

NORTHERN TERRITORY OF AUSTRALIA

NOTIFIABLE DISEASES ACT

No. 34 of 1981

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THE NORTHERN TERRITORY OF AUSTRALIA

No. 34 of 1981

AN ACT

To consolidate and amend the law relating to
notifiable, infectious and other diseases,
and for related purposes

[Assented to 30 March 1981]

BE it enacted by the Legislative Assembly of the Northern Territory of Australia, with the assent as provided by the *Northern Territory (Self-Government) Act 1978* of the Commonwealth, as follows:

PART I - PRELIMINARY

1. SHORT TITLE

This Act may be cited as the Notifiable Diseases Act 1981.

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(1) The Ordinances listed in Schedule 1 and the Leprosy Amendment Act 1980 are repealed.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and Notifiable Diseases) Regulations, being Regulations No. 12 of 1960, No. 9 of 1961 and No. 49 of 1978, are repealed.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

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- (a) to remain at the isolation area referred to in sub-section (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;

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"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.

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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 sub-section (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 a magistrate against the notice or a direction contained in the notice.

(2) A magistrate before whom an appeal under sub-section (1) is brought, may, by order -

- (a) confirm the notice;

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(b) vary a direction contained in the notice; or

(c) revoke the notice,

and may make such order as to costs, as he 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 sub-section (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 sub-section (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.

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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 sub-section (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 sub-section 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

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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 sub-section (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 sub-section (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 -

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- (a) he was entering, leaving or located in an isolation area;
- (b) the person asking questions under sub-section (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 sub-section (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 a magistrate to determine an amount of compensation.

(3) Where a person applies to a magistrate under sub-section (2), the magistrate shall hear and determine the matter in such manner and may make such order as to costs, as he 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

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- (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 sub-section (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 CONVICTED PERSON

(1) Where a person is convicted 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 convicted 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 sub-section (1) may be for the payment by the convicted person of a lump sum or of periodical payments during a specified period, or both.

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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 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 Northern Territory 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

An employee within the meaning of the Public Service 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.

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.

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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 sub-section (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 sub-section (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 statutory declaration an answer to a question asked under section 19.

(3) For the purposes of this Act -

- (a) a medical officer; or
- (b) an authorized person,

is deemed to be a person authorized by the Oaths Act to administer an oath.

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;

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- (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.

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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 conviction 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.

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 sub-section (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).
-

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SCHEDULE 1

Section 3

ORDINANCES REPEALED

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

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.

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SCHEDULE 3

Section 5

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

SCHEDULE 4

Sections 5 and 8

Cholera	Plague
Ebola virus disease	Rabies
Lassa fever	Smallpox
Marburg virus disease	Yellow fever

SCHEDULE 5

Sections 5 and 16

Chancroid	Granuloma inguinale
Genital herpes	Lymphogranuloma venereum
Gonorrhoea	Syphilis

