

INFECTIOUS DISEASE CONTROL AND PREVENTION ACT

Wholly Amended by Act No. 9847, Dec. 29, 2009

Amended by Act No. 9932, Jan. 18, 2010

Act No. 10789, Jun. 7, 2011

Act No. 11439, May 23, 2012

Act No. 11645, Mar. 22, 2013

Act No. 12444, Mar. 18, 2014

Act No. 13392, Jul. 6, 2015

Act No. 13474, Aug. 11, 2015

Act No. 13639, Dec. 29, 2015

Act No. 14286, Dec. 2, 2016

Act No. 14316, Dec. 2, 2016

Act No. 15183, Dec. 12, 2017

Act No. 15534, Mar. 27, 2018

Act No. 15608, Apr. 17, 2018

Act No. 16101, Dec. 31, 2018

Act No. 16725, Dec. 3, 2019

Act No. 17067, Mar. 4, 2020

CHAPTER I GENERAL PROVISIONS

Article 1 (Purpose)

The purpose of this Act is to contribute to improving and maintaining citizens' health by preventing the occurrence and epidemic of infectious diseases hazardous to citizens' health, and prescribing necessary matters for the prevention and control thereof.

Article 2 (Definitions)

The terms used in this Act are defined as follows: <Amended by Act No.

9932, Jan. 18, 2010; Act No. 11645, Mar. 22, 2013; Act No. 12444, Mar. 18, 2014; Act No. 13392, Jul. 6, 2015; Act No. 14316, Dec. 2, 2016; Act No. 15534, Mar. 27, 2018; Act No. 16725, Dec. 3, 2019; Act No. 17067, Mar. 4, 2020>

1. The term "infectious disease" means any infectious disease classified in Class 1 infectious diseases, Class 2 infectious diseases, Class 3 infectious diseases, Class 4 infectious diseases, parasitic diseases, infectious diseases under surveillance by the World Health Organization, infectious diseases spread through bioterrorism, sexually transmitted infectious diseases, zoonoses, and nosocomial infectious diseases;
2. The term "Class 1 infectious disease" means any of the following infectious diseases spread through bioterrorism or infectious diseases with a high mortality rate or a high risk of mass outbreak, requiring immediate reporting on the outbreak or epidemic thereof as well as high-level isolation, such as negative pressure isolation: *Provided*, That Class 1 infectious diseases shall include infectious diseases designated by the Minister of Health and Welfare as they are predicted to be suddenly transmitted into or epidemic in the Republic of Korea and require urgent prevention and control:
 - (a) Ebola virus disease;
 - (b) Marburg hemorrhagic fever;
 - (c) Lassa fever;
 - (d) Crimean-Congo hemorrhagic fever;
 - (e) South American hemorrhagic fever;
 - (f) Rift Valley fever;
 - (g) Smallpox;
 - (h) Pest;
 - (i) Anthrax;
 - (j) Botulism;
 - (k) Tularemia;
 - (l) Emerging infectious disease syndrome;

- (m) Severe Acute Respiratory Syndrome (SARS);
- (n) Middle East Respiratory Syndrome (MERS);
- (o) Animal influenza infection in humans;
- (p) Novel influenza;
- (q) Diphtheria;

3. The term “Class 2 infectious disease” means any of the following infectious diseases that shall be reported within 24 hours of outbreak or epidemic in consideration of the possibility of transmission and require isolation: *Provided*, That Class 2 infectious diseases shall include infectious diseases designated by the Minister of Health and Welfare as they are predicted to be suddenly transmitted into or epidemic in the Republic of Korea and require urgent prevention and control:

- (a) Tuberculosis;
- (b) Varicella;
- (c) Measles;
- (d) Cholera;
- (e) Typhoid;
- (f) Paratyphoid;
- (g) Shigellosis;
- (h) Colon bacillus infection with enterorrhagia;
- (i) Hepatitis A;
- (j) Pertussis;
- (k) Mumps;
- (l) Rubella;
- (m) Poliomyelitis;
- (n) Meningococcal meningitis;
- (o) Haemophilus influenzae type B;
- (p) Streptococcus pneumoniae infection;
- (q) Hansen’s disease (Leprosy);
- (r) Scarlet fever;
- (s) Vancomycin Resistant Staphylococcus Aureus (VRSA);

- (t) Carbapenem-resistant Enterobacteriaceae (CRE);
 - (u) Hepatitis E;
4. The term “Class 3 infectious disease” means any of the following infectious diseases that shall be reported within 24 hours of outbreak or epidemic as the outbreak thereof requires continuous surveillance: *Provided*, That Class 3 infectious diseases shall include infectious diseases designated by the Minister of Health and Welfare as they are predicted to be suddenly transmitted into or epidemic in the Republic of Korea and require urgent prevention and control:
- (a) Tetanus;
 - (b) Hepatitis B;
 - (c) Japanese encephalitis;
 - (d) Hepatitis C;
 - (e) Malaria;
 - (f) Legionellosis;
 - (g) *Vibrio vulnificus* sepsis;
 - (h) Epidemic typhus;
 - (i) Murine typhus;
 - (j) Scrub typhus;
 - (k) Leptospirosis;
 - (l) Brucellosis;
 - (m) Rabies;
 - (n) Hemorrhagic fever with renal syndrome;
 - (o) Acquired immunodeficiency syndrome (AIDS);
 - (p) Creutzfeldt-Jakob disease (CJD) and variant Creutzfeldt-Jakob disease (vCJD);
 - (q) Yellow fever;
 - (r) Dengue fever;
 - (s) Q fever;
 - (t) West Nile fever;
 - (u) Lyme disease (Lyme borreliosis);

- (v) Tick-borne encephalitis;
 - (w) Melioidosis;
 - (x) Chikungunya fever;
 - (y) Severe fever with thrombocytopenia syndrome (SFTS);
 - (z) Zika virus infection;
5. The term “Class 4 infectious disease” means any of the following infectious diseases that require sentinel surveillance to investigate whether they are epidemic, other than Classes 1 through 3 infectious diseases:
- (a) Influenza;
 - (b) Syphilis;
 - (c) Ascariasis;
 - (d) Trichuriasis;
 - (e) Enterobiasis;
 - (f) Clonorchiasis;
 - (g) Paragonimiasis;
 - (h) Fasciolopsis buski;
 - (i) Hand, foot and mouth disease;
 - (j) Gonorrhoea;
 - (k) Chlamydia infection;
 - (l) Chancroid;
 - (m) Genital herpes;
 - (n) Condyloma acuminata;
 - (o) Vancomycin-resistant Enterococci (VRE) infection;
 - (p) Methicillin-resistant Staphylococcus aureus (MRSA) infection;
 - (q) Multidrug-resistant Pseudomonas aeruginosa (MRPA) infection;
 - (r) Multidrug-resistant Acinetobacter baumannii (MRAB) infection;
 - (s) Norovirus infection;
 - (t) Acute respiratory infection;
 - (u) Imported parasite disease;
 - (v) Enterovirus infection;
 - (w) Human papilloma virus infection;

6. The term "parasitic disease" means any infectious disease publicly notified by the Minister of Health and Welfare, among those spread by parasite infection;
7. Deleted; <by Act No. 15534, Mar. 27, 2018>
8. The term "infectious disease under surveillance by the World Health Organization" means any infectious disease designated to be subject to surveillance by the World Health Organization to prepare for international public health emergencies, as publicly notified by the Minister of Health and Welfare;
9. The term "infectious disease spread through bioterrorism" means any infectious disease publicly notified by the Minister of Health and Welfare, among those spread by pathogens either deliberately used or for terrorism, etc.;
10. The term "sexually transmitted infectious disease" means any infectious disease publicly notified by the Minister of Health and Welfare, among those transmitted by sexual contact;
11. The term "zoonosis" means any infectious disease publicly notified by the Minister of Health and Welfare, among those spread by pathogens transmittable from animals to humans and vice-versa;
12. The term "nosocomial infectious disease" means any infectious disease that occurs to patients, expecting mothers, etc. in the course of undergoing medical activities, which is publicly notified by the Minister of Health and Welfare as it requires surveillance;
13. The term "patient of an infectious disease" means a person whose body has been affected by the pathogen of an infectious disease to indicate relevant symptoms and whose case has been confirmed through a diagnosis by a physician, dentist, or oriental medical doctor according to the diagnosis standards referred to in Article 11 (6), or through a laboratory test by an institution for confirming pathogens of infectious diseases referred to in Article 16-2;
14. The term "probable patient of an infectious disease" means a person

- suspected of being affected by the pathogen of an infectious disease who has yet to be confirmed as a patient of an infectious disease;
15. The term "pathogen carrier" means a person who has no clinical symptoms but carries the pathogen of an infectious disease;
- 15-2. The term "person suspected of contracting an infectious disease" means any of the following persons:
- (a) A person (hereinafter referred to as "contact") who comes into contact with or is suspected of coming into contact with a patient or probable patient of an infectious disease or pathogen carrier (hereinafter referred to as "patient of an infectious disease, etc.");
 - (b) A person who has stayed in, or passed through, a quarantine inspection required area or strict quarantine inspection required area defined in subparagraph 7 or 8 of Article 2 of the Quarantine Act, and may have contracted an infectious disease;
 - (c) A person who has been exposed to risk factors, such as infectious pathogens, and may have contracted an infectious disease;
16. The term "surveillance" means the complete processes of systematically and continuously collecting, analyzing, and interpreting data on the outbreak of infectious diseases, and the pathogens and vectors thereof, of timely distributing the findings thereof to those who need such findings, and of using such findings for the prevention and control of infectious diseases;
- 16-2. The term "sentinel surveillance" means conducting regular and continuous medical monitoring by designating a surveillance agency for the outbreak of infectious diseases of relatively low disease severity, for which conducting a total inspection is difficult due to high incidence rates;
17. The term "epidemiological investigation" means the activities of investigating the number of cases involving patients of an infectious disease, etc. and of tracing the sources of their infection, etc., if such cases occur, in order to contain such infectious diseases and to prevent

their spread, and the activities of examining the causes of adverse reactions, if such cases occur after vaccinations have been taken against infectious diseases or if it is unclear whether a disease is infectious but it is necessary to investigate the cause thereof;

18. The term "adverse reaction to a vaccination" means any symptom or disease that may be caused by a vaccination, which is related to such vaccination in terms of time;
19. The term "high-risk pathogen" means the pathogen of an infectious disease determined by Ordinance of the Ministry of Health and Welfare, which could cause a serious threat to citizens' health if used for biological terrorism or leaked to the outside due to accidents, etc.;
20. The term "overseas emerging infectious disease subject to control" means any infectious disease designated by the Minister of Health and Welfare, which is caused by a variant or coproma of an existing pathogen, or a new pathogen, unknown to science, giving rise to a new health problem internationally, and which requires countermeasures against transmission into the Republic of Korea.

Article 3 (Relationship to Other Statutes)

Except as otherwise provided in other statutes, this Act shall apply to the prevention and control of infectious diseases.

Article 4 (Responsibilities of the State and Local Governments)

- (1) The State and local governments shall respect the dignity and values of patients of an infectious disease, etc. as human beings, protect their fundamental rights, and shall not impose on them any disadvantage, such as restrictions on employment, except by statutes.
- (2) The State and local governments shall perform the following projects for preventing and controlling infectious diseases: *<Amended by Act No. 12444, Mar. 18, 2014; Act No. 13392, Jul. 6, 2015; Act No. 17067, Mar. 4, 2020>*
 1. Preventive and control measures against infectious diseases;
 2. Medical treatment and protection of patients of an infectious disease, etc.;

3. Formulation and implementation of plans for vaccination for the prevention of infectious diseases;
4. Education and publicity concerning infectious diseases;
5. Collection, analysis, and provision of information on infectious diseases;
6. Investigation and research on infectious diseases;
7. Collection, testing, preservation, and control of infectious pathogens (including specimens, such as blood, body fluids, and tissues, for identifying infectious pathogens), and the surveillance of drug resistance thereof;
8. Nurturing specialists for the prevention of infectious diseases;
9. International cooperation for the exchange, etc. of infectious disease control information;
10. Stockpiling of medicines, etc. for the treatment and prevention of infectious diseases;
11. Evaluation of infectious disease control projects;
12. Investigation and research on the occurrence of infectious diseases caused by factors affecting demographic changes, such as climate change, low birth rate, and aging population, and the formulation of preventive measures;
13. Support for corporations or associations which perform duties for prevention and treatment of Hansen's disease;
14. Establishment and operation of an information system for the prevention and control of infectious diseases;
15. Formulation of a plan, education, and training for preparing against the transmission of overseas emerging infectious diseases into the Republic of Korea;
16. Continuous monitoring of the trends of outbreaks of overseas emerging infectious diseases, and the risk evaluation thereof, and the designation of overseas emerging infectious diseases subject to control;
17. Preparation of a system for prevention from and countermeasures against overseas emerging infectious diseases subject to control, and the

publication of reports and the public notice of the relevant guidelines (including manuals) on such overseas emerging infectious diseases, through the collection of information on pathogens, etc. thereof, the analysis of characteristics thereof, and research thereon.

- (3) The State and local governments (including superintendents of education) shall share information on infectious diseases and information on situations of the outbreak and prevalence thereof and mutually cooperate in order to efficiently treat such diseases and prevent the spread thereof. <Newly Inserted by Act No. 13392, Jul. 6, 2015>
- (4) The State and local governments shall share the relevant information with medical institutions and medical personnel's associations prescribed in the Medical Service Act in order to surveil and prevent the outbreak of infectious diseases. <Newly Inserted by Act No. 13392, Jul. 6, 2015>

Article 5 (Responsibilities and Rights of Medical Personnel)

- (1) Medical personnel, the heads of medical institutions, etc. prescribed in the Medical Service Act shall have the right to be provided information on the medical treatment of patients of infectious diseases, and may be compensated for any loss caused by the diagnosis, treatment, etc., of patients of infectious diseases.
- (2) Medical personnel, the heads of medical institutions, etc. prescribed in the Medical Service Act shall make utmost effort for the diagnosis, management, treatment, etc., of patients of infectious diseases, and shall actively cooperate to comply with administrative orders issued by the Minister of Health and Welfare or the heads of local governments.
- (3) Medical personnel, the heads of medical institutions, etc. prescribed in the Medical Service Act shall actively cooperate with the State and local governments that perform the affairs of the surveillance of outbreak, prevention, and control of infectious diseases, and epidemiological investigations.

[This Article Wholly Amended by Act No. 13392, Jul. 6, 2015]

Article 6 (Duties and Rights of Citizens)

- (1) Where each citizen is isolated or quarantined and medically treated due to an infectious disease, he/she may be compensated for any loss caused by such isolation and medical treatment. <Amended by Act No. 13392, Jul. 6, 2015>
- (2) Each citizen shall have the right to know information on the situation of the outbreak of infectious diseases and the prevention and control of infectious diseases and how to cope therewith, and the State and local governments shall promptly disclose the relevant information. <Amended by Act No. 13392, Jul. 6, 2015>
- (3) Each citizen shall have the right to receive the diagnosis and medical treatment of any infectious disease under this Act at a medical institution, and the State and local governments shall bear expenses incurred therein. <Newly Inserted by Act No. 13392, Jul. 6, 2015>
- (4) Each citizen shall actively cooperate with the State and local governments that perform activities for the prevention and control of infectious diseases, such as treatment and isolation or quarantine measures. <Newly Inserted by Act No. 13392, Jul. 6, 2015>

CHAPTER II MASTER PLANS AND PROJECTS

Article 7 (Formulation of Plans for Prevention and Control of Infectious Diseases)

- (1) The Minister of Health and Welfare shall formulate and implement a master plan for preventing and controlling infectious diseases (hereinafter referred to as "master plan") for every five years. <Amended by Act No. 9932, Jan. 18, 2010>
- (2) A master plan shall include the following: <Amended by Act No. 13392, Jul. 6, 2015; Act No. 17067, Mar. 4, 2020>
 1. Basic objectives of and direction-setting for implementing the prevention and control of infectious diseases;
 2. Plans for projects for preventing and controlling major infectious diseases, and methods of implementation;
 - 2-2. Matters regarding stockpiling and managing medicines, equipment, etc.

- in preparation for an infection disease outbreak;
3. Schemes for nurturing infectious disease specialists;
 - 3-2. Schemes for strengthening the capabilities of each medical institution by type, prescribed in each subparagraph of Article 3 (2) of the Medical Service Act, to respond to emergencies with respect to infectious diseases;
 4. Schemes for managing statistics and information on infectious diseases;
 5. Schemes for sharing information related to infectious diseases among medical institutions;
 6. Other matters necessary for preventing and controlling infectious diseases.
- (3) A Special Metropolitan City Mayor, a Metropolitan City Mayor, a *Do* Governor, the Special Self-Governing Province Governor (hereinafter referred to as "Mayor/*Do* Governor"), and the head of a *Si/Gun/Gu* (referring to the head of an autonomous *Gu*; hereinafter the same shall apply) shall formulate and implement an implementation plan, based on a master plan.
 - (4) The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may request relevant administrative agencies or associations to provide data necessary for formulating and implementing master plans or implementation plans under paragraph (3). *<Amended by Act No. 9932, Jan. 18, 2010>*
 - (5) The head of a relevant administrative agency or association in receipt of a request under paragraph (4) shall comply therewith unless there is a compelling reason not to do so.

Article 8 (Operation of Organizations Supporting Infectious Disease Control Projects)

- (1) The Minister of Health and Welfare and a Mayor/*Do* Governor may establish an organization supporting infectious disease control projects which consists of private professionals, in order to support the implementation of mater plans and implementation plans under Article 7 and international cooperation affairs, etc. *<Amended by Act No. 9932, Jan.*

18, 2010>

- (2) The State and a local government may subsidize a necessary budget for the operation, etc. of an organization supporting infectious disease control projects.
- (3) Matters necessary for the establishment, operation, support, etc. of an organization supporting infectious disease control projects under paragraphs (1) and (2) shall be prescribed by Presidential Decree.

Article 8-2 (Infectious Disease Hospitals)

- (1) The State shall establish, or operate by designation, an infectious disease specialty hospital or infectious disease research hospital equipped with adequate facilities, personnel, and research capabilities to pursue research and prevention of infectious diseases, to nurture and train infectious disease specialists, and to diagnose and treat patients of infectious diseases.
- (2) To diagnose and treat patients of infectious diseases, the State shall establish, or operate by designation, an infectious disease specialty hospital equipped with at least the number of sickbeds (including negative pressure isolation rooms and isolation beds) prescribed by Ordinance of the Ministry of Health and Welfare, by region.
- (3) The State may provide budget support for establishing, or operating by designation, an infectious disease specialty hospital or infectious disease research hospital under paragraph (1) or (2), within budgetary limits.
- (4) Procedures necessary for and methods of establishing, or operating by designation, an infectious disease specialty hospital or infectious disease research hospital under paragraph (1) or (2), and details of support therefor shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

Article 8-3 (Measures for Controlling Resistant Bacteria)

- (1) For the prevention of breakout, spread, etc. of resistant bacteria, the Minister of Health and Welfare shall formulate and promote measures for controlling resistant bacteria through deliberations by the Infectious Disease

- Control Committee prescribed in Article 9 every five years.
- (2) The measures for controlling resistant bacteria shall include objectives and directions of policy, matters to prevent the spread of resistant bacteria, such as the improvement of medical environment, matters concerning the reinforcement of monitoring system, and other matters recognized to be necessary for measures for controlling resistant bacteria.
 - (3) Matters necessary for procedures for formulating measures for controlling resistant bacteria, etc. shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 14316, Dec. 2, 2016]

Article 8-4 (Cooperation in Business)

- (1) For the formulation and implementation of measures for controlling resistant bacteria, the Minister of Health and Welfare may listen to the opinions of the relevant public officials or relevant experts or request the relevant institutions, organizations, etc. to render cooperation, such as submission of necessary materials.
- (2) To prepare measures for controlling resistant bacteria, the Minister of Health and Welfare may request the heads of the relevant central administrative agencies to render necessary cooperation, such as submitting materials or opinions on the objectives and directions of the measures for controlling resistant bacteria.
- (3) Any person who receives a request for cooperation prescribed in paragraphs (1) and (2) shall comply therewith unless he/she has any justifiable ground to the contrary.

[This Article Newly Inserted by Act No. 14316, Dec. 2, 2016]

Article 8-5 (Emergency Operations Center)

- (1) The Director of the Korea Centers for Disease Control and Prevention shall establish and operate a standing(24/7) Emergency Operations Center to collect and disseminate information on infectious diseases, manage the situation, and take initial measures and command in emergencies where infectious diseases are transmitted into or epidemic in the Republic of Korea.

- (2) Matters necessary for the establishment and operation of the Emergency Operations Center under paragraph (1) shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 15534, Mar. 27, 2018]

Article 9 (The Infectious Disease Control Committee)

- (1) An Infectious Disease Control Committee (hereinafter referred to as the "Committee") shall be established under the Ministry of Health and Welfare to deliberate on major policies on the prevention and control of infectious diseases. *<Amended by Act No. 9932, Jan. 18, 2010>*
- (2) The Committee shall deliberate on the following: *<Amended by Act No. 12444, Mar. 18, 2014; Act No. 14316, Dec. 2, 2016; Act No. 16725, Dec. 3, 2019>*
 1. Formulation of master plans;
 2. Provision of medical services related to infectious diseases;
 3. Investigation and research on infectious diseases;
 4. Dissemination of knowledge concerning the prevention, control, etc. of infectious diseases, and the enhancement of the human rights of patients of an infectious disease, etc.;
 5. Matters concerning autopsy orders issued under Article 20;
 6. Matters concerning standards for and methods of conducting vaccinations under Article 32 (2);
 - 6-2. Matters concerning the preemptive stockpiling and long-term purchase of vaccines used for mandatory vaccination services referred to in Article 24 and special vaccination services referred to in Article 25 (hereinafter referred to as "mandatory vaccines, etc.") pursuant to Article 33-2 (1);
 - 6-3. Determining the distribution criteria, such as the priority of supplying mandatory vaccines, etc. prescribed in Article 33-2 (2), and other necessary matters;
 7. Formulation and implementation of crisis control measures against infectious diseases under Article 34;
 8. Matters concerning the preemptive stockpiling, long-term purchase, and

production of preventive and therapeutic medicines, equipment, etc. under Article 40 (1) and (2);

- 8-2. Determination of criteria for distribution, including priorities on supplying medicines under Article 40-2, and other necessary matters;
9. Matters concerning compensation by the State for injury caused by vaccination, etc. under Article 71;
10. Matters concerning measures for controlling resistant bacteria;
11. Other matters concerning the prevention and control of infectious diseases, which are referred by the Chairperson of the Committee to its meeting.

Article 10 (Composition of the Committee)

- (1) The Committee shall be comprised of not more than 30 members, including one Chairperson and one Vice-Chairperson. <Amended by Act No. 15534, Mar. 27, 2018>
- (2) The Director of the Korea Centers for Disease Control and Prevention shall be the Chairperson; the Vice-Chairperson shall be appointed by the Chairperson, from among its members; and its members shall be appointed or commissioned by the Minister of Health and Welfare, from among the following persons. In such cases, non-public official members shall constitute a majority of all members: <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13639, Dec. 29, 2015; Act No. 15534, Mar. 27, 2018; Act No. 16725, Dec. 3, 2019>
 1. Public officials in charge of duties of preventing and controlling infectious diseases;
 2. Medical personnel specializing in infectious diseases or infectious disease control;
 3. Persons with expertise related to infectious diseases;
 4. Persons recommended by a consultative council of Mayors/Do Governors prescribed in Article 165 of the Local Autonomy Act;
 5. Persons recommended by a non-profit, non-governmental organization defined in Article 2 of the Assistance for Non-Profit, Non-Governmental

Organizations Act;

6. Persons with considerable knowledge and experience in infectious diseases.
- (3) Advisory committees by field, comprised of the members of the Committee and external experts, may be established to efficiently perform the duties of the Committee.
- (4) Except as provided in paragraphs (1) through (3), matters necessary for the composition, operation, etc. of the Committee and advisory committees shall be prescribed by Presidential Decree.

CHAPTER III REPORTING

Article 11 (Reporting by Physicians)

- (1) Where any of the following cases (excluding cases caused by a Class 4 infectious disease subject to sentinel surveillance under Article 16 (6)) occurs, a physician, dentist, or oriental medical doctor shall report such fact to the head of the medical institution to which he/she belongs, and shall instruct the relevant patient and his/her cohabitants how to prevent infection determined by the Minister of Health and Welfare: *Provided*, That a physician, dentist, or oriental medical doctor who does not belong to a medical institution shall report such fact to the director of the competent public health center: *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 13639, Dec. 29, 2015; Act No. 15534, Mar. 27, 2018; Act No. 17067, Mar. 4, 2020>*
 1. Where he/she diagnoses a patient of an infectious disease, etc. or examines the corpse of such patient, etc.;
 2. Where he/she diagnoses a person indicating an adverse reaction to a vaccination, or examines the corpse of such person;
 3. Where a patient of an infectious disease, etc. dies of any infectious disease falling under Classes 1 through 3 infectious diseases;
 4. Where a person suspected as a patient of an infectious disease refuses infectious pathogen testing.
- (2) Where a staff member of an institution for confirming pathogens of infectious diseases referred to in Article 16-2 discovers a patient of an

- infectious disease, etc. prescribed by Ordinance of the Ministry of Health and Welfare through a laboratory test, etc., he/she shall report such fact to the head of the relevant institution. <Amended by Act No. 13392, Jul. 6, 2015; Act No. 15534, Mar. 27, 2018; Act No. 17067, Mar. 4, 2020>
- (3) Upon receipt of a report under paragraph (1) or (2), the head of a medical institution and the head of an institution for confirming pathogens of infectious diseases referred to in Article 16-2 shall report thereon to the Minister of Health and Welfare or the director of the competent public health center, immediately in cases of Class 1 infectious diseases, within 24 hours in cases of Classes 2 and 3 infectious diseases, and within seven days in cases of Class 4 infectious diseases, respectively. <Newly Inserted by Act No. 13392, Jul. 6, 2015; Act No. 15534, Mar. 27, 2018; Act No. 17067, Mar. 4, 2020>
- (4) Where any case falling under any subparagraph of paragraph (1) (excluding any case caused by a Class 4 infectious disease subject to sentinel surveillance under Article 16 (6)) occurs, a military doctor serving in the Army, Navy, Air Force, or a unit under the direct control of the Ministry of Defense, shall report such fact to the commander of the unit to which he/she belongs, and the commander of the unit in receipt of such report shall report thereon to the director of the competent public health center, immediately in cases of Class 1 infectious diseases, and within 24 hours in cases of Classes 2 and 3 infectious diseases. <Amended by Act No. 13639, Dec. 29, 2015; Act No. 15534, Mar. 27, 2018>
- (5) Where any case falling under paragraph (1) 1 or 3 occurs due to a Class 4 infectious disease subject to sentinel surveillance under Article 16 (6), an institution of sentinel surveillance of infectious diseases referred to in Article 16 (1) shall report thereon to the Minister of Health and Welfare or the director of the competent public health center, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13639, Dec. 29, 2015; Act No. 15534, Mar.

27, 2018>

- (6) Matters necessary for standards for diagnosing patients of infectious diseases, etc. methods and procedures for reporting, etc. under paragraphs (1) through (5) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13392, Jul. 6, 2015>

Article 12 (Other Persons Obligated to Report)

- (1) Upon the outbreak of an infectious disease determined by Ordinance of the Ministry of Health and Welfare that is among Classes 1 through 3 infectious diseases, any of the following persons shall request a physician, dentist, or oriental medical doctor to perform a diagnosis or an autopsy, or report it to the director of a public health center having jurisdiction over the relevant location: <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13392, Jul. 6, 2015; Act No. 15534, Mar. 27, 2018>

1. In an ordinary family, the cohabiting householder: *Provided*, That where the householder is absent, a member of the household;
 2. In a school, hospital, government office, company, entertainment place, chapel, means of transportation, such as vessel, aircraft, and train, business office or place of business, restaurant, accommodation, or any other place determined by Ordinance of the Ministry of Health and Welfare where many people gather, its manager, executive, or representative.
- (2) If a person detects a patient of an infectious disease, etc. or a person suspected of having died of any infectious disease, regardless of whether the person is obligated to report under paragraph (1), the person shall notify the director of the competent public health center thereof.
- (3) Matters necessary for the methods and period of reporting as prescribed in paragraph (1), methods and procedures for notification as prescribed in paragraph (2), and other relevant matters shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13392, Jul. 6, 2015>

Article 13 (Reporting by Directors of Public Health Centers)

- (1) The director of a public health center in receipt of a report made under Articles 11 and 12 shall report the details thereof to the competent Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu*, who shall, in turn, report the same to the Minister of Health and Welfare and the competent Mayor/*Do* Governor, respectively. <Amended by Act No. 9932, Jan. 18, 2010>
- (2) Upon receipt of a report referred to in paragraph (1), the Minister of Health and Welfare, the competent Mayor/*Do* Governor, or the head of the competent *Si/Gun/Gu* may require a person falling under Article 11 (1) 4 (limited to persons suspected of contracting any Class 1 infectious disease) to undergo infectious pathogen testing. <Newly Inserted by Act No. 17067, Mar. 4, 2020>
- (3) Matters necessary for methods and procedures to report pursuant to paragraph (1), and other relevant matters shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 14 (Notification of Zoonoses)

- (1) Upon receipt of a report referred to in Article 11 (1) 2 of the Act on the Prevention of Contagious Animal Diseases, the head of the national animal disease control agency, the head of a *Si/Gun/Gu* having jurisdiction over the place where animals subject to reporting are located, or the head of a City/*Do* animal disease control agency shall immediately notify the Director of the Korea Centers for Disease Control and Prevention of contagious animal diseases prescribed in the same Act, if they fall under any of the following: <Amended by Act No. 16725, Dec. 3, 2019>
 1. Anthracnose;
 2. Highly pathogenic avian influenza;
 3. Rabies;
 4. Other zoonoses prescribed by Presidential Decree.
- (2) The Director of the Korea Centers for Disease Control and Prevention

- notified under paragraph (1) shall take appropriate measures under this Act to prevent infectious diseases and the spread thereof. <Newly Inserted by Act No. 13392, Jul. 6, 2015>
- (3) No head of an administrative agency in receipt of a report or notification made under paragraph (1) shall disclose the identity of the reporting person externally if such person asks him/her not to do so.
 - (4) Necessary matters concerning methods and procedures for notification prescribed in paragraph (1), and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 15 (Detection and Management of Patients of Infectious Disease)

Where the director of a public health center receives a report under Articles 11 and 12 on any patient of an infectious disease, etc. who lives in his/her jurisdiction, he/she shall record such patient, etc. in a register and maintain the register (including electronic documents), as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

CHAPTER IV SURVEILLANCE OF INFECTIOUS DISEASES, EPIDEMIOLOGICAL INVESTIGATION, ETC.

Article 16 (Sentinel Surveillance of Infectious Diseases)

- (1) The Minister of Health and Welfare may designate a health and medical service institution or any other institution or organization under the Framework Act on Health and Medical Services, as an institution of sentinel surveillance of infectious diseases, in consideration of the characteristics of a disease and the region of the outbreak thereof in order to ensure sentinel surveillance on the outbreak of infectious diseases. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 16725, Dec. 3, 2019>
- (2) The Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* may request the head of an institution of sentinel

- surveillance of infectious diseases designated under paragraph (1) (hereinafter referred to as "sentinel surveillance institution") to submit necessary data in connection with the sentinel surveillance of infectious diseases, or to provide necessary cooperation for the prevention and control of infectious diseases. In such cases, a sentinel surveillance institution shall comply therewith unless there is a compelling reason not to do so. *<Amended by Act No. 9932, Jan. 18, 2010>*
- (3) The Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* shall provide relevant institutions, organizations, establishments, or citizens with important information on national health collected under paragraph (2). *<Amended by Act No. 9932, Jan. 18, 2010>*
- (4) The Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* may subsidize sentinel surveillance institutions for expenses incurred in sentinel surveillance activities. *<Amended by Act No. 9932, Jan. 18, 2010>*
- (5) The Minister of Health and Welfare may revoke the designation of a sentinel surveillance institution, where it falls under any of the following subparagraphs: *<Amended by Act No. 13392, Jul. 6, 2015; Act No. 16725, Dec. 3, 2019>*
1. Where it fails to comply with a request to submit data or provide cooperation referred to in paragraph (2);
 2. Where it is unable to conduct sentinel surveillance affairs on infectious diseases due to business closure, etc.;
 3. In other cases prescribed by Ordinance of the Ministry of Health and Welfare, including where it is negligent in performing sentinel surveillance affairs on infectious diseases.
- (6) Infectious diseases subject to sentinel surveillance under paragraph (1) shall be Class 4 infectious diseases, and matters necessary for the designation of sentinel surveillance institutions and causes for revoking such designation shall be prescribed by Ordinance of the Ministry of Health

and Welfare. <Newly Inserted by Act No. 13392, Jul. 6, 2015; Act No. 15534, Mar. 27, 2018>

- (7) If deemed urgently necessary to obtain information related to the likelihood of the outbreak or epidemic of any infectious disease, the Director of the Korea Centers for Disease Control and Prevention may request the head of a public institution prescribed by Presidential Decree among public institutions under the Act on the Management of Public Institutions, to provide such information. In such cases, the head of the public institution requested to provide such information shall comply with such request unless there is a compelling reason not to do so. <Amended by Act No. 13392, Jul. 6, 2015>
- (8) Matters necessary for the details of, procedures for, and treatment of information to be provided pursuant to paragraph (7) shall be prescribed by Presidential Decree. <Amended by Act No. 13392, Jul. 6, 2015>

Article 16-2 (Institutions for Confirming Pathogens of Infectious Diseases)

- (1) Any of the following institutions (hereinafter referred to as “institution for confirming pathogens of infectious diseases”) may confirm infectious pathogens through laboratory testing, etc.:
1. The Korea Centers for Disease Control and Prevention;
 2. The National Quarantine Station;
 3. Public health and environment research institutes defined in Article 2 of the Public Health and Environment Research Institute Act;
 4. Public health centers prescribed in Article 10 of the Regional Public Health Act;
 5. Medical institutions having a full-time medical specialist in diagnostic laboratory medicine, among the medical institutions prescribed in Article 3 of the Medical Service Act;
 6. Medical schools having a diagnostic laboratory medicine department, among the medical schools established under Article 4 of the Higher Education Act;
 7. The Korean National Tuberculosis Association (limited to cases of testing

the pathogens of tuberculosis patients) established under Article 21 of the Tuberculosis Prevention Act;

8. Institutions (limited to cases of testing the pathogens of Hansen's disease patients) established for the purpose of supporting treatment and rehabilitation of Hansen's disease patients, etc. under Article 32 of the Civil Act;
 9. Institutions having a full-time medical specialist in diagnostic laboratory medicine, among the institutions entrusted by the State, local governments, medical institutions, etc. with the duties of examining specimens taken from the human body.
- (2) The Minister of Health and Welfare may evaluate and manage the laboratory testing capability of institutions for confirming pathogens of infectious diseases to ensure the accuracy and reliability of their testing results of infectious pathogens.
 - (3) Matters necessary for the methods and procedures for evaluating and managing the laboratory testing capability of institutions for confirming pathogens of infectious diseases referred to in paragraph (2), and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 17067, Mar. 4, 2020]

Article 17 (Fact-Finding Surveys)

- (1) The Minister of Health and Welfare and Mayors/*Do* Governors shall conduct fact-finding surveys to understand the actual conditions of management of and infection by infectious diseases and the actual conditions of resistant bacteria, and publicize the outcomes of such surveys. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13392, Jul. 6, 2015; Act No. 14316, Dec. 2, 2016; Act No. 17067, Mar. 4, 2020>
- (2) With respect to surveys referred to in paragraph (1), the Minister of Health and Welfare or a Mayor/*Do* Governor may request the heads of relevant institutions, corporations, or organizations, including medical institutions, to submit necessary data or statement of opinions. In such

- cases, any person in receipt of such request shall comply therewith unless there is good cause. <Newly Inserted by Act No. 17067, Mar. 4, 2020>
- (3) Matters necessary for specifics included in fact-finding surveys under paragraph (1); the timing, methods, and procedures for conducting fact-finding surveys and the publication of the outcomes thereof; and other relevant matters shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 17067, Mar. 4, 2020>

Article 18 (Epidemiological Investigations)

- (1) Where the Director of the Korea Centers for Disease Control and Prevention, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* deems that an infectious disease breaks out and is likely to be epidemic subsequently or that it is unclear whether a disease is infectious but it is necessary to investigate the cause thereof, he/she shall, without delay, conduct an epidemiological investigation and then provide information concerning the findings thereof to the relevant medical institutions to a necessary extent: *Provided*, That if necessary for preventing the prevalence of the infectious disease in other areas, such information shall be provided to other medical institutions. <Amended by Act No. 13392, Jul. 6, 2015; Act No. 16725, Dec. 3, 2019>
- (2) The Director of the Korea Centers for Disease Control and Prevention, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* shall establish an epidemiological investigation team to conduct an epidemiological investigation, respectively.
- (3) No one shall commit any of the following acts in the course of an epidemiological investigation conducted by the Director of the Korea Centers for Disease Control and Prevention, a Mayor/Do Governor, or the head of a *Si/Gun/Gu*: <Amended by Act No. 13392, Jul. 6, 2015>
1. Refusing, obstructing, or evading the epidemiological investigation without good cause;
 2. Making a false statement or presenting false materials;

3. Intentionally omitting or concealing any fact.
- (4) Matters necessary for the details and timing and methods of conducting epidemiological investigations prescribed in paragraph (1), and the composition, duties, etc. of epidemiological investigation teams prescribed in paragraph (2) shall be prescribed by Presidential Decree.

Article 18-2 (Request for Epidemiological Investigations)

- (1) Where an infectious disease or any disease unknown for its cause has broken out or is likely to break out, medical personnel or the head of a medical institution prescribed in the Medical Service Act may request the Minister of Health and Welfare or a Mayor/*Do* Governor to conduct an epidemiological investigation under Article 18.
- (2) The Minister of Health and Welfare or a Mayor/*Do* Governor in receipt of a request prescribed in paragraph (1) shall notify, without delay, the relevant medical personnel or the founder of the relevant medical institution of whether to conduct an epidemiological investigation, the ground therefor, and other relevant matters.
- (3) Necessary matters concerning requests for conducting an epidemiological investigation under paragraph (1), and the methods, procedures, etc. for notification made under paragraph (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 13392, Jul. 6, 2015]

Article 18-3 (Fosterage of Personnel for Epidemiological Investigations)

- (1) The Minister of Health and Welfare may regularly provide education and training on epidemiological investigations to those falling under any subparagraph of Article 60-2 (3). <Amended by Act No. 17067, Mar. 4, 2020>
- (2) The courses of education and training prescribed in paragraph (1) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 13392, Jul. 6, 2015]

Article 18-4 (Requirement for Presentation of Materials and Other Relevant

Matters)

- (1) To efficiently conduct epidemiological investigations, etc. under Article 18, the Minister of Health and Welfare may require the head of a relevant central administrative agency and an institution or organization, etc. prescribed by Presidential Decree to present materials necessary for epidemiological investigations.
- (2) Where the Minister of Health and Welfare conducts epidemiological investigations under Article 18, he/she may, if necessary, request the head of a relevant central administrative agency to provide necessary assistance, such as dispatch of the personnel belonging to such agency.
- (3) A person in receipt of a requirement for the presentation of materials as prescribed in paragraph (1) and a request for assistance as prescribed in paragraph (2) shall comply therewith, except in extenuating circumstances.
- (4) Necessary matters concerning the extent and methods of requirements for the presentation of materials as prescribed in paragraph (1) and requests for assistance as prescribed in paragraph (2), shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 13392, Jul. 6, 2015]

Article 19 (Medical Examinations)

A person engaged in any occupation prescribed by Ordinance of the Ministry of Health and Welfare that requires a medical examination to prevent sexually transmitted infectious diseases, and a person infected by a sexually transmitted infectious disease and deemed by the head of a *Si/Gun/Gu* as highly likely to transmit the infection thereof, shall undergo a medical examination for sexually transmitted infectious diseases, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 20 (Autopsy Orders)

- (1) Where the Director of the Korea Centers for Disease Control and Prevention deems impracticable to identify whether a person suspected of having died of an infectious disease posing a potentially serious threat to

- national health has actually been died of the infectious disease, and to ascertain the cause of his/her death without conducting an autopsy, he/she may order an autopsy.
- (2) An autopsy under paragraph (1) shall be conducted with consent from a relative defined in subparagraph 16 of Article 2 of the Act on Funeral Services (where a person with priority entitlement stipulated under each item of the same subparagraph does not exist, a relative refers to a person with subordinate entitlement; hereinafter referred to as "relative"): *Provided*, That an autopsy order may be issued without consent from a relative, under extenuating circumstances that make it impracticable to obtain prior consent from a relative, such as unknown whereabouts and no contact details, and delay in the autopsy is deemed likely to make it impossible to achieve the purposes of the autopsy, which is preventing infectious diseases and protecting national health.
 - (3) The Director of the Korea Centers for Disease Control and Prevention shall designate an infectious disease specialist, or a person specializing in anatomy, pathology, or forensic medicine, as a physician in charge of an autopsy to require him/her to conduct the autopsy.
 - (4) Autopsies under paragraph (3) shall be conducted at facilities satisfying the biological safety level determined and publicly notified by the Minister of Health and Welfare for each group of infectious disease, with which the deceased is suspected of being infected. *<Amended by Act No. 9932, Jan. 18, 2010>*
 - (5) Matters necessary for the designation of physicians in charge of autopsies, standards for facilities to be equipped for each type of infectious disease, management of relevant corpses under paragraph (3), and other relevant matters shall be determined by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 9932, Jan. 18, 2010>*

Article 20-2 (Methods of Conducting Funeral for the Deceased)

- (1) In cases of death of a patient of an infectious disease, etc. (including a person confirmed after his/her death to have contained pathogens of an

- infectious disease), the Minister of Health and Welfare may restrict the methods of conducting funeral, etc. for the deceased, within necessary limits, for quarantining and preventing the spread of the infectious disease.
- (2) Where the Minister of Health and Welfare intends to impose restrictions under paragraph (1), he/she shall provide explanations to the bereaved of the deceased on the necessity of the relevant measures and the detailed methods, process, etc. thereof.
 - (3) The Minister of Health and Welfare may request the installer or manager of a crematory facility to cooperate in taking measures under paragraph (1), and the installer or manager of the crematory facility in receipt of such request shall fully cooperate therein.
 - (4) The targets, methods, and process for restrictions imposed under paragraph (1), and other necessary matters, shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

CHAPTER V HIGH-RISK PATHOGENS

Article 21 (Reporting on Extraction, Distribution and Transfer, or Transfer of High-Risk Pathogens)

- (1) A person who has extracted a high-risk pathogen from a patient of an infectious disease, food, animal/plant, or any other environment shall, without delay, report to the Minister of Health and Welfare on the name of the high-risk pathogen, the name of the object from which the pathogen has been extracted, the date and time of extraction, etc. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 16725, Dec. 3, 2019>
- (2) A person who intends to have a high-risk pathogen distributed and transferred shall report to the Minister of Health and Welfare on the name of the high-risk pathogen, its distribution and transfer plan, etc. in advance. <Newly Inserted by Act No. 16725, Dec. 3, 2019>
- (3) A person who intends to have a high-risk pathogen transferred shall report to the Minister of Health and Welfare on the name of the high-risk

- pathogen, its transfer plan, etc. in advance. <Newly Inserted by Act No. 16725, Dec. 3, 2019>
- (4) Upon receipt of any report prescribed in paragraphs (1) through (3), the Minister of Health and Welfare shall review the report, and accept it if it is in compliance with this Act. <Newly Inserted by Act No. 17067, Mar. 4, 2020>
 - (5) Upon receipt of a report on the extraction of a high-risk pathogen pursuant to paragraph (1), the Minister of Health and Welfare may conduct an on-site inspection. <Newly Inserted by Act No. 16725, Dec. 3, 2019>
 - (6) A person who possesses or controls high-risk pathogens shall prepare records on the current status of possession of such high-risk pathogens on an annual basis and submit them to the Director of the Korea Centers for Disease Control and Prevention. <Newly Inserted by Act No. 15534, Mar. 27, 2018; Act No. 16725, Dec. 3, 2019>
 - (7) Matters necessary for methods and procedures for reporting prescribed in paragraphs (1) through (3) and the preparation and submission of records prescribed in paragraph (6), and other relevant matters shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 15534, Mar. 27, 2018; Act No. 16725, Dec. 3, 2019; Act No. 17067, Mar. 4, 2020>

Article 22 (Permission for Introduction of High-Risk Pathogens)

- (1) A person who intends to introduce high-risk pathogens into the domestic environment for the purposes of diagnosis, academic research, etc. of infectious diseases shall obtain permission therefor from the Minister of Health and Welfare by satisfying the following requirements: <Amended by Act No. 9932, Jan. 18, 2010; Act No. 16725, Dec. 3, 2019>
 1. Installing and operating a facility handling high-risk pathogens referred to in Article 23 (1);
 2. Formulating a plan for safely transporting high-risk pathogens and emergency measures;

3. Designating a manager in exclusive charge of high-risk pathogens, satisfying the requirements prescribed by Ordinance of the Ministry of Health and Welfare.
- (2) A person who intends to modify any of the matters permitted under paragraph (1) shall obtain permission therefor from the Minister of Health and Welfare: *Provided*, That where intending to modify any minor matter prescribed by Presidential Decree, he/she shall report such modification to the Minister of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>
- (3) Where a person who has obtained permission for introducing high-risk pathogens into the domestic environment under paragraph (1) intends to transfer the relevant high-risk pathogens after acquiring them, he/she shall designate a place to acquire them, as prescribed by Presidential Decree, and report, in advance, a transfer plan to the Minister of Health and Welfare pursuant to Article 21 (1). In such cases, the Minister of Health and Welfare shall review the details of the plan, and accept it if it is in compliance with this Act. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 17067, Mar. 4, 2020>
- (4) Matters necessary for methods and procedures for granting permission or reporting under paragraphs (1) through (3), and other relevant matters shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 23 (Safety Control of High-Risk Pathogens)

- (1) A person who intends to examine, possess, control, and transfer high-risk pathogens shall establish and operate a facility necessary for the examination, possession, control, and transfer thereof (hereinafter referred to as “facility handling high-risk pathogens”).
- (2) A person who intends to establish and operate any facility handling high-risk pathogens shall obtain permission therefor from the Minister of Health and Welfare or file a report thereon with the Minister of Health and Welfare according to the safety control level of the facility handling

- high-risk pathogens.
- (3) Where a person who has obtained permission pursuant to paragraph (2) intends to modify any of the matters permitted, he/she shall obtain permission for such modification: *Provided*, That where he/she intends to modify any minor matter prescribed by Presidential Decree, he/she shall file a report on such modification.
 - (4) Where a person who has filed a report pursuant to paragraph (2) intends to modify any of the matters reported, he/she shall file a report on such modification.
 - (5) Where a person who has obtained permission or filed a report pursuant to paragraph (2) closes any facility handling high-risk pathogens, he/she shall file a report thereon with the Minister of Health and Welfare.
 - (6) Upon receipt of any report prescribed in paragraphs (2), (4), and (5), the Minister of Health and Welfare shall review the details of the report, and accept it if it is in compliance with this Act.
 - (7) A person who has obtained permission or filed a report pursuant to paragraph (2) shall comply with the safety control guidelines prescribed by Presidential Decree according to the safety control levels of facilities handling high-risk pathogens.
 - (8) The Minister of Health and Welfare may inspect whether a person who examines, possesses, controls, and transfers high-risk pathogens complies with the safety control guidelines referred to in paragraph (7), the standards for permission and reporting referred to in paragraph (9), etc.
 - (9) Matters necessary for the safety control levels of facilities handling high-risk pathogens, the standards and procedures for permission for and reporting on establishment and operation thereof, the standards and procedures for reporting on closure, etc. under paragraphs (1) through (5) shall be prescribed by Presidential Decree.

[This Article Wholly Amended by Act No. 17067, Mar. 4, 2020]

Article 23-2 (Revocation of Permission for Facilities Handling High-Risk Pathogens)

Where a person who has obtained permission for or filed a report on establishment and operation of a facility handling high-risk pathogens pursuant to Article 23 (2) falls under any of the following subparagraphs, the Minister of Health and Welfare may revoke such permission or order the closure or suspension of operation of the facility handling high-risk pathogens for a specified period not exceeding one year: *Provided*, That in cases falling under subparagraph 1, the Minister of Health and Welfare shall revoke the permission or order the closure of the facility handling high-risk pathogens: *<Amended by Act No. 17067, Mar. 4, 2020>*

1. Where he/she has obtained the permission or filed the report by fraud or other improper means;
2. Where he/she modifies any of the matters permitted or reported without obtaining permission therefor or without filing a report thereon under Article 23 (3) or (4);
3. Where he/she fails to observe the safety control guidelines under Article 23 (7);
4. Where he/she fails to meet the standards for permission or reporting under Article 23 (9).

[This Article Newly Inserted by Act No. 15183, Dec. 12, 2017]

Article 23-3 (Permission for Possessing Pathogens of Infectious Disease Spread through Bioterrorism)

- (1) A person intending to possess any pathogen prescribed by Ordinance of the Ministry of Health and Welfare (hereinafter referred to as “pathogens of infectious diseases spread through bioterrorism”), among the pathogens causing an infectious disease spread through bioterrorism, for the purposes of diagnosis, academic research, etc. of infectious diseases, shall obtain permission therefor from the Minister of Health and Welfare in advance: *Provided*, That where it is impracticable to obtain permission in advance due to unavoidable cause prescribed by Presidential Decree, including cases of possessing a pathogen of an infectious disease spread through bioterrorism after extracting it from a probable patient of an infectious

- disease, permission shall be obtained immediately after possessing such pathogen.
- (2) A person who obtains permission for introducing high-risk pathogens into the domestic environment under Article 22 (1) shall be deemed to have obtained permission prescribed in paragraph (1).
 - (3) Any person intending to modify any of the matters permitted under paragraph (1) shall obtain permission for modification from the Minister of Health and Welfare: *Provided*, That in cases of modifying any minor matter prescribed by Presidential Decree, such as replacing a person handling high-risk pathogens, a report on such modification shall be submitted to the Minister of Health and Welfare.
 - (4) Necessary matters for the methods and procedures for permission, permission for modification, or reporting on modification prescribed in paragraphs (1) through (3), and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 16725, Dec. 3, 2019]

Article 23-4 (Standards for Handling High-Risk Pathogens)

- (1) High-risk pathogens can only be handled by any of the following persons:
 1. A person who has graduated from a university or college of a level at least equivalent to a junior college referred to in subparagraph 4 of Article 2 of the Higher Education Act, majoring in a field related to health and medical services or biology, or a person having an academic background equivalent thereto;
 2. A person who has at least two years of working experience in a field related to health and medical services or biology, among those who have graduated from a university or college of a level at least equivalent to a junior college referred to in subparagraph 4 of Article 2 of the Higher Education Act or who have an academic background at least equivalent thereto, majoring in a field other than health and medical services or biology;
 3. A person who has at least four years of working experience in a field

related to health and medical services or biology, among those who have graduated from a high school or high technical school referred to in subparagraph 3 of Article 2 of the Elementary and Secondary Education Act or who have an academic background at least equivalent thereto.

- (2) No one shall permit any person not falling under any subparagraph of paragraph (1) to handle high-risk pathogens.
- (3) Detailed matters for the academic background and working experience prescribed in the subparagraphs of paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 16725, Dec. 3, 2019]

Article 23-5 (Education on Handling High-Risk Pathogens)

- (1) A person who handles high-risk pathogens shall receive necessary education for the safe handling of high-risk pathogens each year.
- (2) The Minister of Health and Welfare may entrust the conduct of education prescribed in paragraph (1) to a specialized institution or organization prescribed by Ordinance of the Ministry of Health and Welfare.
- (3) Matters necessary for education and the entrustment thereof prescribed in paragraphs (1) and (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 16725, Dec. 3, 2019]

CHAPTER VI VACCINATION

Article 24 (Mandatory Vaccination)

- (1) The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* shall provide mandatory vaccination services (hereinafter referred to as "mandatory vaccination") at public health centers under his/her jurisdiction for the following: *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 11645, Mar. 22, 2013; Act No. 12444, Mar. 18, 2014; Act No. 14316, Dec. 2, 2016; Act No. 15534, Mar. 27, 2018>*
 1. Diphtheria;
 2. Poliomyelitis;
 3. Pertussis;

4. Measles;
 5. Tetanus;
 6. Tuberculosis;
 7. Hepatitis B;
 8. Mumps;
 9. Rubella;
 10. Varicella;
 11. Japanese encephalitis;
 12. Haemophilus influenzae type B;
 13. Pneumococcus;
 14. Influenza;
 15. Hepatitis A;
 16. Human papilloma virus infection;
 17. Other infectious diseases designated by the Minister of Health and Welfare as deemed necessary for preventing infectious diseases.
- (2) The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* may entrust medical institutions prescribed in the Medical Service Act within his/her jurisdiction with the affairs of mandatory vaccination under paragraph (1), as prescribed by Presidential Decree. <Amended by Act No. 15534, Mar. 27, 2018>
- (3) The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* shall pre-notify the parents of children subject to mandatory vaccination, of such mandatory vaccination, as prescribed by Ordinance of the Ministry of Health and Welfare. In such cases, he/she may process personally identifiable information referred to in Article 24 of the Personal Information Protection Act. <Newly Inserted by Act No. 11439, May 23, 2012; Act No. 15534, Mar. 27, 2018>

Article 25 (Special Vaccination)

- (1) The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* shall provide special vaccination services (hereinafter referred to as "special vaccination") at public health centers under his/her jurisdiction in

any of the following cases: <Amended by Act No. 9932, Jan. 18, 2010>

1. Where the Minister of Health and Welfare requests the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* to provide vaccination services for preventing infectious diseases;
 2. Where the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* deems vaccinations necessary for preventing infectious diseases.
- (2) Article 24 (2) shall apply *mutatis mutandis* to the entrustment of special vaccination specified in paragraph (1).

Article 26 (Public Announcement of Vaccination)

Where the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* is to provide special vaccination services, he/she shall determine the date, time, place, type of vaccination, and scope of persons subject to vaccination, and shall make prior public announcement thereof: *Provided*, That in cases of any changes in standards, etc. for providing vaccination services under Article 32 (2), prior public announcement on such changes shall be made.

Article 26-2 (Pre-Checking of Vaccination Records)

- (1) The director of each public health center and the head of each medical institution entrusted with vaccination services under Article 24 (2) (including where the same is applied *mutatis mutandis* in Article 25 (2)), before providing vaccination services, shall check on the vaccination record of a person who intends to be vaccinated, with consent from the relevant person him/herself or his/her legal representative, as prescribed by Presidential Decree: *Provided*, That this shall not apply where consent is not obtained from such person or his/her legal representative.
- (2) The pre-checking of a vaccination record referred to in the main clause of paragraph (1) may be made through the integrated vaccination management system specified in Article 33-4. <Amended by Act No. 16725, Dec. 3, 2019>

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

Article 27 (Certificates of Vaccination)

- (1) The Minister of Health and Welfare, the Special Self-Governing Province Governor, or the head of a *Si/Gun/Gu* shall issue a certificate of vaccination to those who have undergone mandatory vaccination or special vaccination or their legal representatives, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13639, Dec. 29, 2015; Act No. 15534, Mar. 27, 2018>
- (2) Where a person, other than the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu*, provides vaccination services under this Act, the Minister of Health and Welfare, the Special Self-Governing Province Governor, or the head of a *Si/Gun/Gu* may authorize the person who has provided vaccination services to issue a certificate of vaccination, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13639, Dec. 29, 2015>
- (3) Certificates of vaccination referred to in paragraphs (1) and (2) may be issued in electronic form.

Article 28 (Keeping and Reporting of Vaccination Records)

- (1) Where the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* provides mandatory or special vaccination, or receives a report under paragraph (2), he/she shall prepare and keep records on vaccinations, as prescribed by Ordinance of the Ministry of Health and Welfare, and report the details thereof to the competent Mayor/Do Governor and the Minister of Health and Welfare, respectively. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 15534, Mar. 27, 2018>
- (2) Where a person, other than the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu*, provides vaccination services under this Act, he/she shall report to the Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu*, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 29 (Epidemiological Investigations on Vaccination)

The Director of the Korea Centers for Disease Control and Prevention, a Mayor/*Do* Governor or the head of a *Si/Gun/Gu* shall conduct an investigation, based on the following classifications, and if any case of an adverse reaction to vaccinations occurs, he/she shall conduct an epidemiological investigation pursuant to Article 18 to establish its cause:

1. The Director of the Korea Centers for Disease Control and Prevention:
An investigation into the effects of vaccinations, and adverse reactions to vaccinations;
2. A Mayor/*Do* Governor or the head of a *Si/Gun/Gu*: An investigation into adverse reactions to vaccinations.

Article 30 (Vaccination Injury Investigation Teams)

- (1) A vaccination injury investigation team shall be established under the Korea Centers for Disease Control and Prevention to investigate the causes of diseases, disabilities, and death resulting from vaccinations referred to in Article 71 (1) and (2), and compensation, etc. for injury therefrom, and to investigate a third party's intention or negligence under Article 72 (1).
- (2) Matters necessary for the establishment, operation, etc. of a vaccination injury investigation team prescribed in paragraph (1) shall be prescribed by Presidential Decree.

Article 31 (Ascertainment as to Completion of Vaccination)

- (1) The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* may request the principal of an elementary school and the principal of a middle school to submit inspection records on whether vaccination has been completed under Article 10 of the School Health Act.
- (2) The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* may request the head of a kindergarten defined under the Early Childhood Education Act and the head of a day care center defined under the Child Care Act to ascertain whether infants and young children have been vaccinated, as prescribed by Ordinance of the Ministry of Health and

Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 10789, Jun. 7, 2011>

- (3) If the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* finds that some infants, young children, students, etc. have not been vaccinated after verifying records submitted under paragraph (1) and results of ascertainment under paragraph (2), he/she shall vaccinate such infants, young children, students, etc.

Article 32 (Vaccination Week and Standards for Vaccination)

- (1) The Minister of Health and Welfare may promulgate Vaccination Week to promote vaccination against infectious diseases by raising citizens' interest to get vaccinated. <Amended by Act No. 9932, Jan. 18, 2010>
- (2) Matters necessary for standards for and methods of conducting vaccination and other relevant matters shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 33 (Planned Production of Vaccines)

- (1) Where the Minister of Health and Welfare determines that the domestic supply of vaccines is insufficient or in other cases prescribed by Ordinance of the Ministry of Health and Welfare, he/she may pre-compute the number of vaccines necessary for vaccination against infectious diseases and require a medicine manufacturer under Article 31 of the Pharmaceutical Affairs Act (hereinafter referred to as "medicine manufacturer") to produce them, and subsidize researchers, etc. of vaccines within budgetary limits. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 16725, Dec. 3, 2019>
- (2) The Minister of Health and Welfare may fully or partially prepay expenses incurred in producing vaccines under paragraph (1) to the relevant medicine manufacturer, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 33-2 (Stockpiling Mandatory Vaccines)

- (1) In order to facilitate mandatory vaccination services referred to in Article 24 and special vaccination services referred to in Article 25, the Minister of Health and Welfare may take preemptive measures for stockpiling necessary mandatory vaccines, etc. or concluding a contract for long-term purchases thereof, after undergoing deliberation by the Committee.
- (2) The Minister of Health and Welfare may determine the distribution criteria, such as the priority of supplying mandatory vaccines, etc. stockpiled pursuant to paragraph (1), and other necessary matters, after undergoing deliberation by the Committee.

[This Article Newly Inserted by Act No. 16725, Dec. 3, 2019]

Article 33-3 (Reporting Plans for Producing Mandatory Vaccines)

A person intending to produce or import mandatory vaccines, etc., from among those who have obtained permission or filed a notification by item pursuant to Article 31 or 42 of the Pharmaceutical Affairs Act, shall submit a plan for producing or importing mandatory vaccines, etc. (including any modification thereof) and the implementation results thereof to the Minister of Health and Welfare, as prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 16725, Dec. 3, 2019]

Article 33-4 (Establishment and Operation of Integrated Vaccination Management System)

- (1) To efficiently process various data or information required for providing vaccination services and computerize the recording and management affairs, the Minister of Health and Welfare shall establish and operate an integrated vaccination management system (hereinafter referred to as the “Integrated Management System”).
- (2) The Minister of Health and Welfare may collect, manage, and maintain the following data for establishing and operating the Integrated Management System, and request related agencies and organizations to provide necessary data. In such cases, the agencies and organizations in receipt of such request shall comply therewith unless there is good cause:

1. Personal information of persons who should be vaccinated (including personally identifiable information referred to in Article 24 of the Personal Information Protection Act and other personal information prescribed in Presidential Decree);
 2. Details of vaccinations, including the names of persons vaccinated, vaccine names, and dates of vaccinations;
 3. Other data prescribed by Presidential Decree as required to provide vaccination services, including information on the medical institutions entrusted with vaccination services and the details of applications for compensation for injury suffered from vaccination.
- (3) The director of each public health center and the head of each medical institution entrusted with vaccination services under Article 24 (2) (including where the same is applied *mutatis mutandis* in Article 25 (2)), after providing vaccination services under this Act, shall enter information specified in paragraph (2) 2 in the Integrated Management System, as prescribed by Presidential Decree.
- (4) The Minister of Health and Welfare may provide the parents of children who should be vaccinated with the details of vaccinations of their children or may support the issuance of certificates of vaccination, by utilizing the Integrated Management System, as prescribed by Presidential Decree. In such cases, to verify suitability for providing the details of vaccinations or issuing a certificate of vaccination, he/she may request the Minister of National Court Administration to furnish computerized registration data referred to in Article 11 of the Act on the Registration of Family Relations; and the Minister of National Court Administration shall comply therewith unless there is good cause.
- (5) The Integrated Management System may be utilized with a link to the following information systems related to vaccination services:
1. The education information system referred to in Article 30-4 of the Elementary and Secondary Education Act;
 2. The early childhood education information system referred to in Article

19-2 of the Early Childhood Education Act;

3. Other information systems prescribed by Ordinance of the Ministry of Health and Welfare, including the integrated electronic civil petition window referred to in Article 9 of the Electronic Government Act.
- (6) Except as provided in this Act, matters concerning the protection and management of information referred to in paragraphs (1) through (5) shall be governed by the Personal Information Protection Act.

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

CHAPTER VII MEASURES TO PREVENT SPREAD OF INFECTIOUS DISEASES

Article 34 (Formulation and Implementation of Crisis Control Measures against Infectious Diseases)

- (1) The Minister of Health and Welfare shall formulate and implement crisis control measures against infectious diseases (hereinafter referred to as "crisis control measures against infectious diseases") after deliberation by the Committee in order to respond to an emergency resulting from the spread of infectious diseases or the transmission of new overseas infectious diseases into the Republic of Korea. *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 13392, Jul. 6, 2015>*
- (2) Crisis control measures against infectious diseases shall include the following: *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 13392, Jul. 6, 2015>*
 1. Systems for responding to the occurrence of a disaster and the transmission of overseas emerging infectious diseases, and roles therein by agency;
 2. Judgment on a disaster or emergency, decision on emergency warning, and disaster and emergency management systems;
 3. Preparation of the lists of experts, such as medical personnel, facilities, and medical institutions to be mobilized during an infectious disease emergency;

4. Schemes of stockpiling and securing medical supplies;
 5. Training for actual situations, such as citizens' codes of conduct and education and map exercise for the personnel, facilities, and institutions to be mobilized, by a disaster or emergency;
 6. Other matters deemed necessary by the Minister of Health and Welfare for coping with disasters or emergencies.
- (3) The Minister of Health and Welfare shall regularly conduct training, based on crisis control measures against infectious diseases. *<Newly Inserted by Act No. 13392, Jul. 6, 2015>*
 - (4) Matters necessary for the formulation, implementation, etc. of crisis control measures against infectious diseases shall be prescribed by Presidential Decree. *<Amended by Act No. 13392, Jul. 6, 2015>*

Article 34-2 (Disclosure of Information during Infectious Disease Emergency)

- (1) Where the spread of an infectious disease harmful to citizens' health results in the issuance of a crisis alert of the caution level or higher prescribed in Article 38 (2) of the Framework Act on the Management of Disasters and Safety, the Minister of Health and Welfare shall promptly disclose information with which citizens are required to be acquainted for preventing the infectious disease, such as the movement paths, transportation means, medical treatment institutions, and contacts of patients of the infectious disease, by posting such information on the information and communications network, distributing a press release, etc. *<Amended by Act No. 17067, Mar. 4, 2020>*
- (2) Where any information disclosed under paragraph (1) falls under any of the following subparagraphs, the relevant person may file an objection with the Minister of Health and Welfare, in writing, orally, or using the information and communications network: *<Newly Inserted by Act No. 17067, Mar. 4, 2020>*
 1. Where any disclosed information is different from the actual fact;
 2. Where he/she has any opinion on any disclosed information.
- (3) Where the Minister of Health and Welfare deems that the objection raised

under paragraph (2) is well-grounded, he/she shall take necessary measures, such as correcting the relevant disclosed information. <Newly Inserted by Act No. 17067, Mar. 4, 2020>

- (4) Matters necessary for the scope of, procedures, methods, etc. for disclosing information and raising objections prescribed in paragraphs (1) and (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 17067, Mar. 4, 2020>

[This Article Newly Inserted by Act No. 13392, Jul. 6, 2015]

Article 35 (Formulation of Crisis Control Measures against Infectious Diseases by City/Do)

- (1) The Minister of Health and Welfare shall notify Mayors/Do Governors of crisis control measures against infectious diseases formulated under Article 34 (1). <Amended by Act No. 9932, Jan. 18, 2010>
- (2) Each Mayor/Do Governor shall formulate and implement crisis control measures against infectious diseases by each Special Metropolitan City, Metropolitan City, Do, or Special Self-Governing Province (hereinafter referred to as "City/Do"), based on the crisis control measures against infectious diseases notified under paragraph (1).

Article 35-2 (Prohibition of Presentation of False Statement to Medical Personnel during Disaster)

No one shall make a false statement, present false materials, or intentionally omit or conceal any fact to medical personnel with respect to facts necessary for confirming whether the relevant party is infected, including records of visits to medical institutions and of medical treatment, after a forecast or alert is issued to indicate the level of caution or higher under Article 38 (2) of the Framework Act on the Management of Disasters and Safety. <Amended by Act No. 15183, Dec. 12, 2017>

[This Article Newly Inserted by Act No. 13392, Jul. 6, 2015]

Article 36 (Designation of Infectious Disease Control Institutions)

- (1) The Minister of Health and Welfare or a Mayor/Do Governor shall designate a medical institution referred to in Article 3 of the Medical

- Service Act as an infectious disease control institution, as prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Act No. 17067, Mar. 4, 2020>
- (2) The head of a *Si/Gun/Gu* may designate a medical institution prescribed in the Medical Service Act as an infectious disease control institution, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 17067, Mar. 4, 2020>
 - (3) The head of a medical institution designated under paragraphs (1) and (2) (hereinafter referred to as "infectious disease control institution") shall establish facilities for preventing infectious diseases and for treating patients of an infectious disease, etc. (hereinafter referred to as "infectious disease control facilities"). In such cases, an infectious disease control institution that exceeds the scale prescribed by Ordinance of the Ministry of Health and Welfare, shall establish single-occupancy hospital rooms with anterooms, negative pressure facilities, etc. in accordance with the standards prescribed by Ordinance of the Ministry of Health and Welfare, in order to prevent the spread of an infectious disease. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>
 - (4) The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* shall subsidize expenses incurred in establishing and operating infectious disease control facilities, to infectious disease control institutions. <Amended by Act No. 17067, Mar. 4, 2020>
 - (5) Where a medical institution, other than an infectious disease control institution, intends to establish and operate infectious disease control facilities, it shall report such fact to the Special Self-Governing Province Governor or the head of the relevant *Si/Gun/Gu*, as prescribed by Ordinance of the Ministry of Health and Welfare. In such cases, the Special Self-Governing Province Governor or the head of the relevant *Si/Gun/Gu* shall review the details of such report, and accept it if it is in

compliance with this Act. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 17067, Mar. 4, 2020>

- (6) When an emergency occurs, including the outbreak of an infectious disease, the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may instruct infectious disease control institutions to conduct any necessary affairs, such as commencing medical treatment. <Newly Inserted by Act No. 13392, Jul. 6, 2015; Act No. 17067, Mar. 4, 2020>

Article 37 (Establishment of Infectious Disease Control Institutions during Infectious Disease Emergencies)

- (1) Where patients of an infectious disease occur in mass or infectious disease control institutions designated under Article 36 are insufficient to accommodate all patients of an infectious disease, etc., the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may take the following measures: <Amended by Act No. 9932, Jan. 18, 2010>
1. Designating any medical institution, other than infectious disease control institutions designated under Article 36, as an infectious disease control institution for a certain period;
 2. Establishing and operating isolation wards, sanatoriums, or clinics.
- (2) The head of an infectious disease control institution designated under paragraph (1) 1 shall establish infectious disease control facilities, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>
- (3) The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* shall subsidize expenses incurred in establishing and operating facilities under paragraph (2), to infectious disease control institutions. <Amended by Act No. 9932, Jan. 18, 2010>
- (4) No head of an infectious disease control institution designated under paragraph (1) 1 may refuse any order issued under paragraph (2) without good cause.

- (5) When an emergency occurs, including the outbreak of an infectious disease, the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may order infectious disease control institutions to conduct any necessary affairs, such as the beginning of medical treatment. <Newly Inserted by Act No. 13392, Jul. 6, 2015; Act No. 15534, Mar. 27, 2018>

Article 38 (Prohibition of Refusal to Hospitalize Patients of Infectious Disease)

No infectious disease control institution may refuse to hospitalize patients of an infectious disease, etc. without justifiable grounds.

Article 39 (Methods of Establishing and Managing Infectious Disease Control Facilities, etc.)

Matters necessary for methods, etc. of establishing and operating infectious disease control institutions, and isolation wards, sanatoriums, or clinics under Article 37 shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 39-2 (Evaluation of Infectious Disease Control Facilities)

The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may conduct evaluations of infectious disease control institutions regularly, and reflect the findings thereof in the supervision, support, etc. of said institutions. In such cases, methods, process, and time-frame of such evaluations, details of the supervision and support, and other related matters, shall be determined by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

Article 39-3 (Designation of Facilities for Quarantining Contacts)

- (1) A Mayor/*Do* Governor shall designate a facility for quarantining contacts of patients of an infectious disease, etc. (hereinafter referred to as “facility for quarantining contacts”) upon the outbreak or epidemic of such disease: *Provided*, That a medical institution under Article 3 of the Medical Service Act shall not be designated as a facility for quarantining contacts.
- (2) Where contacts of patients of an infectious disease, etc. occur in mass or facilities for quarantining contacts designated under paragraph (1) are

insufficient to accommodate all contacts, the Minister of Health and Welfare or a Mayor/*Do* Governor may designate a facility, other than facilities for quarantining contacts designated under paragraph (1), as a facility for quarantining contacts for a certain period.

- (3) Matters necessary for methods for designating and managing facilities for quarantining contacts under paragraphs (1) and (2) and other matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 15534, Mar. 27, 2018]

Article 40 (Stockpiling Medicines and Equipment for Infectious Diseases Spread through Bioterrorism)

- (1) When there is a likelihood of a pandemic of an infectious disease spread through bioterrorism or any other infectious disease, the Minister of Health and Welfare may determine preventive and therapeutic medicines, equipment, etc., after undergoing deliberation by the Committee, and stockpile them or concluding a contract for long-term purchase, in advance. *<Amended by Act No. 9932, Jan. 18, 2010>*
- (2) When there is a likelihood of a pandemic of an infectious disease spread through bioterrorism and any other infectious disease, the Minister of Health and Welfare may determine preventive and therapeutic medicines and require medicine manufacturers to produce them, notwithstanding Article 31 (2) of the Pharmaceutical Affairs Act. *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 16725, Dec. 3, 2019>*
- (3) The Minister of Health and Welfare shall investigate the efficacy and adverse reactions of preventive and therapeutic medicines under paragraph (2), and conduct epidemiological investigations pursuant to Article 18 if any case of adverse reactions occurs. *<Amended by Act No. 9932, Jan. 18, 2010>*

Article 40-2 (Distribution Standards including Priorities in Supplying Medicines for Infectious Diseases)

The Minister of Health and Welfare may determine distribution standards, including priorities in supplying medicines stockpiled or produced under

Article 40 (1) and (2) in preparation for a pandemic of infectious diseases spread by biological terrorism or any other infectious disease, and other necessary matters after deliberation by the Committee.

[This Article Newly Inserted by Act No. 12444, Mar. 18, 2014]

Article 40-3 (Export Embargoes)

- (1) Where any Class 1 infectious disease breaks out and the public health is likely to be harmed significantly due to a sudden price increase or lack of supply of products prescribed by Ordinance of the Ministry of Health and Welfare, including quasi-drugs and drugs (hereinafter referred to as "quasi-drugs, etc."), necessary for disease prevention, quarantine, and treatment, the Minister of Health and Welfare may prohibit the relevant quasi-drugs, etc. from being exported or shipped out of the Republic of Korea.
- (2) Where the Minister of Health and Welfare intends to impose an embargo prescribed in paragraph (1), he/she shall have a prior consultation with the heads of the relevant central administrative agencies, and determine and publicize an embargo period in advance.

[This Article Newly Inserted by Act No. 17067, Mar. 4, 2020]

Article 41 (Management of Patients of Infectious Disease)

- (1) Patients of an infectious disease, etc. with a particularly high risk of transmission, which falls under Class 1 infectious diseases or is an infectious disease publicly notified by the Minister of Health and Welfare, shall receive inpatient treatment at an infectious disease control institution. *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 15534, Mar. 27, 2018>*
- (2) Where sickbeds at an infectious disease control institution are fully occupied, and thus the infectious disease control institution is unable to accommodate patients of an infectious disease, etc., the Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* may permit such patients, etc. to receive inpatient treatment at medical institutions, other than infectious disease control institutions. *<Amended by*

Act No. 9932, Jan. 18, 2010>

- (3) The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may permit any of the following persons to undergo treatment at his/her home or infectious disease control facilities:
<*Amended by Act No. 9932, Jan. 18, 2010*>
1. A person, other than those subject to inpatient treatment under paragraphs (1) and (2);
 2. A person at the risk of infection or transmission of an infectious disease through contact with a patient of an infectious disease, etc.
- (4) Matters necessary for methods and procedures for undergoing home-care and inpatient treatment under paragraphs (1) through (3), and other relevant matters, shall be prescribed by Presidential Decree.

Article 41-2 (Employer's Obligation to Cooperate)

- (1) Where an employee is hospitalized, quarantine, or isolated under this Act, the relevant employer may grant a paid leave during the period of such hospitalization, quarantine, or isolation, in addition to the paid leave provided for in Article 60 of the Labor Standards Act. In such cases, if the cost of granting a paid leave is subsidized by the State, the employer shall provide the paid leave.
- (2) No employer shall dismiss, or otherwise treat unfavorably, an employee on the reason of a paid leave granted under paragraph (1) and shall dismiss such employee during the period of the paid leave: *Provided*, That this shall not apply where the employer is unable to continue his/her business.
- (3) The State may subsidize the cost of granting a paid leave under paragraph (1).
- (4) The scope of subsidization granted under paragraph (3), procedures for application therefor, and other necessary matters, shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

Article 42 (Compulsory Dispositions with respect to Infectious Diseases)

- (1) The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head

of a *Si/Gun/Gu* may assign the relevant public official to conduct a necessary investigation or medical diagnosis by entering the residence, means of transportation, such as a ship, aircraft, or train, or any other place where a patient of any of the following infectious diseases, etc. is deemed present, and where such medical diagnosis deems that the relevant person is a patient of an infectious disease, etc., the relevant public official may escort and compel such person to undergo medical treatment or be hospitalized: *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 15534, Mar. 27, 2018>*

1. Class 1 infectious diseases;
 2. Tuberculosis, measles, cholera, typhoid, paratyphoid, shigellosis, colon bacillus infection with enterorrhagia, hepatitis A, meningococcal meningitis, poliomyelitis, scarlet fever, and other infectious diseases determined by the Minister of Health and Welfare, among Class 2 infectious diseases;
 3. Deleted; *<by Act No. 15534, Mar. 27, 2018>*
 4. Infectious diseases determined by the Minister of Health and Welfare, among Class 3 infectious diseases;
 5. Infectious diseases under surveillance by the World Health Organization;
 6. Deleted. *<by Act No. 15534, Mar. 27, 2018>*
- (2) Where any Class 1 infectious disease breaks out, the Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* may have the relevant public official take any of the following measures for persons suspected of contracting the infectious disease. In such cases, the relevant public official may conduct a necessary investigation or medical diagnosis to confirm the presence or absence of infectious disease symptoms: *<Newly Inserted by Act No. 17067, Mar. 4, 2020>*
1. Quarantine at home or in a facility;
 2. Checking the presence or absence of symptoms of an infectious disease based on the wired or wireless communications, or using devices based on the information and communications technology, etc.

- (3) With respect to persons deemed patients of an infectious disease, etc. as a result of investigations or medical diagnosis referred to in paragraph (2), the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may assign the relevant public official to escort and compel such persons to undergo medical treatment or be hospitalized. <Newly Inserted by Act No. 17067, Mar. 4, 2020>
- (4) Where a person refuses an investigation or medical diagnosis referred to in paragraphs (1) and (2) or a test referred to in Article 13 (2) (hereafter in this Article referred to as “investigation refuser”), the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* shall assign the relevant public official to escort such person to an infectious disease control institution and compel such person to undergo necessary investigation or diagnosis. <Amended by Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>
- (5) A public official who takes measures for investigation, medical diagnosis, quarantine or isolation, treatment, hospitalization, or escort pursuant to paragraphs (1) through (4) shall carry an identification indicating his/her authority and produce it to relevant persons. <Newly Inserted by Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>
- (6) Where necessary for taking any measure for investigation, medical diagnosis, quarantine or isolation, treatment, or hospitalization prescribed in paragraphs (2) through (4) and (7), the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may request cooperation from the chief of the competent police station. In such cases, the chief of the competent police station in receipt of such request shall comply therewith unless there is a compelling reason not to do so. <Newly Inserted by Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>
- (7) The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may quarantine or isolate any investigation refuser at such refuser’s home or in an infectious disease control facility; and if the

- investigation refuser is deemed a patient of an infectious disease, etc. according to the results of an investigation or medical diagnosis conducted under paragraph (4), he/she shall compel such patient to undergo medical treatment or to be hospitalized in an infectious disease control facility. <Newly Inserted by Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>
- (8) Where any person suspected of contracting an infectious disease or investigation refuser is found not to be a patient of an infectious disease, etc., the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* shall immediately release the investigation refuser from quarantine or isolation referred to in paragraph (2) or (7). <Newly Inserted by Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>
- (9) Where the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* gives medical treatment to, or hospitalizes, any investigation refuser pursuant to paragraph (7), he/she shall notify the guardian of the investigation refuser thereof. In such cases, Article 43 shall apply *mutatis mutandis* to matters necessary for the methods of, procedures, etc. for notification. <Newly Inserted by Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>
- (10) Notwithstanding paragraph (8), if a disposition of quarantine or isolation is not released without good cause, the relevant persons suspected of contracting an infectious disease or investigation refuser may make a rescue claim seeking the release; and in regards to the process, methods, etc. of such rescue claim, the Habeas Corpus Act shall apply *mutatis mutandis*. In such cases, “person suspected of contracting an infectious disease or investigation refuser” shall be construed as “inmate”; and “Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/ Gu*” who has ordered the disposition of quarantine or isolation shall be construed as “custodian” (for the purposes of this paragraph, the application of Article 6 (1) 3 of the Habeas Corpus Act shall be

excluded). <Newly Inserted by Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>

- (11) Matters necessary for the criteria for designating institutions to conduct investigations, medical diagnosis, quarantine or isolation, or treatment under paragraphs (1) through (4) and (7), the methods for quarantine and for checking the presence or absence of symptoms with regard to persons suspected of contracting an infectious disease under paragraph (2), and other relevant matters shall be prescribed by Presidential Decree. <Newly Inserted by Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>

Article 43 (Hospitalization Notice to Patients of Infectious Disease)

- (1) Where a patient of an infectious disease, etc. needs to receive inpatient treatment under Article 41, the Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* shall notify the person subject to inpatient treatment and his/her guardian thereof. <Amended by Act No. 9932, Jan. 18, 2010>
- (2) Matters necessary for methods of and procedures for notification under paragraph (1), and other relevant matters, shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 43-2 (Notification to Persons Subject to Quarantine or Isolation)

- (1) Where the Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* takes any measure for hospitalization, quarantine, or isolation prescribed in Article 42 (2), (3), and (7), subparagraph 3 of Article 47, or Article 49 (1) 14, he/she shall notify such fact to persons subject to hospitalization, quarantine, or isolation and his/her guardian.
- (2) Matters necessary for the methods of, procedures, etc. for notification referred to in paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 17067, Mar. 4, 2020]

Article 44 (Management of Imprisoned Patients)

The head of a correctional institution shall provide inmates infected with infectious diseases with measures to prevent the spread of the infectious disease and appropriate medical services.

Article 45 (Temporary Restrictions on Work)

- (1) No patients of an infectious disease, etc. may be engaged in any occupation involving frequent contact with the general public by its nature, and no one may hire patients of an infectious disease, etc. for such occupation, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 9932, Jan. 18, 2010>*
- (2) If a person required to undergo a medical examination for a sexually transmitted infectious disease under Article 19 fails to undergo the medical examination, he/she shall not be engaged in any occupation provided for in the same Article, and the person who operates the relevant business shall not permit any person who fails to undergo medical examination to be engaged in the business.

Article 46 (Measures for Medical Examination and Vaccination, etc.)

The Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* may take measures for requiring any of the following persons to undergo a medical examination, or to receive a vaccination necessary for preventing an infectious disease, etc., as prescribed by Ordinance of the Ministry of Health and Welfare: *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 13392, Jul. 6, 2015>*

1. Family members of a patient of an infectious disease, etc. or his/her cohabitants;
2. A person suspected of being infected by an infectious disease, who resides in or enters an area where the infectious disease breaks out;
3. A person suspected of being infected with an infectious disease through contact with patients of an infectious disease, etc.

Article 47 (Control Measures against Epidemic of Infectious Diseases)

In order to prevent the further spread of an infectious disease upon the epidemic of the infectious disease, the Minister of Health and Welfare,

Mayors/*Do* Governors, or heads of Sis/Guns/Gus shall take all or some of the following measures: <Amended by Act No. 13392, Jul. 6, 2015; Act No. 17067, Mar. 4, 2020>

1. The following measures for places where patients of an infectious disease, etc. are present or places deemed contaminated with the pathogen of an infectious disease:
 - (a) Temporary closure;
 - (b) Prohibition of entry of the general public;
 - (c) Restriction on movement into the relevant places;
 - (d) Other measures for passage blocking;
2. Suspending the business of a medical institution;
3. Hospitalizing or quarantining persons suspected of contracting an infectious disease at an appropriate place for a certain period;
4. Prohibiting the acts of using, receiving, moving, discarding, or cleaning things infected or suspected of being infected by the pathogen of an infectious disease, or burning up or disposing of such things;
5. Issuing an order to disinfect or take other necessary measures for, places infected by the pathogen of an infectious disease;
6. Issuing an order to prevent laundering at a specified place or to dispose of wastes at a specified place.

Article 48 (Disinfection Measures for Infected Places, etc.)

- (1) The commander of a unit belonging to the Army, Navy, or Air Force, the commander of a unit under direct control of the Ministry of National Defense, and a person falling under any subparagraph of Article 12 (1), shall disinfect or take other necessary measures for, places where patients of an infectious disease, etc. occurred, or places suspected of being contaminated with the pathogen of an infectious disease, in accordance with the direction of a physician, oriental medical doctor, or relevant public official.
- (2) Matters necessary for taking measures, including disinfection, under paragraph (1), shall be determined by Ordinance of the Ministry of Health

and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

CHAPTER VIII PREVENTIVE MEASURES

Article 49 (Preventive Measures against Infectious Diseases)

- (1) In order to prevent infectious diseases, the Minister of Health and Welfare, Mayors/*Do* Governors, or heads of Sis/Guns/Gus shall take all or some of the following measures: <Amended by Act No. 13392, Jul. 6, 2015; Act No. 13639, Dec. 29, 2015; Act No. 17067, Mar. 4, 2020>
1. Completely or partially holding up traffic in jurisdiction;
 2. Restricting or prohibiting performances, assemblies, religious ceremonies, or any other large gathering of people;
 3. Conducting medical examinations or performing autopsies or dissection of corpses;
 4. Issuing an order to prohibit the sale or receipt of food that exposes the risk of transmitting infectious diseases, to discard of such food, or to take other necessary disposal;
 5. Issuing an order to take preventive measures for persons who have involved in slaughter for the prevention of zoonoses, or for persons, etc. exposed to zoonoses;
 6. Issuing an order to restrict or prohibit the possession and transfer of things which may transmit infectious diseases, to destruct or incinerate such things, or to take other necessary disposal;
 7. Issuing an order to assign physicians at any means of transportation, such as ships, aircraft, and trains, places of business, or other public places, or to install facilities necessary for the prevention of infectious diseases at such places;
 8. Issuing an order to disinfect or take other necessary measures for, facilities or places related to public sanitation, or to prohibit the installation, remodeling, alteration, disuse, or use of waterworks, sewers, wells, garbage dumps, and lavatories;
 9. Issuing an order to exterminate rodents, vermin, or other animals transmitting infectious diseases or to install facilities for exterminating

such;

10. Restricting or prohibiting fishing or swimming at a specified place of water, or the use of a specified well;
 11. Prohibiting capturing animals which are intermediate hosts transmitting infectious diseases, or prohibiting eating such animals in the raw state;
 12. Mobilizing medical persons, medical practitioners, and other necessary medical personnel during an epidemic period of an infectious disease;
 13. Issuing an order to disinfect or take other necessary measures for, buildings infected by the pathogens of infectious diseases;
 14. Hospitalizing or quarantining persons suspected of contracting an infectious disease at an appropriate place for a certain period.
- (2) Where a Mayor/*Do* Governor or the head of a *Si/Gun/Gu* intends to prohibit the use of drinking water pursuant to paragraph (1) 8 and 10, he/she shall separately supply drinking water during a period of such prohibition, and where a Mayor/*Do* Governor or the head of a *Si/Gun/Gu* intends to take measures under paragraph (1) 1, 2, 6, 8, 10, and 11, he/she shall preinform the relevant residents thereof.

Article 49-2 (Protection Measures for Persons Vulnerable to Infection)

- (1) Where a crisis alert of the caution level or higher prescribed in Article 38 (2) of the Framework Act on the Management of Disasters and Safety is issued, in order to protect children, senior citizens, etc. (hereinafter referred to as “persons vulnerable to infection”) using social welfare facilities from respiratory infectious diseases, the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may take necessary measures, such as providing face masks to persons vulnerable to infection.
- (2) Matters necessary for the types of infectious diseases, the scope of persons vulnerable to infection, the procedures for provision, and other relevant matters under paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 17067, Mar. 4, 2020]

Article 50 (Other Preventive Measures against Infectious Diseases)

- (1) Where patients of an infectious disease, etc. occur or are likely to occur, the commander of a unit belonging to the Army, Navy, or Air Force, the commander of a unit under direct control of the Ministry of National Defense, and a person falling under Article 12 (1) 2, shall take a disinfection measure or other necessary measures, and shall take additional measures necessary for preventing infectious diseases, consulting with the Special Self-Governing Province Governor or the head of the relevant *Si/Gun/Gu*. <Amended by Act No. 13392, Jul. 6, 2015>
- (2) The Minister of Education or a superintendent of education shall consult with the Minister of Health and Welfare where he/she issues, on grounds of the outbreak of an infectious disease, an order for business suspension or temporary school closure prescribed in Article 64 of the Elementary and Secondary Education Act or an order for business suspension or temporary kindergarten closure prescribed in Article 31 of the Early Childhood Education Act, to schools defined in subparagraph 2 of Article 2 of the School Health Act. <Newly Inserted by Act No. 13392, Jul. 6, 2015>

Article 51 (Disinfection Duty)

- (1) The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* shall conduct the cleaning or disinfection, and take measures to exterminate rodents, vermin, etc. (hereinafter referred to as "disinfection") in order to prevent infectious diseases. In such cases, disinfection shall be conducted safely by minimizing their harmful effects on human health and nature. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 17067, Mar. 4, 2020>
- (2) The standards and methods for disinfection referred to in paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Act No. 17067, Mar. 4, 2020>
- (3) A person who manages or operates facilities prescribed by Presidential Decree, among those resided or used by a multiple number of persons,

- such as multi-family housing and accommodations, shall conduct disinfection necessary for the prevention of infectious diseases, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 17067, Mar. 4, 2020>
- (4) A facility manager or operator who is required to conduct disinfection under paragraph (3) shall authorize a person who has filed a report on his/her disinfection services pursuant to Article 52 (1) to conduct disinfection: *Provided*, That where a housing management service provider defined in Article 2 (1) 15 of the Multi-Family Housing Management Act is equipped with disinfection equipment stipulated in Article 52 (1), he/she may directly disinfect multi-family housing under his/her management. <Amended by Act No. 13474, Aug. 11, 2015; Act No. 17067, Mar. 4, 2020>

Article 52 (Reporting on Business of Disinfection Services)

- (1) A person who intends to provide disinfection services as business (excluding housing management service providers referred to in the proviso of Article 51 (4)) shall be equipped with facilities, equipment, and human resources determined by Ordinance of the Ministry of Health and Welfare and file a reporting on disinfection services with the Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu*. The same shall also apply to the modification of matters already reported. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 17067, Mar. 4, 2020>
- (2) Upon receiving a report referred to in paragraph (1), the Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu* shall review the details of the report, and accept it if it is in compliance with this Act. <Newly Inserted by Act No. 17067, Mar. 4, 2020>
- (3) Where a person who has filed a report on disinfection services pursuant to paragraph (1) (hereinafter referred to as "disinfection service provider")

falls under any of the following cases, the Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu* shall deem such report of disinfection services revoked: <Amended by Act No. 15183, Dec. 12, 2017; Act No. 16101, Dec. 31, 2018; Act No. 17067, Mar. 4, 2020>

1. Where he/she files a report on the closure of his/her business with the head of the competent tax office pursuant to Article 8 (7) of the Value-Added Tax Act;
 2. Where the head of the competent tax office revokes the relevant business registration pursuant to Article 8 (8) of the Value-Added Tax Act;
 3. Where facilities, etc. necessary for disinfection services have continued to be absent for at least six months without filing a report on suspension or closure of business under Article 53 (1).
- (4) If necessary to deem a report on disinfection services revoked pursuant to paragraph (3), the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* may request the head of the competent tax office to provide information about whether the disinfection service provider has closed his/her business. In such cases, the head of the competent tax office so requested shall provide information about whether the disinfection service provider has closed his/her business pursuant to Article 36 (1) of the Electronic Government Act. <Newly Inserted by Act No. 15183, Dec. 12, 2017; Act No. 17067, Mar. 4, 2020>

Article 53 (Reporting on Suspension of Disinfection Services)

- (1) Where a disinfection service provider intends to suspend his/her business for at least 30 days or to permanently close it, he/she shall file a report thereon with the Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu*, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010; Act No. 17067, Mar. 4, 2020>
- (2) Where a disinfection service provider intends to reopen his/her business after suspending business, he/she shall file a report thereon with the

Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu*, as prescribed by Ordinance of the Ministry of Health and Welfare. In such cases, the Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu* shall review the details of the report, and accept it if it is in compliance with this Act. <Newly Inserted by Act No. 17067, Mar. 4, 2020>

Article 54 (Conducting Disinfections)

- (1) A disinfection service provider shall conduct disinfection according to standards and methods determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>
- (2) Where a disinfection service provider has conducted disinfection, he/she shall record and keep matters concerning such disinfection, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 55 (Training for Disinfection Service Providers)

- (1) A disinfection service provider (referring to a representative in cases of a corporation; hereafter the same shall apply in this Article) shall receive training on disinfection.
- (2) A disinfection service provider shall ensure his/her employees engaged in disinfection services receive training in relation thereto.
- (3) Matters necessary for the details and methods of training, hours of training, bearing of training expenses, etc. under paragraphs (1) and (2), shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 56 (Disinfection Service Agencies)

Where the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* is required to disinfect pursuant to subparagraph 5 of Article 47, Article 48 (1), Article 49 (1) 8, 9, and 13, Article 50, and Article 51 (1) and (3), he/she may authorize a disinfection service provider to disinfect on his/her behalf. <Amended by Act No. 13392, Jul. 6, 2015; Act No. 17067, Mar. 4, 2020>

Article 57 (Submission and Inspection of Documents)

- (1) The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* may assign a public official under his/her control to request disinfection service providers to submit relevant documents concerning rendering of disinfection services, or assign him/her to inspect such documents or ask questions to such disinfection service providers.
- (2) A public official who requests disinfection service providers to submit documents, inspects such documents, or asks questions to disinfection service providers pursuant to paragraph (1), shall carry a certificate indicating his/her authority and produce it to interested parties.

Article 58 (Corrective Orders)

Where a disinfection service provider falls under any of the following cases, the Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu* shall order him/her to correct the relevant violation within a specified period of at least one month:

1. Where he/she fails to satisfy requirements for facilities, equipment, and human resources under Article 52 (1);
2. Where he/she fails to receive training under Article 55 (1), or fails to have his/her employees engaging in disinfection services receive training under paragraph (2) of the same Article.

Article 59 (Suspension of Business)

- (1) Where a disinfection service provider falls under any of the following cases, the Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu* may order him/her to close his/her place of business, or to suspend business for a specified period of by up to six months: *Provided*, That in cases falling under subparagraph 5, an order to close his/her place of business shall be issued: <Amended by Act No. 17067, Mar. 4, 2020>
 1. Where he/she fails to file a report on modification prescribed in the latter part of Article 52 (1), or fails to file a report on the suspension, closure, or reopening of his/her business prescribed in Article 53 (1) and

- (2);
2. Where he/she conducts disinfection in disconformity with the standards and methods prescribed in Article 54 (1), or fails to record and retain matters concerning conducted disinfection, in violation of paragraph (2) of the same Article;
 3. Where he/she fails to comply with an order to submit relevant documents under Article 57, or refuses, obstructs, or evades inspections and questions by public officials in charge;
 4. Where he/she fails to comply with corrective orders issued under Article 58;
 5. Where he/she renders disinfection services during the suspension period of business.
- (2) Where a disinfection service provider continues his/her business after he/she is ordered to close his/her place of business under paragraph (1), or renders disinfection services without filing a report required under Article 52 (1), the Special Self-Governing Province Governor or the head of the competent *Si/Gun/Gu* may assign the relevant public officials to take the following measures in order to close the relevant place of business:
1. To remove or eliminate signboards of the relevant place of business, or any other business sign, etc.;
 2. To display a sign, etc. indicating that the relevant place of business is illegitimate.
- (3) Standards for administrative dispositions referred to in paragraph (1) shall be determined by Ordinance of the Ministry of Health and Welfare, in consideration of the types, severity, etc. of relevant violations. *<Amended by Act No. 9932, Jan. 18, 2010>*

**CHAPTER IX DISEASE CONTROL OFFICERS,
EPIDEMIOLOGICAL INVESTIGATION OFFICERS,
QUARANTINE INSPECTION COMMISSIONERS, AND**

DISEASE PREVENTION COMMISSIONERS

Article 60 (Disease Control Officers)

- (1) The Minister of Health and Welfare and each Mayor/*Do* Governor shall appoint disease control officers in charge of the affairs of infectious disease prevention and control, from among public officials of said Ministry or City/*Do*: *Provided*, That if necessary for dealing with the affairs of infectious disease prevention and control, the head of a *Si/Gun/Gu* may appoint disease control officers from among public officials of said *Si/Gun/Gu*. <Amended by Act No. 17067, Mar. 4, 2020>
- (2) Each disease control officer shall be in charge of affairs specified in Article 4 (2) 1 through 7: *Provided*, That each disease control officer of the Ministry of Health and Welfare shall also be in charge of affairs specified in Article 4 (2) 8.
- (3) Where urgent responses are necessary due to the anticipated domestic transmission or epidemic of any infectious disease, a disease control officer shall have authority to take measures against the fields of an infectious disease, such as the restriction of passage, the evacuation of residents, the disposal and incineration of food, things, etc., through which an infectious disease is transmitted, the assignment of tasks on personnel in charge of infectious disease control including medical personnel, and the deployment of supplies for disease control, for conducting affairs prescribed in Article 4 (2) 1 and 2.
- (4) Relevant public officials, such as the head of a police agency prescribed in Article 2 of the Police Act, a fire-fighting government office prescribed in Article 3 of the Framework Act on Fire-Fighting Services, and the director of a public health center prescribed in Article 10 of the Regional Public Health Act, all of which have jurisdiction over an area of an infectious disease, and corporations, organizations, and individuals located in that area shall cooperate in measures taken by a disease control officer under paragraph (3) unless there is good cause.
- (5) Except as provided in paragraphs (1) through (4), matters necessary for

the qualification and duties of disease control officers, the scope of their authority to take measures, and other relevant matters shall be prescribed by Presidential Decree.

[This Article Wholly Amended by Act No. 13392, Jul. 6, 2015]

Article 60-2 (Epidemiological Investigation Officers)

- (1) Epidemiological investigation officers shall be composed of at least 100 public officials of the Ministry of Health and Welfare and at least two public officials of a City/Do, respectively, to deal with affairs concerning epidemiological investigations. In such cases, at least one of the City/Do epidemiological investigation officers shall be a physician, among the medical personnel referred to in Article 2 (1) of the Medical Service Act. *<Amended by Act No. 15534, Mar. 27, 2018; Act No. 17067, Mar. 4, 2020>*
- (2) Where necessary for dealing with affairs concerning epidemiological investigations, the head of a Si/Gun/Gu may have epidemiological investigation officers as public officials of said Si/Gun/Gu: *Provided*, That the head of a Si/Gun/Gu that meets the criteria prescribed by Ordinance of the Ministry of Health and Welfare in consideration of the population, etc. shall have at least one epidemiological investigation officer as a public official of said Si/Gun/Gu. *<Newly Inserted by Act No. 17067, Mar. 4, 2020>*
- (3) Epidemiological investigation officers shall be appointed, from among any of the following persons who have completed the course of education and training on epidemiological investigations under Article 18-3:
 1. Public officials in charge of affairs of disease control, epidemiological investigation, or vaccination;
 2. Medical personnel prescribed in Article 2 (1) of the Medical Service Act;
 3. Other experts in fields related to infectious diseases and epidemiology, such as pharmacists prescribed in subparagraph 2 of Article 2 of the Pharmaceutical Affairs Act and veterinarians prescribed in subparagraph 1 of Article 2 of the Veterinarians Act.

- (4) An epidemiological investigation officer may temporarily take measures specified under each item of subparagraph 1 of Article 47, where an emergency, in which the spread of an infectious disease is anticipated, would be likely to cause serious harm to public health if measures thereagainst is not taken immediately.
- (5) Relevant public officials, such as the head of a police agency prescribed in Article 2 of the Police Act, the head of a fire-fighting government office prescribed in Article 3 of the Framework Act on Fire-Fighting Services, and the director of a public health center prescribed in Article 10 of the Regional Public Health Act, shall cooperate in measures taken by an epidemiological investigation officer under paragraph (4) unless there is good cause. <Amended by Act No. 17067, Mar. 4, 2020>
- (6) Where an epidemiological investigation officer takes measures under paragraph (4), he/she shall immediately report such fact to the Minister of Health and Welfare, the competent Mayor/Do Governor, or the head of the competent *Si/Gun/Gu*. <Amended by Act No. 17067, Mar. 4, 2020>
- (7) The Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* may subsidize epidemiological investigation officers appointed pursuant to paragraph (3) for expenses necessary to perform their duties, etc., within budgetary limits. <Amended by Act No. 17067, Mar. 4, 2020>
- (8) Except as provided in paragraphs (1) through (7), matters necessary for the qualification, duties, and authority of epidemiological investigation officers, the subsidization therefor, and other relevant matters shall be prescribed by Presidential Decree. <Amended by Act No. 17067, Mar. 4, 2020>

[This Article Newly Inserted by Act No. 13392, Jul. 6, 2015]

Article 60-3 (Temporary Duty Orders)

- (1) Where an infectious disease is likely to be transmitted into or epidemic in the Republic of Korea, or already breaks out, the Minister of Health and Welfare or a Mayor/Do Governor may order any medical personnel

- prescribed in Article 2 (1) of the Medical Service Act to perform disease control duties for a specified period at a medical institution designated as an infectious disease control institution under Article 36 or 37, or an infectious disease specialty hospital or infectious disease research hospital established or designated under Article 8-2.
- (2) In emergency situations where an infectious disease is transmitted into or epidemic in the Republic of Korea, the Minister of Health and Welfare may appoint any person falling under Article 60-2 (3) 2 or 3 as a disease control officer to perform disease control duties for a specified period. *<Amended by Act No. 17067, Mar. 4, 2020>*
- (3) Where epidemiological investigation personnel are undermanned due to the transmission or epidemic of an infectious disease, the Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* may appoint any person falling under Article 60-2 (3) 2 or 3 as an epidemiological investigation officer to perform duties related to epidemiological investigations for a specified period. *<Amended by Act No. 17067, Mar. 4, 2020>*
- (4) A disease control officer or epidemiological investigation officer appointed by the Minister of Health and Welfare, a Mayor/Do Governor, or the head of a *Si/Gun/Gu* under paragraph (2) or (3) shall be deemed appointed as a public official in a fixed term position defined in Article 26-5 of the State Public Officials Act. *<Amended by Act No. 17067, Mar. 4, 2020>*
- (5) Matters necessary for temporary duty orders issued under paragraph (1), and the period, procedures, etc. for appointment under paragraphs (2) and (3) shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

Article 61 (Quarantine Inspection Commissioners)

- (1) Where necessary for the prevention of infectious diseases, a Mayor/Do Governor may appoint a quarantine inspection commissioner to perform affairs concerning quarantine inspections, and if particularly necessary, may

- require the commissioner to quarantine any means of transportation, etc.
- (2) Quarantine inspection commissioners may board any means of transportation, etc. free of charge to perform affairs or quarantine inspections stipulated under paragraph (1).
 - (3) Matters necessary for the appointment, duties, etc. of quarantine inspection commissioners under paragraph (1), shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 62 (Disease Prevention Commissioners)

- (1) Where an infectious disease is epidemic or likely to be epidemic, the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* may appoint a disease prevention commissioner at the relevant Special Self-Governing Province or *Si/Gun/Gu* (referring to an autonomous *Gu*; hereinafter the same shall apply) to perform affairs concerning the prevention of infectious diseases.
- (2) Disease prevention commissioners appointed under paragraph (1) shall serve without compensation: *Provided*, That a paid disease prevention commissioner may be appointed at the rate of one commissioner per 20,000 population of the Special Self-Governing Province or *Si/Gun/Gu*.
- (3) Matters necessary for the appointment, duties, etc. of disease prevention commissioners referred to in paragraph (1), shall be determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9932, Jan. 18, 2010>

Article 63 (Korea Association of Health Promotion)

- (1) The Korea Association of Health Promotion (hereinafter referred to as the "Association") shall be established to perform prevention projects including investigations and research on parasitic diseases defined in subparagraph 6 of Article 2. <Amended by Act No. 15534, Mar. 27, 2018>
- (2) The Association shall be a corporation.
- (3) Except as provided in this Act, the provisions concerning incorporated associations under the Civil Act shall apply *mutatis mutandis* to the

Association.

CHAPTER X EXPENSES

Article 64 (Expenses to Be Borne by Special Self-Governing Province and Sis/Guns/Gus)

The following expenses shall be borne by the relevant Special Self-Governing Province or *Si/Gun/Gu*: <Amended by Act No. 13392, Jul. 6, 2015; Act No. 13639, Dec. 29, 2015>

1. Some expenses incurred in providing support to corporations or associations which perform preventive and treatment duties of Hansen's disease pursuant to Article 4 (2) 13;
2. Expenses incurred in conducting vaccinations pursuant to Articles 24 (1) and 25 (1);
3. All or some expenses incurred by medical institutions in conducting vaccinations pursuant to Articles 24 (2) and 25 (2);
4. Expenses incurred by infectious disease control institutions designated by the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* in establishing and operating infectious disease control facilities pursuant to Article 36;
5. Expenses incurred in establishing and operating isolation wards, sanatoriums, or clinics established by the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* pursuant to Article 37, and infectious disease control facilities of infectious disease control institutions designated under the same Article;
6. Subsidization for ensuring the minimum security level defined in subparagraph 6 of Article 2 of the National Basic Living Security Act to those who suffer difficulties in livelihood due to a traffic blockage or hospitalization under subparagraph 1 or 3 of Article 47;
7. Expenses incurred in disinfection or other measures conducted or taken by a Special Self-Governing Province and a *Si/Gun/Gu* pursuant to Articles 47, 48, 49 (1) 8, 9, and 13, and 51 (1);
8. Allowances, treatment expenses, or compounding fees for assigning

- physicians and for mobilizing medical persons, medical practitioners, and other medical personnel by the Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* pursuant to Article 49 (1) 7 and 12;
9. Expenses incurred in supplying potable water pursuant to Article 49 (2);
 10. Expenses incurred in assigning disease prevention commissioners pursuant to Article 62;
 11. Other expenses incurred in conducting affairs concerning the prevention of infectious diseases by the Special Self-Governing Province and a *Si/Gun/Gu* pursuant to this Act.

Article 65 (Expenses to Be Borne by Cites/Dos)

The following expenses shall be borne by the relevant City/Do: <Amended by Act No. 13639, Dec. 29, 2015; Act No. 15534, Mar. 27, 2018>

1. Some expenses incurred in providing support to corporations or associations which perform preventive and treatment duties of Hansen's disease pursuant to Article 4 (2) 13;
2. Expenses incurred by infectious disease control institutions designated by a Mayor/Do Governor pursuant to Article 36 in establishing and operating their infectious disease control facilities;
3. Expenses incurred in establishing and operating isolation wards, sanatoriums, or clinics established by a Mayor/Do Governor pursuant to Article 37, and infectious disease control facilities of infectious disease control institutions designated under the same Article;
- 3-2. Expenses incurred in establishing and operating facilities for quarantining contacts designated by a Mayor/Do Governor pursuant to Article 39-3;
4. Expenses incurred in the inpatient treatment, investigations, medical diagnoses, etc. of Korean patients of an infectious disease, etc. under Articles 41 and 42;
5. Expenses incurred in conducting medical examinations, vaccination, etc. pursuant to Article 46;
6. Subsidization for ensuring the minimum security level defined in subparagraph 6 of Article 2 of the National Basic Living Security Act to

those who suffer difficulties in livelihood due to the traffic blockage under Article 49 (1) 1;

- 6-2. Allowances, treatment expenses, or compounding fees for mobilizing medical persons, medical practitioners, and other medical personnel by a Mayor/*Do* Governor pursuant to Article 49 (1) 12;
7. Expenses incurred in supplying potable water pursuant to Article 49 (2);
- 7-2. Allowances and other expenses incurred in assigning medical persons, etc. to disease control duties by a Mayor/*Do* Governor pursuant to Article 60-3 (1) and (3);
8. Expenses incurred in assigning quarantine inspection commissioners pursuant to Article 61;
9. Other expenses incurred in conducting affairs concerning the prevention of infectious diseases by a City/*Do* pursuant to this Act.

Article 66 (Expenses to Be Subsidized by City/*Do*)

A City/*Do* (excluding a Special Self-Governing Province) shall subsidize expenses to be borne by respective *Si/Gun/Gu* pursuant to Article 64, as prescribed by Presidential Decree.

Article 67 (Expenses to Be Borne by National Treasury)

The following expenses shall be borne by the National Treasury: *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 13392, Jul. 6, 2015; Act No. 13639, Dec. 29, 2015; Act No. 15534, Mar. 27, 2018; Act No. 16725, Dec. 3, 2019; Act No. 17067, Mar. 4, 2020>*

1. Expenses incurred in the medical treatment and protection of patients of an infectious disease, etc. under Article 4 (2) 2;
2. Expenses incurred in the education and publicity of infectious diseases under Article 4 (2) 4;
3. Expenses incurred in nurturing specialists for the prevention of infectious diseases under Article 4 (2) 8;
4. Expenses incurred in conducting sentinel surveillance activities under Article 16 (4);
- 4-2. Expenses incurred in conducting education and training under Article

18-3;

5. Expenses incurred in transporting corpses for autopsies under Article 20, and in disposal of them after autopsies;
- 5-2. Expenses incurred in conducting funerals for the deceased persons under Article 20-2;
6. Expenses incurred in the production, research, etc., of vaccines under Article 33;
- 6-2. Expenses incurred in stockpiling mandatory vaccines, etc. under Article 33-2 (1);
- 6-3. Expenses incurred by infectious disease control institutions designated by the Minister of Health and Welfare in establishing and operating their infectious disease control facilities pursuant to Article 36 (1);
7. Expenses incurred in establishing and operating isolation wards, sanatoriums, or clinics established by the Minister of Health and Welfare pursuant to Article 37, and infectious disease control facilities of infectious disease control institutions designated under the same Article;
- 7-2. Expenses incurred in establishing and operating facilities for quarantining contacts designated by the Minister of Health and Welfare pursuant to Article 39-3;
8. Expenses incurred in stockpiling and concluding contracts for long-term purchase of medicines and equipment found necessary after undergoing deliberation by the Committee pursuant to Article 40 (1);
9. Expenses incurred in conducting the inpatient treatment, investigations, medical examinations, etc. of foreign patients of an infectious disease, etc. under Articles 41 and 42;
- 9-2. Allowances, medical costs, or compounding fees for mobilizing medical persons, medical practitioners, and other medical personnel by the State pursuant to Article 49 (1) 12;
- 9-3. Allowances and other expenses incurred in assigning medical persons, etc. to disease control duties by the State pursuant to Article 60-3 (1) through (3);

10. Expenses incurred in compensating injuries caused by vaccinations, etc. under Article 71.

Article 68 (Expenses to Be Subsidized by the State)

The State shall subsidize the following expenses:

1. Some expenses incurred in providing support to corporations or associations which perform preventive and treatment duties of Hansen's disease pursuant to Article 4 (2) 13;
2. At least 1/2 of expenses to be borne by Cities/Dos pursuant to Articles 65 and 66.

Article 69 (Expenses Collectible from Patients)

The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* may collect expenses incurred in hospitalization, medical diagnosis, examination, treatment, etc. due to a person's chronic disease, newly-diagnosed disease, etc., other than expenses incurred in inpatient treatment under Articles 41 and 42, from the person or his/her guardian, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 9932, Jan. 18, 2010>*

Article 70 (Compensation for Loss)

- (1) The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* shall pay compensation to a person suffering from any of the following losses, according to the results of deliberation and resolution by the relevant Compensation Deliberation Committee established under Article 70-2: *<Amended by Act No. 13639, Dec. 29, 2015; Act No. 15534, Mar. 27, 2018>*
 1. Loss resulting from the designation of an infectious disease control institution or the establishment and operation of an isolation ward, etc. under Article 36 or 37;
 - 1-2. Loss resulting from the establishment and operation of facilities for quarantining contacts under Article 39-3;
 2. Loss suffered by a medical institution who has given medical treatment to patients or probable patients of an infectious diseases, etc. in accordance

with any measure taken under this Act;

3. Loss suffered by a medical institution due to its closure, suspension of business, etc. under this Act;
 4. Loss resulting from a measure taken under subparagraph 1, 4, or 5 of Article 47, Article 48 (1), or Article 49 (1) 4, 6 through 10, 12, or 13;
 5. Loss equivalent to any loss specified in subparagraphs 1 through 4, which is suffered by a health care institution defined in Article 42 of the National Health Insurance Act due to the occurrence or visitation of a patient of an infectious disease, etc. or due to the disclosure thereof by the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu*, and the compensation for which is deliberated and resolved by the relevant Compensation Deliberation Committee established under Article 70-2.
- (2) Any person seeking compensation for loss under paragraph (1) shall file a claim for compensation for loss with the Minister of Health and Welfare, the relevant Mayor/*Do* Governor, or the head of the relevant *Si/Gun/Gu*, by appending relevant documents to the written claim for compensation for loss, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 13639, Dec. 29, 2015>*
 - (3) In determining the amount of compensation under paragraph (1), if the person who has suffered a loss caused or expanded the loss in violation of obligation to take measures under this Act or the relevant statutes or regulations, the Minister of Health and Welfare, the relevant Mayor/*Do* Governor, or the head of the relevant *Si/Gun/Gu* may choose not to pay the relevant compensation, or may reduce the amount thereof. *<Newly Inserted by Act No. 13639, Dec. 29, 2015>*
 - (4) Matters necessary for the subject matter and extent of compensation and the determination of the amount of compensation to be paid under paragraph (1), standards for choosing the non-payment of compensation and reducing the amount thereof under paragraph (3), and other relevant matters shall be prescribed by Presidential Decree. *<Newly Inserted by Act*

No. 13639, Dec. 29, 2015>

Article 70-2 (Compensation Deliberation Committee)

- (1) In order to deliberate and resolve on issues regarding compensation provided for in Article 70, a Compensation Deliberation Committee (hereinafter referred to as “Deliberation Committee”) shall be established under the Ministry of Health and Welfare and each City/Do.
- (2) A Deliberation Committee shall be comprised of not exceeding 20 members, including two chairpersons; the Deliberation Committee established under the Ministry of Health and Welfare shall be co-chaired by the Vice Minister of Health and Welfare and a non-governmental member; and a Deliberation Committee established in each City/Do shall be co-chaired by its Vice Mayor/Governor and a non-governmental member.
- (3) Members of a Deliberation Committee shall be appointed or commissioned by the Minister of Health and Welfare or the competent Mayor/Do Governor, from among persons with substantial knowledge and experience in the relevant fields and related public officials, as prescribed by Presidential Decree.
- (4) If required for a deliberation and resolution process under paragraph (1), a Deliberation Committee may request interested parties to attend a Committee meeting or to submit data.
- (5) Other necessary matters concerning the composition, operation, etc., of Deliberation Committees shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

Article 70-3 (Subsidization to Medical Persons and Founders of Medical Institutions)

- (1) The Minister of Health and Welfare, a Mayor/Do Governor, and the head of a *Si/Gun/Gu* may subsidize the medical persons or founders of medical institutions who have supported activities for the surveillance, prevention, control, or epidemiological investigation of an infectious disease under this Act, within budgetary limits.

- (2) Necessary matters concerning the details, procedure, methods, etc. of subsidization referred to in paragraph (1), shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

Article 70-4 (Livelihood Assistance for Patients of Infectious Disease)

- (1) The Minister of Health and Welfare, a Mayor/*Do* Governor, and the head of a *Si/Gun/Gu* may provide treatment expenses, livelihood assistance, and other financial support to persons hospitalized, quarantined, or isolated under this Act, within budgetary limits.
- (2) Where a person specified in paragraph (1) or a medical person specified in Article 70-3 (1) is unable to care for his/her child because of hospitalization, quarantine, or isolation, or support for surveillance, prevention, control, or epidemiological investigation of an infectious disease, the relevant Mayor/*Do* Governor and the head of the relevant *Si/Gun/Gu* shall take necessary measures, including child-care support defined under the Child-Care Support Act.
- (3) Matters necessary for providing assistance and support under paragraphs (1) and (2) shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

Article 71 (Compensation by the State for Injury Caused by Vaccination)

- (1) Where a person who has been vaccinated pursuant to Articles 24 and 25, or a person who has been administered a preventive and therapeutic medicine pursuant to Article 40 (2) contracts a disease, becomes disabled, or dies due to such vaccination or preventive and therapeutic medicine, the State shall pay the following compensation according to the standards and procedures prescribed by Presidential Decree:
 1. A person who receives treatment for a disease: All medical expenses and a fixed amount of nursing expenses;
 2. A person who becomes disabled: A lump-sum compensation;
 3. A deceased person: A lump-sum compensation for the bereaved family members and funeral expenses prescribed by Presidential Decree.

- (2) A disease, disability, or death eligible for the compensation under paragraph (1) shall be limited to cases recognized by the Minister of Health and Welfare, in which injury is caused by vaccination or administration of a preventive and therapeutic medicine, regardless of abnormality of the relevant vaccine, or negligence of the person who performed vaccination or administered the relevant preventive or therapeutic medicine. *<Amended by Act No. 9932, Jan. 18, 2010>*
- (3) The Minister of Health and Welfare shall determine whether a filed case is applicable to a disease, disability, or death under paragraph (2) within 120 days from the date a claim for compensation under paragraph (1) is filed. In such cases, he/she shall hear the opinions of the Committee in advance. *<Amended by Act No. 9932, Jan. 18, 2010>*
- (4) Matters necessary for the claims for compensation under paragraph (1), the methods of and procedures for determination under paragraph (3), and other relevant matters shall be prescribed by Presidential Decree.

Article 72 (Relationship to Claim for Injury)

- (1) Where the State has paid compensations for injury under Article 71 due to any abnormal vaccine, or an intentional or negligent conduct of a third party, including a person, etc. who performed vaccination or administered a preventive and therapeutic medicine, the State shall subrogate the relevant recipient of such compensation to a claim for compensation for injury against the third party, to the extent of the amount of such paid compensation.
- (2) Where a person who has been vaccinated or administered a preventive and therapeutic medicine, or his/her bereaved family member referred to in Article 71 (1) 3 has been paid compensations by a third party, the State shall not pay any of the compensations referred to in Article 71, to the extent of the amount of such paid compensation, and where the State has erroneously paid compensation, it may collect the relevant amount in the same manner as national taxes are collected.

Article 73 (Prohibition from Transferring, etc. Entitlement to Compensation by

the State)

No entitlement to compensation pursuant to Articles 70 and 71 may be transferred or seized.

CHAPTER XI SUPPLEMENTARY PROVISIONS

Article 74 (Prohibition on Divulgence of Confidential Information)

No person who is or has been engaged in duties relevant to infectious diseases, such as medical examinations, inpatient treatment, diagnosis, etc. under this Act shall divulge any confidential information he/she has obtained in the course of performing his/her duties to any third person.

Article 74-2 (Request for Providing Materials, and Inspection)

- (1) The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may request the heads of infectious disease control institutions, etc., to provide materials concerning the establishment and operation of infectious disease control facilities, and isolation wards, sanatoriums, or clinics prescribed in Article 37, or facilities for quarantining contacts prescribed in Article 39-3, and may require public officials under his/her jurisdiction to enter the relevant facilities and inspect related documents, facilities, equipment, etc., and to make inquiries to relevant persons. *<Amended by Act No. 15534, Mar. 27, 2018>*
- (2) A public official who enters and conducts inspections pursuant to paragraph (1) shall carry an identification indicating his/her authority and produce it to relevant persons.

[This Article Newly Inserted by Act No. 13392, Jul. 6, 2015]

Article 75 (Hearings)

The Special Self-Governing Province Governor or the head of a *Si/Gun/Gu* shall hold a hearing if he/she intends to issue an order to close a place of business pursuant to Article 59 (1).

Article 76 (Delegation and Entrustment)

- (1) The authority of the Minister of Health and Welfare stipulated under this Act may be partially delegated to the Director of the Korea Centers for Disease Control and Prevention, or a Mayor/*Do* Governor, as prescribed

- by Presidential Decree. <Amended by Act No. 9932, Jan. 18, 2010>
- (2) The Minister of Health and Welfare may entrust part of his/her duties under this Act to the relevant institutions or organizations, as prescribed by Presidential Decree. <Newly Inserted by Act No. 11439, May 23, 2012>

Article 76-2 (Request for Provision of Information and Verification of Information)

- (1) If necessary to prevent infectious diseases and block the spread of infection, the Minister of Health and Welfare or the Director of the Korea Centers for Disease Control and Prevention may request the heads of relevant central administrative agencies (including affiliated agencies and responsible administrative agencies thereof), the heads of local governments (including the superintendents of education prescribed in Article 18 of the Local Education Autonomy Act), public institutions designated under Article 4 of the Act on the Management of Public Institutions, medical institutions, pharmacies, corporations, organizations, and individuals to provide the following information concerning patients of infectious diseases, etc. and persons suspected of contracting infectious diseases, and persons in receipt of such request shall comply therewith: <Amended by Act No. 14286, Dec. 2, 2016; Act No. 17067, Mar. 4, 2020>
1. Personal information, such as names, resident registration numbers prescribed in Article 7-2 (1) of the Resident Registration Act, addresses, and telephone numbers (including cell phone numbers);
 2. Prescriptions prescribed in Article 17 of the Medical Service Act and medical records, etc. prescribed in Article 22 of the same Act;
 3. Records of immigration control during the period determined by the Minister of Health and Welfare;
 4. Other information prescribed by Presidential Decree for monitoring the movement paths of such patients, etc.
- (2) If necessary to prevent infectious diseases and block the spread of

infection, the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may request the Commissioner General of the Korean National Police Agency, the commissioner of a district police agency, or the chief of a police station referred to in Article 2 of the Police Act (hereafter in this Article referred to as “police agency”) to provide location information of patients of an infectious disease, etc. and persons suspected of contracting an infectious disease. In such cases, notwithstanding Article 15 of the Act on the Protection and Use of Location Information and Article 3 of the Protection of Communications Secrets Act, the head of the relevant police agency, upon request by the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu*, may request any personal location information provider defined in Article 5 (7) of the Act on the Protection and Use of Location Information and any telecommunications business operator defined in subparagraph 8 of Article 2 of the Telecommunications Business Act to provide location information of patients of an infectious disease, etc. and persons suspected of contracting an infectious disease; and the personal location information provider and the telecommunications business operator in receipt of such request shall comply therewith unless there is good cause. <Amended by Act No. 13639, Dec. 29, 2015; Act No. 15608, Apr. 17, 2018; Act No. 17067, Mar. 4, 2020>

- (3) The Minister of Health and Welfare may provide information collected pursuant to paragraphs (1) and (2) to the heads of the relevant central administrative agencies, the heads of local governments, the President of the National Health Insurance Service, the President of the Health Insurance Review and Assessment Service, health and medical services institutions defined in subparagraph 4 of Article 3 of the Framework Act on Health and Medical Services (hereinafter referred to as “health and medical services institutions”), other organizations, etc. In such cases, information provided to health and medical services institutions, etc. shall be limited to information related to the affairs of the relevant institutions,

etc. for preventing infectious diseases and blocking the spread of infection.
<Amended by Act No. 17067, Mar. 4, 2020>

- (4) Notwithstanding the former part of paragraph (3), if necessary to prevent infectious diseases and block the spread of infection, the Minister of Health and Welfare shall provide information prescribed in paragraph (1) 3 and information on movement paths prescribed in subparagraph 4 of the same paragraph to health and medical services institutions using any of the following information and communications systems. In such cases, information provided to health and medical services institutions shall be limited to information related to the affairs of the relevant institutions:
<Newly Inserted by Act No. 17067, Mar. 4, 2020>
1. The information system of the National Health Insurance Service;
 2. The information system of the Health Insurance Review and Assessment Service;
 3. The information system of an institution deemed necessary and designated by the Minister of Health and Welfare to prevent any infectious disease from being transmitted into or spreading in the Republic of Korea.
- (5) When providing medical treatment or prescribing or preparing medicines, medical personnel, pharmacists, and the heads of health and medical services institutions shall check information provided pursuant to paragraph (4) using an information system prescribed in any subparagraph of the same paragraph. <Newly Inserted by Act No. 17067, Mar. 4, 2020>
- (6) No person provided with information pursuant to paragraphs (3) and (4) shall use such information for any purpose, other than conducting affairs related to infectious diseases under this Act, and shall, without delay, destroy all information after completing the relevant affairs and inform the Minister of Health and Welfare thereof. <Amended by Act No. 17067, Mar. 4, 2020>
- (7) The Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* shall notify the subject of information collected pursuant to paragraphs (1) and (2), of the following: <Amended by Act No.

17067, Mar. 4, 2020>

1. The fact that information necessary for preventing infectious diseases and blocking the spread of infection has been collected;
 2. Where information prescribed in subparagraph 1 has been provided to another agency, such fact;
 3. The fact that, even in cases prescribed in subparagraph 2, no information shall be used for any purpose, other than conducting affairs related to infectious diseases under this Act, and all the information shall be destroyed without delay when the relevant affairs are completed.
- (8) Where a person provided with information pursuant to paragraphs (3) and (4) processes the relevant information in violation of this Act, such person shall be governed by the Personal Information Protection Act. <Amended by Act No. 17067, Mar. 4, 2020>
- (9) Matters necessary for the target and scope of information provided under paragraph (3), the methods of notification under paragraph (7), and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 17067, Mar. 4, 2020>

[This Article Newly Inserted by Act No. 13392, Jul. 6, 2015]

Article 76-3 (Provisions to Be Applied Mutatis Mutandis)

With respect to hospitalization, quarantine, or isolation referred to in Article 41 (1) and (2), subparagraph 3 of Article 47, and Article 49 (1) 14, Article 42 (6) shall apply *mutatis mutandis*.

[This Article Newly Inserted by Act No. 17067, Mar. 4, 2020]

Article 76-4 (Legal Fiction as Public Officials for Purposes of Penalty Provisions)

A non-public official member of the Deliberation Committee shall be deemed a public official for the purposes of penalty provisions pursuant to Articles 127 and 129 through 132 of the Criminal Act.

[This Article Newly Inserted by Act No. 17067, Mar. 4, 2020]

CHAPTER XII PENALTY PROVISIONS

Article 77 (Penalty Provisions)

Any of the following persons shall be punished by imprisonment with labor for not more than five years or by a fine not exceeding 50 million won:

1. A person who introduces high-risk pathogens into the domestic environment without obtaining permission therefor, in violation of Article 22 (1) or (2);
2. A person who possesses any pathogen of an infectious disease spread through bioterrorism without obtaining permission therefor, in violation of Article 23-3 (1);
3. A person who exports quasi-drugs, etc. or ships them out of the Republic of Korea, in violation of Article 40-3 (1).

[This Article Wholly Amended by Act No. 17067, Mar. 4, 2020]

Article 78 (Penalty Provisions)

Any of the following persons shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 30 million won:
<Amended by Act No. 15183, Dec. 12, 2017; Act No. 16725, Dec. 3, 2019>

1. A person who establishes and operates a facility handling high-risk pathogens without obtaining permission prescribed in Article 23 (2) or without obtaining permission for modification prescribed in the main clause of paragraph (3) of the same Article;
2. A person who fails to obtain permission for modification prescribed in Article 23-3 (3);
3. A person who divulges any confidential information that he/she has become aware of in the course of performing his/her duties, in violation of Article 74.

Article 79 (Penalty Provisions)

Any of the following persons shall be punished by imprisonment with labor for not more than two years or by a fine not exceeding 20 million won:
<Amended by Act No. 13392, Jul. 6, 2015; Act No. 15183, Dec. 12, 2017; Act No. 16725, Dec. 3, 2019; Act No. 17067, Mar. 4, 2020>

1. A person who violates Article 18 (3);
2. A person who fails to file a report prescribed in Article 21 (1) through

- (3) or 22 (3) or files a false report;
- 2-2. A person who refuses, obstructs, or evades an on-site inspection prescribed in Article 21 (5) without good cause;
- 2-3. A person who establishes and operates a facility handling high-risk pathogens without filing a report prescribed in Article 23 (2);
- 3. A person who refuses, obstructs, or evades an inspection for safety control prescribed in Article 23 (8);
- 3-2. A person who violates an order to close, or suspend the operation of, a facility handling high-risk pathogens prescribed in Article 23-2;
- 4. A person who violates Article 60 (4) (except for public officials);
- 5. A person who violates Article 76-2 (6).

Article 79-2 (Penalty Provisions)

Any of the following persons shall be punished by imprisonment with labor for not more than one year or by a fine not exceeding 20 million won:
<Amended by Act No. 16725, Dec. 3, 2019>

- 1. A person who handles high-risk pathogens, in violation of Article 23-4 (1);
- 2. A person who has another person handle high-risk pathogens, in violation of Article 23-4 (2);
- 3. A person who refuses to comply with a request made by the head of a police agency, in violation of the latter part of Article 76-2 (2).

[This Article Newly Inserted by Act No. 13639, Dec. 29, 2015]

Article 79-3 (Penalty Provisions)

Any of the following persons shall be punished by imprisonment with labor for not more than one year or by a fine not exceeding 10 million won:

- 1. A person who fails to receive inpatient treatment, in violation of Article 41 (1);
- 2. A person who refuses hospitalization or treatment, in violation of Article 41 (2);
- 3. A person who refuses medical treatment at his/her home or in an infectious disease control facility, in violation of Article 41 (3);

4. A person who refuses hospitalization, quarantine, or isolation prescribed in Article 42 (1), (2) 1, (3), or (7);
5. A person who violates any measure for hospitalization, quarantine, or isolation prescribed in subparagraph 3 of Article 47 or 49 (1) 14.

[This Article Newly Inserted by Act No. 17067, Mar. 4, 2020]

Article 79-4 (Penalty Provisions)

Any of the following persons shall be punished by a fine not exceeding five million won:

1. A physician, a dentist, an oriental medical doctor, a military doctor, the head of a medical institution, or the head of an institution for confirming pathogens of infectious diseases who fails to file a report required under Article 11 or files a false report, regarding Classes 1 and 2 infectious diseases;
2. A person who obstructs filing a report by a physician, a dentist, an oriental medical doctor, a military doctor, the head of a medical institution, or the head of an institution for confirming pathogens of infectious diseases under Article 11, regarding Classes 1 and 2 infectious diseases.

[This Article Newly Inserted by Act No. 15534, Mar. 27, 2018]

Article 80 (Penalty Provisions)

Any of the following persons shall be punished by a fine not exceeding three million won: *<Amended by Act No. 15534, Mar. 27, 2018; Act No. 17067, Mar. 4, 2020>*

1. A physician, a dentist, an oriental medical doctor, a military doctor, the head of a medical institution, the head of an institution for confirming pathogens of infectious diseases, or an institution of sentinel surveillance of infectious diseases that fails to file a report required under Article 11 or files a false report, regarding Classes 3 and 4 infectious diseases;
2. A person who obstructs filing a report by a physician, a dentist, an oriental medical doctor, a military doctor, the head of a medical institution, the head of an institution for confirming pathogens of

- infectious diseases, or an institution of sentinel surveillance of infectious diseases under Article 11, regarding Classes 3 and 4 infectious diseases;
- 2-2. A person who refuses infectious pathogen testing referred to in Article 13 (2);
 3. A person who fails to establish infectious disease control facilities, in violation of Article 37 (4);
 4. Deleted; <by Act No. 17067, Mar. 4, 2020>
 5. A person who fails to comply with a compulsory disposition referred to in Article 42 (excluding persons who refuse hospitalization, quarantine, or isolation prescribed in Article 42 (1), (2) 1, (3), or (7));
 6. A person who engages in an occupation involving frequent contact with the general public or who employs patients of an infectious disease, etc. for such occupation, in violation of Article 45;
 7. A person who violates any measure taken under Article 47 (excluding subparagraph 3 of the same Article) or 49 (1) (excluding matters concerning medical examinations referred to in subparagraph 3 of the same paragraph, and subparagraph 14 of the same paragraph);
 8. A person who renders disinfection services without reporting under Article 52 (1) or after reporting by fraud or other improper means;
 9. A person who fails to conduct disinfection in compliance with standards and methods stipulated under Article 54 (1).

Article 81 (Penalty Provisions)

Any of the following persons shall be punished by a fine not exceeding two million won: <Amended by Act No. 13392, Jul. 6, 2015; Act No. 16725, Dec. 3, 2019>

1. and 2. Deleted; <by Act No. 15534, Mar. 27, 2018>
3. A person who neglects to file a report under Article 12 (1);
4. A person who requests a householder, manager, etc., not to file a report under Article 12 (1);
5. Deleted; <by Act No. 13392, Jul. 6, 2015>
6. A person who refuses to comply with an autopsy order issued under

Article 20;

7. A person who issues a false certificate of vaccination, in violation of Article 27;
8. A person who refuses, obstructs, or evades an epidemiological investigation, in violation of Article 29;
9. A person who allows a person who fails to undergo a medical examination for sexually transmitted infectious diseases to engage in business, in violation of Article 45 (2);
10. A person who refuses or evades a medical examination, in violation of Article 46 or 49 (1) 3;
11. A person who fails to comply with a request to provide data prescribed in Article 74-2 (1) or provides false data or who refuses, obstructs, or evades any inspection or inquiry, without good cause.

Article 82 (Joint Penalty Provisions)

Where a representative of a corporation, or an agent or an employee of, or any other person employed by, a corporation or individual commits a violation under Articles 77 through 81 in connection with the business of the corporation or individual, in addition to the punishment of such violator, the corporation or individual shall be punished by a fine under the respective provisions: *Provided*, That where such corporation or individual has not been negligent in giving due attention and supervision concerning the relevant duties to prevent such violation, this shall not apply.

Article 83 (Administrative Fines)

- (1) Any of the following persons shall be subject to an administrative fine not exceeding 10 million won: <Newly Inserted by Act No. 13392, Jul. 6, 2015; Act No. 15183, Dec. 12, 2017; Act No. 16725, Dec. 3, 2019>
1. A person who fails to file a report on modification under the proviso of Article 23 (3) or paragraph (4) of the same Article;
 2. A person who fails to file a report under Article 23 (5);
 3. A person who fails to file a report on modification under the proviso of Article 23-3 (3);

4. A person who makes any false statement, presents any false materials, or intentionally omits or conceals any fact, in violation of Article 35-2.
- (2) Any of the following persons shall be subject to an administrative fine not exceeding one million won: *<Amended by Act No. 13392, Jul. 6, 2015; Act No. 16725, Dec. 3, 2019; Act No. 17067, Mar. 4, 2020>*
1. A person who fails to file a report under Article 28 (2) or files a false report;
 2. A person who fails to file a report under Article 33-3 or files a false report;
 3. A person who fails to disinfect under Article 51 (3);
 4. A person who fails to report the suspension, permanent closure, or reopening of business under Article 53 (1) and (2);
 5. A person who fails to keep records of and retain matters concerning disinfection under Article 54 (2) or keeps false records thereof.
- (3) Administrative fines prescribed in paragraphs (1) and (2) shall be imposed and collected by the Minister of Health and Welfare, the competent Mayor/Do Governor, or the head of the competent *Si/Gun/Gu*, as prescribed by Presidential Decree. *<Amended by Act No. 13392, Jul. 6, 2015>*

ADDENDA

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation.

Article 2 (Repeal of Other Statutes)

The Parasitic Disease Prevention Act is hereby repealed.

Article 3 (Applicability to Reporting by Physicians)

The amended provisions of Article 11 shall begin to apply where any of the cases applicable under the amended provisions of Article 11 (1), (3) or (4) first occurs after this Act enters into force.

Article 4 (Applicability to Reporting on Extraction and Transfer of High-Risk Pathogens)

The amended provisions of Article 21 shall begin to apply where a high-risk pathogen is first to be extracted or an already extracted high-risk pathogen is to be transferred after this Act enters into force.

Article 5 (Applicability to Permits for Introducing High-Risk Pathogens into Domestic Environment)

The amended provisions of Article 22 shall begin to apply where a high-risk pathogen is first introduced into the domestic environment after this Act enters into force.

Article 6 (Applicability to Expenses to Be Borne or Subsidized by the State or Local Governments)

The amended provisions of Articles 64 through 68 shall begin to apply to the portion of expenses in the Year 2011 which are to be borne or subsidized by the State and local governments.

Article 7 (General Transitional Measures concerning Dispositions)

An administrative disposition taken pursuant to the former Parasitic Disease Prevention Act and the former Prevention of Contagious Diseases Act, any other act performed by or in relation to an administrative agency as at the time this Act enters into force shall be deemed an act performed by or in relation to an administrative agency under this Act corresponding thereto.

Article 8 (Transitional Measures concerning Contagious Diseases)

A contagious disease under the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed an infectious disease under this Act.

Article 9 (Transitional Measures concerning Compensation for Loss Caused by Examinations of Parasitic Diseases)

Compensation for any loss caused by the collection of things pursuant to Article 4 (1) of the former Parasitic Disease Prevention Act before this Act enters into force shall be governed by the former Parasitic Disease Prevention Act.

Article 10 (Transitional Measures concerning Sentinel Surveillance Medical Institutions)

A sentinel surveillance medical institution designated under the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed a sentinel surveillance institution designated under the amended provisions of Article 16.

Article 11 (Transitional Measures concerning Vaccination Certificates)

A vaccination certificate under the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed a vaccination certificate under the amended provisions of Article 27.

Article 12 (Transitional Measures concerning Vaccination Damage Investigative Teams)

A vaccination damage investigative team under the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed a vaccination damage investigative team under the amended provisions of Article 30.

Article 13 (Transitional Measures concerning Designation of Contagious Disease Prevention Facilities)

Any contagious disease prevention facilities established by a Mayor/*Do* Governor or the head of a *Si/Gun/Gu*, or designated by the Minister of Health, Welfare and Family Affairs pursuant to the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed designated as an infectious disease control institution under the amended provisions of Article 36.

Article 14 (Transitional Measures concerning Reporting on Disinfection Services)

- (1) A report on disinfection services filed under the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed a report on disinfection services filed under the amended provisions of Article 52 (1).
- (2) A report on the suspension, closure or reopening of disinfection services filed under the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed a report on disinfection

services filed under the amended provisions of Article 53.

Article 15 (Transitional Measures concerning Training for Disinfection Service Providers)

A disinfection service provider or his/her employee engaged in disinfection services who has received training under the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed to have received training under the amended provisions of Article 55.

Article 16 (Transitional Measures concerning Providing Disinfection Services on Behalf of Others)

A disinfection service provider who provides disinfection services on behalf of others in accordance with the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed to have executed disinfection services on behalf of others under the amended provisions of Article 56.

Article 17 (Transitional Measures concerning Disease Control Officers)

A disease control officer, quarantine inspection commissioner, or disease prevention commissioner under the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed a disease control officer, quarantine inspection commissioner, or disease prevention commissioner under the amended provisions of Articles 60 through 62.

Article 18 (Transitional Measures concerning the Parasite Disease Prevention Association)

- (1) The Parasitic Disease Prevention Association established under the former Parasitic Disease Prevention Act as at the time this Act enters into force shall be deemed the Korea Association of Health Promotion under the amended provisions of Article 63.
- (2) The name of the Parasitic Disease Prevention Association indicated in the register or any other official book as at the time this Act enters into force shall be deemed the name of the Korea Association of Health Promotion under the amended provisions of Article 63.

Article 19 (Transitional Measures concerning Compensation by the State for

Injury Caused by Vaccination)

A person who has applied for compensation for injury caused by vaccination, etc. under the former Prevention of Contagious Diseases Act as at the time this Act enters into force shall be deemed to have filed a claim for compensation under the amended provisions of Article 71.

Article 20 (Transitional Measures concerning Penalty Provisions)

The application of penalty provisions to any act committed before this Act enters into force shall be governed by the former Parasitic Disease Prevention Act and the former Prevention of Contagious Diseases Act.

Article 21 Omitted.

Article 22 (Relationship to Other Statutes or Regulations)

A citation of the former Parasitic Disease Prevention Act or the former Prevention of Contagious Diseases Act, or the provisions thereof in other statutes or regulations as at the time this Act enters into force shall be deemed a citation of this Act or the corresponding provisions of this Act, if any, in lieu of the former provisions.

ADDENDA <Act No. 9932, Jan. 18, 2010>

Article 1 (Enforcement Date)

This Act shall enter into force two months after the date of its promulgation.
(Proviso Omitted.)

Articles 2 through 5 Omitted.

ADDENDA <Act No. 10789, Jun. 7, 2011>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation.
(Proviso Omitted.)

Articles 2 through 6 Omitted.

ADDENDUM <Act No. 11439, May 23, 2012>

This Act shall enter into force six months after the date of its promulgation.

ADDENDUM <Act No. 11645, Mar. 22, 2013>

This Act shall enter into force six months after the date of its promulgation.

ADDENDUM <Act No. 12444, Mar. 18, 2014>

This Act shall enter into force six months after the date of its promulgation.

ADDENDUM <Act No. 13392, Jul. 6, 2015>

This Act shall enter into force six months after the date of its promulgation: *Provided*, That the amended provisions of Articles 2, 4 through 7, 14, 16 through 18, 34, 46, 47, 49, 50, 67, and 74-2 shall enter into force on the date of its promulgation.

ADDENDA <Act No. 13474, Aug. 11, 2015>

Article 1 (Enforcement Date)

This Act shall enter into force one year after the date of its promulgation.

Articles 2 through 36 Omitted.

ADDENDA <Act No. 13639, Dec. 29, 2015>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation: *Provided*, That the amended provisions of subparagraph 6 of Article 64 and subparagraph 6 of Article 65 shall enter into force on January 1, 2016; and the amended provisions of Articles 76-2 and 79-2 shall enter into force on January 7, 2016.

Article 2 (Preparatory Activities for Establishing Infectious Disease Hospitals)

The Minister of Health and Welfare may engage in preparatory activities necessary to establish an infectious disease hospital under Article 8-2, including appointment of its head, before this Act enters into force. In such cases, the Minister of Health and Welfare may request necessary cooperation from the head of a relevant central administrative agency, the head of a local

government, a national or public hospital, a public health clinic, a private medical facility, and any other public organization and relevant expert.

Article 3 (Preparatory Activities for Compensation for Losses)

If deemed necessary for compensation for losses under this Act, the Minister of Health and Welfare, a Mayor/*Do* Governor, or the head of a *Si/Gun/Gu* may perform the following activities before this Act enters into force:

1. Taking measures necessary to apply for, determine, and pay compensation for losses under the amended provisions of Article 70;
2. Engaging in preparatory activities for constituting and operating a Deliberation Committee, and requesting interested parties to submit data under the amended provisions of Article 70-2.

Article 4 (Applicability to Methods of Funeral for the Deceased)

The amended provisions of Article 20-2 shall begin to apply to the first death of a patient of an infectious disease, etc. after this Act enters into force.

Article 5 (Applicability to Employer's Obligation to Cooperate)

The amended provisions of Article 41-2 shall also apply to any employer who has granted a paid leave to an employee hospitalized, quarantined, or isolated under this Act, in relation with Middle East Respiratory Syndrome (MERS) mentioned in subparagraph 5 (s) of Article 2, before this Act enters into force.

Article 6 (Applicability to Compensation for Losses)

The amended provisions of Article 70 shall also apply to any person who has suffered from a loss due to Middle East Respiratory Syndrome (MERS) mentioned in subparagraph 5 (s) of Article 2, before this Act enters into force.

Article 7 (Applicability to Subsidization to Medical Persons and Patients of Infectious Disease)

The amended provisions of Articles 70-3 and 70-4 shall also apply where subsidization is necessary due to Middle East Respiratory Syndrome (MERS) mentioned in subparagraph 5 (s) of Article 2, before this Act enters into

force.

Article 8 (Applicability to Double Support)

Where compensation for losses is made or subsidization is provided under the amended provisions of Article 70 or 70-3, any person who has already received a similar compensation or subsidization due to Middle East Respiratory Syndrome (MERS) mentioned in subparagraph 5 (s) of Article 2 as at the time this Act enters into force, shall receive the compensation or subsidization except the amount of compensation or support already provided.

ADDENDA <Act No. 14286, Dec. 2, 2016>

Article 1 (Enforcement Date)

This Act shall enter into force one year after its promulgation: *Provided*, That ... <omitted> ... Article 3 (1) and (3) of Addenda shall enter into force on May 30, 2017.

Articles 2 and 3 Omitted.

ADDENDUM <Act No. 14316, Dec. 2, 2016>

This Act shall enter into force six months after its promulgation.

ADDENDA <Act No. 15183, Dec. 12, 2017>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation.

Article 2 (Transitional Measures concerning Permission for and Reporting on Establishment and Operation of Facilities Handling High-Risk Pathogens)

If a person has obtained permission for or filed a report on the establishment and operation of a facility handling high-risk pathogens from or with the Director of the Korea Centers for Disease Control and Prevention, or a person engaging in examining, preserving, controlling, and transferring high-risk pathogens has obtained permission for or filed a report on the establishment and operation of a research facility under Article 22 (1) of the

Transboundary Movement, etc. of Living Modified Organisms Act, pursuant to the previous provisions as at the time this Act enters into force, he/she shall be deemed to have obtained permission or filed a report under the amended provisions of Article 23 (2).

ADDENDA <Act No. 15534, Mar. 27, 2018>

Article 1 (Enforcement Date)

This Act shall enter into force on January 1, 2020: *Provided*, That the amended provisions of Articles 8-5, 10, and 37 (5) shall enter into force on the date of its promulgation; and the amended provisions of Articles 21, 24, 27 (1), 28 (1) and 39-3, subparagraph 3-2 of Article 65, subparagraph 7-2 of Article 67, and Articles 70 (1) 1-2 and 74-2 (1), and Article 2 (5) of the Addenda, shall enter into force six months after the date of its promulgation.

Article 2 Omitted.

ADDENDA <Act No. 15608, Apr. 17, 2018>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation.

Articles 2 through 7 Omitted.

ADDENDA <Act No. 16101, Dec. 31, 2018>

Article 1 (Enforcement Date)

This Act shall enter into force on January 1, 2019. (Proviso Omitted.)

Articles 2 through 11 Omitted.

ADDENDA <Act No. 16725, Dec. 3, 2019>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation: *Provided*, That the amended provisions of Article 9 (2) 6-2 and 6-3, Article 33-2, and subparagraph 6-2 of Article 67 shall enter into force on the date of its promulgation; the amended provisions of the latter part of Article 10

(2) shall enter into force three months after the date of its promulgation; and the amended provisions of subparagraph 3 (u) of Article 2 of the Infectious Disease Control and Prevention Act (Act No. 15534) shall enter into force on July 1, 2020.

Article 2 (Transitional Measures concerning Composition of the Committee)

- (1) Where the amended provisions of the latter part of Article 10 (2) are not complied with as at the time of appointing or commissioning members of the Committee after this Act enters into force, persons who are not a public official shall be commissioned as a member until the relevant amended provisions are satisfied.
- (2) The former provisions shall apply to the composition of the Committee until the amended provisions of the latter part of Article 10 (2) are complied with pursuant to paragraph (1).

ADDENDA <Act No. 17067, Mar. 4, 2020>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation: *Provided*, That the following provisions shall enter into force on the relevant respective dates classified as follows:

1. The amended provisions of Articles 2, 11 (1), 13, 16-2 (1), 22, 23, 23-2, 34-2, 40-3, 42, 47, 49, 52 (2) through (4), 53, 59, 60, 60-3 (limited to the part pertaining to the head of a *Si/Gun/Gu*), 76-2, and 76-3; subparagraphs 3 and 5 of Article 79; and Article 83 (2) 3: The promulgation date of this Act;
2. The amended provisions of Articles 7, 49-2, 51, 52 (1), 56, and 76-4; and the amended provisions of Article 83 (2) 3 of the Infectious Disease Control and Prevention Act (Act No. 16725): Three months after the promulgation date of this Act;
3. The amended provisions of Articles 21, 23, and 77, and subparagraph 2-2 of Article 79 of the Infectious Disease Control and Prevention Act (Act No. 16725): June 4, 2020;

4. The amended provisions of Articles 77, 79-3, 79-4, and 80: One month after the promulgation date of this Act.

Article 2 (Transitional Measures concerning Epidemiological Investigation Officers)

The epidemiological investigation officers assigned by a Mayor/*Do* Governor in a *Si/Gun/Gu* under the former provisions as at the time this Act enters into force shall be deemed epidemiological investigation officers appointed by the head of a *Si/Gun/Gu* under the amended provisions of Article 60-2.