



## Article Content

**Title :** Communicable Disease Control Act CH  
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**Category :** Ministry of Health and Welfare (衛生福利部)

### Chapter 1 General Principles

- Article 1 To arrest the occurrence, infection and spread of communicable diseases, this Act is specifically formulated.
- Article 2 "Competent authorities" in this Act mean the Ministry of Health and Welfare at the central level; the municipality governments at the municipality level; and the county (city) governments at the county (city) level.
- Article 3 "Communicable diseases" in this Act mean diseases categorized by the central competent authority according to degrees of risks and hazards such as case fatality rate , incidence rate, and transmission speed:
1. Category 1 communicable diseases: smallpox, plague, severe acute respiratory syndrome (SARS), etc.
  2. Category 2 communicable diseases: diphtheria, typhoid fever, dengue fever, etc.
  3. Category 3 communicable diseases: pertussis, tetanus, Japanese encephalitis, etc.
  4. Category 4 communicable diseases: known communicable diseases or syndromes other than those mentioned in the preceding three Subparagraphs that are considered by the central competent authority to require monitoring of their occurrence or implementation of preventive and control measures
  5. Category 5 communicable diseases: emerging communicable diseases or syndromes other than those mentioned in the preceding four Subparagraphs that are considered by the central competent authority to cause a substantial impact on the health of the population through their transmission, and to require formulation of preventive and control measures or preparedness plans in accordance with this Act.
- The central competent authority shall announce names of communicable diseases mentioned in the various Subparagraphs of the preceding Paragraph in the Executive Yuan Gazette; when any adjustment is required, amendment shall be made immediately.
- Article 4 "Epidemic conditions" in this Act mean conditions where the number of cases of a communicable disease occurring in a

specific area during a specific time period exceeds the expected number or when clustered outbreaks occur.

“Ports” in this Act mean harbors, wharfs and airports.

“Medical care institutions” in this Act mean institutions applied for operation by medical personnel specified in Paragraph 1, Article 10 of the Medical Care Act in accordance with the relevant regulations of professions and occupation laws and have been approved for practice.

"Infectious biological materials" in this Act mean materials, which are expected to contain pathogens or their derivatives, have been confirmed to contain such pathogens or derivatives.

"Specimens of communicable diseases" in this Act mean body fluids, secreta, excreta and other likely contagious substances collected from patients and suspected patients of communicable diseases or contacts.

Article 5 The authorities and responsibilities of the central competent authority, municipality, county (city) competent authorities (hereinafter the “local competent authorities”) in the implementation of the matters stipulated in this Act shall be as follows:

1.The central competent authority:

1)Formulate policies and plans for the prevention and control of communicable diseases including measures such as immunization, prevention of communicable diseases, epidemiological surveillance, case reporting, investigations, laboratory testing, management, quarantine, drills, mobilization by level, training, and pharmaceutical, device and protective equipment stockpile.

2)Supervise, command, guide and assess local competent authorities in the execution of matters concerning communicable disease control.

3)Establish relief funds for compensating vaccine victims and related activities.

4)Conduct quarantines of international and specifically designated ports.

5)Organize international collaborative projects and exchanges on matters concerning the control of communicable diseases.

6)Other matters deemed necessary for disease control by the central competent authority.

2.Local competent authorities:

1)Develop implementation plans and implement the plans according to the communicable disease control policies and plans formulated by the central competent authority, and locality-specific disease control practices, and report to the central competent authority for reference.

2)Implement various communicable disease control measures in the locality including public service matters such as immunization,

prevention of communicable diseases, epidemiological surveillance, case reporting, investigations, laboratory testing, management, drills, mobilization by level, training, pharmaceutical, device and protective equipment stockpile, and house-isolation.

3)Conduct quarantine of ports in the locality and ports other than those mentioned in item 4 of the preceding Subparagraph.

4)Implement matters instructed or commissioned by the central competent authority.

5)Other matters that shall be implemented by local competent authorities.

In implementing matters mentioned in Subparagraph 2 of the preceding Paragraph, local competent authorities, when necessary, may request the central competent authority for support.

In implementing matters concerning quarantine of ports, competent authorities at various levels may commission other organizations (institutions) or groups to perform such implementation.

Article 6 Matters that all enterprise competent authorities at central level shall coordinate and assist in the control of communicable diseases shall be as follows:

1.Competent authority of the interior: matters concerning the control of entry and exit, assistance in supervising local governments in the implementation of public services such as in-house isolation.

2.Competent authority of foreign affairs: matters concerning liaison with foreign governments and international organizations, issuance of visas to foreign passport holders.

3.Competent authority of finance: matters concerning lease of state properties for use.

4.Competent authority of education: matters concerning promotion and education of disease control for students and school personnel, and surveillance and control of communicable diseases among them.

5.Competent authority of justice: matters concerning surveillance and control of communicable diseases among inmates in correctional centers.

6.Competent authority of economic affairs: matters concerning supply of protective equipments, and control of industry-specific ports.

7.Competent authority of transportation: matters concerning control of airports and commercial seaports, service requisition of transport facilities.

8.Competent authority of mainland affairs: matters concerning the coordination of policies governing contacts between people of the Taiwan Area and people of the mainland China area, or

Hong Kong and Macau.

9. Competent authority of environmental protection: matters concerning the sanitation and disinfection of public environment, and disposal of wastes.

10. Competent authority of agriculture: matters concerning the control of communicable diseases common to humans and animals, and control of fishing harbors.

11. Competent authority of labor: matters concerning occupational safety and health, and protection of workers' rights.

12. Competent authority of press, radio and television: matters concerning the management and release of news, dissemination of government orders, and designating radio and television media for broadcast.

13. Competent authority of coast guard: matters concerning the seizure of smuggling of vectors of communicable diseases at sea areas, sea coasts, river mouths and non-commercial ports, and illegal entry and exit across the national borders.

14. Other relevant organizations: implementing relevant matters necessary to the control of communicable diseases.

- Article 7 Competent authorities shall conduct various investigations and implement effective preventive measures to control the occurrence of communicable diseases; when there are outbreaks or epidemics of communicable diseases, control them promptly to prevent further transmission.
- Article 8 Recognition, announcement and removal of epidemic conditions of communicable diseases and the areas thereof shall be made by the central competent authority. For category 2 and category 3 communicable diseases, the aforementioned activities shall be made by the local competent authorities, and report to the central competent authority for reference at the same time. The central competent authority shall timely announce international epidemic conditions or relevant warnings.
- Article 9 When announcements regarding communicable disease outbreaks or information related to disease control measures released through mass media during the existence of the Central Epidemic Command Center are erroneous, not in accord with the facts and may result in undesirable outcomes or have certain influences over the overall disease control efforts, corrections must be made immediately upon notification for correction by the competent authorities.
- Article 10 Government organizations, medical institutions, medical personnel and others who learn about, by way of their professional practice, information related to patients or suspected patients with communicable diseases such as names,

medical records and medical history shall not disclose such information.

- Article 11 The dignity and legal rights of patients with communicable diseases, medical personnel in care of such patients, patients under isolation care, home-based quarantine, concentration camp quarantine and their families shall be respected and protected without any discrimination.  
Without consent of the individuals mentioned in the preceding Paragraph, no recording, videotaping or photographing may be made.
- Article 12 Government organizations (institutions), civic groups, enterprises or individuals shall not deny patients with communicable diseases their rights to education, employment, nursing care, housing or provide any other unfair treatment. However, this regulation shall not apply to individuals who are required to be restricted by competent authorities for needs of controlling communicable disease.
- Article 13 Individuals infected with pathogenic agents of communicable diseases and suspected patients with communicable diseases are regarded as patients with communicable diseases, and the regulations of this Act shall apply.

## **Chapter 2 Disease Control Systems**

- Article 14 The central competent authority may establish a communicable disease control network by dividing the country into several regions; designate medical care institutions to set up communicable disease isolation wards. Designated medical care institutions, upon instructions from the competent authorities to admit and treat patients with communicable diseases, shall not refuse, evade or obstruct.  
The central competent authority may designate a regional commanding officer and several deputy commanding officers to unify command, coordinate and organize essential medical supplies for disease control in the region.  
The central competent authority may subsidize at discretion these medical care institutions designated in Paragraph 1.  
The ways of dividing the communicable disease control medical care network into regions, designating roles and authorities of the regional commanding officer and deputy commanding officers, outlining requirements, period and procedures for the designation of medical care institutions, contents of subsidies, and other matters to be complied with shall be decided by the central competent authority.
- Article 15 When communicable diseases occur or are expected to occur, competent authorities may organize mobile squads to conduct

matters concerning disease control activities.

- Article 16 Local competent authorities shall, when communicable diseases occur or are expected to occur in their respective locality, immediately mobilize the involving affiliated organizations (institutions) and personnel to implement necessary measures, and promptly report the implementation outcome to the central competent authority.
- Under conditions mentioned in the preceding Paragraph, local competent authorities shall, in addition to implementing appropriate control measures in accordance with their authorities and responsibilities, act in accordance with instructions of the central competent authority.
- In the management of epidemic conditions mentioned in the preceding two Paragraphs, if local competent authorities deem it necessary to unify command, assemble personnel and facilities of the involving affiliated organizations (institutions) for the execution of disease control measures, they may establish epidemic command centers.
- The central competent authority may, when necessary, invite organizations concerned to attend coordination meetings on the management of epidemic conditions to coordinate personnel, resources and facilities of organizations concerned of governments at various levels, and to supervise and assist local competent authorities in implementing control measures.
- Article 17 The central competent authority, in consideration of the severity of the domestic and international epidemic conditions, and when considering it necessary to consolidate various resources and facilities, and integrate personnel of the involving organizations (institutions), upon reporting to the Executive Yuan for approval, may establish a central epidemic command center and assign one person to be the commanding officer to unify command, supervise and coordinate government organizations at various levels, state enterprises, reserve service organizations and civic groups to implement disease control measures; when necessary, the national armies may be coordinated for support.
- The implementation regulations on matters concerning the organization, training and assistance of the central epidemic command center and operational procedures shall be decided by the central competent authority.
- Article 18 Competent authorities, at times of serious domestic or international epidemic conditions of communicable diseases, or at times of biological agent attacks, may implement the relevant disease control measures jointly with the national defense mobilization preparedness system.

### Chapter 3 Prevention of Communicable Diseases

- Article 19 Government organizations (institutions) at various levels and schools shall reinforce education and promotion of matters concerning disease control activities, and may request relevant professional groups for assistance; competent authorities and medical care institutions shall conduct regular training and drills related to disease control.
- Article 20 Competent authorities and medical care institutions shall stock a sufficient quantity of various pharmaceuticals, devices and protective equipments for communicable disease control. Regulations governing the stockpile, allocation, reporting, validity management, inspections and other matters to be complied with for the pharmaceuticals, devices and protective equipments mentioned in the preceding Paragraph shall be decided by the central competent authority.
- Article 21 Competent authorities, when necessary, may temporarily shut down water supplies that potentially spread communicable diseases.
- Article 22 Government organizations at various levels shall optimize the operation of the water and sewer supply systems in the locality, improve the infrastructure of public toilets, promote cleanliness and sanitation of private toilets; and when necessary, may conduct disinfection of solid wastes or dismantle toilets and their facilities that are hazardous to sanitation.
- Article 23 At times of domestic epidemic conditions, local competent authorities shall, upon necessity for the control of communicable diseases, conscientiously prohibit the raising, slaughtering, sales, donation, discarding of various animals or animal remains, foods and beverages that have been confirmed to transmit communicable diseases, and shall exterminate, destruct, bury, or chemically handle them, or take other necessary actions.  
Competent authorities, upon necessity for the control of communicable diseases, shall apply regulations of prohibition and management mentioned in the preceding Paragraph to animals suspected to transmit communicable diseases.  
Competent authorities, upon necessity for the control of communicable diseases, when major outbreaks of zoonotic diseases occur in animals, shall request the central agricultural competent authority to take necessary actions in accordance with the relevant provisions of the Statute for Prevention and Control of Infectious Animal Disease.
- Article 24 For animals or animal remains, foods and beverages mentioned in the preceding Article that have been, by regulations,

exterminated, destructed, buried, chemically handled or processed by other necessary methods, owners or managers of such items will not be compensated if the reasons of transmitting communicable diseases are due to their illegal actions, or if they fail to immediately cooperate in the management of these items; otherwise, local competent authorities shall assess the value of the items and compensate them at their discretion. Regulations concerning qualifications, procedures, recognition, and methods of compensation and other matters to be complied with for the application of the compensation mentioned in the preceding Paragraph shall be decided by the central competent authority.

Article 25 Local competent authorities shall supervise the elimination of mosquitoes, flies, fleas, louses, rats, cockroaches and other vectors.  
Owners, managers or users of public and private sites of breeding sources of the vectors mentioned in the preceding Paragraph shall, upon notification or announcement of the local competent authorities, voluntarily clean up the vector breeding sites.

Article 26 The central competent authority shall formulate procedures for reporting communicable diseases, methods of epidemiological investigations, and establish systems for surveillance, warning and disease control resources for epidemic conditions of communicable diseases. The implementation regulations shall be decided by the central competent authority.

Article 27 The central competent authority, to promote immunization policies for children and the citizens, shall establish a fund to implement the procurement of vaccines and immunization work. Sources of the aforementioned fund are as follows:  
1.subsidies from the budgets prepared by the governments;  
2.surpluses generated by public-interest lotteries, and health and welfare tax on tobacco products;  
3.revenues from donations;  
4.revenues from interests generated by this fund;  
5.other relevant revenues.  
Revenues from any kinds of donations mentioned in Subparagraph 3 of the preceding Paragraph shall not be used for the procurement of specified vaccines.  
When using the vaccine fund for the procurement of additional vaccines, the procurement shall be made in accordance with the items recommended by the Communicable Disease Control Advisory group of the central competent authority and in order of priority according to cost-efficiency. Such procurement shall be obtained using budgets prepared for the following year. Relevant meetings shall be recorded, and detailed meeting minutes shall



be made public. Members of the Committee shall disclose the following information:

1.research projects and the amount that the individual concerned and his/her affiliated groups are subsidized by non-governmental organizations;

2.subsidies on vaccine-related research projects and funds given to the individual's affiliated groups by non-governmental organizations;

3.the individual concerned is a member of the board of directors, board of supervisors, or advisor of a vaccine-related enterprise or corporation.

The legal proxies of children shall ensure children receive routine immunization on schedule, and present record of immunization when entering elementary school.

Elementary schools and pre-school (nurseries) institutions shall ensure non-immunized, new students complete the required immunization.

Article 28 The various immunization activities and specific vaccine management, use and immunization measures implemented for the control of epidemic conditions regulated by the competent authorities may be administered by trained and recognized nursing personnell; they shall not be restricted by regulations of Article 28 of the Physicians Act, Article 37 of the Pharmaceutical Affairs Act, and Article 24 of the Pharmacists Act.

Regulations governing the conditions and the restrictions of immunization administration mentioned in the preceding Paragraph, and examination of immunization records, make-up immunization, and other matters to be complied with mentioned in the preceding Article shall be stipulated by the central competent authority.

Article 29 Medical care institutions shall comply with the immunization policies formulated by the central competent authority.

Medical care institutions shall not refuse, evade or obstruct supervision and inspection conducted by the competent authorities.

Article 30 Vaccine victims may apply for relief compensation.

The rights to apply for relief compensation mentioned in the preceding Paragraph shall extinguish, if they are not exercised by the persons entitled to apply for such compensation within two years since the day the damage is known; the same applies to a period exceeding five years since the day the hazards occur.

The central competent authority shall collect an amount of fee when vaccines are approved for the vaccine injury compensation fund.

Regulations governing the funds mentioned in the preceding

Paragraph such as the payment deadline, collection exemption, qualifications for vaccine injury compensation, methods of payment, payment amount, review methods and procedures, and other matters to be complied with shall be decided by the central competent authority.

- Article 31 Medical care institutions shall, when visited by patients seeking medical treatment, inquire about the patients' medical history, medical records, history of contact, travel history, and other matters related to communicable diseases; patients or their families shall make a factual report without any concealment.
- Article 32 Medical care institutions shall execute, in accordance with the regulations of competent authorities, infection control measures; and shall prevent the occurrence of infections within the institutions; they shall not refuse, evade, or obstruct the supervision and inspection conducted by the competent authorities.  
Regulations governing measures of infection control to be implemented by medical care institutions, baseline criteria of inspection by the competent authorities, and other matters to be complied with shall be decided by the central competent authority.
- Article 33 Nursing homes, nursing care institutions, long-term care institutions, placement (reform) institutions, correction organizations and other similar places shall bear the responsibilities of health care and management of the inmates under their care, detention or correction.  
The organizations (institutions) and places mentioned in the preceding Paragraph shall, in accordance with the regulations of competent authorities, execute infection control measures to prevent the occurrence of infections within the organizations (institutions) or places; they shall not refuse, evade, or obstruct the supervision and inspection conducted by the competent authorities.  
Regulations governing infection control measures to be implemented, organizations (institutions) and places to be inspected, inspection baselines of criteria and other matters to be complied with shall be decided by the central competent authority.
- Article 34 The central competent authority shall, for those who possess or use infectious biological materials, establish a management system by level and based on the degrees of hazard associated with the biological materials.  
The import and export of infectious biological materials by those who possess or use infectious biological materials shall

not be made without approval of the central competent authority. Regulations governing the scope, qualifications and conditions of persons in possession or use of infectious biological materials, methods of bio-safety management in laboratory, matters to be reported to competent authorities, and application procedures for import and export mentioned in the preceding Paragraph, and other matters to be complied with shall be decided by the central competent authority.

#### **Chapter 4 Disease Control Measures**

Article 35 When communicable diseases occur or are expected to occur, local competent authorities may impose restrictions, prohibitions or other adequate measures on farming, husbandry, swimming or drinking water of certain area under their jurisdiction; when necessary, they may request various central enterprise competent authorities for assistance.

Article 36 When communicable diseases occur or are expected to occur, the public shall cooperate and accept the inspections, treatment, immunization or other disease control and quarantine measures conducted by the competent authorities.

Article 37 When communicable diseases occur or are expected to occur, local competent authorities shall, by considering actual needs, take the following measures in collaboration with organizations (institutions) concerned:

- 1.regulate schooling, meeting, gathering or other group activities;
- 2.regulate entry and exit of people to and from specific places and restrict the number of people admitted;
- 3.regulate traffic in specific areas;
- 4.evacuate people from specific places or areas;
- 5.restrict or prohibit patients or suspected patients with communicable diseases from traveling by means of public transportation or entering/leaving specific places;
- 6.other disease control measures announced by government organizations at various levels.

Organizations (institutions), groups, enterprises and individuals shall not refuse, evade or obstruct the abovementioned measures.

Measures mentioned in Paragraph 1 that shall be taken by local competent authorities shall be implemented during the period when the central epidemic command center is in existence in accordance with instructions of its commander.

Article 38 When communicable diseases occur, any personnel who need to enter public and private places or transportation means for disease control practices shall be personnel from local

competent authorities working in collaboration with personnel of the police and other organizations concerned; owners, managers or users of the public and private places or transportation means shall be notified in advance to be present at the site. When they are present at the site, they shall not refuse, evade or obstruct disease control operations. If they are not present at the site, personnel concerned may enter directly for the reason of disease control operations; when necessary, village (“li”) leaders or neighborhood chiefs may be requested to be present at the site.

Persons in the preceding Paragraph that are notified and are present at the site, the organizations (institutions), schools, groups, companies, factories that they belong to shall grant them official leaves according to instructions of the competent authorities.

Article 39 When physicians or forensic physicians detect communicable diseases or suspected communicable diseases in patients or corpses during the process of examination or autopsy of corpses, they shall immediately take the necessary infection control measures and report such cases to the local competent authority. Reporting of cases mentioned in the preceding Paragraph shall be made, for Category 1 and Category 2 communicable diseases, within 24 hours; for Category 3 communicable diseases, within one week, and when necessary, the central competent authority may make adjustment to the timing of reporting; for Category 4 and Category 5 communicable diseases, by the deadline and according to the regulations announced by the central competent authority.

Physicians, when needed to explain disease conditions of relevant case to the public, shall first report to the competent authorities in the locality and only proceed to making public explanation after the content of the explanation has been verified by the competent authorities.

Medical care institutions, physicians, forensic physicians and related organizations (institutions), shall, upon request of competent authorities provide diagnosis records, medical records, results of relevant laboratory testing, treatment, and report of autopsy assessment of patients of communicable diseases or cases of adverse reactions after immunization; they shall not refuse, evade or obstruct. The central competent authority, for the purpose of controlling disease outbreaks, may announce information of deaths related to communicable diseases or immunization without being bound by the confidentiality of investigations.

If the supplied report or information mentioned in Paragraph 1 and the preceding Paragraph is incomplete, competent authorities

may request the pertinent party for correction or supplementation within a specified deadline.

Article 40 When medical personnel other than physicians, in the course of their duties, detect patients, suspected patients or the remains that they consider to have been affected by communicable diseases, they shall immediately report such cases to physicians or to competent authorities of the locality in accordance with regulations of Paragraph 2 of the preceding Article. Medical institutions shall assign a full-time person who is responsible for the supervision of subordinate medical personnel to ensure the regulations of the preceding Paragraph or the preceding Article are followed.

Article 41 When village (“li”) leaders, neighborhood chiefs, village (“li”) clerks, police officers or fire fighters detect suspected patients or the remains that they consider to have been affected by communicable diseases, they shall notify the competent authorities of the locality of such cases within 24 hours.

Article 42 When the following persons detect suspected patients or the remains that they consider to have been affected by communicable disease but are not yet diagnosed or examined by physicians, they shall notify the competent authorities of the locality of such cases within 24 hours:

1. relatives or cohabitants of the patients or the deceased;
2. persons in charge of hotels or stores;
3. owners, managers or drivers of transportation means;
4. persons in charge or managers of organizations, schools, pre-school (nurseries) institutions, enterprises, factories, mines, temples, churches, funeral services or other public places;
5. persons in charge or managers of nursing homes, nursing care institutions, long-term care institutions, placement (reform) institutions, correction organizations and other similar places;
6. travel service representatives, tour guides or tour leaders.

Article 43 Local competent authorities, upon receipt of report or notification of communicable diseases or suspected communicable diseases, shall immediately proceed with laboratory testing, diagnosis and investigating sources of communicable diseases or take other necessary measures, and report to the central competent authority. Patients or suspected patients with communicable diseases and relevant personnel shall not refuse, evade or obstruct the laboratory testing, diagnosis, investigation and management mentioned in the preceding Paragraph.

Article 44 Measures for the management of patients with communicable diseases by the competent authorities are as follows:

- 1.patients with category 1 communicable diseases shall be placed under isolation care in designated isolation care institutions;
- 2.patients with category 2 and category 3 communicable diseases, when necessary, may be placed under isolation care in designated isolation care institutions;
- 3.patients with category 4 and category 5 communicable diseases shall be managed in accordance with the control measures announced by the central competent authority.

When competent authorities conduct isolation care of patients with communicable diseases, they shall prepare isolation care notice, deliver the original to the patient or the family, and the copy to the isolation care institution three days within the second day of mandatory isolation care.

The central competent authority shall set budget to pay for the costs associated with patients placed under isolation care by competent authorities mentioned in the Subparagraphs of the preceding Paragraph.

- Article 45 Patients who are affected by communicable diseases and are notified by the competent authorities to receive mandatory isolation care at designated isolation care institutions shall receive care in isolation wards by instructions, and shall not depart at will; for those who refuse to comply with such instructions, medical care institutions shall request local competent authorities to notify police authorities for assistance in the management of such cases.
- For patients under isolation care mentioned in the preceding Paragraph, competent authorities shall provide them with necessary care and assessment any time; when they, after receiving treatment and assessment, are no longer considered in need of further isolation care, they shall be immediately removed from their isolation care management, and a notice of removal of isolation care shall be prepared three days within the second day of the removal notice; the original notice shall be sent to the patient or the family, and the copy to the isolation care institution.
- When the period of isolation care mentioned in the preceding Paragraph exceeds thirty days, local competent authorities shall invite, no later than every thirty days, two and more other specialists to reassess the need for further isolation care.

- Article 46 Collection for testing, laboratory-testing and reporting of specimens of communicable diseases shall be conducted in the following ways:
- 1.Specimen collection for testing: in principle, specimens of communicable diseases shall be collected by physicians; specimens from contacts of patients shall be collected by physicians or other medical personnel; environmental specimens

shall be collected by medical personnel or personnel trained in specimen collection. For collecting specimens, persons in charge of medical institutions shall be responsible for supervising specimen collection; patients and persons concerned shall not refuse, evade or obstruct specimen collection.

2.Laboratory testing and reporting: Relevant specimens of category 1 and category 5 communicable diseases shall be sent to the central competent authority or its designated local competent authorities, medical institutions, academic or research institutes that are certified of laboratory testing capabilities for testing; specimens of other communicable diseases may be laboratory-tested by health or medical institutions, academic or research institutes commissioned or recognized by the central competent authority. Results of laboratory testing shall be reported to the local and central competent authorities.

3.Confirmation: Results of laboratory testing of communicable diseases shall be confirmed by the central competent authority or its designated, commissioned, recognized laboratory testing units.

4.Disinfection: Medical institutions shall disinfect or destroy specimens of communicable diseases; patients and persons concerned shall not refuse, evade or obstruct.

Regulations concerning the items of specimens to be collected from patients, time of collection, methods of delivering the specimens for laboratory testing of Subparagraph 1 of the preceding Paragraph, and qualifications, duration, procedures for application and review of the institutions designated, commissioned, recognized for laboratory testing mentioned in Subparagraph 2, and the storage of specimens and their detected pathogenic agents and other matters to be complied with shall be decided by the central competent authority.

Article 47 Specimens collected by the preceding Article may be, for the need of disease control, handled and studied.

Article 48 Competent authorities may detain, for the reason of case confirmation, persons who have been in contact with patients affected by communicable diseases or who are suspected of being infected; when necessary, they may be ordered to move to a designated place for required measures such as examination, immunization, medication, control of certain designated areas, or isolation.

The central competent authority may implement disease control measures concerning risk groups for communicable diseases and specific target population; the target populations to act according to the regulations, the scopes of the regulations and

other matters to be complied with shall be decided by the central competent authority.

Article 49 When patients affected by communicable diseases move to other places or die, the medical institutions caring for the patients or the respective competent authorities, depending on the actual situation, shall conduct necessary disinfection or other adequate management of the inside and the outside of the wards or the residences that the patients originally occupied.

Article 50 The medical institutions caring for patients affected by communicable diseases or the respective local competent authorities shall conduct disinfection and other adequate management of remains of humans known or suspected to have died from communicable diseases. Families of the deceased and the funeral services shall not refuse, evade or obstruct. For the remains mentioned in the preceding Paragraph, the central competent authority, when deemed necessary to perform pathological autopsy for understanding the pathological causes of communicable diseases or for controlling the epidemic conditions, may perform pathological autopsy examination; families of the deceased shall not refuse. In deaths suspected due to immunization, when the central competent authority deems it necessary to perform a pathological autopsy to determine the cause of death when the autopsy may influence the overall outcome of the disease control efforts, a pathological autopsy may be required. Families of the deceased shall place corpses into coffins and conduct cremation of remains within 24 hours when infection with Category 1 communicable diseases is confirmed; remains that have been infected with Category 5 communicable diseases must be cremated within the deadline announced by the central competent authority; remains of humans known to have died from other communicable diseases, if they cannot be cremated for special reasons, shall be reported to the local competent authorities for permission for deep burial as per relevant regulations. For remains that have been examined by a pathological autopsy as mentioned in Paragraph 2, the central competent authority shall decide criteria for subsidies to subsidize the funeral costs.

Article 51 When communicable diseases occur or are expected to occur, the central competent authority, for the reason of emergency, may procure pharmaceuticals and equipments, provided that the relevant documents shall be filled within six months and complete the test. If the operating procedures in the preceding paragraph cannot be fulfilled or other alternative pharmaceuticals are unavailable, the central competent authority may make exceptions and explain the risks associated with the product to the general public.



Article 52 During the period the central epidemic command center is in existence, government organizations at various levels, in accordance with instructions of the commanding officer, may have the priority to use communication media and facilities to report epidemic conditions and information relevant to the measures necessary for the emergency.

Article 53 During the period the central epidemic command center is in existence, the commanding officer, for the necessity of disease control, may instruct the central competent authority to flexibly adjust the management measures outlined in Article 39, Article 44 and Article 50.

During the period mentioned in the preceding Paragraph, government organizations at various levels, in accordance with instructions of the commanding officer, may designate or expropriate public, private medical care institutions or public places to set up quarantine or isolation sites, and may requisite personnel concerned for assistance in performing disease control practices; when necessary, the Ministry of National Defense may be requested to designate military hospitals for support. Losses due to designation, expropriation, requisition, isolation or quarantine shall be compensated adequately.

Operational procedures concerning the designation, the expropriation, and the requisition mentioned in the preceding Paragraph, methods of compensation and other matters to be complied with shall be decided by the central competent authority.

Article 54 During the period the central epidemic command center is in existence, government organizations at various levels, in accordance with instructions of the commanding officer, may expropriate or requisite private land, products, buildings, devices, facilities, pharmaceuticals and medical devices for disease control practices, facilities for the treatment of contamination, transportation means, and other designated disease control resources announced by the central competent authority, and adequate compensations shall be made to appropriate parties.

Operational procedures, methods of compensation and other matters to be complied with for the expropriation and the requisition mentioned in the preceding Paragraph shall be decided by the central competent authority.

Article 55 During the period the central epidemic command center is in existence, the actions taken by government organizations at various levels pursuant to the instructions of the commanding officer for expropriating enterprises and allocation and sales

of disease control resources shall not be subject to the regulations outlined in Article 14 of the Fair Trade Act, and the regulations of the Commodity Labeling Act concerning labeling wordings, methods and items of labeling; no business tax shall be levied on enterprises selling, under commission of government organizations at various levels, the expropriated or the rationed disease control resources at the regulated prices set by government organizations, and the total income generated from such sales must be handed to the commissioning organizations for paying into public treasury.

- Article 56 During the period the central epidemic command center is in existence, government organizations at various levels, in accordance with instructions of the commanding officer, may use public properties without being subject to the regulations outlined in Article 40 of the State Property Act and the related regulations on local public property management. Administrative organizations shall not refuse the request made by government organizations at various levels for using public properties when the request is made according to the regulations outlined in the preceding Paragraph; when necessary, upon agreement by the administrative organizations, public properties may be used by government organizations at various levels prior to completing the loan procedures.
- Article 57 During the period the local epidemic command centers are in existence, upon approval by the central competent authority, local competent authorities may apply the regulations outlined in Article 53 through the preceding Paragraph.

## **Chapter 5 Quarantine Measures**

- Article 58 Competent authorities may impose the following quarantine or measures on persons entering, exiting the country (border), and may collect associated fees:
1. provide quarantine information, anti-disease drugs, immunization, or issue warnings to persons visiting epidemic areas;
  2. in accordance with regulations set by the central competent authority, carefully and accurately fill out and submit the communicable disease report forms and tables, and depending on the actual situation, present health certificates or other relevant certificates;
  3. conduct health assessment or impose other quarantine measures;
  4. impose home-based quarantine, concentration-camp quarantine, isolation care or other necessary measures on persons entering from affected areas, contacts or suspected contacts, patients or suspected patients with communicable disease;
  5. inform immigration authorities to restrict patients who have

not been fully cured and are expected to infect others when exiting the country (border);

6.request organizations concerned to stop issuing permits for entering the country (border) to persons of certain countries or areas or providing other assistance.

For persons mentioned in the preceding Subparagraph 5, when no longer capable of infecting others, competent authorities shall immediately inform the immigration authorities to abolish their exit restrictions.

To the quarantine or the measures mentioned in Paragraph 1 enforced by competent authorities, persons entering or exiting the country (border) shall not refuse, evade or obstruct.

- Article 59 To prevent communicable diseases from entering or leaving the country (border), the central competent authority may request organizations concerned to implement the following measures:
- 1.perform necessary disease control practices, quarantine measures on persons entering or exiting the country (border), transportation means and the cargos on them, and may collect fees;
  - 2.based upon needs of disease control, request owners, managers, drivers or agents of transportation means to provide relevant documents required by the competent authorities; they shall not refuse, evade or obstruct, and shall maintain the sanitation of the transportation means.
- Places and facilities needed for the relevant disease control practices, and the quarantine measures mentioned in the preceding Paragraph and Paragraph 1 of the preceding Article, competent authorities concerned shall cooperate in providing or implementing.
- Regulations governing methods of quarantine, procedures, control measures, management and other matters to be complied with for Paragraph 1 and Paragraph 1 of the preceding Article; regulations governing target groups, amount, methods of payment, duration and other matters to be complied with for fees to be collected shall be decided by the central competent authority.

- Article 60 When communicable diseases occur or are expected to occur on transportation means or cargos on them entering or leaving the country (border), competent authorities shall adopt the following measures:
- 1.take necessary control and disease control measures against the transportation means, losses so incurred shall not be compensated;
  - 2.for articles imported into or brought into the country (border) by passengers, the importers or the passengers shall be ordered to ship back or destroy the articles, and losses so incurred shall not be compensated; for articles exported or

taken out of the country (border) by passengers, the regulations outlined in Article 23 and Article 24 shall apply accordingly for the management of such articles.

For articles violating regulations set by the central competent authority, which govern declaration, or acceptance of quarantine or importation, competent authorities, without performing quarantine, may order the articles to be shipped back or destroyed, and no compensations shall be made.

## **Chapter 6 Penal Provisions**

- Article 61 During the period the central epidemic command center is in existence, individuals who hoard resources that the competent authorities have already started to requisite for purposes of price speculation or to force up prices under serious circumstances shall be sentenced to imprisonment from one year up to seven years, and may also be fined up to NT\$ 5 million.
- Article 62 Persons who are fully aware that they have been infected by Category 1, category 5 or multidrug-resistant tuberculosis of category 2 communicable diseases, but fail to comply with instructions by the competent authorities and have thus infected others shall be sentenced to imprisonment for up to three years, criminal detention, or a fine up to NT\$ 500,000.
- Article 63 Persons who spread rumors concerning epidemic conditions of communicable diseases or disseminate incorrect information regarding epidemic conditions, resulting in damages to the public or others, shall be fined up to NT\$ 500,000.
- Article 64 Any person meeting one of the following conditions shall be fined NT\$ 90,000 up to NT\$ 450,000:
- 1.physicians in violation of the regulations outlined in Article 9 or Article 39;
  - 2.forensic physicians in violation of the regulations outlined in Article 39;
  - 3.persons other than physicians in violation of the regulations outlined in Article 9 or Paragraph 1 of Article 40;
  - 4.medical personnel and persons who learns about relevant information of patients or suspected patients with communicable diseases through their practices and who are in violation of the regulations outlined in Article 10;
  - 5.when in violation of the regulations outlined in Paragraph 2 of Article 34.
- Article 65 Medical institutions meeting one of the following conditions shall be fined NT\$ 300,000 up to NT\$ 1.5 millions:
- 1.when the subordinate physicians or the other personnel are penalized in accordance with the regulations outlined in one of the preceding Subparagraphs, the institutions shall also be

penalized;

2.when refusing, evading or obstructing the admission and care of patients with communicable diseases as ordered by competent authorities in accordance with the regulations outlined in Paragraph 1 of Article 14;

3.when in violation of the regulations outlined in Paragraph 1 of Article 29, Paragraph 4 and Paragraph 5 of Article 39.

Article 66 When subordinate personnel at academic or research institutions are in violation of the regulations outlined in Article 9 and are penalized in accordance with the regulations outlined in Subparagraph 3 of Article 64, the institutions shall also be fined NT\$ 300,000 up to NT\$ 1.5 millions.

Article 67 Meeting any one condition of the following is subject to a fine of NT\$60,000 to NT\$300,000:

1. In violation of the regulations of Paragraph 2 of Article 20 concerning stockpile, allocation, validity management, or refusing inspections by the competent authority, the regulations of Paragraph 4 of Article 30 concerning fine payment deadlines, and restrictions, prohibition, or management ordered by local competent authorities in accordance with the regulations of Article 35; 2. Refusing, evading, or obstructing supervision and instruction conducted by competent authorities in accordance with the regulations of Paragraph 2 of Article 29 and Paragraph 1 of Article of Article 32, or measures taken in accordance with the regulations of Subparagraph 1 through Subparagraph 5, Paragraph 1 of Article 37; 3. In violation of the regulations of Paragraph 1 of Article 38, Paragraph 2 of Article 43, Paragraph 4 of Article 50, or in violation of the measures implemented by the competent authorities in accordance with the regulations of Paragraph 1 of Article 44, Paragraph 1 of Article 45; 4. In violation of orders of the competent authorities made in accordance with the regulations of Paragraph 1 of Article 48 c on erring detention for testing, inspection, immunization, medication, or other necessary measures; 5. Refusing, evading, obstructing concerning use by priority, requisition, or allocation made by government organizations at various levels in accordance with the regulations of Article 52, Paragraph 2 of Article 53, or Paragraph 1 of Article 54.

For medical care institutions that are in violation of the regulations of Paragraph 1 of Article 32 and fail to execute regulations of competent authorities, or that are in violation of the regulations concerning measures of infection control regulated by the central competent authority in accordance with the regulations of Paragraph 2, Article 32, competent authorities may order such institution to correct in time, and, may, depending on the gravity of the circumstances, impose a

penalty as per following: 1. A fine of NT\$60,000 up to NT\$300,000.

2. Suspension of operation totally or partially till improvement is made.

Article 68 Violation of the regulations regarding prohibition or management regulated by competent authorities in accordance with the regulations of Article 23 is subject to a fine of NT\$60,000 up to NT\$300,000; and under serious circumstances, a suspension of operation for up to one year may also be imposed.

Article 69 Meeting any one of the following conditions shall be fined NT\$10,000 up to NT\$150,000; if necessary, improvement to be made in due time may be ordered, and if improvement is not made in due time, fine may be imposed each time:

1. Violation of the regulations of Article 11, Article 12.

Article 31, Paragraph 3 of Article 58, Paragraph 1 of Article 59, or the regulations decided the central competent authority under the authorization of Paragraph 3 of Article 34 regarding possession, use of infectious biological materials, bio-safety management of laboratories, and reporting to competent authorities.

2. Refusing, evading, and obstructing supervision and inspection conducted by competent authorities in accordance with Paragraph 2 of Article 33.

3. Failing to report in accordance with the regulations of Article 42.

4. Violation of the orders of restriction or prohibition issued by competent authorities in accordance with the regulations of Article 60.

5. Violation of the regulations of Subparagraph 1, Subparagraph 1, Subparagraph 2, Subparagraph 4, Paragraph 1 of Article 46, Article 49, Paragraph 1 of Article 50, and failing to cooperate in the collection of specimens, laboratory testing, reporting, disinfection, or management. Violation of the regulations of Paragraph 2 of Article 33 and failing to execute the regulations of competent authorities, or the regulations decided by the central competent authority in accordance with the regulations of Paragraph 3 of Article 33 regarding the execution of infection control measures, competent authorities may order improvement in due time, and may render the following penalty:

1. Impose a fine of NT\$10,000 up to NT\$150,000.

2. Suspend operation of business totally or partially until improvement is made.

Article 70 Any person meeting one of the following conditions shall be fined NT\$ 3,000 up to NT\$ 15,000; when necessary, a deadline may be given for correction, and ,if however, correction is not made in due time, fines will be levied successively:

- 1.when violating the regulations outlined in Paragraph 2 of Article 25;
- 2.when refusing, evading or obstructing the orders such as examination, treatment or other measures of disease control and quarantine decided by competent authorities in accordance with the regulations outlined in Article 36;
- 3.when refusing, evading or obstructing the disease control measures announced by government organizations at various levels in accordance with the regulations outlined in Subparagraph 6, Paragraph 1 of Article 37;
- 4.when violating regulations concerning preservation of specimens and the pathogenic agents detected thereof in accordance with the regulations outlined in Paragraph 2 of Article 46.

Organizations with conditions described in Subparagraph 1 of the preceding Paragraph, if improvements are not made in due time and if the problems are grave, when necessary, may be ordered to suspend operation or business.

Article 71 All the punishments such as fines, suspension of business operation regulated in this Act, except violations of the regulations outlined in Article 34 that shall be executed by the central competent authority, shall be executed by the local competent authorities. Any person meeting one of the following conditions, however, may receive punishment executed by the central competent authority:

- 1.when violating the regulations outlined in Article 9, Article 58 through Article 60;
- 2.when violating the regulations outlined in this Act during the period the central epidemic command center is in existence.

## **Chapter 7 Supplementary Provisions**

Article 72 Local governments shall budget funds for the control of communicable diseases; when necessary, the central competent authority may subsidize at discretion.

Article 73 Individuals, medical institutions and other organizations concerned with outstanding achievements in the implementation of this Act for disease control shall be awarded; regulations governing awards shall be decided by the central competent authority.

Article 74 For persons who become injured, ill, physically or mentally impaired or die when implementing this Act for the control of category 5 communicable diseases, competent authorities may subsidize at discretion their payments of various kinds or education costs for their children; regulations governing payment items, criteria, qualifications for such application,

the procedures thereof and other matters to be complied with shall be decided by the central competent authority.  
Funds mentioned in the preceding Paragraph shall be budgeted for payment by the competent authorities.

Article 75 If local competent authorities fail to implement matters that are regulated in this Act to be implemented by local competent authority, the central competent authority may order them to implement these matters within a time limit; if they fail to implement the regulations in due time, the central competent authority may implement the same on the behalf of the local competent authorities; at time of emergency, the central competent authority may directly implement these matters.

Article 76 The implementation regulations outlined in this Act shall be decided by the central competent authority.

Article 77 This Act shall be implemented on the day of promulgation.