

Reprint
as at 4 January 2017



Health (Infectious and Notifiable Diseases) Regulations 1966 (SR 1966/87)

Health (Infectious and Notifiable Diseases) Regulations 1966: revoked, on 4 January 2017, by regulation 16 of the Health (Infectious and Notifiable Diseases) Regulations 2016 (LI 2016/272).

Bernard Fergusson, Governor-General

Order in Council

At the Government House at Wellington this 1st day of June 1966

Present:

His Excellency the Governor-General in Council

Pursuant to the Health Act 1956, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

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Note

Changes authorised by subpart 2 of Part 2 of the Legislation Act 2012 have been made in this official reprint.
Note 4 at the end of this reprint provides a list of the amendments incorporated.

These regulations are administered by the Ministry of Health.

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Regulations

Part 1 Preliminary

1 Title and commencement

- (1) These regulations may be cited as the Health (Infectious and Notifiable Diseases) Regulations 1966.
- (2) These regulations shall come into force on the seventh day after the date of their notification in the *Gazette*.

2 Interpretation

In these regulations, unless the context otherwise requires,—

Act means the Health Act 1956

Director-General means the Director-General of Health appointed under the Act

microbiological examination means a microbiological examination performed in a laboratory controlled by an officer of the Ministry of Health or approved by the Director-General

Minister means the Minister of Health.

Regulation 2 **microbiological examination**: amended, on 1 July 1993, pursuant to section 38(3) of the Health Amendment Act 1993 (1993 No 24).

3 Application of section 79 of the Act

[Revoked]

Regulation 3: revoked, on 4 January 2017, by section 18 of the Health (Protection) Amendment Act 2016 (2016 No 35).

Part 2 Notification of disease

4 Notices

- (1) Every notice, other than a notice relating to Acquired Immune Deficiency Syndrome, given to a Medical Officer of Health, and, where appropriate, to a local authority under subsection (1) or subsection (2) or subsection (3) of section 74 of the Act shall be in form 1 of Schedule 1.
- (2) Every notice relating to Acquired Immune Deficiency Syndrome given to a Medical Officer of Health under subsection (3) of section 74 of the Act shall be in form 1A of Schedule 1.

Regulation 4: replaced, on 2 January 1986, by regulation 2 of the Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 3 (SR 1985/332).

5 Fee

In respect of every notice given to a Medical Officer of Health under section 74 of the Act there shall be payable out of money appropriated by Parliament, to the medical practitioner who gave the notice, a fee of 5s:

provided that no fee shall be payable in respect of a notice—

- (a) given by a medical practitioner in the full-time exclusive employment of the Crown or of a district health board; or
- (b) given by a medical practitioner who has, during the 7 days preceding the date of the notice, given notice of another case of the same disease on the same premises.

Regulation 5(a): amended, on 1 January 2001, by section 111(2) of the New Zealand Public Health and Disability Act 2000 (2000 No 91).

6 Notice to be given by funeral director

Every notice given to a Medical Officer of Health under section 85 of the Act shall be in form 2 of Schedule 1.

Part 3 Control of infectious diseases

7 Duties of Environmental Health Officers

It shall be the duty of every Environmental Health Officer charged with the investigation and control of infectious diseases to observe and comply with the following directions and requirements, namely:

- (a) on becoming aware in any way of a case or suspected case of notifiable infectious disease in any premises, he shall, unless otherwise instructed by the Medical Officer of Health, forthwith visit those premises and inquire into the causes and circumstances of the case, and shall take such steps as are necessary or desirable to prevent the spread of infection and to remove conditions favourable to infection:
- (b) he shall forthwith report to the Medical Officer of Health, in such form as the Director-General may require, the results of his investigation into any case or suspected case of notifiable infectious disease:
- (c) unless otherwise instructed by the Medical Officer of Health, he shall take all reasonable steps to ensure that any person suffering from a notifiable infectious disease who is being nursed or treated at home is effectively isolated, and, if in his opinion removal to hospital is desirable, he shall notify the Medical Officer of Health accordingly:
- (d) he shall forthwith notify the Medical Officer of Health if he has reason to believe or suspect that any person, whether suffering from an infectious disease or not, is likely to cause the spread of an infectious disease:

- (e) he shall attend to the removal to hospital of any person suffering from a notifiable infectious disease if and when such removal is necessary:
- (f) where the patient is nursed at home, he shall, unless otherwise instructed by the Medical Officer of Health, visit the premises concerned from time to time and shall take all reasonable steps to ensure that precautions necessary to prevent the spread of infection are duly observed:
- (g) he shall ascertain whether any inmate of the house wherein a case of infectious disease occurs attends any school as a pupil; and, if so, he shall forthwith instruct the parent or other person in charge of the pupil not to permit him to return to the school until the appropriate period of exclusion, if any, set out in Schedule 2 has been completed, and he shall inform the head teacher or person in charge of the school of the occurrence:
- (h) he shall ascertain whether any inmate of the house wherein a case of infectious disease occurs attends any school as a teacher; and, if so, he shall forthwith instruct the teacher not to return to the school until the appropriate period of exclusion, if any, set out in Schedule 2 has been completed, and he shall inform the head teacher or person in charge of the school of the occurrence:
- (i) he shall carry out any work which he is authorised to do under section 81 or section 82 of the Act:
- (j) he shall carry out disinfection to the extent that it is indicated in respect of the disease in the tenth edition of the publication entitled *Control of Communicable Diseases in Man*, published, in the year 1965, by the American Public Health Association Inc., unless otherwise instructed by the Medical Officer of Health:
- (k) he shall from day to day keep such particulars in writing regarding cases of infectious diseases as may be required by the Medical Officer of Health:
- (l) he shall from time to time, at the request of the Medical Officer of Health, produce records for inspection and shall supply such information as may be required with regard to his duties under these regulations:
- (m) generally, he shall be guided by the Medical Officer of Health and shall carry out the instructions of the Medical Officer of Health concerning any measures which may lawfully be taken to prevent the outbreak or to check the spread of infectious disease.

Regulation 7 heading: amended, on 26 July 1988, pursuant to section 2(4) of the Health Amendment Act 1988 (1988 No 99).

Regulation 7: amended, on 26 July 1988, pursuant to section 2(4) of the Health Amendment Act 1988 (1988 No 99).

8 Isolation of patients

No person suffering or having suffered from any infectious disease for which a period of isolation is shown in the second column of Schedule 2 shall, during that period of isolation, wilfully go outside the limits of the premises in which he resides, except with the permission of the Medical Officer of Health:

provided that where a person is suffering or has suffered from an infectious disease for which a period of isolation is shown in the third column of Schedule 2 and—

- (a) microbiological examinations have not yielded a negative result within that period; or
- (b) microbiological examinations cannot conveniently be undertaken because the person is in a place remote from a laboratory,—

the medical practitioner attending the patient shall notify the facts to the Medical Officer of Health, who may at any time after the expiration of that period of isolation allow the release of the patient from isolation under such conditions as he considers necessary to protect other persons from infection.

9 Incubation periods prescribed

With respect to each infectious disease listed in the first column of Schedule 2, the period shown in the fifth column of that schedule opposite the name of that disease shall be deemed to be the period of incubation of that disease for the purposes of the Act.

10 Examination and treatment of contacts and carriers

- (1) In this regulation and in regulation 11 the word “contact” is used in relation only to the infectious diseases for which a period of incubation is prescribed by regulation 9.
- (2) Every contact or carrier shall submit to medical examination at such times and places and provide and produce to the Medical Officer of Health such specimens as the Medical Officer of Health shall from time to time direct.
- (3) Every contact or carrier shall submit to and carry out such treatment as the Medical Officer of Health shall specify, and for such period or periods as he shall direct.

11 Isolation of contacts and carriers

The Medical Officer of Health may require a contact or carrier to be isolated by remaining within the limits of the premises in which the contact or carrier resides or within any hospital available for the reception of infectious cases or within such other place as the Medical Officer of Health may specify and he shall so require if in his opinion such action is necessary to prevent the spread of infection.

12 Isolation of carriers of diphtheria

- (1) No carrier of diphtheria shall be isolated or continue to be isolated after 2 successive microbiological examinations of pharyngeal and nasal swabs, taken at intervals of not less than 24 hours and not within 12 hours of local application of antibiotic or chemotherapeutic agent, have failed to show the presence of diphtheria bacilli.
- (2) Where any carrier of diphtheria remains positive after a period of 3 weeks in isolation as a carrier he shall be discharged from isolation on his undertaking faithfully to carry out the instructions of the Medical Officer of Health in regard to his conduct as a carrier.

13 Certain contacts and carriers not to engage in certain occupations

- (1) No contact of cholera, diphtheria, dysentery (amoebic or bacillary), enteric fever, hepatitis A, hepatitis B, hepatitis non A or B, a salmonella infection, or streptococcal sore throat (including scarlet fever) shall engage in the manufacture, preparation, handling, or sale of any food (including milk, cream, or ice cream) until he has been proved by microbiological examination, in the case of a disease other than hepatitis A, hepatitis B, or hepatitis non A or B, to be free of infection or has been permitted to do so by the Medical Officer of Health.
- (2) No carrier of cholera, diphtheria, dysentery (amoebic or bacillary), enteric fever, a salmonella infection, or streptococcal sore throat (including scarlet fever) shall engage in the preparation, manufacture, or handling of any food for sale, nor shall he engage himself or be employed in any capacity in which in the opinion of the Medical Officer of Health he may cause or spread any such disease.

Regulation 13(1): replaced, on 20 April 1978, by regulation 2 of the Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 2 (SR 1978/111).

14 Exclusion from school of patients and contacts

- (1) Every child and every school teacher who is suffering from, or is suspected to be suffering from, an infectious disease specified in Schedule 2 shall be excluded from school for the period of isolation shown in the second column of that schedule with respect to that disease or for such lesser period as the Medical Officer of Health shall determine.
- (2) Every child and every school teacher who has been exposed to the infection of an infectious disease specified in Schedule 2 shall be excluded from school for the period shown in the fourth column of that schedule with respect to that disease or for such lesser period as the Medical Officer of Health shall determine.
- (3) It shall be the duty of each and every one of the following persons, namely:
 - (a) the parents or guardians of any child who is suffering from, or is suspected to be suffering from, or who has recently suffered from or been exposed to the infection of, an infectious disease:

- (b) any school teacher who is suffering from, or is suspected to be suffering from, or who has recently suffered from, or been exposed to the infection of, an infectious disease:
- (c) the head teacher or other person in charge of any school which any such child or school teacher attends,—

to take all reasonable steps to secure compliance with this regulation, and to give to the Medical Officer of Health or to an Environmental Health Officer all information which he may request concerning cases of infectious disease and regarding contacts therewith.

Regulation 14(3): amended, on 26 July 1988, pursuant to section 2(4) of the Health Amendment Act 1988 (1988 No 99).

15 Constitution of local committees

- (1) In case of an outbreak of an epidemic of infectious disease the Medical Officer of Health may constitute local committees to operate within defined areas and to assist him and the local authorities in checking the epidemic and conserving the public health.
- (2) Every such committee shall include such representatives of local authorities and of associations concerned in the conservation of health within the defined area of the committee as the Medical Officer of Health may select or approve.
- (3) Every local committee so constituted may elect its own chairman and fix its own rules of procedure.
- (4) Any such committee may appoint subcommittees to deal with any specified place or matter.

16 Expenditure of money by local committees

The committee shall for the purposes of this Part expend such money as the Minister, the local authorities, and the district health board may severally authorise to be so spent, and shall keep such account of expenditure as the Director-General may require.

Regulation 16: amended, on 1 January 2001, by section 111(2) of the New Zealand Public Health and Disability Act 2000 (2000 No 91).

17 Appointment of temporary Environmental Health Officers by local committees

The committee may appoint such medical practitioners, nurses, hospital assistants, and persons to act as temporary Environmental Health Officers as it deems necessary. The Medical Officer of Health may authorise any person so appointed to enter any lands, buildings, and ships and to do thereon anything authorised to be done in accordance with subsection (2) of section 70 of the Act.

Regulation 17 heading: amended, on 26 July 1988, pursuant to section 2(4) of the Health Amendment Act 1988 (1988 No 99).

Regulation 17: amended, on 26 July 1988, pursuant to section 2(4) of the Health Amendment Act 1988 (1988 No 99).

Part 4 Vaccination

18 Smallpox vaccine

- (1) In this regulation and in regulation 19 the expression **smallpox vaccine** means a fluid or dried preparation of vaccinia virus grown in the skin of living animals or in the membranes of the chick embryo or *in vitro* cultures of suitable tissues.
- (2) Any person having smallpox vaccine in his possession for purposes of vaccination shall keep it continuously in cold storage at a temperature not exceeding 0°C until it is required for use.

19 Free supply of smallpox vaccine

- (1) The Minister shall provide, free of charge, all hospitals and all Medical Officers of Health with a supply of smallpox vaccine for use in any such hospital, or for distribution, free of charge, to medical practitioners.
- (2) Every person other than a person requiring a vaccination certificate for the purpose of international travel, may, on application at a hospital, be vaccinated against smallpox, free of charge, or may have any child of whom he is the parent or guardian so vaccinated.

20 Compulsory vaccination against smallpox

The Medical Officer of Health may at any time—

- (a) require any person who in his opinion has been recently exposed to the infection of smallpox to be forthwith vaccinated or revaccinated, or, if the person is a child, may require the parents or guardians to have such child forthwith vaccinated or revaccinated; and
- (b) require any such person to be isolated by remaining within any specified house or other place until the vaccination or revaccination has been successful, or until a period of 16 clear days has elapsed since such person was, in the opinion of the Medical Officer of Health, last exposed to the infection of smallpox.

21 Technique of vaccination

In performing the operation of smallpox vaccination the vaccinator shall carry out the vaccination in accordance with the techniques set out in the Ministry of Health pamphlet HQ 1, *Immunisation Information for International Travel*, published in the year 1970:

provided that the operation may be carried out in accordance with any other technique approved in writing for the time being by the Director-General.

Regulation 21: amended, on 1 July 1993, pursuant to section 38(3) of the Health Amendment Act 1993 (1993 No 24).

Regulation 21: amended, on 9 September 1971, by regulation 3 of the Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 1 (SR 1971/183).

22 Outbreak of smallpox

- (1) The Minister may, by notice in the *Gazette*, require all persons within any part of New Zealand specified in such notice, wherein an outbreak of smallpox has occurred, or threatens to occur, forthwith to be vaccinated or revaccinated.
- (2) In every such case the Medical Officer of Health may appoint convenient places as vaccination stations, at which vaccination shall be performed free of charge.
- (3) Where any medical practitioner is of opinion that any person required to be vaccinated pursuant to these regulations is not in a fit state of health to be successfully vaccinated, or for any reason cannot be safely vaccinated, then in lieu of performing the operation he shall give the person, or where such person is a child, the parent or guardian thereof, a certificate of postponement under his hand in form 3 of Schedule 1.
- (4) The period of postponement named in the certificate shall not exceed 2 months from the date thereof; but at any time before the expiration of such period a fresh certificate may be given for any period not exceeding 2 months. Certificates may be given from time to time and as often as the medical practitioner thinks fit, having regard to the circumstances of the case.

23 Restriction on travel

Where the Minister has, pursuant to these regulations, issued a notice requiring all persons within a defined area to be vaccinated, no person within the area shall travel on any public conveyance, or attend any school or other public meeting-place, or leave the area or the health district within which he resides unless he has in his possession a certificate of successful vaccination or revaccination, as the case may require, or the written permission of the Medical Officer of Health.

24 Fees

A fee of 5s in respect of each vaccination shall be paid, out of money appropriated by Parliament, to each medical practitioner who performs vaccinations at any vaccination station appointed by the Medical Officer of Health.

25 International Certificates of Vaccination

- (1) If any person is vaccinated by a medical practitioner for the purpose of an International Certificate of Vaccination or Revaccination against cholera or smallpox, the medical practitioner shall complete and sign a certificate in a form provided by the Ministry of Health, and shall then stamp the form with a stamp which shall also be provided by the Ministry.

- (2) The Director-General may, at his discretion, supply to such medical practitioners as he thinks fit forms and stamps for the purpose of enabling those medical practitioners to provide persons vaccinated by them with International Certificates of Vaccination or Revaccination against yellow fever.

Regulation 25(1): amended, on 1 July 1993, pursuant to section 38(3) of the Health Amendment Act 1993 (1993 No 24).

Part 5

Miscellaneous provisions

26 Offences

Every person who contravenes or fails or neglects to comply with any provision of regulations 8, 10, 13, 14, 20, and 23 or with any requirement or direction made or given under any of those regulations commits an offence against these regulations.

27 Revocations

The Health (Infectious and Notifiable Diseases) Regulations 1948 (SR 1948/59) and the Health (Infectious and Notifiable Diseases) Regulations 1948, Amendment No 1 (SR 1951/268), are hereby revoked.

Schedule 1

Form 1

Notice of case of notifiable disease other than Acquired Immune Deficiency
Syndrome (AIDS)*Section 74, Health Act 1956***To** the Medical Officer of Health at [*specify*]

and

To [*name of local authority*]

I hereby notify you that [*name of patient or deceased person*] is suffering from *or* is suspected to be suffering from (*if person alive*) *or* was affected with (*if person deceased*) [*name of disease*].

Particulars relating to patient or deceased person

Address of patient or address where deceased person was residing before death:

Telephone number:

Age:

Sex:

Race:

Occupation or employment:

Place at which employed or previously employed:

Dated at: [*place, date*]

Signature of medical practitioner:

Schedule 1 form 1: replaced, on 2 January 1986, by regulation 3 of the Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 3 (SR 1985/332).

Form 1A

Ministry of Health notice of case of notifiable disease, namely, Acquired
Immune Deficiency Syndrome

Section 74, Health Act 1956

To the Medical Officer of Health at [*specify*]

I hereby notify you that a patient under my care is suffering from or is suspected of suffering from (*if person alive*) or was affected with (*if person deceased*) Acquired Immune Deficiency Syndrome (AIDS).

Do not identify the patient by name or address

Instead, complete the boxes below with the first two (2) letters of the surname, first initial of given name, sex, and date of birth. If the name begins with “Mac”, “Mc”, “van der” etc, do not include these letters. (For example, a person called James McCallum born on 2 June 1959 would appear as CAJM020659).

1st 2 letters of surname		1st initial of given name	Sex	Day		Month		Year	

Date of diagnosis:

District of usual residence (*full address not required*):

ETHNIC AFFILIATION *MODE OF INFECTION (more than 1 may be ticked)*

- | | |
|---|---|
| <input type="checkbox"/> European/Pakeha | <input type="checkbox"/> Homosexual |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Heterosexual
[detail] |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Receipt transfusion/blood products |
| <input type="checkbox"/> All Others | <input type="checkbox"/> Receipt coagulation factor |

CLINICAL (more than 1 may be ticked)

- | | |
|--|---|
| <input type="checkbox"/> Opportunistic infection
[specify type] | <input type="checkbox"/> Needle sharing between
intravenous drug users |
| <input type="checkbox"/> Kaposi's sarcoma | <input type="checkbox"/> Congenital
[specify] |
| <input type="checkbox"/> HIV wasting syndrome | <input type="checkbox"/> Other
[specify] |
| <input type="checkbox"/> HIV encephalopathy
including dementia | <input type="checkbox"/> Not known
[detail] |
| <input type="checkbox"/> Lymphoma | |

SEROLOGY (Tick one)

PRESENT STATUS

- | | |
|--|---|
| HIV antibody <input type="checkbox"/> Positive | <input type="checkbox"/> Alive |
| serology — <input type="checkbox"/> Negative | <input type="checkbox"/> Dead |
| <input type="checkbox"/> Not done | <input type="checkbox"/> Gone overseas |
| | <input type="checkbox"/> Moved to: [area health district] |

Signature of medical practitioner:
[Please print name in blockletters next to signature]

Comments:

Date:

Signature of Medical Officer
of Health:

Comments:

Date:

Schedule 1 form 1A: replaced, on 2 November 1989, by regulation 2 of the Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 5 (SR 1989/281).

Schedule 1 form 1A: amended, on 1 July 1993, pursuant to section 38(3) of the Health Amendment Act 1993 (1993 No 24).

Form 2
Notice of death from infectious disease

r 6

Section 85, Health Act 1956

To the Medical Officer of Health at [*specify*]

I hereby notify you that [*full name*] died of [*name of infectious disease*] on the [*date*]
at [*full address including locality of house, street, and number*].

Age of deceased:

Sex:

Name of medical practitioner who signed the death certificate:

Dated at: [*place, date*]

Funeral Director (or other person having charge of the funeral of the deceased):

Form 3
Certificate of postponement of vaccination

r 22(3)

Regulation 22(3), Health (Infectious and Notifiable Diseases) Regulations 1966

I hereby certify that I am of the opinion that [full name], aged [specify], of [full address], is not now in a fit state of health to be successfully vaccinated against smallpox (or, as the case may be, cannot be safely vaccinated against smallpox by reason of [specify]).

I do therefore postpone the vaccination until [date].*

Dated at: [place, date].

Medical practitioner:

*This date must not be more than 2 months from the date of this certificate.

Schedule 2

rr 8, 9, 14

Infectious disease	Period of isolation (reg 8) and period of exclusion from school of pupils and teachers suffering from an infectious disease (patients) (reg 14(1))	Period of isolation (paras (a) and (b) of the proviso to reg 8)	Period of exclusion from school of pupils and teachers exposed to an infectious disease (contacts) (reg 14(2))	Period of incubation (reg 9)
Chickenpox (varicella)	For 1 week from the date of the appearance of the rash	..	Nil	21 days
Cholera	..	..	..	5 days
Diphtheria	For 2 weeks from the date of the onset of the disease and until 2 cultures from the throat and 2 cultures from the nose, taken not less than 24 hours apart, and not within 12 hours of the local application of an antibiotic or chemotherapeutic agent, fail to show the presence of virulent diphtheria bacilli	For 4 weeks from the date of the onset of the disease	5 days from the last exposure to infection unless a microbiological examination of throat and nose fails to show the presence of virulent diphtheria bacilli	5 days
Dysentery (amoebic)	Until cured	For 4 weeks from the date of the onset of the disease	..	4 weeks
Dysentery (bacillary)	For 4 weeks from the date of the onset of the disease or until 3 microbiological examinations of the faeces made at intervals of 48 hours fail to show the presence of dysentery bacilli	For 4 weeks from the date of the onset of the disease	Nil	7 days
Enteric fever (typhoid fever, paratyphoid fever)	For 4 weeks from the date of the onset of the disease and until 3 successive cultures of faeces and of urine, collected not less than 48 hours apart, fail	For 8 weeks from the date of the onset of the disease	Nil	21 days

	Period of isolation (reg 8) and period of exclusion from school of pupils and teachers suffering from an infectious disease (patients) (reg 14(1)) to show the presence of typhoid or paratyphoid bacilli	Period of isolation (paras (a) and (b) of the proviso to reg 8)	Period of exclusion from school of pupils and teachers exposed to an infectious disease (contacts) (reg 14(2))	Period of incubation (reg 9)
Infectious disease				
Hepatitis A	For 7 days from the date of the onset of the disease and until fever subsides			
Hepatitis B	For 7 days from the date of the onset of the disease and until fever subsides			
Hepatitis non A or B	For 7 days from the date of the onset of the disease and until fever subsides			
Leprosy	..	..	..	7 years
Measles (morbilli)	For 7 days from the date of appearance of the rash and until recovery	..	(1) If the disease is epidemic, nil (2) If the disease is not epidemic, teachers are not to be excluded, but susceptible children are to be excluded for 14 days from the appearance of the rash on the patient	14 days
Meningococcal meningitis	For 24 hours from the commencement of chemotherapy or antibiotic treatment and until cured	For 24 hours from the commencement of chemotherapy or antibiotic treatment and until cured	Nil	10 days
Middle East Respiratory Syndrome (MERS)	Until recovery, including absence of any cough and gastro-	For immunocompromised patients, until recovery, including absence of any cough	For 14 days from the last potential exposure to infection	14 days

	Period of isolation (reg 8) and period of exclusion from school of pupils and teachers suffering from an infectious disease (patients) (reg 14(1))	Period of isolation (paras (a) and (b) of the proviso to reg 8) and gastro-intestinal symptoms for at least 24 hours	Period of exclusion from school of pupils and teachers exposed to an infectious disease (contacts) (reg 14(2))	Period of incubation (reg 9)
Infectious disease	Period of isolation (reg 8) and period of exclusion from school of pupils and teachers suffering from an infectious disease (patients) (reg 14(1))	Period of isolation (paras (a) and (b) of the proviso to reg 8) and gastro-intestinal symptoms for at least 24 hours	Period of exclusion from school of pupils and teachers exposed to an infectious disease (contacts) (reg 14(2))	Period of incubation (reg 9)
Mumps (epidemic parotitis)	For 9 days from the date of the onset of the disease or until swelling of all involved glands have completely subsided and the patient has returned to normal	..	Nil	..
Non-seasonal influenza (capable of being transmitted between human beings)	For 7 days from the day on which the first symptom manifested itself	For 7 days from the day on which the first symptom manifested itself	For 7 days from the last exposure to a confirmed or probable case	7 days
Plague (bubonic or pneumonic)	..	..	..	6 days
Poliomyelitis	For 7 days from the date of the onset of the disease and until fever subsides	..	Nil	14 days
Relapsing fever	..	..	..	12 days
Ringworm	Nil if under treatment, otherwise until cured	..	..	..
Salmonella infection	For 3 weeks from the date of the onset of the disease and until 3 successive microbiological specimens of faeces, collected at intervals of not less than 48 hours, fail to show the	For 4 weeks from the date of the onset of the disease	Nil	7 days

<p>Infectious disease</p>	<p>Period of isolation (reg 8) and period of exclusion from school of pupils and teachers suffering from an infectious disease (patients) (reg 14(1)) presence of salmonella organisms</p>	<p>Period of isolation (paras (a) and (b) of the proviso to reg 8)</p>	<p>Period of exclusion from school of pupils and teachers exposed to an infectious disease (contacts) (reg 14(2))</p>	<p>Period of incubation (reg 9)</p>
<p>Severe Acute Respiratory Syndrome (SARS)</p>	<p>For the period from the time the person is diagnosed as satisfying the World Health Organization's case definition for a "suspect" case of SARS or a "probable" case of SARS until either—</p> <ul style="list-style-type: none"> • 10 days after the resolution of fever, if at that time there is no cough; or • any later time when there is no cough 	<p>..</p>	<p>For 10 days from the time the person (person A) most recently had close contact with a person who is diagnosed as satisfying the World Health Organization's case definition for a "probable" case of SARS (a probable SARS person). However, if person A resides in the same premises as any 1 or more probable SARS persons, until 10 days after the time that is—</p> <ul style="list-style-type: none"> • 10 days after the resolution of fever in all of the 1 or more probable SARS persons, if at that time none of the 1 or more probable SARS persons has a cough; or • any later time when none of the 1 or more probable SARS persons has a cough 	<p>10 days.</p>
<p>Smallpox (variola including varioloid and alastrim)</p>	<p>Until all scabs and crusts have disappeared</p>	<p>..</p>	<p>If the strain of smallpox is of the variola minor type, and if the contacts are vaccinated within 24 hours of first expos-</p>	<p>16 days</p>

Infectious disease	Period of isolation (reg 8) and period of exclusion from school of pupils and teachers suffering from an infectious disease (patients) (reg 14(1))	Period of isolation (paras (a) and (b) of the proviso to reg 8)	Period of exclusion from school of pupils and teachers exposed to an infectious disease (contacts) (reg 14(2)) and thereafter kept under daily medical observation, to be excluded until height of reaction is passed; otherwise for 16 days from last exposure	Period of incubation (reg 9)
Streptococcal sore throat, including scarlet fever	For 7 days from the date of the onset of the disease and until all symptoms have subsided, all abnormal discharges have ceased, and all open lesions have healed	..	Nil	5 days
Typhus	..	..	..	15 days
Whooping cough (pertussis)	For 3 weeks from the date of the onset of typical paroxysms	..	Unimmunised children to be excluded for 14 days from last exposure	21 days
Yellow fever	..	..	..	6 days
	Schedule 2: amended, on 6 September 2013, by regulation 4 of the Health (Infectious and Notifiable Diseases) Amendment Regulations 2013 (SR 2013/354).			
	Schedule 2: amended, on 12 June 2009, by regulation 4 of the Health (Infectious and Notifiable Diseases) Amendment Regulations 2009 (SR 2009/163).			
	Schedule 2: amended, on 25 September 2003, by regulation 3 of the Health (Infectious and Notifiable Diseases) Amendment Regulations 2003 (SR 2003/207).			
	Schedule 2: amended, on 20 April 1978, by regulation 3 of the Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 2 (SR 1978/111).			

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4 January 2017

**Health (Infectious and Notifiable Diseases) Regulations
1966**

Schedule 2

T J Sherrard,
Clerk of the Executive Council.

Issued under the authority of the Legislation Act 2012.
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Reprints notes

1 *General*

This is a reprint of the Health (Infectious and Notifiable Diseases) Regulations 1966 that incorporates all the amendments to those regulations as at the date of the last amendment to them.

2 *Legal status*

Reprints are presumed to correctly state, as at the date of the reprint, the law enacted by the principal enactment and by any amendments to that enactment. Section 18 of the Legislation Act 2012 provides that this reprint, published in electronic form, has the status of an official version under section 17 of that Act. A printed version of the reprint produced directly from this official electronic version also has official status.

3 *Editorial and format changes*

Editorial and format changes to reprints are made using the powers under sections 24 to 26 of the Legislation Act 2012. See also <http://www.pco.parliament.govt.nz/editorial-conventions/>.

4 *Amendments incorporated in this reprint*

Health (Infectious and Notifiable Diseases) Regulations 2016 (LI 2016/272): regulation 16

Health (Protection) Amendment Act 2016 (2016 No 35): section 18

Health (Infectious and Notifiable Diseases) Amendment Regulations 2013 (SR 2013/354)

Health (Infectious and Notifiable Diseases) Amendment Regulations 2009 (SR 2009/163)

Health (Infectious and Notifiable Diseases) Amendment Regulations 2003 (SR 2003/207)

New Zealand Public Health and Disability Act 2000 (2000 No 91): section 111(2)

Health Amendment Act 1993 (1993 No 24): section 38(3)

Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 5 (SR 1989/281)

Health Amendment Act 1988 (1988 No 99): section 2(4)

Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 3 (SR 1985/332)

Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 2 (SR 1978/111)

Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No 1 (SR 1971/183)