

**ORDER No. 12/2007/L-CTN OF DECEMBER 5, 2007, ON THE PROMULGATION OF LAW****THE PRESIDENT OF THE SOCIALIST  
REPUBLIC OF VIETNAM**

*Pursuant to Articles 103 and 106 of the 1992 Constitution of the Socialist Republic of Vietnam, which was amended and supplemented under Resolution No. 51/2001/QH10 of December 25, 2001 of the X<sup>th</sup> National Assembly, the 10<sup>th</sup> session;*

*Pursuant to Article 91 of the Law on Organization of the National Assembly;*

*Pursuant to Article 50 of the Law on Promulgation of Legal Documents,*

**PROMULGATES:**

**the Law on Prevention and Control of Infectious Diseases,**

*which was passed on November 21, 2007, by the XII<sup>th</sup> National Assembly of the Socialist Republic of Vietnam at its 2<sup>nd</sup> session.*

***President of  
the Socialist Republic of Vietnam  
NGUYEN MINH TRIET***

**LAW ON PREVENTION AND CONTROL  
OF INFECTIOUS DISEASES**

*(No. 03/2007/QH12)*

*Pursuant to the 1992 Constitution of the*

*Socialist Republic of Vietnam with a number of articles already amended and supplemented under Resolution No. 51/2001/QH10;*

*The National Assembly promulgates the Law on Prevention and Control of Infectious Diseases,*

***Chapter I*****GENERAL PROVISIONS**

**Article 1.-** Scope of regulation and subjects of application

1. This Law provides for prevention and control of infectious diseases: border quarantine; epidemic combat; and conditions to assure the prevention and control of infectious diseases in humans.

The prevention and control of human immunodeficiency virus (HIV/AIDS) are not governed by this Law.

2. This Law applies to domestic and foreign agencies, organizations and individuals in Vietnam.

**Article 2.-** Interpretation of terms

In this Law, the phrases below are construed as follows:

1. Infectious disease means a disease that transmits directly or indirectly from humans or animals to humans due to agents of infectious disease.

2. Agents of infectious disease include viruses, bacteria, parasites or fungi capable of causing an infectious disease.

3. Vectors include insects, animals, environments, food and other articles that carry agents of infectious disease and are capable of

transmitting a disease.

4. Person suffering from an infectious disease means a person who is infected with agents of an infectious disease and shows symptoms of the disease.

5. Pathogen carrier means a person who is infected with agents of an infectious disease but does not show any symptoms of the disease.

6. Contact means a person who has come into contact with a person suffering from an infectious disease or a person with pathogens of infectious disease or vectors and is capable of contracting the disease.

7. Person suspected of suffering from an infectious disease means a contact or a person showing symptoms of an infectious disease with unknown agents of disease.

8. Infectious disease surveillance means the continuous and systematic collection of information on the situation and tendency of infectious diseases, analysis and explanation to supply information for the planning, implementation and evaluation of the effectiveness of measures against infectious diseases.

9. Biosafety in testing means the use of measures for reducing or eliminating the risk of transmission of agents of any infectious disease within laboratories or from laboratories into the environment and community.

10. Vaccine means a preparation containing antigens immunizing the body and used for preventive purposes.

11. Medical bio-product means a product of biological origin which is used for prevention, treatment and diagnosis of diseases in humans.

12. Immunology means the level of resistance of an individual or a community against agents of infectious disease.

13. Epidemic means the occurrence of an infectious disease in a number of persons exceeding the normal projected number of persons during a particular period and in a given area.

14. Epidemic zone means a zone ascertained by a competent agency to be infected with an epidemic.

15. Zone at the risk of an epidemic means a zone adjacent to an epidemic zone or where emerge epidemic-causing factors.

16. Medical isolation means the isolation of a person suffering from an infectious disease, a person suspected of suffering from an infectious disease or a pathogen carrier or articles possibly carrying agents of infectious disease in order to limit the spread of disease.

17. Medical disposal means the application of measures of using vaccines, medical bio-products, medical isolation, disinfection, elimination of agents of infectious disease and vectors and other medical measures.

### Article 3.- Classification of infectious diseases

1. Infectious diseases are divided into the following classes:

a/ Class A, consisting of extremely dangerous infectious diseases that can transmit very rapidly and spread widely with high mortality rates or with unknown agents.

Class-A infectious diseases include poliomyelitis; influenza A-H5N1; plague; smallpox; Ebola virus, Lassa virus and Marburg virus hemorrhagic fever; West Nile fever; yellow fever; cholera; SARS and dangerous infectious

diseases newly emerging and with unknown agents;

b/ Class B, consisting of dangerous infectious diseases that can rapidly transmit and be fatal.

Class-B infectious diseases include adenovirus disease; HIV/AIDS; diphtheria; influenza; rabies; pertussis; pulmonary tuberculosis; human streptococcus suis; amebiasis; bacillary dysentery; mumps; dengue fever; dengue hemorrhagic fever; malaria; scarlet fever; measles; hand-foot-mouth disease; anthrax; chicken pox; typhoid; tetanus; German measles; viral hepatitis; Neisseria meningitis; viral meningitis; leptospirosis; Rota virus diarrhea;

c/ Class C, consisting of less dangerous infectious diseases that are not rapidly transmittable.

Class-C infectious diseases include Chlamydia; syphilis; worm-related diseases; gonorrhea; trachoma; Candida Albicans disease; Nocardia disease; leprosy; Cytomegalo virus disease; herpes; taeniasis; fascioliasis; paragonimiasis; Fasciolopsis buski; scrub typhus; Rickettsia fever; Hantavirus hemorrhagic fever; trichomonas; Pyodermitis; coxsackie virus pharyngitis, stomatitis and carditis; Giardiasis; Vibrio Parahaemolyticus enteritis, and other infectious diseases.

2. The Minister of Health shall make decision to adjust and supplement the list of infectious diseases of the classes specified in Clause 1 of this Article.

**Article 4.-** Principles of prevention and control of infectious diseases

1. Prevention of disease is key with infectious disease information, education and communication and surveillance regarded as

major measures. To combine technical medical measures with social and administrative measures in preventing and controlling infectious diseases.

2. To organize inter-branch coordination and social mobilization in the prevention and control of infectious diseases; to integrate activities of prevention and control of infectious diseases into socio-economic development programs.

3. To publicize in a timely manner accurate information on epidemics.

4. To carry out anti-epidemic activities in a proactive, active, timely and thorough manner.

**Article 5.-** State policies on prevention and control of infectious diseases

1. To prioritize and support preventive medicine training.

2. To prioritize investment in enhancing the capacity for surveillance personnel and systems to detect infectious diseases and in the research and production of vaccines and bio-medical products.

3. To support and encourage scientific research, exchange and training of specialists and transfer of technology in the prevention and control of infectious diseases.

4. To support medical attendance for persons suffering from infectious diseases due to occupational risks and in other necessary cases.

5. To support compensation for the cull of cattle and poultry carrying agents of infectious disease in accordance with law.

6. To mobilize contributions in terms of finance, technique and labor from the entire society to the prevention and control of infectious diseases.

7. To expand cooperation with international organizations and other countries in the region and the world in the prevention and control of infectious diseases.

**Article 6.-** State management agencies responsible for prevention and control of infectious diseases

1. The Government performs the unified state management of the prevention and control of infectious diseases nationwide.

2. The Ministry of Health shall take responsibility before the Government for performing the state management of the prevention and control of infectious diseases nationwide.

3. Ministries and ministerial-level agencies shall, within the scope of their tasks and powers, coordinate with the Ministry of Health in performing the state management of the prevention and control of infectious diseases.

4. People's Committees at all levels shall perform the state management of the prevention and control of infectious diseases according to the Government's decentralization.

**Article 7.-** Responsibilities of agencies, organizations and individuals for the prevention and control of infectious diseases

1. Agencies, organizations and people's armed forces units shall, within the scope of their assigned tasks and vested powers, make and organize the implementation of, plans for preventing and controlling infectious diseases; closely coordinate with and support one another upon the occurrence of epidemics, and observe and comply with the direction and instructions of anti-epidemic steering committees.

2. The Vietnam Fatherland Front and its member organizations shall conduct public information work and mobilize the people to participate in preventing and controlling infectious diseases; and participate in supervising the observance of the law on prevention and control of infectious diseases.

3. Domestic and foreign agencies, organizations and individuals in Vietnam shall participate in preventing and controlling infectious diseases in accordance with this Law.

**Article 8.-** Prohibited acts

1. Intentionally transmitting agents of infectious disease.

2. Persons suffering from an infectious disease, persons suspected of suffering from an infectious disease and pathogen carriers are prohibited from performing jobs likely to transmit agents of infectious disease as prescribed by law.

3. Concealing and failing to report or reporting not in a timely manner cases of contracting infectious diseases in accordance with law.

4. Intentionally declaring or reporting untrue information on infectious diseases.

5. Discriminating against and publishing negative images of and information on persons suffering from an infectious disease.

6. Failing to apply or applying not in a timely manner measures for preventing and controlling infectious diseases as prescribed by this Law.

7. Failing to comply with measures for preventing and controlling infectious diseases at the request of competent agencies and organizations.

**Chapter II****PREVENTION OF INFECTIOUS  
DISEASES****Section 1. INFORMATION, EDUCATION,  
COMMUNICATION ON PREVENTION  
AND CONTROL OF INFECTIOUS  
DISEASES**

**Article 9.-** Contents of information, education and communication on prevention and control of infectious diseases

1. Party line and decisions and state policies and laws on prevention and control of infectious diseases.

2. Causes, ways of transmission, methods of identification of, and measures for preventing and controlling infectious diseases.

3. Consequences of infectious diseases on human health and lives and national socio-economic development.

4. Responsibilities of agencies, organizations and individuals in the prevention and control of infectious diseases.

**Article 10.-** Target groups of information, education and communication on prevention and control of infectious diseases

1. Everyone is entitled to access to information, education and communication on prevention and control of infectious diseases.

2. Persons suffering from infectious diseases, persons suspected of suffering from infectious diseases and pathogen carriers, their family members and people living in epidemic zones and zones at risk of epidemics are entitled to prioritized access to information, education and

communication on prevention and control of infectious diseases.

**Article 11.-** Requirements on information, education and communication on prevention and control of infectious diseases

1. To be accurate, clear, easily understandable, practical and timely.

2. To be suitable to target groups, cultural and national traditions, social morality, religions and beliefs, and traditional practices and customs.

**Article 12.-** Responsibilities for information, education and communication on prevention and control of infectious diseases.

1. Agencies, organizations and people's armed forces units shall, within the scope of their respective tasks and powers, conduct information, education and communication on prevention and control of infectious diseases.

2. The Ministry of Health shall assume the prime responsibility for, and coordinate with concerned agencies in, providing accurate and timely information on infectious diseases.

3. The Ministry of Information and Communication shall direct mass media agencies to regularly supply information and conduct communication on prevention and control of infectious diseases and integrate programs on prevention and control of infectious diseases into other information and communication programs.

4. The Ministry of Education and Training shall assume the prime responsibility for, and coordinate with the Ministry of Health, the Ministry of Labor, War Invalids and Social Affairs and concerned ministries and ministerial-level agencies in, developing the contents of education about prevention and control of

infectious diseases in combination with other education contents.

5. People's Committees at all level shall direct and organize the work of information, education and communication on prevention and control of infectious diseases in their localities.

6. Mass media agencies shall prioritize broadcasting time and volumes for information, education and communication on prevention and control of infectious diseases on radio and television stations; and volume and positions of articles and news on printed, audiovisual and electronic press according to regulations of the Ministry of Information and Communication. Information, education and communication on prevention and control of infectious diseases on the mass media are free of charge, unless these activities are conducted under separate contracts signed with programs or projects or financed by domestic or foreign individuals and organizations.

## **Section 2. SANITATION FOR PREVENTION AND CONTROL OF INFECTIOUS DISEASES**

**Article 13.-** Sanitation for prevention and control of infectious diseases in education establishments within the national education system

1. Education establishments must be built in high and clean areas far from polluting places and have sufficient clean water and toilet facilities, spacious and adequately lit classrooms; food provided in these establishments must be up to quality, hygiene and safety standards.

2. Education establishments are responsible for providing learners with education about sanitation for prevention and control of infectious diseases, including personal hygiene, sanitation in daily-

life and working activities, and environmental sanitation.

3. Healthcare units of education establishments are responsible for providing public information on sanitation for disease prevention; examining and supervising environmental sanitation and food safety and hygiene, and applying measures for preventing and controlling infectious diseases.

4. The Minister of Health shall issue national technical standards of sanitation for disease prevention in education establishments specified in Clause 1 of this Article.

**Article 14.-** Sanitation in clean water supply, sanitation of water sources for daily-life use

1. Clean water must ensure national technical standards according to regulations of the Minister of Health.

2. Clean water-supplying establishments shall apply technical measures to keep environmental sanitation and conduct self-examination to ensure the quality of clean water.

3. Competent state agencies in charge of health shall regularly examine the quality of clean water supplied by establishments and supervise the organization of regular medical checks-up for laborers working at these establishments.

4. People's Committees at all levels shall organize the protection and preservation of sanitation, prevent contamination of water sources used for daily life; and create conditions for the supply of clean water.

5. Agencies, organizations and individuals shall protect, keep clean and prevent contamination of, water sources used for daily life.

**Article 15.-** Sanitation in the raising,

transportation, slaughter and cull of cattle and poultry and other animals

1. Raising, transportation, slaughter and cull of cattle, poultry and other animals must ensure sanitation, neither causing pollution to the environment and water sources used for daily life nor dispersing agents of infectious disease.

2. Competent state agencies in charge of animal health shall guide organizations and individuals to take measures to ensure sanitation in the raising, transportation, slaughter and cull of cattle, poultry and other animals to order to prevent transmission of diseases to humans.

**Article 16.- Food hygiene and safety**

1. Organizations and individuals engaged in cultivation, animal raising, gathering, fishing, preliminary processing, processing, packaging, preservation, transportation and trading of food shall ensure that food is not contaminated with agents of infectious disease and comply with other provisions of law on food hygiene and safety.

2. Consumers have the right of access to information on food hygiene and safety; are responsible for keeping food safety and hygiene; fully observe guidelines on food hygiene and safety; and report cases of food poisoning and food-borne diseases.

3. Competent state agencies in charge of food hygiene and safety shall guide organizations and individuals to take measures to ensure food hygiene and safety for preventing and controlling infectious diseases.

**Article 17.- Sanitation in construction**

1. Works under construction must observe all national technical standards of sanitation in construction according to regulations of the

Minister of Health.

2. Investment projects on construction of industrial parks, urban centers, residential areas or infectious disease examination and treatment establishments can be executed only after their health impact assessment reports have been appraised by competent health agencies.

3. Infectious disease examination and treatment establishments and establishments likely to transmit agents of infectious disease must be located at an environmentally safe distance from residential areas and nature reserves according to regulations of the Minister of Health.

4. Agencies, organizations and individuals shall assure sanitation in construction.

**Article 18.- Sanitation in the lying of corpses in state, embalmment, burial, and transportation of corpses or remains**

1. Dead persons must be buried within 48 hours after death, except for corpses preserved according to regulations of the Minister of Health; if the dead is a person suffering from an infectious disease or suspected of suffering from an infectious disease of class A, his/her corpse must be disinfected and buried within 24 hours.

2. The preservation, lying of corpses in state, embalmment, burial, and transportation of corpses and remains comply with regulations of the Minister of Health.

**Article 19.- Other sanitation activities for preventing infectious diseases**

1. Agencies, organizations and individuals shall take measures to keep clean their places of residence, public places, places of production and business and means of transport and treat industrial waste and garbage; and other measures

to ensure sanitation in accordance with relevant legal provisions with a view to preventing the emergence and spread of infectious diseases.

2. Everyone is responsible for practicing personal hygiene to prevent infectious diseases.

### **Section 3. INFECTIOUS DISEASE SURVEILLANCE**

**Article 20.-** Infectious disease surveillance activities

1. Supervising cases of infection, suspected infection and carrying of pathogens of infectious diseases.

2. Supervising agents of infectious disease.

3. Supervising vectors.

**Article 21.-** Contents of infectious disease surveillance

1. Supervising cases of infection, suspected infection and carrying pathogens of infectious disease is to collect information on places, time and cases of morbidity and mortality; status of disease; status of immunology; major demographic characteristics and other necessary information.

In case of necessity, competent health agencies may take testing samples from persons suspected of suffering infectious diseases for supervision.

2. Supervising agents of infectious disease is to collect information relating to types, bio-characteristics and ways of transmission from sources of transmission.

3. Supervising vectors is to collect information relating to the quantity, density and composition of vectors and extent of their infection with agents of infectious disease.

**Article 22.-** Infectious disease surveillance report

1. Infectious disease surveillance reports shall be sent to competent state agencies in charge of health. An infectious disease surveillance report contains information specified in Article 21 of this Law.

2. Infectious disease surveillance reports must be made in writing. In case of emergency, such a report may be transmitted by fax, e-mail, telegraph, telephone or verbally and a written version must be sent within 24 hours afterwards.

3. Infectious disease surveillance reports include:

a/ Periodical reports;

b/ Quick reports;

c/ Irregular reports.

4. Upon receiving reports, competent state agencies in charge of health shall process information therein and notify reporting agencies thereof.

5. If an epidemic is confirmed, state agencies in charge of health shall immediately report it to superior state agencies in charge of health and persons competent to declare epidemics.

6. The Minister of Health shall specify regimes of information and reporting on infectious diseases.

**Article 23.-** Responsibilities of infectious disease surveillance

1. People's Committees at all levels shall direct and organize infectious disease surveillance in localities.

2. State agencies in charge of health shall assist



People's Committees of the same level in directing health establishments to conduct infectious disease surveillance.

3. Health establishments shall carry out infectious disease surveillance activities. When detecting an environment with agents of a class-A infectious disease, a person suffering from a class-A infectious disease, a person suspected of suffering from a class-A infectious disease or a person carrying pathogens of a class-A infectious disease, health establishments shall notify state agencies in charge of health, and take cleansing, sterilization and disinfection and other measures for preventing and controlling infectious diseases.

4. Agencies, organizations and individuals shall, upon detecting an infectious disease or its signs, notify the nearest People's Committees, specialized health agencies or health establishments.

5. In the course of conducting infectious disease surveillance, testing establishments shall conduct tests at the request of competent health agencies.

6. The Minister of Health shall issue regulations on professional techniques in infectious disease surveillance.

7. The Ministry of Agriculture and Rural Development, the Ministry of Natural Resources and Environment and other ministries and ministerial-level agencies shall, upon detecting infectious agents while performing their state management tasks and powers, coordinate with the Ministry of Health in surveillance activities.

#### **Section 4. BIOSAFETY IN TESTING**

**Article 24.-** Assurance of biosafety in laboratories

1. Laboratories must satisfy biosafety conditions suitable to their level and may conduct tests within their scope of specialization after obtaining biosafety standard conformity certificates from state agencies in charge of health.

2. The Government shall specify biosafety assurance in laboratories.

#### **Article 25.-** Management of medical swabs

1. The collection, transportation, preservation, storage, study, exchange and destruction of medical swabs related to agents of infectious disease must comply with regulations on management of medical swabs.

2. Only qualified establishments may preserve, store, use, study, exchange and destroy medical swabs of class-A infectious diseases.

3. The Minister of Health shall specify the management of medical swabs and conditions of medical swab management establishments mentioned in Clauses 1 and 2 of this Article.

#### **Article 26.-** Protection of persons working in laboratories

1. Persons working in laboratories in contact with agents of infectious disease must be provided with training in knowledge and skills and personal protection outfits to prevent infection with agents of infectious disease.

2. Persons working in laboratories in contact with agents of infectious disease shall observe technical processes in conducting tests.

#### **Section 5. USE OF VACCINES AND MEDICAL BIO-PRODUCTS FOR DISEASE PREVENTION**

**Article 27.-** Principles of use of vaccines and

medical bio-products

1. Vaccines and medical bio-products in use must meet all conditions specified in Article 36 of the Pharmacy Law.

2. Vaccines and medical bio-products may be used voluntary or obligatory manner.

3. Vaccines and medical bio-products must be used for proper purposes and target groups and according to proper schedule, categories and technical processes.

4. Vaccines and medical bio-products must be used at qualified health establishments.

**Article 28.-** Voluntary use of vaccines and medical bio-products

1. Everyone has the right to use vaccines and medical bio-products to protect the health of their own and their community.

2. The State shall support and encourage citizens to voluntarily use vaccines and medical bio-products.

3. Medical practitioners and health workers directly involved in taking care of and treating persons suffering from infectious diseases, persons working in laboratories in contact with agents of infectious diseases may use free of charge vaccines and medical bio-products.

**Article 29.-** Obligatory use of vaccines and medical bio-products

1. Persons who are at risk of contracting infectious diseases in epidemic zones and who are to enter epidemic zones are obliged to use vaccines and medical bio-products for diseases for which vaccines and medical bio-products are available.

2. Children and pregnant women are obliged to use vaccines and medical bio-products for infectious diseases under the expanded program on immunization.

3. Parents or guardians of children and everyone shall follow requests of competent health establishments in the obligatory use of vaccines and medical bio-products.

4. Obligatory use of vaccines and medical bio-products is free of charge in the following cases:

a/ Persons at risk of contracting infectious diseases in epidemic zones;

b/ Persons appointed by competent agencies to enter epidemic zones;

c/ Persons specified in Clause 2 of this Article.

**Article 30.-** Responsibility for organizing the use of vaccines and medical bio-products

1. The State shall ensure funds for the use of vaccines and medical bio-products in Clause 3, Article 28, and Clause 4, Article 29 of this Article.

2. The Minister of Health shall:

a/ Promulgate a list of infectious diseases for which the use of vaccines and medical bio-products is obligatory under Clause 1, Article 29 of this Law;

b/ Organize the implementation of the expanded program on immunization and stipulate a list of infectious diseases for which the use of vaccines and medical bio-products is obligatory and the age of children covered by the expanded program on immunization under Clause 2, Article 29 of this Law;

c/ Stipulate the scope of obligatory use of vaccines and medical bio-products and groups of

persons obliged to use vaccines and medical bio-products depending on the situation of epidemics;

d/ Stipulate the use of vaccines and medical bio-products mentioned in Clause 3, Article 27 of this Law; and conditions on health establishments mentioned in Clause 4, Article 27 of this Law;

e/ Stipulate the establishment, organization and operation of professional advisory councils to consider causes of complications in the use of vaccines and medical bio-products mentioned in Clause 5 and Clause 6 of this Article.

3. People's Committees of provinces and centrally run cities (below referred to as provincial-level People's Committees) shall direct the organization of the immunization and use of vaccines and medical bio-products.

4. Health establishments are responsible for the immunization and use of vaccines and medical bio-products within their professional scope according to regulations of the Minister of Health.

5. If organizations and individuals producing, trading in and preserving vaccines and medical bio-products are at fault in the production, trading or preservation of vaccines and medical bio-products, they are liable for their acts of violation that cause complications to users of vaccines or medical bio-products according to law.

6. When receiving expanded immunization, if immunized persons experience complications which seriously affect their health or lead to their death, the State shall pay compensations to the victims. In case such complications are due to the fault of organizations or individuals producing, trading in or preserving vaccines and medical bio-products or of immunization workers, these organizations and individuals

shall pay indemnities to the State in accordance with law.

#### ***Section 6. PREVENTION OF TRANSMISSION OF INFECTIOUS DISEASES WITHIN MEDICAL EXAMINATION AND TREATMENT ESTABLISHMENTS***

**Article 31.-** Measures for preventing transmission of infectious diseases within medical examination and treatment establishments

1. Isolation of persons suffering from infectious diseases.

2. Disinfection and sterilization of the environment and treatment of wastes at medical examination and treatment establishments.

3. Personal protection, personal hygiene

4. Other professional measures as prescribed by law.

**Article 32.-** Responsibilities of medical examination and treatment establishments in the prevention of transmission of infectious diseases

1. To take isolation measures suitable to each class of diseases; to take comprehensive care of infectious disease patients. A patient who refuses to comply with the isolation request of a medical examination and treatment establishment shall be subjected to an isolation measure according to regulations of the Government

2. To organize the implementation of measures to disinfect and sterilize the environment and treat wastes in medical examination and treatment establishments.

3. To ensure adequate protective outfits and personal hygiene conditions for medical

practitioners, health workers, patients and patients' relatives.

4. To monitor the health of medical practitioners and health workers personally taking care of and treating persons suffering from class-A infectious diseases.

5. To report information relating to persons suffering from infectious diseases to preventive medicine agencies of the same level.

6. To take other professional measures in accordance with law.

**Article 33.-** Responsibilities of medical practitioners and health workers in the prevention of transmission of infectious diseases within medical examination and treatment establishments

1. To take measures for preventing transmission of infectious diseases specified in Article 31 of this Law.

2. To give counseling on measures for preventing transmission of infectious diseases for patients and their relatives.

3. To keep secret information relating to patients.

**Article 34.-** Responsibilities of patients and their relatives in the prevention of transmission of infectious diseases within medical examination and treatment establishments

1. Patients have the following responsibilities:

a/ To honestly declare the developments of their diseases;

b/ To strictly follow instructions of medical practitioners and health workers and rules of medical examination and treatment establishments;

c/ For persons suffering from a class-A infectious disease, immediately after being discharged from hospital, to register for health monitoring with health establishments of wards, communes or townships where they reside.

2. Patients' relatives shall follow instructions of medical practitioners and health workers and rules of medical examination and treatment establishments.

### **Chapter III**

### **BORDER QUARANTINE**

**Article 35.-** Objects and places of border quarantine

1. Border quarantine is applied to:

a/ Persons entering, leaving or transiting Vietnam;

b/ Means of transport entering, leaving or transiting Vietnam;

c/ Goods imported into, exported from, or transiting Vietnam;

d/ Corpses, remains, medical micro-organic samples, bio-products, tissues and parts of human bodies transported across Vietnam's borders.

2. Border quarantine is conducted at border gates.

**Article 36.-** Contents of border quarantine

1. Objects of border quarantine specified in Clause 1, Article 35 of this Law are subject to medical declaration.

2. Medical inspection includes inspection of health-related papers and physical inspection. Physical inspection shall be conducted of

objects originating from or going through epidemic zones or suspected of suffering from an infectious disease or carrying agents of infectious disease.

3. Medical disposal shall be conducted after medical inspection has been conducted and objects of border quarantine are detected to carry agents of a class-A infectious disease. If receiving information reported by owners of means of transport or obtaining explicit evidences that a means of transport, a person or cargo carries agents of a class-A infectious disease, the means of transport, persons or cargo on board the means of transport must be isolated for medical inspection before it/they are allowed to carry out procedures for entering, leaving or transiting Vietnam; if it/they fails/fail to comply with the isolation request of the border quarantine body, an isolation measure shall be taken against it/them.

4. Infectious disease surveillance shall be conducted in border-gate areas under the provisions of Section 3, Chapter II of this Law.

**Article 37.-** Responsibilities in conducting border quarantine

1. Persons specified at Point a, Clause 1 of Article 35, owners of means of transport or managers of objects specified at Points b, c and d, Clause 1 Article 35 of this Law shall make health declaration, comply with medical monitoring, inspection and disposal measures, and pay border quarantine charges as prescribed by law.

2. Border quarantine bodies shall organize the implementation of quarantine contents specified in Article 36 of this Law and issue medical disposal certificates.

3. Functional agencies based in border gates

shall coordinate with border quarantine bodies in conducting border quarantine.

4. Competent state agencies shall coordinate with concerned agencies of foreign countries and international organizations in the prevention and control of infectious diseases in border areas.

5. The Government shall issue specific regulations on border quarantine.

#### *Chapter IV*

### **EPIDEMIC COMBAT**

#### **Section 1. EPIDEMIC ANNOUNCEMENT**

**Article 38.-** Principles, competence, time limit and conditions for epidemic announcement

1. Epidemic announcement must abide by the following principles:

a/ All cases of epidemic must be announced;

b/ Announcement of an epidemic and its termination must be public, accurate, timely and duly made.

2. The competence to announce an epidemic is stipulated as follows:

a/ Provincial-level People's Committee presidents announce epidemics at the request of provincial-level Health Service directors, for class-A and class-B infectious diseases;

b/ The Minister of Health announce epidemics at the request of provincial-level People's Committee presidents, for class-A infectious diseases and for some class-B infectious diseases which have been announced in two or more provinces and centrally run cities;

c/ The Prime Minister announce epidemics at the request of provincial-level People's Committee

presidents, for class-A infectious diseases, which quickly spread from one province to another, seriously affecting human life and health.

3. Within 24 hours after receiving a request for epidemic announcement, competent persons specified in Clause 2 of this Article shall make decision on epidemic announcement.

4. The Prime Minister shall issue specific regulations on conditions for epidemic announcement.

**Article 39.- Details of epidemic announcement**

1. An epidemic announcement contains:

- a/ Name of the epidemic;
- b/ Time, place and scope of occurrence of the epidemic;
- c/ Causes, ways of transmission, nature and danger of the epidemic;
- d/ Measures for preventing and controlling the epidemic;
- e/ Medical examination and treatment establishments that admit and treat persons suffering from infectious diseases.

2. The details specified in Clause 1 of this Article must be promptly notified to related agencies, organizations and individuals for taking anti-epidemic measures.

**Article 40.- Conditions and competence for announcing epidemic termination**

1. Conditions for announcing termination of an epidemic include:

- a/ No new cases of infection are detected after a particular period of time and other conditions are met for each epidemic as stipulated by the

Prime Minister;

b/ Anti-epidemic measures have been taken as prescribed in Section 3, Chapter IV of this Law.

2. Persons competent to announce epidemics are competent to announce termination of epidemics at the request of competent agencies specified in Clause 2, Article 38 of this Law.

**Article 41.- News on epidemics**

Mass media agencies are responsible for carrying accurate, prompt and truthful information on the situation after the announcement of an epidemic and termination of an epidemic with proper details supplied by competent health agencies.

**Section 2. DECLARATION OF A STATE OF EMERGENCY IN CASE OF EPIDEMIC**

**Article 42.- Principles and competence for declaring a state of emergency in case of epidemic**

1. Declaration of a state of emergency in case of an epidemic must comply with the following principles:

- a/ When an epidemic rapidly spreads on a wide area, seriously threatening human health and life and the national socio-economic situation, a state of emergency must be declared;

b/ Declaration of a state of emergency must be public, accurate, timely and duly made.

2. The National Assembly Standing Committee shall issue a resolution to declare a state of emergency at the request of the Prime Minister; in case the National Assembly Standing Committee cannot meet immediately, the President shall issue an order to declare a state of emergency.

**Article 43.-** Details of declaration of a state of emergency upon the occurrence of an epidemic

1. Reason for declaring a state of emergency.
2. Geographical area placed under a state of emergency.
3. Hour and date of commencement of a state of emergency.
4. Competence to organize the enforcement of the resolution or order to declare a state of emergency.

**Article 44.-** Competence to terminate a state of emergency upon the end of an epidemic

After the epidemic has been stamped out, at the request of the Prime Minister, the National Assembly Standing Committee shall issue a resolution or the President shall issue an order to terminate the state of emergency if/he/she has declared.

**Article 45.-** Reporting news in a state of emergency

1. The Vietnam News Agency, the Radio Voice of Vietnam, the Vietnam Television, Nhan Dan (People) newspaper and Quan Doi Nhan Dan (People's Army) newspaper shall immediately carry the full text of the resolution of the National Assembly Standing Committee or the order of the President to declare a state of emergency in case of epidemic, decisions of the Prime Minister to enforce the resolution of the Standing Committee of the National Assembly or the order of the President to declare a state of emergency in case of epidemic; promptly carry news on measures already taken in the area placed under a state of emergency and the overcoming of epidemic consequences;

and carry the full text of the resolution of the National Assembly Standing Committee or the order of the President to terminate a state of emergency.

Resolutions of the National Assembly Standing Committee or orders of the President declaring termination of a state of emergency must be publicly posted at offices of agencies and organizations and in public places.

2. Other central and local mass media shall carry news on the declaration and termination of a state of emergency in case of epidemic and the process of overcoming epidemic consequences.

### **Section 3. ANTI-EPIDEMIC MEASURES**

**Article 46.-** Establishment of anti-epidemic steering committees

1. An anti-epidemic steering committee shall be set up as soon as an epidemic is announced.
2. The membership of an anti-epidemic steering committee is stipulated as follows:

a/ A national anti-epidemic steering committee consists of representatives of health, finance, information-communication, foreign affairs, defense, public security and other related agencies. Depending on the area in which an epidemic is announced and its characteristics, the Prime Minister may act or designate a deputy prime minister or the Minister of Health to act as head of the steering committee. The Ministry of Health is the standing body of the steering committee;

b/ A provincial-level, district-level or commune-level anti-epidemic steering committee consists of representatives of health, finance, information-communication, army, public

security and other related agencies. The head of an anti-epidemic steering committee is the president of the People's Committee of the same level. The health agency of the same level shall act as the standing body of the steering committee.

3. An anti-epidemic steering committee has the tasks of taking anti-epidemic measures and overcoming epidemic consequences, and set up mobile anti-epidemic teams to directly render first aid, provide medical treatment and deal with epidemic foci.

4. The Prime Minister shall issue specific regulations on the competence to set up anti-epidemic steering committees at all levels, and their organization and operation.

**Article 47.- Epidemic declaration and reporting**

1. Upon the occurrence of an epidemic, persons suffering from the disease or persons detecting cases of infection or suspected cases of infection shall report them to the nearest health agencies within 24 hours after detecting the epidemic.

2. Upon detecting cases of infection or reported information on an epidemic, health agencies shall report them to the People's Committees of places where the epidemic has occurred and preventive medicine establishments for urgently deploying anti-epidemic measures.

3. The Minister of Health shall issue specific regulations on epidemic declaration and reporting regime.

**Article 48.- Organization of first aid and medical examination and treatment**

Anti-epidemic steering committees shall direct the application of the following measures for

rendering first aid and providing medical examination and treatment for persons suffering from and suspected of suffering from an epidemic disease:

1. Classifying and rendering timely first or emergency aid for persons suffering from the epidemic disease under the Health Ministry's diagnosis and treatment instructions;

2. Mobilizing vehicles, medicines, medical equipment, hospital beds and medical examination and treatment establishments and capable health workers to work around the clock and are prepared to render first aid and medical examination and treatment to combat epidemics. Persons suffering from an epidemic disease of class A are entitled to free medical examination and treatment.

3. Based on the characteristics, seriousness and scale of an epidemic, the anti-epidemic steering committee shall make decision to take the following measures:

a/ Organizing medical treatment establishments right in epidemic zones to receive and treat persons suffering from the epidemic disease;

b/ Sending mobile anti-epidemic teams to epidemic zones to detect, render first aid and provide on-spot treatment for persons suffering from the epidemic disease and transfer them to medical examination and treatment establishments;

c/ Mobilizing medical examination and treatment establishments to participate in providing first aid and medical examination and treatment to combat epidemics;

d/ Applying other necessary measures as prescribed by law.



**Article 49.- Organization of medical isolation**

1. Isolation is obligatory for persons suffering from an epidemic disease, persons suspected of suffering from an epidemic disease, persons carrying epidemic pathogens, persons who have been in contact with pathogens of an epidemic disease of class A and a number of diseases of class B stipulated by the Minister of Health.

2. Forms of isolation include home-based isolation and isolation at medical examination and treatment establishments or other establishments and places.

3. Health establishments located in epidemic zones shall organize isolation according to instructions of heads of anti-epidemic steering committees. If those persons defined in Clause 1 of this Article fail to comply with isolation requests of health establishments, isolation measures shall be taken against them according to regulations of the Government.

**Article 50.- Sanitation, disinfection and sterilization in epidemic zones**

1. Sanitation, disinfection and sterilization measures include:

a/ Keeping environmental sanitation, water and food hygiene, and personal hygiene;

b/ Disinfecting and sterilizing areas identified to have or suspected of having epidemic agents;

c/ Culling animals and destroying food and other articles that are vectors.

2. Mobile anti-epidemic teams shall take sanitation, disinfection and sterilization measures according to processional processes upon request of anti-epidemic steering committees.

3. Agencies, organizations and individuals

shall take sanitation, disinfection and sterilization measures according to instructions of competent health agencies; if they refuse to voluntarily take these measures, health agencies may apply compulsory ones.

**Article 51.- Personal protection measures**

1. Persons participating in anti-epidemic activities and persons at risk of contracting an epidemic disease shall take one or several of the following personal protection measures:

a/ Equipping themselves with personal protection devices;

b/ Taking preventive medicines;

c/ Taking vaccines and medical bio-products against diseases;

d/ Using chemicals for sterilization and chemicals against vectors.

2. The State shall assure conditions for persons participating in anti-epidemic activities to take personal protection measures specified in Clause 1 of this Article.

**Article 52.- Other anti-epidemic measures to be taken during an epidemic**

1. In case of necessity, competent state agencies may apply one of the following anti-epidemic measures:

a/ Suspending operation of public food and drink establishments likely to transmit the epidemic disease in epidemic zones;

b/ Imposing a ban on trading in and consumption of foods which have been identified to be vectors by competent health agencies;

c/ Prohibiting mass gatherings or suspending activities and services in public places in epidemic

zones.

2. The Government shall issue specific regulations on the application of measures specified in Clause 1 of this Article.

**Article 53.-** Control of entry into and exit from class-A epidemic zones

1. Measures for controlling entry into and exit from zones infected with class-A epidemic diseases:

a/ Restricting persons and means of transport from entering and leaving epidemic zones; in case of necessity, medical inspection, surveillance and disposal shall be conducted;

b/ Prohibiting transportation from epidemic zones of articles, animals, plants, food and other commodities capable of transmitting the epidemic disease;

c/ Taking personal protection measures, for persons entering epidemic zones specified in Clause 1, Article 51 of this Law;

d/ Other necessary measures as prescribed by law.

2. Heads of anti-epidemic steering committees shall set up quarantine posts and stations at road junctions leading to epidemic zones for taking measures specified in Clause 1 of this Article.

**Article 54.-** Measures to be applied in a state of emergency in case of epidemic

1. Setting up anti-epidemic steering committees in a state of emergency under the provisions of Point a, Clause 2, Article 46 of this Law.

2. When declaring a state of emergency in case of epidemic, the head of the steering committee has the following powers:

a/ Mobilizing and requisitioning resources

specified in Article 55 of this Law;

b/ Placing signboards, guard stations and instructions on travel bypassing epidemic zones;

c/ Requesting medical inspection and disposal of means of transport before they leave epidemic zones;

d/ Prohibiting mass gathering and other activities likely to transmit the epidemic disease in epidemic zones;

e/ Prohibiting persons and vehicles from entering epidemic foci, except for those on duty;

f/ Conducting disinfection and sterilization on a large scale;

g/ Culling animals and destroying food and other articles likely to transmit the epidemic disease to humans;

h/ Taking other measures specified in Section 3 of this Chapter.

**Article 55.-** Mobilization and requisition of resources for anti-epidemic activities

1. Depending on the nature, extent of danger and scope of an epidemic threatening the people's health, competent persons may mobilize people, mobilize and requisition physical facilities, medical equipment, medicines, chemicals, medical supplies, public service facilities, means of transport and other resources to combat the epidemic. Means of transport mobilized in anti-epidemic activities are entitled to priorities according to the traffic law.

2. Requisition stipulated in Clause 1 of this Article complies with the provisions of law on compulsory purchase and requisition of property. Requisitioned property must be cleansed, disinfected and sterilized before they are returned to their owners.

3. The Government and People's Committees at all levels shall assure conditions for implementing anti-epidemic measures in accordance with this Law.

**Article 56.-** International cooperation in anti-epidemic activities

1. During an epidemic, depending on its nature and degree of danger, the Minister of Health shall decide on international cooperation in the exchange of medical swabs, epidemic information, professional and technical issues, equipment and funds in anti-epidemic activities.

2. In case of declaring a state of emergency, the Prime Minister shall call on foreign countries and international organizations to support resources for anti-epidemic efforts and coordinate in implementing measures for preventing epidemic transmission.

#### *Chapter V*

### **CONDITIONS FOR ASSURING PREVENTION AND CONTROL OF INFECTIOUS DISEASES**

**Article 57.-** Infectious disease prevention and control establishments

1. Infectious disease prevention and control establishments include:

a/ Preventive medicine establishments;

b/ Infectious disease examination and treatment establishments, including infectious disease hospitals, infectious disease departments of general hospitals of districts, towns and provincial cities and higher levels, and other health establishments having the task of infectious disease examination and treatment.

2. General hospitals of districts, towns, provincial cities and higher levels shall set up infectious disease departments.

3. The Minister of Health shall issue regulations on locations, design, conditions on technical and physical bases, equipment and personnel of infectious disease examination and treatment establishments.

**Article 58.-** Training and re-training of infectious disease prevention and control workers

1. The State shall formulate plannings and plans for and prioritize professional training and re-training for infectious disease prevention and control workers.

2. The Minister of Health shall assume the prime responsibility for, and coordinate with the Minister of Education and Training and heads of concerned agencies and organizations in, providing professional training and re-training for infectious disease prevention and control workers.

**Article 59.-** Entitlements for infectious disease prevention and control workers and anti-epidemic workers

1. Infectious disease prevention and control workers are entitled to occupational allowances and other entitlements.

2. Anti-epidemic workers are entitled to anti-epidemic allowances and, if contracting a disease, occupational risk benefits.

3. In the process of controlling an epidemic, if anti-epidemic workers die or are injured when courageously saving other persons, they may be considered for recognition as war fallen heroes or invalids and enjoy policies applicable to war invalids in accordance with the law on preferential

treatment of persons with meritorious services to the revolution.

4. The Prime Minister shall specify benefits mentioned in Clauses 1, 2 and 3 of this Article.

**Article 60.-** Funds for infectious disease prevention and control work

1. Funds for infectious disease prevention and control work include:

- a/ State budget funds;
- b/ Aid capital;
- c/ Funds of other sources as prescribed by law.

2. Annually, the State shall assure sufficient funds in a timely manner for infectious disease prevention and control activities. These funds may not be used for other purposes.

**Article 61.-** National reserves for anti-epidemic work

1. The State shall build up national reserves of fund, medicines, chemicals and medical equipment for anti-epidemic work.

2. The building, organization, management, administration and use of national reserves for anti-epidemic work comply with the provisions of law on national reserves.

**Article 62.-** Anti-epidemic support funds

1. Anti-epidemic support funds shall be set up and operate according to law to support the treatment of and care for persons suffering from infectious diseases and other anti-epidemic activities.

2. The funds' financial sources are formed from voluntary contributions and financial donations of domestic and international

organizations and individuals.

## **Chapter VI**

### **IMPLEMENTATION PROVISIONS**

**Article 63.-** Implementation effect

This Law takes effect on July 1, 2008.

**Article 64.-** Implementation guidance

The Government shall detail the implementation of this Law.

*This Law was passed on November 21, 2007, by the XII<sup>th</sup> National Assembly of the Socialist Republic of Vietnam at the 2<sup>nd</sup> session.*

**Chairman of  
the National Assembly  
NGUYEN PHU TRONG**