



กรมควบคุมโรค
Department of Disease Control

COMMUNICABLE DISEASES ACT B.E. 2558 (2015)

DIVISION OF LEGAL AFFAIRS
DEPARTMENT OF DISEASE CONTROL
3rd EDITION



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Preface

Whereas the Communicable Diseases Act B.E. 2558 (2015) was announced in the Government Gazette Volume 132 Section 86 Kor on 8 September 2558 and entered into force since 6 March 2559. Since its enactment, 53 subordinate legislations have been promulgated in accordance with its provisions.

Division of Legal Affairs, Department of Disease Control, in its capacity as the agency responsible for legal affairs under the jurisdiction of the Department, has undertaken the publication of the Communicable Diseases Act B.E. 2558 (2015) with a view to disseminating the legal provisions to the general public and to serve as a reference for the performance of duties by relevant officials, in alignment with the legislative intent of the said Act.

Division of Legal Affairs, Department of Disease Control

August 2025

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COMMUNICABLE DISEASES ACT,
B.E. 2558 (2015)

BHUMIBOL ADULYADEJ, REX.

Given on the 10th Day of August B.E. 2558;

Being the 70th Year of the Present Reign

His Majesty King Bhumibol Adulyadej is graciously pleased to proclaim that:

Whereas it is expedient to revise the law on communicable diseases;

Be it, therefore, enacted by the King by and with the advice and consent of the National Legislative Assembly, as follows:

Section 1. This Act is called the “Communicable Diseases Act, B.E. 2558 (2015)”.

Section 2. This Act shall come into force after the expiration of one hundred and eighty days from the date of its publication in the Government Gazette.

Section 3. The Communicable Diseases Act, B.E. 2523 (1980) shall be repealed.

Section 4. In this Act:

“communicable disease” means a disease caused by pathogens or toxins from pathogens, which is transmissible to humans, directly or indirectly;

“dangerous communicable disease” means a highly virulent communicable disease which is rapidly transmissible to other persons;

“communicable disease under surveillance” means a communicable disease that requires ongoing monitoring, inspection or data collection;

“epidemic” means a communicable disease or a disease of which the exact cause is unknown, which may be transmitted to other persons rapidly and widely or which has a higher incidence than normally observed;

“carrier” means a human or animal which does not have clinical signs of a communicable disease, but its body gets infected with such disease which may be communicated to other persons;

“contact” means a human who has close contact with humans, animals or physical items infected with a disease to the extent that such disease may be communicated to such person;

“period of communicability” means the period of time in which a pathogen may be transmitted from humans or animals infected with such pathogen to other persons, directly or indirectly;

“isolation” means the separation of a contact or carrier from others in isolated places as to prevent the direct or indirect transmission of pathogens to those who may get infected with such pathogens until the lapse of the period of communicability;

“quarantine” means the restriction of a contact or carrier to isolated places as to prevent the direct or indirect transmission of pathogens to those who may get infected with such pathogens until the lapse of the incubation period or until a carrier status has ended;

“control for observation” means the supervision of a contact or carrier without quarantine, and such contact or carrier may be permitted to transit through any places upon the condition that when reaching any specified locality, such person shall report himself or herself to a local communicable disease control officer for a medical check-up in order to prevent the direct or indirect transmission of pathogens to those who may get infected with such pathogens;

“incubation period” means the period of time from which a pathogen enters a body until the time when the infected person exhibits symptoms of the relevant disease;

“disease infected zone” means any locality or port city outside the Kingdom where a dangerous communicable disease or an epidemic occurs;

“disease investigation” means the procedure to identify causes, sources and reservoirs of diseases for the purpose of disease control;

“surveillance” means observation and data collection and analysis, as well as reporting and following up on the result of disease transmission on an ongoing and systematic basis for the purpose of disease control;

“conveyance” means a vehicle, animal or object used in transporting humans, animals or physical items on land, water or air;

“conveyance owner” includes an agent of the owner, a lessee, an agent of the lessee or an occupier of such conveyance;

“conveyance operator” means a person responsible for the operation of a conveyance;

“traveller” means a person travelling into the Kingdom, and shall include a conveyance operator and crew members of a conveyance;

“immunisation” means a medical action towards humans or animals by any means to develop disease resistance in them;

“isolated place” means any place where a communicable disease control officer has designated as a place for isolation or quarantine of humans or animals which are, or are suspected of being infected with any communicable disease in order to prevent the direct or indirect transmission of such disease to those who may get infected with such disease;

“sanitation” means the control, protection or maintenance of environmental conditions and contributing factors to the occurrence or transmission of communicable diseases;

“port of entry” means any route or place used for entry and exit of travellers, conveyances and physical items internationally, and shall include areas or zones arranged for providing such service;

“Committee” means the National Communicable Disease Committee;

“Provincial Communicable Disease Committee” means a Provincial Communicable Disease Prevention and Control Committee;

“Bangkok Communicable Disease Committee” means the Bangkok Communicable Disease Prevention and Control Committee;

“State agency” means a central official agency, a regional official agency, a local official agency, a State enterprise, a public organisation and other agencies of the State;

“communicable disease control officer” means a person appointed by the Minister to execute this Act;

“Director-General” means the Director-General of Department of Disease Control;

“Minister” means the Minister having charge and control over the execution of this Act.

Section 5. The Minister of Public Health shall have charge and control over the execution of this Act and shall have the power to appoint communicable disease control officers, issue Ministerial Regulations prescribing other acts, and issue Rules or Notifications for the execution of this Act.

Such Ministerial Regulations, Rules and Notifications shall come into force upon their publication in the Government Gazette.

CHAPTER I

GENERAL PROVISIONS

Section 6. For the purpose of prevention and control of communicable diseases, the Minister by and with the advice of the Committee shall have the power to prescribe the following in the Notifications:

(1) names and presenting symptoms of dangerous communicable diseases and communicable diseases under surveillance;

(2) designation of any ports of entry in the Kingdom as international communicable disease control checkpoints and cancellation of international communicable disease control checkpoints;

(3) immunisation.

Section 7. For the purpose of prevention and control of communicable diseases, the Minister with the approval of the Committee shall have the power to prescribe the following in the Notifications:

(1) criteria and procedures for notification in the event of occurrence of a dangerous communicable disease, a communicable disease under surveillance or an epidemic;

(2) criteria, procedures and conditions on implementation or issuance of orders and disease investigation;

(3) criteria, procedures and conditions in relation to determination of the expenses for conveyance owners or conveyance operators;

(4) criteria, procedures and conditions of responsibility of travellers for payment of expenses.

Section 8. For the purpose of prevention and control of dangerous communicable diseases or epidemics which may enter the Kingdom, the Minister by and with the advice of the Technical Committee shall have the power to announce the designation of any locality or port city outside the Kingdom as a disease infected zone, and to cancel the announcement when the disease situation has been deemed calm or when there is a valid reason.

Section 9. For the purpose of prevention and control of epidemics, the Director-General by and with the advice of the Technical Committee shall have the power to announce a name, presenting symptoms and places where an epidemic occurs and notify a communicable disease control officer under section 34 for acknowledgement, and to cancel the announcement when the disease situation has been deemed calm or when there is a valid reason.

Section 10. In the case where the information derived from surveillance, disease investigation or notification or reporting under this Act refers to a person who may or may not be identified, such information shall be kept confidential and processed on an anonymous basis, provided that the processing shall be suitable and corresponding to the objectives in preventing and controlling diseases.

A communicable disease control officer may disclose part of the information under paragraph one which is related to treatment, prevention or control of dangerous communicable diseases or epidemic outbreaks which affect the public health, with the consent of an owner of that information or in accordance with the criteria, procedures and conditions prescribed in the Notifications by the Committee.

CHAPTER II

NATIONAL COMMUNICABLE DISEASE COMMITTEE

Section 11. There shall be a committee called the “National Communicable Disease Committee”, consisting of:

(1) the Minister of Public Health as Chairperson;

(2) the Permanent Secretary of Ministry of Defence, the Permanent Secretary of Ministry of Foreign Affairs, the Permanent Secretary of Ministry of Transport, the Permanent Secretary of Ministry of Interior, the Permanent Secretary of Ministry of Labour, the Permanent Secretary of Ministry of Education, the Permanent Secretary of Ministry of Public Health, the Secretary-General of Council of State, the Commissioner-General of Royal Thai Police, the Director-General of Department of Medical Services, the Director-General of Government Public Relations Department, the Director-General of Department of Livestock Development, the Director-General of Department of Disaster Prevention and Mitigation, the Director-General of Department of Medical Sciences, the Director-General of Department of Local Administration, the Director-General of Department of Health, the Director-General of Department of National Parks, Wildlife and Plant Conservation and the Permanent Secretary of Bangkok Metropolitan Administration as members;

(3) members from one representative of the Medical Council of Thailand, one representative of the Thailand Nursing and Midwifery Council, one representative of the Medical Technology Council and one representative of the Private Hospital Association;

(4) four qualified members appointed by the Minister from persons having the knowledge, expertise and noticeable experience in public health, disease control and other fields that are beneficial to the prevention and control of communicable diseases, and at least one of which shall be appointed from private development organisations having the objectives not to seek profit and operating public health activities.

The Director-General of Department of Disease Control shall be a member and secretary, and the Director of Bureau of General Communicable Diseases shall be a member and the first assistant secretary and the Director of Bureau of Epidemiology shall be a member and the second assistant secretary.

The qualifications, criteria and procedures for selecting qualified members shall be in accordance with the rules prescribed in the Notifications by the Minister.

Section 12. A qualified member shall hold office for a term of three years. If a qualified member vacates his or her office prior to the expiration of the term, the Minister shall appoint a replacement qualified member of the same field within thirty days from the date of vacancy. The person appointed to replace the vacated position shall be in office for the remaining term of office of the member whom he or she replaces, unless the remaining term of the qualified member is less than ninety days, in which case, the Minister may not appoint a replacement qualified member, and in this regard, the Committee shall consist of the remaining members.

Section 13. In addition to vacating office on the expiration of term, a qualified member vacates office upon:

- (1) death;
- (2) resignation;
- (3) being dismissed by the Minister on the grounds of disgraceful behavior, negligence or dishonesty in the performance of the duty or incapability;
- (4) being bankrupt;
- (5) being incompetent or quasi-incompetent;
- (6) being subject to an imprisonment penalty by a final judgement to imprisonment, except for an offence committed through negligence or a petty offence.

Section 14. The Committee shall have the power and duties as follows:

- (1) to establish policies, systems and guidelines on surveillance, prevention and control of communicable diseases to be implemented by State agencies, Provincial Communicable Disease Committees and the Bangkok Communicable Disease Committee for the execution of this Act;

(2) to consider approving an action plan for surveillance, prevention and control of communicable diseases or epidemics and propose the same to the Council of Ministers for approval;

(3) to provide opinions to the Minister on the issuance of Ministerial Regulations, Rules, Notifications and guidelines for the compliance with this Act;

(4) to provide consultation and advice and coordinate with State agencies and private agencies in relation to surveillance, prevention and control of communicable diseases;

(5) to monitor, evaluate, and investigate the operations of State agencies, Provincial Communicable Disease Committees and the Bangkok Communicable Disease Committee to ensure compliance with the action plan for surveillance, prevention and control of communicable diseases or epidemics approved by the Council of Ministers under (2);

(6) to consider approving the criteria, procedures and conditions in relation to disbursement for payment of indemnification, compensation, remuneration or other expenses necessary for conducting the surveillance, disease investigation, prevention or control of communicable diseases;

(7) to appoint a technical committee or a sub-committee for the execution of this Act;

(8) to perform any other acts as stipulated in this Act or other laws to be the power and duties of the Committee, or as assigned by the Council of Ministers.

Section 15. At a meeting of the Committee, the presence of not less than one-half of all of the remaining members is required to constitute a quorum.

The Chairperson shall preside over the meeting. If the Chairperson is not present at the meeting or is unable to perform the duties, the members present shall elect one among themselves to preside over the meeting.

A decision of the meeting shall be made by a majority of votes.

In casting a vote, each member shall have one vote. In the case of an equality of votes, the presiding member shall have an additional vote as the casting vote.

Section 16. There shall be a Technical Committee, consisting of a chairperson appointed by qualified members under section 11 (4) and not more than seven members appointed from persons having the knowledge, expertise and experience in communicable diseases.

The Technical Committee shall have the power and duties as follows:

- (1) to provide suggestions to the Minister on the announcement of disease infected zones;
- (2) to provide suggestions to the Director-General on the announcement of epidemics;
- (3) to provide suggestions to the Minister or the Director-General on cancellation of the announcement when the disease situation under (1) or (2), as the case may be, has been deemed calm or when there is a valid reason;
- (4) to operate as assigned by the Committee.

The provisions of section 12 and section 13 shall apply, *mutatis mutandis* to the term of office and vacating from office of the Technical Committee.

Section 17. The provision of section 15 shall apply, *mutatis mutandis* to the meetings of the Technical Committee and the sub-committee.

Section 18. In performing the duties under this Act, the Committee, the Technical Committee and the sub-committee shall have the power to issue an order in writing to summon any person to come to give statements of fact or express opinions or furnish any necessary information or documents or suggestions in support of consideration.

Section 19. The Department of Disease Control shall act as the Office of the Secretary of the Committee, the Technical Committee and the sub-committee, in charge of general affairs, and shall have the power and duties as follows:

- (1) to be a central agency responsible for the process for consideration and proposal of policies and systems for surveillance, prevention and control of communicable diseases;
- (2) to establish systems for surveillance of dangerous communicable diseases, communicable diseases under surveillance and epidemics for proposing to the Committee;
- (3) to prepare an action plan for surveillance, prevention and control of communicable diseases or epidemics for proposing to the Committee;
- (4) to be the central information centre for publicising or disseminating information and news in relation to surveillance, prevention and control of communicable disease and epidemic situations;

(5) to be a coordination agency for monitoring, evaluating and investigating the operations of Provincial Communicable Disease Committees and the Bangkok Communicable Disease Committee in relation to the implementation of the action plan for surveillance, prevention and control of communicable diseases or epidemics approved by the Committee, and report the result to the Committee;

(6) to operate, cooperate, support and assist State agencies and private agencies to ensure compliance with policies and plans on surveillance, prevention and control of communicable diseases;

(7) to promote, support and coordinate in academic works, medical supplies and materials and equipment for surveillance, prevention, control or diagnosis in relation to communicable diseases;

(8) to perform any other acts as assigned by the Committee, the Technical Committee or the sub-committee.

CHAPTER III

PROVINCIAL COMMUNICABLE DISEASE COMMITTEE

Section 20. There shall be a Provincial Communicable Disease Committee, consisting of:

(1) the Provincial Governor as a chairperson;

(2) the Deputy Provincial Governor, the Head of Provincial Public Relations, the Head of Provincial Livestock, the Chief of Provincial Office of Disaster Prevention and Mitigation, the Director of the Office of Disease Prevention and Control responsible for such province and the Chief Executive of Provincial Administration Organisation as members;

(3) one Mayor and one Chief Executive of Subdistrict Administration Organisations, who are appointed by the Provincial Governor as members;

(4) one director of medical centre hospitals or general hospitals, two directors of community hospitals and two district health officers, who are appointed by the Provincial Governor as members;

(5) one manager of sanatoriums under the law on sanatoriums, who is appointed by the Provincial Governor as a member.

In the case where, in any province, there are hospitals affiliated with State agencies other than those specified in (4), the Provincial Governor shall appoint not more than three directors of such hospitals as members.

In the case where there is an international communicable disease control checkpoint in any province, the Provincial Governor shall also appoint one communicable disease control officer who is stationed at each of the international communicable disease control checkpoints and one person responsible for the port of entry of each of the checkpoints as members.

The Provincial Public Health Physician shall be a member and secretary, and the Provincial Governor shall appoint not more than two government officials of the Provincial Public Health Office, who operate the work related to disease prevention and control as members and assistant secretaries.

Section 21. The appointment, term of office and vacating from office of the members under section 20 (3), (4) and (5) and the members under section 20, paragraph two shall be in accordance with the criteria, procedures and conditions prescribed in the Notifications by the Committee.

Section 22. A Provincial Communicable Disease Committee shall have the power and duties as follows:

(1) to implement the policies, systems and guidelines on surveillance, prevention and control of communicable diseases prescribed by the Committee;

(2) to prepare an action plan for surveillance, prevention and control of dangerous communicable diseases, communicable diseases under surveillance or epidemics in an area of the province;

(3) to report to the Director-General the situation of communicable diseases or diseases of which the exact cause is unknown, which may develop into epidemics occurring in an area of the province;

(4) to support, promote, monitor and evaluate the performance of work of the relevant agencies within the province and report to the Committee;

(5) to establish a port of entry work team under section 23 if there is an international communicable disease control checkpoint at the province;

(6) to summon any person to come to give statements of fact or express opinions or furnish any necessary information or documents or suggestions in support of consideration;

(7) to perform any other acts related to communicable disease control as assigned by the Committee or the Provincial Governor, or as prescribed in this Act.

Section 23. A port of entry work team shall consist of:

(1) an official of State agencies who is responsible for such port of entry as a chairperson of the work team;

(2) a representative of the Department of Livestock Development, a representative of the Department of Agriculture, a representative of the Customs Department, a representative of the Food and Drug Administration and a representative of the Immigration Bureau, who perform the duties at such port of entry as members of the work team;

(3) a director of the hospital affiliated with a state agency and responsible for such port of entry, as a member of the work team;

(4) one communicable disease control officer who is stationed at the international communicable disease control checkpoint as a member and secretary of the work team.

In the case where, at any port of entry, the number of State agency representatives performing the duties at such port of entry is less than the number of agencies required under (2), the work team shall consist of the existing State agency representatives.

In the case where, at any port of entry, the number of State agency representatives performing the duties at such port of entry is more than the number of agencies required under (2), the Committee shall have the power to increase the number in the Notifications.

Section 24. A port of entry work team shall have the power and duties over its area of responsibility as follows:

- (1) to prepare an action plan for surveillance, prevention and control of global communicable diseases and public health emergency response plan;
- (2) to coordinate, support, monitor and evaluate the implementation of the plans under (1);
- (3) to prepare a plan to communicate with the agencies related to surveillance, prevention and control of global communicable diseases;
- (4) to perform any other acts in relation to surveillance, prevention and control of communicable diseases as assigned by the Committee or the Provincial Communicable Disease Committee.

Section 25. The provision of section 15 shall apply, *mutatis mutandis* to the meetings of Provincial Communicable Disease Committees and port of entry work teams.

CHAPTER IV

BANGKOK COMMUNICABLE DISEASE COMMITTEE

Section 26. There shall be a Bangkok Communicable Disease Committee, consisting of:

- (1) the Governor of Bangkok as a chairperson;
- (2) the Permanent Secretary of Bangkok Metropolitan Administration, a representative of the Office of the Permanent Secretary for Interior, a representative of the Department of Disease Control, a representative of the Government Public Relations Department, a representative of the Department of Livestock Development, a representative of the Department of Labour Protection and Welfare, the Director of Medical Service Department, BMA, the Director of Bangkok Fire and Rescue Department and directors of the hospitals affiliated with the Thai Red Cross Society in Bangkok area as members;

(3) one director of the hospitals affiliated with the Bangkok Metropolitan Administration, one director of the hospitals affiliated with the Department of Medical Services, Ministry of Public Health and one director of the Educational Service Area Offices in Bangkok, who are appointed by the Governor of Bangkok as members;

(4) not more than five directors of hospitals affiliated with State agencies other than (3), who are appointed by the Governor of Bangkok as members;

(5) one manager of sanatoriums under the law on sanatoriums in Bangkok area, who is appointed by the Governor of Bangkok as a member;

(6) one communicable disease control officer who is stationed at each of the international communicable disease control checkpoints in Bangkok area, and one person responsible for the port of entry of each of such international communicable disease control checkpoints as members.

The Director of Health Department, Bangkok Metropolitan Administration shall be a member and secretary, and the Governor of Bangkok shall appoint not more than two government officials of the Health Department, Bangkok Metropolitan Administration, having a position not lower than a division director, as members and assistant secretaries.

Section 27. The appointment, term of office and vacating from office of the members under section 26 (3), (4) and (5) shall be in accordance with the criteria, procedures and conditions prescribed in the Notifications by the Committee.

Section 28. The Bangkok Communicable Disease Committee shall have the power and duties as follows:

(1) to implement the policies, systems and guidelines on surveillance, prevention and control of communicable diseases prescribed by the Committee;

(2) to prepare an action plan for surveillance, prevention and control of dangerous communicable diseases, communicable diseases under surveillance or epidemics in an area of Bangkok;

(3) to report to the Director-General the situation of communicable diseases or diseases of which the exact cause is unknown, which may develop into epidemics occurring in an area of Bangkok;

(4) to support, promote, monitor and evaluate the performance of work of the relevant agencies within Bangkok and report to the Committee;

(5) to establish port of entry work teams under section 23;

(6) to summon any person to come to give statements of fact or express opinions or furnish any necessary information or documents or suggestions in support of consideration;

(7) to perform any other acts related to communicable disease control as assigned by the Committee or the Governor of Bangkok, or as prescribed in this Act.

Section 29. The provision of section 15 shall apply, *mutatis mutandis* to the meetings of the Bangkok Communicable Disease Committee and port of entry work teams.

Section 30. The provisions of section 23 and section 24 shall apply, *mutatis mutandis* to the composition and power and duties of port of entry work teams appointed by the Bangkok Communicable Disease Committee.

CHAPTER V

COMMUNICABLE DISEASE SURVEILLANCE

Section 31. In the case of occurrence of a dangerous communicable disease, a communicable disease under surveillance or an epidemic, the following persons shall notify a communicable disease control officer:

(1) in the case where a person infected or reasonably suspected of being infected with such communicable disease is found in a house, an owner of the house or a person in charge of the house or a physician who provides treatment;

(2) in the case where a person infected or reasonably suspected of being infected with such communicable disease is found in a sanatorium, a person responsible for the sanatorium; (3) in the case where medical or veterinarian examination has been conducted and it is found that a pathogen

which is a cause of such communicable disease may exist, a person who conducts the examination or a person responsible for the place where the examination takes place;

(4) in the case where a person infected or reasonably suspected of being infected with such communicable disease is found in a business facility or any other place, an owner or a person controlling such place.

The criteria and procedures on the notification under paragraph one shall be as prescribed in the Notifications by the Minister with the approval of the Committee.

Section 32. When a communicable disease control officer has been notified under section 31 that there is a suspicion, information or evidence of the occurrence of a dangerous communicable disease, a communicable disease under surveillance or an epidemic, the communicable disease control officer shall notify the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, and report that information to the Department of Disease Control at prompt.

Section 33. In the case where there are reasonable grounds to suspect that a dangerous communicable disease, a communicable disease under surveillance or an epidemic has occurred in foreign countries, the Department of Disease Control shall coordinate with the World Health Organisation to request for information related to such disease.

CHAPTER VI

PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

Section 34. For the purpose of prevention and control of communicable diseases, when a dangerous communicable disease or an epidemic has occurred or is suspected of having occurred in any area, a communicable disease control officer in such area shall have the power to carry out, or issue a written order instructing any person to carry out the following:

(1) to require persons who are infected or reasonably suspected of being infected with the dangerous communicable disease or epidemic, or who are contacts or carriers to have a check-up or treatment or medical examination and, for the purpose of safety, such persons may be isolated, quarantined or controlled for observation at places specified by the communicable disease control officer until such persons have had a check-up and medical examination and it is confirmed that the period of communicability has passed or such suspicion has been dispelled. In the case of an animal, an owner or occupier of the animal shall take the animal to have a check-up or treatment or medical examination;

(2) to require persons at risk of being infected with the disease to receive immunisation on the date, time and place as prescribed by the communicable disease control officer in order to prevent the transmission of the dangerous communicable disease or epidemic. In the case of an animal, an owner or occupier of the animal shall take the animal to receive the protection against the disease;

(3) to take corpses or carcasses of the persons or animals which are dead or are suspected of being dead of the dangerous communicable disease or epidemic to have an examination or medical management or to be dealt with by any other means in order to prevent the transmission of the disease;

(4) to require owners, occupiers or residents in the houses, tenements, places or conveyances where the dangerous communicable disease or epidemic occurs to conduct a disinfection and destroy anything contaminated, or reasonably suspected of being contaminated with pathogens of the communicable disease or to improve sanitation to ensure hygienic conditions in order to control and prevent the transmission of the disease. The persons receiving the order of instruction shall comply with it until the communicable disease control officer has ordered to cancel the same;

(5) to require owners, occupiers or residents in the houses, tenements, places or conveyances where the dangerous communicable disease or epidemic occurs to prevent the transmission of the disease by eliminating the animals, insects or immature insects which are a cause of the occurrence of the dangerous communicable disease or epidemic;

(6) to prohibit any person from carrying out or performing any act which may cause unhygienic conditions that may result in the transmission of the dangerous communicable disease or epidemic;

(7) to prohibit any person from entering or exiting isolated places, unless permission from the communicable disease control officer has been obtained;

(8) to enter the houses, tenements, places or conveyances where the dangerous communicable disease or epidemic has occurred or is suspected of having occurred for the purpose of surveillance, prevention and control to prevent the transmission of the disease.

In carrying out the actions under paragraph one, the communicable disease control officer shall conduct a disease investigation and if it is found that a dangerous communicable disease or an epidemic has occurred in any area, the communicable disease control officer shall notify the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, and report that information to the Department of Disease Control at prompt.

The criteria, procedures and conditions for carrying out an action or issuing a written order under paragraph one and for conducting a disease investigation under paragraph two, shall be as prescribed in the Notifications by the Minister with the approval of the Committee.

Section 35. In the case of urgent necessity to prevent the transmission of dangerous communicable diseases or epidemics, the Provincial Governor with the approval of the Provincial Communicable Disease Committee or the Governor of Bangkok with the approval of the Bangkok Communicable Disease Committee, shall have the power over his or her area of responsibility as follows:

(1) to order the temporary closure of market places, cooking or food selling places, beverage producing or selling places, factories, public meeting places, theaters, educational institutes or any other places;

(2) to instruct persons infected or reasonably suspected of being infected with a dangerous communicable disease or an epidemic to temporarily cease performing their occupations;

(3) to order prohibiting persons infected or reasonably suspected of being infected with a dangerous communicable disease or an epidemic from entering public meeting places, theaters, educational institutes or any other places, unless permission from a communicable disease control officer has been obtained.

Section 36. The Provincial Governor with the approval of the Provincial Communicable Disease Committee or the Governor of Bangkok with the approval of the Bangkok Communicable Disease Committee, as the case may be, shall establish at least one communicable disease control operation unit in each Amphoe or district to conduct surveillance, disease investigation, prevention and control of dangerous communicable diseases or epidemics. The criteria on establishment of communicable disease control operation units shall be as prescribed in the Notifications by the Committee.

A communicable disease control operation unit under paragraph one shall at least consist of one communicable disease control officer and two medical and public health officials, and officials of other related agencies or private agencies in the number deemed appropriate by the Provincial Governor or the Governor of Bangkok may be appointed in a communicable disease control operation unit.

Section 37. A person responsible for a port of entry shall comply with the procedures on surveillance, prevention and control of global communicable diseases at the area of the port of entry as follows:

- (1) to manage environmental sanitation to ensure hygienic conditions and eliminate materials which may be harmful to health;
- (2) to manage sanitation in relation to food and water to ensure hygienic conditions;
- (3) to eliminate mosquitos and carriers of a disease;
- (4) to comply with any other procedures as prescribed in the Notifications by the Committee.

Section 38. A communicable disease control officer stationed at an international communicable disease control checkpoint shall, with reasonable justification, have the power to patrol, control and supervise the area outside the port of entry and notify a local officer to carry out to eliminate mosquitos and carriers of a disease covering a radius of four hundred meters around

the port of entry. In this regard, owners or persons in the houses, tenements or places in such area shall render appropriate facilities to the communicable disease control officer stationed at the international communicable disease control checkpoint and the local officer.

Section 39. In conducting prevention and control of global communicable diseases, when there are reasonable grounds or there is a suspicion that a conveyance comes from any locality or port city outside the Kingdom where there is an epidemic, the communicable disease control officer stationed at an international communicable disease control checkpoint shall have the power and duties as follows:

(1) to require the conveyance owner or conveyance operator to notify a specified arrival date, time and place of such conveyance at the international communicable disease control checkpoint to a communicable disease control officer stationed at the international communicable disease control checkpoint;

(2) to require the conveyance owner or conveyance operator whose conveyance has entered the Kingdom to submit documents to a communicable disease control officer stationed at the international communicable disease control checkpoint;

(3) to prohibit any person from entering or leaving the conveyance travelling into the Kingdom which has not been inspected by a communicable disease control officer stationed at the international communicable disease control checkpoint, and to prohibit any person from bringing any other conveyance up alongside such conveyance, unless permission from a communicable disease control officer stationed at the international communicable disease control checkpoint has been obtained;

(4) to enter the conveyance and examine travellers, physical items or animals in the conveyance, and to inspect and control the conveyance owner or conveyance operator to improve sanitation of the conveyance to ensure hygienic conditions, as well as to eliminate materials in the conveyance which may be harmful to health. In this regard, the conveyance owner or conveyance operator shall provide convenience to the communicable disease control officer stationed at the international communicable disease control checkpoint;

(5) to prohibit the conveyance owner or conveyance operator from bringing into the Kingdom travellers who have not received immunisation as prescribed in the Notifications by the Minister by and with the advice of the Committee.

The notification and the submission of documents by the conveyance owner or conveyance operator under (1) and (2), and the prohibition for the conveyance owner or conveyance operator under (5) shall be in accordance with the criteria, procedures and conditions prescribed in the Ministerial Regulations.

Section 40. When the Minister has announced the designation of any locality or port city outside the Kingdom as a disease infected zone under section 8, a communicable disease control officer stationed at the international communicable disease control checkpoint shall have the power to carry out, or issue a written order instructing the conveyance owner or conveyance operator whose conveyance has entered the Kingdom from such locality or port city to carry out the following:

(1) to conduct a disinfection in order to prevent and control the transmission of the disease;

(2) to arrange the conveyance to park at a specified place until a communicable disease control officer stationed at the international communicable disease control checkpoint has permitted it to leave;

(3) to require travellers in such conveyance to have a medical check-up and, in this regard, the travellers may be isolated, quarantined or controlled for observation or may receive immunisation at a specified place and time;

(4) to prohibit any person from entering or leaving such conveyance or isolated places, unless permission from a communicable disease control officer stationed at the international communicable disease control checkpoint has been obtained;

(5) to prohibit any person from taking objects, physical items or appliances, which are, or are suspected of being disease-infected material, into or out of such conveyance, unless permission from a communicable disease control officer stationed at the international communicable disease control checkpoint has been obtained.

Section 41. A conveyance owner or conveyance operator shall be responsible for the expenses for transporting travellers in the conveyance for the purpose of isolation, quarantine, control for observation or receipt of immunisation, including the expenses for taking care of or providing medical treatment for them and for conducting prevention and control of global communicable diseases under section 40 and other related expenses.

Determination of the expenses arising from the actions under paragraph one shall be in accordance with the criteria, procedures and conditions prescribed in the Notifications by the Minister with the approval of the Committee.

Section 42. In the case where it is found that a traveller is infected or is reasonably suspected of being infected with a dangerous communicable disease or an epidemic, or a traveller is a carrier or is reasonably suspected of being a carrier of a disease, a communicable disease control officer stationed at the international communicable disease control checkpoint shall have the power to order such person to be isolated, quarantined or controlled for observation, or to receive immunisation.

The expenses arising from the actions under paragraph one shall be borne by such traveller in accordance with the criteria, procedures and conditions prescribed in the Notifications by the Minister with the approval of the Committee.

Section 43. For the purpose of prevention of global communicable diseases or epidemics, the Director-General or a person assigned by the Director-General shall have the power to issue a certificate of immunisation or a certificate of receipt of preventive medicine for global communicable diseases or other certificates to the applicant at the expense of the applicant.

The assignment or the collection or exemption of expenses shall be in accordance with the criteria, procedures and conditions prescribed in the Notifications by the Committee.

Section 44. In the case where a communicable disease control officer has ordered any person to carry out any action under section 34 (3), (4) or (5), section 38, section 39 (4) or section 40 (1), (2) or (3), but such person fails to comply with the order within a specified period of time, the communicable disease control officer shall have the power to carry out such action in lieu of

such person, provided that such person shall reimburse the actual expenses arising from such action in accordance with the Rules prescribed by the Ministry of Public Health.

CHAPTER VII

COMMUNICABLE DISEASE CONTROL OFFICERS

Section 45. In the execution of this Act, a communicable disease control officer shall have the power as follows:

(1) to issue a written summons to any person to come to give statements, facts or written explanations or furnish any documents or evidence for examination or in support of consideration;

(2) to enter conveyances, buildings or any other places during the period from sunrise to sunset or during office hours of such buildings or places for the purpose of inspection or control to ensure compliance with this Act, and if the action is not completed within such time, it may be further taken until its completion.

The implementation under (2) shall be in accordance with the criteria, procedures and conditions prescribed by the Director-General.

In the execution of the duties of the communicable disease control officer under (2), the person concerned shall render appropriate facilities.

Section 46. There shall be a uniform, badge and identification card for communicable disease control officers to identify themselves while performing their duties to the concerned persons.

The uniform, badge and identification card under paragraph one shall be in accordance with the form prescribed in the Notifications by the Ministry of Public Health.

Section 47. In the execution of the duties under this Act, the communicable disease control officer shall be an officer under the Criminal Code.

CHAPTER VIII

COMPENSATION

Section 48. In performing the act by a communicable disease control officer under this Act, if damage has occurred to any person or property of any person from the surveillance, prevention or control of diseases, the official service shall pay compensation for the damage occurred to such person as necessary.

Reimbursement of the damage under paragraph one shall be in accordance with the criteria, procedures and conditions prescribed in the Ministerial Regulations.

CHAPTER IX

PENALTY PROVISIONS

Section 49. Any person who fails to comply with the order of the Committee, the Technical Committee or the sub-committee under section 18 or the order of a Provincial Communicable Disease Committee under section 22 (6) or the order of the Bangkok Communicable Disease Committee under section 28 (6) or the order of a communicable disease control officer under section 45 (1), shall be liable to imprisonment for a term of not exceeding one month or to a fine not exceeding ten thousand bath or to both.

Section 50. Any person who fails to comply with the criteria and procedures on the notification under section 31 shall be liable to a fine not exceeding twenty thousand baht.

Section 51. Any person who violates or fails to comply with the order of a communicable disease control officer under section 34 (1), (2), (5) or (6), section 39 (1), (2), (3) or (5), section 40 (5), or fails to provide convenience to a communicable disease control officer under section 39 (4), shall be liable to a fine not exceeding twenty thousand baht.

Section 52. Any person who violates or fails to comply with the order of a communicable disease control officer under section 34 (3), (4), (7) or (8) or section 40 (3) or (4) or of a Provincial Governor or the Governor of Bangkok under section 35, shall be liable to imprisonment for a term of not exceeding one year or to a fine not exceeding one hundred thousand baht or to both.

Section 53. Any person who fails to provide convenience to a communicable disease control officer or a local officer under section 38 shall be liable to a fine not exceeding twenty thousand baht.

Section 54. Any conveyance owner or conveyance operator who fails to comply with the order of a communicable disease control officer under section 40 (2) shall be liable to imprisonment for a term of not exceeding two years or to a fine not exceeding five hundred thousand baht or to both.

Section 55. Any person who obstructs or fails to provide convenience to a communicable disease control officer under section 45, paragraph three shall be liable to a fine not exceeding twenty thousand baht.

Section 56. Any person who does not have the right to wear the uniform or insignia of a communicable disease control officer under section 46, but does so in order to make other persons believe that he or she has the right to do so, shall be liable to imprisonment for a term of not exceeding six months or to a fine not exceeding fifty thousand baht or to both.

Section 57. All offences under this Act which are only punishable by a fine or by imprisonment for a term of not exceeding one year may be settled by the Director-General or a person appointed by the Director-General in accordance with the settlement criteria prescribed by the Committee.

Upon payment by the accused of the settled amount of the fine within thirty days from the settlement date, the case shall be deemed settled under the Criminal Procedure Code.

TRANSITORY PROVISIONS

Section 58. A public health officer under the Communicable Diseases Act, B.E. 2523 (1980) shall be the communicable disease control officer under this Act until the latter has been appointed under this Act.

Section 59. At the initial term, the Committee shall consist of the members under section 11, except the qualified members under section 11 (4), and shall provisionally perform the duties of the Committee under this Act until the qualified members under this Act have been appointed, which shall not be later than one hundred and eighty days from the effective date of this Act.

Section 60. All Ministerial Regulations, Rules, Notifications or Orders issued under the Communicable Diseases Act, B.E. 2523 (1980) in effect prior to the effective date of this Act shall continue in force insofar as they are not in conflict or inconsistent with the provisions of this Act until the Ministerial Regulations, Rules or Notifications under this Act come into force.

The issuance of Ministerial Regulations, Rules or Notifications under paragraph one shall be completed within one year from the effective date of this Act. If the deadline cannot be met, the Minister shall report the reasons for such inability to the Council of Ministers for acknowledgement.

Countersigned by:

General Prayut Chan-o-cha

Prime Minister

Remarks:-

The rationale for the promulgation of this Act is as follows. The Communicable Diseases Act B.E. 2523 has been in force for a long time and contains some provisions that are not appropriate for the current situation as a result of the more frequent spread of severe communicable diseases and occurrence of outbreaks, including both new and recurring communicable diseases, as well as Thailand's adoption of and obligations under the International Health Regulations (2005). In this connection, it is considered expedient to develop and improve legal measures relating to surveillance, prevention and control of communicable diseases, so as to be in line with the current situation and the requirements under the International Health Regulations. It is, therefore, necessary to enact this Act

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Ministerial Regulation

The Ministerial Regulation
on the Notification of a Specified Arrival Date, Time, and Place of the Conveyance
at the International Communicable Disease Control Checkpoint,
B.E. 2567 (2024).

By virtue of section 5, paragraph one, and section 39, paragraph two of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the Ministerial Regulation as follows:

Clause 1. This Ministerial Regulation shall come into force after the expiration of thirty days from the date of its publication in the Government Gazette.

Clause 2. The Ministerial Regulation on the Form and Procedure for the Conveyance Owner or Conveyance Operator Entering the Kingdom to Notify and Submit Documents to Public Health Officials at the International Communicable Disease Control Checkpoint, B.E. 2552 (2009) shall be repealed.

Clause 3. For the purpose of prevention and control of global communicable diseases, in the event of reasonable grounds or suspicion that a conveyance comes from any locality or port city outside the Kingdom where there is an epidemic, the conveyance owner or conveyance operator shall notify the date, time, and place of the conveyance's arrival at the international communicable disease control checkpoint to a communicable disease control officer stationed at the international communicable disease control checkpoint, in accordance with the criteria and conditions prescribed as follows:

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(1) In the case of watercraft:

(a) The owner or operator of the ship shall notify at least twenty four hours before such conveyance arrives at the international communicable disease control checkpoint, providing details of the information of conveyance arriving in Thailand, the ship information of health, and the ship declaration of health;

(b) The owner or operator of the inland navigation vessel shall notify at least one hour before such conveyance arrives at the international communicable disease control checkpoint, providing details of the information of conveyance arriving in Thailand, the ship information of health, and the ship declaration of health.

(2) In the case of ground transport vehicle:

(a) The owner or operator of the train, bus/coach, lorry, or other ground transport vehicle shall notify at least one hour before such conveyance arrives at the international communicable disease control checkpoint, providing details of the information of conveyance arriving in Thailand. Unless such conveyance is coming from a location outside the Kingdom and the travel time does not exceed one hour, the notification shall be made upon the conveyance's arrival at the international communicable disease control checkpoint;

(b) The owner or operator of the personal car or ambulance shall notify upon the conveyance's arrival at the international communicable disease control checkpoint, providing details of the information of conveyance arriving in Thailand.

(3) In the case of aircraft, including airplanes, helicopters, and other transport aircrafts, the notification shall be made within fifteen minutes after the conveyance takes off from the ground, providing details of the information of conveyance arriving in Thailand.

Clause 4. The notification under clause 3 shall be carried out in accordance with the Law on Management of State Affairs by Electronic Means. In the case where it is not possible to notify electronically, the notification shall be made at the location or by the following methods:

(1) Notify to communicable disease control officer stationed at the international communicable disease control checkpoint where the conveyance arrives;

(2) Notify via fax to the fax number of the international communicable disease control checkpoint where the conveyance arrives;

(3) At another location or by other methods as prescribed by the Director-General through a Notification published in the Government Gazette.

Clause 5. The information of conveyance arriving in Thailand, the ship information of health, and the ship declaration of health shall be in accordance with the form prescribed by the Director-General through a Notification published in the Government Gazette.

Announced on the 13th Day of November, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

Remarks: The reason for the issuance of this Ministerial Regulation is according to section 39, paragraph two of the Communicable Diseases Act B.E. 2558 (2015), the conveyance owner or conveyance operator shall notify a specified arrival date, time and place of such conveyance at the international communicable disease control checkpoint to a communicable disease control officer stationed at the international communicable disease control checkpoint when there is a reasonable ground or there is a suspicion that the conveyance originates from an area or port outside the Kingdom that is affected by an epidemic. The notification shall be in accordance with the criteria, procedures and conditions prescribed in the Ministerial Regulations. Therefore, it is necessary to issue this Ministerial Regulation.

The Ministerial Regulation
on the Submission of Documents to the Communicable Disease Control Officer Stationed
at the International Communicable Disease Control Checkpoint,
B.E. 2567 (2024).

By virtue of section 5, paragraph one, and section 39, paragraph two of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the Ministerial Regulation as follows:

Clause 1. This Ministerial Regulation shall come into force after the expiration of thirty days from the date of its publication in the Government Gazette.

Clause 2. The Ministerial Regulation on the Form and Procedure for Conveyance Owners or Conveyance Operators Entering the Kingdom to Notify and Submit Documents to Public Health Officials at the International Communicable Disease Control Checkpoints, B.E. 2552 (2009) shall be repealed.

Clause 3. For the purpose of prevention and control of global communicable diseases, in the event of reasonable grounds or suspicion that a conveyance comes from any locality or port city outside the Kingdom where there is an epidemic, the conveyance owner or conveyance operator shall submit documents to the communicable disease control officer stationed at the international communicable disease control checkpoint upon the conveyance's arrival at the international communicable disease control checkpoint, in accordance with the criteria and conditions prescribed as follows:

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(1) In the case of watercraft, including ship and inland navigation vessel, the following documents shall be submitted:

- (a) The ship sanitation control exemption certificate/ship sanitation control certificate;
- (b) The sanitation certificate of container, in cases where a container is being transported;
- (c) The travellers manifest.

(2) In the case of ground transport vehicle, the following documents shall be submitted:

(a) Train, Lorry, or other ground transport vehicle:

1) The sanitation certificate of container, in cases where a container is being transported;

2) The travellers manifest;

3) The report on health of ground transport vehicle crew and travellers.

(b) Public bus, ambulance, or private car:

1) The travellers manifest;

2) The report on health of ground transport vehicle crew and travellers.

(3) In the case of aircraft, including airplane, helicopter, and other aircraft, the following documents shall be submitted:

(a) The sanitation certificate of container, in cases where a container is being transported;

(b) The travellers manifest;

(c) The report on health of aircraft crew and travellers.

Clause 4. In the case where a conveyance, as specified in Clause 3, arrives from any locality or port city outside the Kingdom that is affected by an epidemic, as indicated in the World Health Organization's weekly epidemiological report, the conveyance owner or conveyance operator shall ensure that the travellers accompanying the conveyance fill out the traveller questionnaire and submit to the communicable disease control officer stationed at the international communicable disease control checkpoint.

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Clause 5. The submission of documents under Clause 3 and Clause 4 shall be proceeded in accordance with the Act on Management of State Affairs by Electronic Means. In the event that it is not possible to proceed by electronic means, the submission shall be made at the location or by the following methods:

(1) Submit to the communicable disease control officer stationed at the international communicable disease control checkpoint where the conveyance arrives;

(2) At another location or by another method as prescribed by the Director-General through a Notification published in the Government Gazette.

Clause 6. The ship sanitation control exemption certificate/ship sanitation control certificate, the sanitation certificate of container, the travellers manifest, the report on health of ground transport vehicle crew and travellers, the report on health of aircraft crew and travellers, and the questionnaire for traveller shall be in accordance with the form prescribed by the Director-General through a Notification published in the Government Gazette.

Announced on the 13th Day of November, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

Remark: The reason for the issuance of this Ministerial Regulation is according to section 39, paragraph two of the Communicable Diseases Act B.E. 2558 (2015), the submission of documents by the conveyance owner or conveyance operator entering the Kingdom to the communicable disease control officer stationed at the international communicable disease control checkpoint must be done when there is a reasonable grounds or there is a suspicion that the conveyance originates comes from any locality or port city outside the Kingdom where there is an epidemic. The submission shall be in accordance with the criteria, procedures and conditions prescribed in the Ministerial Regulations. Therefore, it is necessary to issue this Ministerial Regulation.

**The Ministerial Regulation on Compensation for Damages Arising from
Surveillance, Prevention, or Control of Communicable Diseases or Epidemics,
B.E. 2567 (2024)**

By virtue of section 5, paragraph one, and section 48 paragraph two of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the Ministerial Regulation as follows:

Clause 1. This Ministerial Regulation shall come into force after the expiration of thirty days from the date of its publication in the Government Gazette.

Clause 2. In this Ministerial Regulation:

“Injured Person” means a person who has suffered damage to life, body, health, liberty, or property as a result of the actions of a communicable disease control officer in the surveillance, prevention, or control of communicable diseases or epidemics.

“Compensation” means the monetary amount to which the injured person is entitled as redress for the damage suffered.

“Competent Authority for Determining Compensation” means:

(1) The Governor of Bangkok or the Provincial Governor, in cases where the damage arises from the actions of a communicable disease control officer within their respective territorial jurisdictions;

(2) The Minister of Public Health, in cases where the damage arises from the actions of a communicable disease control officer holding a position not lower than Director-General or equivalent.

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Clause 3. In the case where a communicable disease control officer conducts surveillance, prevention, or control of communicable diseases or epidemics, and damage has occurred to any person or property of any person, where there is reasonable cause to believe that such damage occurred from the actions of the communicable disease control officer, the communicable disease control officer shall report the matter to the Competent Authority for Determining Compensation within seven days starting from the date where the damage became known or ought to have been known.

Clause 4. In the case where an injured person wishes to submit a request for compensation, such request shall be submitted to the Competent Authority for Determining Compensation within ninety days from the date on which the damage became known or ought to have been known.

In the event that the injured person dies before submitting a request for compensation, the statutory heirs may submit the request under paragraph one within ninety days from the date of the injured person's death.

Clause 5. Upon receipt of the report under clause 3 or the request under clause 4, the Competent Authority for Determining Compensation shall, without delay, appoint a committee to consider and provide opinions regarding the injured person who is entitled to compensation and the amount of compensation to be granted to such injured person.

The committee under paragraph one shall consist of not less than five members and shall comprise the Director of the Health Department of Bangkok or the Provincial Public Health Medical Doctor, as the case may be, as Chairperson, and officers from other relevant agencies operating within the jurisdiction where the communicable disease control officer performed his or her duties, as members.

An officer under the Bangkok Metropolitan Administration or the Provincial Public Health Office, as assigned by the Governor of Bangkok or the Provincial Governor, as the case may be, shall serve as both a member and the secretary.

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The provisions under paragraphs two and three shall not apply to the appointment of a committee by the Minister of Public Health, in which case the composition of the committee shall be as determined by the Minister.

Clause 6. The committee under clause 5 shall submit its opinion on the injured person who is entitled to compensation and the amount of compensation to be granted by the government within thirty days from the date of its appointment. In the case where it is necessary and the committee is unable to complete its consideration within the prescribed time period, the committee shall report the issues and obstacles to the Competent Authority for Determining Compensation before the expiration of such period, for consideration and approval of an extension, which shall not exceed thirty days from the date of the expiration.

In the case where the committee has submitted its opinion to the Competent Authority for Determining Compensation, and such authority orders a review or further investigation, the committee shall complete such action within the period prescribed by the said authority, which shall not exceed fifteen days from the date of such order.

The opinion of the committee shall not be binding on the Competent Authority for Determining Compensation, who may hold a differing opinion.

Clause 7. For the purpose of considering the determination of compensation for the injured person, the committee under clause 5 shall have the following duties and powers:

(1) To prepare a register of injured persons and details of the damages incurred; to verify facts and collect all relevant evidence; to hear witnesses and receive statements from the communicable disease control officer, the injured person, or expert witnesses; and to examine objects, places, or relevant documents;

(2) To consider the facts concerning the actions of the communicable disease control officer, including whether such actions were carried out in accordance with his or her duties and powers, and whether such actions caused damage to the injured person, as well as the severity of the damage incurred by the injured person;

(3) To submit an opinion regarding the determination of compensation in accordance with the criteria prescribed in clause 8 and clause 9, along with the facts, documents, or evidence obtained through the procedures under (1) and (2), to the Competent Authority for Determining Compensation for further consideration and determination of compensation to be granted to the injured person.

Clause 8. The injured person shall be entitled to compensation in any of the following forms:

(1) Medical treatment expenses: to be paid in the actual amount incurred, but not exceeding thirty thousand Baht;

(2) Physical rehabilitation expenses: to be paid in the actual amount incurred, but not exceeding fifty thousand Baht;

(3) Loss of income during the period in which the injured person is unable to engage in normal work: to be paid at the minimum wage rate applicable in the province where the injured person was employed on the date of incapacity, for a period not exceeding thirty days from the date the injured person became unable to work normally;

(4) In the case of death of the injured person:

(a) Compensation: to be paid not less than thirty thousand Baht but not exceeding one hundred thousand Baht;

(b) Funeral expenses: to be paid in the amount of twenty thousand Baht;

(c) Loss of Legal support: to be paid not exceeding thirty thousand Baht;

(5) Damage to the property of the injured person;

(6) Other necessary damages, apart from those under (1) to (5), which are required to be paid in order to compensate the injured person: to be paid not exceeding thirty thousand Baht.

Clause 9. The determination of compensation under clause 8 shall be made based on necessity, taking into account the severity and nature of the damage incurred by the injured person, as well as any relief or remedies already received or to be received by the injured person through other means.

In determining compensation for damage to the property of the injured person under clause 8 (5), in addition to the criteria under paragraph one, consideration shall also be given to the actual damage incurred; the condition of the property; the usual market price or reference price based on the official standard price set by the government as of the date the damage occurred; depreciation due to use, calculated according to the depreciation criteria prescribed by the Ministry of Finance for claims against tortfeasors on behalf of the government; any relief or remedies already provided by the government; and any relevant information, documents, or evidence necessary to ensure fairness to the injured person.

Clause 10. Upon receipt of the committee's opinion along with the relevant documents or evidence under clause 5, the Competent Authority for Determining Compensation shall consider and determine the compensation to be granted to the injured person in accordance with the criteria prescribed in clause 8 and clause 9, and shall complete such determination within fourteen days from the date of receipt of the said opinion and notify the injured person of the result of the consideration along with the right to appeal under the law on administrative procedure within seven days from the date the competent authority renders the compensation determination.

Clause 11. For the payment of compensation to the injured person, the Competent Authority for Determining Compensation shall submit the matter to the Department of Disease Control for disbursement from the budget or non-budget funds of the Department of Disease Control, as the case may be, and shall proceed in accordance with the relevant government regulations.

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Clause 12. Reports, applications for compensation, and notifications under this Ministerial Regulation shall be conducted in accordance with the law on electronic government administration.

In cases where it is not possible to carry out the procedures electronically as prescribed in the foregoing paragraph, the procedures shall be conducted at the locality where the damage occurred as follows:

(1) In Bangkok, the procedures shall be conducted at the Health Department or the District Office of Bangkok;

(2) In other provinces, the procedures shall be conducted at the Provincial Public Health Office or the District Public Health Office;

(3) At other places or by other methods as prescribed by the Director-General by announcement published in the Government Gazette.

Clause 13. Reports and applications under this Ministerial Regulation shall be made in the form prescribed by the Director-General by announcement published in the Government Gazette.

Announced on the 13th Day of November, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

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Remarks: The reason for issuance this Ministerial Regulation is that section 48 paragraph two of the Communicable Diseases Act B.E. 2558 (2015) provides that in the course of operations by communicable disease control officers under this Act, if any damage occurs to any person or their property arising from surveillance, prevention, or control of disease, the government shall compensate such damage as necessary. The criteria, procedures, and conditions for such compensation shall be prescribed in the Ministerial Regulation. Therefore, it is necessary to issue this Ministerial Regulation.

Notification of the Ministry of Public Health

Notification of the Ministry of Public Health

Re: The names and presenting symptoms of dangerous communicable diseases,

B.E. 2559 (2016)

By virtue of section 5 and section 6 (1) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the advice of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. The following communicable diseases shall be called dangerous communicable diseases with the following names and presenting symptoms:

(1) The Plague, which can be further categorized into the following 3 sub-types

The first type is the Bubonic plague which is characterized by high fever, chills, sore throat, headache, swollen and pus-filled lymph nodes in the groin or underarm area, or splenomegaly with abscess.

The second type is the Septicemic Plague which is characterized by symptoms of septicemia, high fever, headache, vomiting, pharyngitis and tonsillitis, and may be accompanied by meningitis and purpuric skin lesions.

The third type is the Pneumonic Plague which is characterized by high fever, chills, coughing with bloody mucus and dyspnea. A chest x-ray examination can usually discover pneumonia.

(2) Smallpox is characterized by high fever, body ache, headache, backache, fatigue, and may be accompanied by abdominal pain. Prior to the appearance of rashes, symptoms are similar to influenza. After the development of a high fever, rashes will appear, followed by blisters, sores, pustules and scabs that last for a period of 3 - 4 weeks. The rash usually appears on the face, arms, legs and other areas that often experience friction rather than along the body. The scabs that have fallen off may leave behind some scarring and progression of the disease may result in disability and blindness.

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(3) Crimean - Congo Hemorrhagic Fever is characterized by an acute onset of fever, muscle pain, dizziness, neck pain and stiffness, back pain, headache, sore eyes, flushed face and photophobia. Some cases may experience nausea, vomiting and sore throat, often accompanied by diarrhea and abdominal pain, in the early stages of the disease. As the disease progresses, symptoms will include emotional instability, confusion and aggressive behavior which may progress into drowsiness, depression, increased heart rate, enlarged lymph nodes, petechial rashes along the body and mucosal membranes such as the lips, the palate and the throat. There may also be various hemorrhagic phenomena such as such gastrointestinal bleeding, bloody urine, nosebleeds and bleeding gums. Some cases may also experience symptoms of hepatitis.

(4) West Nile Fever is characterized by fever, headache, chills, sweating, skin rash, fatigue, lymphadenitis, depression, joint pain, and symptoms which are similar to cold or influenza. Nausea and vomiting may occur in some cases. Severe cases are usually related to the central nervous system such as meningitis or encephalitis and will develop high fever, stiff neck, lethargy, convulsions, unconsciousness and other symptoms.

(5) Yellow Fever is characterized by an acute onset of fever that lasts for 5 - 7 days. The fever is usually accompanied by headache, back pain, fatigue, nausea and vomiting. Bleeding from the nose and mouth, and melena may occur. Patients in the initial stages will develop jaundice which may progress into more severe conditions that may lead to death.

(6) Lassa Fever is characterized by fever, headache, sore throat, coughing, vomiting, diarrhea, and chest pain and abdominal pain. The fever may remain constant throughout the progression of the disease or may spike at intervals. Other symptoms include conjunctivitis and pharyngitis with pus. Severe cases may experience symptoms such as bleeding, shock, and swelling of the face and neck. The platelet count is reduced and platelet function is abnormal. Some cases may experience hearing loss due to the damage to cranial nerve VIII.

(7) Nipah Virus Disease is characterized by cold-like symptoms, high fever, muscle pain and encephalitis. Some cases may develop respiratory infections or fever accompanied by neurological symptoms such as disorientation, difficulty walking, lethargy, confusion or convulsions. Other symptoms include abnormalities of eye muscle movement, such as nystagmus and spasms of the arms and legs, and irregular blood pressure and pulse rate. Severe cases may lead to death.

(8) Marburg Virus Disease is characterized by an acute onset of high fever, fatigue, and severe muscle pain and headache. These symptoms are followed by sore throat, vomiting, diarrhea, the appearance of red papules along the body, hemorrhages that are often associated with liver damage, kidney failure, central nervous system symptoms, shock, multi-organ dysfunction and sometimes death.

(9) Ebola Virus Disease (EVD) is characterized by fever, fatigue, muscle pain, headache and sore throat, followed by vomiting, diarrhea and rashes. Some cases may have both internal and external hemorrhages. In severe cases, may encounter liver or kidney failure that may lead to death. The majority of cases have had a history of coming into contact with either living or dead humans or animals infected with EVD.

(10) Hendra Virus Disease is characterized by high fever, headache, sore throat, dizziness, lethargy and confusion. Some cases may display similar to influenza. Pneumonia is a common symptom in the initial stages of the infection. In severe cases, there will be respiratory failure that may lead to death.

(11) Severe Acute Respiratory Syndrome (SARS) is characterized by high fever, body ache and headache. Some cases may experience mild respiratory symptoms, watery diarrhea and pneumonia. Severe cases may lead to death.

(12) Middle East Respiratory Syndrome (MERS) is characterized by fever, coughing and dyspnea. Some cases may experience gastrointestinal symptoms such as diarrhea and vomiting. In severe cases, symptoms include pneumonia, respiratory failure and organ failure, specifically kidney failure, that may lead to death.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 19th day of May, B.E. 2559 (2016)

Piyasakol Sakolsatayadorn

Minister of Public Health

Notification of the Ministry of Public Health

Re: The names and presenting symptoms of dangerous communicable diseases (No.2),

B.E. 2561 (2018)

By virtue of section 5 and section 6 (1) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the advice of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. The following provision shall be added as item 13 of clause 1 of the Notification of the Ministry of Public Health Re: the name and presenting symptoms of dangerous communicable diseases, B.E. 2559 (2016):

“(13) Extensively Drug-Resistant Tuberculosis (XDR-TB) means tuberculosis that is resistant to four categories of anti-tuberculosis drugs, namely: Isoniazid, Rifampicin, Fluoroquinolones, and second-line injectable drugs. Symptoms may include a chronic cough or hemoptysis, loss of appetite, weight loss, fatigue, fever, chest pain, and shortness of breath. The disease is transmissible to others. In severe cases, respiratory failure may occur, which may result in death.”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 22nd Day of January B.E. 2561 (2018)

Piyasakol Sakolsatayadorn

Minister of Public Health

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Notification of the Ministry of Public Health

Re: Repeal of the Notification of the Ministry of Public Health

Re: The names and presenting symptoms of dangerous
communicable Diseases (No. 3), B.E. 2563 (2020), B.E. 2565 (2022)

Due to the global situation of the Coronavirus Disease 2019 (COVID-19) outbreak has shown a downward trend in the number of severe cases and mortality rates, the transmission and severity of the disease in areas outside the Kingdom have also diminished; and whereas the quantity of COVID-19 vaccines available within the Kingdom is sufficient to meet public demand, and the population has achieved a high level of vaccine coverage, thereby increasing collective immunity; now, therefore, in order to align legal measures with the relaxation of public health measures within the Kingdom and to ensure appropriateness in light of the current circumstances, it is expedient to repeal the Notification of the Ministry of Public Health Re: the names and presenting symptoms of dangerous communicable diseases (No. 3), B.E. 2563 (2020), for the benefit of and appropriateness in the surveillance, prevention, and control of communicable diseases.

By virtue of section 5 and section 6 (1) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the advice of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called “Notification of the Ministry of Public Health Re: Repeal of the Notification of the Ministry of Public Health Re: the names and presenting symptoms of dangerous communicable diseases (No. 3), B.E. 2563 (2020), B.E. 2565 (2022)”

Clause 2. This Notification shall come into force from 1st Day of October B.E. 2565 (2022) onwards.

Clause 3. The Notification of the Ministry of Public Health Re: the names and presenting symptoms of dangerous communicable Diseases (No. 3), B.E. 2563 (2020), shall be repealed.

Announced on the 19th Day of September B.E. 2565 (2022)

Anutin Charnvirakul

Minister of Public Health

Notification of the Ministry of Public Health

Re: The names and presenting symptoms of dangerous communicable diseases (No.4),

B.E. 2567 (2024)

Whereas it is expedient to amend the presenting symptoms of the dangerous communicable disease “Extensively drug-resistant tuberculosis (XDR-TB)” for the purpose of surveillance, prevention, and control of dangerous communicable diseases in accordance with the Communicable Diseases Act, B.E. 2558 (2015);

By virtue of section 5 and section 6 (1) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the advice of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called “Notification of the Ministry of Public Health Re: the names and presenting symptoms of dangerous communicable diseases (No.4), B.E. 2567 (2024)”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The provision under (13) of Clause 1 of the Notification of the Ministry of Public Health Re: the and presenting symptoms of dangerous communicable diseases, B.E. 2559 (2016), as amended by the Notification of the Ministry of Public Health Re: the names and presenting symptoms of dangerous communicable diseases (No.2), B.E. 2561 (2018), shall be repealed and replaced with the following:

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“(13) Extensively Drug-Resistant Tuberculosis (XDR-TB) as follows:

(a) In the case of extensively drug-resistant tuberculosis, which means tuberculosis that is resistant to four categories of anti-tuberculosis drugs, namely: Isoniazid, Rifampicin, Fluoroquinolones, and second-line injectable drugs. Symptoms may include a chronic cough or hemoptysis, loss of appetite, weight loss, fatigue, fever, chest pain, and shortness of breath. The disease is transmissible to others. In severe cases, respiratory failure may occur, which may result in death.

(b) In the case of extensively drug-resistant tuberculosis, which means tuberculosis that is resistant to multiple anti-tuberculosis drugs, including Rifampicin, with or without resistance to Isoniazid, and resistant to Fluoroquinolones, namely: Levofloxacin or Moxifloxacin (at least one), and resistant to either Bedaquiline or Linezolid (at least one), Symptoms may include a chronic cough or hemoptysis, loss of appetite, weight loss, fatigue, fever, chest pain, shortness of breath, or symptoms related to the infected organ. The disease is transmissible to others. In severe cases, respiratory failure may occur, which may result in death.”

Announced on the 27th Day of March B.E. 2567 (2024)

Chonlanan Srikaew

Minister of Public Health

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Notification of the Ministry of Public Health

Re: The names and presenting symptoms of communicable diseases under surveillance,

B.E. 2562 (2019)

Whereas it is expedient to revise the Notification of the Ministry of Public Health Re: the names and presenting symptoms of communicable diseases under surveillance, B.E. 2559 (2016), dated 19 May B.E. 2559 (2016), for the purpose of the surveillance, prevention, and control of communicable diseases.

By virtue of section 5 and section 6 (1) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the advice of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called “Notification of the Ministry of Public Health Re: the names and presenting symptoms of communicable diseases under surveillance, B.E. 2562 (2019)”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The Notification of the Ministry of Public Health Re: the names and presenting symptoms of communicable diseases under surveillance, B.E. 2559 (2016), shall be repealed.

Clause 4. The following communicable diseases shall be called communicable diseases under surveillance, with the following names and presenting symptoms:

(1) Lymphogranuloma Venereum or Granuloma Inguinale is characterized by small papules or shallow ulcers in the genital area, which are often unnoticed. The infection subsequently spreads to the inguinal lymph nodes, causing pain and swelling that may become inflamed and develop into abscesses, eventually resulting in suppuration. No inflammatory lesions are observed on the legs, feet, or anus.

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(2) Health care-associated Infection or Hospital-Acquired Infection is an infectious disease affecting various organs in patients who acquire the infection during hospitalization, including medical personnel infected during the course of their duties. Symptoms commonly include fever and other organ-specific manifestations.

(3) Meningococcal Meningitis is characterized by a fever, headache, vomiting, lethargy, convulsions, high fever, decreased consciousness, or coma. Signs of meningeal irritation may be present. Severe cases may develop petechial rash and rapid progression to septic shock.

(4) Scarlet Fever is characterized by a fever, sore throat, and red rash appearing on the neck, armpits, trunk, arms, or legs. The rash texture resembles sandpaper, flushed face, pale lips, and the tongue initially covered with a white coating which later peels off, revealing a swollen red tongue.

(5) Dengue Fever is characterized by an acute high fever, leukopenia ($\text{WBC} < 5,000 \text{ cells/mm}^3$), prominent lymphocytosis, severe headache, myalgia, arthralgia or bone pain, retro-orbital pain, and rash. A positive tourniquet test and hemorrhagic manifestations such as epistaxis, gingival bleeding, melena, menorrhagia, or petechiae must be present with at least two of these symptoms.

Dengue Hemorrhagic Fever is characterized by an acute high fever with bleeding tendencies or a positive tourniquet test, and clinical signs of plasma leakage, including thrombocytopenia (platelets $< 100,000 \text{ cells/mm}^3$), increased hematocrit $> 20\%$ above baseline, or hemoconcentration. Symptoms may also show signs of pleural effusion.

Dengue Shock Syndrome is a severe form of dengue hemorrhagic fever presenting with hypotension or a narrow pulse pressure (systolic - diastolic difference $< 20 \text{ mmHg}$), indicating circulatory shock.

(6) Chikungunya Fever is characterized by a high fever, rash, myalgia, arthralgia or bone pain, headache, retro-orbital pain, and cutaneous bleeding.

(7) Malaria is characterized by a fever, chills, headache, fatigue, nausea, abdominal pain, vomiting, diarrhea, hepatosplenomegaly, jaundice, or cold extremities. Severe cases may involve multi-organ failure, such as coma, pulmonary edema, or renal failure.

(8) Pyrexia of Unknown Origin or Fever of Unknown Origin is characterized by a fever lasting more than three weeks, where after one week of diagnostic evaluation by a specialist, no definitive cause is identified.

(9) Japanese Encephalitis is characterized by a fever, headache, anorexia, nausea, vomiting, and possibly rhinorrhea or cough lasting 2 – 4 days. This may be followed by altered mental status such as drowsiness, confusion, behavioral changes, or coma. May present with limb weakness, generalized or focal seizures, or ataxia.

(10) Unspecified Encephalitis is characterized by a fever, headache, anorexia, nausea, vomiting, and possibly rhinorrhea or cough lasting 2 - 4 days. Subsequently, the patient may develop altered consciousness, confusion, behavioral changes, coma, seizures (generalized or focal), limb weakness, or ataxia.

(11) Avian Influenza is characterized by a fever and may present with myalgia, cough, or respiratory distress. Pulmonary edema or avian influenza infection may be clinically suspected.

(12) Influenza is characterized by a fever, headache, myalgia, cough, sore throat, and fatigue. Nasal congestion or conjunctivitis may also be present. Symptoms typically resolve within 2 - 7 days, but fatigue and cough may persist longer than other symptoms.

(13) Measles is characterized by a fever and generalized erythematous maculopapular rash lasting more than 3 days, initially appearing on the face and spreading to the rest of the body within 2 - 3 days. The rash fades into a dark red discoloration lasting for several days. Koplik spots may be observed for 1 - 2 days. Associated symptoms may include a cough, rhinorrhea, or conjunctivitis.

(14) Rubella is characterized by a low fever, generalized lymphadenopathy, arthralgia, arthritis, and conjunctivitis. A sudden onset of erythematous rash typically appears within 1 - 2 days of fever onset and resolves within 3 days without post-inflammatory hyperpigmentation.

(15) Enteric Fever is characterized by a fever, malaise, nausea, vomiting, abdominal bloating, and right upper quadrant discomfort. This may be followed by dark urine and jaundice of the skin and eyes. There should be no history of drug or toxic exposure that may cause a hepatic injury.

(16) Enterovirus Infection is characterized by a fever and acute respiratory distress. In cases involving the central nervous system, signs may include seizures or convulsions, tremors, or limb weakness. Rash or vesicles on the palms or soles may be present.

(17) Diphtheria is characterized by a fever and sore throat, possibly accompanied by a grayish-white pseudo membrane that bleeds easily. In severe cases, there may be unilateral or bilateral neck swelling, which can lead to airway obstruction as a complication.

(18) Mumps is characterized by a low fever and sudden painful swelling of the salivary glands, typically the parotid glands. It may be unilateral or bilateral, with no other identifiable cause. Patients may also experience sore throat while swallowing saliva, jaw pain while chewing, oropharyngeal erythema, and swelling of the ductal orifices. Complications such as meningitis may occur.

(19) Syphilis is characterized by 3 stages:

Stage I: Ulcerative stage of syphilis is characterized by a red papule that ulcerates into a firm, raised lesion, most commonly occurring on the genitalia. Typically, there is a single lesion with a clean ulcer base covered by a serosanguinous exudate. The ulcer may heal spontaneously without pain. Inguinal lymphadenopathy may occur, characterized by painless enlargement of the lymph nodes. These symptoms usually develop approximately 10 - 90 days after exposure to the infection.

Stage II: Rash stage of syphilis is characterized by a non-pruritic rash on the body, including palms and soles, low fever, malaise, headache, arthralgia, alopecia, and tender or non-tender lymphadenopathy (inguinal, postauricular, or epitrochlear). This stage typically begins 4 - 6 weeks after the primary stage.

Stage III: Tertiary stage Involves destruction of vital internal organs, potentially resulting in disabilities such as aortic aneurysm, cardiac dysfunction, psychiatric or neurologic symptoms, chronic ulcers, or bone destruction. These symptoms usually develop approximately 5 - 10 years after exposure to the infection.

(20) Tetanus is characterized by an acute onset of painful muscle stiffness, trismus, neck stiffness, dysphagia, and generalized muscle spasms triggered by air, sound, or light stimuli. Sensorium remains intact.

Neonatal Tetanus presents with a history of normal feeding and crying during the first 2 days of life, followed by inability to suck, neck and back stiffness, and startle or seizure-like spasms triggered by air, light, or sound between 3 - 28 days of age.

(21) Poliomyelitis is characterized by an acute onset of flaccid paralysis in one or more limbs without sensory loss, accompanied by fever at the onset of paralysis. The degree of paralysis in the limbs is typically asymmetric, except in severe cases.

(22) Chancroid is characterized by genital ulcers that begin as red papules progressing to pustules, which then rupture to form painful ulcers. Lesions may be single or multiple, with soft, undermined edges and yellowish necrotic base. Inguinal lymphadenopathy or abscesses may also be present.

(23) Trichinosis is characterized by a fever, nausea, vomiting, diarrhea, and muscle pain. Periorbital or facial swelling, along with swelling of the extremities, may also be present.

(24) Liver Fluke Infection is characterized by an abdominal bloating and discomfort, particularly in the epigastric and right upper quadrant regions, often accompanied by a burning sensation, anorexia, weight loss, flatulence, dyspepsia, and fatigue. Physical examination may reveal hepatomegaly with tenderness. In severe cases involving biliary inflammation due to heavy parasite burden, symptoms may include a high fever, jaundice, dark urine, pale stools, and pruritus. Diagnosis is confirmed by the presence of liver fluke eggs in the stool.

(25) Melioidosis is characterized by a high fever and inflammation of various organs, such as pneumonia, osteomyelitis, or abscesses in the lungs, lymph nodes, skin, liver, or spleen, in the absence of other identifiable pathogens. In severe cases, patients may develop septic shock or signs of sepsis.

(26) Eosinophilic Meningitis is characterized by an abdominal pain, nausea, vomiting, and mild headache lasting 2 - 3 days, followed by a sudden worsening of symptoms including visual impairment, neck and back stiffness, drowsiness, unconsciousness, skin numbness, limb weakness, facial or ocular muscle paralysis, convulsions, and meningeal irritation. Consciousness levels may range from normal to coma. In infants, bulging of the anterior fontanelle may be present.

(27) Unspecified Meningitis is characterized by a fever, headache, vomiting, and drowsiness. Seizures may occur as the condition progresses. During febrile episodes, levels of consciousness may range from normal to unresponsive, and signs of meningeal irritation are typically present.

(28) Anogenital Herpes is characterized by burning, itching, and clusters of clear vesicles that rupture to form ulcers. Multiple lesions are common, and healing is typically slow. Recurrent episodes may present with crusted lesions resolving within 1 - 2 weeks. Common sites include the penis, vulva, cervix, or anus. Oral lesions may also be present in some cases.

(29) Viral Hepatitis A, B, C, D, and E is characterized by an acute onset of fever, malaise, nausea, vomiting, abdominal bloating, and right upper quadrant discomfort. This is followed by dark urine, jaundice of the skin and eyes. Laboratory findings show evidence of hepatitis virus or specific antibodies in the absence of drug or toxin exposure as a cause of acute hepatitis.

(30) Viral Conjunctivitis is characterized by an eye pain, conjunctival inflammation, and subconjunctival hemorrhage, which typically resolves within 7 - 12 days. Neurological complications such as acute flaccid muscle weakness may also be present.

(31) Zika Virus Disease is characterized by a fever, arthralgia, myalgia, headache, and conjunctivitis. In some cases, a generalized maculopapular rash may also be present.

(32) Streptococcus suis Infection is characterized by clinical signs of meningitis such as a fever, headache, neck stiffness, vomiting, photophobia, confusion, and possible sensorineural hearing loss progressing to permanent deafness. Other symptoms may include dizziness, arthritis, or cellulitis. In cases of septicemia, it may affect multiple organs such as liver, kidneys, endocardium, lungs, or eyes, along with petechial rash and shock. After recovery, vestibular dysfunction and hearing impairment may persist.

(33) Elephantiasis Lymphatic Filariasis is characterized by an acute fever, myalgia, and painful erythematous swelling of lymph nodes and lymphatic vessels. The symptoms will appear suddenly and typically resolving within 2 - 3 days. Chronic manifestations include recurrent episodes of lymphangitis or lymphatic obstruction, possibly resulting in lymphedema of limbs or genital organs.

(34) Brucellosis is characterized by an undulant fever, chills, night sweats, arthralgia, myalgia, fatigue, anorexia, and jaundice or pallor.

(35) Pneumonitis or Pneumonia is characterized by a fever, and may be accompanied by myalgia, cough, or respiratory distress. The cases may be clinically suspected of being infected with pneumonia or infected with viral influenza, avian influenza, severe acute respiratory syndrome (SARS), Middle East Respiratory Syndrome (MERS), or other unidentified pathogens with a history of causing pneumonia in healthcare personnel or involving two or more epidemiologically linked cases or community-acquired pneumonia requiring intubation within 48 hours or resulting in death within 48 hours of hospital admission.

(36) Rabies is characterized by a fever, headache, fatigue, nausea, vomiting, myalgia, localized paresthesia or pruritus at or near the bite site.

Furious form is characterized by agitation, hypersensitivity to stimuli, confusion, dysphagia, autonomic dysfunction (profuse sweating, lacrimation, piloerection, mydriasis, hypersalivation, involuntary ejaculation), aggression, hallucinations, seizures, dyspnea, or loss of consciousness.

Paralytic form is characterized by ascending paralysis starting from the bitten limb, urinary incontinence, decreased pain sensation, dysarthria, dysphagia, hypersalivation, hydrophobia, and aerophobia. Deep tendon reflexes may be absent.

(37) Hand, Foot and Mouth Disease is characterized by multiple painful oral vesicles or ulcers and fever lasting 5 - 7 days, accompanied by small red macules or vesicles on the palms, fingers, soles, or buttocks.

(38) Leprosy is characterized by hypopigmented or erythematous macules or plaques with sensory loss (numbness, painlessness), anhidrosis, alopecia, or nodular skin lesions. If left untreated, it may lead to permanent deformities of the hands and feet and chronic ulcers.

(39) Leishmaniasis is characterized by varies from asymptomatic infection to visceral involvement.

Cutaneous form is characterized by a chronic skin ulcer at the site of sandfly bite, appearing 2 - 3 days to several weeks post-exposure. Lesions may be single or multiple, beginning as firm, red papules enlarging with central ulceration and yellowish crust, with well-defined, raised borders and visible granulation tissue.

Visceral form is characterized by a systemic infection affecting bone marrow, spleen, lymph nodes, and liver. Symptoms may include a prolonged fever, progressive weight loss, pallor, abdominal distension, hepatosplenomegaly, spontaneous bleeding (e.g., epistaxis, gingival bleeding), lymphadenopathy, skin hyperpigmentation, and fatigue.

(40) Leptospirosis is characterized by a high fever, chills, severe myalgia (especially in the calves and thighs), conjunctival suffusion, and dry or blood-tinged cough. In some cases, neurological symptoms such as severe headache, neck stiffness, and altered mental status may occur. Severe cases may present with acute renal failure (oliguria or anuria), respiratory failure, jaundice, or hemorrhagic manifestations (e.g., hematemesis, melena, hemoptysis).

(41) Scrub typhus is characterized by an acute febrile illness, headache, myalgia, retro-orbital pain, conjunctival injection, lymphadenopathy with tenderness, and may present with dry cough. Some patients may develop maculopapular rash resolving within 2 - 3 days and eschar resembling a cigarette burn, typically located in concealed areas such as the axilla or groin. In severe cases, symptoms may include drowsiness, encephalitis, pneumonia, and jaundice.

(42) Varicella (Chickenpox) is characterized by a low fever and widespread rash consisting of both maculopapular and vesicular lesions appearing simultaneously. The lesions typically crust over at varying times. The rash tends to occur in clusters, and the vesicular fluid may be clear or turbid.

(43) Acute Flaccid Paralysis (AFP) in severe cases, patients may present with a high fever, headache, sore throat, nausea, diarrhea or constipation. This may be followed by neck stiffness, back stiffness, muscle pain or spasms in the limbs, and sudden onset of flaccid paralysis without sensory loss. Paralysis may affect upper or lower limbs, and in critical cases, respiratory muscles may be involved.

(44) Acute diarrhea is characterized by the passage of at least three loose stools or one watery or bloody stool within 24 hours period. Symptoms may also include vomiting or signs of dehydration.

(45) Acquired Immunodeficiency Syndrome (AIDS) is characterized by severe immunosuppression leading to increased susceptibility to life - threatening opportunistic infections or malignancies. Clinical manifestations vary and may include respiratory symptoms such as pneumonia, gastrointestinal symptoms such as chronic or recurrent diarrhea, central nervous system involvement, or unexplained fever. Additional signs include rapid weight loss, cachexia, fatigue, lymphadenopathy, and certain malignancies.

(46) Anthrax Cutaneous anthrax presents with pruritus, followed by vesicle formation at the site of infection, which then progresses to a red papule, pustule, and eventually ulceration with surrounding vesicles. Regional lymphadenopathy may occur.

Gastrointestinal anthrax, involving the oral cavity or abdomen, presents with lesions similar to cutaneous forms, severe abdominal pain, nausea, vomiting, hematochezia, shock, unconsciousness, and potential death.

Inhalational anthrax initially resembles a respiratory tract infection, progressing to dyspnea, respiratory distress, high fever, chest pain, dry cough, possible meningitis, shock, unconsciousness, and potential death within 3 - 5 days.

(47) Tuberculosis is characterized by a chronic cough, fatigue, low fever, weight loss, hoarseness, chest pain, and hemoptysis. Symptoms may involve the lungs, meninges, lymph nodes, or other organs.

(48) Hepatitis (Unspecified etiology) is characterized by an acute febrile illness, malaise, nausea, vomiting, abdominal bloating, and discomfort or pain under the right costal margin. Later stages may include dark urine, jaundice of the skin and sclera, without history of drug or toxic exposure causing hepatitis.

(49) Gonorrhea In males, is characterized by frequent urination, dysuria, and purulent urethral discharge; in severe cases, testicular swelling and severe pain may occur. In females, is characterized by vaginal discharge, frequent or painful urination, purulent discharge from the vagina or urethra, or may be asymptomatic. Severe cases may involve salpingitis, resulting in lower abdominal pain.

(50) Non Gonococcal Urethritis (NGU) is characterized by dysuria, urethral pruritus or discomfort, and urethritis. Urethral discharge may be clear or cloudy. Most females are asymptomatic but may present with increased vaginal discharge or pruritus at the vaginal introitus.

(51) Condyloma Acuminata or Venereal Warts is characterized by Lesions appearing on the genital and anal areas with various presentations. In the case of cauliflower-like warts, they present as pinkish, fleshy projections resembling a rooster's comb or cauliflower. In males, these warts are commonly found on the inner surface of the foreskin and may involve the urethral meatus, potentially extending inward. In men who have sex with men, warts often appear around the anus and may invade internally. In females, warts commonly occur at the vaginal introitus.

Flat warts typically present on the cervix as flat lesions.

3 - 4 millimeter reddish-brown, purple, or black, papules with a smooth or slightly rough surface, usually appear as multiple grouped lesions simultaneously.

Giant condyloma refers to rapidly enlarging warts that form large masses covering the entire genital area.

(52) Cholera is characterized by profuse watery diarrhea, vomiting, sunken eyes, wrinkled skin, oliguria or anuria. Without prompt treatment, the disease may cause rapid death. Cholera is highly contagious and can cause epidemics.

(53) Adverse Event Following Immunization (AEFI) is characterized by manifestations or abnormalities occurring within 4 weeks post-immunization, including a high fever, convulsions, muscle weakness, rash, or other related symptoms.

(54) Food poisoning is characterized by nausea, vomiting, abdominal pain, and mild diarrhea occurring within 6 - 24 hours after ingestion of bacterial toxins. In cases of certain toxins, neurological symptoms may also be present.

(55) Pertussis: The initial stage is characterized by rhinorrhea, cough, mild fever, conjunctivitis, and lacrimation lasting approximately 1 - 2 weeks. The paroxysmal stage is characterized by severe coughing episodes lasting at least 2 weeks or more, with inspiratory “whoop” sounds occurring during or after coughing. Infants may experience post-tussive vomiting, cyanosis during coughing, and subconjunctival hemorrhage. During the convalescent stage, coughing occurs in spasms that gradually decrease in frequency and severity but may persist for several weeks. The entire course of illness without complications typically lasts 6 - 10 weeks.

Announced on the 28th Day of November B.E. 2562 (2019)

Anutin Charnvirakul

Minister of Public Health

Notification of the Ministry of Public Health

Re: The names and presenting symptoms of communicable diseases under surveillance,
(No.2), B.E. 2565 (2022)

Whereas it is expedient to announce Monkeypox as a communicable disease under surveillance pursuant to the Communicable Diseases Act B.E. 2558 (2015), for the purpose of surveillance, prevention, and control of communicable diseases.

By virtue of section 5 and section 6 (1) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the advice of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called “Notification of the Ministry of Public Health Re: the names and presenting symptoms of communicable diseases under surveillance (No.2), B.E. 2565 (2022).

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The following provision shall be added as item 56 of clause 4 of the Notification of the Ministry of Public Health Re: the names and presenting symptoms of communicable diseases under surveillance, B.E. 2562 (2019)

“(56) Monkeypox is characterized by a fever, headache, swollen lymph nodes, sore throat, and the presence of a rash or lesions in the form of vesicles or pustules on the skin, which may appear on the head, trunk, genital and perianal areas, arms, or legs. In some cases, lesions may also appear on the palms of the hands or soles of the feet.”

Announced on 30th Day of June B.E. 2565 (2022)

Anutin Charnvirakul

Minister of Public Health

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Notification of the Ministry of Public Health

Re: The names and presenting symptoms of communicable diseases under surveillance,
(No.3), B.E. 2565 (2022)

Whereas it is expedient to announce Coronavirus Disease 2019 or COVID-19 as a communicable disease under surveillance pursuant to the Communicable Diseases Act, B.E. 2558 (2015), for the purposes of surveillance, prevention and control of the communicable disease.

By virtue of section 5 and section 6 (1) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the advice of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called “Notification of the Ministry of Public Health Re: the names and presenting symptoms of communicable diseases under surveillance (No.3), B.E. 2565 (2022).

Clause 2. This Notification shall come into force from 1st Day of October B.E. 2565 (2022) onwards.

Clause 3. The following provision shall be added as item 57 of clause 4 of the Notification of the Ministry of Public Health Re: the names and presenting symptoms of communicable diseases under surveillance, B.E. 2562 (2019)

“(57) Coronavirus Disease 2019 or COVID-19 is characterized by a fever, cough, sore throat, dyspnea, or symptoms of pneumonia; in severe cases, respiratory failure may occur, which could lead to death.”

Announced on 19th Day of September B.E. 2565 (2022)

Anutin Charnvirakul

Minister of Public Health

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Notification of the Ministry of Public Health

Re: International Communicable Disease Control Checkpoints,

B.E. 2562 (2019)

Whereas it is expedient to revise the Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints B.E. 2559 (2016), dated 29 May B.E. 2559 (2016), and the Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints (No. 2), B.E. 2561 (2018), dated 16 August B.E. 2561 (2018), to be more suitable and up-to-date for the purpose of disease surveillance, prevention, and control of communicable diseases or epidemics;

By virtue of section 5 paragraph one, and section 6 (2) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the advice of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints, B.E. 2562 (2019)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The following notification of the Ministry of Public Health shall be repealed:

(1) The Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints, B.E. 2559 (2016), dated 19 May B.E. 2559 (2016);

(2) The Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints (No. 2), B.E. 2561 (2018), dated 16 August B.E. 2561 (2018).

Clause 4. The following points of entry shall be designated as international communicable disease control checkpoints.

No.	Type	Name	Province
1	Airport	Krabi	Krabi
2	Port	Krabi	
3	Port	Bangkok	Bangkok
4	Airport	Don Mueang	
5	Border	Sangkhla Buri (Three Pagodas Pass/Chedi Sam Ong)	Kanchanaburi
6	Border	Baan Nampu Ron	
7	Border	Ban Pakard	Chanthaburi
8	Border	Ban Laem	
9	Port	Koh Sichang	Chonburi
10	Port	Sri Racha	Chonburi
11	Port	Sattahip	
12	Port	Laem Chabang	
13	Port	Chieng Saen	Chiang Rai
14	Airport	Mae Fah Luang Chiang Rai	
15	Border	Mae Sai	
16	Border	The fourth Thai-Lao Friendship Bridge (Chieng Khong)	
17	Airport	Chiang Mai	Chiang Mai
18	Port	Kun Tung	Trang
19	Border	Ban Hat Lek	Trat
20	Airport	Mae Sot	Tak
21	Border	Mae Sot	

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No.	Type	Name	Province
22	Border	Nakhon Phanom Municipality Pier	Nakhon Phanom
23	Border	The third Thai-Lao Friendship Bridge (Nakhon Phanom)	
24	Port	Nakhon Si Thammarat	Nakhon Si Thammarat
25	Airport	Narathiwat	Narathiwat
26	Border	Tak Bai	
27	Border	Buke Ta	
28	Border	Su Ngai Go Lok	
29	Border	Huay Kon	Nan
30	Border	Bueng Kan	Bueng Kan
31	Airport	Hua Hin	Prachuap Khiri Khan
32	Port	Prachuap Khiri Khan (Bang Saphan)	
33	Border	Sing Khon	
34	Port	Pattani	Pattani
35	Border	Baan Huak	Phayao
36	Airport	Phuket	Phuket
37	Port	Phuket	
38	Border	Mukdahan Municipality Pier	Mukdahan
39	Border	The second Thai-Lao Friendship Bridge (Mukdahan)	
40	Border	Betong	Yala
41	Port	Ranong	Ranong

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No.	Type	Name	Province
42	Airport	U Tapao	Rayong
43	Port	Maptaphut	
44	Border	Chiang Khan	Loei
45	Border	Tha Li	
46	Border	Chong Sa-Ngam	Sisaket
47	Airport	Hatyai	Songkhla
48	Port	Songkhla	
49	Border	Ban Prakob	
50	Border	Padang Besar	
51	Border	Sadao	
52	Port	Tammalang	Satun
53	Border	Wang Prachan	
54	Airport	Suvarnabhumi	Samut Prakan
55	Border	Ban Khao Din	Sa Kaeo
56	Border	Ban Klong Luk	
57	Airport	Samui	Surat Thani
58	Airport	Surat Thani	
59	Port	Koh Samui	
60	Port	Surat Thani	
61	Border	Chong Jom	Surin
62	Border	Wat Hai Sok Pier	Nong Khai
63	Border	The First Thai–Lao Friendship Bridge (Nong Khai)	
64	Border	Nong Khai Railway Station	
65	Border	Baan Phu Du	Uttaradit

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No.	Type	Name	Province
66	Airport	Udon Thani	Udon Thani
67	Airport	Ubon Ratchathani	Ubon Ratchathani
68	Border	Chong Mek	

Announced on the 6th Day of December, B.E. 2562 (2022)

Anutin Charnvirakul

Minister of Public Health

Notification of the Ministry of Public Health

Re: International Communicable Disease Control Checkpoints (No. 2),
B.E. 2564 (2021).

Whereas it is expedient to increase the number of the international communicable disease control checkpoints to ensure suitability and to serve the purposes of surveillance, prevention, and control of communicable diseases or epidemics;

By virtue of section 5 and section 6 (2) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health, upon the recommendation of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints (No. 2), B.E. 2562 (2021)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The following shall be added as items number 69 to clause 4 of the Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints, B.E. 2562 (2019), dated 6 December B.E. 2562 (2019).

No.	Type	Name	Province
69	Border	The second Thai - Myanmar Friendship Bridge (Moei River)	Tak

Announced on the 15th Day of March, B.E. 2564 (2021)

Anutin Charnvirakul

Minister of Public Health

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Notification of the Ministry of Public Health

Re: International Communicable Disease Control Checkpoints (No. 3),
B.E. 2567 (2024).

Whereas it is expedient to increase the number of the international communicable disease control checkpoints to ensure suitability and to serve the purposes of surveillance, prevention, and control of communicable diseases or epidemics;

By virtue of section 5 and section 6 (2) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health, upon the recommendation of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints (No. 3), B.E. 2567 (2024)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The following shall be added as items number 70 and 71 to clause 4 of the Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints, B.E. 2562 (2019), dated 6 December B.E. 2562 (2019).

No.	Type	Name	Province
70	Border	Golden Triangle	Chiang Rai
71	Border	Ranong (Saphan Plaa Pier)	Ranong

Announced on the 3rd Day of October, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

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Notification of the Ministry of Public Health

Re: International Communicable Disease Control Checkpoints (No. 4),

B.E. 2568 (2025).

Whereas it is expedient to increase the number of the international communicable disease control checkpoints to serve the purposes of surveillance, prevention, and control of communicable diseases or epidemics;

By virtue of section 5 and section 6 (2) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health, upon the recommendation of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints (No.4), B.E.2568 (2025)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The following provision shall be added as item number 72, 73 and 74 of clause 4. of the Notification of the Ministry of Public Health Re: International Communicable Disease Control Checkpoints, B.E. 2562 (2019), dated 6 December B.E. 2562 (2019):

No.	Type	Name	Province
72	Airport	Khon Kaen Airport	Khon Kaen
73	Airport	Buriram Airport	Buriram
74	Border	Permanent Crossing Point Thai–Cambodian Friendship Bridge (Nong lan – Stung Bot)	Sa Kaeo

Announced on the 8th Day of May, B.E. 2568 (2025)

Somsak Thepsuthin

Minister of Public Health

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Notification of the Ministry of Public Health

Re: The appointment of communicable disease control officers under
the Communicable Diseases Act, B.E. 2558 (No. 2),
B.E. 2560 (2017).

Whereas it is expedient to appoint communicable disease control officers under the Communicable Disease Act, B.E. 2558 (2015) for the purpose of the operation for surveillance, prevention, and control of communicable diseases or epidemics;

By virtue of section 5 paragraph one of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the following Notification:

Clause 1. Government Officials of the Department of Disease Control of the Ministry of Public Health who have one of the following qualifications are eligible to be communicable disease control officer as referred to in the Communicable Disease Act, B.E. 2558 (2015):

(1) at least 10 years of experience in Epidemiology, surveillance, prevention or control of communicable diseases;

(2) a Diploma in Preventive Medicine in Epidemiology;

(3) a certification from the Field Epidemiology Training Program: FETP;

(4) a certification from the Field Epidemiology Training Program for Medical Team Leader and chief investigator;

(5) a certification from Field Epidemiology and Management Training: FEMT for Medical Team Leader and chief investigator;

(6) a certification from the Public Health Academic Program in Field Epidemiology;

(7) a certification from any other program prescribed by the Department of Disease Control or certified by the Department of Disease Control.

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Clause 2. Government Officials of the Ministry of Health, who are not Government Officials of the Department of Disease Control as referred to in clause 1, Government Officials of the Ministry of Defense, the Ministry of Interior, the Ministry of Agriculture and Cooperatives, the Ministry of Natural Resources and Environment, and the Bangkok Metropolitan Administration, who have one of the following qualifications, are eligible to be communicable disease control officers as referred to in the Communicable Disease Act, B.E. 2558 (2015) over their areas of authority and responsibility:

(1) at least 10 years of experience in Epidemiology, surveillance, prevention or control of communicable diseases;

(2) a Diploma in Preventive Medicine in Epidemiology;

(3) a certification from the Field Epidemiology Training Program: FETP;

(4) a certification from the Field Epidemiology Training Program for Medical Team Leader and chief investigator;

(5) a certification from the Field Epidemiology and Management Training: FEMT for Medical Team Leader and chief investigator;

(6) a certification from the Public Health Academic Program in Field Epidemiology;

(7) a certification from any other program prescribed by the Department of Disease Control or certify by the Department of Disease Control.

Clause 3. Training Programs for Government Officials who will be appointed as communicable disease control officers as referred to in Clauses 1 (3), 1 (4), 1 (5), 1 (6) and 1 (7) and Clauses 2 (3), 2 (4), 2 (5), 2 (6) and 2 (7) must be programs prescribed by the Department of Disease Control or certified by the Department of Disease Control defined as follows:

(1) A training program prescribed by the Department of Disease Control means a specific training program administrated by the Department of Disease Control.

(2) A training program certified by the Department of Disease Control means a training program administrated by the Department of Disease Control or a training program administrated by a higher education institute, a Government Sector, a state agency or a non-governmental organization having the objectives not to seek profit and operating public health activities which certified by the Department of Disease Control.

In case a higher education institute, a Government Sector, a state agency or a non-governmental organization having the objectives not to seek profit and operating public health activities has an intention to administrate a training program as described in Clauses 1 (3), 1 (4), 1 (5), 1(6) and 1 (7) and Clause 2 (3), 2 (4), 2 (5), 2 (6) and 2 (7), the higher education institute, Government Sector, State agency or non-governmental organization having the objectives not to seek profit and operating public health activities, shall submit an outline of the training program to the Department of Disease Control for consideration and certification before administrating the program.

Clause 4. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 29th Day of March, B.E. 2560 (2017)

Piyasakol Sakolsatayadorn

Minister of Public Health

Notification of the Ministry of Public Health

Re: The appointment of communicable disease control officers under
the Communicable Diseases Act, B.E. 2558 (No. 3), B.E. 2563 (2020).

Whereas it is expedient to revise the Notification of the Ministry of Public Health Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (2015), dated 26 December B.E. 2559 (2016), for the purpose of the operation for surveillance, prevention, and control of communicable diseases or epidemics;

By virtue of section 5 paragraph one of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (No. 3), B.E. 2563 (2020)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The Notification of the Ministry of Public Health concerning the appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558, dated 26 December B.E. 2559 (2016), shall be repealed.

Clause 4. The following government officials under the Ministry of Public Health shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558:

- (1) Permanent Secretary of Ministry of Public Health
- (2) Deputy Permanent Secretary of Ministry of Public Health
- (3) Inspector General of Ministry of Public Health

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(4) Health Supervisor

(5) Government Officials of Department of Disease Control holding the following positions:

(5.1) Director-General of Department of Disease Control

(5.2) Deputy Director-General of Department of Disease Control

(5.3) Director of Division of Disease Control in Emergency

(5.4) Director of Division of International Disease Control Port and Quarantine

(5.5) Director of Division of Epidemiology

(5.6) Director of Division of Communicable Diseases

(5.7) Director of Division of Vector Borne Diseases

(5.8) Director of Division of Tuberculosis

(5.9) Director of Division of AIDS and STIs

(5.10) Director of Bamrasnaradura Infectious Diseases Institute

(5.11) Director of Institute of Urban Disease Prevention and Control

(5.12) Director of Raj Pracha Samasai Institute

(5.13) Directors of Office of Disease Prevention and Control, Region 1–12

(5.14) Government Officials of Division of Epidemiology, or those assigned to assist in official duties or perform official duties in Division of Epidemiology, who hold the following positions:

(5.14.1) Medical Physician, Senior Professional Level or above

(5.14.2) Veterinarian, Senior Professional Level or above

(5.14.3) Public Health Technical Officer, Senior Professional Level or above

(6) Government Officials of Department of Medical Services holding the following positions:

(6.1) Director-General of Department of Medical Services

(6.2) Deputy Director-General of Department of Medical Services

(6.3) Director of Nopparat Rajathanee Hospital

- (6.4) Director of Rajavithi Hospital
- (6.5) Director of Lerdsin Hospital
- (6.6) Director of Priest Hospital
- (6.7) Director of Neurological Institute of Thailand
- (6.8) Director of Institute of Pathology
- (6.9) Director of National Cancer Institute
- (6.10) Director of Institute of Dermatology
- (6.11) Director of Queen Sirikit National Institute of Child Health

Clause 5. The following government officials under the Ministry of Public Health shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility:

- (1) Provincial Public Health Physician
- (2) Medical Physician, Expert Level (in Preventive Medicine)
- (3) Directors of Medical Centre Hospitals
- (4) Directors of General Hospitals
- (5) Directors of Community Hospitals
- (6) District Health Officers
- (7) Directors of the following Subdistrict Health Promoting Hospitals
- (8) Government Officials assigned to international communicable disease control checkpoints

who hold the following positions:

- (8.1) Medical Physician, Practitioner Level or above
- (8.2) Veterinarian, Practitioner Level or above
- (8.3) Public Health Technical Officer, Practitioner Level or above
- (8.4) Registered Nurse, Practitioner Level or above

(8.5) Public Health Officer, Operational Level or above

(8.6) Medical Science Technician, Operational Level or above

Clause 6. The following government officials under the Ministry of Interior shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility:

(1) Provincial Governors

(2) Vice Provincial Governor

(3) Deputy Provincial Governors

(4) District Chiefs

(5) Deputy District Chiefs who are heads of minor district offices

(6) Deputy District Chiefs

Clause 7. The following government officials under Local government shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility:

(1) Government Officials under the Bangkok Metropolitan Administration (BMA) holding the following positions:

(1.1) Governor of Bangkok

(1.2) Permanent Secretary of the BMA

(1.3) Director of Medical Service Department

(1.4) Deputy Director of Medical Service Department

(1.5) Director of Health Department

(1.6) Deputy Director of Health Department

(1.7) Director of Communicable Disease Control Division of Health Department

(1.8) Head of Epidemiology Group, Communicable Disease Control Division of Health Department

(1.9) Director of AIDS, Tuberculosis and Sexually Transmitted Disease Control Division of Health Department

(1.10) Director of Food Sanitation Division, Health Department

(1.11) Director of Environmental Sanitation Division, Health Department

(1.12) Director of Public Health Veterinary Division, Health Department

(1.13) Directors of Public Health Centers, Health Department

(1.14) Directors of Hospitals under the BMA

(1.15) District Directors

(1.16) Heads of Environmental and Sanitation Divisions of District Offices

(2) Government Officials under Provincial Administrative Organizations, Municipalities, and Subdistrict Administrative Organizations holding the following positions:

(2.1) Chief Administrator of the Provincial Administrative Organizations

(2.2) Municipal Clerk

(2.3) Chief Administrator of the Subdistrict Administrative Organizations

(2.4) Directors of Subdistrict Health Promoting Hospitals

(2.5) Public Health and Environmental Administration Officer

(3) Public Health and Environmental Administration Officer under Pattaya City

Clause 8 . The following government officials under the Ministry of Defence shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility:

(1) Directors of hospitals under the Ministry of Defence

(2) Government Officials under the Ministry of Defence who work in the areas of epidemiology, surveillance, prevention, or control of communicable diseases

Announced on the 12th Day of March, B.E. 2563 (2020)

Anutin Charnvirakul

Minister of Public Health

Notification of the Ministry of Public Health

Re: The appointment of communicable disease control officers under
the Communicable Diseases Act, B.E. 2558 (No. 4), B.E. 2563 (2020).

Whereas it is expedient to appoint additional Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558 (2015) for the purposes of effective surveillance, prevention, and control of communicable diseases or epidemics.

By virtue of section 5 paragraph one of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (No. 4), B.E. 2563 (2020).”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The following government officials under ministry of public health who are responsible for epidemiology, surveillance, prevention, or control of communicable diseases at Provincial Public Health Offices, District Health Offices, Medical Centre Hospitals, General Hospitals, Community Hospitals, or Subdistrict Health Promoting Hospitals shall be deemed Communicable Disease Control Officers under the Communicable Disease Act, B.E. 2558 (2015), within the territorial jurisdiction in which they are authorized to perform their official duties.

Clause 4. The following Civil servants and government officials under the Ministry of Interior shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility:

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(1) Administrative officials stationed at the Provincial Hall

(2) Administrative officials stationed at District Offices

(3) Subdistrict chiefs (Kamnan), village headmen, subdistrict health officers, assistant district chiefs (Sanitary Inspectors), and assistant village headmen.

Clause 5. The following government officials under Local government shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility:

(1) Officer under Pattaya City Administration holding the following positions:

(1.1) Pattaya City Mayor

(1.2) Pattaya City Manager

(1.3) Director of the Public Health Bureau

(1.4) Director of the Environmental Bureau

(1.5) Officer under Pattaya City Administration, or civil servants assigned to perform duties in or seconded to Pattaya City Administration, who hold the position of Medical Physician, Pharmacist, Registered Nurse, Public Health Technical Officer, Medical Scientist, Medical Technologist, Veterinarian, Pharmaceutical Officer, Technical Nurse, Public Health Officer, Medical Science Officer, or equivalent veterinary position.

(2) Government Officials under Provincial Administrative Organizations, Municipalities, and Subdistrict Administrative Organizations holding the following positions:

(2.1) Chief Executive of the Provincial Administrative Organizations

(2.2) Mayor of the Municipality

(2.3) Chief Executive of the Subdistrict Administrative Organizations

(2.4) Director of the Bureau of Public Health and Environment of the Municipality

(2.5) Director of the Division of Public Health and Environment of the Municipality

(2.6) Head of the Division or Head of the Section of Public Health and Environment of the Municipality

(2.7) Director of the Division of Public Health and Environment of the Subdistrict Administrative Organization

(2.8) Head of the Division or Head of the Section of Public Health and Environment of the Subdistrict Administrative Organization, or other equivalent positions

(2.9) Government Officials under Provincial Administrative Organizations, Municipalities, and Subdistrict Administrative Organizations assigned to perform duties in or seconded to such organizations, who hold the position of Medical Physician, Pharmacist, Registered Nurse, Public Health Academic, Medical Scientist, Medical Technologist, Veterinarian, Pharmaceutical Officer, Technical Nurse, Public Health Officer, Medical Science Officer, or equivalent veterinary position.

Announced on the 12nd Day of March, B.E. 2563 (2020)

Anutin Charnvirakul

Minister of Public Health

Notification of the Ministry of Public Health

Re: The appointment of communicable disease control officers under
the Communicable Diseases Act, B.E. 2558 (No. 5), B.E. 2563 (2020).

Whereas it is expedient to appoint additional Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558 (2015) for the purposes of effective surveillance, prevention, and control of communicable diseases or epidemics.

By virtue of section 5 paragraph one of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (No. 5), B.E. 2563 (2020).”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The following government officials under the Ministry of Public Health shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558:

(1) Government Officials of Department of Disease Control or those assigned to assist in official duties or perform official duties in Department of Disease Control, who are engaged in epidemiology, surveillance, prevention, or control of communicable diseases.

(2) Government Officials of Department of Medical Science holding the following positions:

(2.1) Director General of Department of Medical Science

(2.2) Deputy Director General of Department of Medical Science

(2.3) Director of Institute of Biological Products

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(2.4) Director of National Institute of Health of Thailand

(2.5) Director of Regional Medical Sciences Center 1 - 12

(3) Government Officials of Department of health service support holding the following positions:

(3.1) Director General of Department of health service support

(3.2) Deputy Director General of Department of health service support

(3.3) Director of Bureau of Sanatorium and Art of Healing

(3.4) Director of Primary Health Care Division

(4) Government Officials of Department of health holding the following positions:

(4.1) Director General of Department of health

(4.2) Deputy Director General of Department of health

(4.3) Director of Health Impact Assessment Division

(4.4) Director of Metropolitan Health and Wellness Institution

(4.5) Director of Bureau of Food and Water Sanitation

(4.6) Director of Bureau of Health Promotion

(4.7) Director of Bureau of Environmental Health

(4.8) Director of Regional Health Promotion Center 1 - 12

Clause 4. The following government officials under the royal thai police shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility:

(1) Chief Medical Officer of Police General Hospital and police officer of Police General Hospital, who are engaged in epidemiology, surveillance, prevention, or control of communicable diseases.

(2) Commissioned police officers holding the rank of Police Sub-Lieutenant or higher.

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Clause 5. The following Government Officials under the Bangkok Metropolitan Administration (BMA) or those assigned to assist in official duties or perform official duties under the Bangkok Metropolitan Administration (BMA), who are engaged in epidemiology, surveillance, prevention, or control of communicable diseases, who hold the position of Medical Physician, Veterinarian, Pharmacist, Public Health Academic, Registered Nurse, Medical Scientist, Medical Technologist, Nursing Technical Officer, Sanitation Researcher or Public Health Officer be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility.

Clause 6. Clause 7 (1.10) of the Notification of the Ministry of Public Health Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (No. 3), B.E. 2563 (2020), dated 12 March B.E. 2563 (2020), shall be repealed. and replaced with the following: “(1.10) Director of Food Sanitation Division, Health Department”

Announced on the 20nd Day of April, B.E. 2563 (2020)

Anutin Charnvirakul

Minister of Public Health

Notification of the Ministry of Public Health

Re: The appointment of communicable disease control officers under
the Communicable Diseases Act, B.E. 2558 (No. 6), B.E. 2564 (2021).

Whereas it is expedient to appoint additional Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558 (2015) for the purposes of effective surveillance, prevention, and control of communicable diseases or epidemics;

By virtue of section 5 paragraph one of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (No. 6), B.E. 2564 (2021)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. Clause 4 of the Notification of the Ministry of Public Health Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (No. 5), B.E. 2563 (2020), dated 20 April B.E. 2563 (2020), shall be repealed.

Clause 4. Police officers under the Royal Thai Police shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility:

Clause 5. The following government officials under the Department of Corrections shall be appointed as Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558, within the areas of jurisdiction where they have authority and responsibility:

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(1) Prison Director

(2) Directors of Correctional Institutions

(3) Directors of Retention House

(4) Directors of Detention House

(5) Government Officials under the Medical Services Division

(6) Government Officials of Department of Corrections, or those assigned to assist in official duties or perform official duties in Department of Corrections who work in the areas of epidemiology, surveillance, prevention, or control of communicable diseases in prisons, correctional institutions, retention house, or detention house

Announced on the 19th Day of May, B.E. 2564 (2021)

Anutin Charnvirakul

Minister of Public Health

Notification of the Ministry of Public Health

Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (No. 7), B.E. 2565 (2022).

Whereas it is expedient to appoint additional Communicable Disease Control Officers under the Communicable Diseases Act, B.E. 2558 (2015), for the purposes of effective surveillance, prevention, and control of communicable diseases or epidemics;

By virtue of section 5 paragraph one of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the following Notification:

Clause 1. This This Notification is called the “Notification of the Ministry of Public Health Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (No. 7), B.E. 2565 (2022)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The following provision shall be added as item (1.17) under clause 7 of the Notification of the Ministry of Public Health Re: The appointment of communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (No. 3), B.E. 2563 (2020), dated 12 March B.E. 2563 (2020):

“(1.17) Head of Subdivision of Law Enforcement of the District Office”

Announced on the 5th Day of January, B.E. 2565 (2022)

Anutin Charnvirakul

Minister of Public Health

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Notification of the Ministry of Public Health

Re: Localities or port cities outside the Kingdom of Thailand
which have been designated as a Yellow Fever infected zone,
B.E. 2560 (2017)

For the benefit of the surveillance of, prevention against, and controlling of the entry of Yellow Fever, a dangerous communicable disease, into the Kingdom of Thailand;

By virtue of section 5 paragraph one, and section 8 of the Communicable Disease Act, B.E. 2558 (2015), the Minister of Public Health, by and with the advice of Technical Committee, hereby issues the following Rule:

Clause 1. Localities or port cities outside the Kingdom of Thailand which have been designated as a Yellow Fever infected zone:

- (1) Burkina Faso
- (2) French Guiana
- (3) Plurinational State of Bolivia
- (4) Federal Republic of Nigeria
- (5) Federal Democratic Republic of Ethiopia
- (6) Federative Republic of Brazil
- (7) Republic of Ghana
- (8) Gabonese Republic
- (9) Republic of Guinea
- (10) Republic of Guinea – Bissau
- (11) Republic of Côte d'Ivoire
- (12) The Republic of the Congo

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- (13) Republic of Kenya
- (14) Republic of Cameroon
- (15) The Republic of Colombia
- (16) Republic of Chad
- (17) Republic of the Sudan
- (18) Republic of Suriname
- (19) Republic of Senegal
- (20) Republic of South Sudan
- (21) Republic of Sierra Leone
- (22) Republic of Trinidad and Tobago
- (23) Republic of Togo
- (24) Republic of Niger
- (25) Republic of Burundi
- (26) Republic of Benin
- (27) Bolivarian Republic of Venezuela
- (28) Democratic Republic of Congo
- (29) Republic of Panama
- (30) Republic of Paraguay
- (31) Republic of Peru
- (32) Republic of Mali
- (33) Republic of Uganda
- (34) Republic of Liberia
- (35) Co-operative Republic of Guyana
- (36) Argentine Republic

- (37) Republic of Equatorial Guinea
- (38) The Islamic Republic of The Gambia
- (39) The Islamic Republic of Mauritania
- (40) Republic of Ecuador
- (41) Republic of Angola
- (42) Central African Republic

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 23rd Day of November, B.E. 2560 (2017)

Piyasakol Sakolsatayadorn

Minister of Public Health

Notification of the Ministry of Public Health

Re: Revocation of the Notification Regarding Localities Outside the Kingdom of Thailand

Designated as Dangerous Communicable Disease Areas

in the Case of Coronavirus Disease 2019 (COVID-19), B.E. 2565 (2022).

Whereas the global decline in the incidence of Coronavirus Disease 2019 (COVID-19), and the decreasing risk of foreign territories serving as sources of disease transmission. The risk now being relatively low and comparable among countries—as well as the increased coverage of COVID-19 vaccination among the population within the Kingdom, which has resulted in a corresponding rise in herd immunity and given that most inbound travelers have been vaccinated against COVID-19, it is therefore appropriate to adjust disease control measures to reflect the current situation. In alignment with Thailand’s policy to reopen the country to international travelers, and for the purpose of ensuring that measures for the prevention and control of COVID-19 are commensurate with the prevailing public health circumstances, the Minister of Public Health, upon the recommendation of the Academic Advisory Committee, hereby deems it appropriate to issue a declaration revoking the designation of the following territories as dangerous communicable disease zones with respect to Coronavirus Disease 2019 (COVID-19): The Italian Republic, The Islamic Republic of Iran, Malaysia, The Kingdom of Cambodia, The Lao People’s Democratic Republic, The Republic of Indonesia, and The Republic of the Union of Myanmar. These countries shall no longer be considered areas outside the Kingdom designated as zones of dangerous communicable disease about Coronavirus Disease 2019 (COVID-19).

By virtue of section 5 paragraph one, and section 8 of the Communicable Disease Act, B.E. 2558 (2015), the Minister of Public Health, with advice from Technical Committee hereby issues the following Rule:

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Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: Revocation of the Notification Regarding Localities Outside the Kingdom of Thailand Designated as Dangerous Communicable Disease Areas in the Case of Coronavirus Disease 2019 (COVID-19), B.E. 2565 (2022)”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The following Notifications of the Ministry of Public Health shall be revoked:

(1) Notification of the Ministry of Public Health Re: Localities Outside the Kingdom of Thailand Designated as Dangerous Communicable Disease Areas in the Case of Coronavirus Disease 2019 (COVID-19), B.E. 2563 (2020), dated 2 March B.E. 2563 (2020).

(2) Notification of the Ministry of Public Health Re: Localities Outside the Kingdom of Thailand Designated as Dangerous Communicable Disease Areas in the Case of Coronavirus Disease 2019 (COVID-19) (No. 2), B.E. 2563 (2020), dated 21 April B.E. 2563 (2020).

(3) Notification of the Ministry of Public Health Re: Revocation of the Notification Designating Localities Outside the Kingdom of Thailand as Dangerous Communicable Disease Areas in the Case of Coronavirus Disease 2019 (COVID-19), B.E. 2563 (2020), dated 15 May B.E. 2563 (2020).

Announced on the 30th Day of June, B.E. 2565 (2022)

Anutin Charnvirakul

Minister of Public Health

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Notification of the Ministry of Public Health

Re: The Rules and Procedures in Reporting the Occurrence of a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic, B.E. 2560 (2017)

By virtue of section 5 paragraph one together with section 7 (1) and Section 31 paragraph two of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health, by and with the approval of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. In the event of an occurrence, or suspected occurrence, of a Dangerous Communicable Disease, and a person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease is found, the case shall be reported to a communicable disease control officer by the following persons:

(1) where the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease was found in a house, the owner of the house, the person in charge of the house or the physician who provided treatment to the infected person;

(2) where the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease was found in a healthcare facility, the person responsible for the healthcare facility;

(3) where the discovery, or possible discovery, of the disease-causing pathogen of a Dangerous Communicable Disease was made during a medical or veterinary autopsy, the person who conducted the examination or the person responsible for the facility where the autopsy occurred; and

(4) where the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease was found in a business facility or any other place, the owner or person responsible for such a place.

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Reports made under Sub-clauses (1) or (4) shall be made to a Communicable Disease Control Officer who is a Government Official in the Department of Disease Control of the Central Government Agency or a Regional Communicable Disease Control Officer within 3 hours of either the discovery of the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease. Where the person concerned is unable to make the report within 3 hours due to a force majeure event or extenuating circumstances, the report shall be made to the Communicable Disease Officer as soon as it is possible to do so.

Reports made under Sub-clauses (2) or (3) shall be made to a Communicable Disease Control Officer who is a Government Official in the Department of Disease Control of the Central Government Agency within 3 hours of either the discovery of the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease or the discovery, or possible discovery, of the disease-causing pathogen of a Dangerous Communicable Disease during a medical or veterinary autopsy, as the case may be.

Where a report was made to a Regional Communicable Disease Control Officer, the Regional Communicable Disease Control Officer shall report the matter telephonically to a Communicable Disease Control Officer who is a Government Official in the Department of Disease Control of the Central Government Agency within one hour of having received the report. Where the Regional Communicable Control Officer is unable to make a telephonic report due to a force majeure event or extenuating circumstances, the Regional Communicable Disease Control Officer shall proceed in accordance with one of the methods set out in Clause 6 that is appropriate for the specific circumstance.

Clause 2. In the event of an occurrence, or suspected occurrence, of an Epidemic, and a person infected, or reasonably suspected of being infected, with an Epidemic is found, the case shall be reported to a Communicable Disease Control Officer by the following persons:

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(1) where the person infected, or reasonably suspected of being infected with an Epidemic was found in a house, the owner of the house, the person in charge of the house or a physician who provided treatment to the infected person;

(2) where the person infected, or reasonably suspected of being infected, with an Epidemic was found in a healthcare facility, the person responsible for the healthcare facility;

(3) where the discovery, or possible discovery, of the disease-causing pathogen of an Epidemic was made during a medical or veterinary autopsy, the person who conducted the examination or the person responsible for the facility where the autopsy occurred; and

(4) where the person infected, or reasonably suspected of being infected, with an Epidemic was found in a business facility or any other place, the owner or the person responsible for such a place.

Reports made under Sub-clauses (1), (2), (3) or (4) shall be made to a Regional Communicable Disease Control Officer within 24 hours of either the discovery of the person infected, or reasonably suspected of being infected, with an Epidemic or the discovery, or possible discovery, of the disease-causing pathogen of an Epidemic during a medical or veterinary autopsy, as the case may be.

Where a report under Sub-clauses (1) or (4) cannot be made within 24 hours due to a force majeure event or extenuating circumstances, the report shall be made to the Communicable Disease Officer as soon as it is possible to do so.

Clause 3. In the event of an occurrence, or suspected occurrence, of a Communicable Disease under Surveillance, and a person infected, or reasonably suspected of being infected, with a Communicable Disease under Surveillance is found, the case shall be reported to a Communicable Disease Control Officer of the Provincial Public Health Office, if the case was found in a provincial area, or a Communicable Disease Control Officer of the Bangkok Health Department, if the case was found in the Bangkok area, as the case may be, by the following persons:

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(1) where the person infected, or reasonably suspected of being infected, with a Communicable Disease under Surveillance was found in a healthcare facility, the person responsible for a healthcare facility; or

(2) where the discovery, or possible discovery, of the disease-causing pathogen of the Communicable Disease under Surveillance was made during a medical or veterinary autopsy, the person who conducted the examination or the person responsible for the facility where the autopsy occurred.

Reports made under Sub-clauses (1) and (2) shall be made to a Communicable Disease Control Officer in accordance with paragraph one within 7 days of either the discovery of the person infected, or reasonably suspected of being infected, with a Communicable Disease under Surveillance or the discovery, or possible discovery, of the disease-causing pathogen of a Communicable Disease under Surveillance during a medical or veterinary autopsy, as the case may be. Such reports shall be made in a form prescribed by the Director-General of the Department of Disease Control.

Clause 4. Where a report is made under Clause 1(2) or (3) and the Communicable Disease Control Officer who discovered the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease, or made the discovery, or possible discovery, of the disease-causing pathogen of a Dangerous Communicable Disease, is the person responsible for the healthcare facility, the person who performed the autopsy or the person responsible for the facility where the autopsy occurred, said Officer shall report the discovery to a Communicable Disease Control Officer who is a Governmental Official of the Department of Disease Control of the Central Government Agency by telephone within 3 hours of discovering the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease or within 3 hours of the discovery or possible discovery of the disease-causing pathogen of the Communicable Disease under Surveillance during a medical or veterinary autopsy. Where the report cannot be made telephonically due to

a force majeure event or extenuating circumstances, the Officer shall proceed in accordance with one of the methods set out in Clause 6 that is appropriate for the situation.

Clause 5. Where a report is made under Clause 2 (2) or (3) and the Communicable Disease Control Officer who discovered the person infected, or reasonably suspected of being infected, with an Epidemic, or made the discovery, or possible discovery, of the disease-causing pathogen of an Epidemic, is the responsible person for the healthcare facility, the person who performed the autopsy or the person responsible for the facility where the autopsy occurred; Officer shall report the discovery to a Communicable Disease Control Officer who is a Government Official in the Department of Disease Control of the Central Government Agency within 24 hours of either the discovery of the person infected, or reasonably suspected of being infected, with an Epidemic or the discovery, or possible discovery, of the disease-causing pathogen of an Epidemic during a medical or veterinary autopsy. Where the report cannot be made telephonically due to a force majeure event or extenuating circumstances, the Officer shall proceed in accordance with one of the methods set out in Clause 6 that is appropriate for the situation.

Clause 6. Reports made under Clauses (1), (2) and (3) shall be made using one of the methods set out below:

(1) In person to a Communicable Disease Control Officer;

(2) By telephone;

(3) By facsimile;

(4) In writing;

(5) By email; or

(6) By any other means later specified by the Director-General of the Department of Disease Control in a Notification.

Clause 7. Upon receipt of a report made under Clause 1(1) or 1(4) and Clause 2(1) or 2(4), the Communicable Disease Control Officer shall record the report in a form prescribed by the Director-General of the Department of Disease Control.

Reports made under Clause 1(2) or 1(3), Clause 2(2) or 2(3), Clause 3, Clause 4, and Clause 5 shall be made to a Communicable Disease Control Officer in a form prescribed by the Director-General of the Department of Disease Control.

The Director-General of the Department of Disease Control shall prepare and distribute a guideline for the convenience of the public in implementing paragraphs one and two of this Clause.

Clause 8. Reports made to a Communicable Disease Control Officer pursuant to Clause 6 shall, at minimum, include the following details:

(1) Where the reporter is the owner of the house, the person in charge of the house or a physician who provided medical treatment to the infected person, the reporter shall disclose his name, address, his relation to the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic, along with the name, age, sex, nationality and current home address, or the address of the facility where treatment is being provided, of the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic. The report shall also specify the date the person was infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic, along with the major symptoms of the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic. Furthermore, where the reporter is the physician who provided medical treatment, the reporter shall also include in

the report his preliminary diagnosis, whether the person is infected, or suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic, and the results of any treatment provided.

(2) Where the reporter is the person responsible for a healthcare facility, the reporter shall disclose his name, address, and his place of employment along with the name, age, sex, nationality and current home address, or the address of the facility where treatment is being provided, of the person infected or reasonably suspected of being infected with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic. The report shall also specify the date the person was infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic, along with the date the person was admitted for treatment, the preliminary diagnosis, the type of the disease, the major symptoms of the person who is infected, or suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic, and the results of any treatment provided.

(3) Where the reporter is the person who conducted an autopsy or the person responsible for the place where an autopsy occurred, the reporter shall disclose his name, address and his place of employment along with the name, age, sex, nationality and current home address of the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic. The report shall also specify the name, address and place of employment of the person who collected the bio-specimen along with the preliminary diagnosis and the results of the examination.

(4) Where the reporter is the owner or operator of a business facility or any other place, the reporter shall disclose his name, address, place of employment, and his relationship to the person infected, or suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic along with the name, age, sex, nationality, current home address and major symptoms of the person infected, or reasonably suspected of being infected, with a Dangerous Communicable Disease, a Communicable Disease under Surveillance or an Epidemic.

Clause 9. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 23rd Day of November, B.E. 2560 (2017)

Piyasakol Sakolsatayadorn

Minister of Public Health

Notification of the Ministry of Public Health

Re: The immunization against Yellow Fever,

B.E. 2560 (2017)

Whereas it is expedient to require travellers from Yellow Fever infected zone to receive immunization prior to entry into the Kingdom of Thailand for the benefit of the surveillance of, prevention against, and controlling of the entry of Yellow Fever, a dangerous communicable disease, into the Kingdom of Thailand;

By virtue of section 5 paragraph 1 and section 6 (3) of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with advice from the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. In this Notification:

“Yellow Fever infected zone” means localities or port cities outside the Kingdom which have been designated as a Yellow Fever infected zone by the Minister of Public Health.

Clause 2. A certificate of vaccination against Yellow Fever shall be effective 10 days after the date of vaccination. In case of a booster vaccination, the certificate shall be effective from the date of the vaccination. A certificate of vaccination against Yellow Fever shall be valid for the life-time of the respective vaccinated traveller.

Clause 3. Travellers from Yellow Fever infected zone are required to provide a certificate of vaccination against Yellow Fever to a communicable disease control officer stationed at the international communicable disease control checkpoint.

Clause 4. Where travellers from Yellow Fever infected zone are unable to provide a certificate of vaccination against Yellow Fever or provide an invalid one, the communicable disease control officer stationed at the international communicable disease control checkpoint shall take one of the following actions:

(1) Issue an order prohibiting the conveyance owner or conveyance operator from entering the Kingdom of Thailand in accordance with section 39 (5) of the Communicable Diseases Act, B.E. 2558 (2015); or

(2) Issue a written order instructing the conveyance owner or conveyance operator to take one of the actions specified in section 40 of the Communicable Diseases Act, B.E. 2558 (2015).

Clause 5. Where travellers from Yellow Fever infected zone provide a certificate of vaccination against yellow fever that has not yet become effective as specified under Clause 2, the communicable disease control officer stationed at the international communicable disease control checkpoint shall issue a written order requiring the isolation, quarantine, or control for observation of such person, whichever is appropriate, until the certificate of vaccination against yellow fever becomes effective.

The isolation, quarantine, or control for observation under paragraph 1 shall not exceed 10 days from the date of the yellow fever vaccination.

Clause 6. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 23rd Day of November, B.E. 2560 (2017)

Piyasakol Sakolsatayadorn

Minister of Public Health

Notification of the Ministry of Public Health

Re: The Rules, Procedures and Conditions In Implementing or Issuing an Order

by a Communicable Disease Control Officer, B.E. 2560 (2017)

By virtue of Section 5 paragraph one, Section 7(1) and Section 34 paragraph three of the Communicable Disease Act, B.E. 2558 (2015), the Minister of Public Health, by and with the approval of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. In this Notification:

“Order” shall mean an order issued under Section 34 of the Communicable Disease Act, B.E. 2558 (2015) by a Communicable Disease Control Officer.

Clause 2. Where a Dangerous Communicable Disease or an Epidemic has occurred, or is reasonably suspected of having occurred, in an area, a Communicable Disease Control Officer shall issue an Order to inform the persons concerned to and implement the procedures to prevent or control the disease in accordance with the Order issued. Such Orders shall be in writing and shall have the same format as the form attached hereto.

Clause 3. An Order shall be enforceable against any person subject to the Order from the time the Order was received by the person.

Clause 4. A Communicable Disease Control Officer shall inform the persons concerned of an Order using one of the following methods:

(1) Notification by registered mail. If the Order was sent to the domicile of the recipient, the recipient shall be deemed to have been informed of the Order when the written Order was delivered. Nevertheless, if a Communicable Disease Control Officer has sent the Order to a different address that was previously given to the Communicable Disease Control Officer, delivery to such an address shall be deemed as a delivery made to the domicile of the recipient;

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(2) Deliver the written Order by person. If the recipient refuses to be served or was unavailable, the recipient shall be deemed to have been informed of the Order if the Order was served to a person of legal age who lives or works on the premises, or the Order was placed in or affixed to an easily visible area on the premises in the presence of an administrative officer or police officer in charge of the region whom the Communicable Disease Control Officer had asked to accompany the Officer as a witness;

(3) Deliver the written Order by a Communicable Disease Control Officer. If the recipient refuses to be served or was unavailable for service, the recipient shall be deemed to have been informed of the Order if the Order was served to a person of legal age who lives or works on the premises, or the Order was placed in or affixed to an easily visible area on the premises in the presence of an administrative officer or police officer in charge of the region whom the Communicable Disease Control Officer had asked to accompany the Officer as a witness.

Clause 5. Where time is of the essence, service of the Order can be made via facsimile or through electronic means. However, such form of service require the proof of delivery and the original copy of the Order shall be provided to the persons concerned using one of the methods described in Clause 4 as soon as possible. Where service of an Order was performed pursuant to this Clause, service of the Order shall be deemed to have been made on the date and time appearing on the proof of delivery unless it can be proven that the Order was never received, or was received at an earlier time or a later time;

Clause 6. Where a Communicable Disease Control Officer has been placed in a delicate position that may compromise the Officer's ability to issue an impartial Order, the Communicable Disease Control Officer concerned shall be prohibited from issuing any Order on the matter and informing his direct superior officer of the situation. The superior officer shall promptly issue a decision regarding whether the Communicable Disease Control Officer concerned has the authority to issue an Order given the circumstances.

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Paragraph one shall not apply in emergency situations wherein any delays will result in grievous harm to public safety or public interests, or will cause, or will possibly cause, grievous harm to the life, body, or property of a person.

Clause 7. Where it later becomes apparent that a Communicable Disease Control Officer is eligible, is disqualified, or was illegally appointed as an Officer and the Communicable Disease Control Officer is dismissed as a consequence, such dismissal shall have no impact on the actions of the Communicable Disease Control Officer taken under the authority given to him pursuant to this Notification;

Clause 8. After having informed the persons concerned of the Order issued, the Communicable Disease Control Officer shall have the authority to implement the procedures to prevent or control the disease in accordance with the Order as he sees fit. If the persons concerned resist or refuse to comply with the Order, the Communicable Disease Control Officer shall be authorised to immediately implement the procedures to prevent or control the disease directly.

Clause 9. Prior to the implementation of the procedures to prevent or control the disease in according with Clause 8, the Communicable Disease Control Officer may issue a written notice to the persons concerned, demanding their action or omission according to an Order within an appropriate time frame.

Clauses 4 and 5 shall apply to the service of the notice specified in paragraph 1, *mutatis mutandis*.

Clause 10. The Communicable Disease Control Officer shall strictly follow the method outlined in the notice issued under Clause 9 in implementing the procedures to prevent or control the disease. The Communicable Disease Control Officer shall only act as much as is necessary to meet the objectives of the Order and shall restrict the inconveniences to the persons concerned as much as is possible.

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The Communicable Disease Control Officer shall have the authority to change the method of implementing the procedures to prevent or control the disease when it becomes apparent that the method specified in the notice issued under Section 9 proves ineffective.

Where the persons concerned resist or interfere with the duties of a Communicable Disease Control Officer or where the persons concerned are unavailable but there is an urgent or immediate need for action, or there is a risk, or possible risk, of harm to the life, body or property of a person in delaying an action, the Communicable Disease Control Officer shall have the authority to proceed with the implementation of the procedures to prevent or control the disease as the situation demands. In such situations, the Communicable Disease Control Officer may also request the aid of an administrative officer or police officer in charge of the region to carry out the objectives of an Order.

Clause 11. Where time is of the essence or where there is an emergency situation and the Communicable Disease Control Officer must act urgently in order to prevent or control a disease in compliance with Section 34 of the Communicable Disease Act, B.E. 2558 (2015), the violation of which will cause, or will possibly cause, grievous harm to the life, body or property of a person, or grievous harm to public safety or public interests, the Communicable Disease Control Officer shall have the authority to act without issuing an Order under Clause 2 or a notice under Clause 9. The Communicable Disease Control Officer may request the aid from an administrative officer or police officer in charge of the region.

To prevent or control a disease under paragraph one, the Communicable Disease Control Officer shall only act as much as necessary to meet the objectives of an Order and as is appropriate for the situation while remaining within the boundaries of his authority.

Clause 12. Where the persons concerned have fully complied with an Order issued by a Communicable Disease Control Officer requiring the persons concerned to disinfect or destroy any contaminated item, or reasonably suspected of being contaminated, with the pathogen of a communicable disease or to improve sanitation to ensure hygienic conditions, the Communicable Disease Control Officer shall issue the written Order, terminating the original Order issued under Clause 2. The Communicable Disease Control Officer shall inform the persons concerned of the new Order and such Order shall be effective when the persons concerned were informed of the new Order.

The format of the written termination Order under paragraph one shall be in accordance with the form attached hereto. Clause 4 and Clause 5 shall apply to the service of the termination Order under paragraph one, *mutatis mutandis*.

Clause 13. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 22nd Day of December, B.E. 2560 (2017)

Piyasakol Sakolsatayadorn

Minister of Public Health

Communicable Disease Control Officer's Order Form
Pursuant to the Notification of the Ministry of Public Health

Re: the criteria, procedures, and conditions for carrying out an action or issuing an order by
a communicable disease control officer B.E. 2560 (2017)

Order No

Issued at

On the day of , B.E.

By virtue of the authority under Section 34 of the Communicable Diseases Act B.E. 2558 (2015),
and Clause 2 of the Ministry of Public Health Notification regarding Criteria, Methods, and Conditions
for Actions or Orders of Communicable Disease Control Officers B.E. 2560 (2017)

I, (Mr., Mrs., Ms.) a communicable disease control officers of the
..... unit/agency, having discovered ☐ an occurrence of the
Dangerous Communicable Disease ☐ an occurrence of the Epidemic ☐ a reasonably suspected
occurrence of the Dangerous Communicable Disease ☐ a reasonably suspected occurrence of the
Epidemic called at
issue this order to (First – Last Name) Age
Nationality Sex ☐ Male ☐ Female National ID/ Passport No.
Telephone No. Contact Address: No. Village/Building
Road Sub-District District Province

The person named above shall:

- (1) ☐ have a check-up ☐ have treatment ☐ have medical examination ☐ receive immunisation
within day month year (a.m./p.m.) at
- (2) ☐ travel to for ☐ isolation ☐ quarantine ☐ observation
From day month year (a.m./p.m)
Until day month year (a.m./p.m)
- (3) bring (First - Last Name) Age Nationality
Sex ☐ Male ☐ Female National ID/ Passport No. Contact Address: No.
Village/Building Road Sub-District
District Province Telephone No.
for ☐ isolation ☐ quarantine ☐ observation ☐ examination ☐ treatment
☐ a pathology exam ☐ vaccination
From day month year (a.m./p.m)
Until day month year (a.m./p.m)

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- (4) ☐ bring (amount of animals) (type of animal)
for ☐ examination ☐ treatment ☐ a pathology exam ☐ vaccination
within day month year (a.m./p.m.) at
- (5) bring the body of ☐ (Mr., Mrs., Ms.) ☐ (animal type)
that died or was reasonably suspected of having died from disease at
for ☐ an examination ☐ medical processing ☐ other (specify):
within day month year (a.m./p.m.) at
- (6) ☐ eliminate/demolish the contagion of
..... which is or is reasonably suspected of
being the carrier of the pathogen of
☐ improve sanitation to meet public health standards by
within day month year (a.m./p.m.) until
a Communicable Disease Control Officer cancels this Order
- (7) ☐ eliminate the anime/insect/larva (type) which is the source of the
disease within day month
year (a.m./p.m.) at
- (8) ☐ be prohibited from doing/cease to
From day month year (a.m./p.m.)
Until day month year (a.m./p.m.)
As failure to do so will create an unsanitary condition that could be the source of
the transmission of the disease
- (9) ☐ be prohibited from entering/exiting
From day month year (a.m./p.m.)
Until day month year (a.m./p.m.)
- (10) ☐ enter into (house/facility/location) No.
Sub-district District Province
From day month year (a.m./p.m.)
Until day month year (a.m./p.m.)
For the surveillance, prevention, and control of the spread of the disease
- (11) ☐ enter conveyances type brand model
color No./license no. which contains or is suspected of
containing the disease
From day month year (a.m./p.m.)
Until day month year (a.m./p.m.)
For the surveillance, prevention, and control of the spread of the disease

A Communicable Disease Control Officer may directly implement the actions stated above or order a third party to act on his behalf.

If, for any reason, you are dissatisfied with this Order or feel that it is unjust, you have the right to appeal this Order to the Communicable Disease Control Officer who issued the Order within 15 of receiving this Order.

Signed	Signed
(.....)	(.....)
Communicable Disease Control Officer	Order Recipient
Signed	Signed
(.....)	(.....)
Witness (if any)	Witness (if any)

Note: Where a Communicable Disease Control Officer feels that any part of the order above exceed the purpose in issuing the Order, the Officer may cross off any word or sentence and include his signature beside where the changes made.

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Communicable Disease Control Officer's Order Form

Warning to Comply with the Order of the Communicable Disease Control Officer

Pursuant to the Notification of the Ministry of Public Health

Re: the criteria, procedures, and conditions for carrying out an action or issuing an order by
a communicable disease control officer B.E. 2560 (2017)

Issued at

On the day of , B.E.

According to (Mr., Mrs., Ms.) a communicable disease
control officers of the unit/agency, issue order No.

On the day of , B.E. to (First – Last Name).....

The person subject to the order shall proceed to

.....

From day month year (a.m./p.m)

Until day month year (a.m./p.m)

It now appears, or there is reasonable cause to believe, that the person subject to the order
has violated or failed to comply with the said order. Therefore, the Communicable Disease Control
Officer hereby issues a warning for the person subject to the order to comply with the said order
within

.....

If the person fails to comply, the Communicable Disease Control Officer, or a person
authorized by the officer, shall take action on behalf of the individual by the following means

.....

.....

The Communicable Disease Control Officer has the authority to modify the methods used
for disease prevention or control in the event that the methods specified in the warning fail to
achieve their intended objectives.

Signed

(.....)

Communicable Disease Control Officer

Note: Where a Communicable Disease Control Officer feels that any part of the order above
exceed the purpose in issuing the Order, the Officer may cross off any word or sentence and include
his signature beside where the changes made.

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Communicable Disease Control Officer's Order Form
Order to revoke the order of the Communicable Disease Control Officer
Pursuant to the Notification of the Ministry of Public Health
Re: the criteria, procedures, and conditions for carrying out an action or issuing an order by
a communicable disease control officer B.E. 2560 (2017)

Order No Issued at
On the day of , B.E.

Subject: Revocation of the Order of the Communicable Disease Control Officer

To:

Enclosure: Copy of the Order of the Communicable Disease Control Officer for Implementation

According to a communicable disease control officers issued order No.
On the day of , B.E. As specified in the enclosure copy of the order,
You are hereby requested to proceed
.....
.....
.....

It is hereby acknowledged that you have complied with the order issued by the
Communicable Disease Control Officer. Therefore, the Communicable Disease Control Officer hereby
revokes Order No. / dated, effective from the time you receive this
order onward.

Sincerely,

Signed
(.....)
Communicable Disease Control Officer

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Notification of the Ministry of Public Health

Re: The Rules, Procedures and Conditions In Implementing or Issuing an Order
by a Communicable Disease Control Officer (No. 2), B.E. 2563 (2020).

Whereas it is expedient to revise the Notification of the Ministry of Public Health Re: The Rules, Procedures and Conditions in Implementing or Issuing an Order by a Communicable Disease Control Officer, B.E. 2560 (2017), dated 22 December B.E. 2560, for the purpose of effective communicable disease prevention and control;

By virtue of section 5 paragraph one, section 7(2), and section 34 paragraph three, of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the advice of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: The Rules, Procedures and Conditions in Implementing or Issuing an Order by a Communicable Disease Control Officer (No. 2), B.E. 2563 (2020)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The content of clause 2 of the Notification of the Ministry of Public Health concerning the Rules, Procedures and Conditions in Implementing or Issuing an Order by a Communicable Disease Control Officer, B.E. 2560 (2017), dated 22 December B.E. 2560, shall be repealed and replaced with the following:

“Clause 2 Where a Dangerous Communicable Disease or an Epidemic has occurred, or is reasonably suspected of having occurred, in an area, a Communicable Disease Control Officer shall issue an Order to inform the persons concerned to and implement the procedures to prevent or control the disease in accordance with the Order issued.

DISCLAIMER: THIS TEXT HAS BEEN PROVIDED FOR EDUCATIONAL/ COMPREHENSION PURPOSES AND CONTAINS NO LEGAL AUTHORITY. THE DEPARTMENT OF DISEASE CONTROL SHALL ASSUME NO RESPONSIBILITY FOR ANY LIABILITIES ARISING FROM THE USE AND/OR REFERENCE OF THIS TEXT. THE ORIGINAL THAI TEXT AS FORMALLY ADOPTED AND PUBLISHED SHALL IN ALL EVENTS REMAIN THE SOLE AUTHORITY HAVING LEGAL FORCE.

The order under the first paragraph shall be made in writing. The written order shall be in accordance with the form attached to this Notification. In necessary or emergency cases, the communicable disease control officer may issue the order in a written format that differs from the attached form. However, such alternative written format must contain at least the following details:

- (1) Date, month, and year the order was issued
- (2) Justification for the order, which shall include at minimum: essential facts, the relevant legal provisions, the officer's considerations, and supporting rationale for the exercise of discretion
- (3) Name and position of the communicable disease control officer issuing the order, along with their signature"

Announced on the 20th Day of April, B.E. 2563 (2020)

Anutin Charnvirakul

Minister of Public Health

Communicable Disease Control Officer's Order Form

Pursuant to the Notification of the Ministry of Public Health concerning the criteria, procedures, and conditions for carrying out an action or issuing an order by a communicable disease control officer B.E. 2560 (2017) and amendments

Order No

Issued at

On the day of , B.E.

I, (Mr., Mrs., Ms.) a communicable disease control officers under the Communicable Diseases Act, B.E. 2558 of the unit/agency, having discovered ☐ an occurrence of the Dangerous Communicable Disease ☐ an occurrence of the Epidemic ☐ a reasonably suspected occurrence of the Dangerous Communicable Disease ☐ a reasonably suspected occurrence of the Epidemic called at issue this order to (First - Last Name) Age Nationality Sex ☐ Male ☐ Female National ID/ Passport No. Telephone No. Contact Address: No. Village/Building Road Sub-District District Province

The person named above shall:

- (1) ☐ have a check-up ☐ have treatment ☐ have medical examination ☐ receive immunisation within day month year (a.m./p.m.) at
- (2) ☐ travel to for ☐ isolation ☐ quarantine ☐ observation From day month year (a.m./p.m) Until day month year (a.m./p.m)
- (3) bring (First - Last Name) Age Nationality Sex ☐ Male ☐ Female National ID/ Passport No. Contact Address: No. Village/Building Road Sub-District District Province Telephone No. for ☐ isolation ☐ quarantine ☐ observation ☐ examination ☐ treatment ☐ a pathology exam ☐ vaccination From day month year (a.m./p.m) Until day month year (a.m./p.m)
- (4) ☐ bring (amount of animals) (type of animal) for ☐ examination ☐ treatment ☐ a pathology exam ☐ vaccination within day month year (a.m./p.m.) at

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- (5) bring the body of ☐ (Mr., Mrs., Ms.) ☐ (animal type)
that died or was reasonably suspected of having died from disease at
for ☐ an examination ☐ medical processing ☐ other (specify):
within day month year (a.m./p.m.) at
- (6) ☐ eliminate/demolish the contagion of
..... which is or is reasonably suspected of
being the carrier of the pathogen of
☐ improve sanitation to meet public health standards by
within day month year (a.m./p.m.) until
a Communicable Disease Control Officer cancels this Order
- (7) ☐ eliminate the anime/insect/larva (type) which is the source of the
disease within day month
year (a.m./p.m.) at
- (8) ☐ be prohibited from doing/cease to
From day month year (a.m./p.m)
Until day month year (a.m./p.m)
As failure to do so will create an unsanitary condition that could be the source of
the transmission of the disease
- (9) ☐ be prohibited from entering/exiting
From day month year (a.m./p.m)
Until day month year (a.m./p.m)
- (10) ☐ enter into (house/facility/location) No.
Sub-district District Province
From day month year (a.m./p.m)
Until day month year (a.m./p.m)
For the surveillance, prevention, and control of the spread of the disease
- (11) ☐ enter conveyances type brand model
color No./license no. which contains or is suspected of
containing the disease
From day month year (a.m./p.m)
Until day month year (a.m./p.m)
For the surveillance, prevention, and control of the spread of the disease
A Communicable Disease Control Officer may directly implement the actions stated above or
order a third party to act on his behalf.

If, for any reason, you are dissatisfied with this Order or feel that it is unjust, you have the right to appeal this Order to the Communicable Disease Control Officer who issued the Order within 15 of receiving this Order.

Signed	Signed
(.....)	(.....)
Communicable Disease Control Officer	Order Recipient

Signed	Signed
(.....)	(.....)
Witness (if any)	Witness (if any)

Note: Where a Communicable Disease Control Officer feels that any part of the order above exceed the purpose in issuing the Order, the Officer may cross off any word or sentence and include his signature beside where the changes made.

Notification of the Ministry of Public Health
Re: Criteria, Procedures, and Conditions for the Investigation
of Dangerous Communicable Diseases or Epidemics B.E. 2563 (2020).

Whereas it is expedient to prescribe criteria, procedures, and conditions for the investigation of dangerous communicable diseases or epidemics.

By virtue of section 5 paragraph one, section 7 (2) and section 34 paragraph three of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the approval of the National Communicable Disease Committee, hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: Criteria, Procedures, and Conditions for the Investigation of Dangerous Communicable Diseases or Epidemics B.E. 2563 (2020)”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In the event that a dangerous communicable disease occurs, or there is reasonable cause to suspect the occurrence of such disease within any area, the Communicable Disease Control Officer responsible for that area shall, in coordination with the Communicable Disease Control Operations Unit, immediately conduct a disease investigation within twelve (12) hours from the time a person is found to be infected or reasonably suspected of being infected with a dangerous communicable disease.

Clause 4. the Director-General of Department of Disease Control, and with the recommendation of the Technical Committee, issues a declaration specifying the name, principal symptoms, and the location of an epidemic within any area, the Communicable Disease Control Officer responsible for that area shall, in coordination with the Communicable Disease Control

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Operations Unit, immediately conduct a disease investigation within forty-eight (48) hours from the time a person is found to be infected or reasonably suspected of being infected with the disease so declared by the Director-General as an epidemic.

Clause 5. In conducting disease investigations pursuant to Clause 3 and Clause 4, the Communicable Disease Control Officer, in coordination with the Communicable Disease Control Operations Unit, shall continue the investigation without interruption until the situation is deemed to have subsided, there exists a justifiable cause to cease the investigation, or the Director-General of Department of Disease Control issues a revocation of the declaration under Clause 4.

Clause 6. In conducting disease investigations, the Communicable Disease Control Officer and the Communicable Disease Control Operations Unit shall carry out the investigation in accordance with the investigative guidelines annexed to this Notification.

Clause 7. Where, upon conducting a disease investigation, the Communicable Disease Control Officer finds that a dangerous communicable disease or an epidemic has occurred, the officer responsible for such investigation shall prepare a summary report of the investigation and notify the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, and shall also submit such report to the Department of Disease Control within forty-eight (48) hours from the time a person is found to be infected or reasonably suspected of being infected with a dangerous communicable disease or an epidemic. In addition, a daily situation report shall be submitted to the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee and to the Department of Disease Control at least once per day, until the situation has subsided or unless there exists a justifiable cause otherwise.

Clause 8. The notification to the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, and the reporting to the Department of Disease Control under Clause 7, shall be carried out by any one of the following methods:

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- (1) By written correspondence
- (2) By facsimile (fax)
- (3) By electronic mail (email) or
- (4) By any other method as additionally prescribed by the Department of Disease Control

Clause 9. The notifications and reports under Clause 8 shall be sent to the address or place of work, facsimile number, or electronic mail address of the Provincial Public Health Office, the Bangkok Metropolitan Administration Health Department, or the Department of Disease Control or by any other methods as additionally prescribed by the Department of Disease Control. The addresses, places of work, facsimile numbers, electronic mail addresses, or other methods as additionally prescribed by the Department of Disease Control for the Provincial Public Health Office, the Bangkok Metropolitan Administration Health Department, or the Department of Disease Control, including the formats for notification and reporting (if any), shall comply with the prescriptions announced by the Department of Disease Control.

Clause 10. The Director General of the Department of Disease Control shall be responsible for the execution of this Notification. In the event of any implementation issues, the Director General shall have the final decision, and such decision shall be deemed final.

Announced on the 20th Day of April, B.E. 2563 (2020)

Anutin Charnvirakul

Minister of Public Health

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Notification of the Ministry of Public Health

Re: The Expenses Borne by the Conveyance Owner or Conveyance Operator

in Cases Where Travellers in the Conveyance Enter the Kingdom

from a Disease Infected Zone Outside the Kingdom,

B.E. 2567 (2024).

Whereas it is expedient to prescribe criteria, procedures, and conditions regarding the determination of expenses for a conveyance owner or conveyance operator in transporting travellers in the conveyance for the purpose of isolation, quarantine, control for observation, or immunisation, including the expenses for taking care of or providing medical treatment for them and for conducting prevention and control of global communicable diseases under section 40 of the Communicable Diseases Act, B.E. 2558 (2015), and other related expenses.

By virtue of section 5, paragraph one, section 7 (3), and section 41, paragraph two of the Communicable Diseases Act, B.E. 2558 (2015), by and with the approval of the National Communicable Diseases Committee, the Minister of Public Health hereby issues this Notification as follows:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: The Expenses Borne by the Conveyance Owner or Conveyance Operator in Cases Where Travellers in the Conveyance Enter the Kingdom from a Disease Infected Zone Outside the Kingdom, B.E. 2567 (2024)”.

Clause 2. This a Notification shall come into force after the expiration of thirty days from the date of its publication in the Government Gazette.

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Clause 3. When the Minister has announced the designation of any locality or port city outside the Kingdom as a disease infected zone under section 8 of the Communicable Diseases Act, B.E. 2558 (2015), and in the case where the communicable disease control officer stationed at the international communicable disease control checkpoint carry out, or issue a written order instructing the conveyance owner or conveyance operator whose conveyance has entered the Kingdom from such locality or port city to carry out the certain actions under section 40 of the Communicable Diseases Act, B.E. 2558 (2015), and those actions incur expenses, the conveyance owner or conveyance operator shall bear the actual expenses arising from such actions.

Clause 4. The expenses incurred under clause 3 include:

(1) Transportation expenses for relocating travellers in the conveyance for the purpose of isolation, quarantine, control for observation, or immunisation, and expenses for cleaning the conveyance used for transportation for the purpose of disinfection, including parking fees for the conveyance;

(2) Medical examination expenses;

(3) Medical treatment expenses;

(4) Medical material expenses;

(5) Immunisation expenses;

(6) Expenses for using facilities for the purpose of quarantine, isolation, or control for observation;

(7) Expenses for cleaning or sanitising the facilities used for quarantine, isolation, or control for observation, or for managing sanitation at such facilities;

(8) Expenses for cleaning, storing, transporting, or destroying objects, items, equipment, or animals;

(9) Care and maintenance expenses;

(10) Other necessary expenses.

Clause 5. The Director-General of the Department of Disease Control shall be responsible for the implementation of this Notification. In cases where issues arise regarding the execution of this Notification, the Director-General of the Department of Disease Control shall have the authority to make final decisions and issue orders or judgments, and such decisions or judgments shall be final.

Announced on the 13th Day of November, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

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Notification of the Ministry of Public Health

Re: The Expenses Borne by Travellers in the Case Where the Traveller Is or Is Suspected to be Infected with a Dangerous Communicable Disease or Epidemic, or is a Carrier of the Disease, B.E. 2567 (2024).

Whereas it is expedient to prescribe criteria, procedures, and conditions of responsibility of travellers for payment of expenses in the case where the communicable disease control officer stationed at the international communicable disease control checkpoint finds that a traveller is infected or is reasonably suspected of being infected with a dangerous communicable disease or an epidemic, or a traveller is a carrier of a disease, and the communicable disease control officer stationed at the international communicable disease control checkpoint has issued an orders for the person to be isolated, quarantined or controlled for observation, or to receive immunisation, as the case may be.

By virtue of section 5, paragraph one; section 7 (4); and section 42, paragraph two of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health, by and with the approval of the National Communicable Disease Committee, hereby issues the Notification as follows:

Clause 1. This Notification is called the “ Notification of the Ministry of Public Health Re: The Expenses Borne by Travellers in the Case Where the Traveller Is or Is Suspected to be Infected with a Dangerous Communicable Disease or Epidemic, or is a Carrier of the Disease, B.E. 2567 (2024)”.

Clause 2. This Notification shall come into force after the expiration of thirty days from the date of its publication in the Government Gazette.

Clause 3. In the case where the communicable disease control officer stationed at the international communicable disease control checkpoint finds a traveller is or is reasonably suspected of being infected with a dangerous communicable disease or an epidemic, or a traveller is a carrier of the disease, and the communicable disease control officer stationed at the international

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communicable disease control checkpoint orders such person to be isolated, quarantined or controlled for observation, or to receive immunisation under section 42, paragraph one of the Communicable Diseases Act, B.E. 2558 (2015), and such actions incur expenses, the traveller shall be responsible for the actual expenses incurred. However, this does not affect the traveller's rights or claims as provided by law.

Clause 4. The expenses incurred under Clause 3 include:

(1) Transportation expenses for relocating travellers in the conveyance for the purpose of isolation, quarantine, control for observation, or immunisation, and expenses for cleaning the conveyance used for transportation for the purpose of disinfection, including parking fees for the conveyance;

(2) Medical examination expenses;

(3) Medical treatment expenses;

(4) Medical material expenses;

(5) Immunisation expenses;

(6) Expenses for using facilities for the purpose of quarantine, isolation, or control for observation;

(7) Expenses for cleaning or sanitising the facilities used for quarantine, isolation, or control for observation, or for managing sanitation at such facilities;

(8) Expenses for cleaning, storing, transporting, or destroying objects, items, equipment, or animals;

(9) Care and maintenance expenses;

(10) Other necessary expenses.

Clause 5. The Director-General of the Department of Disease Control shall be responsible for the enforcement of this Notification. In the event of any issues arising regarding the implementation of this Notification, the Director-General of the Department of Disease Control shall have the authority to make final decisions and issue orders or judgments, and such decisions or judgments shall be final.

Announced on the 13th Day of November, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

Notification of the Ministry of Public Health

Re: Uniforms, Insignia, and Identification Cards of Communicable Disease Control Officers

for Use in Identifying Officers While on Duty in Cases of Urgency or Emergency,

B.E. 2563 (2020).

Whereas it is expedient to prescribe the uniforms, insignia, and identification cards of Communicable Disease Control Officers for the purpose of identification while performing official duties in cases of necessity or emergency. And whereas in certain circumstances, such officers may not have access to the uniforms, insignia, and identification cards under the Communicable Disease Act B.E. 2558 (2015) may be required to perform their duties urgently or in emergency situations where any delay may result in damage or may lead to the spread of a dangerous communicable disease or an epidemic.

By virtue of section 5 paragraph one and section 46 paragraph two of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Ministry of Public Health Re: Uniforms, Insignia, and Identification Cards of Communicable Disease Control Officers for Use in Identifying Officers While on Duty in Cases of Urgency or Emergency B.E. 2563 (2020)”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In the event that a Communicable Disease Control Officer does not have access to the uniform, insignia, or identification card as prescribed under the Communicable Disease Act B.E. 2558 (2015), but there exists an urgent necessity or emergency situation where delay may result in damage or lead to the spread of a dangerous communicable disease or an epidemic, such officer shall be permitted to use the official uniform or insignia of a government officer, along with the official

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government identification card, or any other uniform, insignia, or identification card as prescribed by the agency to which the officer is affiliated, for the purpose of identifying oneself while performing duties or during the performance of duties pursuant to the Communicable Disease Act B.E. 2558 (2015), to relevant individuals.

Clause 4. In the event of any implementation issues, the Permanent Secretary of Ministry of Public Health shall have the final decision, and such decision shall be deemed final.

Announced on the 20th Day of April, B.E. 2563 (2020)

Anutin Charnvirakul

Minister of Public Health

Rule of the Ministry of Public Health

Rule of the Ministry of Public Health

Re: The qualifications, criteria, and procedures for selecting qualified members

of the National Communicable Disease Committee,

B.E. 2559 (2016)

Whereas it is expedient to prescribe the qualifications, criteria, and procedures for selecting qualified members of the National Communicable Disease Committee.

By virtue of Section 5 and of the last paragraph of Section 11 of the Communicable Disease Act, B.E. 2558 (2015), the Minister of Public Health issues the following Rules:

Clause 1. This Rule is called “Rule of the Ministry of Public Health concerning the qualifications, criteria, and procedures for selecting qualified members of the National Communicable Disease Committee, B.E. 2559 (2016)”.

Clause 2. This Rule shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In this Rule:

“Selection Committee” means the committee which selects the qualified members of the National Communicable Disease Committee;

“Qualified member” means a qualified member of the National Communicable Disease Committee;

“Minister” means the Minister of Public Health.

Clause 4. Qualified members shall have the qualifications and not be under any of the prohibitions as follows:

(1) being of Thai nationality;

(2) being not less than thirty-five years of age;

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(3) not being bankrupt, incompetent, or quasi-incompetent;

(4) not being a political official, a holder of a position in a political party, a member of a local assembly, a local administrator, or a committee, an adviser, or an official of a political party;

(5) not having been dismissed, laid off, terminated from official service by a state enterprise, or a state agency, or a private sector agency on the grounds of the dishonest performance of duties, wrongful acts, or being deemed as having committed dishonest acts, or wrongful conduct;

(6) not having been sentenced to imprisonment by a final judgment to imprisonment, except for an offence committed through negligence or a petty offence.

Clause 5. The proposal of names of persons for appointment as qualified members from a non-governmental organization having the objectives not to seek profit and operating public health activities under section 11(4) of the Communicable Disease Act, B.E. 2558 (2015), shall be considered from non-government organizations in accordance with the following rules:

(1) having explicit office address and list of names of members or committee;

(2) having reports, documents, photos, or evidence showing activities under objectives of organization related to surveillance, prevention and control of communicable diseases;

(3) having proof of being a Juristic person or Certificate of existence of non-governmental organization from Government agency, in case of not being a juristic person.

Clause 6. There shall be one Selection Committee having the duties of selecting qualified members, consists of the Permanent Secretary of Public Health as a Chairperson, the Director-General of the Department of Medical Services, the Director-General of the Department of Livestock Development, the Director-General of the Department of Disaster Prevention and Mitigation, the Director-General of the Department of Medical Sciences, and the Director-General of the Department of Health as directors, the Director-General of the Department of Disease Control

as a Director and a Secretary, the Director of the Bureau of General Communicable Diseases of the Department of Disease Control as a Director and a first secretary assistance, and the Director of the Bureau of Epidemiology of the Department of Disease Control as a Director and a second secretary assistance.

Clause 7. At a meeting of the Selection Committee, the presence of not less than one-half of the total members of the committee is required to constitute a quorum.

The Chairperson shall preside over the meeting. If the Chairperson is not present at the meeting or is unable to perform the duties, the present members shall elect one among themselves to preside over the meeting.

A decision of the meeting shall be made by a majority of votes.

In casting a vote, each member shall have one vote. In case of an equality of votes, the presiding member shall have an additional vote as the casting vote.

Clause 8. The following procedures shall be followed to obtain a list of suitable candidates for the selection of qualified members:

(1) Each member of the Selection Committee shall propose a list of up to four suitable candidates;

(2) Any other methods deemed appropriate by the Selection Committee.

Clause 9. The Selection Committee shall select persons to be appointed as qualified members by considering the following elements:

(1) Personal profile, education, and work experience;

(2) Knowledge, expertise, and experience in Public Health, Disease Control, or any other areas related to the surveillance, prevention or control of communicable diseases;

(3) Performance or achievement records;

(4) Other relevant elements.

Clause 10. The following procedure shall be followed to appoint qualified persons:

(1) Before the selection, the Selection Committee shall review the qualifications and the prohibitions, including the profile and portfolio of each person. The suitable candidates for the selection of qualified members shall submit their own profile and portfolio to the Selection Committee in the form prescribed by the secretary.

(2) The Selection Committee shall select at least six but not more than eight persons who deserve to be appointed as qualified members. In this list of qualified members, there should be not less than two persons from non-government organizations having the objectives not to seek profit and operating public health activities.

(3) The Selection Committee shall submit the list of names and relevant documents of the selected persons to the Minister for the appointment of qualified members.

Clause 11. For the first appointment of the qualified members, the Minister shall complete the appointment of the qualified members within forty-five days from the date when the Selection Committee proposed the list of candidates to the Minister.

Clause 12. The Minister shall take charge of this Notification. In case there is a problem with the implementation of this Notification, the Minister shall decide and the order or the decision of the Minister is final.

Announced on 29th Day of April B.E. 2559 (2016)

Piyasakol Sakolsatayadorn

Minister of Public Health

Rule of the Ministry of Public Health

Re: Reimbursement of Compensation for Surveillance, Disease Investigation, Prevention, or Control of Dangerous Communicable Diseases, B.E. 2567 (2024).

Whereas it is expedient to establish regulations for the disbursement of remuneration for the conduct of surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases.

By virtue of section 5 paragraph one, section 14 (6) and of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the approval of the National Communicable Disease Committee, hereby issues the following Rule:

Clause 1. This Rule is called “Rule of the Ministry of Public Health Re: Reimbursement of Compensation for Surveillance, Disease Investigation, Prevention, or Control of Dangerous Communicable Diseases, B.E. 2567 (2024)”

Clause 2. This Rule shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In this Rule:

“surveillance” means observation and data collection and analysis, as well as reporting and following up on the result of disease transmission on an ongoing and systematic basis for the purpose of disease control.

“disease investigation” means the procedure to identify causes, sources and reservoirs of diseases for the purpose of disease control.

“disease prevention” means the undertaking of actions to prevent dangerous communicable diseases in accordance with the Communicable Diseases Act, B.E. 2558 (2015), and shall include any actions taken, by any means, prior to the occurrence of a disease, to prevent its occurrence or transmission.

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“disease control” means the undertaking of actions to control dangerous communicable diseases in accordance with the Communicable Diseases Act, B.E. 2558 (2015), and shall include patient relocation, diagnosis, autopsy, treatment, disinfection, or any actions taken, by any means, after the occurrence of a disease.

“remuneration” means compensation for the risk of infection or danger, in the case where a Communicable Disease Control Officer undertakes surveillance, disease investigation, disease prevention, or disease control in accordance with the Communicable Diseases Act, B.E. 2558 (2015).

Clause 4. The Communicable Disease Control Officer who has been assigned or authorized in writing to be responsible for the surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases in accordance with the Communicable Diseases Act, B.E. 2558 (2015), shall be entitled to receive remuneration as prescribed in this Rule.

Clause 5. In the case where any Communicable Disease Control Officer under Clause 4 has undertaken any act for the purpose of surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases pursuant to the Communicable Diseases Act, B.E. 2558 (2015), such officer shall submit a request for remuneration to one of the following persons, as applicable:

(1) The Director-General or an equivalent position title, in the case where the officer is under the central administration.

(2) The head of the provincial government office, in the case where the officer is under the regional administration.

(3) The Director of the Health Department or the director of any department or office of equivalent status within the Bangkok Metropolitan Administration, in the case where the officer is under the Bangkok Metropolitan Administration.

(4) The local executive, in the case where the officer is under the local administration, excluding Bangkok Metropolitan Administration.

The person specified in (1), (2), (3), or (4) shall be responsible and authorized to consider and approve the disbursement of remuneration within thirty (30) days from the date of receipt of the request. The result of the consideration, along with information on the right to appeal under the law governing administrative procedures, shall be notified to the applicant within seven (7) days from the date the remuneration is determined. If, due to necessity, the consideration cannot be completed within the aforementioned period, the person specified in (1), (2), (3), or (4), as the case may be, may extend the consideration period for no more than thirty (30) days from the expiry of the initial period, and shall notify the applicant of the extension and the reasons thereof.

An appeal against the decision under the second paragraph shall be submitted to the Permanent Secretary of the Ministry, the Provincial Governor, or the Governor of Bangkok within fifteen (15) days from the date of receiving the decision.

The determination made by the Permanent Secretary, the Provincial Governor, or the Governor of Bangkok shall be final.

The procedures and form for the request for remuneration shall be as prescribed by the Department of Disease Control.

Clause 6. There shall be a committee called the “Remuneration Disbursement Consideration Committee for Surveillance, Disease Investigation, Disease Prevention, or Control of Dangerous Communicable Diseases”, appointed by the person specified under Clause 5 (1), (2), (3), or (4), as the case may be. The committee shall be responsible for considering and determining the facts and relevant documentary evidence to assess whether the Communicable Disease Control Officer in question is entitled to receive remuneration under this Rule, and to determine the appropriate amount of remuneration. The committee shall submit its recommendation to the person specified under Clause 5 (1), (2), (3), or (4) for consideration and approval of the remuneration disbursement to the said officer.

Clause 7. The consideration and disbursement of remuneration under Clause 6 shall be in accordance with the criteria annexed to this Rule.

Clause 8. The disbursement of remuneration to a Communicable Disease Control Officer shall be made from the state budget or Extrabudgetary of the agency to which the said officer is affiliated. The method of disbursement shall be in accordance with the relevant governmental financial regulations.

Clause 9. In the event that the Communicable Disease Control Officer is entitled to receive any other payment from the government under other laws or regulations of a similar nature, and such entitlement is less than the remuneration provided under this Rule, the officer shall be entitled to receive only the difference under this Rule.

Clause 10. This Rule shall not apply to the surveillance, disease investigation, disease prevention, or disease control in cases involving extensively drug-resistant tuberculosis (XDR-TB)

Clause 11. The Permanent Secretary of Ministry of Public Health shall be responsible for the execution of this Rule. In the event of any implementation issues, the Permanent Secretary of Ministry of Public Health shall have the final decision, and such decision shall be deemed final.

Announced on the 13rd Day of November, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

Criteria for Consideration of Remuneration Disbursement for Surveillance, Disease Investigation, Disease Prevention, or Control of Dangerous Communicable Diseases
Annexed to the Rule of the Ministry of Public Health Re: Reimbursement of Compensation for Surveillance, Disease Investigation, Prevention, or Control of Dangerous Communicable Diseases, B.E. 2567 (2024)

1. Work Description

The duties of communicable disease control officers shall be classified into four categories as follows:

1. Surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases at international ports of entry, in cases where travelers are found to be or are reasonably suspected of being infected with a dangerous communicable disease.
2. Surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases in areas where individuals are found to be or are reasonably suspected of being infected with a dangerous communicable disease.
3. Medical autopsy or laboratory confirmation based on specimens collected from individuals who are or are reasonably suspected of being infected with a dangerous communicable disease, contacts of such individuals, carriers of dangerous communicable diseases, or any other sources that cause or are likely to cause the spread of dangerous communicable diseases.
4. Examination and treatment of individuals who are or are reasonably suspected of being infected with a dangerous communicable disease at medical facilities, including Patients Under Investigation (PUI) and Confirmed Cases.

All duties under the four categories must be performed in the form of shifts or rotations. Each shift or rotation must not be less than eight (8) hours in duration. In the event that the duty is not performed for the full duration of the shift or rotation, remuneration shall be proportionately reduced on an hourly basis. Any fraction of an hour that is less than thirty (30) minutes shall be disregarded, while a fraction of thirty (30) minutes or more shall be rounded up to one (1) full hour.

2. Payment of Remuneration

Remuneration shall be provided for the performance of surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases, in accordance with the types of duties specified in Clause 1, as follows:

2.1 Surveillance, Disease Investigation, Disease Prevention, or Control of Dangerous Communicable Diseases at International Ports of Entry.

Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
1. physicians of all medical specialties	1. Conduct screening of travelers arriving from areas where a dangerous communicable disease has occurred or is suspected to have occurred. 2. Take the medical history of travelers who show symptoms or are reasonably suspected of having a dangerous communicable disease. 3. Collect specimens for laboratory confirmation. 4. Arrange for the referral of travelers who show symptoms or are reasonably suspected of having a dangerous communicable disease. 5. Conduct health examinations and provide health advice to travelers.	1,500 Baht per shift or rotation	1. An official order or documentary evidence assigning personnel to perform duties related to surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases at international ports of entry. 2. Supporting documents required for the disbursement of remuneration in accordance with the regulations prescribed by the government.
2. Veterinarians, Pharmacists, Nurses, Medical Technologists, Public Health Academics, Public Health Officers, and Other Personnel Involved in Surveillance, Disease Investigation, Disease Prevention, or Control of Dangerous Communicable Diseases in a Similar Capacity	1. Conduct screening of travelers arriving from areas where a dangerous communicable disease has occurred or is suspected to have occurred. 2. Take medical history of travelers who exhibit symptoms or are reasonably suspected of having a dangerous communicable disease. 3. Assist physicians in collecting specimens for laboratory confirmation. 4.. Arrange for the referral of travelers who exhibit symptoms or are reasonably suspected of having a dangerous communicable disease. 5. Provide health advice to travelers.	1,000 Baht per shift or rotation	

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Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
3. Personnel Who Perform or Support the Operations of Officers under Clauses 1 and 2	Perform or assist in performing surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases in collaboration with the officers under Clauses 1 and 2	1,000 Baht per shift or rotation	

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2.2 Surveillance, Disease Investigation, Disease Prevention, or Control of Dangerous Communicable Diseases in Areas Where Cases or Suspected Cases of Dangerous Communicable Diseases Are Detected.

Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
1. physicians of all medical specialties	<p>1. Carry out activities for the purposes of surveillance, disease prevention, disease control, or disease investigation in areas where a dangerous communicable disease has occurred or is suspected to have occurred.</p> <p>2. Take medical history, perform physical examinations, collect laboratory specimens, conduct medical autopsies, investigate cases, examine or treat individuals who are or are reasonably suspected of being infected with a dangerous communicable disease, including isolation, quarantine, observation, and referral of symptomatic or suspected individuals.</p> <p>3. Handle corpses, animal carcasses, animals, insects, or objects suspected of being disease vectors or sources of infection, in order to carry out medical procedures or take any other necessary actions to prevent the spread of dangerous communicable diseases.</p> <p>4. Take actions to eliminate infection or destroy any items that contain or are reasonably suspected of containing dangerous communicable pathogens.</p>	1,500 Baht per shift or rotation	<p>1. An official order or documentary evidence assigning personnel to perform duties involving surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases.</p> <p>2. Supporting documents required for the disbursement of remuneration in accordance with the regulations prescribed by the government.</p>
2. Veterinarians, Pharmacists, Nurses, Medical Technologists, Public Health Academics, Public	1. Carry out activities for the purposes of surveillance, disease prevention, disease control, or disease investigation in areas where a dangerous communicable disease	1,000 Baht per shift or rotation	

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Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
Health Officers, and Other Personnel Involved in Surveillance, Disease Investigation, Disease Prevention, or Control of Dangerous Communicable Diseases in a Similar Capacity	<p>has occurred or is suspected to have occurred.</p> <p>2. Take medical history, perform physical examinations, collect laboratory specimens, conduct medical autopsies, investigate disease cases, examine or treat individuals who are or are reasonably suspected of being infected with a dangerous communicable disease, including isolation, quarantine, observation, and referral of such individuals. All such actions shall be performed in accordance with professional standards as prescribed by law for the respective practitioner.</p> <p>3. Handle corpses, animal carcasses, animals, insects, or objects suspected of being vectors or sources of infection, in order to undertake medical procedures or take any other necessary actions to prevent the spread of dangerous communicable diseases.</p> <p>4. Take actions to eliminate sources of infection or destroy any items that contain or are reasonably suspected of containing dangerous communicable pathogens.</p>		
3. Personnel Who Perform or Support the Operations of Officers under Clauses 1 and 2	Perform or assist in performing surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases in collaboration with the officers under Clauses 1 and 2	1,000 Baht per shift or rotation	

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2.3 Medical Autopsy or Laboratory Confirmation.

Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
1. Medical Technologists / Medical Scientists	1. Perform diagnostic and confirmatory testing on specimens collected from individuals who are, or are reasonably suspected of being, infected with a dangerous communicable disease; from contacts of infected persons or carriers of such diseases; as well as from any other sources that may cause or contribute to the spread of dangerous communicable diseases, using various laboratory methods.	1,000 Baht per shift or rotation	1. An official order or documentary evidence assigning personnel to carry out duties related to surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases. 2. Supporting documents required for the disbursement of remuneration in accordance with the regulations prescribed by the government.
2. Medical Science Officers / Other Personnel Engaged in Diagnostic or Laboratory Testing	1. Conduct screening of travelers arriving from areas where a dangerous communicable disease has occurred or is suspected to have occurred. 2. Take medical history of travelers who exhibit symptoms or are reasonably suspected of having a dangerous communicable disease. 3. Assist physicians in collecting specimens for laboratory confirmation. 4.. Arrange for the referral of travelers who exhibit symptoms or are reasonably suspected of having a dangerous communicable disease. 5. Provide health advice to travelers.	1,000 Baht per shift or rotation	
3. Personnel Who Perform or Support the Operations of Officers under Clauses 1 and 2	Perform or assist in performing surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases in collaboration with the officers under Clauses 1 and 2	1,000 Baht per shift or rotation	

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2.4 Examination and Treatment of Individuals Who Are or Are Reasonably Suspected of Being Infected with a Dangerous Communicable Disease at Healthcare Facilities.

Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
1. physicians of all medical specialties	<p>1. Take medical history, perform physical examinations, collect laboratory specimens, conduct medical autopsies, investigate disease cases, and examine or treat individuals who are, or are reasonably suspected of being, infected with a dangerous communicable disease; including isolation, quarantine, observation, and referral of such individuals.</p> <p>2. Handle corpses, animal carcasses, animals, insects, or objects suspected of being vectors or sources of infection, in order to undertake medical procedures or take any other necessary actions to prevent the spread of dangerous communicable diseases.</p> <p>3. Take actions to eliminate sources of infection or destroy any items that are, or are reasonably suspected of being, contaminated with dangerous communicable pathogens.</p>	1,500 Baht per shift or rotation	<p>1. An official order or documentary evidence assigning personnel to carry out duties related to surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases.</p> <p>2. Supporting documents required for the disbursement of remuneration in accordance with the regulations prescribed by the government.</p>
2. Veterinarians, Pharmacists, Nurses, Medical Technologists, Public Health Academics, Public Health Officers, and Other Personnel Involved in Surveillance, Disease Investigation, Disease Prevention, or Control	<p>1. Take medical history, perform physical examinations, collect laboratory specimens, conduct medical autopsies, investigate disease cases, and examine or treat individuals who are, or are reasonably suspected of being, infected with a dangerous communicable disease; including isolation, quarantine, observation, and referral of such individuals. All procedures shall be performed in accordance with the professional standards</p>	1,000 Baht per shift or rotation	

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Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
of Dangerous Communicable Diseases in a Similar Capacity	<p>as prescribed by law for the relevant practitioner.</p> <p>2. Handle corpses, animal carcasses, animals, insects, or objects suspected of being vectors or sources of infection, in order to undertake medical procedures or any other necessary actions to prevent the spread of dangerous communicable diseases.</p> <p>3. Take actions to eliminate sources of infection or destroy any items that are, or are reasonably suspected of being, contaminated with dangerous communicable pathogens.</p>		
3. Personnel Who Perform or Support the Operations of Officers under Clauses 1 and 2	Perform or assist in performing surveillance, disease investigation, disease prevention, or control of dangerous communicable diseases in collaboration with the officers under Clauses 1 and 2	1,000 Baht per shift or rotation	

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Rule of the Ministry of Public Health

Re: Reimbursement of Compensation for Surveillance, Disease Investigation, Prevention, or Control of epidemics, B.E. 2567 (2024).

Whereas it is expedient to establish regulations for the disbursement of remuneration for the conduct of surveillance, disease investigation, disease prevention, or control of epidemics.

By virtue of section 5 paragraph one, section 14 (6) and of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the approval of the National Communicable Disease Committee, hereby issues the following Rule:

Clause 1. This Rule shall be cited as: “Rule of the Ministry of Public Health Re: Reimbursement of Compensation for Surveillance, Disease Investigation, Prevention, or Control of epidemics, B.E. 2567 (2024)”

Clause 2. This Rule shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In this Rule:

“surveillance” means observation and data collection and analysis, as well as reporting and following up on the result of disease transmission on an ongoing and systematic basis for the purpose of disease control.

“disease investigation” means the procedure to identify causes, sources and reservoirs of diseases for the purpose of disease control.

“disease prevention” means the undertaking of actions to prevent epidemics in accordance with the Communicable Diseases Act, B.E. 2558 (2015), and shall include any actions taken, by any means, prior to the occurrence of a disease, to prevent its occurrence or transmission.

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“disease control” means the undertaking of actions to control epidemics in accordance with the Communicable Diseases Act, B.E. 2558 (2015), and shall include patient relocation, diagnosis, autopsy, treatment, disinfection, or any actions taken, by any means, after the occurrence of a disease.

“remuneration” means compensation for the risk of exposure to infectious epidemics, in the case where a Communicable Disease Control Officer undertakes surveillance, disease investigation, disease prevention, or disease control in accordance with the Communicable Diseases Act, B.E. 2558 (2015).

Clause 4. The Communicable Disease Control Officer who has been assigned or authorized in writing to be responsible for the surveillance, disease investigation, disease prevention, or control of epidemics in accordance with the Communicable Diseases Act, B.E. 2558 (2015), shall be entitled to receive remuneration as prescribed in this Rule.

Clause 5. In the event that a Communicable Disease Control Officer, as referred to in Clause 4, has carried out disease surveillance, investigation, prevention, or control for epidemics as prescribed and announced by the Director-General of the Department of Disease Control under the advice of the Academic Committee, by virtue of the authority under Section 9 of the Communicable Disease Act B.E. 2558 (2015), such Communicable Disease Control Officer shall submit a request for compensation to the following persons:

(1) The Director-General or an equivalent position title, in the case where the officer is under the central administration.

(2) The head of the provincial government office, in the case where the officer is under the regional administration.

(3) The Director of the Health Department or the director of any department or office of equivalent status within the Bangkok Metropolitan Administration, in the case where the officer is under the Bangkok Metropolitan Administration.

(4) The local executive, in the case where the officer is under the local administration, excluding Bangkok Metropolitan Administration.

The person specified in (1), (2), (3), or (4) shall be responsible and authorized to consider and approve the disbursement of remuneration within thirty (30) days from the date of receipt of the request. The result of the consideration, along with information on the right to appeal under the law governing administrative procedures, shall be notified to the applicant within seven (7) days from the date the remuneration is determined. If, due to necessity, the consideration cannot be completed within the aforementioned period, the person specified in (1), (2), (3), or (4), as the case may be, may extend the consideration period for no more than thirty (30) days from the expiry of the initial period, and shall notify the applicant of the extension and the reasons thereof.

An appeal against the decision under the second paragraph shall be submitted to the Permanent Secretary of the Ministry, the Provincial Governor, or the Governor of Bangkok within fifteen (15) days from the date of receiving the decision.

The determination made by the Permanent Secretary, the Provincial Governor, or the Governor of Bangkok shall be final.

The procedures and form for the request for remuneration shall be as prescribed by the Department of Disease Control.

Clause 6. There shall be a committee called the “Remuneration Disbursement Consideration Committee for Surveillance, Disease Investigation, Disease Prevention, or Control of Epidemics” appointed by the person specified under Clause 5 (1), (2), (3), or (4), as the case may be. The committee shall be responsible for considering and determining the facts and relevant documentary evidence to assess whether the Communicable Disease Control Officer in question is entitled to receive remuneration under this Rule, and to determine the appropriate amount of remuneration. The committee shall submit

its recommendation to the person specified under Clause 5 (1), (2), (3), or (4) for consideration and approval of the remuneration disbursement to the said officer.

Clause 7. The consideration and disbursement of remuneration under Clause 6 shall be in accordance with the criteria annexed to this Rule.

Clause 8. The disbursement of remuneration to a Communicable Disease Control Officer shall be made from the state budget or Extrabudgetary of the agency to which the said officer is affiliated. The method of disbursement shall be in accordance with the relevant governmental financial regulations.

Clause 9. In the event that the Communicable Disease Control Officer is entitled to receive any other payment from the government under other laws or regulations of a similar nature, and such entitlement is less than the remuneration provided under this Rule, the officer shall be entitled to receive only the difference under this Rule.

Clause 10. the Permanent Secretary of Ministry of Public Health shall be responsible for the execution of this Rule. In the event of any implementation issues, the Permanent Secretary of Ministry of Public Health shall have the final decision, and such decision shall be deemed final.

Announced on the 13rd Day of November, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

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Criteria for Consideration of Remuneration Disbursement for Surveillance, Disease Investigation, Disease Prevention, or Control of Epidemics Annexed to the Rule of the Ministry of Public Health Re: Reimbursement of Compensation for Surveillance, Disease Investigation, Prevention, or Control of Epidemics, B.E. 2567 (2024).

1. Work Description

The duties of communicable disease control officers shall be classified into four categories as follows:

1. Surveillance, disease investigation, disease prevention, or control of Epidemics at international ports of entry, in cases where travelers are found to be or are reasonably suspected of being infected with an Epidemic.
2. Surveillance, disease investigation, disease prevention, or control of Epidemics in areas where individuals are found to be or are reasonably suspected of being infected with an Epidemic.
3. Medical autopsy or laboratory confirmation based on specimens collected from individuals who are or are reasonably suspected of being infected with an Epidemic, contacts of such individuals, carriers of Epidemics, or any other sources that cause or are likely to cause the spread of Epidemics.
4. Examination and treatment of individuals who are or are reasonably suspected of being infected with an Epidemic at medical facilities, including Patients Under Investigation (PUI) and Confirmed Cases.

All duties under the four categories must be performed in the form of shifts or rotations. Each shift or rotation must not be less than eight (8) hours in duration. In the event that the duty is not performed for the full duration of the shift or rotation, remuneration shall be proportionately reduced on an hourly basis. Any fraction of an hour that is less than thirty (30) minutes shall be disregarded, while a fraction of thirty (30) minutes or more shall be rounded up to one (1) full hour.

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2. Payment of Remuneration

Remuneration shall be provided for the performance of surveillance, disease investigation, disease prevention, or control of Epidemics, in accordance with the types of duties specified in Clause 1, as follows:

2.1 Surveillance, Disease Investigation, Disease Prevention, or Control of Epidemics at International Ports of Entry.

Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
1. physicians of all medical specialties	1. Conduct screening of travelers arriving from areas where an Epidemic has occurred or is suspected to have occurred. 2. Take the medical history of travelers who show symptoms or are reasonably suspected of having an Epidemic. 3. Collect specimens for laboratory confirmation. 4. Arrange for the referral of travelers who show symptoms or are reasonably suspected of having an Epidemic 5. Conduct health examinations and provide health advice to travelers.	1,500 Baht per shift or rotation	1. An official order or documentary evidence assigning personnel to perform duties related to surveillance, disease investigation, disease prevention, or control of Epidemics at international ports of entry. 2. Supporting documents required for the disbursement of remuneration in accordance with the regulations prescribed by the government.
2. Veterinarians, Pharmacists, Nurses, Medical Technologists, Public Health Academics, Public Health Officers, and Other Personnel Involved in Surveillance, Disease Investigation, Disease Prevention, or Control of Epidemics in a Similar Capacity	1. Conduct screening of travelers arriving from areas where an Epidemic has occurred or is suspected to have occurred. 2. Take medical history of travelers who exhibit symptoms or are reasonably suspected of having an Epidemic. 3. Assist physicians in collecting specimens for laboratory confirmation. 4.. Arrange for the referral of travelers who exhibit symptoms or are reasonably suspected of having an Epidemic. 5. Provide health advice to travelers.	1,000 Baht per shift or rotation	
3. Personnel Who Perform or Support the Operations of Officers under Clauses 1 and 2	Perform or assist in performing surveillance, disease investigation, disease prevention, or control of Epidemics in collaboration with the officers under Clauses 1 and 2	1,000 Baht per shift or rotation	

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2.2 Surveillance, Disease Investigation, Disease Prevention, or Control of Epidemics in Areas

Where Cases or Suspected Cases of Epidemics Are Detected.

Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
1. physicians of all medical specialties	<p>1. Carry out activities for the purposes of surveillance, disease prevention, disease control, or disease investigation in areas where an Epidemic has occurred or is suspected to have occurred.</p> <p>2. Take medical history, perform physical examinations, collect laboratory specimens, conduct medical autopsies, investigate cases, examine or treat individuals who are or are reasonably suspected of being infected with an Epidemic, including isolation, quarantine, observation, and referral of symptomatic or suspected individuals.</p> <p>3. Handle corpses, animal carcasses, animals, insects, or objects suspected of being disease vectors or sources of infection, in order to carry out medical procedures or take any other necessary actions to prevent the spread of Epidemics.</p> <p>4. Take actions to eliminate infection or destroy any items that contain or are reasonably suspected of containing Epidemic pathogens.</p>	1,500 Baht per shift or rotation	<p>1. An official order or documentary evidence assigning personnel to perform duties involving surveillance, disease investigation, disease prevention, or control of Epidemics</p> <p>2. Supporting documents required for the disbursement of remuneration in accordance with the regulations prescribed by the government.</p>
2. Veterinarians, Pharmacists, Nurses, Medical Technologists, Public Health Academics, Public Health Officers, and Other Personnel	<p>1. Carry out activities for the purposes of surveillance, disease prevention, disease control, or disease investigation in areas where an Epidemic has occurred or is suspected to have occurred.</p> <p>2. Take medical history, perform physical examinations, collect laboratory specimens,</p>	1,000 Baht per shift or rotation	

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Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
Involved in Surveillance, Disease Investigation, Disease Prevention, or Control of Epidemics in a Similar Capacity	<p>conduct medical autopsies, investigate disease cases, examine or treat individuals who are or are reasonably suspected of being infected with an Epidemic, including isolation, quarantine, observation, and referral of such individuals. All such actions shall be performed in accordance with professional standards as prescribed by law for the respective practitioner.</p> <p>3. Handle corpses, animal carcasses, animals, insects, or objects suspected of being vectors or sources of infection, in order to undertake medical procedures or take any other necessary actions to prevent the spread of Epidemics.</p> <p>4. Take actions to eliminate sources of infection or destroy any items that contain or are reasonably suspected of containing Epidemic pathogens.</p>		
3. Personnel Who Perform or Support the Operations of Officers under Clauses 1 and 2	Perform or assist in performing surveillance, disease investigation, disease prevention, or control of Epidemics in collaboration with the officers under Clauses 1 and 2	1,000 Baht per shift or rotation	

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2.3 Medical Autopsy or Laboratory Confirmation.

Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
1. Medical Technologists / Medical Scientists	1. Perform diagnostic and confirmatory testing on specimens collected from individuals who are, or are reasonably suspected of being, infected with an Epidemic; from contacts of infected persons or carriers of such diseases; as well as from any other sources that may cause or contribute to the spread of Epidemics, using various laboratory methods.	1,000 Baht per shift or rotation	1. An official order or documentary evidence assigning personnel to carry out duties related to surveillance, disease investigation, disease prevention, or control of Epidemics. 2. Supporting documents required for the disbursement of remuneration in accordance with the regulations prescribed by the government.
2. Medical Science Officers / Other Personnel Engaged in Diagnostic or Laboratory Testing	1. Conduct screening of travelers arriving from areas where an Epidemic has occurred or is suspected to have occurred. 2. Take medical history of travelers who exhibit symptoms or are reasonably suspected of having an Epidemic. 3. Assist physicians in collecting specimens for laboratory confirmation. 4.. Arrange for the referral of travelers who exhibit symptoms or are reasonably suspected of having an Epidemic. 5. Provide health advice to travelers.	1,000 Baht per shift or rotation	
3. Personnel Who Perform or Support the Operations of Officers under Clauses 1 and 2	Perform or assist in performing surveillance, disease investigation, disease prevention, or control of Epidemics in collaboration with the officers under Clauses 1 and 2	1,000 Baht per shift or rotation	

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2.4 Examination and Treatment of Individuals Who Are or Are Reasonably Suspected of Being Infected with an Epidemic at Healthcare Facilities.

Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
1. physicians of all medical specialties	<p>1. Take medical history, perform physical examinations, collect laboratory specimens, conduct medical autopsies, investigate disease cases, and examine or treat individuals who are, or are reasonably suspected of being, infected with an Epidemic; including isolation, quarantine, observation, and referral of such individuals.</p> <p>2. Handle corpses, animal carcasses, animals, insects, or objects suspected of being vectors or sources of infection, in order to undertake medical procedures or take any other necessary actions to prevent the spread of Epidemics.</p> <p>3. Take actions to eliminate sources of infection or destroy any items that are, or are reasonably suspected of being, contaminated with Epidemic pathogens.</p>	1,500 Baht per shift or rotation	<p>1. An official order or documentary evidence assigning personnel to carry out duties related to surveillance, disease investigation, disease prevention, or control of Epidemics.</p> <p>2. Supporting documents required for the disbursement of remuneration in accordance with the regulations prescribed by the government.</p>
2. Veterinarians, Pharmacists, Nurses, Medical Technologists, Public Health Academics, Public Health Officers, and Other Personnel Involved in Surveillance, Disease Investigation, Disease Prevention, or Control	<p>1. Take medical history, perform physical examinations, collect laboratory specimens, conduct medical autopsies, investigate disease cases, and examine or treat individuals who are, or are reasonably suspected of being, infected with an Epidemic; including isolation, quarantine, observation, and referral of such individuals.</p> <p>All procedures shall be performed in accordance with the professional standards as prescribed by law for the relevant practitioner.</p>	1,000 Baht per shift or rotation	

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Duty Officer	Work Description	Rate of Remuneration (Thai baht)	Documentation for Reimbursement
of Epidemics in a Similar Capacity	2. Handle corpses, animal carcasses, animals, insects, or objects suspected of being vectors or sources of infection, in order to undertake medical procedures or any other necessary actions to prevent the spread of Epidemics. 3. Take actions to eliminate sources of infection or destroy any items that are, or are reasonably suspected of being, contaminated with Epidemic pathogens.		
3. Personnel Who Perform or Support the Operations of Officers under Clauses 1 and 2	Perform or assist in performing surveillance, disease investigation, disease prevention, or control of Epidemics in collaboration with the officers under Clauses 1 and 2	1,000 Baht per shift or rotation	

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Rule of the Ministry of Public Health

Re: Disbursement of Compensation for Surveillance, Disease Investigation, Prevention, or Control of Dangerous Communicable Diseases or Epidemics, B.E. 2567 (2024)

Whereas it is expedient to prescribe regulations regarding the disbursement of compensation for conducting surveillance, disease investigation, prevention, or control of dangerous communicable diseases or epidemics.

By virtue of section 5 paragraph one, section 14 (6) and of the Communicable Diseases Act, B.E. 2558 (2015), the Minister of Public Health by and with the approval of the National Communicable Disease Committee, hereby issues the following Rule:

Clause 1. This Rule is called “Rule of the Ministry of Public Health Re: Disbursement of Compensation for Surveillance, Disease Investigation, Prevention, or Control of Dangerous Communicable Diseases or Epidemics, B.E. 2567 (2024).”

Clause 2. This Rule shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In this Rule:

“officer” means an official who performs duties in communicable disease control operations, or who works in surveillance, disease investigation, prevention, or control of dangerous communicable diseases or epidemics in a government agency, medical facility, laboratory, or an autopsy site of a government agency, or at an international communicable disease control checkpoint.

“surveillance” means observation and data collection and analysis, as well as reporting and following up on the result of disease transmission on an ongoing and systematic basis for the purpose of disease control.

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“disease investigation” means the procedure to identify causes, sources and reservoirs of diseases for the purpose of disease control.

“disease prevention” means the undertaking of actions to prevent epidemics in accordance with the Communicable Diseases Act, B.E. 2558 (2015), and shall include any actions taken, by any means, prior to the occurrence of a disease, to prevent its occurrence or transmission.

“disease control” means the undertaking of actions to control epidemics in accordance with the Communicable Diseases Act, B.E. 2558 (2015), and shall include patient relocation, diagnosis, autopsy, treatment, disinfection, or any actions taken, by any means, after the occurrence of a disease.

Clause 4. Any officer who conducts surveillance, disease investigation, prevention, or control of dangerous communicable diseases or epidemics and, as a result, becomes infected or contracts such a disease as defined under Section 6 (1) or Section 9 of the Communicable Diseases Act, B.E. 2558 (2015), shall be entitled to receive compensation as prescribed in this Rule.

Clause 5. The officer entitled to compensation, or their heir, shall submit a claim to one of the following persons:

(1) The Director-General or an equivalent position title, in the case where the officer is under the central administration.

(2) The head of the provincial government office, in the case where the officer is under the regional administration.

(3) The Director of the Health Department or the director of any department or office of equivalent status within the Bangkok Metropolitan Administration, in the case where the officer is under the Bangkok Metropolitan Administration.

(4) The local executive, in the case where the officer is under the local administration, excluding Bangkok Metropolitan Administration.

The person specified in (1), (2), (3), or (4), as the case may be, shall submit the matter to the Department of Disease Control within fifteen (15) days from receiving the claim, for consideration and determination of compensation, to be completed within thirty (30) days from receipt by the Department. If completion is not possible within this period due to necessity, the period may be extended by no more than thirty (30) days, counted from the expiry of the initial period. The Department of Disease Control shall notify the result of the determination and inform the officer of their right to appeal under the law governing administrative procedures within seven (7) days from completion of consideration.

An appeal shall be submitted to the Director-General of the Department of Disease Control within fifteen (15) days from the date of receiving the notification of the result.

The Director-General's decision shall be final.

The procedures and form for the request for remuneration shall be as prescribed by the Department of Disease Control.

Clause 6. A committee shall be established, called the "Committee for Determination of Compensation for Surveillance, Disease Investigation, Prevention, or Control of Dangerous Communicable Diseases or Epidemics," appointed by the person specified under Clause 5 (1), (2), (3), or (4), as the case may be. The Committee shall consist of officials from the Department of Disease Control, the Comptroller General's Department, and may include other officials with knowledge, expertise, or experience in medicine or public health. The Committee shall determine the facts and examine the evidence to assess whether the officer is entitled to compensation and the appropriate amount, then submit the result to the person specified under Clause 5 for submission to the Department of Disease Control.

Clause 7. In determining compensation, the Committee shall take into account the extent of harm suffered by the officer, benefits already received, and other possible means of mitigating the damage. Compensation shall be determined as follows:

(1) In the event of death, permanent disability, or chronic illness requiring lifelong treatment and with severe impact on living, not less than 240,000 baht and not more than 400,000 baht.

(2) In the event of loss of organ or disability affecting living, not less than 100,000 baht and not more than 240,000 baht.

(3) In the event of infection or injury causing serious harm, not more than 100,000 baht.

(4) In the event of infection or injury requiring treatment for no more than twenty (20) days, not more than 50,000 baht.

Clause 8. The disbursement of compensation to officers shall be made from the budget or extra-budgetary funds of the Department of Disease Control, in accordance with government financial regulations.

Clause 9. If the officer is entitled to any other payment from the government under any other law or regulation of a similar nature, and such entitlement is less than the compensation under this Rule, the officer shall be entitled only to the difference.

Clause 10. the Permanent Secretary of Ministry of Public Health shall be responsible for the execution of this Rule. In the event of any implementation issues, the Permanent Secretary of Ministry of Public Health shall have the final decision, and such decision shall be deemed final.

Announced on the 13rd Day of November, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

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**Rule of the Ministry of Public Health Re: Reimbursement for Actions conducted
by a Communicable Disease Control Officer in Lieu of a Person who Fails to Comply
with an Order Within the Specified period of time, B.E. 2567 (2024).**

Whereas it is expedient to establish criteria for the reimbursement for actions conducted by a communicable disease control officer in lieu of the case where a communicable disease control officer has ordered any person to carry out any action under section 34 (3), (4) or (5), section 38, section 39 (4) or section 40 (1), (2) or (3) of the Communicable Diseases Act, B.E. 2558 (2015); but such person fails to comply with the order within a specified period of time;

By virtue of section 5 paragraph one, and section 44 of the Communicable Disease Act, B.E. 2558 (2015), the Minister of Public Health hereby issues the following Rule:

Clause 1. This Rule is called the “Rule of the Ministry of Public Health Re: Reimbursement for Actions conducted by a Communicable Disease Control Officer in Lieu of a Person who Fails to Comply with an Order Within the Specified period of time, B.E. 2567 (2024)”.

Clause 2. This Rule shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In the case that a communicable disease control officer has issued an order for any person to carry out specific actions for the prevention and control of communicable diseases, and such person fails to comply with the order within a specified period of time, thereby necessitating the communicable disease control officer to act in their stead, such person shall be liable to reimburse all actual expenses incurred as a result of such substitute action.

The substitute actions under paragraph one shall include:

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(1) Transporting corpses or carcasses of the persons or animals which are dead or are suspected of being dead of the dangerous communicable disease or epidemic to have an examination or medical management or to be dealt with by any other means in order to prevent the transmission of the disease;

(2) Disinfection and destroy anything contaminated, or reasonably suspected of being contaminated with pathogens of the communicable disease or to improve sanitation in the houses, tenements, places or conveyances where the dangerous communicable disease or epidemic occurs to ensure hygienic conditions in order to control and prevent the transmission of the disease;

(3) Eliminating the animals, insects or immature insects which are a cause of the occurrence of the dangerous communicable disease or epidemic in the houses, tenements, places or conveyances where the dangerous communicable disease or epidemic occurs to prevent the transmission of the disease;

(4) Eliminating mosquitoes and carriers of a disease covering a radius of four hundred meters around the port of entry;

(5) Improving sanitation of the conveyance to ensure hygienic conditions, as well as to eliminate materials in the conveyance which may be harmful to health when there are reasonable grounds or there is a suspicion that a conveyance comes from any locality or port city outside the Kingdom where there is an epidemic;

(6) Taking any of the following actions when the Minister of Public Health has announced the designation of any locality or port city outside the Kingdom as a disease infected zone under section 8 of the Communicable Disease Act, B.E. 2558 (2015):

(6.1) Conduct a disinfection in order to prevent and control the transmission of the disease;

(6.2) arrange the conveyance to park at a specified place until a communicable disease control officer stationed at the international communicable disease control checkpoint has permitted it to leave;

(6.3) Require travellers in such conveyance to have a medical check-up or may receive immunisation at a place and time specified by communicable disease control officer stationed at the international communicable disease control checkpoint.

Clause 4. In the case where the expenses incurred can be determined with certainty, the Communicable Disease Control Officer shall notify the recipient of the order in writing of the result of the consideration, enclosing copies of relevant evidence of the incurred expenses. Such notification shall also inform the recipient of the right to appeal in accordance with the law on administrative procedure. This notification must be made within fifteen (15) days from the date on which the Communicable Disease Control Officer undertakes the action in substitution.

The person shall reimburse the incurred expenses at the office of the Communicable Disease Control Officer within fifteen (15) days from the date of receipt of such written notification.

The written notification under paragraph one must state the reasons for the substitutional action undertaken by the Communicable Disease Control Officer, which shall include at least the following:

- (1) The material facts;
- (2) The legal provisions relied upon;
- (3) The considerations and supporting reasons for the exercise of discretion.

Clause 5. In the case where the expenses incurred cannot be determined with certainty, the Communicable Disease Control Officer shall report the matter to the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, within seven (7) days from the date on which the officer undertakes the action in substitution.

The relevant Committee shall then appoint a sub-committee referred to as the “Expense Determination Committee,” which shall consist of at least two administrative officers or local administrative personnel, and at least one Communicable Disease Control Officer, to consider and determine the amount of the expenses incurred. The Expense Determination Committee shall complete its consideration within fifteen (15) days from the date of appointment. If the committee is unable to complete its work within the specified period, it must report the issues and obstacles encountered to the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, for consideration and approval of an extension of the time period, which may be granted not more than twice, and each extension shall not exceed fifteen (15) days.

Clause 6. Once the Expense Determination Committee has completed its consideration and determined the amount of expenses, it shall submit its opinion to the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be. If the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee requests a review or further investigation, the Expense Determination Committee shall promptly proceed to complete such tasks within the period specified by the said Committee.

The opinion of the Expense Determination Committee must clearly state the material facts and legal grounds, and must be supported by relevant evidence. Such opinion shall not be binding upon the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, which may render a different opinion at its discretion.

Clause 7. Upon the approval by the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, of the amount of expenses as determined under Clause 6, the Communicable Disease Control Officer shall notify the recipient of the order in writing of the result of the consideration, enclosing copies of the relevant evidence of the incurred expenses. Such notification shall also inform the recipient of the right to appeal in

accordance with the law on administrative procedure. This notification must be made within fifteen (15) days from the date the Communicable Disease Control Officer receives the decision of the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be. The person shall reimburse the expenses at the office of the Communicable Disease Control Officer within fifteen (15) days from the date of receipt of such written notification. The provisions of Clause 4, paragraph two, shall apply mutatis mutandis to the written notification to the recipient of the order.

Clause 8. In the case where the recipient of the order makes payment of the expenses as specified under clause 4 or clause 7, the Communicable Disease Control Officer, or a person assigned by the Communicable Disease Control Officer, shall escort such person to make the payment at the finance or treasury division of the agency to which the Communicable Disease Control Officer is affiliated.

Upon receipt of the payment under paragraph one, the officer responsible for finance or treasury affairs, as the case may be, shall issue an official receipt to such person.

Clause 9. In the event that the recipient of the order does not consent, or fails to reimburse the full amount of the expenses incurred, or fails to do so within the specified time period, the Communicable Disease Control Officer or the Expense Determination Committee, as the case may be, shall report the matter to the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be.

Clause 10. Upon receipt of the report under clause 9, the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, shall consider the details of the expenses incurred, together with the facts and the discretionary rationale provided by the Communicable Disease Control Officer in undertaking the action in substitution. The Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee may proceed with one of the following actions:

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(1) In cases where it deems appropriate to affirm the amount of expenses as proposed by the Communicable Disease Control Officer or as determined by the Expense Determination Committee, it shall return the matter to the Communicable Disease Control Officer or the Expense Determination Committee, as the case may be, for the purpose of issuing a written notification to the recipient of the order once again.

(2) In cases where it is deemed appropriate to reduce or increase the amount of expenses, the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, shall determine the revised amount of expenses and return the matter to the Communicable Disease Control Officer or the Expense Determination Committee, as the case may be, for the purpose of issuing a written notification to the recipient of the order once again. The provisions of Clause 4 shall apply mutatis mutandis to the issuance of such written notification to the recipient of the order under (1) or (2).

In the event that the recipient of the order agrees to pay the full amount of expenses incurred or makes such payment within the specified period, the provisions of clause 8 shall apply mutatis mutandis. In the event that the recipient of the order, having received the written notification under (1) or (2), still fails to pay the full amount of expenses incurred or fails to do so within the specified period, the Communicable Disease Control Officer shall proceed with administrative enforcement in accordance with the law on administrative procedure.

Clause 11. The Communicable Disease Control Officer shall prepare the following reports:

(1) In other provinces, a monthly report of the actions taken shall be submitted to the Provincial Communicable Disease Committee within the first week of the following month.

(2) In Bangkok, a monthly report of the actions taken shall be submitted to the Bangkok Communicable Disease Committee within the first week of the following month.

The Provincial Communicable Disease Committee and the Bangkok Communicable Disease Committee shall report the implementation under the preceding paragraph to the Department of Disease Control within March, June, September, and December of each year.

Clause 12. The Director-General of the Department of Disease Control shall be responsible for the execution of this Rule. In the event of any implementation issues, the Director-General shall have the final decision, and such decision shall be deemed final.

Announced on the 13rd Day of November, B.E. 2567 (2024)

Somsak Thepsuthin

Minister of Public Health

Notification of the National Communicable Disease Committee

Notification of the National Communicable Disease Committee

Re: The criteria, procedures, and conditions of the appointment, term of office, and vacating from office of the members of a Provincial Communicable Disease Committees and a Bangkok Communicable Disease Committee, B.E. 2559 (2016)

By virtue of Section 21 and Section 27 of the Communicable Diseases Act B.E. 2558 (2015), the National Communicable Disease Committee issues the criteria, procedures, and conditions of the appointment, term of office, and vacating from office of the members of a Provincial Communicable Disease Committees referred to in section 20 (3), (4) and (5), the members of a Provincial Communicable Disease Committees referred to in section 20 paragraph two, and the members of a Bangkok Communicable Disease Committee referred to in section 26 (3), (4) and (5) of the Communicable Disease Act B.E. 2558 as follows:

Clause 1. This Notification is called "Notification of the National Communicable Disease Committee concerning the criteria, procedures, and conditions of the appointment, term of office, and vacating from office of the members of a Provincial Communicable Disease Committees and a Bangkok Communicable Disease Committee, B.E. 2559 (2016)"

Clause 2. This notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The members under section 20 (3), (4) and (5), the members under section 20 paragraph two, and the members under section 26 (3), (4) and (5) shall be appointed by the Provincial Governor or the Governor of Bangkok as the case may be, taking into consideration the knowledge, expertise or experience in Public Health, Disease Control or other fields related to the surveillance, prevention or control of communicable diseases.

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Clause 4. The members under section 20 (3), (4) and (5), and the members under section 20 paragraph two, and the members under section 26 (3), (4) and (5) shall have a tenure of three years. The member who is vacating may be re-appointed but cannot hold a position for more than two consecutive terms.

Clause 5. The members under section 20 (4) and the members under section 20 paragraph two can hold a position notwithstanding Clause 4, in the following cases:

(1) For the members under section 20 (4), if any Province does not have more than three Districts or if any Province has a center hospital, or a general hospital or community hospital not more than three hospitals.

(2) For the members under section 20 paragraph two, if any Province has not more than three government agency hospitals other than government agency hospitals pursuant to section 20 (4) and the directors of hospitals under other government agencies have been appointed as the members of a Provincial Communicable Disease Committee.

Clause 6. In the case where the members under section 20 (4), the members under section 20 paragraph two, and the members under section 26 (4) have changed from his or her agency to another agency. If it is the same category and located in the same province, the members under section 20 (4), the members under section 20 paragraph two, or the members under section 26 (4), as the case may be, shall be in the office for the remaining terms.

Clause 7. In the case where the members under section 20 (3), (4) and (5), the members under section 20 paragraph two, or the members under section 26 (3), (4) and (5) vacates his or her office prior to the expiration of the term, the Provincial Governor or the Governor of Bangkok, as the case may be, shall appoint the member to replace the vacated member within thirty days from the date of vacancy. The replaced member shall be in the office for the remaining term of the member whom he or she replaces, except in the case that the term of the member under section 20 (3), (4) and (5), the term of

the member under Section 20 paragraph two, or the term of the member under section 26 (3), (4) and (5) is less than ninety days. The Provincial Governor or the Governor of Bangkok, as the case may be, may not appoint any replaced member, and in this regard, the Committee shall consist of the remaining members.

Clause 8. In addition to the vacancy upon the expiration of the term, the members under section 20 (3), (4) and (5), the members under section 20 paragraph two, or the members under section 26 (3), (4) and (5) shall vacate his or her office upon:

(1) death;

(2) resignation;

(3) being dismissed by the Provincial Governor or the Governor of Bangkok on the grounds of disgraceful behavior, negligence, or dishonesty in the performance of the duty or incapability;

(4) being bankrupt;

(5) being incompetent or quasi-incompetent;

(6) being subject to an imprisonment penalty by a final judgment to imprisonment, except for an offence committed through negligence or a petty offence;

Clause 9. The Provincial Governor and the Governor of Bangkok, as the case may be, shall appoint the members under section 20 (3), (4) and (5), the members under section 20 paragraph two, or the members under section 26 (3), (4) and (5) within sixty days from the effective date.

Clause 10. The Chairperson of the National Communicable Disease Committee shall be in charge of this notification. In the case where there is a problem with the implementation of this Notification, the Chairperson of the National Communicable Disease Committee shall take a decision. And the order or the decision of the Chairperson of the National Communicable Disease Committee is final.

Announced on the 29th Day of April, B.E. 2559 (2016)

Piyasakol Sakolsatayadorn

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

Notification of the National Communicable Disease Committee

**Re: The criteria for the establishment of a communicable disease control operation unit,
B.E. 2559 (2016)**

Whereas it is expedient to prescribe the criteria for the establishment of a communicable disease control operation unit to conduct surveillance, disease investigation, prevention and control of dangerous communicable diseases or epidemics;

By virtue of Section 36 paragraph one of the Communicable Diseases Act, B.E. 2558 (2015), the National Communicable Disease Committee issues the following criteria for the establishment of a communicable disease control operation unit as follows:

Clause 1. This Notification is called “Notification of the National Communicable Disease Committee concerning the criteria for the establishment of a communicable disease control operation unit B.E. 2559 (2016)”.

Clause 2. This notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In this Notification:

“Official” means an official who performs duties in a communicable disease control operation unit, including the person assisting the official.

“Medical and public health official” means a person who graduated in Medicine, Dentistry, Veterinary, Pharmacy, Nursing, Public Health, Medical Technology, Epidemiology, Microbiology, Toxicology, or other related fields.

“Private sector” means Private sector, civil society sector, non-profit organization, foundation, association, or other related organizations.

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Clause 4. he person who will be appointed as an officer in a communicable disease control operation unit will have to undergo a training program in Epidemiology or surveillance, prevention, or control of communicable diseases as prescribed by the Department of Disease Control or certified by the Department of Disease Control.

Clause 5. The Provincial Public Health Physician or the Director of Health Department, Bangkok Metropolitan, is responsible for establishing a list of medical and public health officials, communicable disease control officers, or officials of private agencies who are qualified to be appointed as members of communicable disease control operation unit in each Amphoe or district, to propose to the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee for approval, and propose to the Provincial Governor or the Governor of Bangkok for consideration to establish the communicable disease control operation unit as deemed appropriate.

In the case where the number of officials of the communicable disease control operation unit is less than the number prescribed by law, The Provincial Public Health Physician or the Director of Health Department, Bangkok Metropolitan shall follow the steps and procedures, as set forth in the first paragraph, to replace the vacated position of the communicable disease control operation unit within thirty days from the date of vacancy.

Clause 6. he officials of the communicable disease control operation unit vacates office upon:

(1) death;

(2) resignation;

(3) being dismissed by the Provincial Governor or the Governor of Bangkok on the grounds of disgraceful behavior, negligence, or dishonesty in the performance of the duty or incapability;

(4) being bankrupt;

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(5) being incompetent or quasi-incompetent;

(6) being subject to an imprisonment penalty by a final judgment to imprisonment, except for an offence committed through negligence or a petty offence;

(7) being moved or transferred to another agency not located in the same Amphoe or district.

Clause 7. The Chairperson of the National Communicable Disease Committee in this Notification shall take a decision in case a problem occurs in the course of the implementation of this Notification and the order or adjudication of the Chairperson of the National Communicable Disease Committee shall be final.

Announced on the 29th Day of April, B.E. 2559 (2016)

Piyasakol Sakolsatayadorn

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

Notification of the National Communicable Disease Committee

Re: Additional Representatives from State agency
to the port of entry work team, B.E. 2560 (2017).

Whereas it is expedient to appoint additional representatives from state agency to the port of entry work team at International Communicable Disease Control Checkpoints to enhance the efficiency of surveillance, prevention, and control of communicable diseases or epidemics at such points of entry;

By virtue of section 23 paragraph three, of the Communicable Diseases Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Notification:

Clause 1. Additional representatives from state agencies shall be appointed to the port of entry work team at the following International Communicable Disease Control Checkpoints:

1.1 International Disease Control Checkpoint, Port of Bangkok:

- (1) Director of the Khlong Toei District Office;
- (2) Director of the Communicable Disease Control Division of Health Department, Bangkok.

1.2 International Disease Control Checkpoint, Don Mueang Airport:

- (1) Director of the Don Mueang District Office;
- (2) Director of the Communicable Disease Control Division of Health Department, Bangkok.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 6th Day of December, B.E. 2562 (2019)

Anutin Charnvirakul

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

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Notification of the National Communicable Disease Committee

Re: Additional Representatives from State agency
to the port of entry work team (No. 2), B.E. 2562 (2019).

Whereas it is expedient to appoint additional representatives from state agency to the port of entry work team at International Communicable Disease Control Checkpoints to enhance the efficiency of surveillance, prevention, and control of communicable diseases or epidemics at such points of entry;

By virtue of section 23 paragraph three, of the Communicable Diseases Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the National Communicable Disease Committee Re: Additional Representatives from State agency to the port of entry work team (No. 2), B.E. 2562 (2019)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. Additional representatives from state agencies shall be appointed to the port of entry work team at the following International Communicable Disease Control Checkpoints:

3.1 International Communicable Disease Control Checkpoint, Songkhla Port:

- (1) Head of the Wildlife Checkpoint, Songkhla Port
- (2) Head of the Fish Inspection Office, Songkhla Port
- (3) Head of District pilot, Songkhla Port
- (4) Representative of Marine Office, Songkhla Branch

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3.2 International Communicable Disease Control Checkpoint, Sadao Border:

- (1) Head of the Labour Checkpoint, Sadao Border
- (2) Head of the Wildlife Checkpoint, Sadao Border
- (3) Head of the Fish Inspection Office, Sadao Border

3.3 International Communicable Disease Control Checkpoint, Padang Besar Border:

- (1) Head of the Labour Checkpoint, Padang Besar Border
- (2) Head of the Wildlife Checkpoint, Padang Besar Border
- (3) Head of the Fish Inspection Office, Padang Besar Border
- (4) Railway Station Master, Padang Besar Border

3.4 International Communicable Disease Control Checkpoint, Ban Prakob Border:

- (1) Head of the Labour Checkpoint, Ban Prakob Border
- (2) Head of the Wildlife Checkpoint, Ban Prakob Border
- (3) Head of the Fish Inspection Office, Ban Prakob Border

3.5 International Communicable Disease Control Checkpoint, HatYai Airport:

- (1) Head of the Labour Checkpoint, HatYai Airport
- (2) Head of the Wildlife Checkpoint, HatYai Airport
- (3) Head of the Fish Inspection Office, HatYai Airport
- (4) Director of Air Traffic Control Centre, HatYai Airport

Announced on the 6th Day of December, B.E. 2562 (2019)

Anutin Charnvirakul

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

Notification of the National Communicable Disease Committee

Re: Additional Representatives from State agency
to the port of entry work team (No. 3), B.E. 2566 (2023).

Whereas it is expedient to appoint additional representatives from state agency to the port of entry work team at International Communicable Disease Control Checkpoints to enhance the efficiency of surveillance, prevention, and control of communicable diseases or epidemics at such points of entry;

By virtue of section 23 paragraph three, of the Communicable Diseases Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the National Communicable Disease Committee Re: Additional Representatives from State agency to the port of entry work team (No. 3), B.E. 2566 (2023)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. Additional representatives from state agencies shall be appointed to the port of entry work team at the following International Communicable Disease Control Checkpoints:

Friendship Bridge (Thailand-Myanmar) across the Moei River, Second Bridge, as follows:

(1) District Public Health Officer, Mae Sot District

(2) Director of Ban Wang Takhian Subdistrict Health Promoting Hospital

Announced on the 4th Day of August, B.E. 2566 (2023)

Anutin Charnvirakul

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

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Notification of the National Communicable Disease Committee

Re: Additional Representatives from State agency
to the port of entry work team (No. 4), B.E. 2566 (2023).

Whereas it is expedient to appoint additional representatives from state agency to the port of entry work team at International Communicable Disease Control Checkpoints to enhance the efficiency of surveillance, prevention, and control of communicable diseases or epidemics at such points of entry;

By virtue of section 23 paragraph three, of the Communicable Diseases Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the National Communicable Disease Committee Re: Additional Representatives from State agency to the port of entry work team (No. 4), B.E. 2566 (2023)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. Additional representatives from state agencies shall be appointed to the port of entry work team at the following International Communicable Disease Control Checkpoints:

3.1 International Communicable Disease Control Checkpoint, Tam malang Port:

- (1) Director of the Marine Office, Satun Branch
- (2) Director of the Fishery Inspection Regional Center 9 (Satun)
- (3) Head of the Labour Checkpoint, Satun
- (4) Head of the Wildlife Checkpoint, Satun

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3.2 International Communicable Disease Control Checkpoint, Wang Prachan Border:

- (1) Director of the Fishery Inspection Regional Center 9 (Satun)
- (3) Head of the Labour Checkpoint, Satun
- (4) Head of the Wildlife Checkpoint, Satun

Announced on the 8th Day of December, B.E. 2566 (2023)

Chonlanan Srikaew

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

Notification of the National Communicable Disease Committee

Re: Additional Representatives from State agency
to the port of entry work team (No. 5), B.E. 2568 (2025).

Whereas it is expedient to appoint additional representatives from government agencies to the Working Group for Points of Entry at International Communicable Disease Control Checkpoints to improve the efficiency of surveillance, prevention, and control of communicable diseases or epidemics at such points of entry

By virtue of Section 23, paragraph three, of the Communicable Disease Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the National Communicable Disease Committee Re: Additional Representatives from State agency to the port of entry work team (No. 5), B.E. 2568 (2025)”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. Additional representatives from state agencies shall be appointed to the port of entry work team at the following International Communicable Disease Control Checkpoints:

3.1 Takbai Border International Communicable Disease Control Checkpoint:

- (1) Head of the Employment Checkpoint, Takbai
- (2) Head of the Fisheries Checkpoint, Narathiwat
- (3) Head of the Wildlife Checkpoint, Takbai
- (4) Head of the Forestry Checkpoint, Su Ngai Go Lok

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3.2 Buke ta Border International Communicable Disease Control Checkpoint:

- (1) Head of the Employment Checkpoint, Buke ta
- (2) Head of the Fisheries Checkpoint, Buke ta
- (3) Head of the Wildlife Checkpoint, Buke ta
- (4) Head of the Forestry Checkpoint, Buke ta

3.3 Su Ngai Go Lok Border International Communicable Disease Control Checkpoint:

- (1) Head of the Employment Checkpoint, Su Ngai Go Lok
- (2) Head of the Fisheries Checkpoint, Su Ngai Go Lok
- (3) Head of the Wildlife Checkpoint, Su Ngai Go Lok
- (4) Head of the Forestry Checkpoint, Su Ngai Go Lok
- (5) Superintendent of the Tourist Police Station 3, Subdivision 3, Division 3 Tourist Police Bureau

Announced on the 16th Day of January, B.E. 2568 (2025)

Somsak Thepsuthin

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

Notification of the National Communicable Disease Committee

Re: Additional Representatives from State agency
to the port of entry work team (No. 6), B.E. 2568 (2025).

Whereas it is expedient to appoint additional representatives from government agencies to the Working Group for Points of Entry at International Communicable Disease Control Checkpoints to improve the efficiency of surveillance, prevention, and control of communicable diseases or epidemics at such points of entry

By virtue of Section 23, paragraph three, of the Communicable Disease Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the National Communicable Disease Committee Re: Additional Representatives from State agency to the port of entry work team (No. 6), B.E. 2568 (2025)”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. Clause 1.2 of Clause 1 under the Notification of the National Communicable Disease Committee Re: Addition of Representatives from State agency to the port of entry work team, B.E. 2560 (2017), dated 23 November B.E. 2560 (2017), shall be repealed and replaced by the following provision:

“1.2 Don Mueang International Airport Communicable Disease Control Checkpoint:

(1) Director of Don Mueang District, Bangkok Metropolitan Administration

(2) Director of the Division of Communicable Disease Control, Department of Health, Bangkok Metropolitan Administration

(3) Head of the Fisheries Checkpoint, Don Mueang International Airport

(4) Head of the Wildlife Checkpoint, Don Mueang International Airport”

DISCLAIMER: THIS TEXT HAS BEEN PROVIDED FOR EDUCATIONAL/ COMPREHENSION PURPOSES AND CONTAINS NO LEGAL AUTHORITY. THE DEPARTMENT OF DISEASE CONTROL SHALL ASSUME NO RESPONSIBILITY FOR ANY LIABILITIES ARISING FROM THE USE AND/OR REFERENCE OF THIS TEXT. THE ORIGINAL THAI TEXT AS FORMALLY ADOPTED AND PUBLISHED SHALL IN ALL EVENTS REMAIN THE SOLE AUTHORITY HAVING LEGAL FORCE.

Clause 4. Additional representatives from state agencies shall be appointed to the port of entry work team at the following International Communicable Disease Control Checkpoints:

4.1 Pattani Seaport Communicable Disease Control Checkpoint:

- (1) Pattani Provincial Labour Protection and welfare
- (2) Director of Pattani Marine Fisheries Patrol Center
- (3) Director of Public Health Division, Pattani Provincial Administrative Organization
- (4) Mayor of Taluban Municipality
- (5) Mayor of Pattani Municipality

4.2 The International Communicable Disease Control Checkpoint at the Tha Li Border, under the responsibility of Tha Li District Public Health Office.

Announced on the 8th Day of May, B.E. 2568 (2025)

Somsak Thepsuthin

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

Notification of the National Communicable Disease Committee

Re: Issuance of Certificate of Immunization,

B.E. 2566 (2023)

Whereas it is expedient to prescribe the criteria, procedures, and conditions for the assignment of authority to issue certificates of immunization, as well as for the collection or exemption of expenses related to the issuance of such certificates, for the purpose of preventing global communicable diseases.

By virtue of section 43 of the Communicable Diseases Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the National Communicable Disease Committee Re: Issuance of Certificate of Immunization, B.E. 2566 (2023)”.

Clause 2. This Notification shall come into force after the expiration of thirty days from the date of its publication in the Government Gazette.

Clause 3. The Notification of the National Communicable Disease Committee Re: Issuance of Certificate of Immunization in the Case of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021), dated 29 October B.E. 2564 (2021), shall be repealed.

Clause 4. In this Notification,

“Certificate of Immunization” means a certificate issued to a person who has received a vaccine for the purpose of international travel, provided that such vaccine is either registered in accordance with the law on drugs, certified by the World Health Organization, or as otherwise prescribed by the Ministry of Public Health.

Clause 5. The issuance of the certificate of immunization shall be carried out in the form of a document, application program, electronic method, digital format, or any other forms or methods as prescribed by the Department of Disease Control.

Clause 6. The Director-General of the Department of Disease Control shall consider assigning authority to the following officials to issue the certificate of immunization:

(1) Officials under the Ministry of Public Health holding the following positions:

(1.1) Officials of the Office of the Permanent Secretary, Ministry of Public Health, holding the following positions:

(1.1.1) Provincial Public Health Physician

(1.1.2) Directors of Medical Centre Hospitals

(1.1.3) Directors of General Hospitals

(1.1.4) Directors of Community Hospitals

(1.2) Officials of the Department of Disease Control holding the following positions:

(1.2.1) Deputy Director-General of Department of Disease Control

(1.2.2) Director of Division of International Disease Control Port and Quarantine

(1.2.3) Director of the Division of Epidemiology

(1.2.4) Director of Division of Communicable Diseases

(1.2.5) Director of Bamrasnaradura Infectious Diseases Institute

(1.2.6) Director of Institute of Urban Disease Prevention and Control

(1.2.7) Director of Raj Pracha Samasai Institute

(1.2.8) Directors of Office of Disease Prevention and Control, Region 1 – 12

(1.2.9) Directors of divisions or equivalent-level agencies of the Department of Disease Control, as deemed appropriate by the Director-General

(1.3) Officials of the Department of Medical Services holding the following positions:

- (1.3.1) Director-General of the Department of Medical Services
- (1.3.2) Deputy Director-General of the Department of Medical Services
- (1.3.3) Director of Nopparat Rajathanee Hospital
- (1.3.4) Director of Rajavithi Hospital
- (1.3.5) Director of Lerdsin Hospital
- (1.3.6) Director of Priest Hospital
- (1.3.7) Director of Neurological Institute of Thailand
- (1.3.8) Director of the Institute of Pathology
- (1.3.9) Director of the National Cancer Institute
- (1.3.10) Director of the Institute of Dermatology
- (1.3.11) Director of the Queen Sirikit National Institute of Child Health

(1.4) Officials of the Department of Health holding the following positions:

- (1.4.1) Director-General of the Department of Health
- (1.4.2) Deputy Director-General of the Department of Health
- (1.4.3) Director of the Metropolitan Health and Wellness Institution
- (1.4.4) Director of the Bureau of Health Promotion
- (1.4.5) Directors of Health Promotion Centers, Region 1 - 12

(2) Officials of the Royal Thai Police holding the following positions:

- (2.1) Surgeon General of the Police General Hospital
- (2.2) Persons assigned to act as heads of other medical facilities under the Police General Hospital

(3) Officials under the Bangkok Metropolitan Administration (BMA) holding the following positions:

(3.1) Director of Medical Service Department

(3.2) Director of the Health Department

(3.3) Directors of Public Health Centers, Health Department

(3.4) Director of Communicable Disease Control Division of Health Department

(3.5) Directors of hospitals of Medical Service Department

(4) Directors of hospitals of the Ministry of Defence

(5) Directors of hospitals of public universities

(6) Directors of hospitals under the Thai Red Cross Society

(7) Heads of government agencies or units, or directors of hospitals or medical facilities under government agencies, as deemed appropriate by the Director-General of the Department of Disease Control.

Clause 7. The Director-General of the Department of Disease Control shall consider assigning authority to individuals who are officials of government agencies or state entities, or personnel of medical facilities under the law on medical facilities, possessing any of the following qualifications, to issue the certificate of immunization:

(1) Medical doctors licensed to practice medicine;

(2) Registered professional nurses licensed to practice nursing and midwifery at the highest level;

(3) Persons appointed as communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (2015).

Clause 8. The Division of Communicable Diseases, Department of Disease Control, shall propose individuals holding positions under clause 6 or possessing qualifications under clause 7, together with supporting documents showing such positions or qualifications, or any other relevant evidence, to the Director-General of the Department of Disease Control for consideration and assignment of authority to issue the certificate of immunization.

Clause 9. In the case where an individual requests to obtain the certificate of immunization issued in document form, the following procedures shall apply:

(1) If the request is made on the date the individual receives the vaccine, the person assigned by the Director-General of the Department of Disease Control under clause 7 shall issue the certificate of immunization to the applicant;

(2) If the request is made after receiving the vaccine or international communicable disease prophylactic medication, the person assigned by the Director-General of the Department of Disease Control under clause 6 or clause 7 shall issue the certificate of immunization to the applicant.

Clause 10. In the case where an individual requests to obtain the certificate of immunization issued through a program, application, electronic method, digital format, or any other forms or methods, whether the request is made on the date of vaccination or thereafter, the person assigned by the Director-General of the Department of Disease Control under clause 6 or clause 7 shall issue the certificate of immunization to the applicant.

Clause 11. In the case of issuing the certificate of immunization under clause 9 and clause 10, the persons assigned by the Director-General of the Department of Disease Control under clause 6 and clause 7 shall consider or include supporting documents verifying that the applicant has been properly and completely vaccinated, or any other relevant documents, as part of the consideration for issuing the certificate of immunization.

Clause 12. In the case where the certificate of immunization is issued in document form, a fee of 50 baht per issuance shall be collected from each applicant.

In cases where there are special reasons justifying consideration for exemption from the fee for issuing the certificate of immunization, the Director-General of the Department of Disease Control or the person assigned by the Director-General under clause 6 and clause 7 may exempt the applicant from such fee.

The special reasons under the second paragraph that shall be taken into account are the age, biographical information, health condition, occupation, income, or other relevant factors of the applicant.

Clause 13. The collection, preservation, and expenditure of money under clause 12 shall comply with the laws, announcements, regulations, or rules of governmental authorities or according to the guidelines prescribed by such authorities.

Clause 14. The persons assigned by the Director-General of the Department of Disease Control under clause 6 and clause 7 shall report information regarding the issuance of the certificate of immunization to the Department of Disease Control, in accordance with the methods and formats prescribed by the Department of Disease Control.

Clause 15. All certificates of immunization, whether issued in document form, through programs, applications, electronic methods, or any other methods under the Notification of the National Communicable Disease Committee Re: Issuance of Certificate of Immunization in the Case of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021), dated 29 October B.E. 2564 (2021), shall remain valid until certificates of immunization in accordance with this Notification are issued.

Clause 16. The Permanent Secretary of the Ministry of Public Health shall be responsible for the implementation of this Notification. In the event of any issue arising in connection with the implementation of this Notification, the Permanent Secretary of the Ministry of Public Health shall have the authority to make a final decision and such order or decision shall be deemed final.

Announced on the 21st Day of September B.E. 2566 (2023)

Chonlanan Srikaew

Minister of Public Health

Chairperson of the National Communicable Disease Committee

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Notification of the National Communicable Disease Committee

Re: Issuance of Certificate of Immunization (No.2),

B.E. 2567 (2024)

Whereas it is expedient to revise the criteria, procedures, and conditions regarding the assignment of persons authorized to issue the certificate of immunization under the Notification of the National Communicable Disease Committee Re: Issuance of Certificate of Immunization, B.E. 2566 (2023), for the purpose of global communicable disease prevention;

By virtue of section 43 of the Communicable Diseases Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Notification:

Clause 1. This Notification is called “Notification of the National Communicable Disease Committee Re: Issuance of Certificate of Immunization (No.2), B.E. 2567 (2024)”.

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The provision under clause 7 of the Notification of the National Communicable Disease Committee Re: Issuance of Certificate of Immunization, B.E. 2566 (2023), shall be repealed and replaced with the following:

“Clause 7. The Director-General of the Department of Disease Control shall consider assigning authority to individuals who are officials of government agencies or state entities, personnel of the Thai Red Cross Society, or personnel of medical facilities under the law on medical facilities, possessing any of the following qualifications, to issue the certificate of immunization:

- (1) Medical doctors licensed to practice medicine;
- (2) Registered professional nurses licensed to practice nursing and midwifery at the highest level;
- (3) Persons appointed as communicable disease control officers under the Communicable Diseases Act, B.E. 2558 (2015).”

Announced on the 4th Day of April, B.E. 2567 (2024)

Chonlanan Srikaew

Minister of Public Health

Chairperson of the National Communicable Disease Committee

Notification of the National Communicable Disease Committee

Re: Disclosure of Information under the Communicable Disease Act,

B.E. 2558 (2015), B.E. 2565 (2022).

Whereas it is expedient to prescribe criteria, methods, and conditions for the disclosure of information that refers to individuals concerning the treatment, prevention, and control of dangerous communicable diseases or the occurrence of epidemics, which affect public health.

By virtue of Section 10, paragraph two, of the Communicable Disease Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Notification:

Clause 1. This Notification is called “Notification of the National Communicable Disease Committee Re: Disclosure of Information under the Communicable Disease Act, B.E. 2558 (2015), B.E. 2565 (2022)”

Clause 2. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In this Notification:

"Data Subject" means a natural person, a group of persons, or a legal entity.

"Data" means Information that refers to individuals, whether identifiable or unidentifiable, pertaining to the treatment, prevention, or control of dangerous communicable diseases or the occurrence of epidemics affecting public health. This data is obtained from surveillance, disease investigation, or notifications or reports under the Communicable Diseases Act B.E. 2558 (2015), such as name, address, sex, nationality, education, health history, or work history, bearing the name of the data subject or having a number, code, or other distinguishing characteristic that identifies the data subject.

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Clause 4. The Communicable Disease Control Officer may disclose data in any of the following cases:

- (1) Where consent has been obtained from the data subject.
- (2) Where disclosure of data is permissible without consent, as stipulated in Clause 10.

Clause 5. For the disclosure of data under Section 4 (1), The Communicable Disease Control Officer must obtain consent from the data subject beforehand. The request for consent under the first paragraph must be made explicitly in writing or through an electronic system. However, if the nature of the situation prevents obtaining consent through such methods, The Communicable Disease Control Officer may request consent verbally or through other forms of communication. In all cases, the request for consent must clearly state the purpose of the data disclosure, use easily understandable language, and not be deceptive or mislead the data subject regarding the stated purpose. A data subject may withdraw their consent at any time. The withdrawal of consent must be as easy as giving it, unless there are legal or contractual limitations on the right to withdraw consent that benefit the data subject. The withdrawal of consent does not affect data disclosure that was legitimately consented to by the data subject prior to the withdrawal. If the withdrawal of consent impacts the data subject in any way, The Communicable Disease Control Officer must inform the data subject of the consequences of such withdrawal.

Clause 6. If consent is obtained verbally or through other forms of communication as per Clause 5, and the data subject requests confirmation of such consent within fifteen days from the date consent was given, The Communicable Disease Control Officer must provide written confirmation to the data subject.

Clause 7. If The Communicable Disease Control Officer requests consent from the data subject in writing under Clause 5 or confirms a request in writing under Clause 6, such written document must include at least the following:

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- (1) The date (day, month, and year) the request is made.
- (2) The data to be disclosed and the method of data disclosure.
- (3) The purpose of the data disclosure.
- (4) The legal provisions relied upon.
- (5) The name and signature of the Communicable Disease Control Officer making the request.

Clause 8. When the data subject is a minor who has not attained legal majority through marriage or is not deemed to have attained legal majority under the Civil and Commercial Code, consent must be obtained from the person exercising parental power who is authorized to act on behalf of the minor. When the data subject is a person of unsound mind, consent must be obtained from the guardian who is authorized to act on behalf of the person of unsound mind. When the data subject is a quasi-incapacitated person, consent must be obtained from the curator who is authorized to act on behalf of the quasi-incapacitated person.

Clause 9. In cases where a minor has no person exercising parental power authorized to act on their behalf, or a person of unsound mind has no guardian authorized to act on their behalf, or a quasi-incapacitated person has no curator authorized to act on their behalf, or where such person exercising parental power, guardian, or curator is unable to perform their duties for any reason, or where the data subject has passed away and has not otherwise stipulated in a will, any of the following individuals shall have the right to provide consent on their behalf: Adult descendants, Spouse, Parents, Full siblings or half-siblings, Paternal or maternal grandparents, Uncles or aunts, Administrative official.

Clause 10. The Communicable Disease Control Officer may disclose data without obtaining consent from the data subject in any of the following cases:

(1) Disclosure to a government agency or state officer based on the provisions of specific law for the purpose of maintaining state security or maintaining public order or good morals.

(2) Disclosure to a state officer for the purpose of preventing the violation of or non-compliance with communicable diseases law.

(3) Disclosure for public benefit in the surveillance, prevention, and control of communicable diseases or epidemics.

(4) Disclosure to prevent or suppress serious harm to the life, body, or health of the public.

(5) Disclosure due to urgent necessity, where delay would cause or could cause damage to the life or body of the public, or cause or could cause damage to public safety or public interest.

Clause 11. The Director General of the Department of Disease Control shall be responsible for the execution of this Notification. In the event of any implementation issues, the Director General shall have the final decision, and such decision shall be deemed final.

Announced on the 10th Day of October, B.E. 2565 (2022)

Anutin Charnvirakul

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

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Rule of the National Communicable Disease Committee

Rule of the National Communicable Disease Committee

Re: Criteria for Settlement of Offenses, B.E. 2563 (2020).

Whereas it is expedient to establish criteria for settlement of offenses under the Communicable Diseases Act, B.E. 2558 (2015);

By virtue of section 57 paragraph one, of the Communicable Diseases Act, B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Rule:

Clause 1. This Rule is called the “Rule of the National Communicable Disease Committee Re: Criteria for settlement of Offenses, B.E. 2563 (2020)”.

Clause 2. This Rule shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. In this Rule:

“Settlement” means the settlement of offenses under the Communicable Diseases Act, B.E. 2558 (2015), by a person authorized to do so.

“Offense” means All offences which are only punishable by a fine or by imprisonment for a term of not exceeding one year under the Communicable Disease Act, B.E. 2558 (2015).

“Accused” means a person alleged to have committed an offense under the law on communicable diseases and shall include a managing director or any person responsible for the operations of a juristic person.

“Authorized Settlement Officer” means the Director-General of the Department of Disease Control or a person appointed by the Director-General in accordance with the settlement of all offences which are only punishable by a fine or by imprisonment for a term of not exceeding one year under the Communicable Disease Act, B.E. 2558 (2015).

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Clause 4. Upon evidence indicating that an offence has been committed in any area, the Communicable Disease Control Officer in that area shall prepare a summary report of the investigation in the Form RT.01 annexed to this Rule, for submission to the authorized settlement officer.

Clause 5. Upon the Authorized Settlement Officer receipt, a report from the Communicable Disease Control Officer indicating the commission of an offense pursuant to clause 4, and upon consideration deeming it appropriate to proceed with settlement, the Authorized Settlement Officer shall summon or notify the accused to proceed with the settlement in accordance with Form RT.02 annexed to this Rule, or by any method deemed appropriate by the authorized settlement officer. The authorized settlement officer shall inform the accused of the charge, date, time, and place of the offense, and explain to accused that the case that occurred can be settled. In the case the accused confesses and agrees to the settlement, the statement of the accused shall be recorded in accordance with Form RT.03 annexed to this Rule. In the case the accused does not agree to the settlement, the statement shall be recorded in accordance with Form RT.04 annexed to this Rule, and the process shall continue pursuant to clause 6.

The authorized settlement officer shall carry out the settlement proceedings within the regular office premises of the agency to which is affiliated. However, in cases of necessity where the settlement must be expedited, the authorized settlement officer in such case may conduct the settlement proceedings outside the regular office premises of the affiliated agency, utilizing the premises of another government agency or any other appropriate location, provided that due consideration is given to the suitability of the venue.

Clause 6. In the following circumstances, the authorized settlement officer shall return the matter to the Communicable Disease Control Officer, the original case officer, for further referral to the inquiry officer for prosecution:

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(1) The matter falls outside the settlement authority of the authorized settlement officer;

(2) The act is not an offence as alleged.

(3) It is deemed inappropriate to compound the offence, as the act constitutes a repeated violation of the same charge exceeding the number of times prescribed in the annexed to this Rule.

(4) The accused refuses to accept to settlement or agrees to settlement but fails to pay the fine within thirty (30) days from the date of settlement.

Clause 7. The authorized settlement officer shall determine the amount of the fine in accordance with the rates specified in the Schedule attached to this rule, and record the settlement in Form RT.05. If the accused pays the fine within thirty (30) days from the date of settlement, a receipt shall be issued. The accused shall sign both the original and the duplicate of the receipt as acknowledgment and verification of correctness. The original shall be handed to the accused, and the case shall be considered settled under the Criminal Procedure Code.

Clause 8. In special circumstances justifying consideration for a reduced fine, the authorized settlement officer may impose a fine lower than the standard rate specified the schedule attached to this rule, but not less than one-third of such rate.

Such special circumstances shall take into account the gravity of the offense, the nature of the conduct, the damage or impact on the public or society, as well as the age, background, behavior, intelligence, education, health, occupation, business scale, or other surrounding factors of the accused.

Clause 9. The receipt, safekeeping, and remittance of fines from the settlement process to the Treasury as state revenue shall be carried out as follows:

(1) In the case where the accused pays the fine immediately: Upon payment of the settle fine in full, the authorized settlement officer, a person delegated by the authorized settlement officer, or the responsible officer in charge of finance or treasury, as the case may be, shall issue a receipt to the accused.

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(2) In the case where the accused does not pay the fine immediately: The authorized settlement officer shall issue a Payment Notification Form ๐๓.๐๖ annexed to this rule to the accused for use in making payment at the office to which the authorized settlement officer is affiliated. Upon payment of the fine, a receipt shall be issued to the accused.

(3) Deduction of fines prior to remittance to the Treasury: The deduction of fines prior to their remittance as state revenue shall be in accordance with the notification of the Department of Disease Control, subject to Rule of the Ministry of Finance on the Deduction of Fine Proceeds Prior to Remittance to the Treasury, as well as other relevant notification or rule.

Receipts issued to the accused under (1) and (2) shall clearly state that the payment is a settlement fine, including the specific offense and section under the Communicable Diseases Act B.E. 2558 (2015), and the settlement case number, in accordance with Form RT.07 annexed to this Rule.

Clause 10. The authorized settlement officer shall carry out the settlement process within the applicable statute of limitations without undue delay. The authorized settlement officer shall also be responsible for the retention of case files for which settlement has been completed, using Form RT.08 annexed hereto, to be attached to the cover of each case file.

Clause 11. The authorized settlement officer, or a person delegated by them, shall prepare a settlement report in accordance with Form RT.09, as follows:

(1) In Bangkok: A monthly report of all settlement cases shall be submitted to the Department of Disease Control by the 10th of the following month.

(2) In other provinces: A monthly report of all settlement cases shall also be submitted to the Department of Disease Control by the 10th of the following month.

The Department of Disease Control shall compile the settlement reports into statistical and financial data regarding the accused, amount of the fine, amounts remitted to the Treasury, and other relevant details, including problems, obstacles, or recommendations, for submission to the National Communicable Disease Committee.

Clause 12. The Director-General of the Department of Disease shall have charge and control over the execution of this Rule. In the event of any issue arising in connection with the implementation of this Rule, the Director-General of the Department of Disease Control shall have the authority to make a final determination. The order or decision of the Director-General shall be deemed final and conclusive.

Announced on the 30th Day of March, B.E. 2563 (2020)

Anutin Charnvirakul

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

Schedule of Compounding Rates annexed to the Rule of the National Communicable Disease Committee
Re: Criteria for Settlement of Offenses, B.E. 2563 (2020)

No.	Charge(s) of Offense		Liable to punishment	Prescribed Settlement Fine Rate	
	Section	Grounds of Offense			
1	49	Fails to comply with the order of the Communicable Disease Committee, the Technical Committee or the sub-committee under section 18 or the order of a Provincial Communicable Disease Committee under section 22 (6) or the order of the Bangkok Communicable Disease Committee under section 28 (6) or the order of a communicable disease control officer under section 45 (1)	Imprisonment for a term of not exceeding 1 month or to a fine not exceeding 10,000 baht or to both.	First Offense: 5,000 Baht Second and Subsequent Offenses: 10,000 Baht	
2	50	Fails to comply with the criteria and procedures on the notification under section 31	A fine not exceeding 20,000 baht.	In the case where the alleged offender is a person under Section 31 (1) or (4) First Offense: 4,000 Baht Second Offense: 8,000 Baht Third offense: 12,000 Baht Fourth offense: 16,000 Baht Fifth and Subsequent offenses: 20,000 Baht	In the case where the alleged offender is a person under Section 31 (2) or (3) First Offense: 6,000 Baht Second Offense: 12,000 Baht Third and Subsequent offenses: 20,000 Baht

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Schedule of Compounding Rates annexed to the Rule of the National Communicable Disease Committee
Re: Criteria for Settlement of Offenses, B.E. 2563 (2020)

No.	Charge(s) of Offense		Liable to punishment	Prescribed Settlement Fine Rate (bath)	
	Section	Grounds of Offense			
3	51	Violates or fails to comply with the order of a communicable disease control officer under section 34 (1), (2), (5) or (6), section 39 (1), (2), (3) or (5), section 40 (5), or fails to provide convenience to a communicable disease control officer under section 39 (4)	A fine not exceeding 20,000 baht	Section 34 (5) or (6) First Offense: 6,000 Baht Second Offense: 12,000 Baht Third and Subsequent offenses: 20,000 Baht	Section 34 (1), (2), section 39 (1), (2), (3) or (5), section 40 (5), section 39 (4) Fine 20,000 Baht
4	52	Violates or fails to comply with the order of a communicable disease control officer under section 34 (3), (4), (7) or (8) or section 40 (3) or (4) or of a Provincial Governor or the Governor of Bangkok under section 35	Imprisonment for a term of not exceeding 1 year or to a fine not exceeding 100,000 baht or to both	Section 34 (7) or (8), section 40 (3) or (4), section 35 Fine 100,000 Baht	Section 34 (3) or (4) First Offense: 25,000 Baht Second Offense: 50,000 Baht Third offense: 75,000 Baht Fourth and Subsequent offenses: 100,000 Baht
5	53	Fails to provide convenience to a communicable disease control officer or a local officer under section 38	A fine not exceeding 20,000 baht	First Offense: 5,000 Baht Second Offense: 10,000 Baht Third offense: 15,000 Baht Fourth and Subsequent offenses: 20,000 Baht	

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Schedule of Compounding Rates annexed to the Rule of the National Communicable Disease Committee
Re: Criteria for Settlement of Offenses, B.E. 2563 (2020)

No.	Charge(s) of Offense		Liable to punishment	Prescribed Settlement Fine Rate (bath)
	Section	Grounds of Offense		
6	55	Obstructs or fails to provide convenience to a communicable disease control officer under section 45, paragraph three	A fine not exceeding 20,000 baht	Fine 20,000 Baht
7	56	Wear the uniform or insignia of a communicable disease control officer under section 46, but does so in order to make other persons believe that he or she has the right to do	Imprisonment for a term of not exceeding 6 months or to a fine not exceeding 50,000 baht or to both	First Offense: 12,500 Baht Second Offense: 25,000 Baht Third offense: 37,500 Baht Fourth and Subsequent offenses: 50,000 Baht

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Summary report of the investigation in the Form
(Name of the Responsible Authority)

No...../.....

On the day of , B.E.

Dear

(The authorized settlement officer under the Communicable Diseases Act, B.E. 2558 (2015))

(1) Whereas (Communicable Disease Control Officer)

() was notified by
on the day of , B.E.

() discovered the offense personally,

That an act in violation of the Communicable Diseases Act, B.E. 2558 (2015) has
been committed. Upon investigation, the following facts were found:

On the day of , B.E. at (time), Mr./Ms., age
..... years, nationality, residing at house number, Moo, Soi,
Road, Subdistrict/Sub-area, District, Province,
Committed an act / taken action / neglect / failed to act / violated / failed to comply with

.....
.....
.....
.....

(2) The Communicable Disease Control Officer has conducted an investigation and
gathered relevant facts and evidence. The details are as follows: (e.g., witnesses, physical evidence,
documentary evidence, etc.)

.....
.....
.....
.....

In the event that the relevant facts or evidence are extensive, additional details or evidence may be
attached hereto as supplementary documents.

(3) The Communicable Disease Control Officer has considered the matter and is of the opinion that this case constitutes a failure to comply with / violation of the provisions of the Communicable Diseases Act, B.E. 2558 (2015), Section, for which the penalty is prescribed under Section, concerning the offense of
.....,
which is punishable by
.....

This is therefore respectfully submitted for your consideration and further proceedings in accordance with the settlement process.

Signed Communicable Disease Control Officer
(.....)
(Name of the Responsible Authority)

No. /

(Name of the Responsible Authority)

On the day of , B.E.

Subject Payment of Fine by Way of Settlement under the Communicable Disease Act, B.E. 2558 (2015)

To (Name of the offender).....

Pursuant to the inspection conducted by the Communicable Disease Control Officer in accordance with the Communicable Diseases Act, B.E. 2558 (2015), it was found that:
(Name - Surname of offender) Age.....years Nationality.....
Address No., Moo, Soi, Road, Subdistrict/Sub-area,
District, Province has committed an offense under
the Communicable Disease Act, B.E. 2558, Section, which carries a penalty under Section,
described as follows:
Liable to punishment Such offense is settlement, with
a prescribed fine of Baht. (.....) is therefore imposed.

You are therefore requested to appear before the officer at
during official working days and hours in order to proceed with the compounding process and make
payment of the compounding fine within days from the date of receipt of this letter. In the
event that you agree to the compounding and have made the full payment of the compounding
fine, the case shall be deemed closed in accordance with the Criminal Procedure Code. However, if
you do not agree to the compounding or fail to make payment of the fine within the specified
period, the Communicable Disease Control Officer shall refer the matter to the inquiry officer for
legal proceedings.

Please be informed accordingly.

Sincerely,

Signed (The authorized settlement officer)....

(Position)

(Agency Name)

Tel.

Fax.

E-mail

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(Name of the Responsible Authority)
Record of Statement of the Offender
in Case of Settlement Consent

Settlement Case No. /

Issued at

On the day of , B.E.

I, (Mr./Mrs./Ms.) Age.....years Nationality.....
Address No., Moo, Soi, Road,
Subdistrict/Sub-area, District, Province, Phone:

The officer has informed me that I have committed an act / taken action / neglect /
failed to act / violated / failed to comply with
.....,
which constitutes an offense described as

.....,
under Section of the Communicable Diseases Act, B.E. 2558 (2015), punishable
by.....

I have also been informed that the offense I am charged with is compoundable. I acknowledge
the accusation and hereby plead guilty to having committed the said offense. The authorized
settlement officer has considered the matter and has determined the compounding fine in
the amount of Baht (.....).

I hereby certify that:

(1) I consent to pay the fine in the amount determined by the authorized settlement
officer, as a settlement by way of compounding, and will make payment of such amount by the
..... day of, B.E.

(2) In the event that I fail to make payment of the said fine within the time specified
in (1), the officer shall proceed with legal action in accordance with the applicable law.

This record has been read aloud to the offender, who certifies its accuracy and has signed it accordingly. In the event that the offender refuses to sign, the authorized settlement officer shall sign the record together with two witnesses as evidence.

Signed Offender
(.....)

Signed The authorized settlement officer
(.....)

Signed Witness (if any)
(.....)

Signed Witness (if any)
(.....)

(Name of the Responsible Authority)
Record of Statement of the Offender
in Case of Refusal to Settlement

Settlement Case No. /

Issued at

On the day of , B.E.

I, (Mr./Mrs./Ms.) Age.....years Nationality.....
Address No., Moo, Soi, Road,
Subdistrict/Sub-area, District, Province, Phone:

The officer has informed me that I have committed an act / taken action / neglect /
failed to act / violated / failed to comply with
.....,
which constitutes an offense described as.

.....,
under Section of the Communicable Diseases Act, B.E. 2558 (2015), punishable
by.....

I have also been informed that the offense I am charged with is compoundable. I acknowledge the
accusation, and the authorized settlement officer has considered the matter and determined the
settlement fine in the amount of Baht (.....).

However, I do not consent to the authorized settlement officer proceeding with the
settlement process, for the following reason(s):

- () I did not commit the offense.
- () I disagree with the amount of the fine.
- () Other (please specify):

This record has been read aloud to the offender, who certifies its accuracy and has signed it accordingly. In the event that the offender refuses to sign, the authorized settlement officer shall sign the record together with two witnesses as evidence.

Signed Offender
(.....)

Signed The authorized settlement officer
(.....)

Signed Witness (if any)
(.....)

Signed Witness (if any)
(.....)

Settlement Form
under the Communicable Diseases Act, B.E. 2558 (2015)
(Name of the Responsible Authority)

Settlement Case No.:/..... (as per Form RT.03)

Place of Settlement

No.

On the day of , B.E.

Name of the Communicable Disease Control Officer (Complainant):

Name of the Offender: Nationality

The offense occurred on the day of, B.E., at hrs.,
at the location of Subdistrict/Sub-area, District Province:

In this case, the offender has committed an offense under the Communicable
Diseases Act, B.E. 2558 (2015), Section, with the charge of:
which is punishable by:

Since this offense is compoundable, and the offender has agreed to proceed with settlement, the
fine is determined in the amount of Baht (.....).

This record has been read aloud to the offender, who certifies its accuracy and has
signed it accordingly. In the event that the offender refuses to sign, the authorized settlement officer
shall sign the record together with two witnesses as evidence.

Signed Offender
(.....)

Signed The authorized settlement officer
(.....)

Signed Witness (if any)
(.....)

Signed Witness (if any)
(.....)

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Payment Notification Form for Settlement Fine

No. /

On the day of , B.E.

Settlement Case No.: / (as per Form RT.03)

Whereas Mr./Ms. (the offender) has committed an offense under Section of the Communicable Diseases Act, B.E. 2558 (2015), with the charge of, the authorized settlement officer has considered the matter and determined that the case is eligible for compounding, and has accordingly imposed a fine in the amount of Baht (.....). The fine shall be paid by the day of, B.E.

If the said person agrees to the compounding and has made full payment of the fine within the specified period, the case shall be considered closed in accordance with the Criminal Procedure Code. However, if the said person does not agree to the compounding or fails to pay the fine within the specified time, the authorized settlement officer shall proceed to forward the case to the Communicable Disease Control Officer for referral to the investigation officer for further legal proceedings.

Signed The authorized settlement officer
(.....)

Receipt of Settlement Fine

On the day of , B.E.

Received the settlement fine for Case No. /

Place of Settlement

Name - Surname (Offender) Nationality.....

Address No., Moo, Soi, Road, Subdistrict/Sub-area,

District, Province, Phone:

No.	Grounds of Offense	Under Section	Fine Amount (in Baht)
Total	(in words)		

This is to certify that the payment has been correctly received.

SignedRecipient
(.....)

Position

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Case that has been Settlement under the Communicable Diseases Act, B.E. 2558 (2015)

1. Offender Information:	Name Surname Age.....years Nationality..... Address No., Moo, Soi, Road, Subdistrict/Sub-area, District, Province
2. Date, Time, and Place of Offense:	The offense occurred on the day of, B.E., at hrs., Locale
3. Charge(s):	Grounds of Offense Under Section
4. Case Result:	The offender consented to the compounding and paid the fine. Amount of Baht (.....). Settlement Form (RT.05) No. / Dated this day of, B.E.
5. Date of Fine Payment:	On the day of, B.E. Amount of Baht (.....). Receipt No. /

Signed The authorized settlement officer
(.....)
Date.....

Settlement Report Pursuant to the Communicable Diseases Act, B.E. 2558 (2015)

For the month of, B.E.

Agency

No.	(Day/ Month/ Year)	Settlement Case No.	Locale				Charge(s) of Offense		settlement amount (Bath)	amount remitted to the Finance (Bath)	Problems and obstacles	Note
			Address No.	Road	Sub district/ Sub-area	District	Province	Grounds of Offense				
1												
2												
3												
4												
5												
Total												

Signed The authorized settlement officer
(.....)

Date.....

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Rule of the National Communicable Disease Committee RE: The Repeal of the Rule of the National Communicable Disease Committee on the Criteria for Settlement of Offenses for Violating or Failing to Comply with Orders of Communicable Disease Control Officers under section 34 (6) of the Communicable Diseases Act B.E. 2558 (2015) during the outbreak of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021), B.E. 2565 (2022).

Whereas the Emergency Decree on Public Administration in Emergency Situations B.E. 2548 (2005) was invoked to manage the outbreak of Coronavirus Disease 2019 (COVID-19), one of the key measures was to require the public to wear sanitary masks or fabric masks to improve sanitation, to ensure hygienic conditions in order to control and prevent the transmission of the disease. To ensure fairness and avoid undue burden on the public, the National Communicable Disease Committee issued the Rule prescribing the criteria for settlement of offenses for violating or failing to comply with orders of communicable disease control officers under Section 34(6) of the Communicable Diseases Act B.E. 2558 (2015), specifically prohibiting any act that may cause unhygienic conditions, including failure to wear sanitary or fabric masks, which could contribute to the spread of COVID-19. Subsequently, the global outbreak of COVID-19 has shown a declining trend in the number of severe cases and mortality rates, as well as a decrease in the transmission and severity of the disease in areas outside the Kingdom. Furthermore, the availability of COVID-19 vaccines within the Kingdom has sufficiently met public demand, resulting in a high vaccination coverage and increased population immunity. Accordingly, the Minister of Public Health, upon the recommendation of the National Communicable Disease Committee, issued the Ministry of Public Health Notification on the Repeal of Notification of the Ministry of Public Health Re: Repeal of the Notification of the Ministry of Public Health Re: the names and presenting symptoms of dangerous communicable Diseases (No. 3), B.E. 2563 (2020), B.E. 2565 (2022) dated 19 September 2022,

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and the Notification the names and presenting symptoms of Communicable Diseases under Surveillance (No. 3) B.E. 2565 (2022) dated 19 September 2022, to repeal COVID-19 as a dangerous communicable disease and add COVID-19 as communicable disease under surveillance No. 57 under the Communicable Diseases Act B.E. 2558 (2015). Moreover, the Prime Minister, with the approval of the Council of Ministers, by virtue of section 5 of the Emergency Decree on Public Administration in Emergency Situations B.E. 2548 (2005), issued the announcement terminating the state of emergency in all areas throughout the Kingdom dated 25 March 2023. Therefore, it is no longer necessary to enforce the Rule of the National Communicable Disease Committee on the Criteria for Settlement of Offenses for Violating or Failing to Comply with Orders of Communicable Disease Control Officers under section 34 (6) of the Communicable Diseases Act B.E. 2558 (2015) during the outbreak of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021). The National Communicable Disease Committee deems it appropriate to repeal the Rule of the National Communicable Disease Committee on the Criteria for Settlement of Offenses for Violating or Failing to Comply with Orders of Communicable Disease Control Officers under section 34 (6) of the Communicable Diseases Act B.E. 2558 (2015) during the outbreak of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021). in order to align legal measures with the relaxation of various restrictions within the Kingdom and to ensure their appropriateness in light of the current situation;

By virtue of section 57 paragraph one of the Communicable Diseases Act B.E. 2558 (2015), the National Communicable Disease Committee hereby issues the following Rule:

Clause 1. This Rule is called the “Rule of the National Communicable Disease Committee RE: the Repeal of the Rule of the National Communicable Disease Committee on the Criteria for Settlement of Offenses for Violating or Failing to Comply with Orders of Communicable Disease Control Officers under section 34 (6) of the Communicable Diseases Act B.E. 2558 (2015) during the outbreak of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021), B.E. 2565 (2022)”.

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Clause 2. This Rule shall come into force on the day following the date of its publication in the Government Gazette.

Clause 3. The Rule of the National Communicable Disease Committee on the Criteria for Settlement of Offenses for Violating or Failing to Comply with Orders of Communicable Disease Control Officers under section 34 (6) of the Communicable Diseases Act B.E. 2558 (2015) during the outbreak of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021), shall be hereby repealed.

Clause 4. Any action that has been undertaken pursuant to the aforementioned Rule of the National Communicable Disease Committee on the Criteria for Settlement of Offenses for Violating or Failing to Comply with Orders of Communicable Disease Control Officers under section 34 (6) of the Communicable Diseases Act B.E. 2558 (2015) during the outbreak of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021), prior to the effective date of this Rule and has not yet been concluded shall continue to be governed by that Rule of the National Communicable Disease Committee on the Criteria for Settlement of Offenses for Violating or Failing to Comply with Orders of Communicable Disease Control Officers under section 34 (6) of the Communicable Diseases Act B.E. 2558 (2015) during the outbreak of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021), until completion.

Announced on the 11th Day of November, B.E. 2565 (2022)

Anutin Charnvirakul

Minister of Public Health

The Chairperson of the National Communicable Disease Committee

Notification of the Department of Disease Control

Notification of the Department of Disease Control
Re: The mandatory training program for selected officials of
a communicable disease control operation unit,
B.E. 2560 (2017)

Clause 4 of the Notification of the National Communicable Disease Committee Re: The criteria on the establishment of a communicable disease control operation unit, B.E. 2559 (2016), stipulates that persons who will be appointed as officials of the communicable disease control operation unit have to undergo a training in Epidemiology or surveillance, prevention, or control of communicable diseases as prescribed by the Department of Disease Control or certified by the Department of Disease Control.

By virtue of Clause 4 of the Notification of the National Communicable Disease Committee Re: The criteria on the establishment of a communicable disease control operation unit, BE 2559 (2016), the Director-General of the Department of Disease Control issues the following Notification:

Clause 1. The training courses prescribed by the Department of Disease Control for those who will be appointed as officials of a communicable disease control operation unit refer to one of the following specific training programs administrated by the Department of Disease Control:

- (1) a Diploma in Preventive Medicine in Epidemiology;
- (2) the Field Epidemiology Training Program: FETP;
- (3) the Field Epidemiology Training Program for Medical Team Leader and chief investigator;
- (4) the Field Epidemiology and Management Training: FEMT for Medical Team Leader and chief investigator;
- (5) the Public Health Academic Program in Field Epidemiology.

Clause 2. The training programs certified by the Department of Disease Control for those who will be appointed as officials of a communicable disease control operation unit refer to training programs administrated by the Department of Disease Control or training programs administrated by a higher education institute, the government sector, a state agency or a non-governmental organization having the objectives not to seek profit and operating public health activities, which certified by the Department of Disease Control, as follows:

(1) Epidemiology, risk assessment, and control of diseases and health hazards Program for Operation Officers in five model provinces in the border areas with total duration not less than 120 hours.

(2) Epidemiology and management Program for the Chief of Disease Control group of Provincial Public Health Office.

(3) Intensive Epidemiological Program for surveillance and rapid response team leader.

(4) Epidemiological Program with lecture and practice on surveillance, investigation, disease control, and specimen collection with total duration not less than 20 hours.

Clause 3. In case of a higher education institute, a Government Sector, a state agency or a non-governmental organization having the objectives not to seek profit and operating public health activities has an intention to administrating a training program as described in Clause 2, a higher education institute, a Government Sector, a state agency or a nongovernmental organization having the objectives not to seek profit and operating public health activities shall submit an outline of the training program to the Department of Disease Control for consideration and certification before administrating the program.

Clause 4. The Director-General of Department of Disease Control shall take a decision in case a problem occurs in the course of the implementation of this Notification.

Clause 5. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 11th Day of January, B.E. 2560 (2017)

Jedsada Chokdamrongsuk

Director-General of the Department of Disease Control

**Notification of the Department of Disease Control Re: Criteria, Procedures
and Conditions for Entering Conveyances, Buildings or any other places
by Communicable Disease Control Officers,
B.E. 2560 (2017).**

Whereas section 45 (2) of the Communicable Diseases Act, B.E. 2558 (2015), assign that a communicable disease control officer shall have the authority to enter conveyances, buildings or any other places during the period from sunrise to sunset or during office hours of such buildings or places for the purpose of inspection or control to ensure compliance with this Act, and if the action is not completed within such time, it may be further taken until its completion. section 45 paragraph two, further provides that such operation shall be conducted in accordance with the criteria, procedures, and conditions prescribed by the Director-General of the Department of Disease Control.

By virtue of section 45 paragraph two, of the Communicable Diseases Act, B.E. 2558 (2015), the Director-General of the Department of Disease Control hereby issues the follows Notification:

Clause 1. In this Notification:

“Record of reasons for enter conveyances, buildings or places” means a written document stating the legitimate reasons for entering conveyances, buildings or any other places for the purposes of surveillance, prevention or control of communicable diseases or epidemics, as per the form attached to this Notification.

“Record of inspection or control upon enter conveyances, buildings or places” means a written document indicating the results of the inspection or control activities undertaken by a communicable disease control officer upon entering conveyances, buildings or any other places for the purposes of surveillance, prevention or control of communicable diseases or epidemics, as per the form attached to this Notification.

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Clause 2. To authorize a Communicable Disease Control Officer to enter conveyances, buildings or any other places for the purpose of inspection or control to ensure compliance with the law on communicable diseases, or upon reasonable grounds to suspect that there has been a violation or non-compliance with the law on communicable diseases in any such conveyances, buildings or places. Such actions shall be carried out during the period from sunrise to sunset or during office hours of such buildings or places, except in the following circumstances:

(1) Where the action is not completed within such time, the Communicable Disease Control Officer may be further taken until its completion;

(2) In cases of urgent necessity, extreme emergency, or where other laws specifically authorize such actions, the Communicable Disease Control Officer may carry out such actions may be taken outside of the above time.

Clause 3. The procedures for enter conveyances, buildings or any other places by a communicable disease control officer under clause 2 shall be as follows:

(1) Prior to enter conveyances, buildings or any other places, the communicable disease control officer shall present official identification card, name, position, and affiliated agency, and shall provide Record of reasons for enter conveyances, buildings or places to the owner, occupiers, or representative thereof. The owner, occupiers, or representative shall acknowledge receipt of such record by affixing signature thereon.

(2) The owner or occupiers of the conveyances, buildings or places, or their representative, shall accompany the communicable disease control officer into the conveyances, buildings or places for the purpose of inspection and control in accordance with the law on communicable diseases.

(3) The communicable disease control officer may take photographs or record video footage as evidentiary documentation. Such photographs or footage shall include the presence of the owner, occupant, or representative of the conveyances, buildings or places.

(4) The communicable disease control officer shall exercise due care to the extent possible to prevent the loss, damage, deterioration, or disarray of property within the conveyances, buildings or places.

Clause 4. In the event that the owner or occupiers of the conveyances, buildings or places, or their representative, is absent or refuses to allow the communicable disease control officer to enter the conveyances, buildings or places, or in cases of urgent necessity or extreme emergency, or where there is a cause that results or may result in serious danger to life, body, or public property, the communicable disease control officer shall have the authority to enter the said conveyances, buildings or places for the purpose of surveillance, prevention, or control of communicable diseases or epidemics. In such cases, the communicable disease control officer may request the presence and assistance of administrative officers or police officers having jurisdiction in that locality.

The provisions of clause 3 (3) and (4) shall apply mutatis mutandis to the officer's entry into any conveyances, buildings or places in the event that the owner, occupiers, or representative is absent or refuses to grant entry.

Clause 5. Upon completion of the action, the communicable disease control officer shall prepare a Record of inspection or control upon enter conveyances, buildings or places, and read it to the owner, occupiers, or representative thereof, who shall also sign to acknowledge. If the person wishes to make amendments to the content of the Record of inspection or control upon enter conveyances, buildings or places, the communicable disease control officer shall note the proposed amendments and the reasons for such request.

In cases where the owner, occupiers, or representative is absent, refuses to listen to the record, or refuses to sign the acknowledgment, such facts shall be recorded in the Record of inspection or control upon enter conveyances, buildings or places.

Clause 6 . The Record of reasons for enter conveyances, buildings or places must clearly identify the owner, occupiers, or representative and must contain at least the following information:

- (1) Date, month, year and time of enter conveyances, buildings or places;
- (2) Name and position of the communicable disease control officer preparing the record;
- (3) Reasons for entry by the communicable disease control officer or a person acting under the order of the communicable disease control officer into the conveyances, buildings or places;
- (4) Signatures of the communicable disease control officer preparing the record and the owner, occupiers, or representative of the conveyances, buildings or places.

Clause 7 . The Record of inspection or control upon enter conveyances, buildings or places must clearly identify the owner, occupiers, or representative and must contain at least the following information:

- (1) Date, month, year, and time of entry and completion of the enter conveyances, buildings or places;
- (2) Name and position of the communicable disease control officer preparing the record;
- (3) Results of the inspection or actions taken by the communicable disease control officer or a person acting under the order of the communicable disease control officer into the conveyances, buildings or places;
- (4) Signatures of the communicable disease control officer preparing the record and the owner, occupiers, or representative of the conveyances, buildings or places.

Clause 8. The communicable disease control officer shall report the progress of the action to the Provincial Public Health Office or the Bangkok Metropolitan Administration's Health Department, as the case may be, within twenty-four hours from the completion of the action. The Provincial Public Health Office or the Bangkok Metropolitan Administration's Health Department shall then report to the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, within twenty-four hours from the receipt of the report from the communicable disease control.

Upon receiving the report, the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, shall report to the Department of Disease Control within seven days from the date of receiving the report from the Provincial Public Health Office or the Bangkok Department of Health, as the case may be.

Such reports under paragraph one and paragraph two shall be made in the form attached to this Notification.

Clause 9. This Notification shall come into force on the day following the date of its publication in the Government Gazette.

Announced on the 28th Day of November, B.E. 2560 (2017)

Suwannachai Wattanayingcharoenchai

Director-General of Department of Disease Control

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Record of reasons for enter conveyances, buildings or places From
Pursuant to the Notification of the Department of Disease Control Re: Criteria, Procedures and
Conditions for Entering Conveyances, Buildings
or any other places by Communicable Disease Control Officers,
B.E. 2560 (2017)

On the day of , B.E.
Time

By virtue of section 45(2) of the Communicable Diseases Act B.E. 2558 (2015), and the
Notification of the Department of Disease Control Re: Criteria, Procedures and Conditions for Entering
Conveyances, Buildings or any other places by Communicable Disease Control Officers,
I, (Mr./Mrs./Ms.) Position: as a
Communicable Disease Control Officer, hereby intend to enter:

☐ Conveyances type: License No.:

☐ Buildings ☐ Other places (specify):

Located at Address no.: Moo: Soi: Road:

Sub-district/Sub-area: District/Area: Province:

Where (Mr./Mrs./Ms.) Age: years, is the owner/occupiers/representative.

National ID Card No. : ☐ - ☐☐☐☐ - ☐☐☐☐☐ - ☐☐ - ☐

The purpose of this entry is to:

The circumstance necessitating such entry is:

The Communicable Disease Control Officer has provided the reasons for entering
the conveyances, buildings or any other places. This is hereby notified to the owner, occupiers, or
representative of the said conveyances, buildings or any other places, who has been informed of
and reviewed this record. ☐ Permission granted ☐ Permission not granted for the Communicable
Disease Control Officer and the accompanying team to enter the aforementioned conveyances,
buildings or any other places. The owner, occupiers, or representative has read and/or listened to
this record being read aloud, confirms the accuracy thereof, and has duly signed this document in
the presence of the Communicable Disease Control Officer as evidence.

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Signed
(.....)

Communicable Disease Control Officer

Signed
(.....)

Owner/Occupiers/Representative

Signed
(.....)

Witness (if any)

Signed
(.....)

Witness (if any)

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Record of inspection or control upon enter conveyances, buildings or places From
Pursuant to the Notification of the Department of Disease Control Re: Criteria, Procedures and
Conditions for Entering Conveyances, Buildings
or any other places by Communicable Disease Control Officers,
B.E. 2560 (2017)

On the day of , B.E.

By virtue of section 45(2) of the Communicable Diseases Act B.E. 2558 (2015), and the
Notification of the Department of Disease Control Re: Criteria, Procedures and Conditions for Entering
Conveyances, Buildings or any other places by Communicable Disease Control Officers,

I, (Mr./Mrs./Ms.) Position:
as a Communicable Disease Control Officer, has conducted the aforementioned inspection:

☐ Conveyances type: License No.:

☐ Buildings ☐ Other places (specify):

Time of inspection: Located at Address no.: Moo: Soi:

Road: Sub-district/Sub-area: District/Area: Province:

Where (Mr./Mrs./Ms.) Age: years, is the owner/occupiers/representative. National ID Card
No. : - - - -

Purpose of the inspection:

The following samples or evidence were collected for examination:

During the inspection, the Communicable Disease Control Officer collected the following items,
objects, physical items or appliances for examination or analysis as part of the disease control
process:

In conducting the inspection of the conveyances, buildings or any other places on this occasion, the Communicable Disease Control Officer has taken possession of the said property located within the conveyances, buildings or any other places, whether lost, damaged, destroyed, or otherwise disposed of, in accordance with the authority under the communicable disease officer act. The latest action taken was on the date: month B.E. at hrs. The owner, occupiers, or representative has read and/or listened to this record being read aloud, confirms the accuracy thereof, and has duly signed this document in the presence of the Communicable Disease Control Officer as evidence.

Signed Communicable Disease Control Officer
(.....)

Signed Owner/Occupiers/Representative
(.....)

Signed Witness (if any)
(.....)

Signed Witness (if any)
(.....)

Report for entering conveyances, buildings or places From
Pursuant to the Notification of the Department of Disease Control Re: Criteria, Procedures and
Conditions for Entering Conveyances, Buildings
or any other places by Communicable Disease Control Officers,
B.E. 2560 (2017)

On the day of , B.E.

Dear The Chairperson of the National Communicable Disease Committee
(through the Provincial Public Health Physician/Director of Health Department)

The accompanying items: 1. Copy of Record of reasons for enter Quantity copies
conveyances, buildings or places From by Communicable
Disease Control Officers
2. Copy of Record of inspection or Quantity copies
control upon enter conveyances, buildings
or places From by Communicable Disease Control Officers

As I, (Mr./Mrs./Ms.) Position:
as a Communicable Disease Control Officer has taken ☐ action ☐ issued an order to Mr./Mrs./Ms.
..... Position: be under Is the operator entering into
☐ Conveyances type: License No.:
☐ Buildings ☐ Other places (specify): Located at Address no.: Moo:
Soi: Road: Sub-district/Sub-area: District/Area:
Province: On the date month B.E. at hrs.
to hrs. Which has (Mr./Mrs./Ms.) Age: years,
is the owner/occupiers/representative.

National ID Card No. : ☐ - ☐☐☐☐ - ☐☐☐☐☐ - ☐☐ - ☐

Purpose of the inspection.....
.....
.....

With the following inspection results:
.....
.....

During the inspection, the Communicable Disease Control Officer collected the following items,
objects, physical items or appliances for examination or analysis as part of the disease control
process:
.....
.....

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Signed Communicable Disease Control Officer
(.....)

Signed the Provincial Public Health Office/
(.....) the Bangkok Metropolitan Administration's
Health Department

Note: The communicable disease control officer shall report the progress of the action to the Provincial Public Health Office or the Bangkok Metropolitan Administration's Health Department, as the case may be, within 24 hours from the completion of the action. The Provincial Public Health Office or the Bangkok Metropolitan Administration's Health Department shall then report to the Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, within 24 hours from the receipt of the report from the communicable disease control.

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Report for entering conveyances, buildings or places From
Province

No.	Date	Name(s) of conveyances/ buildings/places	Name(s) of owner/occupiers/ representative	Inspection Result (Please specify the result of the inspection or the operation conducted)	Name(s) of the Communicable Disease Control Officer(s) and the Operation Team

Details are as specified in the attached copy of the record of entry into the vehicle, building, or premises by the Communicable Disease Control Officer, together with the relevant supporting documents attached herewith.

Signed
(.....)
Position
Reporter

Note: The Provincial Communicable Disease Committee or the Bangkok Communicable Disease Committee, as the case may be, shall report to the Department of Disease Control within 7 days from the date of receiving the report from the Provincial Public Health Office or the Bangkok Department of Health, as the case may be.

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Notification of the Department of Disease Control Re: Specifications of Notification Forms and Methods of Additional Notification in Case of Detection of a Person with or Suspected to Have a Communicable Disease Under Surveillance, B.E. 2565 (2022).

Whereas, clause 3, in conjunction with clause 6 and clause 7 of the Notification of the Ministry of Public Health Re: Criteria and Methods for Notification in the Event of the Occurrence of Dangerous Communicable Diseases, Communicable Diseases Under Surveillance, or Epidemics B.E. 2560 (2017), stipulates that the Director-General of the Department of Disease Control shall have the authority to declare the specifications for notification forms to communicable disease control officer, and to set out the procedures for notification to communicable disease control officer in the event of the occurrence of dangerous communicable diseases, communicable diseases under surveillance, or epidemics. It is therefore required that those responsible for notifications under section 31 of the Communicable Diseases Act, B.E. 2558 (2015), upon discovering a person who is or is suspected to be infected with such diseases, notify the communicable disease control officer using the prescribed forms and methods, as follows: 1. Direct notification to the disease control officer, 2. Notification by telephone, 3. Notification by facsimile, 4. Notification in writing, 5. Notification via electronic mail, or 6. Any other method as may be further specified by the Director-General of the Department of Disease Control.

For the Purpose of Surveillance, Prevention, and Control of Communicable Diseases Under Surveillance. The Director-General of the Department of Disease Control deems it appropriate to specify the notification forms and methods for additional notification in the event of detecting a person who is or is suspected to be infected with a communicable disease under surveillance. Therefore, by virtue of the authority under clause 3, second paragraph, in conjunction with clause 6 (6) and clause 7, second paragraph, of the Notification of the Ministry of Public Health

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Re: Criteria and Methods for Notification in the Event of the Occurrence of Dangerous Communicable Diseases, Communicable Diseases Under Surveillance, or Epidemics B.E. 2560 (2017), the Director-General of the Department of Disease Control has issued the following notification:

Clause 1. This Notification shall be cited as: “Notification of the Department of Disease Control Re: Specifications of Notification Forms and Methods of Additional Notification in Case of Detection of a Person with or Suspected to Have a Communicable Disease Under Surveillance, B.E. 2565 (2022)”.

Clause 2. This Notification shall come into force on October 1, B.E. 2565 (2022) and onwards.

Clause 3. In the case of notification to a disease control officer when a person is or is suspected to be infected with a communicable disease under surveillance, the persons responsible for making the notification under section 31 of the Communicable Diseases Act, B.E. 2558 (2015), in conjunction with the Notification of the Ministry of Public Health Re: Criteria and Methods for Notification in the Event of Dangerous Communicable Diseases, Communicable Diseases Under Surveillance, or Epidemics B.E. 2560 (2017), may notify through electronic methods or in digital formats and channels, programs, or applications that are developed or controlled by the Department of Disease Control, Ministry of Public Health.

Announced on the 30th Day of September, B.E. 2565 (2022)

Kajornsak Kaewjaras

Deputy Director-General, Acting for

Director-General of Department of Disease Control

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Notification of the Department of Disease Control

Re: Form of Certificate of Immunization, B.E. 2566 (2023)

Whereas it is expedient to prescribe the form of the certificate of immunization for individuals who have received vaccines for the purpose of international travel;

By virtue of clause 5 of the Notification of the National Communicable Disease Committee Re: Issuance of Certificate of Immunization, B.E. 2566 (2023), dated 21 September B.E. 2566 (2023), the Director-General of the Department of Disease Control hereby issues the following Notification:

Clause 1. This Notification is called the “Notification of the Department of Disease Control Re: Form of Certificate of Immunization, B.E. 2566 (2023).”

Clause 2. This Notification shall come into force from the date of its issuance onward.

Clause 3. The Notification of the Department of Disease Control Re: Form of Certificate of Immunization in the case of Coronavirus Disease 2019 (COVID-19), B.E. 2564 (2021), dated 1 November B.E. 2564 (2021), shall be repealed.

Clause 4. The issuance of the certificate of immunization shall be in the form of a document, application program, electronic method, or digital format. In any case, such issuance must be produced or supervised solely by the Department of Disease Control, Ministry of Public Health.

Clause 5. The form of the certificate of immunization issued in document format shall contain at least the details as specified in the annexed form attached to this Notification.

Clause 6. The form of the certificate of immunization issued as a program, application, electronic method, or digital format shall be prepared in English. Other languages may be included alongside English. The certificate shall at least contain the following items and details:

6.1 Ministry of Public Health emblem

6.2 Personal information as follows:

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- (1) Name
- (2) Nationality
- (3) Passport number
- (4) Date of birth
- (5) Sex

6.3 Vaccination information as follows:

- (1) Dose
- (2) Trade name of vaccine
- (3) Date of vaccination
- (4) Vaccine batch number
- (5) Vaccine manufacturer
- (6) Vaccine Effective date / Valid Until
- (7) Vaccination center

6.4 Certificate issuance information as follows:

- (1) Certificate status
- (2) Certificate identifier
- (3) Issuance date
- (4) Electronic signature of authorized officer
- (5) Certificate issuer

Announced on the 10th Day of November B.E. 2566 (2023)

Thongchai Keeratihattayakorn

Director-General of the Department of Medical Services


Acting Director-General of the Department of Disease Control

Form of Certificate of Immunization Issued in Document Format
under clause 5 of the Notification of the Department of Disease Control

Re: Form of Certificate of Immunization, B.E. 2566 (2023)

1. Cover

DEPARTMENT OF DISEASE CONTROL
MINISTRY OF PUBLIC HEALTH
THAILAND



INTERNATIONAL CERTIFICATE
OF VACCINATION

XXXX-XXXXXX

Issued to

Passport No.
or
National identification document.....

In accordance with
INTERNATIONAL HEALTH REGULATIONS 2005.

2. The content of the certificate of immunization shall contain the following statements:

The vaccination certification document for international travel.

International Certificate...

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International Certificate of Vaccination

This is to certify that (name)....., date of birth....., sex.....
Nationality..... National identification document, if applicable.....
whose signature follows..... has on the date indicated been vaccinated against
in accordance with the International Health Regulations.

Vaccine	Date of Vaccination	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from..... until.....	Signature and Professional Status of authorized officer	Official stamp of administering center

- This certificate is valid only if the vaccine used has been registered under the law on drug of the Kingdom of Thailand or approved by the World Health Organization or prescribed by the Ministry of Public Health.
- This certificate must be signed by the Director-General of Department of Disease Control or a person assigned by the Director-General of Department of Disease Control. The certificate may also bear the official stamp of the organization to which such issuer is subordinate; however, this shall not be an accepted substitute for the signature.
- Any correction of the certificate, or erased mark, or failure to complete any part of it, may render it invalid.

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- The certificate shall be fully completed in English and may also be completed in another language on the same document, in addition to English.
 - Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children.
 - A Parent or guardian shall sign the certificate when the child (less than 7 years) is unable to write. The signature of an illiterate shall be indicated in the usual manner by the person's fingerprint (usually the right thumb).
-

Notification of the Department of Disease Control

Re: Forms of Documents Concerning the Notification and the Submission of Documents
by the Conveyance Owner or Conveyance Operator to the Communicable Disease Control
Officer Stationed at the International Communicable Disease Control Checkpoint
B.E. 2567 (2024).

For the purpose of preventing and controlling infectious diseases across international borders, when there is a reasonable ground or there is a suspicion that a conveyance has arrived from a region or port outside the Kingdom where an epidemic is present, the conveyance owner or conveyance operator shall notify a specified arrival date, time and place of such conveyance at the international communicable disease control checkpoint and submit documents to the communicable disease control officer stationed at the international communicable disease control checkpoint. Therefore, by virtue of clause 5 of the Ministerial Regulation on the Notification of a Specified Arrival Date, Time, and Place of the Conveyance at the International Communicable Disease Control Checkpoint, B.E. 2567 (2024), dated November 13, 2024, and clause 6 of the Ministerial Regulation on the Submission of Documents to the Communicable Disease Control Officer Stationed at the International Communicable Disease Control Checkpoint, B.E. 2567 (2024), dated November 13, 2024, the Director-General of the Department of Disease Control issues the Notification as follows:

Clause 1. This Notification is called the “Notification of the Department of Disease Control Re: Forms of Documents Concerning the Notification and the Submission of Documents by the Conveyance Owner or Conveyance Operator to the Communicable Disease Control Officer Stationed at the International Communicable Disease Control Checkpoint, B.E. 2567 (2024)”.

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Clause 2. This Notification shall come into force after the expiration of thirty days from the date of its publication in the Government Gazette.

Clause 3. The form of documents concerning the notification of a specified arrival date, time, and place of conveyance at the international communicable disease control checkpoint by the conveyance owner or conveyance operator to the communicable disease control officer stationed at the international communicable disease control checkpoint under the Ministerial Regulation on the Notification of a Specified Arrival Date, Time, and Place of the Conveyance at the International Communicable Disease Control Checkpoint, B.E. 2567 (2024), and form of documents concerning the submission of documents by the conveyance owner or conveyance operator to the communicable disease control officer stationed at the international communicable disease control checkpoint under the Ministerial Regulation on the Submission of Documents to the Communicable Disease Control Officer Stationed at the International Communicable Disease Control Checkpoint, B.E. 2567 (2024), shall be in the format in accordance with the annexed forms.

Announced on the 21st Day of November, B.E. 2567 (2024)

Panumard Yarnwaisakul

Director-General of the Department of Disease Control

รายการเกี่ยวกับพาหนะที่จะเข้ามาในราชอาณาจักร
INFORMATION OF CONVEYANCE ARRIVING IN THAILAND

เขียนที่.....

(Written at)

วันที่.....

(Date)

เรียน เจ้าพนักงานควบคุมโรคติดต่อประจำด่านควบคุมโรคติดต่อระหว่างประเทศ

To Communicable disease control officer stationed at the international communicable disease control checkpoint

ข้าพเจ้าขอแจ้งรายการเกี่ยวกับพาหนะ ดังต่อไปนี้ :

I wish to inform you of the conveyance as follows:

1. ประเภทพาหนะ
Type of conveyance
 - 1.1 ☐ พาหนะทางน้ำ O เรือเดินทะเลระหว่างประเทศ (Ship)
Watercraft O เรือเดินลำน้ำระหว่างประเทศ (Inland navigation vessel)
เที่ยวเรือที่.....รหัสเรียก (ถ้ามี).....
Voyage no. Call sign (if any)
หมายเลข IMO (ถ้ามี).....ขนาด.....เนตริยีสเตอร์ตันเนจ
IMO no. (if any) Net registered tonnage
 - 1.2 ☐ พาหนะทางบก O รถไฟ (Train)
Ground transport vehicle O รถโดยสารสาธารณะ (Bus/Coach)
O รถพยาบาล (Ambulance)
O รถบรรทุกสินค้า (Lorry)
O รถยนต์ส่วนบุคคล (Personal Car)
O อื่น ๆ (Other) ระบุ (Specify).....
หมายเลขทะเบียน.....หมายเลขทะเบียนส่วนรถพ่วง.....
License plate no. Number of trailer
ยี่ห้อ (ถ้ามี).....
Brand (if any)
 - 1.3 ☐ พาหนะทางอากาศ O เครื่องบิน (Airplane)
Aircraft O เฮลิคอปเตอร์ (Helicopter)
O อากาศยานอื่นที่รับขนส่งทางอากาศ (Other transport aircraft) ระบุ (Specify).....
เที่ยวบินที่.....รหัสเรียก.....
Flight no. Call sign
2. ชื่อเจ้าของหรือผู้ควบคุมพาหนะ.....ชื่อพาหนะ (ถ้ามี).....
Name of owner or master of conveyance Name of conveyance (if any)
3. มาจากเมือง/ท่า.....ประเทศ.....
Coming from Country
4. จะเข้ามาถึงท่า/ช่องทาง.....จังหวัด.....ประเทศไทย
Arriving at Province Thailand
วันที่.....เวลา.....นาฬิกา
Date Time

5. จะออกจาก...

5. จะออกจากท่า/ช่องทาง.....ประเทศไทย ไปยัง.....ประเทศ.....
Departing from Thailand to Country

วันที่ เวลา..... นาฬิกา
Date Time

**ในระยะ 7 วันที่ผ่านมา พาหนะลำนี้เดินทางมาจากเขตติดโรคไข้เหลือง/เขตติดโรคอื่นตามที่ประกาศกำหนดหรือไม่
(โปรดระบุสนามบิน/เมืองท่า/ประเทศ).....

**Did this vehicle travel from a yellow fever infected zone/a zone infected by other diseases as announced within the past 7 days? (Please specify the airport/port city/country)

6. จำนวนคนประจำพาหนะ รวม.....คน
Number of crews Person (s)

7. จำนวนผู้โดยสาร รวม.....คน
Number of passengers Person (s)

7.1 เดินทางผ่านระหว่างประเทศด้วยพาหนะลำเดิม.....คน
Transit by the same conveyance. Person (s)

7.2 เดินทางผ่านระหว่างประเทศด้วยพาหนะลำเดิมภายใน 6 ชั่วโมง.....คน
Transit by the same conveyance within 6 hours. Person (s)

7.3 ลงจากพาหนะเข้าประเทศ.....คน
Disembarked Person (s)

โปรดจัดเจ้าหน้าที่งานควบคุมโรคติดต่อประจำด่านควบคุมโรคติดต่อระหว่างประเทศตรวจตามวัน เวลา และที่กำหนด
ข้างต้น และข้าพเจ้ายินยอมเสียค่าทำการและค่าใช้จ่ายอื่น ๆ ตามที่กำหนดไว้ในกฎหมาย ข้าพเจ้ายินดีอำนวยความสะดวกแก่ผู้ปฏิบัติงาน

Kindly arrange the communicable disease control officer stationed at the international communicable disease control checkpoint for a health inspection on the date and time mentioned above, and I undertake to pay overtime fees and other expenses as stipulated by the law. I shall render facilities therefrom.

ขอแสดงความนับถือ

Yours sincerely,

ลายมือชื่อ.....
Signature

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ
Owner or Master of Conveyance

หมายเหตุ: ให้ขีดคำหรือข้อความที่ไม่ต้องการออก

Remarks: Delete where inapplicable.

แบบ ต.2
T.2

รายงานสุขภาพลักษณะของพาหนะทางน้ำ
SHIP INFORMATION OF HEALTH*

1. ชื่อเรือ Name of ship/Inland navigation vessel	หมายเลข IMO (ถ้ามี) IMO No. (if any)
2. สัญชาติ/ธงเรือ Nationality/Flag of ship or vessel	
3. ท่าเรือที่มาถึง Port of arrival	ตำแหน่งที่จอดเรือ Berth or station
4. วันที่และเวลาที่คาดว่าจะมาถึง Expected date and time of arrival	
5. ชื่อเจ้าของพาหนะหรือผู้ควบคุมพาหนะ Owner or master of conveyance	
6. ชื่อและที่อยู่ของบริษัทตัวแทนเรือ Name and address of conveyance's agent	
7. จำนวนคนประจำเรือ Number of crews	
8. จำนวนผู้โดยสาร Number of passengers	
9. สรุปการเดินทางผ่านท่าเรือต่าง ๆ ภายในระยะเวลา 30 วันนับแต่วันที่ออกเดินทาง Brief of previous ports of call from commencement of voyage within past 30 days	
10. สภาพสุขภาพลักษณะ (กรณีมีเหตุอันสมควรหรือมีเหตุสงสัยว่าพาหนะนั้นมาจากท้องที่หรือเมืองท่าใดนอกราชอาณาจักร ที่มีโรคระบาด ให้มีการตรวจวัดอุณหภูมิร่างกายของคนประจำเรือ/ผู้โดยสารก่อนเข้ามาในราชอาณาจักร) Health condition. (When there are reasonable grounds or there is a suspicion that a conveyance comes from any locality or port city outside the Kingdom where there is an epidemic, before entry, please check the body temperature of crews or passengers)	

ลายมือชื่อ.....

Signature

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ

Owner or Master of Conveyance

วันที่.....

Date

*ให้เจ้าของพาหนะหรือผู้ควบคุมพาหนะส่งข้อมูลตามแบบฟอร์มนี้ โดยวิธีการทางอิเล็กทรอนิกส์ หากไม่สามารถดำเนินการ
ได้ตามวิธีดังกล่าว ให้ดำเนินการ ณ สถานที่หรือโดยวิธีการ ดังนี้ 1. แจ้งต่อเจ้าพนักงานควบคุมโรคติดต่อประจำด่านควบคุม
โรคติดต่อระหว่างประเทศ ณ ด่านควบคุมโรคติดต่อระหว่างประเทศที่พาหนะนั้นเข้ามาถึง 2. ทางโทรสารตามหมายเลข
โทรสารของด่านควบคุมโรคติดต่อระหว่างประเทศที่พาหนะนั้นเข้ามาถึง 3. สถานที่อื่นหรือโดยวิธีการอื่นตามที่อธิบดี
กรมควบคุมโรคกำหนด

*To be sent by owner or master of conveyance by an electronic media form. If it is not possible to do so, the
submission should be made at the location or by the following methods: 1. Notify the communicable disease
control officer stationed at the international communicable disease control checkpoint where
the conveyance has arrived. 2. Fax to the fax number of the international disease control checkpoint where
the conveyance has arrived. 3. At other locations or by other methods as prescribed by the Director-General
of the Department of Disease Control.

เอกสารสำแดงสุขภาพของการเดินทางโดยพาหนะทางน้ำ

SHIP DECLARATION OF HEALTH

เจ้าของเรือหรือผู้ควบคุมเรือที่มาจากท่าเรือต่างประเทศ ต้องกรอกข้อความให้ครบถ้วนและยื่นต่อเจ้าพนักงานควบคุมโรคติดต่อประจำด่านควบคุมโรคติดต่อระหว่างประเทศ

To be completed and submitted to the communicable disease control officer stationed at an international communicable disease control checkpoint by the owner or masters of conveyance arriving from foreign ports.

ยื่นที่ท่าเรือ.....วันที่.....

Submitted at the port of date

ชื่อเรือ.....

Name of ship/inland navigation vessel

หมายเลขทะเบียน/หมายเลข IMO (ถ้ามี).....มาจาก.....จะไป.....

Registration/IMO No. (if any) Arriving from Sailing to

สัญชาติ/ธงเรือ.....

Nationality/Flag of ship or vessel

เจ้าของหรือผู้ควบคุมพาหนะ..... ☐ เรือเดินทะเลระหว่างประเทศ ขนาด.....กรอสตันเนจ

Name of owner or master of conveyance Ship Gross tonnage

☐ เรือเดินลำน้ำระหว่างประเทศ ขนาด.....ตันเนจ

Inland navigation vessel Tonnage

มีเอกสารรับรองการยกเว้นการควบคุม/การควบคุมสุขาภิบาลเรือที่ยังมีผลบังคับใช้อยู่หรือไม่ ☐ ใช่ ☐ ไม่ใช่

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes No

ออกให้ที่.....วันที่.....ต้องได้รับการตรวจซ้ำใช่หรือไม่ ☐ ใช่ ☐ ไม่ใช่

Issued at date Re-inspection required? Yes No

พาหนะจอดพัก ณ พื้นที่ที่ได้รับผลกระทบจากโรคติดต่ออันตรายที่ได้ระบุไว้

ในรายงานระบาดวิทยาประจำสัปดาห์ขององค์การอนามัยโลกใช่หรือไม่ ☐ ใช่ ☐ ไม่ใช่

Has conveyance visited an affected area identified by the World Health Organization? Yes No

ท่าเรือและวันที่จอดพัก.....

Port and date of visit

กรอกรายชื่อท่าเรือที่จอดพักระหว่างทางพร้อมวัน/เดือน/ปี ที่เดินทางออก หรือภายใน 30 วัน แล้วแต่ว่า ระยะเวลาไหนสั้นกว่า

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

เมื่อเจ้าพนักงานควบคุมโรคติดต่อประจำด่านควบคุมโรคติดต่อระหว่างประเทศ ร้องขอให้กรอกรายชื่อคนประจำเรือ ผู้โดยสาร หรือบุคคลอื่นที่มาขึ้นกับพาหนะตั้งแต่เริ่มการเดินทางระหว่างประเทศ หรือภายใน 30 วัน แล้วแต่ระยะเวลาไหนสั้นกว่า รวมทั้งท่าเรือ/ประเทศ ที่จอดพักในระยเวลาดังกล่าวด้วย (เพิ่มเติมชื่อในตารางแนบได้)

Upon request of the communicable disease control officer stationed at an international communicable disease control checkpoint, list crew members, passengers or other persons who have joined conveyance since international voyage began or within past 30 days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) ชื่อ.....ขึ้นเรือจาก 1).....2).....3).....

Name joined from

(2) ชื่อ.....ขึ้นเรือจาก 1).....2).....3).....

Name joined from

(3) ชื่อ.....ขึ้นเรือจาก 1).....2).....3).....

Name joined from

จำนวนคนประจำเรือบนเรือ.....

Number of crew members on board

จำนวนผู้โดยสารบนเรือ.....

number of passengers on board

คำถามสุขภาพ
HEALTH QUESTIONS

- (1) มีผู้เสียชีวิตบนเรือระหว่างการเดินทางที่ไม่ใช่อุบัติเหตุใช่หรือไม่ ☐ ใช่ ☐ ไม่ใช่
(ถ้ามี โปรดระบุในตารางแนบท้าย จำนวนผู้เสียชีวิตทั้งหมด.....คน) Yes No
Has any person died on board during the voyage otherwise than as a result of accident?
(If yes, state particulars in attached schedule. Total no. of deaths.)
- (2) มีโรคที่สงสัยว่าเป็นโรคติดเชื้อเกิดบนเรือระหว่างการเดินทางใช่หรือไม่ ☐ ใช่ ☐ ไม่ใช่
(ถ้ามี โปรดระบุในตารางแนบท้าย) Yes No
Is there on board or has there been during the international voyage any case of disease.
(If yes, state particulars in attached schedule.)
- (3) มีผู้เดินทางบนเรือป่วยระหว่างการเดินทางมากกว่าปกติหรือที่คาดไว้ใช่หรือไม่ ☐ ใช่ ☐ ไม่ใช่
จำนวนผู้ป่วยทั้งหมด.....คน Yes No
Has the total number of ill passengers during the voyage been greater than normal/expected?
How many ill persons?
- (4) มีผู้ป่วยอยู่บนเรือขณะนี้ใช่หรือไม่ (ถ้ามี โปรดระบุในตารางแนบท้าย) ☐ ใช่ ☐ ไม่ใช่
Is there any ill person on board now? (If yes, state particulars in attached schedule.) Yes No
- (5) มีการปรึกษาแพทย์เวชปฏิบัติทั่วไปใช่หรือไม่ (ถ้ามี โปรดระบุการรักษาหรือคำแนะนำในตารางแนบท้าย) ☐ ใช่ ☐ ไม่ใช่
Was a medical practitioner consulted? Yes No
(If yes, state particulars of medical treatment or advice provided in attached schedule.)
- (6) ท่านทราบว่าบนเรือของท่านมีสภาพที่อาจนำไปสู่การติดเชื้อหรือการแพร่ระบาดของโรคใช่หรือไม่ ☐ ใช่ ☐ ไม่ใช่
(ถ้ามี โปรดระบุในตารางแนบท้าย) Yes No
Are you aware of any condition on board which may lead to infection or spread of disease?
(If yes, state particulars in attached schedule.)
- (7) มีการดำเนินการด้านการสุขาภิบาล (เช่น การกักกัน การแยกกัก การทำลายเชื้อ หรือการจัดการปนเปื้อน) ☐ ใช่ ☐ ไม่ใช่
บนเรือใช่หรือไม่ (ถ้ามี โปรดระบุชนิด สถานที่ และวันที่ดำเนินการ.....) Yes No
.....)
- Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? (If yes, specify type, place and date.)
- (8) มีผู้ลักลอบขึ้นเรือใช่หรือไม่ (ถ้ามี ขึ้นเรือมาเมื่อไร (ถ้ารู้).....) ☐ ใช่ ☐ ไม่ใช่
Have any stowaways been found on board? (If yes, where did they join the ship (if known)? Yes No
- (9) มีสัตว์หรือสัตว์เลี้ยงป่วยบนเรือใช่หรือไม่ ☐ ใช่ ☐ ไม่ใช่
Is there a sick animal or pet on board? Yes No

ข้าพเจ้า...

ข้าพเจ้าขอรับรองว่า การสำแดงข้อมูลตามเอกสารสำแดงสุขภาพของการเดินทางโดยพาหนะทางน้ำและการตอบคำถามสุขภาพ รวมทั้งตารางแนบท้าย เป็นความจริงและถูกต้องตามความรู้และความเชื่อที่มีอยู่ทุกประการ

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

ลายมือชื่อ

Signature

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ

Owner or master of conveyance

ลายมือชื่อ

Countersigned

แพทย์ประจำเรือ (ถ้ามี)

Ship's surgeon (if carried)

วันที่

Date

หมายเหตุ: ถ้าไม่มีแพทย์ประจำเรือ ผู้ควบคุมเรือต้องถือว่าอาการต่อไปนี้เป็นเหตุให้สงสัยว่าจะเกิดโรคติดต่อขึ้นแล้ว

ก. ใช้ลอยอยู่หลายวัน หรือมีอาการอื่น ๆ ร่วมด้วยดังต่อไปนี้

(1) อ่อนเพลีย (2) รู้สึกตัวน้อยลง (3) ต่อมเหงื่อหรือบวม (4) ตัวเหลืองตาเหลืองหรือดีซ่าน

(5) ไอหรือหายใจขัด (6) เลือดออกผิดปกติ หรือ (7) อัมพาต

ข. มีอาการดังต่อไปนี้ โดยมีไข้หรือไม่ไข้

(1) ผื่นหรือแผลพุพองขึ้นตามผิวหนังอย่างรวดเร็ว (2) อาเจียนอย่างรุนแรง (ไม่ใช่เมาเรือ)

(3) อุจจาระร่วงอย่างรุนแรง (4) ชักบ่อยครั้ง

Remarks: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) fever, persisting for several days or accompanied by

(i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice;

(v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

(b) with or without fever:

(i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness);

(iii) severe diarrhoea; or (iv) recurrent convulsions.

ตารางแนบท้ายเอกสารสำแดงสุขภาพของนายแพทย์ของการเดินทางโดยพาหนะทางน้ำ
ATTACHED SCHEDULE OF SHIP DECLARATION OF HEALTH

ชื่อ name	ชั้น หรือ ชนิดผู้เดินทาง class/rating	อายุ age	เพศ sex	สัญชาติ nationality	ท่าเรือและ วันที่ขึ้นเรือ port, date joined conveyance	ลักษณะ ของ อาการ เจ็บป่วย nature of illness	วันที่เริ่มมี อาการ date of onset of symptoms	การรายงาน ต่อเจ้าพนักงานควบคุม โรคติดต่อประจำ ด้านควบคุมโรคติดต่อ ระหว่างประเทศ reported to the communicable disease control officer stationed at an international communicable disease control checkpoint	การจำหน่าย ผู้ป่วย* disposal of case*	ยาหรือการรักษา ที่ให้ drugs, medicines or other treatment given to patient	หมายเหตุ comments

*ระบุ (1) บุคคลนั้นหายป่วย หรือยังป่วย หรือเสียชีวิต และ (2) บุคคลนั้นยังอยู่บนเรือ ลงไปจากเรือแล้ว (ระบุชื่อท่าเรือ หรือ ท่าอากาศยาน) หรือทำพิธีศพกลางทะเล

*State: (1) Whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

**แบบฟอร์มนี้ อ้างอิงมาจากกฎอนามัยระหว่างประเทศ ค.ศ. 2005 ภาคผนวก 8

***This form is based on the International Health Regulations 2005 (IHR 2005), Annex 8

เอกสารรับรองการยกเว้นการควบคุมสุขาภิบาลเรือหรือเอกสารรับรองการควบคุมสุขาภิบาลเรือ
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE / SHIP SANITATION CONTROL CERTIFICATE
ท่าเรือ วันที่.....
Port of Date.....

เอกสารฉบับนี้บันทึกการตรวจตราและ (1) การยกเว้นการควบคุม หรือ (2) มาตรการควบคุมที่ได้ดำเนินการแล้ว
This Certificate records the inspection and (1) exemption from control or (2) control measures applied
ชื่อเรือเดินทะเลระหว่างประเทศหรือเรือเดินลำน้ำระหว่างประเทศ..... สัญชาติ/ธงเรือ..... หมายเลขทะเบียน/หมายเลข IMO.....
Name of ship or inland navigation vessel Nationality/Flag of ship or vessel Registration/IMO No.
ขณะที่ทำการตรวจ ตรวจเรือว่างหรือเรือบรรทุกสินค้า.....
At the time of inspection the holds were unladen/ laden with tonnes of cargo.
ชื่อและที่อยู่ของเจ้าหน้าที่ผู้ตรวจ.....
Name and Address of inspecting officer

เอกสารรับรองการยกเว้นการควบคุมสุขาภิบาลเรือ
Ship Sanitation Control Exemption Certificate

เอกสารรับรองการควบคุมสุขาภิบาลเรือ
Ship Sanitation Control Certificate

พื้นที่สำรวจ (ระบบและบริการ) Areas, (systems), and services inspected	หลักฐานที่พบ ¹ Evidence found ¹	ผลตรวจตัวอย่าง ² Sample results ²	การตรวจสอบเอกสาร Documents reviewed	มาตรการควบคุมที่ได้ดำเนินการ Control measures applied	วันที่ตรวจซ้ำ Re-inspection date	ข้อคิดเห็นเกี่ยวกับสภาพที่ตรวจพบ Comments regarding conditions found
ห้องครัว Galley			บันทึกการตรวจรักษา Medical log			
ห้องเตรียมอาหาร Pantry			บันทึกเรือ Ship's log			
ห้องเก็บของ Stores			อื่น ๆ Other			
ระวางบรรทุกสินค้า Hold(s)/Cargo						
ที่พัก Quarters:						
- คนประจำเรือ crew						
- เจ้าหน้าที่งาน officers						
- ผู้โดยสาร passengers						
- คาดฟ้า deck						
น้ำบริโภค Potable water						
น้ำเสียหรือของเสีย Sewage						
ถังอับเฉา Ballast tanks						
ขยะของแข็งและขยะทางการแพทย์ Solid and Medical waste						
น้ำแข็งตามส่วนต่าง ๆ Standing water						
ห้องเครื่อง Engine room						
ห้องพยาบาล Medical facilities						
พื้นที่อื่น ๆ ระบุ..... (ดูตารางแนบท้าย) Other areas, specify (see attached)						
พื้นที่ที่ไม่ได้ตรวจ หรือไม่ได้ตรวจให้เขียนว่า N/A Note areas not applicable, by marking N/A.						

ไม่พบหลักฐานใด ๆ เรือได้รับการยกเว้นมาตรการควบคุม
No evidence found. Ship/vessel is exempted from control measures.
ชื่อเจ้าหน้าที่ผู้ออกเอกสาร..... ลายมือชื่อและตราประทับ.....
Name and designation of issuing officer Signature and seal

ได้ดำเนินการมาตรการควบคุมต่าง ๆ แล้ว ณ วันที่ออกเอกสารนี้
Control measures indicated were applied on the date below.
วันที่.....
Date

หมายเหตุ:

¹(ก) มีหลักฐานการติดเชื้อ หรือการปนเปื้อนซึ่งรวมถึงพาหะนำโรคทุกกระยะการเจริญเติบโต สัตว์ที่เป็นแหล่งรังโรคของพาหะนำโรค หนูหรือสัตว์อื่นที่สามารถนำพาเชื้อโรคมาติดต่อกันได้ เชื้อจุลินทรีย์ สารเคมี หรือความเสียหายอื่นต่อสุขภาพคน ข้อบ่งชี้ว่ามาตรการสุขาภิบาลมีไม่เพียงพอ

(ข) ข้อมูลข่าวสารที่เกี่ยวข้องกับผู้โดยสาร (ต้องนำไปบันทึกในเอกสารสำแดงสุขอนามัยของการเดินทางโดยพาหนะทางน้ำ)

¹(a) Evidence of infection or contamination, including: vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical and other risks to human health; signs of inadequate sanitary measures.

(b) Information concerning any human cases (to be included in the Ship Declaration of Health).

² ผลการตรวจตัวอย่างที่เก็บบนเรือ จะส่งให้ผู้ควบคุมเรือโดยเร็วและสะดวกที่สุด และถ้าต้องดำเนินการตรวจใหม่จะส่งผลการตรวจให้เจ้าหน้าที่ท่าเรือถัดไปเพื่อดำเนินการตรวจใหม่ให้ตรงกับวันตรวจใหม่ทีละวันในเอกสารนี้

เอกสารรับรองการยกเว้นการควบคุมสุขาภิบาลเรือและเอกสารรับรองการควบคุมสุขาภิบาลเรือมีอายุไม่เกินหกเดือน แต่อาจขยายอายุออกไปได้อีกหนึ่งเดือน ถ้าการตรวจไม่อาจทำได้ท่าเรือ และไม่มีหลักฐานว่ามีการติดเชื้อหรือปนเปื้อน

² Results from samples taken on board. Analysis to be provided to ship's master by most expedient means and, if re-inspection is required, to the next appropriate port of call coinciding with the re-inspection date specified in this certificate.

Sanitation Control Exemption Certificates and Sanitation Control Certificates are valid for a maximum of six months, but the validity period may be extended by one month if inspection cannot be carried out at the port and there is no evidence of infection or contamination.

ตารางแนบท้ายเอกสารรับรองการยกเว้นการควบคุมสุขาภิบาลเรือหรือเอกสารรับรองการควบคุมสุขาภิบาลเรือ

ATTACHMENT TO SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE

พื้นที่/สิ่งอำนวยความสะดวก/ ระบบที่ได้รับการตรวจ Areas/facilities/systems inspected	หลักฐานที่พบ Evidence found	ผลตรวจตัวอย่าง Sample results	การตรวจสอบเอกสาร Documents reviewed	มาตรการควบคุมที่ได้ดำเนินการ Control measures applied	วันที่ตรวจซ้ำ Re-inspection date	ข้อคิดเห็นเกี่ยวกับสภาพที่ตรวจพบ Comments regarding conditions found
อาหาร Food						
แหล่งที่มา Source						
การเก็บรักษา Storage						
การเตรียม Preparation						
บริการ Service						
น้ำ Water						
แหล่งที่มา Source						
การเก็บรักษา Storage						
การส่งจ่ายน้ำ Distribution						
ของเสีย Waste						
ที่พักของเสีย Holding						
การบำบัด Treatment						
การกำจัด Disposal						
สระว่ายน้ำ/สปา Swimming pools/ spas						
เครื่องมือหรืออุปกรณ์ Equipment						
การใช้งาน Operation						
ห้องพยาบาล Medical facilities						
เครื่องมือหรืออุปกรณ์ และครุภัณฑ์ทางการแพทย์ Equipment and medical devices						
การปฏิบัติงาน Operation						
เวชภัณฑ์ Medicines						
พื้นที่อื่น ๆ ตรวจ Other areas inspected						

ผู้ชี้แจงให้ตรวจ ให้เขียนว่า N/A
พื้นที่ที่ไม่ให้ตรวจ

Indicate when the areas listed are not applicable by marking N/A.

*แบบฟอร์มนี้ อ้างอิงมาจากกฎอนามัยระหว่างประเทศ ค.ศ. 2005 ภาคผนวก 3

*This form is based on the International Health Regulations 2005 (IHR 2005), Annex 3

ใบรับรองสุขลักษณะของคอนเทนเนอร์
SANITATION CERTIFICATE OF CONTAINER

หน่วยงานที่ออกใบรับรอง

Issuing office

ที่อยู่

Address

ขอรับรองว่าคอนเทนเนอร์ เลขที่.....

This is to certify that container(s) No.

บรรทุกมากับพาหนะ

On board the

มาจาก (เมือง/ท่าที่นำคอนเทนเนอร์ขึ้น).....ประเทศ.....

From (city/port of loading)

Country

วันที่.....

Date

ปลายทาง (เมือง/ท่าที่ขนถ่ายคอนเทนเนอร์).....ประเทศ.....

Destined for (city/port of discharge)

Country

วันที่.....

Date

การทำความสะอาด ☐ ไม่มี ☐ มี (ระบุ).....(กรุณาแนบเอกสารการรับรองการทำความสะอาด)

Sanitation No Yes (Specify) (Please attach the sanitation certification document.)

ความเสียหายของคอนเทนเนอร์ ☐ ไม่มี ☐ มี (ระบุ).....

Container damage No Yes (Specify)

ร่องรอยที่เกิดจากสัตว์ฟันแทะและแมลง ☐ ไม่มี ☐ มี (ระบุ).....

Damage caused by rodents and insects No Yes (Specify)

สิ่งของ/สินค้าที่บรรจุ สิ่งของ/สินค้าเกษตรและปศุสัตว์ ☐ ไม่มี ☐ มี (ระบุ).....

Packed items/goods Agricultural and livestock items/good No Yes (Specify)

สิ่งของ/สินค้าอันตราย ☐ ไม่มี ☐ มี (ระบุ).....

Hazardous item/goods No Yes (Specify)

อื่น ๆ (ระบุ).....

Other (Specify)

ลายมือชื่อ.....

Signature

(.....)

ผู้ออกใบรับรอง

Authorized certifier

หมายเหตุ: 1. เอกสารรับรองเฉพาะสิ่งของ/สินค้างวดนั้น
2. แบบฟอร์มนี้ใช้สำหรับในกรณีที่บรรทุกทุกคอนเทนเนอร์

Remarks: 1. Certificate specific for this lot only
2. This form is used in cases where containers are being transported.

รายชื่อผู้เดินทาง
TRAVELLER MANIFEST

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ.....วันที่.....

Owner or master of conveyance

Date

ประเภทพาหนะ

Type of conveyance

☐ พาหนะทางน้ำ
Watercraft

☐ เรือเดินทะเลระหว่างประเทศ

Ship

☐ เรือเดินลำน้ำระหว่างประเทศ

Inland navigation vessel

ชื่อเรือ.....

Name of ship/vessel

☐ พาหนะทางอากาศ
Aircraft

☐ เครื่องบิน

Airplane

☐ เฮลิคอปเตอร์

Helicopter

☐ อากาศยานอื่นที่รับขนส่งทางอากาศ ระบุ.....

Other transport aircraft specify

เที่ยวบินที่.....รหัสเรียก.....

Flight No.

Call sign

☐ พาหนะทางบก

Ground transport vehicle

☐ รถไฟ

Train

☐ รถบรรทุกสินค้า

Lorry

☐ รถโดยสารสาธารณะ

Bus/Coach

☐ รถพยาบาล

Ambulance

☐ รถยนต์ส่วนบุคคล

Personal Car

☐ อื่น ๆ ระบุ.....

Other specify

หมายเลขทะเบียน.....

License plate No.

ผู้เดินทาง เดินทางจาก.....ผู้เดินทางลง.....

Point of embarkation (place)

Point of disembarkation (place)

เขียนโดย.....รวมทั้งสิ้น.....แผ่น จำนวนผู้เดินทางทั้งสิ้น.....คน

Written by

Total

page(s)

Total traveller

person(s)

ลำดับที่ No.	ชื่อสกุลและชื่อย่อ Surname and Initials	เลขที่หนังสือเดินทาง/หนังสือ ผ่านแดนชั่วคราว Passport No./Temporary Border pass	หมายเลขที่นั่ง Seat No.	สำหรับเจ้าหน้าที่เท่านั้น For official use only

ลายมือชื่อ.....

Signature

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ

Owner or master of conveyance

หมายเหตุ: 1. แบบฟอร์มนี้ใช้ในกรณีที่มีผู้เดินทางที่เป็นหรือมีเหตุอันควรสงสัยว่าเป็นโรคติดต่ออันตราย

2. ให้ขีดเส้นใต้ผู้เดินทางที่เป็นหรือมีเหตุอันควรสงสัยว่าเป็นโรคติดต่ออันตราย

3. สำหรับพาหนะทางอากาศให้แนบชนิดของพาหนะทางอากาศและผังเลขที่นั่งผู้เดินทางทั้งหมดพร้อมระบุชื่อ สัญชาติ ที่อยู่ และเลขที่หนังสือเดินทางของผู้เดินทางที่นั่งใกล้ชิดผู้ที่เป็นโรคติดต่ออันตราย (แถวเดียวกับผู้ป่วย และสามแถวหน้า - หลัง)

Remarks: 1. This form is used if there is a sick or suspected case with dangerous communicable diseases.

2. Underline the name(s) of sick or suspected traveller(s).

3. For aircraft, submit type of the aircraft and seat plan of all traveller(s) with name, nationality, address and passport number of those who sit close to the sick. (same row and 3 rows in front and behind)

ใบแนบท้าย รายชื่อผู้เดินทาง
ATTACHMENT OF TRAVELLER MANIFEST

[illegible]

รายงานเรื่องสุขภาพของผู้เดินทางโดยพาหนะทางอากาศ
REPORT ON HEALTH OF AIRCRAFT CREW AND TRAVELLERS

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ.....
Owner or master of conveyance
สัญชาติของพาหนะ.....หมายเลขทะเบียน.....เที่ยวบินที่.....
Nationality of conveyance Registration Flight No.
วันที่.....เดือน.....ปี.....
Date Month Year
มาจาก.....(ท่าอากาศยานและประเทศ) ถึง.....(ท่าอากาศยานและประเทศ)
Departure from (airport and country) Arriving at (airport and country)

ท่าอากาศยาน ที่รายงาน Airport	รายชื่อคนประจำพาหนะ List of crew	ข้อมูล/จำนวนผู้โดยสาร Information/number of travellers	สำหรับ เจ้าหน้าที่ เท่านั้น For official use only
	ชื่อ - สกุล (Name in full) สัญชาติ (Nationality) เลขที่หนังสือเดินทาง (Passport No.)	ขึ้นที่ (สนามบิน)..... Embarking place จำนวน.....คน Total Person(s) ผู้โดยสารขึ้นที่ (สนามบินระหว่างทาง) Other embarking place จำนวน.....คน Total Person(s) ลงที่ (สนามบินในประเทศไทย)..... Disembarking place (in Thailand) จำนวน.....คน Total Person(s) ผู้โดยสารผ่านลำ.....คน Through on same flight Person(s) สินค้า (Cargo)..... รายชื่อสินค้าแนบมาด้วย (Cargo manifests attached) อื่น ๆ (Other) ระบุ (specify).....	

ลายมือชื่อ.....
Signature
เจ้าของพาหนะหรือผู้ควบคุมพาหนะ
Owner or master of conveyance

รายงานเกี่ยวกับสุขภาพ
HEALTH REPORT

บุคคลบนพาหนะซึ่งเจ็บป่วยด้วยโรคอื่นใดนอกเหนือจากการเมาเครื่องบิน หรือการเจ็บป่วยจากอุบัติเหตุ (รวมทั้งบุคคลซึ่งมีลักษณะหรืออาการของการเจ็บป่วย เช่น มีผื่นขึ้นที่ผิวหนัง ไข้ หนาวสั่น หรืออุจจาระร่วง) และบุคคลที่ป่วยด้วยโรคดังกล่าว ซึ่งลงจากเครื่องบินไประหว่างการเดินทาง

Persons on board with illnesses other than airsickness or the effects of accidents (including persons with symptoms or signs of illness such as rash, fever, chills or diarrhea) as well as those cases of illness disembarked during the flight: -

.....
.....

ลักษณะอย่างอื่นบนเครื่องบินอันอาจนำไปสู่การแพร่กระจายของโรคได้

Any other condition on board which may lead to the spread of disease: -

.....
.....

รายละเอียดเรื่องการจัดแมลงหรือการดำเนินการด้านสุขอนามัยในแต่ละครั้งของเที่ยวบินนั้น (ให้แจ้งสถานที่ วัน เดือน ปี เวลา และวิธีการ) ถ้าไม่ได้มีการจัดแมลงในเที่ยวบินนั้น ก็ให้แจ้งรายละเอียดของการกำจัดแมลงครั้งสุดท้าย

Details of each disinsecting or sanitary treatment (place, date, time and method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting.

.....
.....

ลายมือชื่อ.....

Signature

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ

Owner or master of conveyance

รายงานเรื่องสุขภาพของผู้เดินทางโดยพาหนะทางบก

REPORT ON HEALTH OF GROUND TRANSPORT VEHICLE CREW AND TRAVELLERS

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ.....

Owner or master of conveyance

ประเภทของพาหนะทางบก ☐ รถไฟ ☐ รถบรรทุกสินค้า ☐ รถโดยสารสาธารณะ

Type of vehicle Train Lorry Bus/Coach

☐ รถพยาบาล ☐ รถยนต์ส่วนบุคคล

Ambulance Personal Car

☐ อื่น ๆ ระบุ.....

Other specify

หมายเลขทะเบียน.....

License plate No.

มาจาก.....(สถานที่และประเทศ) ถึง.....(สถานที่และประเทศ)

Departure from (place and country) Arriving at (place and country)

ช่องทางเข้าออก ระหว่างประเทศ ทางบก Ground crossing checkpoint	รายชื่อคนประจำพาหนะ List of crew	ข้อมูล/จำนวนผู้โดยสาร Information/number of travellers	สำหรับเจ้าหน้าที่ เท่านั้น For official use only
	ชื่อ - สกุล (Name in full) สัญชาติ (Nationality) เลขที่หนังสือเดินทาง/หนังสือ ผ่านแดนชั่วคราว (Passport No./Temporary Border pass)	ผู้โดยสาร.....คน Traveller Person(s) รายชื่อสินค้าแนบมาด้วย (Cargo manifests attached)	

ลายมือชื่อ.....

signature

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ

Owner or master of conveyance

รายงานเกี่ยวกับสุขภาพ
HEALTH REPORT

บุคคลในพาหนะซึ่งเจ็บป่วยด้วยโรคอื่นนอกเหนือจากการเมาเรือ หรือการเจ็บป่วยจากอุบัติเหตุ (รวมทั้งบุคคลซึ่งมีลักษณะหรืออาการของการเจ็บป่วย เช่น มีผื่นขึ้นที่ผิวหนัง ไข้ หนาวสั่น หรืออุจจาระร่วง) และบุคคลที่ป่วยด้วยโรคดังกล่าวซึ่งลงจากพาหนะไประหว่างการเดินทางเที่ยวนี้

Persons on board with illnesses other than carsickness or the effects of accidents (including persons with symptoms or signs of illness such as rash, fever, chills or diarrhoea) as well as those cases of illness disembarked during the journey: -

ลักษณะอย่างอื่นบนยานพาหนะอันอาจนำไปสู่การแพร่กระจายของโรคได้

Any other condition on board which may lead to the spread of disease: -

รายละเอียดเรื่องการจัดแมลงหรือการดำเนินการด้านสุขอนามัยในแต่ละครั้งของพาหนะที่ออกเดินทาง (ให้แจ้งสถานที่ วัน เดือน ปี เวลา และวิธีการ) ถ้าหากไม่ได้มีการจัดแมลงในพาหนะที่ออกเดินทางก็ให้แจ้งรายละเอียดของการกำจัดแมลงครั้งสุดท้าย

Details of each disinsecting or sanitary treatment (place, date and time, method) during the journey. If no disinsecting has been carried out during the journey, give details of most recent disinsecting.

ลายมือชื่อ.....

Signature

เจ้าของพาหนะหรือผู้ควบคุมพาหนะ

Owner or master of conveyance

แบบคำถามสำหรับผู้เดินทาง
QUESTIONNAIRE FOR TRAVELLER

กรุณารอกข้อความต่อไปนี้ให้ถูกต้องและใช้ตัวอักษรพิมพ์ใหญ่

Please fill in the following blanks correctly, in block letters.

ประเภทพาหนะ

Type of conveyance.

☐ พาหนะทางน้ำ

Watercraft

○ เรือเดินทะเลระหว่างประเทศ ชื่อเรือ.....

Ship

Name of ship

○ เรือเดินลำน้ำระหว่างประเทศ ชื่อเรือ.....

Inland navigation vessel

Name of vessel

☐ พาหนะทางบก

Ground transport vehicle

○ รถไฟ ขบวนที่.....

Train

Car no.

○ รถโดยสารสาธารณะ หมายเลขทะเบียน.....

Bus/Coach

License plate no.

○ รถยนต์ส่วนบุคคล หมายเลขทะเบียน.....

Personal Car

License plate no.

○ รถพยาบาล หมายเลขทะเบียน.....

Ambulance

License plate no.

○ รถบรรทุกสินค้า หมายเลขทะเบียน.....

Lorry

License plate no.

○ อื่น ๆ ระบุ.....

Other Specify

☐ พาหนะทางอากาศ

Aircraft

○ เครื่องบิน เที่ยวบินที่.....

Airplane

Flight no.

○ เฮลิคอปเตอร์ เที่ยวบินที่.....

Helicopter

Flight no.

○ อากาศยานอื่นที่รับขนส่งทางอากาศ เที่ยวบินที่.....

Other transport aircraft

Flight no.

จาก.....ถึง.....หมายเลขที่นั่ง.....

From.....to.....seat no.

วันที่.....เดือน.....พ.ศ.....เลขที่หนังสือเดินทาง/เลขบัตรประจำตัวประชาชน.....

date month year passport no./ID no.

ชื่อ - สกุล.....สัญชาติ.....

Name in full nationality

อายุ.....ปี เพศ ☐ ชาย ☐ หญิง อาชีพ.....

age years sex male female occupation

ที่พักในประเทศไทย (address in Thailand).....

อีเมล/หมายเลขโทรศัพท์ (E-mail/Telephone no.).....

บุคคลที่สามารถติดต่อได้/เบอร์โทรศัพท์ (Contact person/Telephone no.).....

กรุณابอกชื่อเมือง/ประเทศต่าง ๆ ที่ท่านได้อาศัยอยู่ภายในสองสัปดาห์ก่อนมาถึงประเทศไทย

Please list the name of the cities/countries where you stayed within two weeks before arrival.

.....
.....

ขีดเครื่องหมาย ✓ เมื่อท่านมีอาการเหล่านี้ หรือเคยมีมาก่อนภายในสองสัปดาห์ก่อนมาถึงประเทศไทย

Please mark ✓ if you have had any of the following symptoms within two weeks before arrival.

- | | | | |
|--|--|---|------------------------------|
| <input type="checkbox"/> อุจจาระร่วง | <input type="checkbox"/> อาเจียน | <input type="checkbox"/> ปวดท้อง | <input type="checkbox"/> ไข้ |
| Diarrhea | Vomiting | Abdominal pain | Fever |
| <input type="checkbox"/> ผื่น ตุ่มน้ำใส ตุ่มหนอง หรือแผลตกสะเก็ดตามร่างกาย | <input type="checkbox"/> เจ็บคอ | <input type="checkbox"/> ตัวเหลือง ตาเหลือง | |
| Rash/Vesicles/Pustule/Scaly | Sore throat | Jaundice | |
| <input type="checkbox"/> ไอหรือหายใจขัด | <input type="checkbox"/> ต่อม้ำเหลืองโต | | |
| Cough or shortness of breath | Enlarged lymph glands or tender lumps | | |
| <input type="checkbox"/> อื่น ๆ ระบุ..... | <input type="checkbox"/> ปัญหาสุขภาพ/โรคประจำตัว ระบุ..... | | |
| Other (Specify) | Health problem/Health condition (Specify) | | |

ข้อมูลที่จะให้เป็นประโยชน์ในการจัดการเหตุการณ์สุขภาพของประชาชน สามารถใช้ในการติดตามผู้โดยสารที่อาจได้รับการสัมผัสโรคติดต่อ การจัดการข้อมูลดำเนินการโดยหน่วยงานด้านสุขภาพของประชาชน ซึ่งสอดคล้องกับพระราชบัญญัติโรคติดต่อ พ.ศ. 2558 และกฎอนามัยระหว่างประเทศ ค.ศ. 2005 และนำมาใช้เพื่อวัตถุประสงค์ด้านสุขภาพของประชาชน

The information you provide will assist the public health authorities to manage the public health event by enabling them to trace traveller who may have been exposed to communicable diseases. The information is intended to be held by the public health authorities in accordance with the Communicable Diseases Act (2015) and International Health Regulations (2005) and to be used only for the public health purposes.

ลายมือชื่อ (ผู้เดินทาง).....
Signature (traveller)

*ส่วนของเจ้าพนักงานควบคุมโรคติดต่อประจำด่านควบคุมโรคติดต่อระหว่างประเทศ

*For Communicable disease control officer stationed at the international communicable disease control checkpoint use only.

- ☐ อุณหภูมิร่างกาย..... องศาเซลเซียส
Temperature (°C)
- ☐ มีอาการสงสัยโรคติดต่ออันตราย (ระบุ).....
Suspected symptoms of a dangerous communicable disease. (Specify)

.....
เจ้าพนักงานควบคุมโรคติดต่อ
ประจำด่านควบคุมโรคติดต่อระหว่างประเทศ
Communicable disease control officer stationed
at the international communicable disease control checkpoint

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PREVENT DETECT RESPOND



กองกฎหมาย
Division of Legal Affairs

DIVISION OF LEGAL AFFAIRS

DEPARTMENT OF DISEASE CONTROL

For more information, please contact us.



Tel. : 0 2590 3318



Fax : 0 2590 3322



กองกฎหมาย กรมควบคุมโรค



E-mail : legalaffairs@ddc.mail.go.th



Communicable Diseases Act,
B.E. 2558 (2015) and related
subordinate legislations

DEPARTMENT OF DISEASE CONTROL
MINISTRY OF PUBLIC HEALTH
TIWANON ROAD, TALARD-KWAN,
NONTHABURI 11000