Regulations on the Control of Tuberculosis

Laid down by Royal Decree of 21 June 2002 in pursuance of the Control of
Communicable Diseases Act (No. 55 of 5 August 1994) sections 2-3, 3-1, 3-2, 3-9, 4-2, 6-
2, 7-2, 7-11 and 8-4 and the Health Registers Act (No. 24 of 18 May 2001) section 6 and
section 8. Introduced by the Ministry of Health. Last amended on 29 August 2003 (No.
1093).

Chapter 1 Purpose, definitions and scope

Section 1-1 Purpose
The purpose of these regulations is to apply measures to prevent the transmission of
tuberculosis infection and the development of disease following infection.

Section 1-2 Definitions
Tuberculosis control: Activity which encompasses tuberculosis examinations, treatment,
follow-up, surveillance of tuberculosis, and information intending to prevent the
occurrence and counteracting the spreading of tuberculosis.

Tuberculosis examination: Medical examination using professional, recognised methods
to determine whether a person has tuberculosis or to monitor the development of
tuberculous disease in this person.

Directly observed treatment: a treatment regime in which health personnel observes the
patient's intake of all doses of tuberculosis medication.

Section 1-3 Scope
Tuberculosis control encompasses all persons present in Norway.

These regulations apply on the continental shelf, and on Norwegian vessels and aircraft
whatever their whereabouts.

In the case of persons who are to commence duties on a Norwegian vessel outside
Norway, the provisions of section 3-1 subsection 3 apply. In the case of employees on
Norwegian ships who are not present in Norway the tuberculosis examination is confined
to diagnosis.

Chapter 2 Tuberculosis control programme, organisation and
documentation

Section 2-1 Obligation to have a tuberculosis control programme, and responsibility
for its implementation
All municipalities and regional health enterprises shall have a tuberculosis control
programme which shall:
- constitute part of the communicable disease control plans which the municipality and the regional health enterprise are required to have pursuant to the Communicable Diseases Protection Act section 7-1 and section 7-3.
- be adapted to conditions in the municipality and the health region with a view to persons who are relevant in the control context, cf. section 3-1.
- specify who has medical and organisational responsibility for the measures included in the programmes.

Where appropriate and justifiable from a medical point of view, municipalities may establish collaboration on the tuberculosis control programme.

Where there are medical reasons for employees to undergo a tuberculosis examination, private or public enterprises shall establish a tuberculosis control programme in conjunction with the tuberculosis coordinator.

**Section 2-2 Measures in the tuberculosis control programme**
A tuberculosis control programme in pursuance of section 2-1 shall at minimum contain the following elements:
- measures directed at known risk groups to identify cases which are infectious or may become infectious,
- measures to ensure that persons with active tuberculosis receive professional treatment and follow-up,
- measures to protect uninfected persons in known risk groups against tuberculous infection,
- offer of vaccination against tuberculosis to counteract the development of disease in uninfected persons,
- offer prophylactic treatment to prevent the development of disease in certain groups of infected persons.

The measures will be implemented by means of:
- clinical examination,
- tuberculin testing,
- laboratory investigations,
- X-ray examination of the lungs,
- vaccination against tuberculosis,
- adequate treatment and follow-up in accordance with international recommendations, including directly observed treatment.

The above measures shall be performed in varying combinations based on individual needs and indications.

**Section 2-3 Further requirements of the municipality's tuberculosis control programme**
The municipality's tuberculosis control programme shall contain routines for:
- measures to identify persons as mentioned in section 3-1, and routines for referral to specialist health services of persons suspected of having tuberculosis,
- in the case of a person who has moved, cf. section 3-1 subsection 1, forwarding the result of the tuberculosis examination and the medical record to the chief municipal medical officer in the new municipality of residence
- diagnostics, including tuberculin testing by the primary health service,
- notification in accordance with applicable notification regulations,
- contact tracing,
- tuberculin testing in primary and lower-secondary schools,
- vaccination against tuberculosis,
- information to individuals and the population about tuberculosis and the body of rules applying to the disease,
- follow-up of patients treated outside hospital with tuberculosis medication, according to directly observed treatment,
- training of personnel.

Section 2-4  Further requirements of the tuberculosis control programme of the regional health enterprise
The tuberculosis control programme of the regional health enterprise shall assure the performance of all necessary routines in respect of measures and services for which the regional health enterprise is responsible under the Specialist Health Services Act and the Control of Communicable Diseases Act, including routines for dealing with referrals, treatment, advice, training, contact tracing, surveillance and notifications.

Section 2-5  Organisation
The municipality and the regional health enterprise and others to whom tuberculosis control tasks are assigned shall ensure that they have necessary personnel who are qualified for the tasks they are to perform and that there is an appropriate division of work among the latter.

Chapter 3  Obligation to undergo a tuberculosis examination; implementation and follow-up etc.

Section 3-1  Obligation to undergo a tuberculosis examination
The following are obliged to undergo a tuberculosis examination:

1 Persons from countries with a high prevalence of tuberculosis who will be spending more than three months in Norway and are not exempted from work-permit or residence-permit requirements, and refugees and asylum seekers. The tuberculosis examination for this category includes tuberculin testing and X-ray examination of persons who have reached the age of 15.

2 Persons who have arrived from, or who have spent at least three months in, a country with a high prevalence of tuberculosis, and who will be taking up or resuming duties in the health and social services, in teaching positions or in other positions connected with child care. This obligation also applies to persons who are in such positions for training purposes or on a visiting basis.
3 Other persons for whom there is medical suspicion that they are, or have been, at risk of being infected with tuberculosis.

Persons with tuberculous disease are obliged to accept the personal disease control guidance given by the doctor to prevent the disease from being transmitted to others and are obliged to allow themselves to be placed in isolation if necessary.

Tuberculosis examinations pursuant to these regulations shall be free of charge to anyone who is obliged to undergo such an examination. Vaccination of tuberculin-negative persons against tuberculosis shall be free of charge to the individual. Travel expenses incurred in attending a tuberculosis examination and/or vaccination shall be free of charge to the individual.

The armed forces shall issue guidelines for examination of military personnel.

Section 3-2 Implementation
Examination of persons as mentioned in section 3-1 shall be carried out as soon as possible.

Refugees and asylum seekers shall be examined within 14 days of arriving in the country.

Persons as mentioned in section 3-1 subsection 2 shall be examined before taking up their duties. The employer is obliged to control that tuberculosis examinations are carried out before duties are taken up.

Section 3-3 Follow-up
If, upon tuberculosis examination, a person is discovered to have symptoms or signs which may signify tuberculous disease, he or she shall be referred to a chest clinic, a children's ward, or a pulmonary-medicine or infectious-diseases outpatient clinic for further assessment and supplementary examinations. Where there is suspicion of infectious pulmonary tuberculosis, an assessment shall be initiated immediately.

A specialist in pulmonary medicine or infection medicine or a paediatrician shall be responsible for initiating treatment and for the choice of treatment regime. Treatment shall take place in conformity with recommended international rules for tuberculosis control, including direct observed treatment.

The specialist shall immediately notify the tuberculosis coordinator who is responsible for establishing a treatment plan for the patient for the entire period of treatment. The treatment plan shall be established in conjunction with the specialist, the patient and the chief municipal medical officer. Follow-up and control, including observation of intake of tuberculosis medication, shall take place in conjunction with the municipal health service.

Patients with multidrug-resistant tuberculosis shall be treated in the hospital designated by the regional health enterprise.
Section 3-4  Exemption from tuberculosis examination

Decisions regarding exemption from the obligation to undergo a tuberculosis examination, cf. section 3-1, shall be made by the chief municipal medical officer together with the hospital physician designated by the regional health enterprise pursuant to the Control of Communicable Diseases Act section 7-3 third paragraph. Appeals against decisions shall be decided by the county governor.

Chapter 4  Tasks for the municipality and central government authorities, payment schemes

Section 4-1  Municipal tasks

The municipality is responsible for the establishment, consultation and follow-up of its tuberculosis control programme, cf. sections 2-1 to 2-3, and shall see to it that:
- the services are established,
- conditions are arranged for an appropriate distribution of personnel with competence in tuberculosis,
- health personnel are able to receive necessary training and opportunity to update their expertise.

The municipality shall see to it that the tuberculosis control programme is formulated, implemented and maintained as a part of the municipality's internal control system.

The municipality is obliged to meet all expenses connected with the implementation of measures in the tuberculosis control programme carried out by the various segments of the municipal health service. This also applies to expenses incurred to persons in complying with the obligation to undergo a tuberculosis examination pursuant to section 3-1. User payments may not be charged.

Section 4-2  The chief municipal medical officer's tasks

The chief municipal medical officer is responsible for:
- making a draft proposal for the tuberculosis control programme,
- implementing the programme,
- in the case of a person who has moved, cf. section 3-1 subsection 1, forwarding the result of the tuberculosis examination and the medical record to the chief municipal medical officer in the new municipality of residence
- assisting the tuberculosis coordinator in monitoring the occurrence of tuberculosis in the municipality,
- delegating tuberculin testing, vaccination against tuberculosis, observation of intake of tuberculosis medication etc., to other health personnel when this is deemed to be medically justifiable and in accordance with applicable provisions.
Section 4-3  The regional health enterprise’s tasks
The regional health enterprise has overarching responsibility for establishing, facilitating and follow-up of the regional tuberculosis control programme, cf. sections 2-1, 2-2 and 2-4.

The regional health enterprise shall ensure that the tuberculosis control programme is designed, implemented and maintained as part of the health enterprise’s internal control system.

The regional health enterprise is obliged to meet all expenses connected with the implementation of such measures in the tuberculosis control programme as are carried out by the specialist health service in or outside hospitals on persons mentioned in section 3-1 first paragraph sub-paragraph 1 and 2. This also applies to expenses incurred to persons in complying with the obligation to undergo a tuberculosis examination pursuant to section 3-1 and follow-up pursuant to section 3-3. User payments may not be charged.

Section 4-4  Tasks of the tuberculosis coordinators
The regional health enterprise shall organise and designate necessary tuberculosis coordinators who shall be responsible for coordinating and assisting in the tasks assigned to the regional health enterprise in these regulations.

The tuberculosis coordinators shall perform the tasks assigned by these regulations, including:
- supervising that tuberculosis control is functioning in all its segments, including that notifications are sent as ordered,
- establishing a treatment plan for the patient in conjunction with the attending specialist, the patient and the chief municipal medical officer,
- coordinating individual follow-up and treatment in conjunction with the attending specialist and the municipal health service,
- monitoring the occurrence of tuberculosis in the health region,
- participating in the training of personnel.

Section 4-5  The Norwegian Institute of Public Health
The Norwegian Institute of Public Health shall be responsible for the operation and maintenance of the Central Tuberculosis Register.

The Norwegian Institute of Public Health shall:
- monitor the occurrence of tuberculosis in Norway and keep central-government and other health authorities informed of their observations,
- receive reports of new or suspected new cases of tuberculosis or relapse after treatment in accordance with applicable notification regulations,
- carry out, by means of the notification system, quality control of diagnostics, treatment and contact tracing,
- provide technical support for the tuberculosis coordinators, and, in close cooperation with the latter, give advice and guidance to institutions, physicians and other health personnel who carry out or participate in the work of tuberculosis control,
- indicate which countries have a high prevalence of tuberculosis, cf. section 3-1,
- perform necessary reference services, including drug susceptibility surveys,
determination of species and molecular biological tests for fingerprints as well as external
quality control of microscopy and culture,
- run courses for personnel participating in tuberculosis control,
- make vaccine and tuberculin available, free of charge,
- attend to necessary national preparedness functions with regard to tuberculosis
examinations.

The Norwegian Institute of Public Health provides guidelines to health personnel under
these regulations.

Section 4-6  County boards of health and Norwegian Board of Health
The boards of health at county level shall oversee the implementation of tuberculosis
control and function as an appeal body, cf. §3-4.

The Norwegian Board of Health has overarching responsibility for supervision of
tuberculosis control in the country.

Section 4-7  The Directorate of Health and Social Affairs
The Directorate of Health and Social Affairs shall – by means of advice, guidance,
information and decisions pursuant to the Control of Communicable Diseases Act - help
to ensure that the population's need for services and programmes in connection with
tuberculosis are met.

Section 4-8  The ministry
The Ministry has the overarching responsibility for tuberculosis control.

Section 4-9  Other parties’ expenses
The National Insurance Fund covers expenses on tuberculosis examinations in the event
of suspicion of tuberculosis, cf. section 3-1 first paragraph sub-paragraph 3.

The Armed Forces pays expenses for any tuberculosis examination of military personnel.

The shipping companies pay the expenses for any tuberculosis examination of workers
aboard ships.

The licensee/operator pays the expenses for any tuberculosis examination of persons in
petroleum activities.

Chapter 5  Notifications and reports

Section 5-1  Notification of new cases of tuberculosis
A physician who identifies or suspects tuberculosis shall notify this on the same day.

Notification shall be given using a form for nominative notification of infectious disease.
The notification shall be sent to the chief municipal medical officer, the tuberculosis coordinator and the Norwegian Institute of Public Health. The Norwegian Institute of Public Health shall record the notification in the Central Tuberculosis Register. As concerns workers in petroleum activities, notification shall also be sent to the responsible physician with the operating company in question.

When a physician sends a nominative notification, he shall inform the subject of the notification whoever is suggested to receive the notification and what purpose it will be used for.

**Section 5-2 Notification of commencement and follow-up of treatment for tuberculosis**

As soon as treatment has started, cf. section 3-3, the attending specialist shall send notification that treatment of suspected or proven tuberculosis has been initiated.

Notification shall be made using a form for supplementary information. The completed form for supplementary information shall be sent to be chief municipal medical officer, the tuberculosis coordinator and the Norwegian Institute of Public Health. The Norwegian Institute of Public Health shall record the notification in the Central Tuberculosis Register.

The attending specialist shall provide regular reports on the follow-up to the Norwegian Institute of Public Health with copies to the chief municipal medical officer and the tuberculosis coordinator.

**Section 5-3 Notification and reports of infection tracing**

The chief municipal medical officer shall provide notification of persons who are referred to a chest clinic or pulmonary outpatient clinic in connection with the process of contact tracing. Notification shall be made, using a designated form which shall be sent to the chest clinic which shall include the results of the examination and return the completed notification form to the chief municipal medical officer with copies to the tuberculosis coordinator and the Norwegian Institute of Public Health.

The chief municipal medical officer shall in addition send a report of the result of completed contact tracing to the tuberculosis coordinator and to the Norwegian Institute of Public Health.

**Section 5-4 Report on tuberculin status and vaccination status**

The public health nurse shall submit a report on the tuberculin status and the status as regards vaccination against tuberculosis for pupils in the 10th grade at lower-secondary schools.

The report shall be given on a designated form and be sent to the chief municipal medical officer, the tuberculosis coordinator and the Norwegian Institute of Public Health. Notification of vaccination against tuberculosis shall be made to the Vaccination Control System (Norwegian acronym: SYSVAK).
Section 5-5  Notification of laboratory findings
Microbiological laboratories (departments) shall on the same day notify findings of acid-fast bacilli, cultures, determination of species and the result of drug susceptibility determination. Notification shall be sent to the Norwegian Institute of Public Health and to the tuberculosis coordinator.

Microbiological laboratories that investigate samples for tuberculosis shall immediately send all suspected isolates of the Mycobacterium tuberculosis complex to the Norwegian Institute of Public Health.

Section 5-6  Entry in registers
Received notifications shall be recorded by the chief municipal medical officers and the tuberculosis coordinators in treatment-oriented health registers.

A record of received notifications shall be kept at the Central Tuberculosis Register at The Norwegian Institute of Public Health.

Section 5-7  Notification forms
Notifications as mentioned in section 5-1 shall be made, using the form for nominative notification of infectious disease stipulated in accordance with applicable notification regulations.

Notifications and reports as mentioned in section 5-2 and section 5-3 shall be made, using forms for supplementary information stipulated in accordance with applicable notification regulations.

Reports as mentioned in section 5-4 shall be made, using forms stipulated in accordance with applicable notification regulations.

Section 5-8  Notification of cases of tuberculosis among employees on ships etc.
Ship-owners/shipmasters are obliged to notify cases of tuberculosis among employees on ships etc., cf. section 3-1, to Norwegian authorities. In the case of employees residing in Norway, notification shall be made to the chief municipal medical officer in the municipality where the person concerned is resident.

Chapter 6  Commencement

Section 6-1  Commencement
These regulations come into force on 1 January 2003. Regulations no. 1043 on Tuberculosis Control shall be revoked as from the same date.