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15 January 2008 [shall come into force on 19 January 2008];

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27 March 2012 [shall come into force on 1 April 2012];

10 February 2015 [shall come into force on 14 February 2015];

7 April 2020 [shall come into force on 8 April 2020];

9 June 2020 [shall come into force on 10 June 2020];

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If a whole or part of a paragraph has been amended, the date of the amending regulation appears in square brackets at the end of the paragraph. If a whole paragraph or sub-paragraph has been deleted, the date of the deletion appears in square brackets beside the deleted paragraph or sub-paragraph.

Republic of Latvia

Cabinet

Regulation No. 413

Adopted 14 June 2005

**Procedures by which the Mandatory Medical and Laboratory Examination of Persons, Mandatory and Forced Isolation and Treatment Thereof shall be Carried out in Cases of Infectious Diseases**

*Issued pursuant to*

*Section 20, Paragraph one and Section 22, Paragraph two of the Epidemiological Safety Law*

**I. General Provisions**

1. The Regulation prescribes the procedures by which persons or separate population groups who have become infected or of the infection of whom with the infectious diseases referred to in this Regulation justified suspicion has arisen shall be subject to mandatory medical and laboratory examination, isolation or treatment, and also the procedures by which the head of the Health Inspectorate or his or her deputies shall, upon request of a medical practitioner, take the decision to forcibly isolate a person.

[*15 January 2008; 8 September 2009; 27 March 2012; 10 February 2015; 9 June 2020*]

2. The implementation of this Regulation shall be controlled by the Health Inspectorate.

[*15 January 2008*]

**II. Mandatory Medical and Laboratory Examination of Persons, Mandatory and Forced Isolation and Treatment Thereof**

3. If infection has been detected or justified suspicion has arisen that a person has been infected with the infectious disease referred to in Annex 1 to this Regulation, the mandatory medical and laboratory examination of the person, his or her isolation and treatment shall be carried out.

[*9 June 2020*]

4. If infection has been detected or justified suspicion has arisen that a person has been infected with the infectious disease referred to in Annex 2 to this Regulation, the following shall be carried out:

4.1. the mandatory medical and laboratory examination of the person;

4.2. the mandatory isolation and treatment of the person who has been accommodated or placed in a deprivation of liberty institution, illegal immigrant detention centre, accommodation centre for asylum seekers, or other institutions where he or she causes or is likely to cause risk of infection for other persons.

[*9 June 2020*]

5. If infection of a person with any of the diseases referred to in Annex 1 or 2 to this Regulation is detected, the obligation of a medical practitioner is:

5.1. to inform the person of the necessity of the medical and laboratory examination, organise examinations and inform the person that the life of the person is endangered due to the disease and the disease is especially dangerous for other persons, as well as to inform of the types of spread of the relevant disease, explain the necessity for the isolation of the person and confirm it in writing in medical documentation;

5.2. where necessary, to organise isolation of the person and check if the person is placed in a medical treatment institution;

5.3. to organise the emergency counter-epidemic measures at the place where the examination of the person has been carried out.

[*15 January 2008; 8 September 2009*]

5.1 If infection of the person with any of the diseases referred to in Annex 2.1 to this Regulation is detected, a medical practitioner shall inform the person of the necessary additional medical and laboratory investigation to determine if the person is not infected also with another infectious disease referred to in Annex 2.1 to this Regulation due to which the life of the person may be endangered and threats to danger to health of other persons may be caused, and also of the manner of the spread of the relevant disease and preventative measures.

[*8 September 2009*]

6. If a person refuses from the mandatory medical and laboratory examination or isolation and treatment, a medical practitioner shall:

6.1. make an entry in the medical documentation (the out-patient’s card) on the refusal of the person (and the person shall confirm the relevant entry with a signature) or draw up a deed;

6.2. immediately inform the relevant authority by phone in conformity with the legal acts regarding the registration of infectious disease;

6.3. assess the epidemiological situation and, where necessary, consult by phone with the epidemiologist of a regional department of the Centre for Disease Prevention and Control (hereinafter – the epidemiologist) or invite him or her to provide consultation;

6.4. immediately send the request for the mandatory medical and laboratory examination of the person, his or her isolation and treatment (hereinafter – the request) to the territorial unit of the Health Inspectorate, but regarding the detainee – also to the Prison Administration. The request shall indicate information regarding the person (the given name and surname, personal identity number, the address of the place of residence, phone number (if any)), information regarding the persons that are under the care, custody or guardianship of the person (if any) and indications (justification) for the medical and laboratory examination of the person, his or her isolation and treatment.

[*10 April 2007; 15 January 2008; 8 September 2009; 10 February 2015*]

7. [8 September 2009]

8. The head of the territorial unit of the Health Inspectorate shall assess the request and, where necessary, request the medical practitioner to provide additional information, and also immediately inform the head (deputy) of the Health Inspectorate of the received request, and send the aforementioned request to him or her.

[*15 January 2008; 8 September 2009; 10 February 2015*]

9. The head (deputy) of the Health Inspectorate shall, within three days, after receipt of the request, but, if the infectious diseases referred to in Paragraph 12 of this Regulation, have been detected – take a decision within 24 hours on the forced isolation of the person (hereinafter – the decision) and issue the order for the forced isolation of the person (hereinafter – the order).

[*15 January 2008*]

10. Forced isolation of the person shall not exceed 21 days. If the person is infected with tuberculosis, the forced isolation shall not exceed 90 days.

11. The head (deputy) of the Health Inspectorate shall assign the person (medical treatment institution) responsible for the enforcement of the order to ensure enforcement of the order within 48 hours after receipt of the order, except in the cases referred to in Paragraph 12 of this Regulation, and also indicate the place for the isolation of the person and determine the official of the Health Inspectorate responsible for the control of the enforcement of the order.

[*15 January 2008*]

12. If infection has been detected or justified suspicion has arisen of the infection of the person with acute poliomyelitis, smallpox, monkeypox, cholera, plague, avian influenza, severe acute respiratory syndrome (SARS), rabies, viral haemorrhagic fever (including Ebola virus disease, Lassa fever, Marburg virus disease and Crimean-Congo haemorrhagic fever), or another dangerous infectious disease which has emerged anew and due to epidemiological indications the forced medical and laboratory examination of the person, his or her isolation, or treatment is required immediately, a medical practitioner shall immediately ensure implementation of the relevant measures, where necessary, by inviting a representative of the territorial police unit, and also immediately notify by phone thereof and send the relevant request to the head of the Health Inspectorate.

[*21 June 2022*]

13. If after the end of the forced isolation term, the forced isolation of a person is still required, a medical practitioner shall repeatedly send the request to the territorial unit of the Health Inspectorate, but regarding the detainee – also to the Prison Administration.

[*15 January 2008*]

14. The head (deputy) of the Health Inspectorate shall send the order to its enforcer, the person subject to forced isolation, the territorial unit of the Health Inspectorate and territorial unit of the State Police authority, and also the official of the Health Inspectorate responsible for the control of the enforcement of the order.

[*15 January 2008*]

15. A person has the right to contest the order to the Ministry of Health. The decision of the Ministry of Health may be appealed to a court.

16. If a person to be isolated is a minor or his or her capacity to act is restricted by the court judgment, or other persons are under the custody or guardianship of the person to be isolated, the head of the territorial unit of the Health Inspectorate shall inform in writing the lawful representative of the person to be isolated (parent, carer or guarding) or the relevant local government authority (the Orphan’s and Custody Court or social service office) of the forced isolation of the person (of the order (decision)).

[*10 April 2007; 15 January 2008; 10 February 2015*]

17. A medical practitioner or epidemiologist shall inform the police employee and other persons who are isolating (transporting, searching) the person:

17.1. of the necessary safety precautions when being in contact with the person subject to isolation, and also of the relevant infectious disease, its types of spread and incubation period, of the duration of medical observation and necessary health examinations;

17.2. of the necessity to use personal protective equipment and procedures for the use if direct or indirect contact is possible with the person subject to isolation.

18. If the person subject to the mandatory medical and laboratory examination, isolation and treatment cannot be found, the territorial unit of the State Police authority shall announce the search of the relevant person.

19. An emergency medical assistance institution shall provide:

19.1. transportation of the person subject to forced isolation to a medical treatment institution in the presence of a police employee;

19.2. the police employee and other persons involved in isolation (transportation, search) with personal protective equipment.

20. Mandatory and forced isolation and treatment of persons shall be carried out in the medical treatment institution referred to in Annex 3 to this Regulation.

21. If a forcibly isolated person arbitrary terminates the treatment in a medical treatment institution, a medical practitioner shall act in accordance with Sub-paragraph 6.4 of this Regulation by involving the territorial unit of the State Police authority to ensure (organise) repeated forced isolation of the person. The time of forced isolation of the person shall be accounted from the day when he or she is repeatedly brought to a medical treatment institution. If a person who is serving a sentence in a deprivation of liberty institution is isolated in a medical treatment institution for treatment, but he or she refuses from it, the person shall be isolated in the deprivation of liberty institution.

22. The decision to terminate the isolation of the person before expiry of the time limit which is indicated in the decision of the head of the Health Inspectorate shall be taken by the attending physician (on the basis of the results of examination which indicate that the patient is not infectious anymore). In case of dispute, the decision to terminate the isolation of the person shall be taken by the doctors’ council to which an infectionist, microbiologist, pneumonologist (if tuberculosis is detected) and epidemiologist shall be invited as consultants.

[*15 January 2008; 10 February 2015*]

**III. Mandatory Medical and Laboratory Examination of Separate Population Groups**

23. In order to diagnose active lung tuberculosis, a consultation of a family doctor, intern, pneumonologist or a physician of the place of imprisonment and lung radiography which, on the basis of a referral of the family doctor, intern, pneumonologist or a physician of the place of imprisonment, shall be carried out for the following persons:

23.1. at the temporary place of detention for the persons without a definite place of residence;

23.2. asylum seekers;

23.3. detained foreigners who are accommodated in the premises of the State Border Guard arranged especially for such purpose or accommodation centre;

23.4. persons at the places of imprisonment in the following cases:

23.4.1. when admitting a detainee or a person sentenced with temporary deprivation of liberty at the place of imprisonment;

23.4.2. detainee repeatedly if six month have elapsed at the place of imprisonment since the commencement of the enforcement of arrest;

23.4.3. after escorting a detainee outside the place of imprisonment if more than six months have passed since the last lung radiography, except when the detainee is escorted to the medical treatment institution outside the place of imprisonment;

23.4.4. prisoners once a year.

[*10 January 2015*]

24. If symptoms characteristic to tuberculosis have been detected, the sputum shall be examined:

24.1. for the persons referred to in Sub-paragraphs 23.1, 23.2 and 23.3 of this Regulation – on the basis of the referral of a family doctor, intern, pneumonologist;

24.2. for the persons referred to in Sub-paragraph 23.4 of this Regulation – on the basis of the referral of the physician of the place of imprisonment.

[*10 January 2015*]

25. The head of the relevant institution (authority) shall be responsible for meeting the requirements referred to in Paragraphs 23 and 24 of this Regulation.

**IV. Financing of the Mandatory Medical and Laboratory Examination of Persons, and also the Mandatory and Forced Isolation and Treatment Thereof**

26. The mandatory medical and laboratory examination of persons, as well as the mandatory and forced isolation and treatment thereof in a medical treatment institution shall be financed from the State budget resources granted to the Ministry of Health which are intended for epidemiological supervision and health care, as well as the State budget resources granted to the Ministry of Justice which are intended for the health care of detainees.

**V. Closing Provision**

27. Cabinet Regulation No. 6 of 5 January 1999, Procedures by which the Mandatory Medical and Laboratory Examination, Mandatory and Forced Isolation and Treatment of Persons shall be Carried out in Cases of Infectious Diseases (*Latvijas Vēstnesis*, 1999, No. 5/6; 2003, No. 111), is repealed.

Prime Minister A. Kalvītis

Minister for Health G. Bērziņš

**Annex 1**

Cabinet Regulation No. 413

14 June 2005

[*21 June 2022*]

**Infectious Diseases upon Detection of which or Arising of Justified Suspicions of the Infection of a Person with them the Mandatory Medical and Laboratory Examination, Isolation and Treatment of a Person shall be Carried out**

**1. Dangerous infectious diseases**

|  |  |
| --- | --- |
| 1. | Smallpox |
| 2. | Brill’s disease |
| 3. | Another dangerous infectious disease, having emerged anew |
| 4. | Epidemic louse-borne typhus |
| 5. | Cholera and carrying cholera agents |
| 6. | Coronavirus disease 2019 (COVID-19) |
| 7. | Splenic fever(Anthrax) |
| 8. | Plague |
| 9. | Avian influenza |
| 10. | Poliomyelitis |
| 11. | Severe acute respiratory syndrome (SARS) |
| 12. | Middle East Respiratory Syndrome (MERS) |
| 13. | Louse borne relapsing fever |
| 14. | Viral haemorrhagic fevers, including Ebola virus disease, Lassa fever, Marburg virus disease, Crimean-Congo haemorrhagic fever |
| 15. | Monkeypox |

**2. Infectious diseases**

|  |  |
| --- | --- |
| 1. | Diphtheria and carrying diphtheria agents |
| 2. | Yellow fever |
| 3. | Leprae |
| 4. | Rabies |
| 5. | Tuberculosis (the person shall be mandatory isolated if diagnosis is approved by the results of special examination (microbiological examination and lung radiography)) |

**Annex 2**

Cabinet Regulation No. 413

14 June 2005

**Infectious Diseases upon Detection of which or Arising of Justified Suspicions of the Infection of a Person with them, and by Taking into Account that the Abovementioned Person Causes or is Likely to Cause the Risk of Infection of Other Persons the Mandatory Medical and Laboratory Examination of a Person shall be Carried out**

1. Scabies.

2. Infectious complication of surgical operations and health care in case of group sickness (at least two cases of sickness).

3. Meningococcal infection.

4. Sexually transmitted diseases:

4.1. gonococcal infection;

4.2. syphilis.

5. Vaccine-preventable infectious diseases:

5.1. mumps;

5.2. pertussis;

5.3. measles;

5.4. rubella.

6. Viral hepatitis:

6.1. hepatitis A;

6.2. hepatitis E.

7. Intestinal infectious diseases:

7.1. typhoid;

7.2. paratyphoid;

7.3. salmonellosis;

7.4. shigellosis;

7.5. other intestinal infections (bacterial, viral and of parasitic origin).

Minister for Health G. Bērziņš

**Annex 2.1**

Cabinet Regulation No. 413

14 June 2005

**Infectious Diseases after Detection of which the Medical and Laboratory Examination of a Person shall be Carried out for the Detection of other Infectious Disease**

[*8 September 2009*]

|  |  |  |
| --- | --- | --- |
| No. | Infectious disease detected(code in conformity with the International Classification of Diseases – ICD-10) | The disease for the detection of which the health examination of a patient is carried out |
| 1. | Human Immunodeficiency Virus (HIV) infection and asymptomatic HIV infection (Z21, R75) | Tuberculosis |
| 2. | Acquired immune deficiency syndrome (B20-B24) |
| 3. | Tuberculosis (A15 – A19) | HIV infection |

**Annex 3**

Cabinet Regulation No. 413

14 June 2005

**Medical Treatment Institutions where the Mandatory and Forced Isolation and Treatment of Persons shall be Carried out**

[*8 September 2009; 27 March 2012; 10 February 2015; 7 April 2020*]

1. [8 September 2009]

2. Limited liability company Riga East Clinical University Hospital.

3. *Latvijas cietumu slimnīca* [Latvian Prison Hospital].

4. *Valsts sabiedrība ar ierobežotu atbildību “Strenču psihoneiroloģiskā slimnīca”* [State limited liability company Strenči Psychoneurological hospital].

5. *Valsts sabiedrība ar ierobežotu atbildību “Bērnu klīniskā universitātes slimnīca”* [State limited liability company Children’s Clinical University Hospital].

Minister for Health G. Bērziņš