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8 September 2009 [shall come into force from 12 September 2009];

27 December 2011 [shall come into force from 31 December 2011];

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7 January 2020 [shall come into force from 10 January 2020].

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. 328

Adopted 13 May 2008

**Regulations Regarding Counter-epidemic Measures for Poliomyelitis**

*Issued pursuant to*

*Section 14, Paragraph one, Clause 5 of the Epidemiological Safety Law*

1. The Regulation prescribes the counter-epidemic measures for poliomyelitis (genus Enterovirus – acute infectious disease caused by polivirus with acute flaccid paralysis syndrome characteristic thereto) to prevent the risk of spread of poliomyelitis in the territory of the country.

2. Counter-epidemic measures for poliomyelitis shall include:

2.1. epidemiological monitoring in the environment where poliviruses are circulating;

2.2. epidemiological monitoring of infections caused by other enteroviruses;

2.3. epidemiological monitoring of the acute flaccid paralysis syndrome in children up to 15 years of age (excluding);

2.4. epidemiological monitoring of other diseases having course of disease similar to poliomyelitis in patients of any age if there are professionally justified suspicions of the contraction of poliomyelitis;

2.5. immunisation of persons against poliomyelitis at the focus of the infection or the administrative territory, region or country affected by the infection if there are threats of poliomyelitis outbreak or epidemic.

[*27 December 2011; 7 January 2020*]

3. A medical practitioner shall organise taking of the material to be investigated for determining the presence and identification of enteroviruses, and shall also send material to the National Reference Laboratory in the Field of Epidemiological Safety in accordance with the following procedures:

3.1. two faeces samples taken at 24–48 hour interval if the acute flaccid paralysis syndrome has been established in a child up to 15 years of age (excluding) or if there are professionally justified suspicions of poliomyelitis in a patient of any age (including if the acute flaccid paralysis syndrome has been established in a person who has been in contact with a person suffering from poliomyelitis or within 35 days before becoming ill has visited a territory affected by poliomyelitis where cases of contracting poliomyelitis have been established according to the data of the World Health Organisation);

3.2. one faeces sample and cerebrospinal fluid sample where possible and if if there are professionally justified suspicions of the contraction of serous meningitis, encephalitis, myelitis or meningoencephalitis regardless of the age of the patient by prescribing the determination of the presence of the ribonucleic acid (RNA) of enteroviruses and isolation and typing of viruses in the tissue culture.

[*7 January 2020*]

4. A medical practitioner shall perform medical observation of the health condition for a patient with the acute flaccid paralysis syndrome after discharging from the hospital and on the sixtieth day after establishing the acute flaccid paralysis shall notify the epidemiologist of the respective regional department of the Centre for Disease Prevention and Control regarding residual neurological phenomena of poliomyelitis – paresis or paralysis in writing.

[*8 September 2009; 10 April 2012*]

5. After receipt of information regarding a registered case of poliomyelitis or professionally justified suspicions of poliomyelitis from a medical practitioner, as well as if a wild poliomyelitis virus or vaccine virus derivative has been separated from an environmental sample, the Centre for Disease Prevention and Control shall ensure:

5.1. within 24 hours:

5.1.1. informing of the Regional Office for Europe of the World Health Organisation, the European Centre for Disease Prevention and Control and the European Commission, using the international early warning and response system;

5.1.2. informing of the State Operational Medical Commission;

5.1.3. epidemiological investigation and determination of the territory at risk of spread of poliomyelitis (hereinafter – the risk territory), as well as in co-operation with a family doctor gathering information regarding exposed persons and assessment of their immunisation data against poliomyelitis;

5.1.4. virological investigation of exposed persons in accordance with the laws and regulations regarding primary medical examinations of exposed persons, laboratory tests and procedures for medical observation;

5.1.5. restricting measures in educational institutions;

5.1.6. sampling of wastewater, drinking water, as well as bathing water during bathing season for virological investigation in order to determine the circulation of enteroviruses;

5.1.7. provision of information and recommendations to inhabitants regarding prophylaxis of poliomyelitis and counter-epidemic measures;

5.2. within 72 hours:

5.2.1. submit proposals to the Ministry of Health regarding purchase and distribution of anti-poliomyelitis vaccine among vaccination institutions for carrying out immunisation;

5.2.2. ensure random faeces sampling for children at educational institutions according to instructions of an epidemiologist and sending for virological investigation in order to determine wild poliomyelitis virus;

5.2.3. assess the disinfection quality of wastewater in the risk territory according to macrobiological criteria.

[*8 September 2020; 27 December 2011; 10 April 2012; 7 January 2020*]

5.1 If a general practitioner has professionally justified suspicions of a patient contracting poliomyelitis, as well as after receipt of information regarding a registered case of poliomyelitis or separation of a wild poliomyelitis virus or vaccine virus derivative from an environmental sample upon existence of a risk of the spread of infection, the general practitioner shall immunise, as quickly as possible, the following exposed persons against poliomyelitis:

5.1 1. adults non-immunised or partially immunised (have received less than 4 vaccines) against poliomyelitis, carrying out a course of immunisation, which includes three vaccines (a combined vaccine against poliomyelitis, diphtheria and tetanus (hereinafter – combined vaccine) may be used);

5.1 2. adults immunised against poliomyelitis (have received 4 and more vaccines), carrying out immunisation with one vaccine (the combined vaccine may be used);

5.1 3. children not immunised against poliomyelitis, carrying out a course of immunisation, which includes three vaccines (combined vaccines may be used according to the immunisation calendar);

5.1 4. children who have not received all vaccines against poliomyelitis appropriate for the age according to the immunisation calendar – carrying out immunisation with one vaccine or a course of immunisation with several vaccines (combined vaccines may be used according to the immunisation calendar);

5.1 5. persons whose immunisation against poliomyelitis is not documentarily certified – carrying out a course of immunisation, which includes three vaccines (combined vaccines may be used according to the immunisation calendar).

[*27 December 2011*]

5.2 If circulation of a wild poliomyelitis virus or vaccine virus derivative is proved in the country or a case of poliomyelitis caused by a wild poliomyelitis virus or vaccine virus derivative is detected and infecting in the territory of Latvia has occurred without a known contact with a person suffering from poliomyelitis or a person who has visited a territory affected by poliomyelitis within 35 days before becoming ill, upon existence of poliomyelitis exacerbation or epidemic, immunisation of the persons referred to in Sub-paragraphs 5.1 1, 5.1 2, 5.1 3, 5.1 4 and 5.1 5 of this Regulation against poliomyelitis in the administrative territory, region or country affected by poliomyelitis shall be performed, depending on the threat of spread of the infection.

[*27 December 2011*]

6. The Centre for Disease Prevention and Control shall regularly perform epidemiological monitoring of poliomyelitis, which includes:

6.1. registering and monitoring of the results of virological investigations of circulation of enteroviruses (including polioviruses);

6.2. ensuring the topicality of the epidemiological monitoring, prophylaxis and counter-epidemic issues of poliomyelitis at least once a year at childrenʼs departments of hospitals, as well as departments of neurology, infectious diseases and therapy;

6.3. informing of the World Health Organisation of the results of epidemiological monitoring of poliomyelitis and the acute flaccid paralysis syndrome in Latvia.

[*10 April 2012*]

6.1National Reference Laboratory in the Field of Epidemiological Safety:

6.11. carry out virological examination of clinical and environmental samples to determine the presence of the ribonucleic acid (RNA) of enteroviruses, isolation and typing of enteroviruses in the tissue culture;

6.12. within 24 hours shall send all isolates of polioviruses for detailed typing to the regional reference centre of the World Health Organisation;

6.13. submit data to the Centre for Disease Prevention and Control on the established polioviruses and other enteroviruses.

[*7 January 2020*]

7. [8 September 2009]

8. In order to retain the status of a poliomyelitis-free territory in the post-certification period and to assess the provision of epidemiological monitoring measures of poliomyelitis in the country, the Ministry of Health shall establish a commission for the monitoring of poliomyelitis and approve its by-law. The composition of the commission shall include representatives of professional organisations of medical practitioners. Members of the commission shall not receive remuneration for their work in the commission.

[*27 December 2011; 10 April 2012; 7 January 2020*]

Prime Minister I. Godmanis

Minister for Health I. Eglītis