Western Australia

Public Health Regulations 2017

Compare between:

[05 May 2023, 00-i0-00] and [29 May 2023, 00-j0-00]

Public Health Act 2016

Public Health Regulations 2017

## Part 1 — Preliminary

##### 1. Citation

These regulations are the *Public Health Regulations 2017*.

##### 2. Commencement

These regulations come into operation as follows —

(a) Part 1 — on the day on which these regulations are published in the *Gazette*;

(b) the rest of the regulations — on the day on which Part 9 of the Act comes into operation.

## Part 1A — Services excluded from meaning of child care service

[Heading inserted: Gazette 19 Jul 2019 p. 2847.]

##### 2A. Services excluded from meaning of child care service

For the purposes of paragraph (b) of the definition of ***child care service*** in section 4(1) of the Act, the following child care services are prescribed —

(a) a service described in the *Education and Care Services National Regulations 2012* regulation 5(2)(c) or (h);

(b) an outside school hours care service, a school holiday care service or any part of a service that is an outside school hours care service or a school holiday care service.

[Regulation 2A inserted: Gazette 19 Jul 2019 p. 2847.]

## Part 2 — Notifiable infectious diseases and related conditions

##### 3. Notifiable infectious diseases

The diseases listed in the Table are declared to be notifiable infectious diseases and —

(a) the diseases indicated in column 2 of the Table are declared to be urgently notifiable infectious diseases; and

(b) the diseases indicated in column 3 of the Table are declared to be vaccine preventable notifiable infectious diseases.

Table

| **Notifiable infectious diseases** | **Urgently notifiable infectious diseases** | **Vaccine preventable notifiable infectious diseases** |
| --- | --- | --- |
| Amoebic meningoencephalitis (due to free‑living amoebae, including *Naegleria*, *Balamuthia* and *Acanthamoeba* species) | 🗸 |  |
| Anthrax | 🗸 |  |
| Barmah Forest virus infection |  |  |
| Botulism | 🗸 |  |
| Brucellosis |  |  |
| *Campylobacter* infection |  |  |
| Carbapenem‑resistant *Enterobacteriaceae* (CRE) infection or colonisation |  |  |
| Chancroid |  |  |
| Chikungunya virus infection |  |  |
| *Chlamydia trachomatis* infection (sexually acquired) |  |  |
| Cholera | 🗸 |  |
| Creutzfeldt‑Jakob disease (classical or variant) |  |  |
| Cryptosporidiosis |  |  |
| Dengue virus infection |  |  |
| Diphtheria | 🗸 | 🗸 |
| Donovanosis |  |  |
| Flavivirus infection (not otherwise listed in this Table) |  |  |
| Gastroenteritis, due to a food or water‑borne infectious disease, acquired in common with 1 or more other persons | 🗸 |  |
| Gonococcal infection |  |  |
| *Haemophilus influenzae* type b (Hib) infection (invasive) | 🗸 | 🗸 |
| Hendra virus infection | 🗸 |  |
| Hepatitis A | 🗸 | 🗸 |
| Hepatitis B |  | 🗸 |
| Hepatitis C |  |  |
| Hepatitis D |  |  |
| Hepatitis E |  |  |
| Human coronavirus with pandemic potential | 🗸 |  |
| Human immunodeficiency virus (HIV) infection |  |  |
| Influenza |  |  |
| Invasive Group A Streptococcal Disease (iGAS) |  |  |
| Japanese encephalitis virus infection | 🗸 |  |
| Legionellosis | 🗸 |  |
| Leprosy |  |  |
| Leptospirosis |  |  |
| Listeriosis | 🗸 |  |
| Lymphogranuloma venereum |  |  |
| Lyssavirus infection (includes rabies, Australian bat lyssavirus and other lyssavirus infections) | 🗸 |  |
| Malaria |  |  |
| Measles | 🗸 | 🗸 |
| Melioidosis |  |  |
| Meningococcal infection (invasive) | 🗸 | 🗸 |
| Methicillin resistant *Staphylococcus aureus* (MRSA) infection or colonisation |  |  |
| Middle East Respiratory Syndrome coronavirus (MERS‑CoV) infection | 🗸 |  |
| Monkeypox virus infection | 🗸 |  |
| Mumps |  | 🗸 |
| Murray Valley encephalitis virus infection | 🗸 |  |
| Paratyphoid fever | 🗸 |  |
| Pertussis |  | 🗸 |
| Plague | 🗸 |  |
| Pneumococcal infection (invasive) |  | 🗸 |
| Poliovirus infection | 🗸 | 🗸 |
| Psittacosis (Ornithosis) |  |  |
| Q fever |  |  |
| Respiratory Syncytial Virus (RSV) |  |  |
| Rickettsial infection (including spotted fevers and all forms of typhus fever) |  |  |
| Ross River virus infection |  |  |
| Rotavirus infection |  |  |
| Rubella and congenital rubella syndrome | 🗸 | 🗸 |
| *Salmonella* infection |  |  |
| Severe Acute Respiratory Syndrome (SARS) | 🗸 |  |
| Shiga toxin producing *E. coli* (STEC) infection | 🗸 |  |
| Shigellosis |  |  |
| Smallpox | 🗸 |  |
| Syphilis – all stages and congenital |  |  |
| Tetanus | 🗸 | 🗸 |
| Tuberculosis |  |  |
| Tularaemia | 🗸 |  |
| Typhoid fever | 🗸 |  |
| Vancomycin‑resistant enterococci (VRE) infection or colonisation |  |  |
| Varicella‑Zoster virus infection (including Chickenpox and Shingles) |  | 🗸 |
| *Vibrio parahaemolyticus* infection |  |  |
| Viral haemorrhagic fevers (including Crimean‑Congo haemorrhagic fever, Ebola virus disease, Lassa fever and Marburg disease) | 🗸 |  |
| West Nile virus/Kunjin virus infection | 🗸 |  |
| Yellow fever | 🗸 |  |
| *Yersinia* infection |  |  |
| Zika virus infection | 🗸 |  |

[Regulation 3 amended: SL 2021/122 r. 4; SL 2023/38 r. 4.]

##### 4. Notifiable infectious disease‑related conditions

The following medical conditions are declared to be notifiable infectious disease‑related conditions —

(a) acute post‑streptococcal glomerulonephritis (APSGN);

(b) adverse event following immunisation;

(c) haemolytic uraemic syndrome (HUS).

##### 4A. Urgently notifiable infectious disease‑related conditions

The following notifiable infectious disease‑related conditions are declared to be urgently notifiable infectious disease‑related conditions —

(a) acute post‑streptococcal glomerulonephritis (APSGN);

(b) haemolytic uraemic syndrome (HUS).

[Regulation 4A inserted: Gazette 19 Jul 2019 p. 2847.]

##### 5. Notification of notifiable infectious diseases and notifiable infectious disease‑related conditions: information not required

For the purposes of section 94(5)(b) of the Act —

(a) a notification of a notifiable infectious disease or notifiable infectious disease‑related condition need not include the email address of the patient or the patient’s medical practitioner or nurse practitioner; and

(b) a notification of human immunodeficiency virus (HIV) need not include the telephone number of the patient or the email address of the patient or the patient’s medical practitioner or nurse practitioner.

##### 6. Notification of notifiable infectious diseases and notifiable infectious disease‑related conditions: information prescribed

(1) This regulation has effect for the purposes of section 94(5)(c) of the Act.

(2) The following information, in relation to the patient or deceased person, is prescribed in respect of all notifiable infectious diseases and notifiable infectious disease‑related conditions, other than adverse events following immunisation and human immunodeficiency virus (HIV) infection —

(a) country of birth;

(b) language spoken at home;

(c) Indigenous status;

(d) name of occupation (where relevant);

(e) name of school, community kindergarten, child care service or educational institution attended (where relevant);

(f) date of onset of the disease or condition;

(g) date of death (where relevant);

(h) likely place (that is, country or Australian jurisdiction) of acquisition of the disease or condition;

(i) details of the basis for diagnosis of the disease or condition;

(j) details of symptoms and signs relating to, and treatment of, the disease or condition;

(k) whether the patient or deceased person attended a hospital in relation to the disease or condition.

(3) The following information, in relation to the patient or deceased person, is prescribed in respect of adverse events following immunisation —

(a) Indigenous status;

(b) details of underlying medical conditions (if any);

(c) details of previous reactions (if any) to vaccines;

(d) details of the vaccine or vaccines administered;

(e) time elapsed between vaccination and onset of symptoms;

(f) duration of symptoms;

(g) details of the adverse event;

(h) details of the management of the adverse event;

(i) details of the provider of the vaccine and the clinical setting in which it was provided;

(j) details of the person reporting the adverse event.

(4) The information required by the HIV infection notification form is prescribed in respect of human immunodeficiency virus (HIV) infection.

(5) In subregulation (4) —

HIV infection notification form means the approved form of that name accessible on the website maintained by or on behalf of the Department.

[Regulation 6 amended: Gazette 19 Jul 2019 p. 2847; SL 2021/47 r. 4.]

##### 7. Authorised officers may request further information

(1) This regulation applies if a medical practitioner, nurse practitioner or responsible pathologist notifies the Chief Health Officer under section 94 of the Act of a notifiable infectious disease or notifiable infectious disease‑related condition in relation to a patient or deceased person.

(2) An authorised officer may request the practitioner or pathologist to give further information necessary to assist in preventing, controlling or abating a public health risk that might foreseeably arise from the disease or condition.

(3) Information requested under subregulation (2) may, without limitation, include or relate to —

(a) the clinical details, and treatment and medical history, of the patient or deceased person;

(b) the progress or outcome of the disease or condition;

(c) the relevant vaccination status of the patient or deceased person;

(d) information necessary to identify a source of the disease, including details of interstate and overseas travel;

(e) the patient’s behavioural and other risk factors;

(f) the hospitalisation of the patient or deceased person;

(g) laboratory testing, including testing for organism antimicrobial sensitivity and characterisation by typing and subtyping methods;

(h) information covered by section 94(5) of the Act, if the practitioner or pathologist has not given the information.

##### 8. Protection from liability

(1) This regulation applies if a medical practitioner, nurse practitioner or responsible pathologist, in notifying the Chief Health Officer under section 94 of the Act, gives additional information relating to the disease or condition and patient or deceased person (that is, information other than information given in compliance with section 94(5)).

(2) This regulation applies if a medical practitioner, nurse practitioner or responsible pathologist, who has notified the Chief Health Officer under section 94 of the Act, gives further information relating to the disease or condition and patient or deceased person, whether or not in response to a request under regulation 7.

(3) If the practitioner or pathologist gives the information in good faith —

(a) no civil or criminal liability is incurred as a result of giving the information; and

(b) giving the information is not to be regarded as —

(i) a breach of any duty of confidentiality or secrecy imposed by law; or

(ii) a breach of professional ethics, professional standards or any principles of conduct applicable to the person’s employment; or

(iii) unprofessional conduct.

##### 9. Disclosure and use of information

(1) Information covered by regulation 8 may be disclosed or used in accordance with the provisions of section 298 of the Act as if that section applied to the information.

(2) If information referred to in subregulation (1) is disclosed or used, in good faith, in accordance with subregulation (1) —

(a) no civil or criminal liability is incurred in respect of the disclosure or use; and

(b) the disclosure or use is not to be regarded as —

(i) a breach of any duty of confidentiality or secrecy imposed by law; or

(ii) a breach of professional ethics, professional standards or any principles of conduct applicable to the person’s employment; or

(iii) unprofessional conduct.

##### 10. Recognition of interstate public health orders

For the purposes of the definition of ***corresponding law*** in section 129(1) of the Act, the following laws are prescribed —

(a) the *Public Health Act 1997* (Australian Capital Territory);

(b) the *Public Health Act 2010* (New South Wales);

(c) the *Notifiable Diseases Act* (Northern Territory);

(d) the *Public Health Act 2005* (Queensland);

(e) the *South Australian Public Health Act 2011* (South Australia);

(f) the *Public Health Act 1997* (Tasmania);

(g) the *Public Health and Wellbeing Act 2008* (Victoria).

## Part 2A — Immunisation status of children

[Heading inserted: Gazette 7 Dec 2018 p. 4663‑4; amended: Gazette 19 Jul 2019 p. 2847.]

##### 10A. Terms used

(1) In this Part —

Australian Immunisation Handbook means the Australian Immunisation Handbook approved as guidelines under the *National Health and Medical Research Council Act 1992* (Commonwealth) section 14A;

government school has the meaning given in the *School Education Act 1999* section 4;

National Health and Medical Research Council means the National Health and Medical Research Council established by the *National Health and Medical Research Council Act 1992* (Commonwealth) section 5B;

recognised immunisation provider means a recognised vaccination provider as defined in the *Australian Immunisation Register Act 2015* (Commonwealth) section 4;

relevant person, in relation to a school, means each of the following —

(a) the person in charge of the school;

(b) if the school is a government school, the chief executive officer as defined in the *School Education Act 1999* section 229.

(2) Terms used in this Part that are defined in section 141A of the Act have the same meaning in this Part as they have in that section.

[Regulation 10A inserted: Gazette 7 Dec 2018 p. 4663‑4; amended: Gazette 19 Jul 2019 p. 2848.]

##### 10AA. Period prescribed for definition of *current*

For the purposes of the definition of ***current*** in section 141A of the Act, the prescribed period is 2 months.

[Regulation 10AA inserted: Gazette 19 Jul 2019 p. 2848.]

##### 10AB. Exempt children

(1) In this regulation —

Veterans’ Affairs Department means the Department of State of the Commonwealth assisting in the administration of the *Veterans’ Entitlements Act 1986* (Commonwealth).

(2) For the purposes of the definition of ***exempt child*** in section 141A of the Act, the classes of children specified in column 1 of the Table to subregulation (3) are prescribed.

(3) A child belongs to a class of children specified in column 1 of the Table if, at the time of the enrolment of the child, the child meets the description specified opposite the class in column 2 of the Table.

Table

| **Column 1**  **Name of class** | **Column 2**  **Description of child in class** |
| --- | --- |
| Aboriginal children | An Aboriginal child as defined in the *Children and Community Services Act 2004* section 3. |
| Torres Strait Islander children | A Torres Strait Islander child as defined in the *Children and Community Services Act 2004* section 3. |
| Children in need of protection | A child who is in need of protection as defined in the *Children and Community Services Act 2004* section 28(2). |
| Children living in crisis accommodation | A child who is living in crisis or emergency accommodation because of —  (a) family violence or a risk of family violence; or  (b) homelessness. |
| Evacuated children | A child who has been evacuated from their ordinary place of residence because it is in an area of the State to which a declaration made under the *Emergency Management Act 2005* section 56 applies. |
| Children in care of adult other than parent or guardian | A child who is in the care of an adult, other than their parent or guardian, because of exceptional circumstances (for example, illness or incapacity of their parent or guardian). |
| Children in care of holders of certain cards under Commonwealth law | A child who is in the care of a responsible person who holds any of the following —  (a) an automatic issue health care card issued under the *Social Security Act 1991* (Commonwealth) section 1061ZS;  (b) a pensioner concession card issued under the *Social Security Act 1991* (Commonwealth) section 1061ZF;  (c) a Gold Card issued by the Veterans’ Affairs Department in relation to the person’s entitlement for treatment under the *Veterans’ Entitlements Act 1986* (Commonwealth); |
|  | (d) a White Card issued by the Veterans’ Affairs Department in relation to the person’s entitlement for treatment under the *Veterans’ Entitlements Act 1986* (Commonwealth). |
| Humanitarian visa children | A child who first entered Australia not more than 6 months before the time of enrolment and who holds, or whose parent holds, a visa (as defined in the *Migration Act 1958* (Commonwealth) section 5(1)) of one of the following subclasses —  (a) 200 (Refugee);  (b) 201 (In‑country Special Humanitarian);  (c) 202 (Global Special Humanitarian);  (d) 203 (Emergency Rescue); |
|  | (e) 204 (Woman at Risk);  (f) 785 (Temporary Protection);  (g) 790 (Safe Haven Enterprise);  (h) 866 (Protection). |

[Regulation 10AB inserted: Gazette 19 Jul 2019 p. 2848-51.]

##### 10AC. Circumstances in which Chief Health Officer may issue a certificate

(1) In this regulation —

scheduled vaccinations, in relation to a child, means the vaccinations that would, if given to the child, result in the child’s immunisation status being up-to-date.

(2) For the purposes of section 141C(1)(a)(i) of the Act, the circumstances in the Table are prescribed.

Table

| **Circumstance** | **Description of circumstance** |
| --- | --- |
| Temporary unavailability of vaccine | A scheduled vaccination that a child has not received at a particular age is temporarily unavailable (or all of the vaccines for that vaccination are temporarily unavailable), due to a shortage advised to the Department in writing by the person who occupies, or is acting in, the position of Commonwealth Chief Medical Officer. |
| Child vaccinated overseas | A child has not received one or more scheduled vaccinations in Australia, but the child has received one or more vaccinations while outside Australia that have provided the child with the same level of immunisation that the child would have acquired if the child had been vaccinated with those scheduled vaccinations, as certified in writing by a recognised immunisation provider. |
| Child part of approved vaccine study | A child is part of a vaccine study approved by a Human Research Ethics Committee registered with the National Health and Medical Research Council, as certified in writing by the researchers conducting the study. |

[Regulation 10AC inserted: Gazette 19 Jul 2019 p. 2851-2.]

##### 10AD. Immunisation catch‑up schedule

For the purposes of section 141D(2)(d) of the Act, a catch‑up schedule is prescribed if it is planned by a recognised immunisation provider in accordance with the Australian Immunisation Handbook.

[Regulation 10AD inserted: Gazette 19 Jul 2019 p. 2852.]

[**10B.** Deleted: Gazette 19 Jul 2019 p. 2852.]

##### 10C. Relevant person or person in charge to give report on immunisation status

(1) The Chief Health Officer may direct the relevant person in relation to a school or the person in charge of a community kindergarten or child care service to give to the Chief Health Officer a report, in an approved form, in respect of information given to the person about the immunisation status of —

(a) a child enrolled at the school, community kindergarten or child care service; or

(b) children enrolled at the school, community kindergarten or child care service.

(2) A person given a direction under subregulation (1) must comply with the direction.

Penalty for this subregulation: a fine of $1 000.

[Regulation 10C inserted: Gazette 7 Dec 2018 p. 4664; amended: Gazette 19 Jul 2019 p. 2852.]

##### 10D. Person in charge to give report on contracted disease

(1) The Chief Health Officer may direct the person in charge of a school, community kindergarten or child care service to give to the Chief Health Officer a report, in an approved form, in respect of a child enrolled at the school, community kindergarten or child care service who has, or who is reasonably believed to have, contracted a vaccine preventable notifiable infectious disease.

(2) The report must specify the vaccine preventable notifiable infectious disease that the child has, or is reasonably believed to have, contracted.

(3) A person given a direction under subregulation (1) must comply with the direction.

Penalty for this subregulation: a fine of $1 000.

[Regulation 10D inserted: Gazette 7 Dec 2018 p. 4664; amended: Gazette 19 Jul 2019 p. 2853.]

##### 10E. Person in charge to prevent attendance of non‑immunised child

(1) The Chief Health Officer may direct the person in charge of a school, community kindergarten or child care service not to permit a child to attend, or participate in an educational programme of, the school, community kindergarten or child care service if the child has not been immunised against a vaccine preventable notifiable infectious disease.

(2) The direction must —

(a) be in writing; and

(b) specify the vaccine preventable notifiable infectious disease that the child has not been immunised against; and

(c) specify the period of time during which the child is not permitted to attend, or participate in an educational programme of, the school, community kindergarten or child care service.

(3) A person given a direction under subregulation (1) must comply with the direction.

Penalty for this subregulation: a fine of $1 000.

(4) If the Chief Health Officer directs that a child is not permitted to attend, or participate in an educational programme of, a school, community kindergarten or child care service under subregulation (1), the person in charge of the school, community kindergarten or child care service or an authorised officer must give written notice to the responsible person for the child that the child is not permitted to attend, or participate in an educational programme of, the school, community kindergarten or child care service.

Penalty for this subregulation: a fine of $1 000.

(5) The notice must specify —

(a) the vaccine preventable notifiable infectious disease that the child has not been immunised against; and

(b) the period of time during which the child is not permitted to attend, or participate in an educational programme of, the school, community kindergarten or child care service.

[Regulation 10E inserted: Gazette 7 Dec 2018 p. 4665; amended: Gazette 19 Jul 2019 p. 2853-4.]

##### 10F. Closure of whole or part of school, community kindergarten or child care service

(1) The Chief Health Officer may direct the person in charge of a school, community kindergarten or child care service to close the whole, or a part, of the school, community kindergarten or child care service if the Chief Health Officer considers it reasonably necessary to limit or prevent the spread of a vaccine preventable notifiable infectious disease.

(2) The direction must —

(a) be in writing; and

(b) specify the period of time during which the whole or part of the school, community kindergarten or child care service is to remain closed.

(3) A person given a direction under subregulation (1) must comply with the direction.

Penalty for this subregulation: a fine of $1 000.

[Regulation 10F inserted: Gazette 7 Dec 2018 p. 4665‑6; amended: Gazette 19 Jul 2019 p. 2854.]

##### 10G. Chief Health Officer may request further information

(1) This regulation applies if the Chief Health Officer directs a person to give a report to the Chief Health Officer under regulation 10C(1).

(2) The Chief Health Officer may, when giving the direction or at a later time, request the person to give to the Chief Health Officer further information necessary to assist in preventing, controlling or abating a public health risk that might foreseeably arise from a child or children in respect of whom the report is given not being immunised against a vaccine preventable notifiable infectious disease.

(3) Information requested under subregulation (2) may, without limitation, include —

(a) the name or names, and other identifying information, of a child who has not, or children who have not, been immunised against a vaccine preventable notifiable infectious disease; and

(b) the name and contact details of the responsible person for the child or children.

(4) A person who receives a request under subregulation (2) must comply with the request.

Penalty for this subregulation: a fine of $1 000.

[Regulation 10G inserted: Gazette 7 Dec 2018 p. 4666; amended: Gazette 19 Jul 2019 p. 2854.]

## Part 3 — Public health emergencies

##### 11. Relevant information

For the purpose of the definition of ***relevant information*** in section 188(1) of the Act, each of the following kinds of information is prescribed —

(a) information about the loss suffered by a person, the assistance requested by a person and the assistance provided to or approved for a person;

(b) information about the owner or occupier of real property;

(c) information relating to a person’s finances or insurance.

##### 12. Disclosure of relevant information

(1) For emergency management purposes an emergency officer may disclose relevant information to a person or body engaged by a public authority to provide welfare services.

(2) A public authority, person or body to which or whom relevant information is disclosed under section 188(2) of the Act must not further disclose that information unless it is reasonably necessary to do so for an emergency management purpose.

Penalty for this subregulation: a fine of $1 000.

##### 13. Keeping disclosed relevant information secure

A public authority, person or body to which or whom relevant information is disclosed under section 188(2) of the Act must ensure that that information is kept in a secure manner so far as it is reasonably practicable to do so.

Penalty: a fine of $1 000.

##### 13A. Fee prescribed for cost of hotel quarantine (Act s. 202H(1))

For the purposes of section 202H(1) of the Act, the prescribed fee is —

(a) for a person not in shared accommodation — $180 per day (including meals);

(b) for persons in shared accommodation —

(i) for the first person — $180 per day (including meals);

(ii) for each additional person over the age of 6 years — $60 per day (including meals).

[Regulation 13A inserted: SL 2020/154 r. 4.]

##### 13B. Payment by instalments (Act s. 202L)

(1) A person may apply to the Chief Health Officer in writing to pay by instalments the fee payable under section 202H(1).

(2) On an application under subregulation (1), the Chief Health Officer may by notice in writing allow the applicant to pay the fee in weekly, fortnightly or monthly instalments in accordance with this regulation.

(3) If an instalment is not paid on or before the date specified in the notice, the whole of the unpaid fee, together with interest, becomes due and payable.

[Regulation 13B inserted: SL 2020/154 r. 4.]

## Part 4 — Inquiries

##### 14. Allowances and expenses of a person required to attend

For the purposes of section 232(3) of the Act, the allowances and expenses payable to a person required to attend a place for the purposes of an inquiry are the allowances and expenses payable as if the person were a witness in proceedings before the State Administrative Tribunal.

## Part 5 — Miscellaneous

##### 15. Disclosure and use of information provided under Part 9 or 10 of the Act

A public health official may disclose or use specified information under section 298 of the Act in the course of duty.

##### 16. Regulations repealed

These regulations are repealed —

(a) the *Health (Immunisation by Local Governments) Regulations 2000*;

(b) the *Health (Notification of Adverse Event After Immunization) Regulations 1995*;

(c) the *Health (Notification of Intussusception) Regulations 2007*;

(d) the *Health (Venereal Diseases) Regulations 1973*.

## Part 6 — Transitional provisions

##### 17. Inquiries or investigations under the *Health (Miscellaneous Provisions) Act 1911* section 13

An inquiry or investigation under the *Health (Miscellaneous Provisions) Act 1911* section 13 commenced but not completed before the *Public Health (Consequential Provisions) Act 2016* section 212 comes into operation may be completed under the *Health (Miscellaneous Provisions) Act  1911* as if the *Public Health (Consequential Provisions) Act 2016* section 212 had not come into operation.



Notes

This is a compilation of the *Public Health Regulations 2017* and includes amendments made by other written laws. For provisions that have come into operation see the compilation table.

Compilation table

| **Citation** | **Published** | **Commencement** |
| --- | --- | --- |
| *Public Health Regulations 2017* | 19 Sep 2017 p. 4909‑29 | Pt. 1: 19 Sep 2017 (see r. 2(a)); Pt. 2‑6: 20 Sep 2017 (see r. 2(b) and *Gazette* 19 Sep 2017 p. 4879) |
| *Public Health Amendment Regulations 2018* | 7 Dec 2018 p. 4663‑6 | r. 1 and 2: 7 Dec 2018 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jan 2019 (see r. 2(b)) |
| *Public Health Amendment Regulations 2019* | 19 Jul 2019 p. 2846-54 | r. 1 and 2: 19 Jul 2019 (see r. 2(a)); Regulations other than r. 1 and 2: 22 Jul 2019 (see r. 2(b) and *Gazette* 19 Jul 2019 p. 2841) |
| *Public Health Amendment Regulations 2020* | SL 2020/154 11 Sep 2020 | r. 1 and 2: 11 Sep 2020 (see r. 2(a)); Regulations other than r. 1 and 2: 12 Sep 2020 (see r. 2(b) and SL 2020/153 cl. 2) |
| *Public Health Amendment Regulations 2021* | SL 2021/47 7 May 2021 | r. 1 and 2: 7 May 2021 (see r. 2(a)); Regulations other than r. 1 and 2: 8 May 2021 (see r. 2(b)) |
| *Public Health Amendment Regulations (No. 2) 2021* | SL 2021/122 16 Jul 2021 | r. 1 and 2: 16 Jul 2021 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Aug 2021 (see r. 2(b)) |

|  |  |  |
| --- | --- | --- |
| *Public Health Amendment Regulations 2023* | SL 2023/38 5 May 2023 | r. 1 and 2: 5 May 2023 (see r. 2(a)); Regulations other than r. 1 and 2: 29 May 2023 (see r. 2(b)) |