persons who have diseases or have been exposed to diseases;
- (b) to facilitate the identification of sources of infection and the control of outbreaks of diseases,
- (c) to facilitate the identification and monitoring of risk factors for diseases or conditions that have a substantial adverse impact on the population;
- (d) to facilitate the measurement and monitoring of outcomes of specified population health interventions;
- (e) to facilitate the identification and monitoring of exposure to chemicals or other environmental factors that impact, or may impact, adversely on the health of individuals.

(2) The Executive Committee Member may, by order published in the County *Gazette*, specify public health or disease registers, or classes of public health or disease registers, that may be established and maintained under this Act.

(3) The order may specify the following—

- (a) the information that a specified register may contain;
- (b) the particular objects or purposes of a specified register.

60. (1) The Member of the Executive Committee may establish and maintain, or arrange for the establishment and

Other registers by
order established

maintenance of, a register of a kind specified by an order under this Act.

(2) The Member Executive Committee may enter into an agreement or arrangement with any other person for the establishment or maintenance, or both establishment or maintenance, of any such register.

(3) The member of Executive Committee Member may enter into an agreement or arrangement with the national government or non-government agency, or any other person, for the provision and use of information for the purposes of any such register.

(4) A public health organization shall, if directed to do so in writing by the Member of the Executive Committee, provide information for the purposes of any such register.

(5) A register shall not contain identifying particulars of a person, except with the consent of the person.

(6) The Member of the Executive Committee or a person authorised in writing by the Member of the Executive Committee for that purpose may provide personal information about a person to a health records linkage organization for the purpose of establishing and providing a unique identifier number to be used for the purposes of a register.

61. (1) The Director or an officer authorised by the Member of the Executive Committee may, at any reasonable time, request access to the Register kept under the Births and Deaths Registration Act.

Access to the
Register of Births
and Deaths

(2) The Registrar in charge of births and deaths is to make such arrangements as are necessary for the supply of information from the Register if required by a public health officer or any such officer of the Department.

62. (1) A person who operates a nursing home shall ensure that—

Nursing home to
be staffed by
registered nurse

- (a) a registered nurse is on duty in the nursing home at all times;
- (b) a registered nurse is appointed as nurse in charge of the nursing home; and
- (c) any vacancy in the position of the nurse in charge of the nursing home is filled within 7 days.

(2) The regulations may prescribe the minimum

qualifications for appointment as director of nursing or a clinician-in-charge at a nursing home or private health facility.

63. (1) The Member of the Executive Committee may direct a public health authority to inspect institutions in relation to public health and, for that purpose, may direct the said institution—

Inspections under
direction of
Member of
Executive
Committee

- (a) to make any such document available for inspection; or
- (b) in the case of a document that is not in writing but is capable of being reduced to writing, to produce, and make available for inspection, a written copy of the document.

(2) The Member of the Executive Committee may make copies of, or take extracts from, any documents made available under this section.

64. (1) For the purposes of this Act, an authorised officer—

Power of
authorized officer
to enter, inspect
etc

- (a) may enter and inspect any premises, either alone or together with such other persons as the authorised officer considers necessary; and
- (b) may inspect any documents that are on the premises and, for that purpose, may direct the occupier of the premises—
 - (i) to make available for inspection any documents that are in the possession, or under the control, of the occupier; or
 - (ii) in the case of a document that is not in writing but is capable of being reduced to writing, to produce, and make available for inspection, a written copy of the document, and
- (c) may make copies of, or take extracts from, any such documents;
- (d) may, for the purpose of analysis, take samples of any substance found on the premises;
- (e) may examine and inspect any apparatus or equipment on any premises;
- (f) may take such photographs, films and audio, video

and other recordings as the authorised officer considers necessary; and

- (g) may, for the purpose of collecting evidence of a contravention of this Act or the regulations, take samples of any substance or take possession of anything that the authorised officer believes may constitute such evidence.

(2) An authorised officer may not exercise a power conferred by subsection (1) unless the authorised officer—

- (a) is in possession of a search warrant or a certificate of authority that identifies him or her as an authorised officer; and
- (b) produces the warrant or certificate of authority if required to do so by the occupier of the premises; and
- (c) gives reasonable notice to the occupier of the premises of intention to exercise the power, unless the giving of notice would defeat the purpose for which it is intended to exercise the power; and
- (d) exercises the power at a reasonable time, unless it is being exercised in an emergency.

(3) A certificate of authority is to be issued by the person who appoints the authorised officer and shall—

- (a) give the name of the person to whom it is issued; and
- (b) describe the nature of the powers conferred and the source of the powers; and
- (c) state the date, if any, on which it expires; and
- (d) bear the signature of the person by whom it is issued and state the capacity in which the person is acting in issuing the certificate.

(4) Public health authority or any other person generally or specifically authorized in writing by the member of county Executive of health, may at any hour reasonable for the proper performance of the duty, enter any land or premises to make any inspection or to perform any work or to do anything which is required or authorized by this Act or related to public health, work is necessary for or proper

performance of his duties or the exercise of his powers.

- (5) Any person who—
- (a) fails to give or refuses to any officer, inspector or person mentioned in or authorized under subsection (1) if he requests entrance on any land or premises or obstructs or hinders him in the execution of his duties under this Act; or
 - (b) fails or refuses to give information that he may lawfully be required to give to such officer, inspector or person;
 - (c) or who gives such officer, inspector or person false or any of his servants or workmen from entering any land or dwelling or premises for the purpose of complying with any requirement under this Act,
 - (d) shall be guilty of an offence.

PART VII— MISCELLANEOUS PROVISIONS

65. (1) The Executive Committee Member shall select or appoint and notify in the County Gazette sufficient and proper places within such areas as may be by regulations prescribed to be the sites of and to be used as cemeteries.”

Dead to be buried
in appointed
cemeteries

(2) Where Executive Committee Member has appointed and notified the sites for cemeteries, no person shall bury the dead within an area prescribed under subsection (1) herein except in cemetery.

(3) Any person who contravenes the provision of subsection (2) herein commits an offence and shall, upon conviction, be liable to imprisonment for a term not exceeding three years or a fine not exceeding three hundred thousand shillings or to both.

(4) The Executive Committee Member shall make rules and regulations not inconsistent with this Act to govern burials, cremations, exhumations and any other actions pertaining to the internment of the dead.

66. The County Public Service Board shall appoint a qualified officer duly registered with Public Health Officers Council to be the public health officer for a part of the County or for the purpose of exercising particular public health functions.

Appointment of
public health
officers

67. (1) The public health officer for a part of the County has the following functions—

Functions of public health officers.

- (a) to investigate, and furnish reports to the Member of the Executive Committee on, matters affecting public health in that part of the County;
- (b) to co-ordinate activities in relation to the reduction of any risks to public health in that part of the County;
- (c) to co-ordinate the activities of authorised officers in relation to the enforcement of this Act and the regulations within that part of the County;
- (d) such other functions as are conferred or imposed on the public health officer by or under this Act.

68. The public health officer for a part of the County may exercise any of the functions of an authorised officer.

Exercise by public health officers of functions of authorised officers
General penalty

69. Where person is convicted of an offence under this Act for which no penalty is expressly provided, the person shall be liable to a fine not exceeding three million shillings or to imprisonment for a term not exceeding two years, or to both such fine and such imprisonment.

70. (1) The Executive Committee Member shall make regulations, not inconsistent with this Act, for or with respect to any matter that by this Act is required or permitted to be prescribed, or that is necessary or convenient to be prescribed, for carrying out or giving effect to this Act.

Regulations

(2) In particular, the regulations may make provision for or with respect to any of the following—

- (a) the prevention, mitigation and eradication of risks to public health;
- (b) the places at which, and the conditions subject to which, a person may be detained under a public health order;
- (c) regulating public health standards for public swimming pools and spa pools and premises where skin penetration procedures are carried out, including standards for cleanliness, hygiene and infection control;
- (d) the closure of public swimming pools and spa pools

for any period during which they are a risk to public health;

- (e) the installation, operation, maintenance and inspection of a regulated system;
- (f) the functions (including powers of entry and inspection) of an Urban Area, a Town Management Committee or a Board of a City or a Municipality and authorised officers in relation to a regulated system;
- (g) the provision of information by the owner or occupier of premises in relation to a regulated system which is installed on the premises;
- (h) the provision and keeping of operation manuals, and maintenance manuals, for a regulated system;
- (i) the keeping of records, and the making of reports, in relation to a regulated system;
- (j) the provision of information by the owner or occupier of premises at which a public swimming pool or spa pool is situated;
- (k) the provision of information by persons who carry out skin penetration procedures;
- (l) the cases in which, the manner in which, and the conditions under which, cremations of human remains may take place;
- (m) matters preliminary to, and consequential on, cremations of human remains;
- (n) other public health matters relating to the disposal and handling of human remains;
- (o) the registration of cremations and burials and (with any necessary modifications) the application to the registration of cremations of the provisions of any other Act, or of any law, in force in relation to the registration of a burial of the body of a deceased person;
- (p) the embalming, interment, disposal and exhumation of the bodies of deceased persons;
- (q) the preparation rooms, equipment and apparatus in mortuaries, crematories and cemeteries, and any other matter relating to mortuaries, crematories and

cemeteries that is for the protection of the health of the public;

- (r) the inspection of mortuaries, crematories and cemeteries and of premises that may reasonably be suspected of being mortuaries, crematories or cemeteries;
- (s) the records to be kept in relation to mortuaries, crematories and cemeteries, and the inspection of records (including the making of copies or extracts from such records by or for authorised officers and the public), equipment and apparatus in mortuaries, crematories and cemeteries or premises that may reasonably be suspected of being mortuaries, crematories or cemeteries;
- (t) the fees that may be charged for the cremation of human remains, for the preservation or disposal of the ashes and for related services;
- (u) the payment of specified fees in relation to applications made, approvals given, improvement notices and prohibition orders given, and other matters arising, under this Act.

SCHEDULE ONE—CATEGORIES OF DISEASES**1. Category 1**

- (iii) Cystic fibrosis in a child under the age of one year
- (iv) Hypothyroidism in a child under the age of one year
- (v) Prenatal death
- (vi) Phenylketonuria in a child under the age of one year
- (vii) Pregnancy with a child having a congenital malformation (as described in the international statistical classification of diseases and related health problems), cystic fibrosis, hypothyroidism, thalassaemia major or phenylketonuria
- (viii) Sudden infant death syndrome
- (ix) Thalassaemia major in a child under the age of one year

2. Category 2

- (a) Acute viral hepatitis
- (b) Adverse event following immunization
- (c) Avian influenza in humans
- (d) Creutzfeldt-jakob disease (CJD) and variant creutzfeldt-jakob disease (VCJD)
- (e) Foodborne illness in two or more related cases
- (f) Gastroenteritis among people of any age in relation in an institution (for example among persons in educational or residential institutions)
- (g) Leprosy
- (h) Measles
- (i) Middle East respiratory coronavirus
- (j) Pertusis (whooping cough)
- (k) Severe acute respiratory syndrome
- (l) Smallpox
- (m) Syphilis
- (n) Tuberculosis

3. Category 3

- (a) Anthrax
- (b) Avian influenza in humans
- (c) Botulism
- (d) Brucellosis
- (e) Cancer
- (f) Chancroid
- (g) Chlamydia
- (h) Cholera
- (i) Congenital malformation (as described in the international statistical classification of diseases and related health problems)
- (j) Cryptosporidiosis
- (k) Cystic fibrosis
- (l) Diphtheria
- (m) Giardiasis
- (n) Gonorrhoea
- (o) Haemophilus influenza type b
- (p) Hendra virus infection
- (q) Hepatitis A
- (r) Hepatitis B
- (s) Hepatitis C
- (t) Hepatitis D
- (u) Hypothyroidism in a child under the age of one year
- (v) Influenza
- (w) Invasive pneumococcal infection
- (x) Lead poisoning (as defined by a blood lead level)
- (y) Legionella infections
- (z) Leptospirosis
- (aa) Listeriosis
- (bb) Lyssavirus

2016

- (cc) Malaria
- (dd) Meningococcal infections
- (ee) Middle east respiratory syndrome coronavirus
- (ff) Mumps
- (gg) Paratyphoid
- (hh) Pertussis (whooping cough)
- (ii) Phenylketonuria
- (jj) Plague
- (kk) Poliomyelitis
- (ll) Psittacosis
- (mm) Q fever
- (nn) Rabies
- (oo) Rotavirus
- (pp) Rubella
- (qq) Salmonella infections
- (rr) Severe acute respiratory syndrome
- (ss) Shiga toxin producing and vero toxin producing escherichia coli infection
- (tt) Shigellosis
- (uu) Smallpox
- (vv) Syphilis
- (ww) Tuberculosis
- (xx) Typhoid
- (yy) Tularaemia
- (zz) Typhus (epidemic)
- (aaa) Viral haemorrhagic fevers
- (bbb) Yellow fever

4. Category 4

- (a) Avian influenza in humans
- (b) Middle East respiratory syndrome corona virus

- (c) Severe acute respiratory syndrome
- (d) Tuberculosis
- (e) Typhoid

5. Category 5

- (a) Acquired immune deficiency syndrome (AIDS)
- (b) Human immunodeficiency virus (HIV) infection

SCHEDULE TWO – NOTIFIABLE DISEASES

- (a) Acquired immune deficiency syndrome (AIDS)
- (b) Acute viral hepatitis
- (c) Adverse event following immunization
- (d) Avian influenza in humans
- (e) Botulism
- (f) Cancer
- (g) Cholera
- (h) Congenital malformation (as described in the international statistical classification of diseases and related health problems) in a child under the age of one year.
- (i) Creutzfeldt-jakob disease (CJD) and variant creutzfeldt-jakob disease (vCJD)
- (j) Cystic fibrosis in a child under the age of one year
- (k) Diphtheria
- (l) Food borne illness in two or more related cases
- (m) Gastroenteritis among people of any age, in an institution (for example, among persons in educational or residential institutions)
- (n) Haemolytic uraemic syndrome
- (o) Haemophilus influenza tybe b
- (p) Hypothyroidism in a child under the age of one year
- (q) Legionnaires' disease
- (r) Leprosy
- (s) Lyssavirus

- (t) Measles
- (u) Meningococcal disease
- (v) Middle east respiratory syndrome coronavirus
- (w) Paratyphoid
- (x) Pertusis (whooping cough)
- (y) Phenylketonuria in a child under the age of one year
- (z) Plague
- (aa) Poliomyelitis
- (bb) Pregnancy with a child having a congenital malformation (as described in the international statistical classification of diseases and related health problems).
- (cc) Cystic fibrosis, hypothyroidism, thalassaemia or phenylketonuria
- (dd) Rabies
- (ee) Severe acute respiratory syndrome
- (ff) Smallpox
- (gg) Syphilis
- (hh) Tetanus
- (ii) Thalassaemia major in a child under the age of one year
- (jj) Tuberculosis
- (kk) Typhoid
- (ll) Typhus (epidemic)
- (mm) Viral hemorrhagic fevers
- (nn) Yellow fever

SCHEDULE THREE—VACCINE PREVENTABLE DISEASES

- (a) Diphtheria
- (b) Haemophilus influenza type b
- (c) Measles
- (d) Meningococcal type c
- (e) Mumps
- (f) Pertusis (whooping cough)

- (g) Poliomyelitis
- (h) Rubella
- (i) Tetanus