



NATIONAL ASSEMBLY

SECOND SESSION

THIRTY-SIXTH LEGISLATURE

Bill 36
(2001, chapter 60)

Public Health Act

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EXPLANATORY NOTES

The object of this bill is to provide for the protection of public health and the establishment of conditions favourable to the maintenance and enhancement of the health and welfare of the population.

The bill proposes the adoption by the Minister of Health and Social Services of a national public health program, and the adoption of regional action plans by regional health boards and local action plans by institutions whose mission includes the operation of a local community service centre. The program and action plans are to provide the framework for the various public health functions, namely ongoing public health surveillance, health promotion, the prevention of disease, trauma and social problems that have an impact on the health of the population, and public health protection in the event of a threat from any biological, chemical or physical agent likely to cause an epidemic within the population.

The bill assigns the functions relating to ongoing public health surveillance to the Minister of Health and Social Services and the public health directors exclusively, so that the evolution of the health status of the population may be monitored to allow among other things for emerging problems and priority problems to be detected or identified. The bill provides for regular surveys of the population in relation to sociological or health-related matters affecting public health, and for the implementation of information collecting systems.

In the area of health promotion and prevention, it is expressly affirmed in the bill that the Minister is the advisor of the Government in matters of public health and that the Minister must be consulted in relation to the development of the measures provided for in the Acts or regulations which could have significant impact on the health of the population. The bill grants the Minister of Health and Social Services and the public health directors the power to initiate a concerted action process between the various resources capable of having an influence on situations that may present problems of avoidable morbidity, disability and mortality within the population. The bill proposes the elimination of the current statutory obligation to fluoridate drinking water but retains the Minister's powers to subsidize the fluoridation of drinking water supply systems.

As concerns vaccination, the bill proposes the creation of a registry in which all vaccinations received by the population, with the consent of the persons vaccinated, will be registered. It removes the powers of the Government to order compulsory vaccination on the making of a regulation, although that possibility will remain open to the Government should there be a national health emergency. The existing statutory system of compensation for bodily injury caused by vaccination is retained under the bill.

In matters of public health protection, the bill maintains the principle contained in the existing Act whereby certain diseases are reportable and others are subject to mandatory treatment. Certain disease prevention rules are consequently imposed, such as isolation if a disease constitutes a serious threat to the health of the population. The bill also imposes on certain persons the obligation to report to the appropriate health director any situation threatening public health.

To further ensure the protection of the health of the population, the Minister of Health and Social Services and the regional health directors are granted the necessary investigative powers and authority to act so as to prevent a threat to the health of the population from becoming more serious and to decrease or eliminate its impact. The Government is also granted the power to declare a public health emergency in all or any part of Québec if the protection of the health of the population requires immediate action to counter a situation of extreme gravity.

More generally, the bill provides for the creation of a public health ethics committee composed of members appointed by the Government. The Minister will have the authority to make a regulation establishing registries for the purposes of clinical preventive care or public health protection, and public health authorities will be required to adhere to rules governing the confidentiality of the information to which they have access within the scope of their functions.

LEGISLATION AMENDED BY THIS BILL :

- Act respecting prearranged funeral services and sepultures (R.S.Q., chapter A-23.001) ;
- Health Insurance Act (R.S.Q., chapter A-29) ;
- Cities and Towns Act (R.S.Q., chapter C-19) ;
- Act respecting Institut national de santé publique du Québec (R.S.Q., chapter I-13.1.1) ;

- Act respecting administrative justice (R.S.Q., chapter J-3);
- Act respecting the Ministère de la Santé et des Services sociaux (R.S.Q., chapter M-19.2);
- Public Health Protection Act (R.S.Q., chapter P-35);
- Animal Health Protection Act (R.S.Q., chapter P-42);
- Act respecting health services and social services (R.S.Q., chapter S-4.2).

Bill 36

PUBLIC HEALTH ACT

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS :

CHAPTER I

OBJECT

1. The object of this Act is the protection of the health of the population and the establishment of conditions favourable to the maintenance and enhancement of the health and well-being of the general population.

2. Certain measures in this Act are intended to enable public health authorities to engage in public health monitoring activities and to give public health authorities the power to take action in cases where the health of the population is threatened.

In this Act, a threat to the health of the population means the presence within the population of a biological, chemical or physical agent that may cause an epidemic if it is not controlled.

For the purposes of this Act, the public health authorities include the Minister of Health and Social Services, the national public health director appointed under the Act respecting the Ministère de la Santé et des Services sociaux (R.S.Q., chapter M-19.2) and the public health directors appointed under the Act respecting health services and social services (R.S.Q., chapter S-4.2).

3. Other measures in this Act pertain to the prevention of disease, trauma and social problems having an impact on the health of the population and the means of exerting a positive influence on major health determinants, in particular through trans-sectoral coordination.

These measures are intended to maintain and promote physical health and the mental and social capacities of persons to remain active within their environment.

4. Other measures in this Act provide for the ongoing surveillance of the health status of the general population and of health determinants so as to measure their evolution and be able to offer appropriate services to the population.

The provisions of this Act concerning ongoing surveillance of the health status of the population do not apply to research and knowledge development activities carried out in the sector of health or social services, in particular, by the Institut national de santé publique du Québec.

5. Public health actions must be directed at protecting, maintaining or enhancing the health status and well-being of the general population and shall not focus on individuals except insofar as such actions are taken for the benefit of the community as a whole or a group of individuals.

6. This Act is binding on the Government, on government departments and on bodies that are mandataries of the State.

CHAPTER II

NATIONAL PUBLIC HEALTH PROGRAM AND REGIONAL AND LOCAL PUBLIC HEALTH ACTION PLANS

7. In accordance with health and welfare policies, the Minister shall develop a national public health program that provides a framework for national, regional and local public health activities.

The Minister shall assess the outcomes of the program and update it regularly. The Minister shall ensure national and interregional coordination of the program.

8. The national public health program must contain orientations, objectives and priorities relating to

(1) ongoing surveillance of the health status of the population and of health determinants;

(2) the prevention of diseases, trauma and social problems that have an impact on the health of the population;

(3) the promotion of systemic measures capable of fostering the enhancement of the health and well-being of the population;

(4) the protection of the health of the population and the relevant health monitoring activities.

The Minister may add orientations, objectives and priorities that relate to any other aspect of public health which the Minister considers necessary or relevant to include in the program.

The Minister shall, in developing the components of the program that relate to prevention and promotion, focus, insofar as possible, on the most effective actions as regards health determinants, more particularly actions capable of having an influence on health and welfare inequalities in the population and

actions capable of decreasing the risk factors affecting, in particular, the most vulnerable groups of the population.

9. The national public health program may also

(1) include a list of specific actions to be taken or services to be provided to the population and specify the manner in which such actions or services are to be carried out or provided;

(2) identify the outcomes to be achieved within a specific time;

(3) establish an ethical framework or ethical guidelines that must be complied with in the implementation of the national public health program or regional and local action plans;

(4) provide for the development of the public health workforce.

10. The national public health program shall define the parameters of the periodic national and regional reports on the population health status that must be produced and made public in concerted fashion by the Minister and public health directors.

The parameters must enable, as far as possible, a comparison of the health outcomes obtained throughout Québec and in the territories of the different regional boards and, at the regional level, a comparison of the health outcomes obtained in the territories served by institutions operating a local community service centre.

The national report on the health status of the population shall be prepared by the national public health director in collaboration with the public health directors and with the support of the Institut national de santé publique du Québec. The report shall be submitted to the Minister, who shall make it public and ensure its dissemination.

The regional reports shall be prepared by each of the public health directors with the support of the Institut national de santé publique du Québec and shall be made public and disseminated in each region by the regional director.

11. The regional boards must, in collaboration with, in particular the institutions that operate a local community service centre in their territory, develop, implement, evaluate and regularly update a regional public health action plan.

A regional action plan must be consistent with the prescriptions of the national public health program and must take into account the specific characteristics of the population living in the territory of the regional board.

12. The regional action plan must include a plan providing for the mobilization of the resources of the health and social services institutions in the territory concerned whenever such resources are needed by the public health director to conduct an epidemiological investigation or to take the measures considered necessary to protect the health of the population if it is threatened.

13. The regional action plan may provide that certain activities will be carried out or certain services will be offered to the population by other resources than public health departments or institutions operating a local community service centre. The plan must take into account the services and care offered by physicians practising in the regional board's territory.

The regional board shall specify, in the regional service organization plan prepared under the Act respecting health services and social services, the responsibilities it entrusts to the health and social services institutions in its territory for the purposes of the regional public health action plan.

14. Each health and social services institution operating a local community service centre shall develop, implement, evaluate and regularly update a local public health action plan. The plan must be developed in collaboration with, in particular the community organizations concerned.

The local plan must be consistent with the prescriptions of the national public health program and must define the measures to be taken at the local level to achieve the objectives identified in the regional action plan, having regard for the specific characteristics of the population served by the institution.

15. Before implementing a regional public health plan, the regional board must consult the people's forum created under section 343.1 of the Act respecting health services and social services and the various resources concerned by the plan.

16. The national public health program and the regional and local public health action plans must contain reporting mechanisms and a framework for the assessment of outcomes.

17. Each regional board must deposit its regional public health action plan with the Minister before implementing it, and each institution operating a local community service centre must deposit its local public health action plan with the regional board concerned before implementing it.

18. The Minister shall ensure coordination between the health and social services network and the Institut national de santé publique du Québec created under the Act respecting Institut national de santé publique du Québec (R.S.Q., chapter I-13.1.1) as regards the delivery of the required public health services to the population and the carrying out of public health activities, as provided in the national public health program.

The Minister shall also ensure that public health activities to be carried out pursuant to this chapter shall, where they concern health issues in the work environment, be developed in collaboration with the Commission de la santé et de la sécurité du travail.

CHAPTER III

PUBLIC HEALTH ETHICS COMMITTEE

19. A public health ethics committee is hereby established under the name “Comité d’éthique de santé publique”.

20. The main function of the ethics committee is to give its opinion on the ethical aspect of the proposed surveillance plans and on the proposed surveys on health and social issues submitted to it by the Minister and public health directors.

The committee may, in particular, give its opinion on

(1) the object of ongoing surveillance and the indicators or health determinants selected for a surveillance plan or a proposed survey ;

(2) the type of information it will be necessary to collect, the sources of information to be used and the analytic study envisaged.

21. The ethics committee may at the Minister’s request give its opinion on any ethical question that may arise in the application of this Act, in particular, on the activities or actions provided for in the national public health program or in regional or local public health action plans.

22. The opinions of the ethics committee are public, subject to the provisions of the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1).

23. The ethics committee shall be composed of the following members, appointed by the Government, on the recommendation of the Minister after the sectors concerned have been consulted :

(1) one ethicist ;

(2) three representatives of the population having an interest in the work of the committee and having no professional ties to the health and social services system ;

(3) one public health director ;

(4) two professionals practising in the public health sector, one of whom in ongoing public health surveillance.

The Government may also appoint two other members to the ethics committee where the Government considers that their expertise would be relevant to the work of the committee.

24. One person designated by the national public health director shall attend the meetings of the ethics committee and shall have the right to speak.

25. The members of the ethics committee shall be appointed for a term not exceeding four years. At the end of their term, they shall remain in office until replaced or reappointed.

26. The members of the ethics committee shall choose a chair and a vice-chair from among their number ; the vice-chair shall chair the ethics committee when the chair is absent or unable to act.

27. The person designated by the national public health director to attend the meetings of the ethics committee shall act as the secretary of the committee.

28. The quorum at meetings of the ethics committee is a majority of its members, including the chair or, where applicable, the vice-chair.

In the case of a tie-vote, the chair has the casting vote.

29. The ethics committee may make by-laws concerning its internal management.

30. The fees and allowances of the members of the ethics committee shall be fixed by the Government, as shall the fees of the consultants and experts consulted by the ethics committee.

31. The Ministère de la Santé et des Services sociaux shall pay the fees and allowances referred to in section 30.

It shall also, within the scope of its resources, pay for the administrative support needed by the ethics committee to carry out its work.

32. The ethics committee shall provide the Minister with any information required by the Minister concerning its activities, within the time and in the form indicated by the Minister.

CHAPTER IV

ONGOING SURVEILLANCE

DIVISION I

GENERAL PROVISIONS

33. Ongoing surveillance of the health status of the population and of health determinants shall be carried out so as to

- (1) obtain an overall picture of the health status of the population ;
- (2) monitor trends and temporal and spatial variations ;
- (3) detect emerging problems ;
- (4) identify major problems ;
- (5) develop prospective scenarios of the health status of the population ;
- (6) monitor the development within the population of certain specific health problems and of their determinants.

34. Ongoing surveillance of the health status of the population is a function conferred exclusively on the Minister and the public health directors.

However, the Minister may confer on the Institut national de santé publique du Québec the mandate to exercise all or part of the Minister's surveillance function or certain surveillance activities, on the conditions and to the extent the Minister considers appropriate. The Minister may also confer such a mandate on a third person, but in such a case, the mandate must first be submitted to the Commission d'accès à l'information for an opinion.

35. The Minister and the public health directors, each for their own purpose, shall develop plans for the surveillance of the health status of the population which specify the purpose and objects of the surveillance, the personal or non-personal information it will be necessary to collect, the proposed sources of information, and the analytic study necessary to be able to exercise their surveillance function. Where the Minister confers certain surveillance activities or part of the Minister's surveillance function on a third person, the surveillance plan must so provide.

36. The proposed surveillance plans must be submitted to the ethics committee for an opinion.

Where a surveillance plan provides for the communication of personal information which is within the purview of the Commission d'accès à l'information under the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1) or where the Commission must examine a mandate conferred by the Minister under section 34 of this Act, a copy of the opinion of the ethics committee must be forwarded to the Commission.

37. The Minister and each public health director must periodically re-evaluate the necessity of maintaining each of their surveillance plans or of making changes to them.

38. The Minister and the public health directors may require physicians, public or private medical laboratories, health and social services institutions,

any government department or any body to provide them with the information necessary for a surveillance plan, in a form that does not allow the persons to whom the information relates to be identified but that enables such information to be obtained for each area served by a health and social services institution operating a local community service centre, each municipality, each borough or each ward.

DIVISION II

SURVEYS ON HEALTH AND SOCIAL ISSUES

39. Periodic surveys on health and social issues shall be conducted to gather the recurrent information necessary for ongoing surveillance of the health status of the population.

40. The Minister may personally conduct such surveys or ensure that the information collected in the course of surveys conducted by other resources is transmitted to the Minister or made available to the public health directors.

41. Where the Minister chooses to conduct a national survey for the purposes of ongoing surveillance of the health status of the population, the Minister shall determine the survey's objectives after consulting the public health directors.

42. The carrying out of national surveys shall be entrusted to the Institut de la statistique du Québec created under the Act respecting the Institut de la statistique du Québec (R.S.Q., chapter I-13.011), which shall comply with the objectives determined by the Minister.

Public health directors may conduct regional surveys on health and social issues.

43. Surveys on health and social issues conducted for the purposes of surveillance of the health status of the population must first be submitted to the ethics committee for an opinion.

However, the Minister may exempt a proposed national survey from that requirement if the ethical review of that survey is conducted by the ethics committee of the Institut de la statistique du Québec.

CHAPTER V

COLLECTION OF INFORMATION AND REGISTRIES

44. The Minister shall establish and maintain, in particular for the purposes of ongoing surveillance of the health status of the population, a system for the collection of sociological and health-related personal or non-personal information on births, stillbirths and deaths ; the mechanics of the system shall be fixed by regulation.

45. The physician or midwife or, if there is no physician or midwife, any person assisting a woman during childbirth must complete a certificate of birth for the purposes of this Act.

46. An institution that maintains a facility in which a death occurs must cause a certificate of death to be drawn up by a physician, for the purposes of this Act.

Where a death occurs elsewhere than in a facility maintained by an institution, the last physician who treated the person shall fill out the certificate of death. If the physician is not accessible, the certificate of death may be drawn up by another physician, a nurse or a coroner. If no person acting in any of such capacities is available within a radius of 16 kilometres, the certificate of death may be drawn up by two persons of full age.

Where a death is the subject of an investigation and, where applicable, of an inquest under the Act respecting the determination of the causes and circumstances of death (R.S.Q., chapter R-0.2), the certificate of death shall be drawn up by the coroner.

Where the remains of a person who died outside Québec are transported into Québec, the certificate of death shall be drawn up by the funeral director transporting the remains, unless the case falls within the competence of the coroner.

47. The Minister may also establish and maintain, in particular for the purposes of ongoing surveillance of the health status of the population, systems for the collection of data and personal and non-personal information on the prevalence, incidence and distribution of health problems and in particular on problems having significant impacts on premature mortality and on morbidity and disability; the particulars of the system shall be fixed by regulation.

48. The certificates, data or information referred to in sections 45, 46 and 47 shall be transmitted to the Minister in accordance with the regulations of the Minister.

49. The Minister may, for the purposes of clinical preventive care or the protection of the health of the population, make regulations establishing registries in which personal information on certain health services or health care received by the population is recorded.

The regulations shall specify the services or care that must be recorded in the registries, the personal information that must be furnished, in what circumstances and by what health professionals, and who will have access to such personal information and for what purposes.

The regulations shall provide that the consent of the person receiving the services or care is required both for the recording of the information in the

registry and for allowing third persons to have access to the information, and the regulations must enable a person to remove all or part of the information that relates to him or her from a registry.

The regulations may, however, provide for the recording of certain information in a registry or allow access to certain information without the consent of the person to whom the information relates, where the refusal of that person could endanger the health of other persons. In such a case, the person concerned may not require the removal of the information that relates to him or her from the registry.

50. Draft regulations establishing the registries provided for in section 49 must be submitted to the Commission d'accès à l'information for an opinion. Should the Commission give an unfavourable opinion, the draft regulations may not be adopted by the Minister except with the approval of the Government.

The opinion of the Commission and the approval of the Government must be tabled in the National Assembly within thirty days of the approval if the Assembly is sitting or, if it is not sitting, within thirty days of the opening of the next session, or of resumption.

51. From the time a regulation of the Minister made under section 49 becomes effective, the health professionals to whom the regulation applies are required to record the information specified in the regulation in the registry so established, in the manner and within the time limits prescribed in the regulation.

52. The Minister may personally assume the management of the data collection systems or the registries established under this chapter or entrust the management of the systems and registries to another public body pursuant to an agreement.

CHAPTER VI

HEALTH PROMOTION AND PREVENTION

DIVISION I

GENERAL PROVISIONS

53. The Minister, public health directors and institutions operating a local community service centre may, each at the appropriate level of intervention, for the purpose of preventing disease, trauma and social problems that have an impact on the health of the population and influencing population health determinants positively,

- (1) organize public information and awareness campaigns ;
- (2) promote and support preventive health care practice among health care professionals ;

(3) identify and assess situations involving health risks within the population ;

(4) establish mechanisms providing for concerted action between various resources able to act on situations that may cause problems of avoidable morbidity, disability and mortality ;

(5) promote health and the adoption of public social policies capable of fostering the enhancement of the health and welfare of the population among the various resources whose decisions or actions may have an impact on the health of the general population or of certain groups ;

(6) support actions which, within a community, foster the creation of a living environment conducive to health and well-being.

54. The Minister is by virtue of his or her office the advisor of the Government on any public health issue. The Minister shall give the other ministers any advice he or she considers advisable for health promotion and the adoption of policies capable of fostering the enhancement of the health and welfare of the population.

In the Minister's capacity as government advisor, the Minister shall be consulted in relation to the development of the measures provided for in an Act or regulation that could have significant impact on the health of the population.

55. Where a public health director becomes aware of the existence or fears the occurrence in the region of a situation putting the population or a group of individuals at high risk of avoidable mortality, disability or morbidity and, in the director's opinion, effective solutions exist for the reduction or elimination of those risks, the director may formally request the authorities whose intervention appears useful to participate in the search for a solution adapted to the circumstances.

Authorities who receive such an invitation are required to participate in the search for a solution.

Where one of the authorities is a department or body of the Government, the public health director may not formally request their participation without first notifying the national public health director.

56. The Minister may at all times choose to personally exercise the power provided for in section 55, in collaboration with the public health director or directors concerned.

DIVISION II

FLUORIDATION OF DRINKING WATER

57. Every owner of a water treatment plant that fluoridates the water it supplies must monitor the quality of the fluoridation to ensure it meets the optimum fluoride concentration prescribed by regulation of the Minister to prevent tooth decay.

58. The Minister may, by regulation, set standards as regards the procedure for monitoring the quality of drinking water fluoridation.

59. The national public health program must include actions designed to encourage the fluoridation of water.

60. The Minister may, to the extent the Minister considers appropriate, grant a subsidy to every owner of a water treatment plant who applies therefor, to cover the costs of purchasing, housing, installing or repairing a fluoridation system and the cost of the fluoride used.

The Minister may subject the granting of the subsidy to the conditions considered appropriate.

CHAPTER VII

VACCINATION

DIVISION I

VACCINATION REGISTRY

61. The Minister shall cause a registry to be kept to record the vaccinations carried out in Québec. The Minister may personally assume the management of the registry or entrust the management to another public body pursuant to an agreement.

62. All vaccinations received by a person shall be recorded in the registry, provided the person consents thereto in the manner set out in sections 63 to 65.

63. A person's consent to the recording in the registry of the vaccinations received must be given in writing. Such consent shall remain valid for all subsequent vaccinations the person may receive, whatever the type of vaccine.

However, a person may, at any time, withdraw his or her consent in writing and require the manager of the registry to remove from the registry, and destroy, all personal information that relates to him or her. Any subsequent administration of a vaccine to that person may be recorded in the registry only if that person again consents thereto in writing.

64. A person may also, without withdrawing the general consent given pursuant to section 63, request in writing that a type of vaccine being administered by a health professional not be recorded in the vaccination registry.

The request is valid for all additional doses of the vaccine the person may subsequently receive, but does not preclude the recording in the registry of any other vaccine received by the person.

65. A person may, at any time, consent in writing to the transmission to the manager of the registry, for recording purposes, of all or part of the information held by a health professional in relation to the vaccinations the person has received, in or outside Québec.

66. Written information on the vaccination registry must be available in all places where vaccines are administered, to be distributed to vaccinated persons.

67. Access to personal information contained in the registry shall be granted to persons applying therefor to the extent and for the purposes hereinafter described:

(1) to a vaccinated person, as regards information that relates to the person;

(2) to a vaccinator who verifies the vaccination history of a person before administering a vaccine, provided the person receiving the vaccine has consented thereto;

(3) to the national public health director, where the director has been informed that a particular lot of vaccine provides inadequate protection and he or she considers that the persons who have received the vaccine must be traced;

(4) to a public health director having received an unusual clinical manifestation report pursuant to section 69, for the epidemiological investigation of that case in the region and of any similar case that may occur in respect of that type of vaccine;

(5) to a public health director who, within the scope of an epidemiological investigation, wishes to assess the vaccination status of persons who may have been in contact with a communicable infectious agent;

(6) to institutions operating a local community service centre for the purposes of interventions promoting vaccination in respect of the persons in their territories who have given prior consent to such access being granted or, on the same conditions, to the appropriate public health director, where an agreement has been signed between the director and such an institution whereby such promotional activities are carried out by the public health department.

Subject to the first paragraph, access to such information in all other circumstances is subject to the provisions of sections 17 to 28 of the Act respecting health services and social services, with the necessary modifications.

68. Subject to sections 62 to 65, every person who administers a vaccine must, in the manner and within the time limits prescribed by regulation of the Minister, record in the registry the name of the person to whom the vaccine has been administered, the name of the vaccine used, the lot number of the vaccine, the dose received, the date and place of vaccination and the health insurance number of the person who has received the vaccine. The person administering the vaccine must also provide any other information prescribed by regulation of the Minister.

The Minister may, in the regulation, prescribe that in a given region or territory, vaccination data are collected, recorded in the registry, transmitted or made accessible by a health and social services institution or a regional board on behalf of the Minister or the manager of the registry.

DIVISION II

REPORTING OF UNUSUAL CLINICAL MANIFESTATIONS

69. Any physician or nurse who observes an unusual clinical manifestation, temporally associated with vaccination, in a person having received a vaccine or a contact of that person and who suspects a link between the vaccine and the unusual clinical manifestation must report the situation to the appropriate public health director as soon as possible.

The physician or nurse must provide the name and health insurance number of the person in whom the unusual clinical manifestation was observed and the name and health insurance number of the person who was vaccinated, if not the same. The physician or nurse must also provide the public health director with a brief description of the event observed and any other information prescribed by regulation of the Minister.

Any unusual reaction to a vaccine on the part of a person who has agreed to participate in the vaccine registration procedure must be recorded in the registry by the physician or nurse in the manner and within the time limits prescribed in the regulation of the Minister made under section 68.

DIVISION III

COMPENSATION FOR VICTIMS OF VACCINATION

70. In this division, unless the context indicates otherwise,

(1) “victim” means the vaccinated person, a person having contracted the disease from a vaccinated person, the foetus of either of such persons or, if a death occurs, the person who is entitled to a death benefit ;

(2) “bodily injury” means any serious permanent physical or mental injury, or death.

71. The Minister shall compensate, regardless of responsibility, any victim of bodily injury caused by a voluntary vaccination against a disease or infection identified in the regulation made by the Government under section 137 or a vaccination imposed pursuant to section 123.

In either case, the vaccination must have taken place in Québec.

72. The rules prescribed in the Automobile Insurance Act (R.S.Q., chapter A-25) and the regulations thereunder apply to the computation of the compensation provided for in section 71, with the necessary modifications.

73. Entitlement to compensation under this division is prescribed three years after the date of vaccination and, in the case of a death benefit, three years after the date of death.

However, where an injury becomes apparent gradually, the time limit runs only from the day the injury first becomes apparent.

74. The victim may institute civil proceedings against any person who is liable for the bodily injury.

75. The Minister is subrogated by operation of law to the rights and actions of the victim against the person liable for the bodily injury up to the amount of compensation paid by the Minister or of the capital representing the pension to be paid by the Minister.

76. Any claimant who believes he or she has been wronged by a decision of the Minister pursuant to section 71 or 72 may, within 60 days of the date of notification of the decision, contest the decision before the Administrative Tribunal of Québec.

77. A proceeding before the Administrative Tribunal of Québec does not suspend the payment of compensation paid as a pension.

78. The sums necessary for the purposes of this division shall be taken out of the consolidated revenue fund.

CHAPTER VIII

REPORTABLE INTOXICATIONS, INFECTIONS AND DISEASES

79. The Minister shall, by regulation, draw up a list of intoxications, infections and diseases that must be reported to the appropriate public health director and, in certain cases provided for in the regulation, to the Minister or to both the public health director and the national public health director.

80. The list may include only intoxications, infections or diseases that are medically recognized as capable of constituting a threat to the health of a population and as requiring vigilance on the part of public health authorities or an epidemiological investigation.

81. The report must indicate the name and address of the person affected and contain any other personal or non-personal information prescribed by regulation of the Minister. The report must be transmitted in the manner, in the form and within the time prescribed in the regulation.

82. The following persons are required to make the report in the cases provided for in the regulation of the Minister:

(1) any physician who diagnoses an intoxication, infection or disease included in the list or who observes the presence of clinical manifestations characteristic of any of those intoxications, infections or diseases in a living or deceased person ;

(2) any chief executive officer of a private or public laboratory or of a medical biology department, where a laboratory analysis conducted in the laboratory or department under his or her authority shows the presence of any reportable intoxications, infections or diseases.

CHAPTER IX

COMPULSORY TREATMENT AND PROPHYLACTIC MEASURES FOR CERTAIN CONTAGIOUS DISEASES OR INFECTIONS

DIVISION I

CONTAGIOUS DISEASES OR INFECTIONS AND COMPULSORY TREATMENT

83. The Minister may, by regulation, draw up a list of the contagious diseases or infections for which any person affected is obligated to submit to the medical treatments required to prevent contagion.

The list may include only contagious diseases or infections that are medically recognized as capable of constituting a serious threat to the health of a population and for which an effective treatment that would put an end to the contagion is available.

84. Any physician who observes that a person is likely suffering from a disease or infection to which this division applies must take, without delay, the required measures to ensure that the person receives the care required by his or her condition, or direct the person to a health and social services institution able to provide such treatments.

85. In the case of certain diseases or infections identified in the regulation, any health or social services institution having the necessary resources must admit as an emergency patient any person suffering or likely to be suffering from one of those diseases or infections. If the institution does not have the necessary resources, it must direct the person to an institution able to provide the required services.

86. Any physician who becomes aware that a person who is likely suffering from a disease or infection to which this division applies is refusing or neglecting to submit to an examination must notify the appropriate public health director as soon as possible.

Such a notice must also be given by any physician who observes that a person is refusing or neglecting to submit to the required medical treatment or has discontinued a treatment that must be completed to prevent contagion or a recurrence of contagion.

87. Any public health director who receives a notice under section 86 must make an inquiry and, if the person refuses to be examined or to submit to the appropriate treatment, the public health director may apply to the Court for an order enjoining the person to submit to such examination or treatment.

88. A judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found may, if the judge believes on reasonable grounds that the protection of the health of the population so warrants, order the person to submit to an examination and receive the required medical treatment.

In addition, the judge may, if the judge believes on serious grounds that the person will refuse to submit to the examination or to receive the treatment, order that the person be taken to an institution maintained by a health or social services institution for examination and treatment. The provisions of section 108 apply to that situation, with the necessary modifications.

DIVISION II

COMPULSORY PROPHYLACTIC MEASURES

89. The Minister may, for certain contagious diseases or infections medically recognized as capable of constituting a serious threat to the health of a population, make a regulation setting out prophylactic measures to be complied with by a person suffering or likely to be suffering from such a disease or infection, as well as by any person having been in contact with that person.

Isolation, for a maximum period of 30 days, may form part of the prophylactic measures prescribed in the regulation of the Minister.

The regulation shall prescribe the circumstances and conditions in which specific prophylactic measures are to be complied with to prevent contagion.

It may also require certain health or social services institutions to admit as an emergency patient any person suffering or likely to be suffering from one of the contagious diseases or infections to which this section applies, as well as any person who has been in contact with that person.

90. Any health professional who observes that a person is omitting, neglecting or refusing to comply with the prophylactic measures prescribed in the regulation made under section 89 must notify the appropriate public health director as soon as possible.

The director must make an inquiry and, if the person refuses to comply with the necessary prophylactic measures, the director may apply to the Court for an order enjoining the person to do so.

The provisions of section 88 apply to that situation, with the necessary modifications.

The director may also, in the case of an emergency, use the powers conferred by section 103, and sections 108 and 109 apply to such a situation.

91. Despite any decision of the Court ordering the isolation of a person, isolation must cease as soon as the attending physician, after consulting the appropriate public health director, issues a certificate to the effect that the risk of contagion no longer exists.

CHAPTER X

REPORTING TO PUBLIC HEALTH AUTHORITIES

92. Government departments and bodies and local municipalities must report to the appropriate public health director or to the national public health director any threats to the health of the population that come to their knowledge or any situations which cause them to believe on reasonable grounds that the health of the population is threatened.

93. Any physician who suspects the presence of a threat to the health of the population must notify the appropriate public health director.

Health and social services institutions must report to the appropriate public health director any situation where they believe on reasonable grounds that there exists a threat to the health of the persons who are present in their facilities.

94. The directors of institutions or establishments constituting work environments or living environments, such as a business establishment, an educational institution, a childcare centre and other childcare facilities, a house of detention and transition housing may report to the appropriate public health director any situation which they have cause to believe constitutes a threat to the health of the persons who are present in those places. A health

professional practising in such an institution or establishment may also report such a situation to the public health director.

95. Reporting a situation under this chapter does not authorize the person making the report to disclose personal or confidential information unless, after evaluating the situation, the public health authority concerned requires such information in the exercise of the powers provided for in Chapter XI.

The provisions of this chapter shall not be construed as authorizing a government department, a body, a local municipality, a health and social services institution, a physician, the director of an institution or establishment or a health professional to report a threat to the health of the population arising from a sexually transmitted biological agent.

CHAPTER XI

POWERS OF PUBLIC HEALTH AUTHORITIES AND THE GOVERNMENT IN THE EVENT OF A THREAT TO THE HEALTH OF THE POPULATION

DIVISION I

EPIDEMIOLOGICAL INVESTIGATIONS BY PUBLIC HEALTH DIRECTORS

96. A public health director may conduct an epidemiological investigation in any situation where the public health director believes on reasonable grounds that the health of the population is or could be threatened and, in particular,

(1) where the director receives a report of an unusual clinical manifestation following a vaccination under section 69;

(2) where the director receives a report of an intoxication, infection or disease to which Chapter VIII applies;

(3) where the director receives a notice under Chapter IX to the effect that a person is refusing, omitting or neglecting to be examined or treated or to comply with compulsory prophylactic measures;

(4) where the director receives a report under Chapter X.

97. Where during an epidemiological investigation, a public health director is of the opinion that he or she is unable to intervene effectively or within the time required to complete the investigation or to protect the health of the population, the director may implement the resource mobilization plan of the territory's health or social services institutions that was included in the regional public health action plan, and, in that case, the institutions are required to comply with the director's instructions.

98. A public health director who becomes aware during an epidemiological investigation that a government department, a local municipality or a body has, and may exercise, under another Act, a municipal by-law or an agreement, the inspection, inquiry or investigation powers necessary to ascertain the presence of a biological, chemical or physical agent that constitutes a threat to the health of the population must notify the government department, local municipality or body concerned of the situation and request it to proceed.

In those circumstances, the public health director's epidemiological investigation shall be continued, but only the government department, local municipality or body concerned may exercise its inquiry, investigation or inspection powers, in particular, with respect to the premises, animals or substances in respect of which it has jurisdiction. The results obtained must be communicated as soon as possible to the public health director and the latter may require the immediate communication of any information necessary to enable the public health director's investigation to be continued.

A public health director who becomes aware that a government department, a local municipality or a body refuses to exercise its own powers, or delays in doing so, must notify the national public health director.

99. A public health director who becomes aware during an epidemiological investigation that a threat to the health of the population appears to have its origin in a facility maintained by a health or social services institution or in a deficient practice within such an institution must notify the director of professional services or, if there is no such director, the executive director.

If there is a council of physicians, dentists and pharmacists or a council of nurses within the institution, the director of professional services or, if there is no such director, the executive director must immediately inform the councils of the situation reported by the public health director.

The public health director must also inform the national public health director of the situation, and the Minister may, if the Minister considers it necessary, request the public health director to also continue the epidemiological investigation underway in the institution.

The institution must as soon as possible take all measures required to inspect its facilities and review its practices and, if necessary, correct the situation. The measures taken must be communicated without delay to the public health director and to the Minister.

100. Subject to section 98, a public health director may, where required within the scope of an epidemiological investigation,

(1) require that every substance, plant, animal or other thing in a person's possession be presented for examination ;

(2) require that a thing in a person's possession be dismantled or that any container under lock and key be opened ;

(3) carry out or cause to be carried out any excavation necessary in any premises;

(4) have access to any premises and inspect them at any reasonable time;

(5) take or require a person to take samples of air or of any substance, plant, animal or other thing;

(6) require that samples in a person's possession be transmitted for analysis to the Institut national de santé publique du Québec or to another laboratory;

(7) require any director of a laboratory or of a private or public medical biology department to transmit any sample or culture the public health director considers necessary for the purposes of an investigation to the Institut national de santé publique du Québec or to another laboratory;

(8) order any person, any government department or any body to immediately communicate to the public health director or give the public health director immediate access to any document or any information in their possession, even if the information is personal information or the document or information is confidential;

(9) require a person to submit to a medical examination or to furnish a blood sample or a sample of any other bodily substance, if the public health director believes on reasonable grounds that the person is infected with a communicable biological agent.

101. The powers granted to a public health director by paragraph 4 of section 100 may not be exercised to enter a private residence without the consent of the occupant, unless the director has obtained a court order authorizing such entry.

A judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality in which the residence is situated may grant the order if the judge is of the opinion that the protection of the health of the population warrants it.

102. Except if the person concerned gives consent, the powers provided for in paragraph 9 of section 100 shall not be exercised by a public health director unless he or she has obtained a court order to that effect.

The provisions of section 88 apply to such a situation, with the necessary modifications.

103. A public health director may, at any time during an epidemiological investigation, as a precautionary measure, order a person to remain in isolation for a maximum period of 72 hours or to comply with certain specific directives so as to prevent contagion or contamination.

An isolation order may be issued, however, by the public health director only if the director believes on reasonable grounds that the person has been in contact with a communicable biological agent that is medically recognized as capable of seriously endangering the health of the population. The provisions of sections 108 and 109 apply to an isolation order issued under this section.

104. Every owner or possessor of a thing or occupant of premises must, at the request of a public health director, provide all reasonable assistance and furnish all information necessary to enable the director to conduct an epidemiological investigation.

105. Subject to the provisions of section 135, any public health director who becomes aware that a person is neglecting or refusing to cooperate in the investigation, objects to the director exercising a power granted to the director by section 100 or refuses to comply with directives given under section 103 may apply to a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found, for the issuing of an order.

The judge shall issue any order considered appropriate in the circumstances.

106. Where, during an investigation, a public health director is of the opinion that there exists a real threat to the health of the population, the director may

(1) order the closing of premises or give access thereto only to certain persons or subject to certain conditions, and cause a notice to be posted to that effect;

(2) order the evacuation of a building;

(3) order the disinfection, decontamination or cleaning of premises or of certain things and give clear instructions to that effect;

(4) order the destruction of an animal, plant or other thing in the manner the director indicates, or order that certain animals or plants be treated;

(5) order the cessation of an activity or the taking of special security measures if the activity presents a threat for the health of the population;

(6) order a person to refrain from being present for the time indicated by the public health director in an educational institution, work environment or other place of assembly if the person has not been immunized against a contagious disease an outbreak of which has been detected in that place;

(7) order the isolation of a person, for a period not exceeding 72 hours indicated by the public health director, if the person refuses to receive the treatment necessary to prevent contagion or if isolation is the only means to prevent the communication of a biological agent medically recognized as capable of seriously endangering the health of the population;

(8) order a person to comply with specific directives to prevent contagion or contamination ;

(9) order any other measure the public health director considers necessary to prevent a threat to the health of the population from worsening or to decrease the effects of or eliminate such a threat.

Notwithstanding the provisions of the first paragraph, the public health director may also use the powers conferred by subparagraphs 1 and 2 of that paragraph as a precautionary measure, if the public health director believes on reasonable grounds that there exists a threat to the health of the persons present in those premises or that building.

107. Notwithstanding the provisions of section 106, a public health director may not use a power provided for in that section to prevent a threat to the health of the population from worsening or to decrease the effects of or eliminate such a threat if a government department, a local municipality or a body has the same power and is able to exercise it.

The provisions of section 98 apply in those circumstances, with the necessary modifications.

108. An order issued by the public health director under subparagraph 7 of the first paragraph of section 106 is sufficient to require any person, including a peace officer, to do everything reasonably possible to locate and apprehend the person whose name appears in the order and take him or her to the place indicated therein or to a health or social services institution chosen by the public health director.

A person or peace officer acting under this section may not, however, enter a private residence without the consent of the occupant or without obtaining a court order authorizing such entry.

Any person who is apprehended must be informed immediately of the reasons for the isolation order, the place where he or she is being taken and of his or her right to communicate with an advocate.

The health or social services institution that receives the person pursuant to an order of the public health director or the court must admit the person as an emergency patient.

109. A person may not be maintained in isolation pursuant to an order of the public health director for more than 72 hours without the person's consent or without a court order.

A public health director may apply to a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person in respect of whom the isolation order has been made is to be found, for an order enjoining that person to

comply with the public health director's order and to remain in isolation for a maximum period of 30 days.

The judge may grant the order if, in the judge's opinion, terminating the isolation would create a serious threat to the health of the population and, in the circumstances, isolation is the only effective means to protect the health of the population. The judge may also grant an order requiring the person to receive the treatment capable of eliminating any risk of contagion where such treatment is available, or make any order considered appropriate.

Notwithstanding a court order, a person's isolation must cease as soon as the attending physician, after consulting the appropriate public health director, issues a certificate to the effect that the risks of contagion no longer exist.

110. Except as regards the provisions of subparagraph 7 of the first paragraph of section 106, where a person refuses to comply with an order of the public health director issued under section 106, the public health director may apply to a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where that person is to be found, for an order enjoining the person to comply with the public health director's order.

The judge may grant the order if, in the judge's opinion, there exists a threat to the health of the population and the order of the public health director is appropriate. The judge may also make any amendment to the order that appears reasonable in the circumstances.

111. Every application to a judge under this division or under section 87 or 90 shall be made by means of a motion by the public health director or any other person the public health director has specifically authorized, presented in accordance with the provisions of the first paragraph of article 763 of the Code of Civil Procedure (R.S.Q., chapter C-25).

Such a motion shall be served on the person concerned, but the judge may exempt the applicant from serving a motion if the judge considers that the resulting delay could needlessly endanger the health of the population.

Every motion shall be decided by preference, and every order issued shall be enforceable despite an appeal. However, a judge of the Court of Appeal may suspend the enforcement of an order if the judge considers it necessary in the interests of justice.

Every order issued shall be served personally on the person concerned and may be enforced by a peace officer.

An order may, if necessary, be issued against a parent or tutor or other person having legal custody of the person concerned.

112. Where the person subject to an order of the public health director is a minor, the order must also be addressed to one of the minor's parents or, if applicable, to the minor's tutor, or if there is no parent or tutor, to any person having legal custody of the minor, and the parent, tutor or guardian must ensure that the order is complied with.

113. A public health director may personally exercise the powers provided for in this division or may specifically authorize certain persons to exercise certain powers on behalf of the public health director.

114. A public health director may on request be accompanied by a peace officer for any part of an investigation.

115. A public health director must, on request, provide identification and show a certificate of capacity issued by the Minister.

Every person specifically authorized by a public health director to act for the purposes of an investigation must also, on request, provide identification and show a certificate of capacity issued by the public health director.

DIVISION II

POWERS OF THE MINISTER

116. The Minister may choose to coordinate the actions of several public health directors or to exercise, with the necessary modifications, certain or all of the powers granted to the public health director by Chapter IX or Division I of this chapter

(1) where the national public health director informs the Minister that he or she has received a report concerning an intoxication, infection or disease to which Chapter VIII applies ;

(2) where the Minister is informed of a situation that is likely to constitute a real or apprehended threat for the population of two or more regions ;

(3) where the Minister is informed of a situation that is likely to constitute a real or apprehended threat for the population and it is necessary to inform health authorities outside Québec.

In those circumstances, the Minister shall act with the assistance of the national public health director, and the orders and instructions given by the national public health director must be carried out in the same manner as those given by the Minister.

117. The Minister may, at the request of a public health director or the national public health director, mobilize the resources of any health or social services institution in Québec which the Minister considers necessary to respond to a public health emergency.

In such a case, the health or social services institutions concerned are required to comply with the Minister's directives.

DIVISION III

PUBLIC HEALTH EMERGENCY

118. The Government may declare a public health emergency in all or part of the territory of Québec where a serious threat to the health of the population, whether real or imminent, requires the immediate application of certain measures provided for in section 123 to protect the health of the population.

119. A public health emergency declared by the Government is effective for a maximum period of 10 days at the expiry of which it may be renewed, as many times as necessary, for a maximum period of 10 days or, with the consent of the National Assembly, for a maximum period of 30 days.

If the Government is unable to meet immediately, the Minister may declare a public health emergency for a maximum period of 48 hours.

120. Upon a declaration of a public health emergency, the nature of the threat, the area concerned and the effective period of the public health emergency must be specified. The Minister may be authorized to exercise one or more of the powers specified in section 123.

121. The public health emergency is effective as soon as it is declared or renewed. The text declaring or renewing the public health emergency shall be published in the *Gazette officielle du Québec* and the Minister must cause it to be published and disseminated by the most efficient means available to ensure that the populations concerned are rapidly informed.

122. The National Assembly may, in accordance with its rules of procedure, vote to disallow the declaration of a public health emergency or any renewal thereof.

The disallowance takes effect on the day the motion is passed.

Notice of the disallowance shall be promptly published and disseminated by the Secretary General of the National Assembly by the most efficient means available to ensure that the populations concerned are rapidly informed. It shall also be published by the Secretary General in the *Gazette officielle du Québec*.

123. Notwithstanding any provision to the contrary, while the public health emergency is in effect, the Government or the Minister, if he or she has been so empowered, may, without delay and without further formality, to protect the health of the population,

(1) order compulsory vaccination of the entire population or any part of it against smallpox or any other contagious disease seriously threatening the health of the population and, if necessary, prepare a list of persons or groups who require priority vaccination;

(2) order the closing of educational institutions or of any other place of assembly;

(3) order any person, government department or body to communicate or give to the Government or the Minister immediate access to any document or information held, even personal or confidential information or a confidential document;

(4) prohibit entry into all or part of the area concerned or allow access to an area only to certain persons and subject to certain conditions, or order, for the time necessary where there is no other means of protection, the evacuation of persons from all or any part of the area or their confinement and, if the persons affected have no other resources, provide for their lodging, feeding, clothing and security needs;

(5) order the construction of any work, the installation of sanitary facilities or the provision of health and social services;

(6) require the assistance of any government department or body capable of assisting the personnel deployed;

(7) incur such expenses and enter into such contracts as are considered necessary;

(8) order any other measure necessary to protect the health of the population.

The Government, the Minister or another person may not be prosecuted by reason of an act performed in good faith in or in relation to the exercise of those powers.

124. The declaration of a public health emergency does not prevent the public health authorities from exercising the powers granted to them under other provisions of this Act.

While a public health emergency is in effect, the Minister shall act with the assistance of the national public health director, and the orders and instructions given by the national public health director must be carried out in the same manner as those given by the Minister.

125. Where compulsory vaccination is ordered under section 123, the Minister shall make the necessary vaccines available and ensure that the required health services are offered.

The Minister shall bear the costs related to the dispensing of the health services that are required for the vaccines to be administered and, where applicable, the costs for acquiring those vaccines.

126. If a person fails to submit to a vaccination ordered under section 123, a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found may order the person to submit to the vaccination.

In addition, the judge may, if satisfied on reasonable grounds that the person will not submit to the vaccination and if of the opinion that the protection of public health warrants it, order that the person be taken to a specific place to be vaccinated.

127. An order under section 126 is obtained on a motion by the public health authority or a person authorized by such authority to file such a motion.

Section 111 applies, for the purposes of this section, with the necessary modifications.

128. The Government may terminate the public health emergency as soon as it considers that it is no longer necessary.

A notice must be published and disseminated by the most efficient means available to ensure that the population concerned is rapidly informed.

Moreover, the decision must be published in the *Gazette officielle du Québec*.

129. The Minister shall table an event report in the National Assembly within three months after the end of the public health emergency or, if the Assembly is not in session, within 15 days of resumption.

The report shall specify the nature and, if determined, the cause of the threat to the health of the population which gave rise to the declaration of a public health emergency, the duration of the declared emergency as well as the measures implemented and the powers exercised under section 123.

130. The sums required by the Government or the Minister in exercising the powers conferred on them by this division shall be taken out of the consolidated revenue fund.

CHAPTER XII

PROTECTION OF INFORMATION

131. The regional boards shall ensure that all personal and confidential information obtained by public health directors in the exercise of their functions under Chapters VIII, IX and XI is kept by the public health department in such

manner as to preserve its confidentiality and that the persons having access to the information in the exercise of their functions undertake under oath not to disclose or communicate the information without being duly authorized to do so.

Such confidentiality undertaking shall be periodically renewed.

The regional boards must do likewise in respect of the reports received under section 69.

132. A public health director and the persons exercising their functions for the public health department of a regional board may not communicate the information referred to in section 131 except pursuant to an order of the Court or of a coroner in the exercise of a coroner's functions, or with the consent of the persons to whom the information relates.

They may, however, communicate any information necessary in the following cases and circumstances and subject to the following conditions:

(1) to the resources of a health or social services institution that have been mobilized by a public health director under section 97 or to a peace officer acting at the request of the director;

(2) to the public health director of another region if a real or apprehended health threat is likely to affect the population of that director's region;

(3) to the national public health director where the situation is such that it could entail the application of Division II or Division III of Chapter XI or require that certain information be communicated or disclosed with the authorization of the national public health director in accordance with section 133;

(4) to a government department, a local municipality, a body, a health and social services institution or to the national public health director or the Minister, for the purposes of their intervention in any situation described in section 98, 99 or 107.

Subject to the first two paragraphs, access to such information in all other circumstances is subject to the provisions of sections 17 to 28 of the Act respecting health services and social services, with the necessary modifications.

133. Notwithstanding section 132, the national public health director may authorize the communication or disclosure, subject to the conditions specified by the national public health director, of personal or confidential information received by the national public health director from a public health director if the national public health director believes on reasonable grounds that the health of the population is threatened and that the circumstances require such communication or disclosure to protect the health of the population.

The national public health director may also communicate such information to any health authority outside Québec if the communication is necessary to protect the health of that authority's population or forms part of the stipulations of an agreement with that health authority.

134. The provisions of sections 131, 132 and 133 apply, with the necessary modifications, to personal and confidential information obtained by the Minister or the national public health director in the exercise of their functions under this chapter or Chapters VIII and XI.

135. For the purposes of the communication or transmission of information or documents and for the exercise of the rights of access provided for in section 98, paragraph 8 of section 100 or subparagraph 3 of the first paragraph of section 123, the public health authorities have the powers of a commissioner appointed under the Act respecting public inquiry commissions (R.S.Q., chapter C-37), except the power to impose imprisonment.

CHAPTER XIII

REGULATIONS

136. In addition to the regulatory powers already provided for by other provisions of this Act, the Minister may make regulations to

(1) specify the content of the certificates of birth, stillbirth and death which must be transmitted to the Minister under sections 44 to 46 and 48 and the rules relating to their transmission, preservation and use ;

(2) specify the content of the reports or opinions that must be transmitted to the Minister where a system for the collection of data and information is established by the Minister under section 47, determine what persons must provide the data and information and fix the rules relating to their transmission, preservation and use ;

(3) establish the consent forms that must be used where a registry is established under section 49 ;

(4) fix the terms and conditions for the updating of data and information collected under Chapter V ;

(5) determine the non-nominative information to be transmitted to the Minister by public health directors in respect of the reports, notices or opinions received by the directors under Chapter VII, VIII, IX or XI, the time limits within which and the form in which it must be transmitted ;

(6) determine to which public health director a laboratory or medical biology department director providing services to more than one region must address reports, and establish the cases or circumstances in which any report, notice or opinion received by a public health director must be transmitted to

the director of another region, and the responsibilities of each person in those cases or circumstances;

(7) establish standards concerning the disinfection or decontamination of persons, premises or things having been in contact with certain biological, chemical or physical agents, to avoid contagion or contamination;

(8) establish forms, and determine the means of communication to be used or security standards to be complied with whenever information is transmitted under this Act;

(9) establish any other measure the Minister considers necessary for the administration of this Act.

137. The Government shall, by regulation,

(1) determine the conditions that must be met by a person claiming compensation under Division III of Chapter VII and establish the list of vaccines for which compensation may be paid;

(2) establish a list of criteria the Minister must comply with in drawing up, by regulation, a list of intoxications, infections or diseases under section 79, 83 or 89;

(3) specify the framework within which management agreements may be entered into pursuant to sections 52 and 61 and fix the conditions that must be complied with before the management may be assumed.

CHAPTER XIV

PENAL PROVISIONS

138. The following persons are guilty of an offence and are liable to a fine of \$600 to \$1,200:

(1) any physician or nurse who fails to make a report required under section 69;

(2) any physician or chief executive officer of a public or private laboratory or medical biology department who fails to make a report required under section 82;

(3) any physician who fails to give a notice required under section 86;

(4) any health professional who fails to give a notice required under section 90.

139. Any person who, within the scope of application of Chapter XI, impedes or hinders the Minister, the national public health director, a public

health director or a person authorized to act on their behalf, refuses to obey an order they are entitled to give, refuses to give access to or communicate the information or documents they are entitled to require, or conceals or destroys documents or other things relevant to the exercise of their functions is guilty of an offence and is liable to a fine of \$1,000 to \$6,000.

140. Any person who reports or provides false, incomplete or misleading information or a document that is incomplete or contains false or misleading information in order to deceive the Minister, the national public health director, a public health director or a person authorized to act on their behalf is guilty of an offence and is liable to a fine of \$1,000 to \$6,000.

Penal proceedings for an offence under the first paragraph are prescribed one year after the prosecutor is apprised of the commission of the offence. However, proceedings may not be instituted more than five years after the commission of the offence.

141. Any person who assists or who incites, advises, encourages, allows, authorizes or orders another person to commit an offence under this Act is guilty of an offence.

A person convicted of an offence under this section is liable to the same penalty as that provided for the offence the person assisted or incited another person to commit.

142. In the case of a second or subsequent offence, the minimum and maximum fines prescribed in this Act are doubled.

CHAPTER XV

AMENDING, TRANSITIONAL AND FINAL PROVISIONS

DIVISION I

AMENDING PROVISIONS

143. Section 31 of the Act respecting prearranged funeral services and sepultures (R.S.Q., chapter A-23.001) is amended by replacing “in section 47 of the Public Health Protection Act (chapter P-35)” in the fifth and sixth lines of paragraph 6 by “in section 46 of the Public Health Act (2001, chapter 60)”.

144. Section 67 of the Health Insurance Act (R.S.Q., chapter A-29) is amended by inserting the following paragraph before the last paragraph :

“Neither does it prohibit the communication of information, in accordance with the conditions and formalities prescribed by the Act respecting Access to documents held by public bodies and the Protection of personal information, to the Minister of Health and Social Services, a public health director, the Institut national de santé publique du Québec or a third person referred to in

the second paragraph of section 34 of the Public Health Act (2001, chapter 60), where such information is needed to implement a surveillance plan established in accordance with that Act.”

145. Section 413 of the Cities and Towns Act (R.S.Q., chapter C-19) is amended

(1) by replacing “the Public Health Protection Act (chapter P-35)” at the end of subparagraph 1 of the first paragraph by “the Public Health Act (2001, chapter 60)”;

(2) by replacing “the Public Health Protection Act” at the end of subparagraph 2 of the first paragraph by “the Public Health Act”.

146. Section 4 of the Act respecting Institut national de santé publique du Québec (R.S.Q., chapter I-13.1.1), amended by section 106 of chapter 24 of the statutes of 2001, is again amended by replacing “public health program established under section 431 of the Act respecting health services and social services (chapter S-4.2)” at the end of the last paragraph by “national public health program established under the Public Health Act (2001, chapter 60)”.

147. Schedule I to the Act respecting administrative justice (R.S.Q., chapter J-3) is amended by replacing “section 16.7 of the Public Health Protection Act” in paragraph 5 of section 5 by “section 76 of the Public Health Act (2001, chapter 60)”.

148. Section 5.1 of the Act respecting the Ministère de la Santé et des Services sociaux (R.S.Q., chapter M-19.2), enacted by section 108 of chapter 24 of the statutes of 2001, is amended by adding the following paragraph at the end:

“The Minister may delegate to the national public health director functions or powers granted to the Minister under the Public Health Act (2001, chapter 60).”

149. The title of the Public Health Protection Act (R.S.Q., chapter P-35) is replaced by the following title:

“AN ACT RESPECTING MEDICAL LABORATORIES, ORGAN, TISSUE, GAMETE AND EMBRYO CONSERVATION, AMBULANCE SERVICES AND THE DISPOSAL OF HUMAN BODIES”.

150. Section 1 of the said Act is amended

(1) by replacing ““disease that must be declared” means a disease determined by regulation that must be declared in accordance with this Act” in subparagraph *d* of the first paragraph by ““reportable disease” means an infection, intoxication or disease that must be reported to the national public health director or a public health director under Chapter VIII of the Public Health Act (2001, chapter 60)”;

(2) by striking out subparagraphs *e, f, g* and *l* of the first paragraph.

151. Section 2 of the said Act is amended by striking out subparagraphs *a, b, d, e* and *f* of the first paragraph.

152. Divisions III, III.1 and IV and Division V of the said Act, comprising sections 4 to 24 and 25 to 30, are repealed.

153. The heading of Division VIII of the said Act is replaced by the following heading :

“TRANSPORTATION OF HUMAN BODIES”.

154. Sections 45 to 47, 49 and 50 of the said Act are repealed.

155. Section 51 of the said Act is amended by inserting “drawn up under the Public Health Act” after “certificate of death”.

156. Section 62 of the said Act is amended by replacing “contemplated in section 47” by “required under the Public Health Act”.

157. Section 66 of the said Act is amended by striking out the second paragraph.

158. Section 69 of the said Act is amended

(1) by striking out subparagraphs *e, f, g* and *g.1* of the first paragraph ;

(2) by striking out “ensure the disinfection of premises where persons or animals having diseases transmissible to man have stayed and” in subparagraph *k* of the first paragraph.

159. Section 72 of the said Act is repealed.

160. Section 11.12 of the Animal Health Protection Act (R.S.Q., chapter P-42), enacted by section 13 of chapter 40 of the statutes of 2000 and amended by section 2 of chapter 37 of the statutes of 2001, is again amended by replacing “Division IV or Division IV.1 of the Public Health Protection Act (chapter P-35)” in the second paragraph by “Division IV.1 of the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, ambulance services and the disposal of human bodies (chapter P-35), Chapter XI of the Public Health Act (2001, chapter 60)”.

161. Section 19 of the Act respecting health services and social services (R.S.Q., chapter S-4.2) is amended

(1) by replacing “or” in the fourth line by “;”;

(2) by adding “or where information is communicated for the purposes of the Public Health Act (2001, chapter 60)” at the end.

162. Section 80 of the said Act is amended by adding the following paragraph at the end:

“The mission of such a centre is also to carry out public health activities in its territory, in accordance with the provisions of the Public Health Act.”

163. Section 371 of the said Act is replaced by the following section:

“371. Each regional board shall

(1) establish a public health department;

(2) ensure the security and confidentiality of the personal or confidential information obtained by a public health department in the exercise of its functions;

(3) entrust the management of the regional public health action plan provided for in the Public Health Act to the public health director appointed under section 372;

(4) organize services and allocate resources for the purposes of the regional public health action plan.”

164. Section 431 of the said Act, amended by section 82 of chapter 24 of the statutes of 2001, is again amended by striking out “establish the public health program,” in subparagraph 8 of the second paragraph.

165. Section 44 of the Regulation respecting legal aid, enacted by Order in Council 1073-96 (1996, G.O. 2, 3949) is amended

(1) by striking out paragraph 10 under the heading “Statutes of Québec”;

(2) by adding the following paragraph under the same heading:

“(12.1) The Public Health Act (2001, chapter 60);”.

166. From the date of assent to this Act, any reference to the Public Health Protection Act in any provision of an Act which has not been expressly amended by the provisions of this division shall be read as a reference to the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, ambulance services and the disposal of human bodies, except in the case of section 17 of chapter 57 of the statutes of 1992.

167. In the French text of any Act or regulation, “directeur de la santé publique” is replaced by “directeur de santé publique”, and “direction de la santé publique” is replaced by “direction de santé publique”.

DIVISION II

TRANSITIONAL PROVISIONS

168. The systems of ongoing surveillance of the health status of the population already established by the Minister, public health departments or the Institut national de santé publique du Québec on 19 April 2002 shall be maintained as they now exist, even where they do not comply with one or several provisions of the new Act, but any modification that may be made to those systems must be made in conformity with the provisions of this Act.

169. The current form and procedures relating to the systems for gathering and analyzing data established under subparagraphs *d* and *e* of the first paragraph of section 2 of the Public Health Protection Act are maintained until they are modified, replaced or eliminated by a regulation of the Minister made under the provisions of this Act, except as regards data concerning marriages, divorces and annulments of marriage in respect of which transmission to the Minister shall cease upon the coming into force of sections 44 and 151.

170. Until the Minister makes a regulation under section 57 of this Act, the optimum concentration of fluoride in fluoridated drinking water is fixed at 1.2 milligrams per litre of water.

171. All the provisions of the Regulation respecting the application of the Public Health Protection Act (R.R.Q., 1981, chapter P-35, r.1) that concern matters to which this Act applies remain in force until replaced or repealed by a regulation made under this Act, but with the following exceptions :

(1) sections 16 and 17 of the regulation and the Return of Marriage form provided in Schedule 2 to the regulation are repealed ;

(2) sexually transmitted diseases which, according to the existing regulation, must be declared on one of the forms reproduced in Schedules 12 and 13 of the regulation shall continue to be so declared until those forms are specifically repealed or replaced by a new regulation made by the Minister ;

(3) venereal diseases, even if they must continue to be reported, are no longer subject to compulsory treatment.

172. Until the provisions of paragraphs 3 and 4 of section 371 of the Act respecting health services and social services, enacted by section 163, come into force, each regional board shall manage the public health program determined by the Minister and, for that purpose, establish priorities, organize services and allocate resources. The regional board may also, within the scope of its regional service organization plans and in conformity with the orientations

of the Minister, entrust activities relating to the public health program to the institutions it determines.

173. The motions introduced under sections 13 and following of the Public Health Protection Act up to the date of coming into force of the corresponding provisions of this Act shall be continued pursuant to the latter provisions.

The same applies to proceedings pending before the Administrative Tribunal of Québec under section 16.7 of the Public Health Protection Act.

174. The Minister may transfer to the vaccination registry, as soon as it becomes operational, the personal information collected with the authorization of the vaccinated persons by the Minister and the Institut national de santé publique du Québec during the meningococcal infection vaccination campaign of 2001-2002.

However, no other information concerning any other vaccine may be recorded in the registry without consent being obtained in accordance with the provisions of this Act.

175. In any regulation not specifically amended by this Act or in any directive or other document, a reference to the Public Health Protection Act shall be construed as a reference to the provisions of this Act if the context relates to a matter to which this Act applies, with the necessary modifications.

DIVISION III

FINAL PROVISIONS

176. The Minister of Health and Social Services is responsible for the administration of this Act.

177. The provisions of this Act come into force on 19 April 2002, except

(1) Chapters XI and XII, except section 97, and sections 139 to 142, 149 and 166, which come into force on 20 December 2001 ;

(2) section 54, which comes into force on 18 June 2002 ;

(3) section 146, paragraphs 3 and 4 of section 371 of the Act respecting health services and social services, enacted by section 163 of this Act, and section 164 which come into force on the date fixed by the Government ;

(4) sections 7 to 17, 19 to 32, 61 to 68, and the words “as provided in the national public health program” in section 18, which come into force on the date or dates to be fixed by the Government.