

Regulations on Tuberculosis Control

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Legislation: Laid down by the Royal Decree of 13 February 2009 in pursuance of Act No. 55 of 5 August 1994 relating to protection from communicable diseases §§ 2-3, 3-1, 3-2, 3-9, 4-2, 6-2, 7-2, 7-11 and 8-4. Submitted by the Norwegian Ministry of Health and Care Services.

Chapter 1 Purpose, Definitions and Scope

§ 1-1 Purpose

These regulations are intended to specify measures to prevent the transmission of tuberculosis, the development of disease after infection and resistance.

§ 1-2 Scope

Tuberculosis control covers all individuals residing in Norway.

These regulations shall apply to the continental shelf, Norwegian vessels and aircraft irrespective of their location.

The provisions of § 3-1, letter c) apply to individuals who are resident abroad and will be acceding service on Norwegian vessels. For employees on Norwegian ships who do not reside in Norway, the tuberculosis examination only covers diagnosis to exclude tuberculosis.

§ 1-3 Definitions

The following definitions apply to the regulations:

- a) Tuberculosis control: Activity which includes tuberculosis examinations, treatment, follow-up, the monitoring of tuberculosis, as well as information aimed at preventing the occurrence and spread of the disease.
- b) Tuberculosis examinations: Medical examinations using professionally recognised methods to determine whether an individual has latent tuberculosis, the actual disease or to monitor the development of tuberculosis in the individual concerned. The examinations are performed in accordance with the current recommendations, cf. § 4-5, Subsection 2. The objective of the examination must be to at least identify communicable tuberculosis, but it can also be designed to detect latent tuberculosis.
- c) Directly observed treatment: This is a form of treatment in which health workers observe the patients' intake of all doses of tuberculosis drugs.

Chapter 2 Tuberculosis Control Programme

§ 2-1 Obligation to have a tuberculosis control programme and responsibility for implementation

All municipalities and regional health authorities shall have a tuberculosis control programme that:

- a) forms part of their mandatory communicable disease control plan, cf. the Norwegian Act relating to control of communicable diseases § 7-1 and § 7-3;

b) is adapted to the conditions in the municipality and the health region with respect to persons who are candidates for tuberculosis examination, cf. § 3-1;

c) states who holds professional and organisational responsibility for the measures included in their programme.

Where it is appropriate and professionally justified, municipalities can collaborate on a tuberculosis control programme.

When there are medical grounds to examine employees for tuberculosis, private or public entities shall establish a tuberculosis control programme in collaboration with the tuberculosis coordinator.

The municipality, regional health authority and others who are assigned tasks connected to tuberculosis control, shall ensure that they have the necessary and appropriately qualified personnel for the tasks they will be performing. Furthermore, an appropriate division of labour shall be applied.

§ 2-2 Measures in tuberculosis control programmes

A tuberculosis control programme in accordance with § 2-1 shall include:

- a) Measures for known risk groups to detect people who are contagious or may become contagious.
- b) Measures that ensure that people with tuberculosis receive expert care and follow-up.
- c) Measures to protect the uninfected against tuberculosis in known risk groups.
- d) Infected individuals shall be offered preventive treatment to hinder further development of their tuberculosis infection.

The measures shall be implemented for example through testing and vaccinations in accordance with current recommendations and clinical examinations, hereunder additional examinations such as lung X-rays and blood samples in accordance with current recommendations; and adequate treatment and follow-up in accordance with current recommendations, hereunder directly observed treatment. Various combinations of the measures shall be implemented based on individual needs and indications.

§ 2-3 Municipal tuberculosis control programmes in more detail

A municipality's tuberculosis control programme shall include routines for:

- a) Measures that will detect the individuals mentioned in § 3-1, in addition to routines for referring those who have suspected latent tuberculosis and tuberculosis to the specialist health care service.
- b) Diagnostics, including testing in the primary health care service in accordance with current recommendations.
- c) Making reports in accordance with the applicable duty to report system.

d) Tracing infection.

e) Vaccination against tuberculosis.

f) Giving information to each person treated outside the hospital with tuberculosis medicines, hereunder directly observed treatment.

g) Staff training.

h) The forwarding of the following information to the municipal medical officer in the new municipality of residence when the individuals mentioned in § 3-1, letter a) relocate:

1. Medical records and the results of the tuberculosis examination if any findings require further action.
2. Information that the tuberculosis examination has not been carried out, if applicable.
3. For newly arrived asylum seekers who move from the transit centre - results of the examination date and their medical records.

§ 2-4 Regional health authority programmes in more detail

Regional health authority¹ tuberculosis control programmes shall take care of all the necessary routines pertaining to measures and services that the regional health authority is responsible for in accordance with the Norwegian Specialist Health Service Act, and the Act relating to the Control of Communicable Diseases, hereunder, routines for handling referrals, treatment, counselling, training, the tracking of disease, monitoring and transmission of reports.

Chapter 3 Obligation to Undergo Tuberculosis Examinations, Implementation and Follow-up etc.

§ 3-1 Obligation to undergo tuberculosis examinations

The following persons are required to undergo tuberculosis examination:

a) People from countries with a high prevalence of tuberculosis, who will stay more than three months in the Realm and are subject to the requirements relating to residence permits, registration certificates or residence cards, as well as refugees and asylum seekers.

b) Persons who have stayed at least three months in countries with a high prevalence of tuberculosis during the last three years and will be taking/resuming a position in the health care service, a teaching position or other position related to child care. The duty also applies to persons undergoing training or those assigned a work placement in such a job.

c) Other individuals who are medically suspected to have been exposed to the risk of tuberculosis infection.

¹ The regional health authority is an entity owned exclusively by the State that facilitates specialist health services. Health enterprises are enterprises (hospitals) owned by a regional health authority that provide specialist health services.

The Norwegian Armed Forces provide guidelines for the examination of military personnel.

§ 3-2 Implementation

Examination of the individuals mentioned in § 3-1 shall be implemented as soon as possible.

Refugees and asylum seekers shall be examined within fourteen days after entry.

The individuals mentioned in § 3-1, letter b) shall be tested for communicable tuberculosis. They must not have any symptoms or signs of contagious tuberculosis before starting work. Employers have a duty to ensure that the results of the examination are negative before accession.

§ 3-3 Follow-up

If the tuberculosis examination detects symptoms or signs that could indicate that a person has tuberculosis, he or she shall be referred to a paediatric, pulmonary or infectious disease outpatient clinic for further evaluation and additional examinations. If contagious pulmonary tuberculosis is suspected, further investigation must be carried out immediately.

Specialists in pulmonary medicine, infectious diseases and childhood diseases are responsible for the initiation of treatment and selecting the course of treatment. Treatment shall comply with the current recommendations for tuberculosis control, including directly observed treatment.

The specialist shall notify the tuberculosis coordinator responsible for establishing a treatment plan for the patient throughout the treatment period. Treatment plans shall be established in collaboration with the specialist, the patient and municipal medical officer. Follow-up and check-ups, hereunder observation of the intake of tuberculosis drugs, should be done in collaboration with the municipal health service.

Patients with multi-drug resistant tuberculosis (MRD) shall be treated at the health institutions designated for this purpose by the regional health authority.

§ 3-4 Exemption from tuberculosis examinations

In collaboration with the hospital doctor appointed by the regional health authority in accordance with Norwegian Act related to Control of Communicable Diseases § 7-3, Subsection 3, the municipal doctor can waive the obligation to undergo tuberculosis examinations for the individuals mentioned in § 3-1, if deemed appropriate for disease control. The county governor determines appeals against decisions.

Chapter 4 Tasks of the Municipalities and National Authorities, Payment Schemes, Allocation of Expenses, Duty to Report

§ 4-1 Tasks of municipalities

Municipalities are responsible for establishing, facilitating and following-up their own tuberculosis control programme, cf. § 2-1 to 2-3.

Municipalities shall ensure that their tuberculosis control programme is designed, implemented and maintained as part of the municipality's internal control system.

§ 4-2 Tasks of municipal medical officers

Municipal medical officers shall:

- a) Prepare proposals for tuberculosis control program.
- b) Implement the tuberculosis control programme.
- c) Forward the information mentioned in § 2-3, letter h), to the municipal medical officer in the new municipality of residence when an individual mentioned in § 3-1, relocates.
- d) Update the tuberculosis coordinator about the occurrence of tuberculosis in the municipality.

§ 4-3 Tasks of regional health authorities

Regional health authorities have the overall responsibility for establishing, facilitating and following-up their regional tuberculosis control programme, cf. §§ 2-1, 2-2 and 2-4.

Regional health authorities shall ensure that their tuberculosis control programme is established, implemented and maintained as part of the health institution's internal control system.

Regional health authorities shall organise and ensure that the appropriate tuberculosis coordinators are appointed to perform the tasks specified in § 4-4. Furthermore, the authorities shall prepare instructions relating to the responsibilities and tasks of tuberculosis coordinators. These shall be incorporated into the regional tuberculosis control programme.

§ 4-4 Tasks of tuberculosis coordinators

Tuberculosis coordinators shall perform the tasks allocated to them under this regulation, hereunder they shall:

- a) Contribute to ensuring that tuberculosis control works at all levels, hereunder ensuring that reports are sent as required.
- b) Establish treatment plans for patients in collaboration with the treating specialist, the patient and municipal medical officer.
- c) Coordinate individual support and treatment in collaboration with the treating specialist and municipal health services.
- d) Monitor the occurrence of tuberculosis in the health region;
- e) Help train staff.

§ 4-5 The Norwegian Institute of Public Health

The Norwegian Institute of Public Health shall:

- a) Monitor the occurrence of tuberculosis in Norway and perform quality control on diagnostics, treatment and the tracking of infection.

- b) Professionally support the tuberculosis coordinators, and in close collaboration with them advise and guide institutions, physicians and other health professionals who perform/participate in the work on tuberculosis control.
- c) Specify the countries with a high occurrence of tuberculosis, cf. § 3-1.
- d) Carry out the necessary microbiological referencing, hereunder resistance examinations, identification of species and genotyping.
- e) Conduct training courses for tuberculosis control staff.
- f) Provide vaccines and tuberculin free of charge.

The Norwegian Institute of Public Health publishes professional recommendations under this regulation.

§ 4-6 County governors and the Norwegian Board of Health Supervision

The county governor shall inspect the plans and implementation of tuberculosis control.

The Norwegian Board of Health Supervision is responsible for the overall inspection of tuberculosis control in Norway.

§ 4-7 The Norwegian Directorate of Health

Through advice, guidance, information and administrative decisions in accordance with the Communicable Diseases Act, the Norwegian Directorate of Health shall help to ensure that the requirements of the population are met in connection with the services and measures that are offered/implemented for tuberculosis.

§ 4-8 The Norwegian Ministry of Health and Care Services

The Norwegian Ministry has the overall responsibility for tuberculosis control.

§ 4-9 Payment and allocation of expenses

In accordance with the regulations, tuberculosis examinations shall be free of charge for individuals who are obligated to undergo such examinations under § 3-1. Vaccination against tuberculosis shall be free of charge for individuals in the vaccination target groups. Travel expenses shall be paid for individuals attending tuberculosis examinations or when they have vaccinations.

Municipalities are obligated to cover all expenses linked to the completion of measures included in their tuberculosis control programme that are performed at various levels within the municipal health service. This also applies to the expenses that people accrue whilst meeting their obligation to undergo tuberculosis examinations under § 3-1. Deductibles are not claimable.

Regional health authorities are obligated to cover all expenses related to the completion of measures in their tuberculosis control programme that are carried out by the specialist health care service in/outside the health institution that is treating the individuals mentioned in § 3-1, Subsection 1, letters a) and b). This also applies to expenses that individuals accrue whilst

meeting their obligation to undergo tuberculosis examination under § 3-1, and follow-up under § 3-3. Deductibles are not claimable.

The Norwegian Armed Forces cover the costs of tuberculosis examinations for military personnel, if applicable.

Shipping companies cover the costs of tuberculosis examinations for workers on ships, if applicable.

Licence holders/operators cover the costs of tuberculosis examinations for individuals in the petroleum industry, if applicable.

The National Insurance Office covers/reimburses expenses for further investigation, treatment and subsequent check-ups for suspected tuberculosis, cf. § 3-1, Subsection 1, letter c), and when tuberculosis is detected in connection with tuberculosis examinations in accordance with these regulations or the following regulations:

- a) The Regulations of 27 June 2003, No. 959, relating to allowances to cover expenses for examinations and treatment in private medical laboratories and radiology enterprises, § 3, cf. § 4, No. 7.
- b) The Regulations of 25 June 2008, No. 714, relating to allowances to cover expenses for examinations and treatment by a doctor, § 3, No. 7.
- c) The Regulations of 19 December 2007, No. 1761, relating to compensation for medical care costs at outpatient clinics at state-owned health care institutions that receive operating subsidies from the regional health authority, § 3, cf. § 4, No. 7.
- d) The Regulations of 28 June 2007, No. 814, relating to allowances to cover expenses for essential medicines, etc. § 4

§ 4-10 Notifications and reports

Notifications and reports on tuberculosis are made in compliance with the provisions of the Regulations of 20 June 2003, No. 740, relating to the collection and processing of personal health data in the notification system for communicable diseases.

Received reports of tuberculosis shall be filed by the municipal medical officers and tuberculosis coordinators in treatment-related health registers.

Chapter 5 Entry into force

§ 5-1 Entry into force

The regulations will enter into force on 1 March 2009.

The Regulations of 21 June 2002, No. 567, relating to tuberculosis control will be withdrawn on the same date.