

**NORTHERN TERRITORY OF AUSTRALIA**

**NOTIFIABLE DISEASES ACT**

As in force at 1 July 1996

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# NORTHERN TERRITORY OF AUSTRALIA

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As in force at 1 July 1996

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## NOTIFIABLE DISEASES ACT

**An Act to consolidate and amend the law relating to notifiable, infectious and other diseases, and for related purposes**

### **Part I Preliminary**

#### **1 Short title**

This Act may be cited as the *Notifiable Diseases Act*.

#### **2 Commencement**

This Act shall come into operation on a date to be fixed by the Administrator by notice in the *Gazette*.

#### **3 Repeal**

- (1) The Ordinances listed in Schedule 1 and the *Leprosy Amendment Act 1980* are repealed.
- (2) The *Public Health (Infectious and Notifiable Diseases) Regulations*, being Regulations No. 12 of 1960, No. 9 of 1961 and No. 49 of 1978, are repealed.

#### **4 Transitional**

- (1) The area described in Schedule 2 is deemed to be an area declared by the Administrator under section 17 to be an isolation area.
- (2) A person who was, immediately prior to the commencement of this Act, a leprosy patient within the meaning of the *Leprosy Act* as then in force is deemed to be an infected person upon whom a notice under section 11(1), directing him:
  - (a) to remain at the isolation area referred to in subsection (1);  
and
  - (b) to submit himself to the care and control of the Chief Medical Officer, until otherwise directed by a medical officer,

has been duly served.

## 5 Interpretation

(1) In this Act, unless the contrary intention appears:

**animal** includes a dead animal and part of an animal.

**authorized person** means a person to whom the Chief Medical Officer delegates, in relation to a power or function, the exercise of that power or performance of that function under section 31 and who, in the instrument of delegation, is described as an authorized person.

**Chief Medical Officer** means the Chief Medical Officer appointed under the *Public Health Act*.

**child** means a person who has not attained the age of 18 years.

**diagnostic procedures** means the collection and examination of samples from an infected person or suspect person for pathology investigation and includes radiological examinations.

**goods** includes animals, plants and minerals and any other kind of moveable property.

**infected person** means a person:

- (a) who is suffering from a notifiable disease;
- (b) who is a carrier of a notifiable disease; or
- (c) from whom a notifiable disease may be contracted.

**isolation area** means an area declared under section 17 to be an isolation area.

**medical examination** means a physical examination by a medical practitioner and includes the use of diagnostic procedures, where necessary, to establish the presence of a notifiable disease.

**medical officer** means a Medical Officer of Health appointed under the *Public Health Act* and includes the Chief Medical Officer.

**notifiable disease** means a disease specified in Schedule 3, 4 or 5 or another disease declared by the Minister, under section 6, to be a notifiable disease for the purposes of this Act.

**plant** includes a dead plant and part of a plant.

**suspect person** means a person who:

- (a) is suspected of being an infected person; or
  - (b) has or may have been exposed to an infected person or goods which are known or suspected to be infected or a source of infection.
- (2) A power of prohibition under this Act shall include a prohibition generally or with limitations as to place and subject-matter and either absolutely or subject to specified conditions or restrictions.
- (3) Where a notice or order under this Act may be served on a child, a copy of such notice or order shall be deemed to have been served on that child if a copy of that notice or order was served on a parent or guardian of that child.
- (4) Where an obligation under this Act is placed upon a child, the parent or guardian of the child shall be liable for carrying out that obligation or ensuring that the obligation is carried out, unless the contrary intention appears.

## **Part II                      Notifiable diseases**

### **6                      Declaration of notifiable disease**

The Minister may, by notice in the *Gazette*, declare a disease to be a notifiable disease for the purposes of this Act.

### **7                      Person to seek medical advice**

A person who has reasonable grounds to believe that he may be an infected person or suspect person shall consult a medical practitioner at the first reasonable opportunity.

### **8                      Notification by medical practitioner**

If a medical practitioner makes a diagnosis that a person is an infected person or he considers that a person is a suspect person, the medical practitioner shall notify a medical officer of that fact:

- (a) in the case where the person is an infected person or suspect person, in relation to a disease which is specified in Schedule 4 – by the fastest practicable form of communication; or
- (b) in all other cases – in a manner approved by the Chief Medical Officer.

**9 Details of contact**

A person who is:

- (a) an infected person shall provide to a medical practitioner, medical officer or authorized person the names and addresses of all persons from whom the notifiable disease may have been contracted; or
- (b) a suspect person shall provide to a medical practitioner, medical officer or authorized person the names and addresses of all persons with whom he has been in contact during a period of time specified by the medical practitioner, medical officer or authorized person.

**10 Advice by medical practitioner**

A medical practitioner who diagnoses that a person is an infected person or who considers a person to be a suspect person:

- (a) shall advise, where the person is an adult – the person;
- (b) shall advise, where the person is a child who has not attained the age of 16 years – the parents or the guardian of the child; or
- (c) as he thinks fit, may also advise, where the person is a child who has attained the age of 16 years – the parents or the guardian of the child,

of the nature of the notifiable disease, the measures needed to be taken to prevent the spread of that disease and the treatment, if any, required.

**11 Notice to infected person**

- (1) A medical officer may, by notice in writing personally served on an infected person or suspect person, direct the person to carry out measures which the medical officer believes necessary for the treatment of, or to prevent the spread or possible spread of, the relevant notifiable disease.
- (2) A person duly served with a notice under subsection (1) shall carry out all measures which he is directed by the notice to carry out.

**12 Appeal from notice**

- (1) Where a person is served with a notice under section 11(1), he may appeal to the Local Court against the notice or a direction contained in the notice.

- (2) The Local Court, after considering an appeal under subsection (1), may, by order:
- (a) confirm the notice;
  - (b) vary a direction contained in the notice; or
  - (c) revoke the notice,
- and may make such order as to costs, as it thinks fit.

### **13 Chief Medical Officer may ensure direction complied with**

- (1) Subject to an order under section 12(2), where a person is served with a notice under section 11(1) and the person fails to comply with the notice, the Chief Medical Officer may make such order as he thinks fit.
- (2) Without limiting the generality of subsection (1), the Chief Medical Officer may order, either in writing or orally, that:
- (a) an infected person or suspect person be removed to and detained at a hospital or other place until a medical officer authorizes the release of the person on the grounds that that person is not an infected person or is no longer a suspect person;
  - (b) premises in which an infected person or suspect person has resided, worked, attended for educational purposes or has otherwise occupied, shall be closed for a specified period or disinfected, or both;
  - (c) bedding, clothing or other articles which have been, or which are believed to have been, exposed to contamination by an infected person or to possible contamination by a suspect person be destroyed or disinfected; or
  - (d) a supply of water for human consumption or use which is or is suspected of being contaminated by a notifiable disease be treated to render it fit for human consumption or use.
- (3) The Chief Medical Officer may take whatever steps are necessary to give effect to an order under subsection (2).

### **14 Notice to attend**

The Chief Medical Officer may, by notice in the *Gazette*, require:

- (a) a specified person; or

- (b) persons who are members of a specified class of persons, to attend at specified times and places for medical examinations and to answer such questions to determine whether that person or any of those persons of that specified class of persons is an infected person or suspect person.

**15 Bodies**

- (1) If a medical practitioner considers that a deceased person was, at the time of his death, an infected person or suspect person, the medical practitioner shall notify a medical officer of that fact by the fastest practicable form of communication.
- (2) A medical officer may give such order as he thinks fit in relation to the disposal of the body of a deceased person who, at the time of his death, was an infected person or suspect person.
- (3) A person in charge of the body of a deceased person who, at the time of his death, was an infected person or suspect person shall comply with an order of a medical officer in relation to the treatment and disposal of that body.

**16 Pathology investigation**

Where a pathology investigation indicates that a person is an infected person in relation to a disease specified in Schedule 5, the person conducting the investigation shall give to the Chief Medical Officer a written notice in the prescribed form containing the details of the results of that investigation.

**Part III Isolation areas**

**17 Declaration of isolation area**

- (1) The Administrator or Minister may, by notice in the *Gazette*, declare an area to be an isolation area.
- (2) A declaration under subsection (1) made by the Minister shall be effective only:
- (a) until the expiration of such period, not exceeding 2 months, as is specified in the declaration; or
- (b) until a like or inconsistent declaration under that subsection relating to the area becomes effective,

whichever first occurs.



**18 Power of Chief Medical Officer in isolation area**

- (1) In relation to an isolation area, the Chief Medical Officer may, by order:
  - (a) prohibit the movement of a person or persons who are members of a specified class of persons;
  - (b) prohibit the movement of goods;
  - (c) require a person or persons who are members of a specified class of persons to report at specified times and places and submit to medical examinations, to answer questions and to submit to such medical treatment as the Chief Medical Officer thinks fit; and
  - (d) authorize the destruction, disposal or treatment of goods, a building, structure, water supply, drainage and sewerage system or other thing within the isolation area known or suspected to be infected or a source of infection.
- (2) Action necessary to give effect to an order under subsection (1), may be taken by:
  - (a) a medical officer;
  - (b) a member of the Police Force; or
  - (c) an authorized person.

**19 Powers within isolation area**

- (1) A medical officer or authorized person may ask such questions of:
  - (a) a person who is or was located within; or
  - (b) a person whom the medical officer or authorized person believes to have been located within,

an isolation area either while a declaration made under section 17 is or was in force, or within 14 days prior to the date of that declaration, as are necessary for him to ascertain:

  - (c) the identity of the person;
  - (d) whether or not the person has been within the isolation area;
  - (e) whether the person is an infected person or a suspect person;

- (f) the identity of a person with whom the person may have come in contact before, within or since leaving the isolation area; and
  - (g) the details of goods with which the person has had contact and their whereabouts.
- (2) A person who is questioned under subsection (1) shall truly answer to the best of his knowledge all questions put to him.
- (3) It is not a defence to a prosecution under this section that a person did not know that:
- (a) he was entering, leaving or located in an isolation area;
  - (b) the person asking questions under subsection (1) was a medical officer or authorized person; or
  - (c) he was required to truly answer to the best of his knowledge all questions put to him.

## **20 Unauthorized exit from isolation area**

- (1) A person who has or is suspected of having left an isolation area in contravention of an order under section 18 may be arrested without warrant.
- (2) A person referred to in subsection (1) who is arrested shall:
- (a) be placed in isolation if practicable; and
  - (b) submit to such medical examination and such medical treatment as the Chief Medical Officer thinks fit.
- (3) Goods removed from an isolation area in contravention of an order under section 18 shall be forfeited to the Crown and may be seized, treated, destroyed or disposed of as the Chief Medical Officer thinks fit.

## **21 Compensation**

- (1) Subject to section 22, if a person suffers:
- (a) a loss; or
  - (b) damage to his property,

as the result of an order of the Chief Medical Officer under this Act or purported to be under this Act, the person shall be compensated by the Crown for such loss or damage directly caused by that order.

- (2) If the Chief Medical Officer and a person entitled under this section or section 23(2) to be compensated cannot agree on an amount of compensation, the person may apply to the Local Court to determine an amount of compensation.
- (3) Where a person applies to the Local Court under subsection (2), the Court shall hear and determine the matter in such manner and may make such order as to costs, as it thinks fit.

## **22 Self-induced loss**

A person shall not be entitled to compensation under section 21 if the relevant loss or damage arose from his failure:

- (a) to comply with an order under section 18; or
- (b) to take reasonable precautions to prevent the need for action under section 18.

## **23 Unauthorized persons**

- (1) For the purposes of this Act, a person who is not but holds himself out as:
  - (a) the Chief Medical Officer;
  - (b) a medical officer;
  - (c) a medical practitioner;
  - (d) a member of the Police Force; or
  - (e) an authorized person,is guilty of an offence.

Penalty: Imprisonment for 2 years.

- (2) If a person consents to an act or omission by an offender under subsection (1) and such consent:
  - (a) results in the person suffering a loss or his property being damaged or destroyed; and
  - (b) was given in the reasonable belief that the offender was authorized or empowered to cause such loss or damage,that person shall be compensated by the Crown for such loss or damage directly caused by the act or omission of the offender.

**24 Compensation a debt due**

Compensation payable under this Act by the Crown is a debt due by the Crown.

**25 Recovery from person found guilty**

- (1) Where a person is found guilty of an offence under section 23(1) and compensation is paid under section 23(2) in respect of the loss or damage from the act or omission constituting the offence, a court may, at any time on the application of the Crown, make an order that the person found guilty of the offence under section 23(1) refund to the Crown the whole or a part of the amount of compensation paid by the Crown under section 23(2) together with the whole or a part of any costs awarded in respect of the application for compensation.
- (2) An order made under subsection (1) may be for the payment by the person found guilty of a lump sum or of periodical payments during a specified period, or both.

**26 Civil remedy**

An order made for the payment of compensation under this Act shall not affect the civil right of a person to compensation or damages in respect of his loss or damage.

**Part IIIA Liability of Red Cross Society, &c., in respect of AIDS****26A Interpretation**

- (1) In this Part:

**AIDS** means the disease known as Acquired Immune Deficiency Syndrome in any of its stages.

**approved** means approved by the Chief Medical Officer.

**donor** means a blood donor.

**Society** means the society incorporated by Royal Charter under the name of the Australian Red Cross Society.

**specified action** means an action at law brought by or on behalf of:

- (a) a person who claims to have contracted AIDS:
    - (i) by reason of having been administered blood supplied by the Society or a blood product derived from blood supplied by the Society;
    - (ii) by reason of having been involved in the taking, testing, handling, producing, supplying, or administering to a patient of blood supplied by the Society or a blood product derived from blood supplied by the Society; or
    - (iii) from a person who contracted AIDS in a circumstance specified in subparagraph (i) or (ii); or
  - (b) a dependant of a person who dies as a result of having contracted AIDS in a circumstance specified in paragraph (a).
- (2) For the purposes of sections 26B and 26C, the specified requirements in relation to taking blood from a donor are that:
- (a) before taking the blood, the Society obtains from the donor a declaration comprising or including the form in Schedule 6; and
  - (b) before supplying the blood to be administered to a person or to be used in the preparation of blood products to be administered to a person, a sample of the blood is tested, using approved equipment and in accordance with an approved method, for the presence of antibodies to the AIDS virus and the Society ascertains that the result of the test is negative.

## **26B Liability of Red Cross Society**

In a specified action against:

- (a) the Society;
- (b) an officer or employee of, or person working whether with or without payment or reimbursement for, the Society; or
- (c) any other person or body who takes blood from a donor on behalf of the Society,

it is a defence that the Society complied with the specified requirements, or caused the specified requirements to be complied with, in taking the relevant blood and in testing, processing, and handling that blood and blood products derived from that blood.

**26C Liability of hospitals and medical practitioners, &c.**

In a specified action against:

- (a) a hospital or other body at whose premises blood supplied by the Society or a blood product derived from blood supplied by the Society is administered to a patient; or
- (b) a medical practitioner, or a person acting on behalf of a medical practitioner, who administered to a patient or authorized the administration to a patient of blood supplied by the Society or a blood product derived from blood supplied by the Society,

it is a defence that:

- (c) at the time the blood or blood product was administered there was attached to the container in which the blood or blood product was contained a certificate purporting to be signed by the person in charge of the laboratory at which a sample of the blood was tested, stating that a sample of the blood or, in the case of the blood product, a sample of each unit of blood from which the blood product was derived, was tested, using approved equipment and in accordance with an approved method, for the presence of anti-bodies to the AIDS virus and the result of the test was negative; or
- (d) the Society complied with the specified requirements or caused them to be complied with in respect of the taking of the relevant blood and the testing, processing, and handling of that blood or of blood products derived from it.

**26D Liability where requirements not complied with**

- (1) The defence afforded by section 26B does not apply if, after the Society has supplied blood to be administered to a person or to be used in the preparation of a blood product to be administered to a person, the Society has reasonable grounds for believing that that blood or blood product is likely to contain antibodies to the AIDS virus and:
  - (a) the Society does not take all reasonable steps to ascertain whether the blood or blood product has been administered to a person; or
  - (b) having taken those steps and having reason to believe that that blood or blood product has not been so administered, the Society does not take all reasonable steps to ensure that the blood or blood product is not administered to a person.

- (2) The defence afforded by section 26C does not apply if, at any time up to and including the time at which the blood or blood product was administered, the hospital or other body at the premises of which the blood or blood product was administered:
  - (a) had been informed that that blood or blood product was likely to contain antibodies to the AIDS virus; and
  - (b) did not take all reasonable steps to ensure that the blood or blood product was not administered to a person.
- (3) The defence afforded by section 26C does not apply to or in relation to a medical practitioner or person acting on behalf of a medical practitioner if, at the time the blood or blood product was administered, the medical practitioner or other person had been informed that that blood or blood product was likely to contain antibodies to the AIDS virus.

#### **26E Liability of blood donor**

- (1) A person who, in a declaration referred to in section 26A(2)(a), makes a statement that is false in a material particular is guilty of an offence.

Penalty: \$5,000 or imprisonment for 2 years.

- (2) No proceedings, civil or criminal, other than proceedings under subsection (1), lie against a donor of blood by reason only of a person having contracted AIDS from the administration to the person of blood given by, or of a blood product derived partly from blood given by, that donor.
- (3) Subsection (2) does not apply to or in relation to a blood donor who has been found guilty of an offence against subsection (1).

#### **26F Evidentiary certificates**

For the purposes of this Part, a certificate purporting to be signed by the person in charge of the laboratory at which a sample of blood was tested and stating that:

- (a) the blood sample was tested using approved equipment and in accordance with an approved method; and
- (b) the results specified in the certificate were obtained,

is evidence of the matters so stated and of the facts on which they are based.

## Part IV                      Miscellaneous

### 27                      Registers

The Chief Medical Officer may keep such registers:

(a) of persons who are or were infected persons or suspect persons; and

(b) in such form,

as he thinks fit.

### 28                      Application

Where an order or direction made or given under, or a provision of, this Act is inconsistent with the *Disasters Act* or an order or direction made or given under that Act, that Act or order or direction made or given under that Act shall prevail to the extent of that inconsistency.

### 29                      Secrecy to be preserved

- (1) An employee within the meaning of the *Public Sector Employment and Management Act* or other person, who acts or assists in the administration of this Act or who is present in a room or at a place where a matter under this Act concerning another person is being discussed, shall preserve and aid in preserving secrecy concerning all matters and things which come to his knowledge whilst so acting, assisting or being present, except so far as his duties under this Act require or except in answer to a question he is bound to answer.

Penalty:            Imprisonment for 2 years.

- (2) In this section, ***this Act*** includes the Ordinances and Regulations repealed by section 3.

### 30                      Disclosures to be protected

Subject to section 21, no action, claim or demand lies, or shall be commenced or allowed, by or in favour of a person against another person or the Crown, in respect of an act, matter or thing done by that other person in good faith in the exercise or purported exercise of a power or performance or purported performance of a function under this Act, for the purpose of giving effect to the provisions or objects of this Act, or for discharging an obligation placed upon that other person or the Crown by this Act.



**31 Delegation**

- (1) The Chief Medical Officer may, by instrument in writing, either generally or in relation to a particular matter or class of matters, delegate to a person specified in the instrument of delegation all or any of his powers or functions under this Act, other than this power of delegation.
- (2) A power or function delegated in accordance with subsection (1) shall be exercised or performed by the delegate in accordance with the instrument of delegation.
- (3) A delegation under this section is revocable at will by the Chief Medical Officer and does not prevent the exercise of a power or the performance of a function by him.
- (4) When delegating a power or a function under subsection (1) to a person, the Chief Medical Officer may describe the person as an authorized person and the person so described is an authorized person for the purposes of the exercise of that power or performance of that function.

**32 Distribution of information**

The Chief Medical Officer may, as he thinks fit, disseminate information relating to the cause, nature and effects of a notifiable disease.

**33 Statutory declarations**

- (1) A question referred to in section 19 may be written or oral and the medical officer or authorized person may require the answers to be given in writing or orally.
- (2) A medical officer or authorized person may, if he thinks fit, require a person to verify by a declaration an answer to a question asked under section 19.

**34 Specific offences**

A person who:

- (a) gives, offers, promises to give or procure to be given a bribe, recompense or reward to a medical practitioner, medical officer or authorized person, to induce him to neglect his duty;
- (b) makes a collusive agreement with a medical practitioner, medical officer or authorized officer to neglect his duty;

- (c) by threats, demands or promises, attempts to improperly influence a medical practitioner, medical officer or authorized person in the performance of his duty; or
- (d) assaults or by force molests, hinders, obstructs or intimidates a medical practitioner, medical officer or authorized person in the performance of his duty,

is guilty of an offence.

Penalty: \$1,000 or imprisonment for 6 months.

### **35 Taking bribes**

A medical practitioner, medical officer or authorized person who:

- (a) accepts a bribe, recompense or reward for or on account of a neglect to perform his duty; or
- (b) makes a collusive agreement with a person to neglect his duty,

is guilty of an offence.

Penalty: Imprisonment for 3 years.

### **36 Unlawful destruction**

A medical officer or authorized person shall not unlawfully destroy or damage goods.

### **37 Averments**

In proceedings for an offence against this Act:

- (a) an averment of the prosecutor, contained in a complaint or information, that at a specified time an area was an isolation area;
- (b) a certificate from a medical officer that a person was an infected person or suspect person; or
- (c) a certificate from a person conducting a pathology investigation which states that a sample from a person or animal establishes that a notifiable disease is present or confirms a diagnosis of a medical practitioner,

is prima facie evidence of the matter so averred or certified, as the case may be.

**38 Offences and penalties**

- (1) A person shall not contravene or fail to comply with a provision of, or an order under, this Act or the Regulations.
- (2) A person who contravenes or fails to comply with a provision of, or an order under, this Act or the Regulations for which a penalty is not provided by a provision of this Act or the Regulations other than this section, is punishable upon being found guilty by a fine of \$1,000 or imprisonment for 6 months.
- (3) A prosecution for an offence against a provision of, or an order under, this Act or the Regulations shall not be commenced unless approved by the Chief Medical Officer.

**38A Regulatory offences**

An offence of contravening or failing to comply with the provisions of, or an order under, section 11(2), 15(3) or 19(2) is a regulatory offence.

**39 Regulations**

- (1) The Administrator may make regulations not inconsistent with this Act prescribing all matters which are required or permitted to be prescribed or which are necessary or convenient to be prescribed for carrying out or giving effect to this Act and for prescribing penalties not exceeding \$1,000 or imprisonment for 6 months for a breach of a regulation.
- (2) Without limiting the generality of subsection (1), the Administrator may prescribe procedures and forms:
  - (a) for an appeal to a magistrate against a notice under section 11(1) or a direction contained in the notice; and
  - (b) for an application to a magistrate to determine an amount of compensation under section 21(2).
- (3) The Administrator may, by notice in the *Gazette*, amend the form of declaration set out in Schedule 6, and every such notice shall have effect as if it were an Act of the Legislative Assembly.

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**Schedule 1 Ordinances repealed**

section 3

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Number and year	Short title
No. 4, 1923	<i>Venereal Diseases Ordinance 1923</i>
No. 5, 1928	<i>Venereal Diseases Ordinance 1928</i>
No. 6, 1928	<i>Endemic Diseases Ordinance 1928</i>
No. 7, 1933	<i>Venereal Diseases Ordinance 1933</i>
No. 2, 1951	<i>Tuberculosis Ordinance 1950</i>
No. 11, 1954	<i>Leprosy Ordinance 1954</i>
No. 11, 1957	<i>Leprosy Ordinance 1957</i>
No. 12, 1957	<i>Endemic Diseases Ordinance 1957</i>
No. 35, 1957	<i>Venereal Diseases Ordinance 1957</i>
No. 14, 1964	<i>Endemic Diseases Ordinance 1964</i>
No. 25, 1964	<i>Tuberculosis Ordinance 1964</i>
No. 25, 1976	<i>Venereal Diseases Ordinance 1976</i>

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## **Schedule 2**

section 4

ALL THAT piece of land near East Arm in the Hundred of Bagot County of Palmerston Northern Territory of Australia containing an area of 91.51 hectares more or less being Hundred of Bagot Portion 1787 and being more particularly delineated on survey plan A 1006 lodged with the Surveyor-General, Darwin.

### Schedule 3

section 5

AIDS (Acquired Immune Deficiency Syndrome)	Leptospirosis
Amoebiasis	Lymphogranuloma venereum
Anthrax	Malaria
Arbovirus infection	Meningococcal infections
Brucellosis	Ornithosis
Campylobacter infections	Pertussis (whooping cough)
Chancroid	Poliomyelitis
Congenital rubella syndrome	Q fever
Diphtheria	Rheumatic fever
Genital herpes	Salmonella infections
Glomerulonephritis (acute)	Shigella infections
Gonococcal ophthalmia neonatorum	Syphilis
Gonorrhoea	Tetanus
Granuloma inguinale	Tuberculosis (all forms)
Hansen's disease	Typhoid fever
Hepatitis A (infectious)	Typhus (all forms)
Hepatitis B (serum)	Vibrio parahaemolyticus infection
Hepatitis – unspecified	Yersinia infection
Hydatid disease	
Legionnaire's disease	

**Schedule 4**

sections 5 and 8

Cholera  
Ebola virus disease  
Lassa fever  
Marburg virus disease

Plague  
Rabies  
Smallpox  
Yellow fever

**Schedule 5**

sections 5 and 16

Chancroid  
Genital herpes  
Gonorrhoea

Granuloma inguinale  
Lymphogranuloma venereum  
Syphilis



## Schedule 6

sections 26A(2)(a), 26E, and 39(3)

### DECLARATION BY PERSON INTENDING TO DONATE BLOOD

#### WARNING

Supplying blood that may be infected with AIDS (Acquired Immune Deficiency Syndrome) may endanger the life of recipients of the blood or of blood products derived from the blood. Testing procedures used may not detect the infection.

I have read the aforementioned warning and paragraphs 1 to 9 following and hereby declare that, to the best of my knowledge:

1. I have not engaged in male to male sexual activity during the past 5 years.
2. I have not injected myself, nor been injected, with any drug not prescribed or provided by a qualified medical practitioner within the past 5 years.
3. I am not suffering from night sweats, unintentional weight loss, persistent fever, or swollen glands.
4. I have no reason to believe that I am suffering from AIDS (Acquired Immune Deficiency Syndrome) or any disease related to it.
5. I have not received a blood transfusion or recurring treatment with human blood products within the past 5 years.
6. My spouse or any sexual partner of mine has not done, suffered, or received, as the case may be, any of the things described in items 1, 2, 3, 4, or 5.
7. I have not been treated by acupuncture, had my ears or nose pierced, or been tattooed within the past 5 years.
8. I have not had an attack of malaria or taken anti-malarial drugs within the past 2 years.
9. I have not had jaundice or hepatitis in the past 12 months or been in close contact with any person suffering from those diseases within the past 6 months.

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I am signing this declaration in the presence of a member of the staff of the Red Cross Society.

NAME OF DONOR:

(Signature of donor)

(Signature of witness)

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**ENDNOTES**
**1 KEY**

Key to abbreviations

<b>amd</b> = amended	<b>od</b> = order
<b>app</b> = appendix	<b>om</b> = omitted
<b>bl</b> = by-law	<b>pt</b> = Part
<b>ch</b> = Chapter	<b>r</b> = regulation/rule
<b>cl</b> = clause	<b>rem</b> = remainder
<b>div</b> = Division	<b>renum</b> = renumbered
<b>exp</b> = expires/expired	<b>rep</b> = repealed
<b>f</b> = forms	<b>s</b> = section
<b>Gaz</b> = <i>Gazette</i>	<b>sch</b> = Schedule
<b>hdg</b> = heading	<b>sdiv</b> = Subdivision
<b>ins</b> = inserted	<b>SL</b> = Subordinate Legislation
<b>lt</b> = long title	<b>sub</b> = substituted
<b>nc</b> = not commenced	

**2 LIST OF LEGISLATION*****Notifiable Diseases Act 1981 (Act No. 34, 1981)***

Assent date	30 March 1981
Commenced	1 July 1981 ( <i>Gaz</i> S7, 26 June 1981)

***Criminal Law (Regulatory Offences) Act 1983 (Act No. 68, 1983)***

Assent date	28 November 1983
Commenced	1 January 1984 (s 2 s 2 <i>Criminal Code Act 1983</i> (Act No. 47, 1983), <i>Gaz</i> G46, 18 November 1983, p 11 and <i>Gaz</i> G8, 26 February 1986, p 5)

***Notifiable Diseases Amendment Act 1985 (Act No. 46, 1985)***

Assent date	19 September 1985
Commenced	30 October 1985 ( <i>Gaz</i> G43, 30 October 1985, p 10)

***Statute Law Revision Act 1985 (Act No. 49, 1985)***

Assent date	1 October 1985
Commenced	1 October 1985

***Local Court (Consequential Amendments) Act 1989 (Act No. 14, 1989)***

Assent date	5 June 1989
Commenced	s 6: 5 June 1989; rem: 1 January 1991 (s 2, s 2 <i>Small Claims Amendment Act 1988</i> (Act No. 43, 1988), <i>Gaz</i> G17, 3 May 1989, p 2, s 2 <i>Local Court Act 1989</i> (Act No. 31, 1989) and <i>Gaz</i> G49, 12 December 1990, p 2)

***Statute Law Revision Act 1989 (Act No. 60, 1989)***

Assent date	2 October 1989
Commenced	2 October 1989

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**Local Court (Consequential Amendments) Act 1990 (Act No. 31, 1990)**

Assent date 11 June 1990  
 Commenced s 5: 11 June 1990; rem: 1 January 1991 (s 2, s 2 *Small Claims Amendment Act 1988* (Act No. 43, 1988), *Gaz G17*, 3 May 1989, p 2, s 2 *Local Court Act 1989* (Act No. 31, 1989) and *Gaz G49*, 12 December 1990, p 2)

**Sentencing (Consequential Amendments) Act 1996 (Act No. 17, 1996)**

Assent date 19 April 1996  
 Commenced s 7: 19 April 1996; rem: 1 July 1996 (s 2, s 2 *Sentencing Act 1995* (Act No. 39, 1995) and *Gaz S15*, 13 June 1996)

**3 LIST OF AMENDMENTS**

s 12	amd No. 14, 1989, s 7
s 21	amd No. 31, 1990, s 7
s 25	amd No. 17, 1996, s 6
pt IIIA hdg	ins No. 46, 1985, s 4
ss 26A – 26F	ins No. 46, 1985, s 4
s 28	amd No. 60, 1989, s 6
s 29	amd No. 49, 1985, s 4
s 33	amd No. 60, 1989, s 6
s 38	amd No. 17, 1996, s 6
s 38A	ins No. 68, 1983, s 22
s 39	amd No. 46, 1985, s 5
sch 3	amd No. 46, 1985, s 6
sch 6	ins No. 46, 1985, s 7