

## Border health protection controls in New Zealand legislation

### Introduction

This paper summarises some of the key border health protection legislative controls that may need to be used to respond to potential public health threats at points of entry (POE) to New Zealand – airports or sea ports.

### Notes

- The various provisions of the Health Act 1956 covered in this paper are summaries only and should not be used as substitutes for the full legislation.
- Parts of this document have been extracted or adapted from material in the *New Zealand Influenza Pandemic Plan (NZIPAP): A Framework for Action*.<sup>1</sup> Part C of the NZIPAP contains an excellent overview of legislation and various border management actions (while this is described in the context of an influenza pandemic, many of the powers will be relevant to other public health situations).

### International context – the International Health Regulations (2005)

New Zealand has signed up to a global commitment under the IHR (2005) to plan for and respond to public health threats to the international community. The purpose of the IHR (2005) is to prevent, protect against, control and provide a public health response to the international spread of disease that is appropriate to the public health risk, and which avoids unnecessary interference with international traffic and trade.

The IHR (2005) represents a significant change in the global approach to the spread of disease compared to the much narrower past approach, provided by the IHR (1969). The key differences are noted below.

Old IHR (1969)	New IHR (2005)
<ul style="list-style-type: none"> <li>• Focused only on controlling disease spread at borders</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on rapid response and containment at the source <u>and</u> controlling disease spread at borders.</li> </ul>
<ul style="list-style-type: none"> <li>• Narrow scope - only a small number of diseases that countries were required to notify</li> </ul>	<ul style="list-style-type: none"> <li>• Much wider scope to cover existing and new diseases including emergencies caused by non-infectious disease agents (e.g., chemical spills). Risk-based approach with the term “public health risk” implicit in many definitions (e.g. infection, contamination, ill person, etc) and Articles.</li> <li>• Countries are required to notify WHO of all events that could be a <i>public health emergency of international concern</i> (PHEIC). Decisions about whether an incident is a PHEIC should be made by using the decision tool set out in Annex 2 of the IHR. A reporting and notification framework has been established globally.</li> </ul>
<ul style="list-style-type: none"> <li>• More passive regulations of predominantly preset measures</li> </ul>	<ul style="list-style-type: none"> <li>• Much more pro-active approach with defined procedures and responsibilities between WHO and member states. It provides an adapted response focus.</li> </ul>
<ul style="list-style-type: none"> <li>• Largely silent on capacity building</li> </ul>	<ul style="list-style-type: none"> <li>• Includes requirements regarding countries’ core capacity for <i>surveillance</i> and <i>response</i> and certain border health control core capacities at POE.</li> </ul>

<sup>1</sup> The NZIPPS is available at: [www.moh.govt.nz/moh.nsf/indexmh/nzipap-framework-for-action](http://www.moh.govt.nz/moh.nsf/indexmh/nzipap-framework-for-action).

In summary, the main components of the IHR (2005) include:

- Provisions to set up a global system to manage information and provide a public health response for events which may constitute a PHEIC. This includes a framework for countries to identify, assess, notify, verify and report events of potential concern to the WHO (e.g. Articles 5-18, Annex 2).
- Core capacity requirements for countries to "detect, assess, notify and report events" in accordance with the IHR and to "respond promptly and effectively to public health risks" (e.g. Articles 5, 13, and part A of Annex 1). That is, ensuring core *surveillance* and *response* capacities.
- Core capacity requirements at POE – international ports and airports etc (see Articles 19-22 and Part B of Annex 1). The IHR identifies two types of core capacities at POE:
  - Core capacities needed at all times at POE; and
  - Core capacities to respond to events that may constitute a PHEIC.
- A range of public health actions/measures/documentation requirements for international travellers, goods, cargo and conveyances and the ports and airports that they use. This covers the provision of facilities, services, inspections, quarantine, treatment, and the range of control activities, etc (e.g. Articles 23-41).
- Administrative and co-ordination requirements such as countries nominating National IHR Focal Points and WHO nominating IHR Contact Points (e.g. Articles 4, 47-66).

Over recent years the Ministry of Health has been working with other stakeholders to implement the IHR and this work is ongoing. This has involved work to ensure compliance at both the legislative and administrative levels.

### Domestic legislation

A suite of domestic legislation is relevant to successful implementation of the IHR. In the first instance, this includes the Health Act 1956 and regulations made under the Act (e.g. the Health (Quarantine) Regulations 1983 and the Health (Infectious and Notifiable Diseases) Regulations 1966).

As at July 2010, the Public Health Bill is awaiting its second reading in Parliament. It is intended that this Bill will replace the Health Act 1956, and comprise the core statute for the management of communicable diseases, border health protection and public health emergencies. The Bill proposes to give effect to the "all-risks" scope of the IHR 2005 and is designed to manage any potentially serious threat to public health. Its provisions also retain the Health Act's powers to inspect and grant pratique to arriving craft, and to examine travellers and, if necessary, isolate or quarantine them. The Bill includes provisions relating to the departure of people and craft from New Zealand, in conformance with the IHR 2005 requirement that countries do not export public health risks. *NB: This summary of the Bill does not represent the law and no decisions should be made based on this text – the final content of any new public health legislation is a matter for determination by Parliament.*

Other relevant legislation includes the HSNO Act 1996, the Biosecurity Act 1993, the Food Act 1981, civil aviation and maritime transport legislation, customs legislation, Radiation Protection Act 1965. This

suite of legislation is supported by two other key statutes, to ensure the right response is made for severe emergencies:

- The Epidemic Preparedness Act 2006 which contains powers to facilitate the management of serious epidemics of specified diseases, and
- The Civil Defence Emergency Management Act 2002, which provides for other powers if a state of emergency is declared under that Act.

More guidance about such legislation is contained in the NZIPAPs (see Part C, pages 117-136).

### **Border health/quarantine provisions in Parts 3 and 4 of the Health Act**

The core border health provisions in New Zealand legislation are contained in Parts 3 and 4 of the Health Act (plus some regulations made under the Act).

The NZIPAPs summarises some of the key powers of MOHs/HPOs in Part 3 of the Health Act as either 'routine' or 'special'. While the NZIPAPs uses this distinction in the context of the powers being used in an influenza pandemic, it also provides a useful way to introduce the border health measures discussed in the tables, below.

#### Routine powers

Routine powers are generally available to health officers and do not need prior approval to use. Five key routine powers noted in the NZIPAPs include:

- **The power to enter premises (including boarding an aircraft or ship)** may be exercised at any reasonable time if a MOH (or medical practitioner authorised by the MOH or local authority) 'has reason to believe that there is or recently has been any person suffering from a notifiable infectious disease or recently exposed to the infection of any such disease' (s. 77 HA).
- **The power to examine** allows a MOH (or medical practitioner authorised by the MOH or local authority) to medically examine any person in any premises, including on an aircraft or a ship, 'to ascertain whether a person believed to be suffering from a notifiable infectious disease or recently exposed is suffering or has recently suffered from the disease' (s. 77 HA).
- **The power to detain for isolation purposes** allows a MOH/HPO to make an order to remove a person to hospital or other suitable place for isolation, if the officer has reason to believe or suspect that the person, 'whether suffering from an infectious disease or not, is likely to cause the spread of any infectious disease' (s. 79 HA). The power can be used for both 'cases' (sick people) and 'contacts' (people who may have been exposed, but may never actually develop any symptoms).
- **The power to prescribe medical treatment** allows a MOH or HPO to prescribe 'preventive treatment' for a person who is likely to cause the spread of an infectious disease. Such a person can be detained until they have undergone the prescribed treatment (s. 79 HA). This section does not authorise a person to be compulsorily given preventive treatment.
- **Powers under the Health (Infectious and Notifiable Diseases) Regulations 1966** provide legislative backup to encourage co-operation in contact tracing and other measures (e.g. excluding children

and teachers from school for defined periods if they are either suffering from defined diseases or be exposed to someone with the disease).

There is also a range of powers under the Act regarding **quarantine** (see Part 4, **ss 94-112AA**). These are summarised in the tables below, but broadly cover:

- The craft and people liable to quarantine
- Powers to require information or give directions
- Powers around boarding or detaining ships/aircraft or taking things from such craft
- Powers covering inspection of craft
- Power around examining people or requiring bodily samples
- Powers around placing people under observation and or surveillance of those liable to quarantine
- Contact tracing
- Detention, isolation or quarantine
- Measures to cleanse, fumigate, disinfect craft
- Infected baggage, cargo, etc.

#### Special powers

Special powers (for a MOH) generally need prior authorisation before they can be used. Such authorisation must come from either the Minister of Health; or via an epidemic notice having been issued by the Prime Minister under the Epidemic Preparedness Act 2006; or via a state of emergency having been declared under the Civil Defence Emergency Management Act 2002.

Four special powers noted in the NZIPAP include:

- **The power to examine**, for the purpose of controlling infectious disease, gives a medical officer of health the authority to 'require persons to report themselves or submit to medical testing at specified times and places' (**ss. 70(1)(e) and (ea) HA**).
- **The power to detain, isolate or quarantine** allows a MOH to 'require persons, places, buildings, ships, vehicles, aircraft, animals, or things to be isolated, quarantined, or disinfected' (**s. 70(1)(f) HA**). The power to prescribe preventive treatment allows a MOH, in respect of any person who has been isolated or quarantined, to require people to remain where they are isolated or quarantined until they have been medically examined and found to be free from infectious disease, and until they have undergone such preventive treatment as the MOH prescribes (**s. 70(1)(h) HA**).
- **The power to requisition premises** allows a MOH to requisition premises and vehicles for the accommodation, treatment, and transport of patients (**s. 71(1) HA**).
- **The power to close premises** such as schools under **ss. 70(1)(1a) and 70(1)(m) HA** can be required.

Some border health measures summarised in this document may involve an element of compulsion (i.e., an action being undertaken even if against a person's will). Such measures need to be authorised by statute or else they are likely to be unlawful and contrary to the New Zealand Bill of Rights Act 1990. Compulsory measures could include:

- requirements for people to be tested and screened

- quarantining or isolating people (that is, removing symptomatic or non-symptomatic people to a quarantine or treatment facility or prohibiting them from leaving a particular facility)
- restricting the movement of people into or out of an area
- restricting travel of people (within or out of New Zealand)
- imposing a duty to supply information (e.g. future travel plans or past travel history)
- placing requirements on people to undergo preventive treatment
- requirements on people not to go to work or other public places or to do so only under certain conditions
- commandeering of resources (e.g. land, buildings or vehicles).

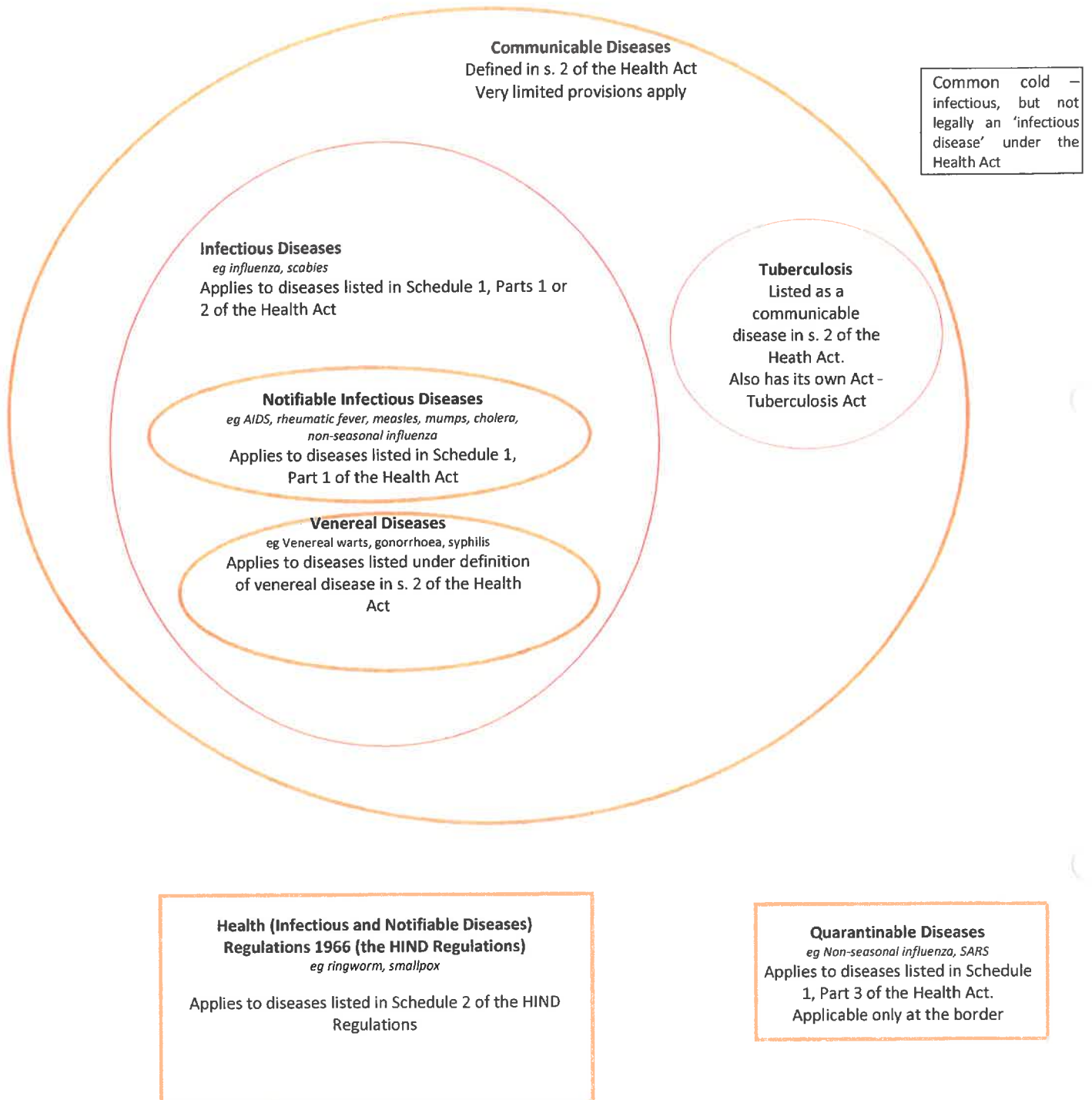
Further information about potential border management actions is contained in Part C of NZIPAP (see pgs 128-132)

### Categories of disease mentioned in the Health Act 1956

The powers in the Health Act 1956 can be exercised only in relation to specific diseases or categories of diseases. When looking to learn about, or apply, any of the provisions in the Health Act summarised in this document, you should check the definitions of the different 'categories of diseases' that the provisions actually apply to. These definitions then refer to the schedules at the back of the Act, where the diseases are listed. The lists of specific diseases in the schedules to the Act and the Health (Infectious and Notifiable Diseases) Regulations 1966 (made under the Health Act 1956) can be changed by Order in Council.

Term	Definition	Notes
<b>Communicable diseases</b>	<ul style="list-style-type: none"> <li>• Includes any infectious disease (including tuberculosis, venereal disease) or and other diseases declared by the Governor-General to be a communicable disease.</li> </ul>	<ul style="list-style-type: none"> <li>• The broadest category of disease under the Health Act, but very few provisions use this term and so it is of limited practical application.</li> </ul>
<b>Infectious Diseases</b>	<ul style="list-style-type: none"> <li>• Diseases listed in <u>Parts 1 or 2 of Schedule 1</u> of the Health Act 1956 (NB: Part 1 lists the notifiable infectious diseases and Part 2 lists a set of 'other' infectious diseases).</li> </ul>	<ul style="list-style-type: none"> <li>• The second to broadest category in the Act. Many powers under the Act can be used for these diseases.</li> </ul>
<b>Notifiable disease</b>	<ul style="list-style-type: none"> <li>• Any notifiable infectious disease and any disease for the time being specified in <u>Schedule 2</u> to the Health Act (includes some conditions that are not infectious).</li> </ul>	<ul style="list-style-type: none"> <li>• These diseases must be reported by medical practitioners and laboratories to the Medical Officer of Health.</li> </ul>
<b>Notifiable infectious disease</b>	<ul style="list-style-type: none"> <li>• Means any infectious disease listed in <u>Part 1 of Schedule 1</u> to the Health Act.</li> </ul>	<ul style="list-style-type: none"> <li>• A key subset of reportable diseases</li> </ul>
<b>Quarantinable infectious diseases</b>	<ul style="list-style-type: none"> <li>• Diseases listed in <u>Part 3 of Schedule 1</u> of the Health Act.</li> </ul>	<ul style="list-style-type: none"> <li>• Provisions applying to these diseases can only be used at the border. In general terms, these are more serious diseases and are relevant to the IHR (e.g., avian influenza, cholera, plague, yellow fever, non-seasonal influenza and MERS (Note some overlap with notifiable infectious diseases).</li> </ul>

**Legal definitions of disease categories under current Health Legislation**



**SUMMARY OF KEY LEGISLATIVE PROVISIONS RELEVANT TO BORDER HEALTH**

Category	Possible controls or measures	Summary of NZ legislation that may be relevant to the control or measure. (NB: This is a high-level summary only. Please refer to the legislation for full details.)
<p><b>Travellers</b></p> <p><i>- i.e., measures relating to people</i></p>	<p>Require information from people (e.g. their destination, where they have been, contact details, health documentation, etc)</p> <p>Require person to comply with directions</p> <p>Entry powers</p> <p>Detention and inspection of people</p> <p>Medical examination and providing bodily samples</p> <p>Place suspects under observation or surveillance, or transport people</p> <p>Contact tracing</p>	<ul style="list-style-type: none"> <li>• People “liable to quarantine” must give information requested by a Medical Officer of Health (MOH) or authorised person if they reasonably believe such information is needed to manage risks to public health (<b>s. 97A(1)(b) HA</b>).</li> <li>• MOH or authorised person can require persons in charge of aircraft/ships to collect and supply information from PAX etc (e.g. use PAX declaration cards, or other reasonable means). This can include information about peoples travel details, recent activities, movements in last 14 days, symptoms, etc (<b>s. 97A(2)-(4) HA</b>).</li> <li>• Captain of arriving aircraft to determine, as far as practicable, if a person on board is ill (e.g. has diarrhoea, vomiting, abnormal temperature, skin rash) or any condition on board that may lead to the spread of disease. Captain to notify airline agent prior to arrival. Agent to immediately notify MOH/HPO. (<b>Reg 3 HQR</b>). (NB: this is a precursor step to pratique, covered below).</li> <li>• People “liable to quarantine” must comply with directions, requirements, instructions etc of MOH or authorised person. (<b>s. 97A(1)(a) HA</b>).</li> <li>• MOH (or other authorised medical practitioner) can enter premises (including aircraft/ships) if they have reason to believe a person has or has recently been exposed to a <b>NOTIFIABLE INFECTIOUS</b> disease (<b>s. 77 HA</b>).</li> <li>• MOH, HPO, or authorised person can require PAX and crew on ships or aircraft arriving in NZ to be detained for inspection if a person has died or become ill from a <b>QUARANTINABLE</b> disease, or death occurred amongst birds, insects, rodents on the craft (not from usual poisoning) (<b>s. 97B HA</b>).</li> <li>• Health (Quarantine) Regulations 1983 set out a schedule of measures that can be applied. However, the schedule is outdated and only refers to plague and cholera – rather than taking an all public health risks approach (<b>see r. 22 and Schedule 3 of HQ Regs 1983</b>)</li> <li>• MOH (or other authorised medical practitioner) who has entered premises under s. 77 HA (incl. boarding a ship/aircraft) can medically examine person (<b>s. 77 HA</b>).</li> <li>• If MOH/HPO reasonably believes a person on an arriving aircraft or ship has a <b>QUARANTINABLE</b> disease or was exposed to such in last 14 days, they can require the person to be examined and to provide a bodily sample that is reasonable to require (<b>see ss. 97(2) &amp; 97D(1)(a)-(b) &amp; (2) HA</b>).</li> <li>• MOH can examine persons on arriving aircraft suffering from an <b>INFECTIOUS</b> disease, or who are reasonably suspected of suffering from a <b>QUARANTINABLE</b> disease, or exposed to infection from a <b>QUARANTINABLE</b> disease (<b>ss. 101(3) &amp; (5) HA</b>).</li> <li>• If MOH/HPO reasonably believes a person on an arriving aircraft or ship has a <b>QUARANTINABLE</b> disease or was exposed to such in the last 14 days (or if the person is isolated/quarantined under emergency powers in s 70(1)(f)) – discussed separately below) then under <b>ss. 97(2) &amp; 97E HA</b> the person can be required to:             <ul style="list-style-type: none"> <li>○ Give a MOH information required to manage public health risks (<b>s. 97E(2)</b>)</li> <li>○ Be sent to a hospital/place and detained under surveillance until the MOH/HPO is satisfied the person is not infected or not able to pass the disease to others (<b>s. 97E(3)(a)</b>)</li> <li>○ Be kept under surveillance at large (<b>s. 97E(3)(b)</b>)</li> </ul> </li> <li>• Powers exist to require people under surveillance at large to report to a medical practitioner, present for medical examinations/testings, give information to help manage public health risks, and tell the authorities when they leave a place, etc (<b>see ss. 97E(5)-(6) HA</b>).</li> <li>• MOH or authorised person can obtain from departments of state information about people “liable to quarantine” that is necessary to trace the person’s movements or contacts they have had with other people (<b>s. 97A(6) HA</b>).</li> <li>• Customs also has the ability to access information for public health and safety reasons – e.g. enable contact tracing from PAX arriving</li> </ul>

<p>Implement isolation or quarantine</p>	<p>from areas of concern – via the NZ mandatory form PAX fill out (s. 282A Customs and Excise Act 1996).</p> <ul style="list-style-type: none"> <li>• People are “liable to quarantine” if they are on board or disembark from ships/aircrafts that are “liable to quarantine” (the latter is defined very broadly as basically including all arriving ships/aircraft - see aircraft &amp; ships sections below (s. 97(1) HA)).</li> <li>• People remain “liable to quarantine” until released according to regulations (however, no regulations have ever been made to cover this) (s. 98(2) HA).</li> <li>• MOH/HPO can order isolation of a person likely to spread any <b>INFECTIOUS</b> disease (even if they are not currently suffering from such) (s. 79 HA). NB: a separate order required for each case. S. 79 has controls to prevent persons leaving or to allow detention of a person, if they leave isolation.</li> </ul>
<p>Vaccination or treatment</p>	<ul style="list-style-type: none"> <li>• Measures such as medical treatment can be offered to people who then can decide whether to accept them or not. If people refuse treatment and may have been exposed to an infectious disease then in some cases they can be detained or isolated (e.g. using generic s. 79 powers or the quarantine provisions). NB: s. 79 does not authorise a person to be compulsorily given treatment. Some of the older regulatory provisions mention people having to “submit to and carry out such treatment as a MOH directs” (e.g. reg 10(1) of the H(I&amp;ND) regs 1966). Similarly MOH special (emergency) powers under s. 70 HA might be able to be used in very rare cases to detain a person until they have undergone “preventative treatment” as prescribed (see 70(1)(h)). However, people have a fundamental human right to refuse medical treatment.</li> <li>• If such an occasion occurs, the isolation and detention provisions should allow time for further guidance to be sought from the Ministry about an appropriate course of action.</li> </ul>
<p>Refuse entry at border</p>	<ul style="list-style-type: none"> <li>• The Health Act does not have an explicit power to refuse entry into NZ. Use could be made of the quarantine and isolation provisions in the Act, etc.</li> </ul>
<p>Exit screening</p>	<ul style="list-style-type: none"> <li>• Although no legislative provisions specifically cover exit screening, such measures may be complemented but require at least tacit agreement (e.g. by way of signage informing departing travellers). NB: airlines should generally not allow obviously unwell PAX to board.</li> </ul>
<p>Departures</p>	<ul style="list-style-type: none"> <li>• Generic power of MOH/HPO to isolate people under s79 could be used for departing travellers (assumes MOH or HPO is on the scene to use the powers).</li> </ul>
<p>Other provisions covering people (not restricted to travellers)</p>	<ul style="list-style-type: none"> <li>• MOH/HPO can detain and order isolation of a person likely to spread any <b>INFECTIOUS</b> disease, even if they are not currently suffering from such (s. 79 HA). NB: a separate order is required for each case/contact. S. 79 has controls to prevent the person leaving or to detain the person if they leave isolation.</li> <li>• MOH (or other) can enter premises (including aircraft/ships) if they have reason to believe a person has or has recently been exposed to a <b>NOTIFIABLE INFECTIOUS</b> disease. Can medically examine such person (s. 77 HA).</li> <li>• Duty on occupiers of premises to consult a doctor or notify authorities if they have a reasonable suspicion that a person on the premises (includes aircraft/ships) has a <b>NOTIFIABLE</b> disease (s. 75 HA).</li> <li>• The Health (infectious and Notifiable Diseases) Regulations 1966 also have provisions for the control of infectious diseases that may be relevant and useful. For example:             <ul style="list-style-type: none"> <li>○ If HPOs become aware of actual or suspected cases of <b>NOTIFIABLE INFECTIOUS</b> diseases they can visit premises (the term ‘premises’ is wide enough to cover buildings at POEs, aircraft, ships etc), make inquiries into the causes and circumstances of the case, and to take steps to prevent the spread of infection and remove conditions favourable to infection (Reg 7a)</li> <li>○ Provisions about isolating patients, contacts and carriers and removing them to their residences or hospitals, etc (regs 7(c), 8, &amp; 11)</li> <li>○ Provisions allowing examination of people, taking of specimens, and treatment of contacts and carriers (regs 9-11).</li> </ul> </li> </ul>
<p>Powers prescribed by</p>	<ul style="list-style-type: none"> <li>• If any person on board an arriving ship or vessel has, or MOH/HPO suspects them to have, or been recently exposed to, a</li> </ul>



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	regulations	QUARANTINABLE disease the MOH/HPO can do all such things and give directions as prescribed by regulations (s. 108 HA).
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Possible controls or measures		Summary of relevant NZ legislation that may be relevant to the control or measure. (NB: This is a high-level summary only. Please refer to the legislation for full details.)
<b>Aircraft</b>	Quarantine	<ul style="list-style-type: none"> <li>Aircraft "liable to quarantine" is defined broadly to include aircraft from overseas, or from an infected place (in NZ) (s. 96(2) HA).</li> <li>Aircraft remain "liable to quarantine" until pratique granted (s. 98(1) HA).</li> </ul>
	Board aircraft (entry powers)	<ul style="list-style-type: none"> <li>MOH (or other authorised medical practitioner) can enter premises (including aircraft/ships) if they have reason to believe a person has or has recently been exposed to a <b>NOTIFIABLE INFECTIOUS</b> disease (s. 77 HA).</li> </ul>
	Detention & inspection of aircraft	<ul style="list-style-type: none"> <li>MOHs, HPO or authorised persons can require aircraft (and passengers/crew) to be detained for inspection if the aircraft has arrived in NZ and a person has died or become ill from a <b>QUARANTINABLE</b> disease, or death has occurred amongst birds, insects, rodents on the craft (not from usual poisoning) (s.97B HA,).</li> <li>MOHs/HPOs can board an aircraft "liable to quarantine" and inspect it (s. 101(2) HA).</li> <li>Generic power of entry and inspection for MOHs, HPOs, authorised persons to enter (at reasonable times) any ship, premise (definition includes aircraft), dwelling house, land, building to inspect and execute thereon any works authorised under the HA (s. 128 HA).</li> </ul>
	Require steps to be taken	<ul style="list-style-type: none"> <li>If MOHs/HPOs reasonably believe an arriving aircraft has a person on board with a <b>QUARANTINABLE</b> disease or exposed to such in the last 14 days, they can require the captain to take reasonable steps to prevent the spread of infection, destroy birds, rodents, insects, remove or abate conditions on the craft likely to convey infection (ss. 97(2) &amp; 97D(1)(d) HA).</li> </ul>
	Granting of pratique	<ul style="list-style-type: none"> <li>MOH must grant pratique to aircraft when satisfied no <b>QUARANTINABLE</b> disease on board (s. 107(1) HA).</li> <li>In practice, pratique for aircraft generally withheld only by exception (ie, pratique deemed to be granted in the absence of reports of illness). (The situation is <b>different for ships</b>).</li> </ul>
	Redirection of aircraft	<ul style="list-style-type: none"> <li>Internationally arriving aircraft that arrive at non-Customs airports can be redirected to Customs airports if a MOH or Inspector of Health consider that certain sanitary measures are needed for the aircraft or persons on board, which can only be carried out at a Customs airport. (Reg 4 HQ Regs 1983).</li> </ul>
	Disinfection / fumigation of craft	<ul style="list-style-type: none"> <li>If an Epidemic Management notice applies, a MOH can require landed aircraft to travel to another place (s.74D HA).</li> <li>MOH/HPO can require cleansing, fumigation, disinfection etc of craft if in an insanitary condition or conditions favourable to breakout of disease exist (s. 110 HA).</li> <li>Regs 6-7 HQR cover spraying of aircraft to destroy mosquitoes in more detail.</li> </ul>
<b>Ships</b>	Quarantine and measures	<ul style="list-style-type: none"> <li>The definition of ships that are "liable to quarantine" is defined broadly to include ships arriving from overseas ports or from an infected place (in NZ), or every ship suspected of having a <b>QUARANTINABLE</b> disease (s. 96(1) HA).</li> <li>Controls on ships "liable to quarantine" include: <ul style="list-style-type: none"> <li>Not being allowed to bring the ship to a wharf or landing place unless permitted (s. 99(1) (a) HA)</li> <li>Prohibiting people from going on board, or leaving, unless authorised (s. 99(1)(b) &amp; (c))</li> <li>Prohibiting goods, mail, or articles to be landed etc (s. 99(1) (d) HA)</li> <li>Prohibiting other vessels from drawing within 50m (s. 99(1) (e) HA)</li> <li>Quarantine signal to be displayed until pratique granted (s. 100 HA)</li> </ul> </li> <li>Ships remain "liable to quarantine" until pratique granted (s. 98(1) HA).</li> </ul>
	Board ship (entry powers)	<ul style="list-style-type: none"> <li>MOH (or other authorised medical practitioner) can enter premises (including aircraft/ships) if they have reason to believe a person has or has recently been exposed to a <b>NOTIFIABLE INFECTIOUS</b> disease (s. 77 HA).</li> <li>NB. Some other provisions have powers of entry built into them. For example under s. 111 HA a MOH, which is discussed in relation to inspections in the row below).</li> </ul>
	Detention & inspection of ships	<ul style="list-style-type: none"> <li>MOH, HPO, or authorised persons can require ships to be detained for inspection if arrived in NZ and appears a person has died or become ill from a <b>QUARANTINABLE</b> disease, or death has occurred amongst birds, insects, rodents on the craft (not from usual poisoning)</li> </ul>

<p><b>Cargo, containers, baggage, goods, postal items, human remains, etc</b></p>	<p>(s. 97B HA).</p> <ul style="list-style-type: none"> <li>• MOHs/HPO can board, before granting pratique to a ship “liable to quarantine”, and inspect it for <b>INFECTIOUS</b> diseases (s. 101(1) HA).</li> <li>• MOH, HPO, officers of the Ministry of Health, or those acting under the authority of a MOH/HPIO have the power to board ships in port and inspect it and any goods, animals, PAX list, log book and papers etc (s. 111(1) HA).</li> <li>• Generic power of entry and inspection for MOH, HPOs authorised persons to enter (at reasonable times) any ship, premise (definition includes aircraft), dwelling house, land, building to inspect and execute thereon any works authorised under the HA (s. 128 HA).</li> <li>• If MOH/HPO reasonably believe arriving ships have people on board with <b>QUARANTINABLE</b> diseases, or a person was exposed to such in last 14 days, they can require the captain to take reasonable steps to prevent the spread of infection, destroy birds, rodents, insects, remove or abate conditions on the craft likely to convey infection (ss. 97(2) &amp; 97D(1)(d) HA).</li> <li>• Ship masters arriving from an infected place within NZ are not to moor or berth unless with MOH permission. Also, ships arriving from another NZ port (that is not an infected place) with a person with, or suspected to have, a <b>QUARANTINABLE</b> disease are not to be berthed unless instructed to by an MOH/HPO (ss.105 &amp; 106 HA).</li> <li>• Health inspectors can require ship captains to carry out all practical measures to prevent migration of rodents from ships. (Reg 20 HQR).</li> <li>• MOH must grant pratique to ships “liable to quarantine” if satisfied there is no <b>QUARANTINABLE</b> disease on board. (s. 107(1) HA).</li> <li>• In practice, a process of actively seeking and receiving pratique is employed in NZ for ships (the situation is different for aircraft)</li> <li>• HQR set out a process for granting pratique by radio (reg 13).</li> <li>• Ship masters are required to notify to a MOH of any sick person on a ship in harbour who is reasonably expected to have a <b>NOTIFIABLE INFECTIOUS</b> disease (s. 76 HA). NB: this applies to all ships in NZ waters and not just to those arriving for the first time (e.g. cruise ships).</li> <li>• Parts of harbours can be designated as places of inspection for ships “liable to quarantine” (s. 94 HA).</li> <li>• MOH/HPO can require crafts in an insanitary condition, or condition favourable to breakout of disease, to be cleansed, fumigated, disinfected, or treated (s. 110 HA).</li> <li>• HQR set out more detail around fumigation (see regs 18, 19, 22 and schedule 3).</li> <li>• See also the ‘Detention and inspection’ row above for other provisions (e.g., s. 111(1) HA).</li> <li>• If MOH boards a ship he/she can any person suspected of having an <b>INFECTIOUS</b> disease to have any prescribed examination (s. 111(2) HA).</li> <li>• Specific information is to be provided at least 48 hours prior to a vessel’s arrival into New Zealand using the New Zealand Advance Notice of Arrival form.</li> <li>• Master of ship from overseas port is required to ascertain health of persons on board. Maritime Declaration of Health Form to be provided to authorities on arrival. A MOH/HPO or authorised person can also require further information about the state of health of a person on board. Offences are provided to help enforce this section (s 102 HA).</li> <li>• HQR still refer to the now superseded deratting certification regime (regs 15, 17, 18). To comply with the IHR (2005) the Ministry now requires use of ship sanitation certificates. (The Ministry is progressing an amendment to the HQR to refer to the new SSC regime).</li> <li>• If MOH/HPO suspects that a <b>QUARANTINABLE</b> disease is likely to be spread by any baggage, cargo, clothing, food/drink, linen, luggage, stores, water or other substance or thing that is on or has been removed from a ship or aircraft, they can do such things and give directions as prescribed by regulations (s. 109 HA).</li> <li>• Number of provisions in HA around transportation, storage, and disposal of human remains, establishing mortuaries and facilities to handle bodies etc (e.g. see ss 84, 86).</li> <li>• Controls on ships “liable to quarantine” include prohibiting goods, mail, or articles to be landed, etc (s. 99(1)-(2) HA).</li> <li>• If MOH/HPO reasonably believes arriving aircraft or ship has person on board with a <b>QUARANTINABLE</b> disease or was exposed to such in last 14 days, they can require any thing in or on craft to be taken and any reasonable sample required (ss 97(2) &amp; 97D(1)(c) HA).</li> <li>• Health (Quarantine) Regulations 1983 set measures in a schedule that can be applied when detaining craft and people. However, the</li> </ul>	<p>Require steps to be taken to prevent spread of infection</p> <p>Granting of pratique</p> <p>Notify sick person to authorities</p> <p>Inspection, disinfection, fumigation, etc of ships</p> <p>Medical examination</p> <p>Advance Notice of Arrival</p> <p>Maritime Declaration of Health</p> <p>Ship Sanitation Certification</p> <p>A range of controls are included over and above those discussed under aircraft/ships above.</p>
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		schedule is outdated an only refers to plague and cholera -- it covers measures such as baggage and linen being disinfected etc (see reg 22 and Schedule 3 of HQ Regs).
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Possible controls or measures		Summary of relevant NZ legislation that may be relevant to the control or measure. (NB: This is a high-level summary only. Please refer to the legislation for full details.)
<p><b>Category</b></p> <p><b>Point of entry (ports, airports)</b></p> <p>Generic controls / measures needing to be applied at POEs can include:</p> <ul style="list-style-type: none"> <li>Monitoring baggage, cargo, containers, conveyances, goods etc so they are in a sanitary condition</li> <li>Keep POE facilities in a sanitary condition</li> <li>Applying measures to disinfect, decontaminate, disinsect, derat baggage, cargo, containers, conveyances, goods etc</li> <li>Supervising removal of contaminated food, water, wastewater, etc from conveyances</li> <li>Monitoring and controlling ship discharge of sewerage, ballast, refuse, etc</li> <li>Supervising service providers concerning travellers, baggage, cargo containers, conveyances, goods, etc</li> <li>Ensuring effective contingency arrangements are in place.</li> </ul>	<ul style="list-style-type: none"> <li>The provisions summarised in the tables above from parts 3 and 4 of the Health Act.</li> <li>Other provisions in the Health Act such as: <ul style="list-style-type: none"> <li>Generic powers of entry and inspection for MOHs/HPOs/authorised persons to enter (at reasonable times) any ship, premise, dwellinghouse, land, building to inspect and execute thereon any works authorised under the HA (s 128 HA).</li> <li>Local authorities can authorise EHOs to cleanse/disinfect any premises (includes vessels/aircraft) or articles if necessary to prevent/limit the spread or eradicate an <b>INFECTIOUS</b> disease (s. 81 HA).</li> <li>MOH has similar power to require local authorities to cleanse/disinfect premises/articles to prevent/limit the spread or eradicate a communicable disease, or otherwise prevent a danger to health, etc (s. 82 HA).</li> <li>Infected articles can be destroyed if unable to be disinfected (s. 83 HA).</li> </ul> </li> <li>The Nuisance provisions in Health Act (some of the nuisances defined in s. 29 could be used if need to remedy nuisances at POEs (e.g. mosquito or rodent infestations).</li> <li>The Health (infectious and Notifiable Diseases) Regulations 1966 also have provisions around the control of <b>NOTIFIABLE INFECTIOUS</b> diseases that may be relevant and useful at POEs. For example: <ul style="list-style-type: none"> <li>If Health Inspectors become aware of actual or suspected cases of <b>NOTIFIABLE INFECTIOUS</b> diseases they can visit premises (the term is wide enough to cover buildings at POEs, aircraft, ships etc), make inquiries into the causes and circumstances of the case, and to take steps to prevent the spread of infection and remove conditions favourable to infection (Reg 7a).</li> <li>Provisions about isolating people and removing them to their residences or hospitals, etc</li> <li>Provisions around examination and treatment of contacts and carriers (reg 9-11).</li> </ul> </li> <li>Other legislation, including: <ul style="list-style-type: none"> <li>Biosecurity Act 1993 – administered by MAF</li> <li>Building Act 2004 – administered by the Department of Building and Housing, with provisions enforced by local councils</li> <li>Food Act 1981 – administered by the New Zealand Food Safety Authority</li> <li>CDEM Act – administered by DIA</li> <li>Epidemic Preparedness Act 2006 – administered by the Ministry of Health.</li> </ul> </li> </ul>	
<p><b>All risks</b></p> <p>IHR cover all significant risks to public health, including those of unknown origin</p>	<ul style="list-style-type: none"> <li><b>Suite of legislation</b></li> <li>The Public health Bill currently before Parliament will, if passed, provide an all-risks coverage.</li> </ul>	

Category	Possible controls or measures	Summary of relevant NZ legislation that may be relevant to the control or measure. (NB: This is a high-level summary only. Please refer to the legislation for full details.)
<p><b>Emergency powers in the Health Act 1956 (including ss 70-71).</b></p> <p><b>Such powers can only be activated if:</b></p> <ul style="list-style-type: none"> <li>• <b>The Minister authorises it</b></li> <li>• <b>A state of emergency under CDEM Act is declared, or</b></li> <li>• <b>An Epidemic Notice in force (issued under the Epidemic Preparedness Act 2006)</b></li> </ul>	<p>Insanitary things</p> <p>Person to report</p> <p>Medical examination or testing</p> <p>Isolation, quarantine</p> <p>Disinfection</p> <p>Forbid movement of ships, aircraft etc</p> <p>Requisition buildings, conveyances, supplies etc</p> <p>Police support</p>	<p>• If MOH special (emergency) powers to prevent outbreak or spread of <b>INFECTIOUS</b> disease are ever invoked, this includes the ability to:</p> <ul style="list-style-type: none"> <li>▪ Declare land, buildings, things to be insanitary and prohibit their use for specific purposes (<b>s. 70(1)(a) HA</b>)</li> <li>▪ Cause insanitary buildings to be pulled down and destroyed, disposed of (<b>s. 70(1)(b) HA</b>)</li> <li>▪ Destroy and dispose of any insanitary thing (<b>s. 70(1)(c) HA</b>)</li> <li>▪ Destroy infected animals (<b>s. 70(1)(d) HA</b>).</li> </ul> <p>• If MOH special emergency powers to prevent outbreak or spread of <b>INFECTIOUS</b> disease are ever invoked, this includes the ability to require persons to report themselves (<b>ss. 70(1)(e)&amp;(ea) HA</b>).</p> <p>• If MOH special emergency powers to prevent outbreak or spread of <b>INFECTIOUS</b> disease are ever invoked, this includes the ability to require persons to submit to <i>examination</i> or (in some cases) <i>medical testing</i> (<b>ss. 70(h)(e),(ea) HA</b>).</p> <p>• If MOH special emergency powers to prevent outbreak or spread of <b>INFECTIOUS</b> disease are ever invoked, this includes the ability to:</p> <ul style="list-style-type: none"> <li>▪ Require persons, ships, aircraft, places, buildings, animals etc to be isolated, quarantined (<b>s 70(1)(f)</b>).</li> <li>▪ Require persons, ships, aircraft, places, buildings, animals etc to be tested (<b>s 70(1)(fa)</b>).</li> <li>▪ Require people to remain where they are isolated or quarantined until medically examined and found to be free of infectious disease or undergone preventative treatment (<b>s 70(1)(h)</b>)</li> </ul> <p>• If MOH special emergency powers to prevent outbreak or spread of <b>INFECTIOUS</b> disease are ever invoked, this includes the ability to require persons, ships, aircraft, places, buildings, animals etc to be disinfected (<b>s 70(1)(f)</b>).</p> <p>• If MOH special emergency powers to prevent outbreak or spread of infectious disease are ever invoked, this includes the ability to:</p> <ul style="list-style-type: none"> <li>▪ Forbid ships, aircraft, animals, things to come to port or place from any port or place infected with any infectious disease (<b>s. 70(1)(g)</b>).</li> <li>▪ Forbid the removal of ships, aircraft, things from ports, place of isolation or quarantine etc, until they have been disinfected or found to be free on infection etc (<b>s 70(1)(i)</b>).</li> </ul> <p>• If MOH special emergency powers during an <b>INFECTIOUS</b> disease outbreak are ever invoked, this includes an ability to:</p> <ul style="list-style-type: none"> <li>▪ Requisition buildings etc for accommodation and treatment of people (<b>s 71(1)(a)</b>)</li> <li>▪ Take possession and use buildings, ships, etc for storage/disposal of bodies (<b>s 71(1)(ab)</b>)</li> <li>▪ Take possession and use craft for transport of patients, medical and emergency personnel, equipment, etc (<b>s 70(1)(b)</b>)</li> <li>▪ Require food, medicines, materials etc to be <b>delivered</b> (<b>s 70(1)(c)</b>)</li> </ul> <p>• Offences to fail to comply with or hinder MOHs exercising certain powers under ss 70-71.</p> <p>• Minister can declare any place in NZ an infected place if it is infected with a <b>QUARANTINABLE</b> disease (<b>s. 96 HA</b>).</p> <p>• HA empowers police <b>to do things to help give effect to the emergency powers of MOH</b> in ss. 70-71 (e.g. powers of entry and</p>

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		inspection, ability to stop ships, aircraft, etc) (s. 71A HA).
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**Specific reporting requirements**

A number of reporting requirements exist which are mandatory for public health regulatory services. These include:

Report	When to report it?	Report it to whom?
<p><b>Emergency report.</b></p> <ul style="list-style-type: none"> <li>• Occurrence of a public health event or emergency with inter-district, national, or international implications</li> <li>• Public health events involving the diseases covered by Annex 2 of the IHR or other event that could be of potential public health significance (ie, unusual or unexpected) regardless of its cause (if at all known)</li> </ul>	<ul style="list-style-type: none"> <li>• Immediately or at least within 24 hours of occurrence</li> <li>• Immediately</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental &amp; Border Health Team and copy-in the Public Health Group Portfolio Manager</li> <li>• Office of the Director of Public Health</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Investigation reports.</b> Any unusual event or public health investigation that has potential inter-district, national, or international implications</li> </ul>	<ul style="list-style-type: none"> <li>• As soon as practicable and not less than 14 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental &amp; Border Health Team and copy in the public health Group Portfolio Manager.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Border health protection and vector surveillance</b> – any exotic mosquitoes of public health significance and provide situation reports following the forms in the EHP Manual.</li> </ul>	<ul style="list-style-type: none"> <li>• Within 2 hours of identification.</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Advisor, (Border Health Protection) Ministry of Health</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Communicable disease control.</b> Report significant CD events or other events of public health significance (in particular diseases covered by Annex 2 of the IHR)</li> </ul>	<ul style="list-style-type: none"> <li>• Immediately or within at least 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Health’s Communicable Disease Team and the Office of the Director of Public Health</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Drinking water quality.</b> Report serious drinking water incidents</li> </ul>	<ul style="list-style-type: none"> <li>• Within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental &amp; Border Health Team</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Hazardous substances incidents or emergency situations</b></li> </ul>	<ul style="list-style-type: none"> <li>• As required</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Health. NB, HSNO incidents that may also be of potential international significance should be reported to the Office of the Director of Public Health.</li> </ul>