



Encyclopedia of Health Legislation

Book 9: Disease Prevention Legislation



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Third Issue - February 2023

Book9:

Disease Prevention Legislation



صاحب السمو الشيخ محمد بن زايد آل نهيان

رئيس دولة الإمارات العربية المتحدة

HIS HIGHNESS SHEIKH MOHAMED BIN ZAYED AL NAHYAN

PRESIDENT OF THE UNITED ARAB EMIRATES



المغفور له بإذن الله الشيخ زايد بن سلطان آل نهيان

تغمده الله بواسع رحمته

SHEIKH ZAYED BIN SULTAN AL NAHYAN



المغفور له بإذن الله الشيخ خليفة بن زايد آل نهيان

تغمده الله بواسع رحمته

SHEIKH KHALIFA BIN ZAYED AL NAHYAN



Introduction

The release of the third issue of the Encyclopedia of Health Legislation by the Department of Health - Abu Dhabi reflects the aspirations of the Government of Abu Dhabi to deliver the best services to customers and provide an organizational and legislative knowledge, and is the Department's first step towards legislative digitization in the health field to achieve its vision of "a healthier Abu Dhabi" and hence promote the wellbeing and happiness of community.

"Disease Prevention Legislation" is issued in this ninth book of the encyclopedia due to its contribution to the promotion and preservation of society and human health, and its protection from risks that pose threat to public health in all its forms.

Disease Prevention Legislation includes Law on the Prevention of Communicable Diseases and its Implementing Regulations, and Law concerning the Detention and Treatment of People with Mental Disorders, which define these diseases and set out the preventive and precautionary measures, and rules of dealing with them when detected and the rights of diseased persons, and the entities concerned.

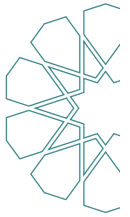
DOH will seek to strengthen the body of Disease Prevention Legislation with further contributions and initiatives to support the preservation of public health in the Emirate, ensure the safety of human and society in a proactive preventive manner, and practices that upgrade readiness according to the best scientific standards and international technical standards.

Finally, we would like to express our profound gratitude for the guidance and trust of H.E. the Chairman of the Department of Health and for the follow-up, support and attention of H.E. the Undersecretary. We would also like to extend our thanks and appreciation to DOH partners, all the Encyclopedia team, and the officials of DOH organizational units for their efforts and active participation in completion of this book, looking forward to working together towards further development and modernization to strengthen the body of the health legislation in the Emirate of Abu Dhabi.

Saqr Al Marzooqi

Manager, Legal Affairs Office

Abu Dhabi - February 2023



Federal Law No. (28) of 1981 concerning the Detention and Treatment of People with Mental Disorders*

We, Zayed bin Sultan Al Nahyan, President of the United Arab Emirates,

- Having regard to the Interim Constitution;
 - Federal Law No. (1) of 1972 on the Mandates of Ministries and Powers of Ministers, as amended;
 - Cabinet Resolution No. (3) of 1973 on the Ministry of Health Regulation, and its amending resolutions; and
 - Based on the proposal of the Minister of Health and Prevention, and the approval of the Cabinet and the Federal National Council, and the ratification of the Federal Supreme Council,
- **Promulgate the following Law:**

Article (1)

In application of the provisions of this Law, the following words and expressions shall have the meanings ascribed to them:

1. Psychosis: shall mean a medical condition that causes mental disturbance and makes the psychotic person lose contact with reality. Psychosis includes mental disorder, mental deficiency and psychotic personality disorder.
2. Age of Majority: shall mean that a person has attained the age of 18 years.
3. Authority: shall mean the judicial departments, the public prosecution or the police, as the case may be.
4. Patient's Next of Kin: shall mean first degree relatives and their close relatives, and in their absence, the chief of the tribe or his nominee or the police.
5. Specialist Physician: shall mean a physician who holds a degree of specialty in neuropsychiatric illnesses and practices his specialty at a government department or licensed institution.

* This translation from Arabic to English is provided for your convenience only. In case of any discrepancy, the Arabic version prevails

6. Neurology and Psychiatry Department: shall mean the department that is specialized in treating cases of psychosis, whether it be part of a public government hospital or an independent department.
7. Department's Council: shall mean the medical body consisting of the Head of the Neurology and Psychiatry Department and at least two (2) specialists from the Department. Specialists may be provided from elsewhere if the required number is not available within the Department.

Article (2)

Admission of a patient with Psychosis shall be either voluntary or by forced detention at the Neurology and Psychiatry Department in accordance with the following articles.

Article (3)

Admission of a patient with Psychosis to the Neurology and Psychiatry Department shall be voluntary at his request and on his own volition if he has reached the Age of Majority and in a condition that allows him to declare his will. If the patient has not attained the Age of Majority, voluntary admission shall take place upon request of the guardian or tutor.

Article (4)

Forced detention at the Neurology and Psychiatry Department shall take place when a patient is suspected of being attained of Psychosis and there is fear that he might commit a breach of security or public order, or that his behavior might endanger his own safety or the safety of others. Detention in this case would be by order of the Authority.

Patient's Next of Kin may request the Authority to take necessary measures for detention.

Article (5)

In the event of forced detention, the Department's Council shall decide, within the forty-eight (48) hours following the patient's detention, whether the patient's condition requires detention. Period of detention shall be for a period not exceeding one (1) week from the date of detention. If, following the aforementioned period, the Department's Council determines that the patient's condition does not warrant discharge from the Department, it may extend the period of detention to a maximum of one (1) month every time.

The Authority shall be notified of every extension, and the Patient's Next of Kin or the party requesting detention may object to extension. The Department's Council shall issue its decision regarding the objection within seventy-two (72) hours from the date of receipt of the objection, and its decision shall be final.

Article (6)

The head of the Neurology and Psychiatry Department shall notify the competent Authority, as the case may be, of the patient's forced detention within forty-eight (48) hours following the date of detention so that necessary measures for safeguarding the patient's money may be taken.

Article (7)

If the entity requesting detention of the patient with Psychosis is a court of law and it requests that he be released or made to appear before it to stand trial or deliver testimony, the Department's Council shall, within a maximum period of ten (10) days from the date of receipt of the request, decide whether it is possible to entertain such request. In the event of rejection, the Council shall justify its decision.

Article (8)

If the detention period expires and is not renewed, the patient may request to stay at the Department, and his admission shall in this case be treated as voluntary admission.

Article (9)

If the Department's Council deems that the condition of the patient in forced detention permits him to spend a probation period outside the Department, he may leave the Department for such period, after obtaining an undertaking from his Next of Kin to safeguard, monitor and protect him from harm or from causing harm to himself or to others.

Article (10)

If the patient in forced detention is absent from the Department without permission and the Council deems that there is no reason to prevent him from spending a probation period, he shall be treated as if he has obtained prior permission, and the Authority shall be notified accordingly. In this case, the

Patient's Next of Kin will undertake to safeguard, monitor and protect him from harm or from causing harm to himself or to others.

Article (11)

The Department's Council shall review the patient's case after his probation period outside the Department and shall make its decision based on the patient's behavior during the probation period.

Article (12)

If, in some cases, special guard services are required, the Department may seek the assistance of the police.

Article (13)

Without prejudice to any severer penalty provided for in any other law, any violation of the provisions of this Law or its implementing decisions shall be punished by a fine of no less than AED 200 (Dirhams Two Hundred) and not more than AED 5,000 (Dirhams Five Thousand).

Article (14)

The implementing decisions of this Law shall be issued by decision of the Minister of Health in collaboration with the Minister of Justice, Islamic Affairs and Endowments.

Article (15)

This Law shall be published in the official gazette, and shall come into force as from the date of its publication.

Zayed bin Sultan Al Nahyan

President of the United Arab Emirates

Promulgated by Us at the Presidential Palace in Abu Dhabi

On: 10/Muharram/1402 H

07/November/1981 G



Federal Law No. (14) of 2014 on the Prevention of Communicable Diseases*

We, Khalifa bin Zayed Al Nahyan, President of the United Arab Emirates,

- Having regard to the Constitution;
- Federal Law No. (1) of 1972 on the Mandates of Ministries and Powers of Ministers, as amended;
- Federal Law No (6) of 1973 on the Entry and Residence of Foreigners, as amended;
- Federal Law No. (7) of 1975 on the Practice of Human Medicine Profession, as amended;
- Federal Law No. (8) of 1980 on the Regulation of Labor Relations, as amended;
- Federal Law No. (27) of 1981 on the Prevention of Communicable Diseases;
- Federal Law No. (5) of 1984 on the Practice of Some Medical Professions by other than Physicians and Pharmacists;
- Federal Law No. (5) of 1985 Promulgating the Civil Code, as amended;
- Federal Law No. (3) of 1987 Promulgating the Penal Code, as amended;
- Federal Law No. (11) of 1992 Promulgating the Civil Procedure Code, as amended;
- Federal Law No. (35) of 1992 Promulgating the Criminal Procedure Code, as amended;
- Federal Law No. (10) of 2002 on the Practice of Veterinary Medicine Profession, as amended;
- Federal Law No. (10) of 2008 on Medical Liability;
- Federal Decree Law No. (11) of 2008 on Human Resources in the Federal Government, as amended;
- Federal Law No. (8) of 2013 on the Prevention and Control of Contagious Animal Diseases and Epidemics; and

* This translation from Arabic to English is provided for your convenience only. In case of any discrepancy, the Arabic version prevails

- Based on the proposal of the Minister of Health, and the approval of the Cabinet and the Federal National Council, and the ratification of the Federal Supreme Council,
- **Promulgate the following Law:**

Chapter One

General Provisions

Article (1)

In application of the provisions of this Law, the following words and expressions shall have the meanings ascribed to them, unless the context otherwise requires:

State	: The United Arab Emirates.
Ministry	: The Ministry of Health.
Minister	: The Minister of Health.
Health Authority	: Any federal or local government authority in charge of health affairs in the State.
Concerned Department	: The Preventive Medicine Department at the Ministry or the corresponding department at the other Health Authorities.
Communicable Disease	: An infectious disease that results from the transmission of a Pathogen or its toxic products or secretions, directly or indirectly, to others and causes the disease.
Pathogen	: The agent which causes the Communicable Disease.
Pathogen Carrier	: The person whose body harbors the Pathogen without showing signs and symptoms of the disease.
Epidemic	: A health emergency represented in the emergence of cases infected with a Communicable Disease

	among a group of people in a specific geographical area during a specific period of time, with a clearer increase than the natural expectation compared to a previous similar period in the same spot and time of the same region, causing concern at the national level.
Contamination	: The presence of a Pathogen that causes or transmits a Communicable Disease to a body, device, or substance.
Disinfection	: The use of chemical, physical or other approved methods to eliminate the largest percentage of Pathogens that cause the Communicable Disease.
Endemic Disease	: A disease that is consistently present in a specific geographical area or human group.
Infected Person	: Every person infected with the Pathogens or its toxic products or secretions, whether or not the disease signs or symptoms have appeared on the person.
Person Suspected to be Infected	: A person whose medical history or symptoms shown on him/her indicate that he/she harbors the Pathogens.
Contact	: Anyone who has been in contact with an Infected Person or a Pathogen Carrier in a manner that increases the probability of transmitting the infection to him/her during the period of spread of the disease.
Isolation	: Isolation of an Infected Person or Person Suspected to be Infected from other healthy persons, voluntarily or forcibly, for the period the disease is communicable, in appropriate healthy places and circumstances, to guard against the transmission of the disease from the Infected Persons or Person Suspected to be Infected to others.
Quarantine	: Restriction of activities of healthy people or animals who have been exposed to the Pathogens

during the period of disease spread, for a period equivalent to the longest incubation period.

Mandatory Hospitalisation : Forced confinement of the patient in a hospital institution for a specified period of time to receive the prescribed treatment.

Surveillance : Continuous monitoring of all aspects of the Communicable Disease occurrence and spread, by systematically and continuously collecting, matching and analyzing data for public health purposes, and transmitting public health information in a timely manner for purposes of evaluation and health response when necessary.

Immunization : Protection of individuals from Communicable Diseases that can be prevented by giving vaccines, serums, or preventive medications.

Facility : The shop, factory, company or other place where a number of people work.

Health Facility : The facility where a health activity is practiced, irrespective of the number of employees.

Voluntary Non-nominal Test : Screening that permits the person who chooses it for prevention and treatment of Communicable Diseases to have strict confidentiality that allows the patient to hide his/her real identity when he/she undergoes the test.

Article (2)

This Law aims to protect public health through enhancing the efforts of the State in the implementation of the strategy of control and prevention of spread of Communicable Diseases, while balancing the requirements of public health and the rights of individuals in accordance with the international health regulations.

Article (3)

The provisions of this Law shall apply to anyone who is inside the State, and to all Communicable Diseases.

Chapter Two

Reporting Communicable Diseases

Article (4)

1. Whenever the following categories become aware, or suspect, that a person has contracted or died of any of the Communicable Diseases listed in Section “A” of Schedule 1 attached hereto, they shall immediately, and within a maximum of 24 hours, report this to the entity they are affiliated with by virtue of their work:
 - a. Physicians in the government or private sector.
 - b. Pharmacists and pharmacy technicians in the government or private sector.
 - c. Non-physicians and non-pharmacists who practice medical professions in the government or private sector.
2. Whenever the following categories become aware, or suspect, that a person has contracted or died of any of the Communicable Diseases listed in Section “A” of Schedule 1 attached hereto, they shall immediately report this to the Ministry or the nearest Health Authority:
 - a. Adult Contacts of the patient.
 - b. The direct supervisor in the place of work or study of the patient or Person Suspected to be Infected.
 - c. Command of a ship, plane or public vehicle, if the patient or the Person Suspected to be Infected is traveling on any of them.
 - d. Director of a penal institution, hotel, camp, shelter, tourist and other gatherings where the patient or Person Suspected to be Infected is present.
 - e. Criminal investigator.
3. The Implementing Regulations of this Law shall define the procedures and means by which reporting/notification is made and the forms used to this effect.

Article (5)

The Ministry, Health Authority and private Health Facilities shall, upon the detection of an infection of any of the Communicable Diseases mentioned in Schedule 1 attached hereto, report it to the Concerned Department, provided that the reporting is immediate, and within a maximum of 24 hours for diseases listed in Section “A” of the aforementioned Schedule, and within a maximum of seven (7) days for diseases listed in Section “B” of the same Schedule.

The Implementing Regulations of this Law shall define the means through which reporting/notification shall be made, and the related forms.

Article (6)

A person who knows, or suspects, that any animal owned by him or under his supervision or responsibility has one of the Communicable Diseases that are transmitted to humans and mentioned in Schedule 3 attached hereto must immediately inform the governmental veterinary authority of the animal disease. If the veterinary authority finds out that the animal is infected with a Communicable Disease, it must take the necessary steps to prevent the spread of the disease or its transmission to humans and immediately inform the Concerned Department, according to the Implementing Regulations of this Law.

Chapter Three

Communicable Disease Control Measures

Article (7)

If, in a specific geographic area or a given population there have been multiple outbreaks of diarrhea, unusual vomiting, or poisoning as a result of consuming food or drink suspected to be toxic or spoiled due to unknown reasons or undiagnosed fevers, the Ministry and the Health Authority must take the necessary measures and coordinate with the relevant authorities to prevent the spread of the disease and treat the patients.

Article (8)

The Ministry and the Health Authority shall establish, in the border crossings that fall within its geographical scope, as needed, a health unit to monitor

Communicable Diseases in order to curb their spread, in accordance with the rules defined by the Implementing Regulations of this Law.

Article (9)

The Ministry and the Health Authority shall monitor the Communicable Diseases at all Health Facilities and other Facilities, places and gatherings, in accordance with the procedures determined by the Implementing Regulations of this Law.

The relevant authorities shall provide the Ministry and the Health Authority with the information they require and take the necessary measures.

Article (10)

When informed about any Infected Person or Person Suspected to be Infected with any Communicable listed in Schedule 1 and 3 attached hereto, the Ministry and the Health Authority shall forthwith:

- a. move to the place of the infection, in necessary cases;
- b. place the cases under Surveillance to verify the disease and the source of infection, and to track the Contacts and unreported infections;
- c. take necessary urgent measures to prevent the spread of the disease, including Isolation, if necessary;
- d. perform the necessary tests, including collecting and sending samples for laboratory testing to diagnose the disease and determine the source of infection;
- e. refer the Infected Person and Contacts to receive the necessary treatment.

Health Facilities must fully cooperate with the Ministry and the Health Authority to provide them with the information required for diagnosis, treatment and follow-up of the patient.

Article (11)

The Ministry and the Health Authority may issue a decision for Mandatory Hospitalisation to subject patients with the diseases mentioned in Schedule 1 attached hereto in the event that they directly reject to undergo or follow the treatment prescribed for them, despite of being notified of the necessity thereof.

The concerned authorities shall, each within its competence, implement this and may seek assistance from the public authority to implement this decision.

Article (12)

1. If a director of an educational institution or any other Facility suspects that any of the students or employees of the Facility has been infected with a Communicable Disease, the director must refer the Person Suspected to be Infected to the Specialist for examination and giving that person a report stating his disease. If the person is proved to have the disease, the director must immediately inform the Ministry or the Health Authority and take the appropriate measures to prevent the spread of the disease.
2. A director of an educational institution or any other Facility, the Ministry, and the Health Authority must isolate the Infected Person and its Contacts or place them under Quarantine, whether by preventing them from entering the Facility or by using any other means that prevent them from being in contact with others, subject to the periods indicated in Schedule 2 attached hereto or those determined by the Ministry and the Health Authority.
3. A director of an educational Institution or any other Facility may not accept the return of an Infected Person to the Facility from which he was removed from, except after he meets all the conditions determined by the Ministry or the Health Authority for the return of the Infected Person to the Facility to which he belongs.

Article (13)

1. The Ministry and the Health Authority shall, whenever necessary, and after obtaining the approval of the Minister and in coordination with the relevant authorities, order the Disinfection of any international means of transport or to subject any geographical area to Quarantine until it is disinfected according to the international health regulations to prevent or eliminate the spread of the disease.
2. The Ministry and the Health Authority shall, in coordination with the relevant authorities, take the necessary measures to stop any internal means of transportation or disinfect buildings, real estates or movable property to prevent or curb the spread of the disease.

Article (14)

The Ministry and the Health Authority shall grant a sick leave for the Infected Person or Person Suspected to be Infected if it determines that the person is infected or suspected to be infected with a Communicable Disease or he is a Pathogen Carrier, and that continuing to carry out his job would harm the health of others.

Article (15)

Where there is a probability that a Communicable Disease will spread, the Ministry and the Health Authority shall coordinate with each other and with the concerned authority to order the closure of any educational institution, cinema, gym, amusement parks or any other places, or to extend the period of their closure for a sufficient period of time to prevent or curb the spread of any Communicable Disease. The closure order shall be issued by the Minister, and the concerned authorities shall implement it within their respective competence.

Article (16)

The Ministry and the Health Authority shall coordinate with each other and with the concerned authority to order the removal of any temporary building or the destruction of luggage, clothes or any other stuff, if it is proven that it is contaminated or is probably contaminated with any Pathogens with no possibility to be disinfected through the normal ways.

The order shall be issued by the Minister, and the concerned authorities shall implement it within their respective competence.

Article (17)

The Ministry and the Health Authority shall coordinate with each other and with the concerned authority to order to:

1. destruct any food or drink or any materials used in preparing foods that have been confirmed to be contaminated by Pathogens of any of the Communicable Diseases transmitted through foods or drinks, or safely get rid of any animal infected or suspected to be infected with the Pathogens.
2. prevent product trading when there is any infection transmitted through foods or drinks in one of the food or drinks factories, farms, or food preparation stores, especially dairy products and derivatives, except after

ensuring that they are free from Pathogens and after taking the necessary health measures in this regard.

The order shall be issued by the Ministry or the Health Authority, as the case may be, and the concerned authorities shall implement it within their respective competence.

Article (18)

In the event of an Epidemic, the Ministry and the Health Authority shall, in coordination with each other and with the concerned authority, take the necessary actions and order to:

1. declare any place or geographical area as contaminated place and regularize entry to and exit from it.
2. prevent or restrict gatherings or hold private and public celebrations.
3. take the appropriate health measures with regard to the regulation of markets, roads and other public places.
4. take appropriate measures with the patient or the Person Suspected to be Infected or their Contacts in order to prevent or curb the spread of the disease.
5. take the necessary health measures to ensure the safety of water and protect its resources from contamination by any Pathogen.
6. take any other action they deem necessary to protect public health and prevent the further spread of the epidemic disease.

Article (19)

It shall not be permissible to transport a corpse of any person who died of a Communicable Disease, to open a coffin containing corpse of a diseased person who died in a foreign country as a result of a Communicable Disease or to bury a diseased person who died of a Communicable Disease save in accordance with the terms and conditions determined by the Implementing Regulations of this Law.

Article (20)

1. Newborns must be immunized against targeted Communicable Diseases according to the National Immunization Programme (NIP) launched by

the Ministry, provided that those covered by the National Immunization Programme receives the Immunization and the relevant services free of charge.

2. The Minister shall issue decisions and schedules organizing free Immunization against diseases targeted within the National Immunization Program.

Article (21)

1. The guardian or the sponsor of a child must send him to the Immunization centers to receive the necessary Immunization doses according to the scheduled Immunization programme.
2. School health physicians shall, in coordination with school principals, immunize children who are under their supervision in accordance with the National Immunization Programme.

Article (22)

1. Without prejudice to Article 18 of this Law, the Minister may, in coordination with the Health Authority, issue a decision - to be published in the Official Gazette and various media - specifying the areas in which the Epidemic appears or is likely to appear and can be controlled through Immunization or any other preventive measure, and under which every person is required to be immunized against that disease.
2. The Health Authority shall bear the cost of the preventive and curative measures, including Immunization, diagnosis, and burial of the deceased.

Article (23)

1. The Ministry and the Health Authority shall raise awareness about the health requirements necessary for travelers to avoid being infected with Communicable Diseases in accordance with international health regulations.
2. Those wishing to perform Hajj or Umrah rites shall be immunized against Communicable Diseases and other health measures before leaving the State and upon their return, in accordance with the necessary preventive health measures determined by the competent Health Authorities.

Article (24)

Any person whose health condition does not permit to have Immunization or other qualitative preventive measures shall be exempted from Immunization and preventive measures, according to a decision of the specialist physician.

Article (25)

1. The Ministry and the Health Authority may establish divisions, units, or programmes affiliated thereto, each of which is concerned with one or more Endemic Diseases whose identification and control measures shall be issued by decision of the Minister.
2. The Ministry and the Health Authority shall provide places for Isolation according to the approved specifications and standards determined by the Implementing Regulations of this Law.

Article (26)

The Ministry and the Health Authority shall organize medical examination procedures for those coming to the State for residence, work or study purposes to determine if they are infected with any of the Communicable Diseases that are determined by resolution of the Cabinet.

Chapter Four

Rights and Obligations of Persons Infected with Communicable Diseases

Article (27)

It shall be prohibited to place any special restrictions or requirements on persons infected with Communicable Diseases to prevent them from obtaining the rights prescribed for them in the legislation in force in the State, taking into account their health condition, without prejudice to the measures necessary to prevent and eliminate the spread of Communicable Diseases.

Article (28)

Persons infected with Communicable Diseases specified in the Implementing Regulations of this Law shall have the right to receive the necessary health care and treatment in government Health Facilities as per the procedures determined by the Implementing Regulations of the Law, provided that the necessary health care and treatment is free of charge for diseases listed in Section “A” of Schedule 1 attached hereto, unless it is covered by health insurance.

Article (29)

Persons infected with Communicable Diseases shall be entitled to protect the confidentiality of their information related to the disease, and this information may only be disclosed in the cases established by law.

Article (30)

As an exception to the provisions of Article 4 of this Law, a person who wants to undergo a test for any of the Communicable Diseases determined by the Implementing Regulations of this Law, may conduct Voluntary Non-nominal Test in health centers and institutions regarding which a decision is issued by the Ministry or the Health Authority. In this case, the physicians and all employees working in these centers and institutions who do this test shall not disclose the identity of the patient or the result of his test. Infected Persons who have been diagnosed with the disease shall have the medicine in accordance with the provisions of this Article, and the residence of infected expatriates remains valid until the end of the period specified for it and can be renewed if the result of the medical test shows that the expatriate is medically fit. The Implementing Regulations of this Law shall set the rules governing the Voluntary Non-nominal Test, including the ways of protection of Contacts.

Article (31)

1. A person who knows that he is infected or suspected to be infected with any of the Communicable Diseases specified by the Concerned Department among those listed in Schedule 1 attached hereto, may not travel or move to any place other than the Health Facility except after obtaining the approval of the Ministry or the Health Authority.
2. Any arrival who knows that he is infected or suspected to be infected with any of the Communicable Diseases specified by the Concerned

Department among those listed in Schedule 1 attached hereto, may not enter the State except after informing the Ministry or the Health Authority thereof and obtaining its approval. He must also notify the Ministry or the Health Authority immediately upon arrival to the State, in accordance with the procedures determined by the Implementing Regulations of this Law.

3. The Health Authority shall take the necessary measures with arrivals to the State from countries endemic with any of the Communicable Diseases specified by the Ministry or the Health Authority among those listed in Schedule 1 attached hereto. These arrivals shall be subject to the necessary health procedures determined by the Implementing Regulations of this Law in order to ensure that they are free from any Communicable Diseases. Person Suspected to be Infected shall be subject to the procedures decided by the Ministry and the Health Authority, including health Isolation according to their health condition.
4. The Ministry shall announce the endemic countries as per the procedures determined by the Implementing Regulations of this Law.

Article (32)

When he knows that he is infected with any of the diseases listed in Schedule 1 attached hereto, the Infected Person and his Contacts shall go to the Ministry or the Health Authority to receive the medicine, advice and awareness of the risks of infection and the modes of transmission of infection.

Article (33)

When he knows that he is infected with any of the diseases listed in Schedule 1 attached hereto, the Infected Person shall adhere to the preventive measures, implement prescriptions, and abide by the instructions given to him, in order to prevent the transmission of infection to others.

Article (34)

A person who knows that he is infected with any of the diseases listed in Schedule (1) attached hereto may not behave intentionally in a manner that results in the transmission of the disease to others.

Chapter Five

Inspection and Penalties

Article (35)

Inspection

Employees of the Ministry and the competent Health Authority who are designated by decision of the Minister of Justice, in agreement with the Minister and the chairman of the Health Authority, shall have the status of judicial officers in establishing any violation of the provisions of this Law or its Implementing Regulations and decisions, each within the scope of his competence.

Article (36)

Penalties

Shall be sentenced to detention and/or a maximum fine of AED 10,000 (Dirhams Ten Thousand), whoever violates any of the provisions of Article (4) and (6) of this Law.

Article (37)

Shall be punished by a fine of no less than AED 5,000 (Dirhams Five Thousand) and not more than AED 20,000 (Dirhams Twenty Thousand), whoever violates the provisions of paragraph (1) of Article 21 of this Law.

Article (38)

Shall be sentenced to detention and/or a fine of no less than AED 10,000 (Dirhams Ten Thousand) and not more than AED 50,000 (Dirhams Fifty Thousand), whoever violates any of the provisions of paragraphs (1 and 2) of Article 31 and Articles (32) and (33) of this Law.

Article (39)

Shall be sentenced to imprisonment for a maximum term of five (5) years and/or a fine of no less than AED 50,000 (Dirhams Fifty Thousand) and not more than AED 100,000 (Dirhams One Hundred Thousand), whoever violates the provisions of Article (34) of this Law. Jail sentence shall be doubled in case of recidivism.

Article (40)

Without prejudice to the provisions of Article (38) and (39) of this Law, the court may order that the patient be subjected to treatment or Mandatory Hospitalisation based on a report from the Concerned Department.

Article (41)

The application of the penalties provided for in this Law shall be without prejudice to any severer penalty provided for in any other law.

Chapter Six

Final Provisions

Article (42)

The Minister shall, in coordination with the Health Authority, issue the national programmes relevant to major Communicable Diseases.

Article (43)

The Ministry shall establish a national registry to monitor and account for communicable diseases, and any other relevant systems.

Article (44)

The Minister may, in coordination with the Health Authority, make any amendment to any of the Schedules of Communicable Diseases attached hereto. The amendment decision shall be published in the Official Gazette.

Article (45)

The Cabinet shall, upon proposal of the Minister after coordination with the Health Authority, issue the Implementing Regulations of this Law within six (6) months from the date of its entry into force.

Article (46)

Federal Law No. (27) of 1981 on the Prevention of Communicable Diseases shall be abrogated. Any provision contrary to, or in conflict with the provisions of this Law shall be repealed.

Article (47)

This Law shall be published in the Official Gazette, and shall come into force thirty (30) days after the date of its publication.

Khalifa bin Zayed Al Nahyan

President of the United Arab Emirates

Promulgated by Us at the Presidential Palace in Abu Dhabi

On: 27/Muharram/1436 H

20/November/2014 G

Schedule 1

List of Reportable Communicable Diseases

القسم (ب) قائمة أمراض التبليغ الأسبوعي Group B Weekly reported disease	القسم (أ) قائمة أمراض التبليغ الفوري Group A Immediately reported disease
الزحار الأميبي Amoebiasis	الشلل الرخوي الحاد (AFP) Acute Flaccid Paralysis
داء البروسيلات Brucellosis	الجمرة الخبيثة Anthrax
الجديري المائي Chickenpox Varicella	التسمم الوشيقي (السجقي) Botulism
التهاب الملتحمة Conjunctivitis	الهيضة (الكوليرا) Cholera
التهاب الدماغ Encephalitis	الخناق Diphtheria
داء الجياريات Giardiasis	الاشريكية القولونية Enterohaemorrhagic Escherichia coli
الإنفلونزا (النزلة الوافدة) Influenza	(التسمم الغذائي) (food poisoning)
النكاف Mumps	داء المستديمة النزلية الغزوي Haemophilus influenzae invasive disease
الحمى الراجعة Relapsing Fever	فيروس نقص المناعة البشري / متلازمة نقص المناعة المكتسب Human Immunodeficiency Virus (HIV) / AIDS
الجرب Scabies	(إنفلونزا الطيور) الإنفلونزا Influenza. Avian

القسم (أ) قائمة أمراض التبليغ الفوري Group A Immediately reported disease	القسم (ب) قائمة أمراض التبليغ الأسبوعي Group B Weekly reported disease
داء الفيلقيات Legionellosis	الحمى القرمزية Scarlet Fever
الجذام Leprosy Hansen Disease	الإصابات المنقولة جنسيًا: Sexual Transmitted Infections المتدثرة Chlamydia داء السيلان Gonorrhea الزهري Syphilis قريح Chancroid الثآليل التناسلية Genital wart هربس بسيط Herpes simplex داء المشعرات Trichomoniasis أخرى- اذكر - -specify Other-
الملاريا Malaria	أدواء العقديات الغازية (الشديدة). الناجمة عن الزمرة A أو الزمرة B Streptococcal disease. Invasive. group A or B
الحصبة Measles	أدواء المكورات الرئوية الغازية (فيما عدا التهاب السحايا) Streptococcus pneumonia invasive disease (other than meningitis)
التهاب السحايا Meningitis	التيفوئيد ونظيرة التيفوئيد Typhoid and Paratyphoid

القسم (ب) قائمة أمراض التبليغ الأسبوعي Group B Weekly reported disease	القسم (أ) قائمة أمراض التبليغ الفوري Group A Immediately reported disease
التهاب الكبد الفيروسي (B, C, D) Viral Hepatitis (B.C.D)	الشاهوق (السعال الديكي) Pertussis
أمراض أخرى- حيوانية المنشأ Other zoonotic diseases not else- where classified	الطاعون Plague
أمراض معدية- خمجية أخرى غير محددة Other unspecified infectious diseases	شلل الأطفال Poliomyelitis
	السعار (داء الكلب) Rabies
	الحصبة الألمانية (متضمنة الخلقية) Rubella (including congenital)
	المتلازمة التنفسية الحادة الوخيمة (سارس) Severe Acute Respiratory Syndrome (SARS)
	الجذري Smallpox
	الكزاز (متضمنًا كزاز الوليد) Tetanus (including neonatal)
	السل (الرئوي وغير الرئوي) Tuberculosis (pulmonary & extra-pulmonary)
	حمى التيفوس Typhus
	الحميات النزفية الفيروسية Viral Hemorrhagic Fevers

القسم (ب) قائمة أمراض التبليغ الأسبوعي Group B Weekly reported disease	القسم (أ) قائمة أمراض التبليغ الفوري Group A Immediately reported disease
	التهاب الكبد الفيروسي A, E Viral Hepatitis (A, E)
	الحمى الصفراء Yellow fever
	أي مرض طارئ/ مستجد تحدده الإدارة المعنية في الوزارة any unusual/ emerging Disease specified by the concerned department in the ministry

Schedule 2

Duration of Isolation of the Infected Persons and Quarantine or Isolation of Contacts

Disease	Duration of Isolation of Infected Persons	Duration of Monitoring or Quarantine or Isolation of Contacts
Plague	<p>a- Bubonic Plague: (in the absence of a cough and if the chest x-ray is negative) precautions for drainage and secretions are observed for 48 hours from the start of active treatment.</p> <p>b- Pneumonic Plague: Strict isolation with precautions to prevent the transmission of infection through the air, until 48 hours have passed after the end of the appropriate treatment accompanied by good clinical response.</p>	<ul style="list-style-type: none"> Household and other close Contacts of a pneumonic plague patient shall be kept under observation for a period of 7 days, while being given a preventive medicine. In the event of rejection of the preventive medicine, strict Isolation and close Monitoring shall be applied for 7 days.
Cholera	<ul style="list-style-type: none"> Hospital Isolation for severe cases along with intestinal precautions until the symptoms are cleared. No strict Isolation is required. 	Monitoring Contacts who share food and drink with the patient for 5 days since the last exposure, and making sure that their stool bacterial lab tests are negative.
Yellow Fever	<ul style="list-style-type: none"> Stay for the first six days of sickness in a room protected from mosquitoes. Taking precautions regarding blood supply and body fluids. 	
Typhus Fever	No need for Isolation after the appropriate extermination of lice in the clothes and housing of patients and household Contacts	<ul style="list-style-type: none"> Monitoring Contacts for two weeks. Quarantine, if possible, of Contacts infected with lice for 15 days after using the appropriate Insecticide.

Disease	Duration of Isolation of Infected Persons	Duration of Monitoring or Quarantine or Isolation of Contacts
Diphtheria	<ul style="list-style-type: none"> Two weeks after recovery and the period may be shortened if the throat and nasal secretion culture is found negative in the laboratory test two times, with an interval of no less than 24 hours between the two tests (the first test to be taken at least 24 hours after the end of the antimicrobial treatment). Isolation can be terminated after 14 days of antibiotic use if laboratory testing (culture) is not available 	Adult Contacts handling food (especially milk) and the patient's Contacts who at the same time come into contact with children who are not immunized against the disease shall be isolated from work until bacteriological tests prove that they do not carry the Pathogen.
Mumps	Respiratory Isolation for 5 days after the swelling of the parotid gland or 7 days after clearance of the swelling of the parotid gland.	Isolation of school children and workplaces for a period of 5 days from the start of infection if there are ready Contacts (not immunized).
Measles	<ul style="list-style-type: none"> Prevent children from going to school for 4 days after the onset of the rash. People hospitalized shall be respiratory isolated for 4 days after the onset of the rash. 	If necessary, the Quarantine for persons in institutions, wards, or dormitories for young children shall be for a maximum period of 18 days from the last day of exposure to the infection, and strict Isolation should be applied for infants for the same period in such institutions.

Disease	Duration of Isolation of Infected Persons	Duration of Monitoring or Quarantine or Isolation of Contacts
Whooping (Cough Pertussis)	<ul style="list-style-type: none"> Patients whose diagnosis confirm their infection shall undergo respiratory Isolation until complete recovery. Suspected cases shall be isolated from young children and infants for at least 5 days since the start of receipt of the appropriate treatment. 	<ul style="list-style-type: none"> Non-immunized persons of less than 7 years shall be excluded for 21 days (from school or other gatherings) since the last exposure to the infection or until the case or Contacts have received the appropriate antibiotics for at least 5 days from
	<ul style="list-style-type: none"> Suspected cases shall be isolated for 3 weeks if they do not receive the medicine. 	<p>the least treatment period of 7 days.</p> <ul style="list-style-type: none"> An immunized person shall shall not be put under Quarantine or excluded from school or any other gathering.
Chicken pox	Patients shall be isolated from school and public places for 5 days or until the vesicles dry up and make a fuse.	
Cerebro-spinal Meningitis	Respiratory Isolation for 24 hours after starting the appropriate treatment.	Monitoring the household and close Contacts to monitor the early signs of the disease (especially temperature) in order to start the appropriate treatment without delay, if necessary, for a maximum period of ten days.
Typhoid Fever	The patient shall be monitored until the result of culture of his stool (and urine if he has schistosomiasis) is negative in the bacteriological laboratory	

Disease	Duration of Isolation of Infected Persons	Duration of Monitoring or Quarantine or Isolation of Contacts
(salmonella disease)	test that is conducted through making two consecutive culture of bacteria within an interval of 24 hours, provided that the first examination is at least 48 hours after the end of the antimicrobial treatment.	
Scabies	<ul style="list-style-type: none"> Infected Persons shall be excluded from school or work until the next day following treatment. 	Monitoring Contacts and giving prophylactic treatment to people exposed to skin contact with the Infected Persons.
	<ul style="list-style-type: none"> Contact Isolation shall be imposed on patients in hospital for 24 hours after the start of effective treatment. In cases of crusted scabies, alternative Isolation is proposed when the disease is spread in institutions for a period of 10 days for the patient. 	
Influenza	Isolation for the first 5-7 days after the onset of the disease.	
Rabies	Contact Isolation for the salivary secretions of the rabies patient for the duration of the disease.	
Conjunctivitis	Children shall be excluded from schools or other gatherings during the acute stage of the disease.	
Other Communicable Diseases	As decided by the Concerned Department.	

Schedule 3

Common Diseases transmitted from Animals to Humans that must be reported

(Zoonoses)

Name of Disease in Arabic	Name of Disease in English	Pathogen
الجمرة الخبيثة	Anthrax	Bacillus anthracis
البروسيلة	Brucellosis	Brucellaabortus, brucellamelitensi, Brucellasuis, brucellacanis, Brucellamaris
مرض اللولبيات (ليبتوسبيروز)	Leptospirosis	Leptospirabovis
السل البقري	Bovine Tuberculosis	Mycobacterium bovis
نظير السل	Paratuberculosis	Mycobacterium avium subspecies paratuberculosis
تولاريميا	Tularemia	Francisellatularensis
الرعام	GlandersGlanders	Burkholderia (Pseudomonas) mallei
حمى الكونغو والقرم النزفية	Crimean Congo haemorrhagic fever	The Bunyaviridae family of RNA viruses
التهاب الدماغ والنخاع الخيلي (الغربي والشرقي والفرنزولي)	Equine encephalomyelitis (western, eastern, Venezuelan)	Western, eastern & Venezuelan equine encephalitis virus
الحمى القلاعية (داء الفم والقدم)	Foot and mouth disease	Aphovirus of family Picornaviridae
التهاب الدماغ الياباني	Japanese encephalitis	Japanese encephalitis virus belong the family Flaviviridae
التهاب الفم الحويصلي	Vesicular stomatitis	The family Rhabdoviridae

Name of Disease in Arabic	Name of Disease in English	Pathogen
داء الكلب (السعار)	Rabies	Family Rhabdoviridae, genus Lyssavirus
حمى الوادي المتصدع	Rift Valley fever	Family Bunyaviridae within the genus Phlebovirus
حمى الوادي المتصدع	Rift Valley fever	Family Bunyaviridae within the genus Phlebovirus
حمى غرب النيل	West Nile Fever	The family Flaviviridae
إنفلونزا الطيور	Avian influenza	Family Orthomyxoviridae and placed in the genus influenza virus A
داء البابسيات البقري	Bovine Babesiosis	Babesiabovis, Babesiadivergens
داء البابسيات البقري	Bovine Babesiosis	Babesiabovis, Babesiadivergens
حمى الكاف (الحمى المشبوهة السبب)	Q fever (Query fever)	CoxiellaBurnetii
الدودة اللولبية للعالم الجديد	New world screwworm	Cochliomyiahominivorax
الدودة اللولبية للعالم القديم	Old world screwworm	Chrysomyabeziana
الاعتلال الدماغى الإسفنجى البقري (جنون البقر)	Bovine spongiform encephalopathy	Prion



Cabinet Resolution No. (33) of 2016 concerning the Implementing Regulations of Federal Law No. (14) of 2014 on the Prevention of Communicable Diseases*

The Cabinet:

- Having regard to the Constitution;
- Federal Law No. (1) of 1972 on the Mandates of Ministries and Powers of Ministers, as amended;
- Federal Law No. (14) of 2014 on the Prevention of Communicable Diseases;
- Federal Law No. (4) of 2015 on Private Medical Facilities;
- Cabinet Resolution No. (7) of 2008 on the Medical Examination Regulation for Arrivals to the UAE for Work or Residence, as amended;
- Cabinet Resolution No. (28) of 2008 on Blood Transfusion Regulation;
- Cabinet Resolution No. (29) of 2010 concerning Community Protection System Against HIV and Protection of Rights of People Living with It; and
- Based on the proposal of the Minister of Health and Prevention, and the approval of the Cabinet,

• Resolves:

Article (1)

Definitions

1. In application of the provisions of this Resolution, the following words and expressions shall have the meanings ascribed to them, unless the context otherwise requires:

State	: The United Arab Emirates.
Ministry	: The Ministry of Health and Prevention.
Minister	: The Minister of Health and Prevention.
Law	: The Federal Law No. (14) of 2014 on the Prevention of Communicable Diseases.

* This translation from Arabic to English is provided for your convenience only. In case of any discrepancy, the Arabic version prevails

- Health Authority : The Ministry or any federal or local government authority in charge of health affairs in the State.
- Concerned Department : The Preventive Medicine Department of the Ministry or corresponding departments at the other Health Authorities.
- Border Checkpoint : The place specified by decision of the competent authority in accordance with the relevant legislation, which permits entry to or exit from the State, either by land, sea or air.
- Veterinary Authority : The Ministry of Climate Change and Environment (MOCCAE) or the local authority in charge of animal health in any of the emirates of the State.
- Deceased : The person who dies of a Communicable Disease or due to any other reason occurred while suffering from a Communicable Disease.
- Reporting Form : The document set by the competent authority in accordance with the provisions hereof.
- Embalmmment : The procedure carried out by specialists to handle a corpse in order to preserve it and to limit its decomposition for its transportation out of the State.
2. Words and expressions not defined in paragraph (1) above shall have the meanings ascribed to them in the Law unless the context otherwise implies.

Article (2)

Reporting Communicable Diseases

1. Whenever the categories specified in paragraph (1) of Article 4 of the Law become aware, or suspect, that a person has contracted or died of any of the Communicable Diseases listed in Section A of Schedule 1 attached to the Law, they shall immediately, and within a maximum of 24 hours, report this to the Health Authority they are affiliated with by virtue of their work, in accordance with the following procedures:
- a. To complete all the data pertaining to the Infected Person, the data of the reporting person and the medical condition on the Reporting

Form, provided that this Form includes all the data listed in Schedule 1 attached hereto as a minimum.

- b. To send the Reporting Form containing all data mentioned in subparagraph “a” above to the Health Authority with which the reporting person is affiliated.
2. Whenever the categories specified in paragraph 2, Article 4 of the Law become aware, or suspect, that a person has contracted or died of any of the Communicable Diseases listed in Section A of Schedule 1 attached to the Law, they shall immediately report this to the nearest Health Authority via any means of reporting either in writing or via phone, fax or electronic media, provided that such authority completes the data and information mentioned in paragraph 1 above.
3. The Health Authority may add any data or information to the Reporting Form mentioned in paragraph (1) above.

Article (3)

If Health Authorities and Private Health Facilities detect or become aware of any infection of Communicable Diseases listed in Schedule 1 attached to the Law, they shall immediately report the same to the Concerned Department they are affiliated with. The reporting period shall not exceed twenty-four (24) hours for diseases listed in Section A of the Schedule and shall not exceed (7) seven days for diseases listed in Section B of the Schedule 1 referred to in this Article. Reporting such cases shall be made via fax, electronic media or other available means of writing or via phone in cases of urgency, provided that a written report is submitted later and the Health Authority commences the required measures regarding the written report immediately.

Article (4)

Procedures to be taken in case of Infection of an Animal with a Communicable Disease

If a Veterinary Authority detects an infection of an animal with a Communicable Disease that can be transmitted to humans, the following procedures shall be applied:

1. Immediately provide the Concerned Department with the information about the disease that infected the animal and the available information on those who dealt with it, the geographical area in which the infection appeared

and all the information that can assist the Concerned Department to take the measures required.

2. Coordinate with the competent Health Authorities and other concerned authorities to decide whether any procedures shall be applied to regulate the entry and exit of people into and out of the location where the infection appeared.
3. Limit the chances of humans' contact with the infected animal as per the nature of the disease and the modes of its transmission.
4. Determine the preventive measures required to be applied such as hand washing, use of personal protective equipment (PPE), pest control and other procedures as per the nature of the disease and the modes of its transmission.
5. Take the procedures required to restrict or prevent the import of the infected animal species or allow the same in accordance with the controls set forth in this respect in the relevant legislation.

Article (5)

Communicable Disease Control Procedures

When establishing medical units in the Border Checkpoints falling under their respective geographical scope, the Health Authority shall adhere to the following controls:

1. For Border Checkpoints:

- a. It shall be a Border Checkpoint that receives a large number of travelers and a large trade volume.
- b. The health hazards in the selected Border Checkpoint shall be real, whether they are confirmed or potential.
- c. Capabilities and trained staff required for inspection and carrying out procedures in that Border Checkpoint shall be provided.
- d. Coordination with the concerned authorities and establishment of controls and conditions to guarantee the provision of a safe and healthy environment free of sources of Contamination and infection in all facilities utilized by travelers in such Border Checkpoint; such as fresh water supplies, restaurants, canteens, public restrooms and proper food disposal services.

- e. A programme shall be developed for control of Communicable Disease transmitters that may transmit the infection factor which represents a hazard for public health and raises universal concerns.
- f. The Border Checkpoint shall apply the international recommended practices and procedures to exterminate insects and vermin, to dispose of luggage, cargoes, containers and means of transportation for humans and goods or parcels or to remove Contamination or to dispose of the same when necessary in the event of response to the incidents that form a public health emergency, which provokes a universal concern.

2. For medical units established in the Border Checkpoints:

- a. Select a location to build the medical units, where assessment of travelers and patients' health conditions can be carried out and the required care can be provided promptly.
- b. Develop proper means to provide suitable healthcare services via the assistance of qualified personnel, proper medical equipment and diagnostic facilities.
- c. Provide proper-trained staff and equipment to transport patients to suitable Health Facilities when necessary.
- d. Medical units shall be equipped and qualified to handle emergencies through assessing the infected traveler's medical condition, providing healthcare services to him and taking required preventive measures.
- e. Medical units shall have proper capabilities to evaluate the health condition of the traveler suspected of being infected and admit it into Quarantine, when necessary, in locations isolated from the Border Checkpoint.
- f. Develop a mechanism in cooperation with the competent Veterinary Authority to handle infected or suspected animals; especially when it comes to the diseases listed in Schedule 3 attached to the Law.

Article (6)

All local and federal authorities of the State shall enable the Health Authority to obtain the information required by it in order to monitor Communicable Diseases. Monitoring procedures shall be as follows:

1. Receipt of reports/notifications and follow-up of information and news about the spread of Communicable Diseases or infections.
2. Organization of activities or visits and field surveys or any other Surveillance methods it deems proper.
3. Analysis and interpretation of the data available in terms of place and time of appearance of the Communicable Disease, in order to determine if such disease can be transmitted individually or epidemically, and identification of the required prevention and control measures.
4. Reporting the Surveillance results to the concerned authorities and persons.
5. Reporting the Communicable Diseases to the Ministry in order to fulfill international and regional Surveillance procedures.

Article (7)

Rights and obligations of Persons Infected with Communicable Diseases

1. A person infected with a Communicable Disease listed in Section A of Schedule 1 attached to the Law shall be entitled to receive healthcare services as well as treatment and medication in governmental health facilities in line with the procedures specified in this Article.
2. Procedures specified in this Article shall apply to any person infected with a Communicable Disease listed in Section A of Schedule 1 attached to the Law, provided that healthcare services and medication are provided free of charge to those who are not covered by health insurance.
3. The free healthcare and free treatment referred to in this Article shall be provided to the Infected Persons and their Contacts, and shall be provided to any Person Suspected to be Infected with any of the abovementioned Communicable Diseases.
4. The free healthcare and free treatment referred to in this Article shall include all tests and examinations required to diagnose and treat a Communicable Disease, in addition to the medication and vaccines required for the treatment or prevention of the disease, or of its complications.
5. In order for a free healthcare mentioned in this Article to be provided, required documents shall be submitted including, without limitation, the ID card or the health insurance card of the Infected Person, as well as

any other documents specified by the Health Authority in line with the applicable regulations.

6. As an exception to paragraph 5 above, the Health Authority may allow the provision of the free healthcare to an Infected Person or Person Suspected to be Infected, without the need to provide the abovementioned documents until proper measures are taken in this regard, in case it is proved that such action prevents the spread of such disease within the State.

Article (8)

1. Health centres and institutions determined by decision of the Health Authority in accordance with Article 30 of the Law, shall make Voluntary Non-nominal Tests in order to detect infections with Human Immunodeficiency Virus (HIV)/ Acquired immunodeficiency syndrome (AIDS) or any other Communicable Disease specified by decision of the Minister.
2. The Health Facility shall carry out the Voluntary Non-nominal Tests mentioned in paragraph 1 above, in accordance with the following guidelines:
 - a. The test shall be made whether the applicant is a citizen or an arrival for visit or residence.
 - b. The test shall be made free of charge for individuals mentioned in subparagraph “a” above.
 - c. The test shall be made upon written request or verbal consent of the person who wants to take the test.
 - d. The test shall be made in line with procedures guaranteeing the confidentiality of the applicant's identity and data. Therefore, codes, numbers or any other methods shall be adopted to protect the applicant's personal information privacy.
 - e. None of the applicant's data shall be circulated during the tests. Such procedure covers primary phase of sample collection and testing as well as the final test results.
 - f. The final test results shall be reported only to the applicant in person. None of the applicant's data or any information associated therewith shall be reported to third parties prior to the applicant's written consent.

- g. The required consultancy shall be provided to the applicant prior to, and after the test. Such consultancy shall include raising the applicant's awareness of the nature of the disease, the modes of its transmission and the means to prevent others from being infected.
- h. If the applicant is found to be infected with a Communicable Disease in early stages, ensure, wherever possible, that his Contacts are tested, provided that such tests are made without the disclosure of the identity of the Infected Person or his Contacts.
- i. The Health Authority shall be provided with all related information and surveys, subject to the rules of confidentiality mentioned in this Article, in particular the names of the applicants or any other information that may expose their identities.

Article (9)

Isolation and Quarantine Conditions

Health facilities shall set up Isolation rooms according to the numbers specified by the competent Health Authority and in proportion to the absorptive capacity of the health facility and the speciality thereof. The following standards, measures and Quarantine regulations shall be applied:

1. The following shall be observed in case of Quarantine in hospitals:
 - a. Isolation rooms shall be in proportion to the nature of the Communicable Disease and the modes of its transmission in accordance with Schedule A hereto.
 - b. Provision of the minimum technical specifications in accordance with Schedule B hereto.
2. The following shall be observed in case of Quarantine in clinics, health centres and emergency departments:
 - a. Immediate separation of Person Suspected to be Infected with a Communicable Disease from other patients in spaces designated for such purpose.
 - b. Checking the Person Suspected to be Infected with a Communicable Disease in examination rooms once they arrive, and taking the measures necessary to decrease the periods they spend in shared waiting spaces.

Article (10)

1. A Quarantine shall be carried out inside or outside health facilities, provided that the following conditions are adhered to:
 - a. A Quarantine inside health facilities shall be in rooms meeting standard conditions and specifications of Isolation rooms as mentioned in Article 9 hereof.
 - b. A Quarantine outside health facilities shall be as per necessity in temporary areas specified by the Health Authority. Such areas may include buildings or residential locations, provided that the same are supervised by the Health Authorities.
 - c. Home Quarantine shall be carried out by separating the Infected Person or the Contact in a well-ventilated room with an inner toilet or allocating a toilet for him.
2. Health Authorities shall issue the decisions and set the conditions they consider proper for the implementation of the provisions of this Article in line with Schedule 2 attached to the Law.

Article (11)

Procedures for Handling Deaths from Communicable Diseases

Procedures set forth in this Article shall be applied in the event of a death, or suspected death of a person from an unknown Communicable Disease. To this effect, the Health Authority shall:

1. The body of the Deceased shall be handled as follows:
 - a. All precautions and measures shall be taken to protect those handling the corpse against Communicable Diseases.
 - b. Samples shall be promptly taken from the Deceased and delivered to the competent laboratory.
 - c. Samples must be preserved, and the laboratory may not dispose of the remaining samples wholly or partially after investigation unless the final diagnosis is made in line with approved practices.
 - d. The Health Authority must be notified and provided with data associated with death.

- e. Infection, or suspected infection with the Communicable Disease, as the case may be, shall be reported to the morgue to which the corpse is transported prior to the transport.
2. For the corpse of the Deceased to be transported, the following procedures shall apply:
 - a. All the procedures mentioned in paragraph 1 above shall be completed.
 - b. All those handling the corpse shall be notified that the deceased is infected or suspected to be infected with a Communicable Disease.
 - c. Those handling the corpse shall be trained and qualified to deal with such cases, while taking all the required preventive measures.
 - d. Instruments and medical equipment used to handle the corpse such as gloves, medical facemasks and others shall be disposed of as hazardous medical wastes.
 - e. All vehicles and tools used to transport the corpse and all areas where such corpse has been handled shall be disinfected.
3. Conditions set by the Health Authority regarding the washing of a person who die of a Communicable Disease shall be followed, subject to the following:
 - a. The corpse shall not be washed and shall only be sand-washed/dry-purified (Tayammum) and shrouded, if there is any fear that the Communicable Disease may spread in case of deceased washing.
 - b. The coffin/box coming from abroad containing the corpse of a person who died of a Communicable Disease shall not be opened prior to the written consent of the Health Authority according to the nature of the disease.
4. The Health Authority may issue the decisions it considers proper regarding the funeral prayer for the person who die of a Communicable Disease, including:
 - a. To determine certain Communicable Diseases that person dying thereof may have a funeral prayer only outdoors.
 - b. To decide to perform the funeral prayer in the ambulance in line with the relevant sharia constraints.

5. For the corpse of a person who dies of a Communicable Disease to be transported in accordance with the provisions of this Article, the competent Health Authority shall take all the measures required to transport the corpse, taking into account the regulations stated for in Articles 12, 13, 14 and 15 hereof.

Article (12)

The Communicable Diseases listed in Schedule C attached hereto are widespread and easily transmitted to the Contacts; therefore, a corpse of a person who dies of, or a carrier of a Communicable Disease shall be handled as follows:

1. The corpse shall be placed in an anti-leaking and sealed body bag.
2. The corpse shall not be washed.
3. No one shall be allowed to be in contact with the corpse save the specialised medical and technical cadres.
4. The corpse shall be transported to the graveyard in the company of the Health Authority officials, who shall be present at all times until the burial procedures are completed. The corpse shall be transported with the help of the Health Authority vehicles designated for transport and burial of Deceased.
5. The corpse shall not be transported to a house, a house of worship or a closed area for rituals to be performed.
6. The corpse shall not be embalmed.
7. The corpse shall not be transported abroad.
8. The corpse shall be buried in accordance with the conditions stated in Article 13 hereof.

Article (13)

For the purposes of burying the corpse of a person who died of a Communicable Diseases listed in Schedule C attached hereto, the following procedures and conditions shall be followed:

1. The competent authorities shall set and prepare specific graves in a certain part of the cemetery to bury the abovementioned corpses, provided that these authorities take the following procedures:

- a. The graves shall be at least 500 m away from residential blocs.
 - b. The location of graves shall be at least 500 m away from location of groundwater wells.
 - c. The depth of groundwater in the area set for such graves shall not be less than 200 ft.
2. Burial of such corpses shall be carried out as soon as possible and urgently in the designated areas and in accordance with the conditions of this Article.
3. In the absence of conditions stated in paragraph 2 above, the competent authorities shall take the following procedures:
 - a. The abovementioned graveyard area shall be isolated from the streams of valleys, and shall be protected from erosions resulting from floods or any other potential causes.
 - b. A below-surface isolation of the graves shall be made using anti-leaking and non-biodegradable materials in order to prevent any leakage of any liquids or substances to the groundwater systems.
4. The grave mentioned in this Article shall be arranged as follows:
 - a. A hole of a width of 1.70 m, a length of 2.50 m and a depth of 2.00 m at least shall be dug.
 - b. The grave floor shall be covered with a cement layer of a thickness of at least 10 cm.
 - c. The walls of the grave shall at least be of a width of 75 cm, a length of 2.10 m and a height of 85 cm.
 - d. Cement and cement bricks shall be used to build the grave walls.
5. Each corpse shall be buried separately following all procedures required in order to identify each corpse in cases of mass deaths.
6. The corpse shall be covered with a layer of soil of at least 1 meter.
7. Mass or random burial or cremation shall not be permitted.
8. Notwithstanding paragraphs (4), (5) and (7) above, an organized mass burial may occur in the event of mass deaths resulting from a Communicable Disease Epidemic and where burying corpses separately shall not be

possible, provided that the conditions specified by the Health Authority are fulfilled.

9. An area of (1,500 m²) shall be made available for each 10,000 corpses.
10. If coffins or shrouds could not be provided, corpse shall be wrapped in plastic covers to keep it separate from the soil. Chlorine solution or other medical antiseptics may be used instead of lime.
11. Where a death is diagnosed or suspected to have occurred as a result of infection with a highly severe Communicable Disease, it must be ensured that the corpse coming from abroad is contained in an equipped coffin set for the deaths mentioned in this Article. The coffin shall be anti-leaking to prevent the leakage of any corpse liquids. The corpse shall be buried in a grave set therefor and the coffin shall not be opened.

Article (14)

The Communicable Diseases listed in Schedule (D) attached hereto are severe and can be transmitted by direct contact with the liquids and blood of the Deceased; therefore, the corpse of the Deceased shall be handled as follows:

1. The corpse shall be placed in an anti-leaking and sealed body bag.
2. The corpse may be embalmed to be transported abroad, provided that it is carried out after fulfilling the requirements specified in paragraph 5 below.
3. The corpse may be washed, provided that all preventive measures specified by the Health Authority are taken.
4. The family of the deceased may be allowed to attend the preparation process of the corpse, and may touch the corpse of the Deceased in accordance with the preventive measures specified by the Health Authority.
5. The corpse shall not be transported abroad, unless the following requirements are fulfilled:
 - a. An application shall be submitted by the family of the Deceased to the Health Authority.
 - b. The corpse shall be embalmed in one of the centers mentioned in Article 16 hereof.
 - c. The approval of the Health Authority shall be obtained.

- d. The approval of the embassy of the country where the Deceased is to be buried and the approval of the embassy of the transit country, where necessary, shall be obtained.
- e. The approval of the operator of the means of transportation used to transport the corpse shall be obtained.

Article (15)

The corpse of a person who dies of infection with, or because of carrying of an moderately dangerous Communicable Disease mentioned in Schedule E attached hereto shall be handled in accordance with the following procedures:

- 1. The corpse may be washed, provided that all preventive measures specified by the Health Authority are taken.
- 2. The family of the Deceased may be allowed to attend the preparation process of the corpse, and may touch the corpse of the Deceased in accordance with the preventive measures specified by the Health Authority.
- 3. The corpse shall not be transported abroad, unless the requirements specified in paragraph 5, Article 14 hereof are fulfilled.

Article (16)

Requirements to be met in Embalmmnt Centres

The Health Authorities shall allocate one or more centres for the Embalmmnt of the corpse of the people who die of Communicable Diseases listed in Schedules D and E hereto, in accordance with the following requirements:

- 1. The site shall be separate from the remaining buildings, where medical services are provided.
- 2. The site shall have a separate ventilation system.
- 3. The site shall be operated by a low pressure system.
- 4. The site shall have a separate sewerage.
- 5. The site shall be fully equipped with all intruments and materials required for embalmmnt, disinfection and transportation.
- 6. The site shall contain a separate refrigerator with a capacity of at least 3 bodies.

7. The site shall be directly supervised by a specialist in forensics with an experience of not less than three (3) years in an Embalmmment centre.
8. The site shall be operated by qualified technicians with proper public health credentials, preferably in the field of Embalmmment, and an experience of not less than five (5) years in the field.

Article (17)

Procedures for Arrivals to the State who are Infected or Suspected to be Infected

If a person who is prohibited from entering the State by Article 31 of the Law unless after he notifies the Ministry or the Health Authority and obtains its consent, arrives to the State while knowing that he is infected or suspected to be infected with a Communicable Diseases specified by the concerned authorities and listed in Schedule 1 attached to the Law, shall notify the Ministry or the Health Authority immediately upon arrival to the State according to the following procedures:

1. Report his medical condition to the crew of the means of transportation used.
2. Visit the nearest border medical control centre or the medical unit based in the Border Checkpoint through which he intends to enter into the State.
3. Present all the documents clarifying his medical condition enabling the border medical control centre or the medical unit based in the concerned Border Checkpoint to review them and keep a copy thereof.

Article (18)

The Health Authority shall apply the following medical procedures to those arriving to the State from any of the countries infested with any of the Communicable Diseases specified by the Ministry or the Health Authority and listed in Schedule 1 attached to the Law:

1. To take the public health measures and any other health measures recommended by the World Health Organization (WHO) in this respect.
2. To take the required medical and preventive measures, if necessary, after notifying the arrival with any danger associated therewith in order to obtain the arrival's explicit consent or the consent of his guardian. Such measures shall be taken with as less inconvenience as possible guaranteeing

public health protection in accordance with the internationally and nationally approved health and safety guidelines. The absence of medical contradictions shall be obligatory for such measures to be taken.

3. To pay due respect to all travelers subject to such measures taking into account human rights, gender as well as social, cultural, ethnic and religious considerations.
4. To provide or set the required arrangements to supply sufficient quantities of food and water and provide proper accommodation settings while protecting luggage and other belongings, to provide proper medical treatment and the necessary means of communication, in a language understood by the traveler if possible, to provide the travelers subject to Quarantine, Isolation or medical examination or to any other procedures with all the help possible in a manner fulfilling the purposes of public health sector.
5. Ask the traveler to release sufficient information regarding his destination to enable rapid contact with him.
6. Ask the traveler to disclose information regarding his trip itinerary to make sure if he had been into any infested region or if he had any other potential contact with the sources of infection or Contamination before entering the State. The traveler's health documents shall be revised if necessary.
7. Medical examinations shall be carried out, provided that such examination does not include any invasive procedures, while taking into account that the examination is performed with as less inconvenience as possible in a manner fulfilling the purposes of public health sector.
8. Vaccines and other proper preventive measures shall be provided based on the nature of the disease. The traveler receiving vaccines or any other preventive measures shall be granted a certificate of his medical condition. Such certificate shall be signed by the medical official in charge and shall be sealed by the stamp of the medical centre in accordance with the form attached to the International Certificate of Vaccination.
9. Any other applicable medical measures that can prevent or combat a Communicable Disease including Isolation, Quarantine or placement of traveler under the observation of the health authorities.

Article (19)

The Ministry of Health and Prevention shall declare the endemic countries via a statement made for this purpose in accordance with the statements issued by the WHO as per the international health regulations, provided that all Health Authorities are notified of such statement immediately.

Final provisions

Article (20)

The Minister may amend any of the Schedules attached hereto, wherever necessary, following coordination with the Health Authorities, provided that the amendment decision is published in the Official Gazette.

Article (21)

The Minister shall issue the decisions necessary for the implementation of the provisions of this Resolution.

Article (22)

Any provision contrary to, or in conflict with the provisions of this Resolution shall be repealed.

Article (23)

This Resolution shall be published in the Official Gazette, and shall be effective six (6) months after the date of its publication.

Mohammed bin Rashid Al Maktoum

Prime Minister

Issued by Us

On: 29/Shawwal/1437 H

3/August/2016 G

Communicable Disease Reporting Form

First: Patient Details

Reporting Date	
Medical Card No.	
ID/Passport/Unified Number	
Full Name	
Date of Birth	
Age	
Gender	
Nationality	
Address (Emirate, City, District, Street, House, Apt.)	
Workplace Phone No.	
Mobile Phone No.	
Profession	
Place of Work/Study	
Workplace/Educational Institution Phone No.	
Name of Sponsor (if any)	
Sponsor Mobile No. (if any)	

Second: Medical Condition Details

Date of Disease Appearance	
Diagnosis (Primary/Confirmed)	
Lab Test (Taken/ Not Taken Yet)	

Third: Reporting Person Details

Name	
Profession	
Contact No.	

Schedule A

Isolation Room Levels in Hospitals

مستوى غرفة العزل Isolation Room Level	القياسية Standard	سالب الضغط Negative Pressure	إيجابي الضغط Positive Pressure
Ventilation Standards	There is no difference in air pressure between the room and its surroundings.	Air pressure in the room is less than its surroundings.	Air pressure in the room is more than its surroundings.
Preventions as per methods of spread	Transmission via direct contact and droplets	Transmission via air	To prevent infection spread transmission from outside the room to the inside
Examples of Diseases	<ul style="list-style-type: none"> Antibiotic resistant microbes such as VRE. Viral Hemorrhagic Fever. Intestinal Catarrh. Hepatitis (A) Meningitis Influenza (A) H1N1 	<ul style="list-style-type: none"> Measles Chickenpox Pulmonary tuberculosis Middle East Respiratory Syndrome Coronavirus (MERS-CoV) 	Protecting patients with a weak immune system from hospital infection

Schedule B

Minimum Technical Specifications for Isolation Rooms in Hospitals

المواصفات الفنية Technical Specification	القياسية Standard	سالب الضغط Negative Pressure	إيجابي الضغط Positive Pressure
Non hand operated hand basin in room and anteroom حوض غسل اليدين في غرفة العزل والغرفة الفاصلة	نعم Yes	نعم Yes	نعم Yes
In-suite bathroom (shower toilet and hand washbasin) حمام داخل غرفة العزل	نعم Yes	نعم Yes	نعم Yes
Pan sanitizer (near room) مطهر عام خارج الغرفة	اختياري Optional	اختياري Optional	اختياري Optional
Door on room with door closer Anteroom غرفة فاصلة		نعم Yes	
Sealed room door grille for controlled air flow غرفة محكمة الإغلاق		نعم Yes	
ACHR or 145 liters per patient 12 معدل تغير الهواء 12 مرة في الثانية أو 145 ليتر هواء بالثانية لكل مريض		نعم Yes	نعم Yes
outside air ventilation 100% تهوية خارجية كلية		نعم Yes	نعم Yes
Local differential pressure monitoring قياس ومتابعة ضغط الهواء		نعم Yes	
Independent supply air مصدر مستقل للهواء		نعم Yes	نعم Yes
HEPA filters on supply air استعمال هيبا فلتر للهواء الداخل			
Low level exhaust 150mm above floor وضع مروحة عادم على مستوى 1.5 متر فوق مستوى أرضية الغرفة		نعم Yes	نعم Yes
Independent exhaust discharging vertically at 10 m/s مروحة عادم رأسية بكفاءة 10 متر في الثانية		نعم Yes	نعم Yes

Schedule C

Highly Dangerous Communicable Diseases

No	المرض المعدي	Infectious Disease
1	حمى لاسا	Lassa fever
2	الطاعون	Plague
3	داء الكلب / السعار	Rabies
4	الحمى النزفية الفيروسيّة	Viral Hemorrhagic Fever
5	الحمى الصفراء	Yellow Fever
6	الجمرة الخبيثة	Anthrax
7	الجدري	Small Box
8	مرض جنون البقر	Creutzfeldt-Jacob Disease
9	حمى التيفوس	Typhus

Schedule D

Dangerous Communicable Diseases

No	المرض المعدي	Infectious Disease
1	التهاب الكبد الفيروسي (ب)	Hepatitis B
2	التهاب الكبد الفيروسي (ج)	Hepatitis C
3	فيروس نقص المناعة المكتسب	HIV
4	متلازمة العوز المناعي المكتسب	AIDS
5	الإلتهابات التنفسية السارية الحادة الشديدة	SARI

Schedule E

Moderately Dangerous Communicable Diseases

No	المرض المعدي	Infectious Disease
1	شلل الاطفال الحاد	Acute Pollomyelitis
2	إنفلونزا الطيور	Avian Influenza
3	الكوليرا	Cholera
4	الخنق	Diphtheria
5	الزحار (الأميبي او العصوي)	Dysentery (Amoebic or Bacillary)
6	الأمراض المنقولة عبر الغذاء	Food borne illnesses
7	التهاب الكبد الفيروسي (أ) و (ب)	Hepatitis (A) and (b)
8	داء اللولبية النحيفة (ويلز)	Leptospirosis (Weil's)
9	الملاريا	Malaria
10	داء المكورات السحائية الدماغية	Meningococcal Disease
11	مرض نظيرة التيفوئيد	Paratyphoid Disease
12	الحمى الرجعة	Relapsing Disease
13	الحمى القرمزية	Scarlet Fever
14	مرض السل	Tuberculosis
15	مرض التيفوئيد	Typhoid Disease
16	التهاب الدماغ الحاد	Acute encephalitis
17	الجذام	Leprosy
18	الحصبة	Measles
19	التهاب السحايا الدماغية (غير المكورات السحائية)	Meningitis (Non Meningo-) coccal
20	النكاف	Mumps
21	داء مقلة العين الوليدي	Ophthalmic Neonatorum
22	الحصبة الألمانية	Rubella
23	الكزاز	Tetanus
24	سعال ديكى	Whooping cough
25	جائحة العقديات السبحية	Streptococcal invasive Disease



Ministerial Resolution No. (232) of 2020 Amending the Schedule of Communicable Diseases annexed to the Implementing Regulations of Federal Law No. (14) of 2014*

The Minister of Health and Prevention:

- Having regard to Federal Law No. (1) of 1972 on the Mandates of Ministries and Powers of Ministers, as amended;
- Federal Law No. (14) of 2014 on the Prevention of Communicable Diseases;
- Cabinet Resolution No. (6) of 2013 on the Organizational Chart of the Ministry of Health;
- Cabinet Resolution No. (33) of 2016 concerning the Implementing Regulations of Federal Law No. (14) of 2014 on the Prevention of Communicable Diseases;
- Ministerial Resolution No. (221) of 2020 Amending Schedule of Communicable Diseases;
- Ministerial Resolution No. (223) of 2020 Amending Schedule of Communicable Diseases; and
- For the public good,

- **Resolves:**

Article (1)

The following shall be added to Schedule D annexed to the referenced Cabinet Resolution No. (33) of 2016:

- Coronavirus (Covid19)
- Middle East Respiratory Syndrome (MERS).

* This translation from Arabic to English is provided for your convenience only. In case of any discrepancy, the Arabic version prevails

Article (2)

Any provision contrary to, or in conflict with the provisions of this Resolution shall be repealed.

Article (3)

This Resolution shall be published in the Official Gazette, and shall be effective on the day following the date of its publication.

Abdul Rahman Bin Mohammed Al Owais
Minister of Health & Prevention

Date of Issue: 30/March/2020



Ministerial Resolution No. (242) of 2020 on the Update of the Schedule of Reportable Communicable Diseases*

The Minister of Health and Prevention:

- Having regard to Federal Law No. (1) of 1972 on the Mandates of Ministries and Powers of Ministers, as amended;
 - Federal Law No. (14) of 2014 on the Prevention of Communicable Diseases;
 - Cabinet Resolution No. (6) of 2013 on the Organizational Chart of the Ministry of Health;
 - Ministerial Resolution No. (221) of 2020 Amending Schedule of Communicable Diseases;
 - Ministerial Resolution No. (223) of 2020 Amending Schedule of Communicable Diseases; and
 - For the public good,
- **Resolves:**

Article (1)

The attached Schedule on the Update of the list of the Reportable Communicable Diseases shall be adopted.

Article (2)

The Schedule referred to in Article (1) hereof shall be incorporated instead of Schedule (1) annexed to the referenced Federal Law No. (14) of 2014 on the Prevention of Communicable Diseases.

Article (3)

Any provision contrary to, or in conflict with the provisions of this Resolution shall be repealed.

* This translation from Arabic to English is provided for your convenience only. In case of any discrepancy, the Arabic version prevails

Article (4)

This Resolution shall be published in the Official Gazette, and shall be effective on the day following the date of its publication.

Abdul Rahman Bin Mohammed Al Owais
Minister of Health & Prevention

Date of Issue: 26/04/2020 G

Schedule 1

Updated List of Reportable Communicable Diseases

القسم (أ) قائمة أمراض التبليغ الفوري Group A Immediately Reported Disease	القسم (ب) قائمة أمراض التبليغ الأسبوعي Group B Weekly Reported Disease
الشلل الرخوي الحاد AFP (Acute Flaccid Paralysis)	الزحار الأميبي Amoebiasis
الجمرة الخبيثة Anthrax	داء البروسيلات Brucellosis
التسمم الوشيقي (السجقي) Botulism	الجديري المائي Chickenpox (Varicella)
الهيضة (الكوليرا) Cholera	التهاب الملتحمة Conjunctivitis
الخناق Diphtheria	التهاب الدماغ Encephalitis
الاشريكية القولونية Enterohaemorrhagic Escherichia coli	داء الجياريات Giardiasis
التسمم الغذائي (Food poisoning)	الانفلونزا (النزلة الوافدة) Influenza
داء المستديمة النزلية الغزوي Haemophilus influenza invasive disease	النكاف Mumps
فيروس نقص المناعة البشري / متلازمة نقص المناعة المكتسب Human Immunodeficiency Virus (HIV)/AIDS	الحمى الراجعة Relapsing Fever
(أنفلونزا الطيور) الانفلونزا Influenza, Avian	الجرب Scabies
داء الفيلقيات Legionellosis	الحمى القرمزية Scarlet Fever

القسم (أ) قائمة أمراض التبليغ الفوري Group A Immediately Reported Disease	القسم (ب) قائمة أمراض التبليغ الأسبوعي Group B Weekly Reported Disease
الجذام Leprosy Hansen Disease	الإصابات المنقولة جنسيا: Sexual Transmitted Infections
	المتدثرة Chlamydia داء السيلان Gonorrhea الزهري Syphilis قريح Chancroid الثآليل التناسلية Genital wart هربس بسيط Herpes simplex داء المشعرات Trichomoniasis
الملاريا Malaria	أدوات العقديات الغازية (الشديدة)، الناجمة عن الزمرة A أو الزمرة B Streptococcal disease, Invasive, group A or B
الحصبة Measles	أدوات المكورات الرئوية الغازية (فيما عدا التهاب السحايا) Streptococcus pneumonia invasive disease (other than meningitis)
التهاب السحايا Meningitis	التيفوئيد ونظيرة التيفوئيد Typhoid and Paratyphoid
الشاهوق (السعال الديكي) Pertussis	التهاب الكبد الفيروسي (B,C,D) Viral Hepatitis (B,C,D)
الطاعون Plague	أمراض أخرى – حيوانية المنشأ غير مصنفة Other zoonotic diseases not elsewhere classified
شلل الأطفال Poliomyelitis	أمراض معدية – خمجية أخرى غير محددة Other unspecified infectious diseases

القسم (أ) قائمة أمراض التبليغ الفوري Group A Immediately Reported Disease	القسم (ب) قائمة أمراض التبليغ الأسبوعي Group B Weekly Reported Disease
السعار (داء الكلب) Rabies	
الحصبة الألمانية (متضمنة الخلقية) Rubella (including congenital)	
المتلازمة التنفسية الحادة الوخيمة (سارس) Severe Acute Respiratory Syndrome (SARS)	
الجدري Smallpox	
الكزاز (متضمنا كزاز الوليد) Tetanus (including neonatal)	
السل (الرئوي وغير الرئوي) Tuberculosis (pulmonary & extra-pulmonary)	
حمى التيفوس Typhus	
الحميات النزفية الفيروسية Viral Hemorrhagic Fevers	
التهاب الكبد الفيروسي (A,E) Viral Hepatitis (A,E)	
الحمى الصفراء Yellow fever	
متلازمة الشرق الأوسط التنفسية Middle Respiratory Syndrome (MERS)	
أنفلونزا الخنازير Swine Flu	

القسم (أ) قائمة أمراض التبليغ الفوري Group A Immediately Reported Disease	القسم (ب) قائمة أمراض التبليغ الأسبوعي Group B Weekly Reported Disease
<p>فيروس كورونا المستجد كوفيد – 19 (سارس كوف2) Novel Corona Covid 19 (SARS COV-2)</p>	
<p>أي مرض طارئ / مستجد تحدده الإدارة المعنية في الوزارة Any unusual/emerging Disease specified by the concerned department in the Ministry.</p>	



Conclusion

With God's blessings, the third issue of the Encyclopedia of Health Legislation of the Department of Health - Abu Dhabi has been released to be launched in 2023.

On behalf of myself and all the members of the team working on the Health Legislation Encyclopedia project, I would like to extend my thanks for the precious trust placed by His Excellency the Chairman of the Department of Health - Abu Dhabi, and for the interest and follow-up of His Excellency the Undersecretary of the Department, by providing all means of support and motivation throughout the stages of work until the release of the third issue of the Encyclopedia.

I also pay tribute to the outstanding efforts and hard work made by my fellow team members for the release of this Encyclopedia in its current issue.

To conclude, we look forward to working together with our partners towards further initiatives that achieve the Department's promising vision that "the Emirate of Abu Dhabi be a place where everyone is at his healthiest" by providing a distinguished and sustainable healthcare and services that achieve the well-being and happiness of the community.

Saqr Al Marzooqi

Manager, Legal Affairs Office

Abu Dhabi - February 2023



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