

**VIRGIN ISLANDS**  
**INFECTIOUS DISEASES (NOTIFICATION) ACT, 2013**  
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**I Assent**

**(Sgd.) Boyd McCleary, CMG, CVO,  
Governor  
24<sup>th</sup> April, 2013**

**VIRGIN ISLANDS**

**No. 2 of 2013**

An Act, to revise the legal regime relating to notification and management of infectious diseases in the Territory to accord with International Health Regulations and World Health Organisation standards and for connected matters.

[Gazetted 23<sup>rd</sup> May, 2013]

ENACTED by the Legislature of the Virgin Islands as follows:

*Preliminary*

Short title and  
commencement.

**1.** This Act may be cited as the Infectious Diseases (Notification) Act, 2013 and shall come into force on a date determined by the Governor by a Proclamation published in the *Gazette*.

Interpretation.

**2.** (1) In this Act, unless the context otherwise requires,  
“diagnostic facility” means any facility used for the purpose of providing information for the diagnosing of sickness or disease, or the extent of injuries suffered by persons and includes any Blood Bank, laboratory or radiology facility including diagnostic imaging;

"healthcare professional" means

No. 4 of 2000

(a) a medical practitioner registered under the Medical Act, 2000;

- (b) a dentist registered under the Medical Act, 2000; No. 4 of 2000
- (c) a registered nurse or an enrolled nurse, or a registered midwife, within the meaning of the Nurses and Midwives Act, 2009; No. 5 of 2009
- (d) a pharmacist registered under the Medical Act, 2000; and No.4 of 2000
- (e) any other person registered under the Medical Act, 2000;

“infectious disease” means any of the diseases specified under Part 1 of Schedule 1; Schedule 1

“healthcare facility” includes a clinic, a walk-in clinic, a surgical centre, a birth centre, a dialysis centre, a maternity hospital, a diagnostic facility, a therapeutic facility, a health practitioner’s office, a medical practitioner’s office or any other facility which offers medical or surgical care to any person;

“Minister” means the Minister responsible for Health.

(2) For purposes of this Act, there is a risk of significant harm to public health where there is an occurrence or an imminent threat of an illness or health condition however arising that poses a high probability of any of the following harms:

- (a) a large number of deaths in the affected population;
- (b) a large number of serious or long-term disabilities in the affected population; or
- (c) widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

### *Establishment of a national focal point*

**3.** (1) The Ministry responsible for Health is for the purposes of this Act designated as the national focal point for the notification of an infectious disease and the Chief Medical Officer shall be the focal person for that purpose. Designation of a national focal point and person.

(2) The Chief Medical Officer shall inform the Minister of the existence of an infectious disease in the Territory and on the direction of the

Minister, report the existence of the infectious disease to the international community in accordance with section 10.

*List of infectious diseases and reporting of an infectious disease*

Power to amend  
Schedule 1.

4. The Minister may, in consultation with Chief Medical Officer, by an Order published in the *Gazette*, amend Schedule 1 to include any infectious diseases in respect of which reporting is required under this Act.

Duty of  
healthcare  
professional to  
report infectious  
disease.

5. A healthcare professional who in the course of practice has reason to believe or suspect that a person attended to by him or her is infected with an infectious disease, shall, notify the Chief Medical Officer in writing or in such other manner as the Chief Medical Officer may determine including anonymous reporting.

Medical  
examination and  
treatment

6. (1) If, in the opinion of Chief Medical Officer, there is a risk of significant harm to public health, the Chief Medical Officer may require any person

(a) who is a case, carrier or contact, or

(b) is suspected to be, a case, carrier or contact

of an infectious disease to which this Act applies to submit to a medical examination or medical treatment within or at, a specified time, and at a place as the Chief Medical Officer may determine.

(2) For the purpose of subsection (1), the medical examination may include a medical history, medical imaging, the use of any other medical diagnostic technology or the taking of the person's blood or other body samples for testing and analysis.

(3) Where the person who is, or is suspected to be, a case, carrier or contact of an infectious disease is a minor, the Chief Medical Officer may require the parent or guardian of the minor to have the minor medically examined or treated at a hospital or other place as the Chief Medical Officer may determine.

(4) A person who fails without reasonable excuse to comply with the requirement of the Chief Medical Officer under this section, commits an offence and is liable on summary conviction to a fine not exceeding three thousand dollars or to imprisonment for a term not exceeding one year, or both.

Post-mortem  
examination.

7. Where any person has died whilst being, or suspected of being, a case, carrier or contact of an infectious disease, the Chief Medical Officer may order a post-mortem examination of the body of that person for the purpose of

- (a) determining the cause or circumstances of the death of that person;
- (b) investigating into any outbreak or suspected outbreak of that disease; or
- (c) preventing the spread of, that disease.

8. (1) The Chief Medical Officer may, for the purpose of an investigation into an outbreak or suspected outbreak of an infectious disease, preventing the spread of an infectious disease, or if in the opinion of Chief Medical Officer, there is a risk of significant harm to public health, treating any person who is, or is suspected to be, a case, carrier or contact of an infectious disease

Chief Medical Officer may require information from healthcare professionals, etc.

- (a) require any healthcare professional to obtain from his or her patient, information as the Chief Medical Officer may reasonably require for that purpose and transmit that information to the Chief Medical Officer; and
- (b) issue a direction on any general or specific measures or procedures for that purpose and the direction shall be complied with by any healthcare professional, health care facility or diagnostic facility.

(2) A person who fails to comply with a requirement or an order referred to in subsection (1), commits an offence and is liable on summary conviction to a fine not exceeding five thousand dollars or to imprisonment for a term not exceeding two years, or both.

(3) A patient of a healthcare professional who fails to provide the healthcare professional acting on his or her behalf with any information sought from the patient pursuant to a requirement under subsection (1) (a), which information is within the patient's knowledge commits an offence and is liable on summary conviction to a fine not exceeding three thousand dollars or to imprisonment for a term not exceeding one year, or both.

(4) A healthcare professional shall comply with a requirement under subsection (1) (a) to transmit information to the Chief Medical Officer notwithstanding any restriction on the disclosure of information imposed by any contract, law or rule of professional conduct; and he or she shall not by so doing be treated as being in breach of any restriction notwithstanding anything to the contrary in that contract, law or rule.

(5) For purposes of this section, “patient” means a person who attends or presents himself or herself to a healthcare facility for consultation or treatment for a medical complaint or condition.

Duty of person in charge of a diagnostic facility to report.

**9.** A person in charge of a diagnostic facility who becomes aware of the existence of an infectious disease in the course of his or her work shall

- (a) immediately notify the referring healthcare professional; or
- (b) where there is no referring healthcare professional, notify the Chief Medical Officer.

Method and time of notification.

Schedule 1

**10.** (1) Any notification required to be given under this Act shall be given according to the class to which the particular infectious disease falls under Part 3 of Schedule 1.

(2) A person who is required to notify the Chief Medical Officer under this Act shall give any other particulars required by the Chief Medical Officer in so far as they can be reasonably ascertained by the person or are within the person’s knowledge.

(3) A person commits an offence if the person

- (a) fails to comply with subsections (1) and (2), or
- (b) furnishes as true information which he or she knows or has reason to believe to be false,

and is liable on summary conviction to a fine of one thousand dollars or to imprisonment for a term not exceeding one year, or both.

### *Control of an infectious disease*

Public Health Surveillance Programmes.

**11.** (1) The Chief Medical Officer shall institute public health surveillance programmes, undertake where necessary epidemiological investigations or surveys, of people, animals or vectors in order to determine the existence, prevalence or incidence, or to determine the likelihood of a possible outbreak of

- (a) an infectious disease; or
- (b) any other disease which the Chief Medical Officer, by notification in the *Gazette*, declares to be a disease to which this section applies.

(2) For the purpose of any public health surveillance programme, epidemiological investigation or survey under subsection (1), the Chief Medical Officer may require any person

- (a) to furnish the Chief Medical Officer, within a time the Chief Medical Officer may specify, with
  - (i) information as the Chief Medical Officer may require; and
  - (ii) any sample of any substance or matter in the possession or control of that person, whether taken pursuant to this Act or otherwise, as he or she may consider necessary or appropriate; and
- (b) to submit to medical examination as Chief Medical Officer considers appropriate.

(3) If a person, who is required by the Chief Medical Officer under subsection (2) to furnish the Chief Medical Officer with any information or sample, or to submit to any medical examination, fails to do so without reasonable excuse, he or she commits an offence and is liable on summary conviction to a fine not exceeding ten thousand dollars or to imprisonment for a term not exceeding three years, or both.

(4) The Chief Medical Officer may send any sample obtained under subsection (2)(a)(ii) for testing, examination or analysis as he or she may consider necessary or expedient.

**12.** If, in the opinion of Chief Medical Officer, there is a risk of significant harm to public health, the Chief Medical Officer may order the quarantine of a person infected with an infectious disease in a facility the Chief Medical Officer may determine, if the result of any testing, examination or analysis done under section 11(4) in respect of samples obtained from the person indicates that the person is infected.

Quarantine of infected persons.

**13.** (1) A person who directly in connection with a donation of blood or blood product, supplies any material information which he or she knows to be false or misleading, commits an offence and is liable on conviction to a fine not exceeding twenty thousand dollars or to imprisonment for a term not exceeding five years or, both.

Offence for supplying false or misleading information

(2) In this section, “material information” means any information directly relating to the likelihood of transmission of an infectious disease by the use of any blood or blood product.

Regulations.

**14.** The Minister may make regulations for carrying out or giving effect to, this Act

Repeal.  
Cap. 180

**15.** The Infectious Diseases Notification Act is repealed.



## **SCHEDULE 1**

[Section 2 and 10]

### **Part 1**

#### **Diseases and Conditions under Surveillance in the Virgin Islands**

##### **Categories of diseases under surveillance**

Communicable diseases selected for surveillance in the Virgin Islands have been arranged into categories based on the rationale for their inclusion.

##### **a) Diseases subject to the International Health Regulations**

Cholera, plague and yellow fever, small pox, poliomyelitis due to wild type poliovirus, human influenza caused by a new subtype, and severe acute respiratory syndrome (SARS)

##### **b) Diseases under international surveillance**

AIDS, malaria and influenza

##### **c) Diseases of the Expanded Programme on Immunization**

Tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella and congenital rubella syndrome.

##### **d) Diseases of interest in the Region of the Americas**

Meningococcal infection (*Neisseria meningitidis*), leprosy, dengue fever, dengue haemorrhagic fever/dengue shock syndrome.

##### **e) Diseases of interest in the Caribbean**

Typhoid fever, food borne illness, viral hepatitis A, B and C, rabies in humans, leptospirosis, salmonellosis, shigellosis, gastroenteritis, sexually transmitted diseases and viral meningitis/encephalitis.

##### **f) Diseases of national interest**

Meningitis due to *H. influenzae* and invasive pneumococcal disease.

##### **g) Other diseases of potential concern**

Legionnaires' disease, hantavirus pulmonary syndrome and brucellosis in humans

## Part 2

### Reporting classes of selected diseases

These are further classified for reporting purposes according to the practical benefit that is to be derived from reporting.

#### *List of Diseases and Conditions under Surveillance According to Class and Time Period Reporting Requirement*

DISEASE	CLASS	CATEGORY
Cholera	1	AN INFECTIOUS DISEASE SUBJECT TO THE INTERNATIONAL HEALTH REGULATION
Plague	1	
Yellow Fever	1	
Small Pox	1	
Poliomyelitis due to wild type poliovirus	1	
Human Influenza caused by a new subtype	1	
Severe acute respiratory syndrome(SARS)	1	
Acquired Immunodeficiency Syndrome	3	DISEASE UNDER INTERNATIONAL SURVEILLANCE
Malaria	1(3)*	
Influenza		
Tuberculosis	2	DISEASES OF THE EXPANDED PROGRAMME ON IMMUNIZATION
Diphtheria	2	
Pertussis	2	
Tetanus and Neonatal Tetanus	2	
Poliomyelitis	1	
Measles	1	
Rubella and Congenital Rubella Syndrome	3	
Meningococcal Infection ( <i>Neisseria Meningitidis</i> )	2	DISEASE OF INTEREST IN THE REGION OF THE AMERICAS
Leprosy (Hansen's Disease)	3	
Dengue Fever (classical)	4	
Dengue Haemorrhagic Fever/Shock	2	

Syndrome		
Sexually Transmitted Diseases	3	DISEASE OF INTEREST IN THE CARIBBEAN
Typhoid	3	
Food Borne Illness	4	
Gastroenteritis (<5 years)	4	
Viral Hepatitis A	3	
Viral Hepatitis B	2	
Viral Meningitis/Encephalitis	2	
Rabies (in Human)	1	
Leptospirosis	3	
Salmonellosis	3	
Shigellosis	3	
Pneumococcal Disease (Invasive)	3	DISEASE OF NATIONAL INTEREST
Meningitis (due to H Influenzae)	3	
Brucellosis (in Humans)	3	OTHER DISEASES OF POTENTIAL CONCERN
Legionnaires Disease	3	
Hantavirus Pulmonary Syndrome	3	

### Part 3

#### Diseases and Conditions under Surveillance in the Virgin Islands

##### a) Class 1

**Case report universally required by International Health Regulations or as a disease under surveillance by WHO.**

- Case report is made by the health facility or health care provider by telephone, Fax, email or other rapid means within 24 hours
- On confirmation of a case the Ministry of Health reports to WHO according to the International Health Regulations or standard format.

##### b) Class 2

**Case report regularly required wherever the disease occurs.**

- A case report is made by the health facility or health care provider by phone, Fax, email or other rapid means within 24 hours
- The first recognised case will be reported within 48 hours by the most rapid means to the Ministry of Health.

- Subsequent cases will be reported weekly by to the Ministry of Health. A line-listing format may be used and the data transmitted by Fax, messenger or email.

**c) Class 3**

**Selectively reportable in recognised endemic areas**

- A case report is made within 48 hours by the most practicable means.
- Reports are forwarded to the Ministry of Health collectively by mail/email weekly or monthly. A line listing format may be used.

**d) Class 4**

**Obligatory report of epidemics**

- No case report is required.
- Outbreaks are promptly reported by the most rapid means.
- These are forwarded to the Ministry of Health by phone , Fax or email. Only numbers of cases are required, with relevant epidemiological data.

**NOTE: Apart from the reporting requirements described above it is imperative that complete case investigations be carried out to identify the aetiologic agent and source of infection and to determine the appropriate public health action.**

Passed by the House of Assembly this 8<sup>th</sup> day of April, 2013.

(Sgd.) Ingrid Moses-Scatliffe,  
Speaker.

(Sgd.) Phyllis Evans,  
Clerk of the House of Assembly.