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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. 330

Adopted 26 September 2000

**Vaccination Regulations**

*Issued pursuant to*

*Section 30, Paragraphs one, two, three, Section 31, Paragraph five, and Section 31.1, Paragraph four of the Epidemiological Safety Law*

[*9 January 2024*]

**I. General Provisions**

1. This Regulation prescribes the infectious diseases against which mandatory vaccination shall be performed, the range of persons to be vaccinated (including persons employed in specific occupations or belonging to increased risk groups), the vaccination procedures, the mandatory minimum security requirements for performing vaccination, the information to be included in the vaccination information system, the amount thereof, the procedures for the receipt, inclusion, and processing thereof, the storage time limits, the access conditions, the authorities that will include, receive, and process data in the vaccination information system, and also the procedures by which the vaccination information system obtains information from the information system of the National Health Service and the unified electronic information system of the health sector, processes and stores it.

[*9 January 2024*]

2. Vaccination shall be organised and implemented by vaccination institutions (medical treatment institutions, which conform to the mandatory requirements laid down in laws and regulations for medical treatment institutions and their units and with the basic requirements regarding hygiene and counterepidemic regime in a medical treatment institution).

[*10 June 2008*]

2.1A medical practitioner may perform vaccination outside a vaccination institution if the requirements referred to in Paragraph 17 of this Regulation are ensured, and also a possibility is provided to organise the flow of persons to be vaccinated and to observe the person after vaccination.

[*9 January 2024*]

2.2Vaccination against COVID-19 and the State-paid vaccination against seasonal influenza shall be performed by vaccination institutions that have entered into a contract with the National Health Service for the provision of the abovementioned vaccination services (except for the medical treatment institutions that only provide vaccination for medical practitioners and medical treatment support persons working within their own medical treatment institution), and also it may be performed by medical treatment institutions of the National Armed Forces, medical treatment institutions of the State Border Guard, and medical treatment institutions of prisons.

[*9 January 2024*]

3. Vaccination of the following persons shall be mandatory:

3.1. children – against tuberculosis, diphtheria, tetanus, pertussis, poliomyelitis, measles, rubella, epidemic parotitis, *Haemophilus influenzae* type b, Hepatitis B, varicella, pneumococcal infection, Rotavirus infection, human papillomavirus infection in accordance with Annex 1 to this Regulation;

3.2. adults – against diphtheria and tetanus in accordance with Annex 2 to this Regulation;

3.3. children and adults – against rabies after contact with animals or humans who have contracted or are suspected of having contracted rabies;

3.4. [14 September 2021]

3.5. persons who have not been vaccinated against Hepatitis B and are receiving chronic haemodialysis or haemodiafiltration procedures – against Hepatitis B;

3.6. non-vaccinated exposed persons (children and adults) after epidemiological indications – against diphtheria, poliomyelitis, measles, rubella, epidemic parotitis;

3.7. children – against tickborne encephalitis in accordance with Paragraph 23.1 of this Regulation;

3.8. pregnant women – against pertussis;

3.9. children and adults – against COVID-10.

[*19 March 2019; 14 September 2021; 21 December 2021; 9 January 2024 / Sub-paragraph 3.9 shall be in force until 31 December 2026. See Paragraph 76*]

3.1 If a child has not received the vaccine indicated in Sub-paragraph 3.1 of this Regulation, he or she has the right to receive it until attaining 18 years of age if it is allowed by the instructions for use of the vaccine and if the particular vaccine had been included in the vaccination schedule when the child was of the age corresponding to vaccination indicated in Annex 1 to this Regulation. Vaccination until attaining 18 years of age shall be performed in conformity with the vaccination scheme and the number of vaccine doses indicated in the instructions for use of the vaccine.

[*14 September 2021*]

3.2 The Centre for Disease Prevention and Control shall, each year by 30 March, evaluate the vaccination coverage of the persons referred to in Paragraphs 44.1 and 44.3 of this Regulation against seasonal influenza and COVID-19, the remaining amount of such vaccines, and plan the necessary amount of vaccines for the current influenza season and COVID-19 vaccination period.

[*9 January 2024*]

4. [23 May 2006]

5. A person shall not be vaccinated if an absolute contraindication to vaccination (anaphylaxis) has been discovered after the use of the respective vaccine or against any of the vaccine components. Vaccination of a person may be postponed due to the health condition of the person. The reasons for non-vaccination or postponement of vaccination of a person shall be recorded in the medical documentation of the patient.

[*19 March 2019*]

6. All expenditures related to the vaccination referred to in Paragraphs 3 and 44.1 of this Regulation, its organisation, supervision, and control, the acquisition of vaccines and vaccination supplies, the provision of storage, logistics, and, where necessary, disposal services for the vaccines owned by the State and located at medicinal product wholesalers with which the National Health Service has entered into a contract in accordance with Paragraphs 14 and 14.2 of this Regulation, the drawing up of medical documentation, the administration of vaccines, and also to the treatment of complications (side effects) caused by vaccination which has been included in the minimum of medical services to be provided for inhabitants specified in laws and regulations shall be financed from the State basic budget.

[*9 January 2024*]

6.1 [5 June 2007]

7. Vaccination institutions have the right to perform vaccination for a fee using vaccines which have been acquired outside of the State order if the person to be vaccinated or his or her lawful representative so agrees. In such cases medical practitioners have a duty to inform the patients regarding the opportunity to be vaccinated free of charge with other vaccines, if such an opportunity exists.

[*9 January 2024*]

8. In case of an epidemic or threat thereof, the Minister for Health is entitled to issue an order regarding mandatory vaccination of specific groups of inhabitants in extraordinary cases, acquisition of supplementary vaccines within the scope of the budget resources allocated in the budget of the Ministry of Health, and also regarding laying down of additional organisational procedures for medical treatment institutions to perform vaccination of specific groups of inhabitants in order to reduce the risks of the spread of an infectious disease in the public. If in case of an epidemic or threat thereof, supplementary mandatory vaccination is necessary which exceeds the resources allocated to the Ministry of Health, the decision on supplementary mandatory vaccination shall be taken by the Cabinet upon proposal of the Minister for Health.

[*9 January 2024*]

9. In order to professionally evaluate the issues related to vaccination and the State immunisation policy and to provide proposals for the solution thereof and also in order to evaluate orders for vaccines, the Minister for Health shall establish the State Immunisation Advisory Council and approve its by-laws. Members of the Council shall not receive remuneration for their work in the Council.

[*28 October 2003; 19 March 2019*]

**II. Planning, Organising, and Record-keeping of Vaccination**

[*9 January 2024*]

10. The vaccination institutions shall:

10.1. plan and order the necessary amount of vaccines, considering the following conditions:

10.1.1. vaccines used on a regular basis (each month) are ordered in such amount that does not exceed the two-month average use of each vaccine at the vaccination institution, taking into account the number of persons to be vaccinated, the number of vaccines left in stock and possibilities to ensure the storage of vaccines in accordance with the requirements specified in Paragraph 18 of this Regulation. The maximum amount of vaccines to be ordered shall be calculated by applying the following equation:

Pmax = I × 2 – A, where

Pmax – maximum amount of vaccines to be ordered;

I – average use of a vaccine over a period of the last 12 months;

2 – two months;

A – number of vaccines left in stock on the day of the placement of an order;

10.1.2. vaccines that are not used on a regular basis or have been included in the vaccination schedule anew shall be ordered on the basis of the prognosis of the use of vaccines, not exceeding a two-month stock volume;

10.2. provide the following information in or through the unified electronic information system of the health care in accordance with the laws and regulations regarding the unified electronic information system of the health sector:

10.2.1. within five working days after vaccination – the fact of vaccination performed;

10.2.2. within five working days after tuberculine test – information on the tuberculine test performed if such is performed before vaccination against tuberculosis;

10.2.3. on the immunity examination if such is performed before vaccination;

10.2.4. every month by the fifth day – on the order of vaccines and supplies required for vaccination, indicating the type and number of doses or units of vaccines or supplies required for vaccination;

10.2.5. on the vaccine request outside the regular order, indicating the type and number of doses or units of vaccines or supplies required for vaccination. In the case of any disruptions in the operation of the unified electronic information system of the health sector or the information system for the management of vaccines and vaccination supplies, vaccine requests outside the regular order shall be made electronically to the electronic mail address published on the website of the Centre for Disease Prevention and Control;

10.2.6. within five working days after finding vaccines which have been purchased from the funds from the State budget and are unsuitable for use – information on the write-off or return of the vaccines to the wholesaler, indicating the code, name, and branch of the institution, the name, serial number, term of validity of the product, the reason for write-off or return, and date;

10.3. at least once a month, using the functionality of the unified electronic information system of the health sector, update the data on vaccine stocks and the correspondence thereof to the actual situation in the vaccination institution and, in case of data discrepancy, perform the quality control of the input of data referred to in Sub-paragraphs 10.2.1 and 10.2.6 of this Regulation, and also appropriate updating of data in order to ensure that the data on vaccine stocks in the information system for the management of vaccines and vaccination supplies correspond to the actual situation.

[*19 March 2019; 9 January 2024*]

10.1 [9 January 2024]

10.2 The order of vaccines purchased from the funds from the State budget and the distribution thereof to vaccination institutions, and also the use thereof and rational supervision of stocks, supporting uninterrupted availability of vaccines and rational use thereof, shall be performed, using the information system for the management of vaccines and vaccination supplies.

[*9 January 2024*]

10.3 [*Paragraph shall come into force on 1 January 2025and shall be included in the wording of the Regulation as of 1 January 2025; see Paragraph 74*]

10.4 In accordance with the procedures laid down in this Regulation, the Centre for Disease Prevention and Control shall maintain and process data in the information system for the management of vaccines and vaccination supplies on the vaccination institutions and the contact information thereof, the amount of vaccines and vaccination supplies acquired from State budget funds, the serial numbers and terms of validity thereof, on the amount of vaccines ordered by vaccination institutions and acquired from the funds from the State budget, and the vaccine stocks available at vaccination institutions and acquired from State budget funds.

[*9 January 2024*]

10.5 The information system for the management of vaccines and vaccination supplies shall receive data from the following information systems:

10.51. the Register of Medical Treatment Institutions – the name, code of the vaccination institution, the branch code, address (including address of the branch), contact information thereof;

10.52. the unified electronic information system of the health sector – vaccine orders of vaccination institutions (the type and number of doses or units of vaccines and supplies required for vaccination) and compiled data on the vaccinations performed on persons and the vaccines used.

[*9 January 2024*]

10.6 All notifications and information reflected in the unified electronic information system of the health sector or sent using the unified electronic information system of the health sector shall be considered binding on every system user and shall be equivalent to any provided information, statement, or certification drawn up in the form of a paper document.

[*9 January 2024*]

11. The Centre for Disease Prevention and Control shall assess the use of vaccines and, in cooperation with the National Health Service, take actions to promote vaccination of inhabitants or risk groups according to the epidemiological situation.

[*9 January 2024*]

12. [9 January 2024]

13. The Centre for Disease Prevention and Control shall:

13.1. analyse the indicators of population vaccination and morbidity regarding diseases against which vaccination is provided, and the use of vaccines;

13.2. every month by the eighteenth day, compile the data referred to in Sub-paragraph 10.2.4 of this Regulation on vaccine orders of vaccination institutions and, where necessary, make corrections in the information system for the management of vaccines and vaccination supplies, and also, using the information system for the management of vaccines and vaccination supplies, make the total order of vaccines and vaccination supplies to the medicinal product wholesaler with which the National Health Service has entered into the contract in accordance with Paragraph 14 of this Regulation and which ensures the delivery of vaccines and vaccination supplies to vaccination institutions in accordance with the procedures laid down in this Regulation, and also, where necessary, accept and process vaccine orders submitted by vaccination institutions outside the regular order. The Centre shall also ensure that the National Health Service has access to the information system for the management of vaccines and vaccination supplies online in order to obtain data on all orders and deliveries of vaccines and vaccination supplies made by medicinal product wholesalers;

13.3. coordinate the vaccination process and, where necessary, propose, plan, and organise measures to improve the vaccination coverage in specific target groups of inhabitants;

13.4. plan the total required amount of State-funded vaccines and vaccination supplies for the provision of vaccination, taking into account the demographic data, the number of vaccine doses, the vaccination coverage, the average consumption of vaccines, and information on write-off of vaccines, and also other data related to the indicators of population vaccination and morbidity, and inform the Ministry of Health of the abovementioned plan;

13.5. process and ensure availability of data on the orders of vaccines and vaccination supplies acquired from the funds from the State budget, the actual use of vaccine and vaccination supplies, the remaining amounts, and the write-off in vaccination institutions and overall in the country;

13.6. process and ensure availability of data to the public on the indicators of the vaccination coverage in various groups of inhabitants, statistical regions of Latvia, and overall in the country;

13.7. ensure methodological support to the vaccination service providers by disseminating information on the latest scientific evidence in the field of vaccination, recommendations provided by the State Immunisation Advisory Council, and other current issues in the field of vaccination, and also conduct training for the vaccination service providers on vaccination planning, ordering, storage, and write-off of vaccines, safe vaccination, motivating inhabitants to get vaccinated, and data entry into the unified electronic information system of the health sector as well as other vaccination-related issues.

[*3 January 2002; 28 October 2003; 23 December 2003; 23 May 2006; 5 June 2007; 26 May 2009; 8 September 2009; 21 February 2012; 17 April 2012; 9 January 2024*]

14. In order to perform vaccination against the infectious diseases referred to in Paragraphs 3 and 44.1 of this Regulation, the National Health Service shall ensure storage, logistics, and, where necessary, disposal services for vaccines and vaccination supplies in respect of the vaccines owned by the State and located at medicinal product wholesalers with which the National Health Service has entered into the contract in accordance with the procedures laid down in the laws and regulations governing public procurement.

[*9 January 2024*]

14.1 Medicinal product wholesalers with which the National Health Service has entered into the contract in accordance with Section 14 of this Regulation shall ensure storage of vaccines and the delivery thereof to vaccination institutions according to the data on vaccination orders provided by the Centre for Disease Prevention and Control by the last day of the relevant month. The medicinal product wholesaler shall ensure the delivery of vaccines outside the regular order according to the data provided by the Centre for Disease Prevention and Control and under terms of the delivery contract within five working days. The medicinal product wholesaler shall, within 24 hours from the moment of receiving the order of the Centre for Disease Prevention and Control, deliver vital and epidemiologically significant vaccines (for example, vaccines against rabies, diphtheria, tetanus, polio, hepatitis B, tuberculosis, measles, mumps, epidemic parotitis) the delivery of which must be provided outside the regular order according to the data provided by the Centre for Disease Prevention and Control and under terms of the contract.

[*9 January 2024*]

14.2 The National Health Service has the right to enter into storage contracts with merchants and medical treatment institutions for the storage of vaccines if there are specific storage conditions for vaccines.

[*9 January 2024*]

**III. Performance of Vaccinations**

15. [5 June 2007]

16. Medical practitioners and/or vaccination institutions shall in sufficient time notify the patients under care regarding the necessity of vaccination.

17. A room where vaccination is performed outside a vaccination institution shall be equipped with:

17.1. means of disinfection to ensure vaccination process;

17.2. disposable syringes and disposable systems for intravenous administration of solutions;

17.3. thermometer, tonometer and phonendoscope;

17.4. means for anaphylactic shock therapy (in accordance with the shock control algorithm);

17.5. a tray for preparation of vaccines, materials and instruments;

17.6. a thermocontainer or cooling bag with cooled (from + 2°C up to +8°C) cooling elements for temporary storage of vaccines;

17.7. hand disinfectants, which may be used without washing hands, if there is no sink with a cold and hot water supply;

17.8. a puncture-resistant container for collecting used needles, materials, and syringes, bags for collecting hazardous waste (for example, personal protective equipment);

17.9. personal protective equipment in the required quantity.

[*10 June 2008; 9 January 2024*]

18. Vaccines shall be stored in a refrigerator in the original packaging according to the storage temperature regime specified by the manufacturer. Temperature in the refrigerator shall be checked and registered at the beginning and end of the working day, and the reasons for non-compliance of temperature and measures for the elimination thereof, planned refrigerator disconnections (refrigerator defrosting and cleaning), preventive maintenance, damages and repair works shall also be indicated. The abovementioned entries shall be stored for three years.

[*19 March 2019*]

18.1 The vaccination institution where vaccines are stored shall have a plan of measures for prevention of damages to vaccines in case of disruption of electricity supply or damage to the refrigerator. The head of the vaccination institution shall be responsible for the drawing up, updating and application of the plan of measures.

[*7 December 2010; 30 July 2013*]

18.2 The head of the vaccination institution or his or her authorised person shall ascertain, during receipt of the vaccine, that the vaccine was transported in accordance with the laws and regulations regarding the procedures for distribution and quality control of medicinal products. The vaccination institution shall not accept a vaccine, if the head of the institution or his or her authorised person has objectively justified suspicions regarding non-conformity with the requirements for transportation of the vaccine.

[*30 July 2013*]

18.3 The vaccination institution shall be permitted to use only such vaccines, which have been supplied to the vaccination institution by a pharmacy in accordance with the laws and regulations regarding compensation for expenses for the purchase of medicinal products and medical devices intended for outpatient medical treatment or by a drug wholesaler – in accordance with the laws and regulations regarding the procedures for distribution and quality control of medicinal products.

[*30 July 2013*]

18.4 [9 January 2024]

19. A vaccine shall be removed from the refrigerator, thermocontainer or cooling bag prior to vaccination. Vaccines may not be used, if:

19.1. the vial of the vaccine (ampoule or syringe) does not have labelling;

19.2. information on the labelling is not legible;

19.3. the term of validity of the vaccine has expired;

19.4. non-conformity of information provided in the labelling with the content is detected;

19.5. the vial of the vaccine (ampoule or syringe) is damaged;

19.6. visible non-conformity of the vaccine or solvent with the physical properties indicated in the instructions for use is detected;

19.7. the solvent of the vaccine is not intended for the respective vaccine;

19.8. there are suspicions about or signs of non-conformity with the storage regime of the vaccine.

[*10 June 2008*]

20. During vaccination telecommunications for calling of the emergency medical assistance team shall be accessible.

21. [10 June 2008]

22. [9 January 2024]

23. Vaccination against yellow fever shall be performed at the vaccination institutions indicated in Annex 6 to this Regulation.

[*23 May 2006*]

23.1 Children from having attained one year to 18 years of age shall be vaccinated against tickborne encephalitis:

23.1 1 in the territories, in which, according to the epidemiological surveillance data of the Centre for Disease Prevention and Control, the highest morbidity with tickborne encephalitis is observed (in endemic territories of tickborne encephalitis), if the declared place of residence of the child is in the endemic territory of tickborne encephalitis. Vaccination shall be planned and performed by the general practitioner whose general practice is in the respective territory;

23.1 2 orphans and children left without parental care. Vaccination shall be planned and performed by the general practitioner. Vaccination at childcare institutions shall be planned and organised by the administration of the respective institution.

[*26 May 2009; 8 September 2009; 17 April 2012; 29 September 2020*]

24. A medical practitioner shall notify the person to be vaccinated or his or her lawful representative before the vaccination of:

24.1. vaccine effectiveness for the prevention of the infectious disease, duration of protection effect, and recommended repeat of the vaccination;

24.2. reaction of the organism which may occur when vaccinating or after the vaccination;

24.3. prophylactic measures in order to reduce the seriousness of possible side effects, and cases where the help of a medical practitioner is necessary.

[*9 January 2024*]

25. Before each vaccination, a medical practitioner shall ascertain the health condition of the person to be vaccinated and also relative contraindications for the performance of vaccination and other precautionary aspects due to which vaccination must be postponed, or possible absolute contraindication (anaphylaxis) when vaccination is not performed.

[*19 March 2019*]

26. A medical practitioner shall be responsible for:

26.1. ascertaining the absolute contraindication or relative contraindications to vaccination. If a relative contraindication has been determined in the person to be vaccinated or it is necessary to take precautions for any other reasons, the respective person or his or her lawful representative shall be informed of the time when it is necessary to attend a repeat examination or vaccination;

26.2. compliance with the hygienic and counter-epidemic regimen requirements for vaccination, proper preparation and administration of the vaccine according to the instructions for use of the vaccine, and also organisation of the flow of persons to be vaccinated, and observation of the person to be vaccinated during the post-vaccination period to provide emergency medical assistance in case of possible development of anaphylaxis, or providing consultation if an adverse event is detected in the vaccinated person after vaccination, including possible complication or adverse reaction caused by vaccination;

26.3. performing all necessary vaccinations according to the vaccination schedule and in conformity with the state of health of the patient;

26.4. rational ordering and use of vaccines and timely registration of the facts of vaccine administration in the unified electronic information system of the health sector.

[*23 May 2006; 19 March 2019; 9 January 2024*]

26.1 A primary care physician has a duty to survey the vaccination status of patients registered under his or her care and to ensure supervision of successive vaccination.

[*30 July 2013*]

27. In performing vaccinations a medical practitioner has a duty to:

27.1. complete the medical documentation in accordance with the procedures for record-keeping of medical and accounting documentation of medical treatment institutions laid down in laws and regulations, and record the name of the vaccine, date of vaccination, series of vaccine and the dosage, route of administration in an immunization card, as well as certify the abovementioned records with a signature. Upon vaccinating against yellow fever, the International Certificate of Vaccination or Prophylaxis to be completed in the English language shall be issued in accordance with the International Health Regulations;

27.2. inform the person in writing regarding the time when it is necessary to have a repeat vaccination or perform other vaccinations;

27.3. explain the significance of vaccination and, if vaccination is not included in the vaccination schedule, recommend persons belonging to the risk groups to vaccinate against a specific infectious disease according to the recommendations published on the website of the Centre for Disease Prevention and Control, individual risk, or medical indications.

[*23 May 2006; 10 June 2008; 19 March 2019; 9 January 2024*]

28. If a person to be vaccinated or a lawful representative of the patient refuses the vaccination, a medical practitioner has a duty to explain to the abovementioned person the significance of the respective prophylactic measure in the protection of individual and public health. If the person to be vaccinated or lawful representative of the patient does not change his or her decision to refuse the vaccination, the medical practitioner shall:

28.1. draw up the informed refusal to vaccinate during the visit on site in accordance with Annex 9 to this Regulation. The completed refusal form shall be signed by the person to be vaccinated or lawful representative of the patient;

28.2. despite the informed refusal to vaccinate of the person to be vaccinated or lawful representative of the patient drawn up in writing, the medical practitioner shall continue to provide information to the person or his or her lawful representative on the vaccine safety and importance of vaccination.

[*9 January 2024*]

29. [9 January 2024]

**IV. Mandatory Vaccination of Persons Employed in Specific Occupations and Belonging to Increased Risk Groups**

30. For preventing occupational infections (an infectious disease with which a person may be infected if in performing the work duties he or she comes into contact with materials of biological origin which contain or may contain agents of infectious diseases, as well as with hosts of disease agents, infected persons or animals) vaccination of employees shall be mandatory against the following infectious diseases: Hepatitis B, rabies, tickborne encephalitis and yellow fever.

31. Employers and heads of educational institutions (hereinafter – employer) have a duty to:

31.1. evaluate the risk of infection of each employee, student and trainee (hereinafter – employee) taking into account their particular functional duties and conditions of work or practice;

31.2. inform completely, objectively and clearly employees of the risk of infection, the effects of disease, the safety and efficiency of vaccination, as well as of the rights and duties of employees regarding issues related to vaccination;

31.3. in conformity with the risk of infection to provide employees with vaccine free of charge and vaccination against the infectious diseases referred to in Paragraph 30 of this Regulation and, if necessary, – a repeat vaccination (notifying thereof in accordance with Sub-paragraph 31.2 of this Regulation), as well as to provide with an opportunity for performing thereof;

31.4. control the vaccination of employees in conformity with the scheme indicated in the instructions for use of the vaccine and to check the immunization cards;

31.5. store the lists of employees exposed to the risk of occupational infection and documents regarding the vaccination and laboratory examinations of the relevant employees for not less than 10 years. In cases of occupational infection with Hepatitis B the time period for the storage of documents shall be 40 years;

31.6. if necessary, agree on the complete or partial fulfilment of measures referred to in Sub-paragraphs 31.1 and 31.2 of this Regulation with a medical practitioner or epidemiologist.

32. The head of an educational institution and social care institution has a duty to request that a person to be educated or socially cared for, upon entering an educational or social care institution, submits a statement certified by a medical practitioner indicating which vaccines have been received by the person according to the vaccination schedule.

[*23 May 2006*]

33. Vaccination against Hepatitis B of employees, who regularly (at least once a month) while performing their work duties or during studies come into direct contact with patients or human biological materials that may contain or transfer Hepatitis B, or with objects contaminated with such materials, shall be mandatory for:

33.1. medical practitioners who provide medical assistance or perform the following diagnostic of medical procedures:

33.1.1. blood taking;

33.1.2. surgical and similar invasive intervention;

33.1.3. injections;

33.1.4. wound treatment and dressing;

33.1.5. care during delivery;

33.1.6. dental care procedures;

33.1.7. provision of emergency medical assistance;

33.1.8. pathological-anatomical examinations;

33.1.9. laboratory examinations;

33.1.10. blood transfusion;

33.1.11. acupuncture;

33.1.12. servicing of reanimation and anaesthetic equipment;

33.1.13. microbiological experiments with an active agent of Hepatitis B;

33.1.14. physical examination of a Hepatitis B patient;

33.2. auxiliary staff of medical, rehabilitation and prevention institutions, also persons who wash and sterilise medical instruments, cleaners and employees of laundries;

33.3. medical students and medical school trainees who are in medical practice in a medical institution;

33.4. persons, including self-employed persons, providing manicure and pedicure services, and also those associated with tattooing and piercing procedures.

[*9 January 2024*]

34. Employees the vaccination of whom against Hepatitis B shall be mandatory have the right to a single laboratory examination for the determination of transferred or existing Hepatitis B infection before the commencing of the work and activities referred to in Paragraph 33 of this Regulation and the vaccination. Expenditures related to the relevant examinations of employees shall be covered by employers, but of students and medical school trainees – by the educational institution. Persons to whom transferred or existing Hepatitis B infection has been determined, need not be vaccinated.

35. Vaccination against rabies of specialists of veterinary medicine and persons under training who engage in the treatment and care of animals, employees of virology laboratories who work with an active rabies virus, employees of pathological morphology laboratories who work with animal tissues, and catchers of stray animals shall be mandatory.

36. Vaccination against yellow fever of crews of sea-going vessels and planes who travel to countries affected by the referred to infection, and employees of microbiological laboratories who work with active agents of the disease shall be mandatory. The list of countries affected by yellow fever shall be determined by the World Health Organisation.

37. Vaccination against tickborne encephalitis of forest workers, forest rangers, foresters, chief foresters, State environment inspectors, personnel of the National Armed Forces, employees of the system of institutions of the Ministry of the Interior with special service ranks who while performing service duties are exposed to the risk of becoming infected with tickborne encephalitis, employees of microbiological laboratories who work with active tickborne encephalitis virus, and other persons who come into direct contact with hosts of tickborne encephalitis while performing work duties or during studies shall be mandatory.

[*29 November 2002*]

38. In order to receive the vaccine referred to in Paragraph 30 of this Regulation, an employer or employee shall inform a vaccination institution of the necessary vaccine. The vaccination institution shall, in accordance with Paragraphs 10 and 13 of this Regulation, plan, order, and receive vaccines, indicating the purpose of the vaccination or, in cases specified in laws and regulations acquire the vaccines directly from licensed medicinal product wholesalers if a wholesaler ensures the storage and transport of vaccines in accordance with the requirements laid down in laws and regulations.

[*9 January 2024*]

39. If an employee refuses vaccination against the diseases referred to in Paragraph 30 of this Regulation, an employer has the obligation to draw up the refusal in writing. The employee, employer or his or her representative shall sign the document.

[*23 May 2006*]

40. If a medical practitioner who performs surgical procedures, invasive manipulations, gynaecology examinations, provides stomatological assistance and assists at delivery, is not vaccinated against Hepatitis B, he or she shall be annually examined in a laboratory for detection of the presence of Hepatitis B agents.

41. If an employee, who is not subject to mandatory vaccination against Hepatitis B, suffers an accident while performing work duties, during which biological material containing a virus has been administered, or if the mucous membrane or damaged skin of the employee comes into contact with the abovementioned material, the employer has a duty to provide the employee with free vaccination against Hepatitis B without delay.

42. If the employee belongs to a group of persons the vaccination of which is mandatory, he or she has the obligation to present an immunization card upon request of the employer, officials of the Health Inspectorate and State Labour Inspectorate, as well as epidemiologists of the Centre for Disease Prevention and Control.

[*29 January 2008; 8 September 2009; 17 April 2012*]

43. Students and medical school trainees who have not been vaccinated against the infectious diseases referred to in Paragraph 30 of this Regulation may not participate in studies if during the studies they may be subjected to the risk of infection with Hepatitis B, rabies, yellow fever or tickborne encephalitis.

44. A non-vaccinated employee, if the employer has not provided the vaccination, is entitled to refuse to perform such work duties as subject him or her to the risk of infection with the infectious diseases referred to in Paragraph 30 of this Regulation.

**IV.1State-paid Vaccination against Seasonal Influenza and COVID-19**

[*9 January 2024*]

44.1 The vaccination institutions referred to in Paragraph 2.2 of this Regulation shall, according to the available amount of vaccines against influenza, provide vaccination against seasonal influenza covered by the funds from the State budget to the persons belonging to the following risk groups:

44.11. children from 6 to 23 months of age (inclusive);

44.12. children from 24 months to 17 years of age (inclusive) who belong to the following health risk groups:

44.12.1. children with chronic respiratory diseases;

44.12.2. children with chronic cardiovascular diseases irrespective of the origin thereof;

44.12.3. children with chronic metabolic disorders;

44.12.4. children with chronic kidney diseases;

44.12.5. children with immunodeficiency;

44.12.6. children who undergo immunosuppressive therapy;

44.12.7. children who undergo long-term therapy with ac. acetylsalicylicum;

44.13. pregnant women;

44.14. medical practitioners and medical treatment support persons who are in close contact with patients when performing their work duties;

44.15. employees of long-term social care and social rehabilitation institutions who are in close contact with clients when performing their work duties;

44.16. clients of long-term social care and social rehabilitation institutions;

44.17. persons from 60 years of age;

44.18. adults who belong to the following health risk groups:

44.18.1. persons with chronic respiratory diseases;

44.18.2. persons with chronic cardiovascular diseases irrespective of the origin thereof;

44.18.3 persons with chronic metabolic disorders;

44.18.4. persons with chronic kidney diseases;

44.18.5. persons with immunodeficiency;

44.18.6. persons who undergo immunosuppressive therapy;

44.18.7. persons with mental illnesses.

[*9 January 2024*]

44.2 The Centre for Disease Prevention and Control shall, based on the facts of vaccine administration registered in the unified electronic information system of the health sector and vaccine orders, evaluate the course of vaccination of the risk groups referred to in Paragraph 44.1 of this Regulation and the remaining amount of vaccine and, if the Centre for Disease Prevention and Control concludes that an excessive surplus of vaccines covered by the funds from the State basic budget has accumulated, it shall inform medical treatment institutions which have entered into a contract with the National Health Service for the performance of vaccination against influenza that vaccination against seasonal influenza covered from the funds of the State budget may be performed:

44.21. from November (the precise date shall be determined by the Centre for Disease Prevention and Control) – for children between 24 months to 17 years of age (inclusive) and inhabitants in the age group above 50 years of age;

44.22. from December (the precise date shall be determined by the Centre for Disease Prevention and Control) – for any inhabitant.

[*9 January 2024*]

44.3 Medical practitioners, including general practitioners, shall recommend vaccination against COVID-19 to the following patients registered under their care according to the number of doses necessary for vaccination:

44.31. persons who are above 65 years of age;

44.32. persons with chronic diseases according to the list of chronic diseases specified in the COVID-19 vaccination manual published on the website of the Centre for Disease Prevention and Control;

44.33. clients of long-term social care and social rehabilitation institutions;

44.34. pregnant women.

[*9 January 2024*]

44.4 A medical treatment institution has an obligation to organise vaccination of medical practitioners working in the medical treatment institution and such medical treatment support persons who come into contact with patients against seasonal influenza and COVID-19.

[*9 January 2024*]

44.5 A long-term social care and social rehabilitation institution has an obligation to organise vaccination of clients and employees against seasonal influenza and COVID-19.

[*9 January 2024*]

44.6The vaccine against COVID-19 may be received at the place of residence by:

44.61. a person with severe irreversible functional impairments due to which the person has limited ability to leave his or her place of residence;

44.62. a person who is above 80 years of age;

44.63. a person who is above 70 years of age and who has limited ability to leave his or her place of residence due to medical reasons.

[*9 January 2024*]

44.7 Vaccination of the persons referred to in Paragraph 44.6 of this Regulation at their place of residence shall be organised by the general practitioner of the person in accordance with the procedures for organising vaccination at the place of residence published on the website of the National Health Service.

[*9 January 2024*]

44.8 The National Health Service shall provide persons with a possibility to apply for the vaccination against COVID-19 and/or vaccination against seasonal influenza online, using the vaccination information system (Unified Vaccination Network (ViVaT)).

[*9 January 2024*]

44.9 The following data shall be entered in the vaccination information system:

44.91. on the person to be vaccinated – the given name (given names), surname, personal identity number (identification number), preferred geographical location for vaccination, contact details (telephone and/or electronic mail address), actual address of the place of residence (if mobile vaccination is required), personal health data (vaccination against COVID-19, laboratory confirmed SARS-CoV-2 infection);

44.92. on belonging of the person to be vaccinated to the risk group requiring vaccination (age, occupation, diagnosis of chronic disease of the person);

44.93. a note regarding the desire expressed by the person to vaccinate against COVID-19 and/or seasonal influenza;

44.94. on the appointment for vaccination against COVID-19 and/or vaccination against seasonal influenza (time and place for vaccination).

[*9 January 2024*]

44.10 The data referred to in Paragraph 44.9 of this Regulation shall be entered in the vaccination information system by:

44.101. the National Health Service from the information systems managed by it or upon receipt of the application for vaccination against COVID-19 and/or vaccination against seasonal influenza (via telephone or at the customer service centre);

44.102. the person who applies for vaccination against COVID-19 and/or vaccination against seasonal influenza through the portal manavakcina.lv of the vaccination information system;

44.103. the medical practitioner – on the person who has come to the vaccination institution in order to apply for the vaccination against COVID-19 and/or vaccination against seasonal influenza, using the information system of the medical treatment institution integrated with the vaccination information system.

[*9 January 2024*]

44.11 The data entered in the vaccination information system may, in the cases and to the extent provided for in this Regulation, be accessed by:

44.111. the National Health Service in order to register or cancel a vaccination application, and also to identify the persons who require State-paid vaccination against COVID-19 and/or vaccination against seasonal influenza, and to compile a list of persons to be vaccinated and then hand it over to vaccination institutions which will perform vaccination against COVID-19 and/or seasonal influenza;

44.112. the vaccination institution performing vaccination against COVID-19 and/or seasonal influenza, using interfaces of the vaccination information system in order to register or cancel a vaccination application received by telephone, and also to organise vaccination or inform the person to be vaccinated of changes in the vaccination appointment.

[*9 January 2024*]

44.12 For the purpose of identifying the persons requiring State-paid vaccination against COVID-19 and/or vaccination against seasonal influenza, the National Health Service has the right to compare the data referred to in Sub-paragraph 44.92 of this Regulation with:

44.121. the system for the settlement of payments for health care services “Management Information System” which is under management of the National Health Service;

44.122. the unified electronic information system of the health sector which is under the management of the National Health Service;

44.123. the Register of Patients Suffering from Certain Diseases which is under management of the Centre for Disease Prevention and Control.

[*9 January 2024*]

44.13 For the purpose of identifying the persons requiring State-paid vaccination against COVID-19 and/or vaccination against seasonal influenza, data shall be processed in the vaccination information system on the age, chronic diseases, previous vaccination of the person against COVID-19, or laboratory confirmed SARS-CoV-2 infection.

[*9 January 2024*]

44.14 The data entered in the vaccination information system shall be deleted within 10 working days after expiry of the time limit for the vaccination application.

[*9 January 2024*]

**V. State Supervision and Control of Vaccination**

45. The Health Inspectorate shall control:

45.1. the premises in which vaccination is performed, and conformity with the hygiene and epidemiological safety requirements during the vaccination;

45.2. the right of medical practitioners to perform vaccination according to the specified competences, and also medical documentation, and provision of the vaccination institution with the means of anaphylactic shock therapy;

45.3. distribution and use of vaccines.

[*29 January 2008; 19 March 2019; 9 January 2024*]

46. [29 January 2008]

47. If the hygiene and epidemiological safety requirements of vaccination are not conformed to, the officials of the Health Inspectorate have the right to take the decision to suspend vaccination in the respective vaccination institution. The relevant institution shall inform the Centre for Disease Prevention and Control and the National Health Service of the decision taken without delay.

[*9 January 2024*]

48. [29 January 2008]

**VI. Closing Provisions**

49. Paragraph 37 of this Regulation shall come into force on 1 January 2001 (except for the employees of the system of the Ministry of the Interior with special service ranks with respect to whom Paragraph 37 comes into force on 1 January 2003), Paragraph 33 – on 1 January 2002, except Sub-paragraphs 33.2, 33.3 and 33.4 which come into force on 1 January 2003, and Paragraph 35 – on 1 January 2003.

[*23 October 2001*]

50. [8 September 2009]

51. Cabinet Regulation No. 24 of 18 January 2000, Vaccination Regulations (*Latvijas Vēstnesis*, 2000, No. 18/19) is repealed.

52. [8 September 2009]

53. Vaccination against varicella for children at the age of 15 months shall be commenced from 2 January 2008.

[*5 June 2007*]

54. Sub-paragraph 23.1 2 of this Regulation shall come into force from 1 January 2010.

[*26 May 2009*]

55. Vaccination against pneumococcal infection for children aged two months shall be commenced from 1 January 2010.

[*26 May 2009*]

56. Vaccination against human papillomavirus infection for girls aged 12 years shall be commenced from 1 September 2010.

[*26 May 2009*]

57. Vaccination against rotavirus infection for children aged two months shall be commenced from 1 January 2015.

[*26 May 2009; 7 December 2010; 10 December 2013*]

58. [21 February 2012]

59. Sub-paragraph 10.3.2 of this Regulation is repealed from 20 December 2010.

[*7 December 2010*]

60. Vaccination against varicella for 7 year old children (second dose) shall be commenced from 1 January 2019.

[*10 December 2013; 13 December 2016*]

61. The requirement for vaccination institutions to complete the report on the write-off/return of vaccines shall come into force on 1 April 2019.

[*19 March 2019*]

62. Vaccination against seasonal influenza for children at the age of six up to 23 months (inclusive) and pregnant women shall be commenced from 1 October 2019.

[*19 March 2019; 29 September 2020*]

63. Combined vaccine against diphtheria, tetanus, and poliomyelitis for children of 14 years of age shall be used by 31 December 2019.

[*19 March 2019*]

64. From 1 October 2020 to 1 May 2021, the following persons shall be vaccinated against seasonal influenza from the funds of the State budget:

64.1. medical practitioners and medical treatment support persons who are in close contact with patients when performing their work duties;

64.2. employees of long-term social care centres who are in close contact with clients when performing their work duties;

64.3. clients of long-term social care centres.

[*29 September 2020*]

65. In 2020, the Centre for Disease Prevention and Control shall also take into account vaccination of the persons referred to in Paragraph 64 of this Regulation against seasonal influenza when evaluating the course of vaccination against influenza in accordance with Paragraph 3.2 of this Regulation.

[*29 September 2020*]

65.1 In 2020, a medical practitioner is entitled to commence the vaccination referred to in Paragraph 3.2 of this Regulation also before 1 November according to the instructions provided by the Centre for Disease Prevention and Control.

[*20 October 2020*]

66. Paragraph 12.B of Annex 3 to this Regulation shall be in force until 1 May 2021.

[*29 September 2020*]

67. During the outbreak of seasonal influenza (from 22 December 2021 to 1 May 2022), in addition to the vaccination institutions referred to in Paragraph 2 and the medical treatment institutions referred to in Paragraph 44.1 of this Regulation, vaccination against seasonal influenza shall also be performed by medical treatment institutions of the National Armed Forces, medical treatment institutions of the State Border Guard, and medical treatment institutions of prisons.

[*21 December 2021*]

68. The medical treatment institutions and health care service providers referred to in Paragraph 67 of this Regulation:

68.1. may register the fact of examination of a person before vaccination against seasonal influenza in the form indicated in Annex 2 to Cabinet Regulation No. 662 of 28 September 2021, Epidemiological Safety Measures for the Containment of the Spread of COVID-19 Infection, which may include additional information. The abovementioned form shall replace the outpatient medical card and shall be stored in accordance with the laws and regulations regarding the procedures for the record-keeping of medical documents;

68.2. need not complete the preventive immunisation records (form No. 064/u) referred to in the laws and regulations regarding the procedures for the record-keeping of medical documents if the fact of vaccination against seasonal influenza is registered in the unified electronic information system of the health sector in accordance with the laws and regulations regarding the unified electronic information system of the health sector.

[*21 December 2021*]

69. During the outbreak of seasonal influenza (from 22 December 2021 to 1 May 2022), in addition to the risk groups referred to in Paragraph 44.1 of this Regulation, vaccination against seasonal influenza, covered from the funds of the State budget, may also be provided for persons in prisons and employees who come into direct contact with prisoners, representatives of the National Armed Forces, officials with special service ranks of the institutions of the system of the Ministry of the Interior, and teachers of general education institutions according to the available amount of vaccines against influenza.

[*21 December 2021*]

70. Vaccination against human papillomavirus infection shall be provided in 2022 from the funds of the State budget for boys aged 12 to 14 (inclusive) and in 2023 for boys aged 12 to 17 (inclusive).

[*2 May 2023*]

71. In 2022 and 2023, vaccination against pertussis shall be provided from the funds of the State budget for 14 year old children and pregnant women.

[*31 January 2023*]

72. During the outbreak of seasonal influenza (until 1 May 2022), in addition to the risk groups referred to in Paragraphs 44.1 and 69 of this Regulation, vaccination against seasonal influenza shall be provided from the funds of the State budget for any inhabitant according to the available amount of vaccines against influenza.

[*22 February 2022*]

73. All medical treatment institutions performing vaccination with vaccines acquired from the funds of the State budget shall provide the information referred to in Sub-paragraph 10.2 of this Regulation in the unified electronic information system of the health sector or through the unified health information system as of 1 January 2024.

[*9 January 2024*]

74. Paragraph 10.3 of this Regulation shall come into force on 1 January 2025. The system for the management of vaccination and supplies thereof shall be under management of the National Health Service until 31 December 2024.

[*9 January 2024 / Paragraph 10.3 shall be included in the wording of Regulation as of 1 January 2025*]

75. General practitioners shall, by 31 January 2024, submit a report to the Centre for Disease Prevention and Control on the persons vaccinated in 2023 in each practice of a general practitioner individually by completing the form of the report on persons vaccinated within the scope of the vaccination schedule (Annex 5). Annex 5 to this Regulation shall be in force until 31 January 2024.

[*9 January 2024*]

76. Sub-paragraph 3.9 of this Regulation shall be in force until 31 December 2026.

[*9 January 2024*]

73. Vaccination against human papillomavirus infection for boys aged 12 to 17 (inclusive) and vaccination against pertussis for 14 year old children and pregnant woman shall be provided from the funds of the State budget starting from 2024.

[*19 December 2023*]

**Informative Reference to the European Union Directive**

[*10 December 2013*]

This Regulation contains legal norms arising from Council Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU.

Prime Minister A. Bērziņš

Acting for the Minister for Welfare –

Minister for Special Assignments in State Reform Matters J. Krūmiņš

**Annex 1**

Cabinet Regulation No. 330

26 September 2000

[*2 May 2023*]

**Vaccination Schedule for Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Age of the person to be vaccinated | Infectious disease against which vaccination is to performed mandatorily | Designations of vaccine names1 | Notes |
| 1. | 0–12 hours | Hepatitis B | HB | Vaccine against Hepatitis B shall be administered only to the newborn infants of the risk group (born to mothers having a positive Hepatitis B surface antigen (HBsAg) or to mothers who were not tested for determination of the presence of HBsAg). Doses of the vaccine shall be administered according to the instructions for use of the vaccine |
| 2. | From 12 hours | Tuberculosis | BCG | If vaccination is given when a child has reached the age of two months, a tuberculin test shall be made prior to vaccination in order to exclude potential infection of the child with tuberculosis |
| 3. | From 6 weeks | Rotavirus infection | RV1, RV2 or RV1, RV2, and RV3 | Two up to three doses according to the instructions for use of the vaccine |
| 4. | 2 months | Diphtheria, tetanus, pertussis, poliomyelitis, *Haemophilus influenzae* type b, Hepatitis B | DTaP-IPV-Hib-HB1 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis), poliomyelitis, *Haemophilus influenzae* type b and Hepatitis B shall be used |
| Pneumococcal infection | PCV1 |  |
| 5. | 4 months | Diphtheria, tetanus, pertussis, poliomyelitis, *Haemophilus influenzae* type b, Hepatitis B | DTaP-IPV-Hib-HB2 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis), poliomyelitis, *Haemophilus influenzae* type b and Hepatitis B shall be used |
| Pneumococcal infection | PCV2 |  |
| 6. | 6 months | Diphtheria, tetanus, pertussis, poliomyelitis, *Haemophilus influenzae* type b, Hepatitis B | DTaP-IPV-Hib-HB3 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis), poliomyelitis, *Haemophilus influenzae* type b and Hepatitis B shall be used |
| 7. | 12-15 months | Diphtheria, tetanus, pertussis, poliomyelitis, *Haemophilus influenzae* type b, Hepatitis B | DTaP-IPV-Hib-HB4 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis), poliomyelitis, *Haemophilus influenzae* type b and Hepatitis B shall be used |
| Pneumococcal infection | PCV3 |  |
| Measles, rubella, epidemic parotitis | MPR1 | Combined vaccine against measles, rubella and epidemic parotitis shall be used. It is also possible to use combined vaccine against measles, rubella, epidemic parotitis and varicella |
| Varicella | Varicella1 |  |
| 8. | 7 years | Diphtheria, tetanus, pertussis, poliomyelitis | DTaP-IPV5 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis) and poliomyelitis shall be used.  A child may be vaccinated earlier, if the child starts acquisition of mandatory basic education |
| Measles, rubella, epidemic parotitis | MPR2 | Only children who have received one dose of MPR vaccine may be revaccinated against measles, rubella and epidemic parotitis.  A child may be vaccinated earlier, if the child starts acquisition of mandatory basic education |
| Varicella | Varicella2 | Children who have received one dose of the vaccine against varicella and who have not been ill with varicella may be revaccinated against varicella.  A child may be vaccinated earlier, if the child starts acquisition of mandatory basic education |
| 9. | 12 years | Human papillomavirus infection | CPV1 and CPV2 | A two-dose vaccination schedule with a minimum 6-month interval between doses shall be used2 |
| 10. | 14 years | Diphtheria, tetanus, pertussis | Tdap 6 | Combined vaccine against diphtheria, tetanus, and pertussis shall be used |

Notes.

1 If the combined vaccine specified in the vaccination schedule is not available in the State, it may be replaced with another equivalent combination of vaccines.

2 A three-dose vaccination schedule (CPV1, CPV2, and CPV3) shall be used for highly immunosuppressed patients.

**Annex 2**

Cabinet Regulation No. 330

26 September 2000

[*9 January 2024*]

**Vaccination of Adults against Diphtheria and Tetanus**

1. Booster vaccination\* of adults against diphtheria and tetanus, except for pregnant women\*\*

|  |  |  |
| --- | --- | --- |
| **Interval after the previous vaccination against diphtheria and tetanus** | **Indication for vaccination** | **Vaccine** |
| 10 years after completion of the full course of systematic vaccination\*\*\* | Booster vaccination | Td  (one dose) |
| Every 10 years thereafter | Booster vaccination | Td  (one dose) |

2. Booster vaccination against diphtheria and tetanus for those adults who have missed the time of booster vaccination, except for pregnant women\*\*

|  |  |  |
| --- | --- | --- |
| **Time period after the last booster vaccination** | **Indication for vaccination** | **Vaccine** |
| More than 10 years | Booster vaccination | Td  (one dose) |
| Every 10 years thereafter | Booster vaccination | Td  (one dose) |

3. Basic and booster vaccination against diphtheria and tetanus for those adults who have not been vaccinated against diphtheria and tetanus previously, except for pregnant women\*\*

|  |  |  |
| --- | --- | --- |
| **Dose** | | **Interval between vaccinations** |
| Basic vaccination | 1st dose  (DTaP-IPV) | During the first visit to the medical practitioner |
| 2nd dose  (DTaP-IPV) | 1–1.5 months after administration of the first dose |
| 3rd dose  (DTaP-IPV) | 6–12 months after administration of the second dose |
| First booster vaccination (Td) | | 10 years after basic vaccination |
| Second booster vaccination and next booster vaccinations (Td) | | See Paragraph 1 |

Notes.

1. \* Booster vaccination – re-administration of the vaccine so that by stimulating the mechanism of immumological memory the level of specific antibodies is increased.

2. \*\* If basic or booster vaccination against diphtheria and tetanus is received by a pregnant woman, a combined vaccine containing a diphtheria and tetanus toxoid with a reduced amount of diphtheria toxoid and a pertussis acellular component (Tdap) shall be used.

3. \*\*\* Full course of systematic vaccination – all doses of diphtheria and tetanus vaccines have been received according to the vaccination schedule for children.

4. Td – toxoid of diphtheria and tetanus with a reduced amount of diphtheria toxoid.

5. DTaP-IPV – a combined vaccine against diphtheria, tetanus, pertussis, and poliomyelitis.

**Annex 3**

Cabinet Regulation No. 330

26 September 2000

**Form of the Report on Immunisation of Inhabitants and of the Order of Vaccines**

[9 January 2024]

**Annex 4**

Cabinet Regulation No. 330

26 September 2000

[7 December 2010 / See Paragraph 3 of amendments]

**Annex 5**

Cabinet Regulation No. 330

26 September 2000

**Form of the Report on Persons Vaccinated within the Scope of the Vaccination Schedule**

[1 February 2024 / See Paragraph 75 of Regulation]

**Annex 6**

Cabinet Regulation No. 330

26 September 2000

[*9 January 2024*]

**Vaccination Institutions in which Vaccination against Yellow Fever is Performed**

1. *Akciju sabiedrība “Latvijas Jūras medicīnas centrs”* [joint-sock company Latvian Maritime Medicine Centre].

2. *Sabiedrība ar ierobežotu atbildību “Diplomātiskā servisa medicīnas centrs”* [limited liability company Diplomatic Service Medical Centre].

3. *Sabiedrība ar ierobežotu atbildību “Kronoss”* [limited liability company Kronoss].

4. *Sabiedrība ar ierobežotu atbildību “VIA UNA”* [limited liability company VIA UNA].

5. *Sabiedrība ar ierobežotu atbildību “Veselības centrs 4”* [limited liability company Veselības centrs 4].

6. *Sabiedrība ar ierobežotu atbildību “Rīgas Austrumu klīniskā universitātes slimnīca”* [limited liability company Riga East Clinical University Hospital].

7. *Valsts sabiedrība ar ierobežotu atbildību “Paula Stradiņa klīniskā universitātes slimnīca”* [State limited liability company Pauls Stradins Clinical University Hospital].

8. Vecliepāja Primary Health Care Centre.

9. *Sabiedrība ar ierobežotu atbildību “Daugavpils reģionālā slimnīca”* [limited liability company Daugavpils Regional Hospital].

10. *Sabiedrība ar ierobežotu atbildību “Ziemeļkurzemes reģionālā slimnīca”* [limited liability company Ziemeļkurzeme Regional Hospital].

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

**Annex 7**

Cabinet Regulation No. 330

26 September 2000

[*23 May 2006*]

**Starptautiskais sertifikāts par vakcināciju vai revakcināciju pret dzelteno drudzi**

***International certificate of vaccination or revaccination against yellow fever***

***Certificat international de vaccination ou de revaccination contre la fiēvre jaune***

[*10 June 2008*]

**Annex 8**

Cabinet Regulation No. 330

26 September 2000

**Report on the Write-off/Return of Vaccines**

[9 January 2024]

**Annex 9**

Cabinet Regulation No. 330

26 September 2000

[*9 January 2024*]

**Refusal to Vaccinate**

**Refusal to vaccinate (for a child)**

Mandatory fields are marked with an asterisk (\*)

|  |  |
| --- | --- |
| Given name, surname of the patient (\*) | Date of birth of the patient (\*) |
|  |  |

Given name, surname of the lawful representative/authorised person

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Given name, surname of the medical practitioner (\*) | Name, address, and telephone number of the medical treatment institution (\*) |
|  |  |

During the visit, the doctor explained that the child should receive the following vaccine(s) (\*) (mark as appropriate):

|  |  |  |
| --- | --- | --- |
| **Recommended** | **Vaccine against** | **I refuse** |
| **▢** | diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b, Hepatitis B | **▢** |
| **▢** | diphtheria, tetanus, pertussis, poliomyelitis, *Haemophilus influenzae* type b | **▢** |
| **▢** | pneumococcal infection | **▢** |
| **▢** | rotavirus infection | **▢** |
| **▢** | measles, rubella, epidemic parotitis | **▢** |
| **▢** | diphtheria, tetanus, pertussis, poliomyelitis | **▢** |
| **▢** | diphtheria, tetanus, pertussis | **▢** |
| **▢** | diphtheria, tetanus | **▢** |
| **▢** | human papillomavirus infection | **▢** |
| **▢** | varicella | **▢** |
| **▢** | hepatitis B | **▢** |
| **▢** | tuberculosis | **▢** |
| **▢** | seasonal influenza | **▢** |
| **▢** | tick-borne encephalitis | **▢** |
| **▢** | rabies | **▢** |
| **▢** | COVID-19 | **▢** |

During the visit, the doctor clearly and unambiguously informed of the vaccine recommended for the child, vaccine-preventable infectious diseases, and their prevention. I had the opportunity to ask all questions about the recommended vaccine, and the doctor provided answers to them.

I have been informed of:

|  |  |
| --- | --- |
| **▢** | the purpose and need for vaccinating the child with the recommended vaccine(s) (\*) |
| **▢** | the benefits of the recommended vaccination (\*) |
| **▢** | the possible risks if the child does not receive the recommended vaccine (\*) |

Despite the information provided to me, I refuse to vaccinate the child because (indicate considerations/justification):

|  |
| --- |
|  |

This refusal does not prevent the child from being vaccinated thereafter.

A patient who has attained 14 years of age has the right to independently decide on his or her medical treatment. Starting from 14 years of age, vaccination of a minor patient shall be acceptable if the patient’s consent is obtained.

|  |  |
| --- | --- |
| Signature of the patient/lawful representative/authorised person (\*) | Date (\*) |
|  |  |

|  |  |
| --- | --- |
| Signature of the medical practitioner (\*) | Date (\*) |
|  |  |

**Refusal to vaccinate (for an adult)**

Mandatory fields are marked with an asterisk (\*)

|  |  |
| --- | --- |
| Given name, surname of the patient (\*) | Date of birth of the patient (\*) |
|  |  |

Given name, surname of the lawful representative

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Given name, surname of the medical practitioner (\*) | Name, address, and telephone number of the medical treatment institution (\*) |
|  |  |

During the visit, the doctor explained that I should receive the following vaccine(s) (\*)(mark as appropriate):

|  |  |  |
| --- | --- | --- |
| **Recommended** | **Vaccine against** | **I refuse** |
| **▢** | diphtheria, tetanus | **▢** |
| **▢** | diphtheria, tetanus, pertussis (for pregnant women) | **▢** |
| **▢** | seasonal influenza | **▢** |
| **▢** | rabies | **▢** |
| **▢** | COVID-19 | **▢** |

During the visit, the doctor provided me with information on the recommended vaccine, vaccine-preventable infectious diseases, and their prevention. I had the opportunity to ask all questions about the recommended vaccine, and the doctor provided answers to them.

I have been informed of:

|  |  |
| --- | --- |
| **▢** | the purpose and need for vaccination with the recommended vaccine(s) (\*) |
| **▢** | the benefits of the recommended vaccination (\*) |
| **▢** | the possible risks if I do not receive the recommended vaccine (\*) |

Despite the information provided to me, I refuse to vaccinate because (indicate considerations/justification):

|  |
| --- |
|  |

This refusal does not prevent me from being vaccinated thereafter.

|  |  |
| --- | --- |
| Signature of the patient/lawful representative (\*) | Date(\*) |
|  |  |

|  |  |
| --- | --- |
| Signature of the medical practitioner (\*) | Date (\*) |
|  |  |