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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. 662

Adopted 28 September 2021

**Epidemiological Safety Measures for the Containment of the Spread of COVID-19 Infection**

*Issued pursuant to*

*Section 3, Paragraph two, Section 19, Paragraphs one and 2.1, Section 19.1, Section 30, Paragraphs one and three, Section 31, Paragraph five,  Section 39, Paragraphs one and two of the Epidemiological Safety Law,  Section 4, Paragraph one, Clauses 1, 1.1, 1.2, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 21, Section 6.1, Paragraph two, Section 6.3, Paragraph two, Section 6.4, Paragraph two, Section 6.7, Paragraphs two and three, Section 6.9, Paragraph two, Section 10.4, Paragraph three, Section 49.6, Paragraph one of the Law on the Management of the Spread of COVID-19 Infection, and  Section 5, Clauses 3 and 12 of the Pharmaceutical Law*

[*8 October 2021*]

**1. General Provisions**

1. The Regulation prescribes the epidemiological safety measures to be taken for the containment of the spread of COVID-19 infection:

1.1. the basic principles and precautionary measures for the containment of the spread of COVID-19 infection;

1.2. the requirements and restrictions for gathering;

1.3. the special epidemiological safety measures to be taken by persons;

1.4. the restrictions on tourism and travel, the requirements for the carriage of passengers services, and also for the provision and use of own-account carriage services;

1.5. the requirements for passengers, vehicles, vehicle drivers, and crew members;

1.6. the rights and obligations of organisers and providers of services of carriage and passengers;

1.7. [29 March 2022];

1.8. the conditions for the organising and course of the educational and sports process;

1.9. the procedures by which, within the scope of the remote learning process, the service of an assistant shall be financed to educatees with a disability to whom the service of an assistant financed from the State budget has been granted in accordance with the procedures laid down in laws and regulations for support to the movement about and performance of self-care at an educational institution;

1.10. [29 March 2022];

1.11. [29 March 2022];

1.12. the conditions for the receipt and organisation of social services;

1.13. the procedures for the diagnostics of and reporting on cases of COVID-19 infection;

1.14. the procedures for contact tracing and medical observation, the operation of the contact tracing and warning information system, the manager of the contact tracing system, and the joint manager of the European Federation Gateway in Latvia, the rights and obligations of the abovementioned managers, the amount of information to be included in the contact tracing system and the procedures for the inclusion thereof, the amount of information exchange, and the time period for the storage of information;

1.15. the requirements for isolation, home quarantine, and self-isolation;

1.16. the amount of information to be included in the information system for monitoring persons, the procedures for the inclusion and the time period for the storage thereof, and also the authorities to which access is granted to the information included in the information system;

1.17. the procedures for performing vaccination against COVID-19 infection, the range of persons to be vaccinated, the mandatory minimum security requirements for performing vaccination, the procedures for the labelling of a COVID-19 vaccine and the requirements to be set for the package leaflet, the administrator of the vaccination information system, the amount of data to be included in such system, the procedures for the inclusion, receipt, and processing thereof and the time period for the storage thereof, and also the authorities which receive, process, and include data in the vaccination information system;

1.18. the restrictions on the provision of health care services;

1.19. the prohibition to import animal species susceptible to COVID-19 infection and the production of such animal species in the territory of the Republic of Latvia;

1.20. the procedures for the receipt and processing of data from State information systems on persons who have tested positive for SARS-CoV-2 coronavirus infection and persons who have commenced and who have completed vaccination against COVID-19, the amount of the data to be processed and the time period for the storage of data, and also the authorities which receive, process, and store the processed personal data;

1.21. the procedures for requesting, preparing, issuing, verifying, and using interoperable vaccination certificates, test certificates, or recovery certificates (interoperable certificate), and also the amount of information to be included in the vaccination certificate, test certificate, or recovery certificate and the amount of information available to authorities and service providers, and also the procedures for suspending, revoking, or renewing the vaccination certificate.

2. Terms used in this Regulation:

2.1. economic service – an order fulfilled for consideration within the scope of economic activity of a private individual or public person or the fulfilment of a contract entered into with a consumer by performing work or gaining an intangible result of work, including at sports, cultural, recreational, beauty treatment and wellness, catering, event and trading sites, sites where postal services are provided, etc.;

2.2. public transport service – public transport services within the meaning of this Regulation which are provided in accordance with the procedures laid down in Sub-chapter 3.7 of this Regulation;

2.3. public service – the performance of the functions and tasks of State and local government authorities or the provision of different types of services of private individuals to persons, including in the field of social services or health care;

2.4. event – a private event on public premises or in public places, and also a public event, including a meeting, a procession, a picket, organised religious activities in which the possibility of participation has been announced publicly and which are to be performed by gathering at a specific time and place, or a sporting event;

2.5. event site – a specially arranged public space or territory, including in the open air or outdoors, where a private or public event takes place;

2.6. service provider – a provider of a public service and an economic service, an event organiser, or a performer of religious activities;

2.7. shopping centre – a building that has been arranged for permanent and systematic trade with the total area of at least 1 500 m2 dedicated to trade in which at least five trade participants or service providers are operating in individual trading sites;

2.8. trade fair – a commercial exhibition of regional, national, or international significance, a public zootechnical event, or a fair the purpose of which is to promote the development of entrepreneurship, trade, lifestyle, animal species, and innovations;

2.9. venue of a trade fair – specially arranged premises or territory where a commercial exhibition, a public zootechnical event, or a fair takes place;

2.10. cultural site – a museum and a site similar to a museum where art and historic objects are exhibited (a storage area or exhibition of museum-related objects, a commemoration site, and other cultural sites which create and offer art and historic exhibitions to the public), a library, an archive, a culture centre, an art gallery or exhibition hall, an open-air stage, a theatre building and its outdoor space, a concert hall and its outdoor space, and also a place where a rehearsal of amateur art collectives is organised;

2.11. international sporting event – sports competitions of international significance included in the calendar of an international sports federation (including official trainings intended before the competition), and also sports competitions of international leagues the list of which is published on the website of the Latvian Sports Federations Council;

2.12. isolation – mandatory separation of an infected person or a person for whom there are reasonable suspicions that he or she is infected with SARS-CoV-2 virus, including a person with a positive antigen test result, from healthy persons at the place of residence, place of stay, or medical treatment institution for medical treatment under supervision of a medical practitioner, ensuring appropriate conditions to preclude healthy persons from becoming infected. A sick-leave certificate may be issued to the person for the period of isolation;

2.13. home quarantine – separation, during the period of incubation of COVID-19 infection at the place of residence or place of stay under supervision of a medical practitioner, from other persons of a person who has come into close contact with an infected person or a person for whom there are reasonable suspicions that he or she is infected in order to medically observe the person and to prevent the risk of infection for other persons. A sick-leave certificate may be issued to the person for the period of home quarantine;

2.14. [15 February 2022 / See Paragraph 2 of Amendments];

2.15. face mask – a medical face mask or at least class FFP2 respirator without valve;

2.16. fully vaccinated person – a person who, in accordance with the instructions for use of the vaccine or the Vaccination Manual published on the website of the State Agency of Medicines, has been injected with the number of doses of the vaccine registered by the European Medicines Agency or the World Health Organisation or by equivalent regulators and intended for the full course of primary vaccination or booster vaccination;

2.16.1 vaccination – the number of doses of the vaccine corresponding to the primary vaccination (hereinafter – the primary vaccination) or the number of doses corresponding to the booster vaccination (hereinafter – the booster vaccination) received in accordance with the instructions for use of the vaccine or the Vaccination Manual published on the website of the State Agency of Medicines;

2.16.2 [15 February 2022 / See Paragraph 2 of Amendments];

2.17. recovered person – a person for whom the COVID-19 diagnosis has been confirmed by performing an RNA or antigen test and to whom at least 11 days, but not more than 180 days, have passed since the day when the sample of the first positive test within the scope of one episode of infection was taken in detecting SARS-CoV-2;

2.18. RNA test – an examination performed at an accredited laboratory for diagnosing of COVID-19 in order to detect the presence of SARS-CoV-2 ribonucleic acid (RNA) via polymerase chain reaction (PCR) or another nucleic acid amplification test (NAAT) method;

2.19. antigen test – an examination performed by a medical practitioner, a medical assistant, a medical treatment support person, a pharmacist or an assistant pharmacist who works in a licensed general-type pharmacy in order to detect the presence of SARS-CoV-2 antigen (Ag) in accordance with the Council Recommendation on a common framework for the use and validation of rapid antigen tests and the mutual recognition of COVID-19 test results in the EU 2021/C 24/01 and the recommendations published on the website of the Centre for Disease Prevention and Control (hereinafter – the Centre);

2.20. routine screening test – a COVID-19 test undergone individually or collectively on a regular basis in places with a high risk of the spread of COVID-19 according to the COVID-19 testing algorithm published on the website of the Centre. A test certificate is not issued on the basis of the routine screening test;

2.21. valid interoperable certificate – a valid European Union-wide certification in digital or paper format of the epidemiological safety of a person in the case of COVID-19 infection within a specific period. The valid interoperable certificate is issued in order to certify that a person is a fully vaccinated person (hereinafter – the vaccination certificate) or to certify that a person has recovered from COVID-19 (hereinafter – the recovery certificate), or to certify that a person has been tested for COVID-19 and the result thereof is negative (hereinafter – the test certificate);

2.22. ventilation – the introduction of outdoor air into a space indoors in order to improve air quality in the room by diluting air pollutants in the room and displacing them from the room with the use of mechanical or natural ventilation;

2.23. epidemiologically safe environment – a room or territory, a site of a public or private event, a site where a service is provided, or a work place where only fully vaccinated or recovered persons are present;

2.24. [22 March 2022];

2.25. [22 March 2022];

2.26. temporary interoperable vaccination certificate – a temporary certification issued on the basis of verification of documents issued in foreign countries and valid in the territory of Latvia (hereinafter – the temporary certificate) that a person is recognised as fully vaccinated against COVID-19 in accordance with the requirements of this Regulation. During its term of validity, the temporary certificate shall be equivalent to an interoperable vaccination certificate in the territory of Latvia;

2.27. an interoperable certificate issued to accredited foreign diplomats – to disrupt the Latvian foreign policy and international activities as little as possible, a certification valid in the territory of Latvia that the person is considered as fully vaccinated in Latvia and is entitled to receive in the territory of Latvia such services which are available to the persons fully vaccinated within the meaning of this Regulation shall be issued to the employees of foreign diplomatic or consular representations accredited in the Republic of Latvia, international organisations and their representations, or family members of such employees who have been vaccinated with a vaccine recognised by the sending State or the country of citizenship or have received an opinion of the sending State or the country of citizenship on the postponement of vaccination and cannot receive an interoperable certificate in Latvia. During its term of validity, the certificate shall be equivalent to an interoperable vaccination certificate in the territory of Latvia.

[*5 October 2021; 2 November 2021; 9 November 2021; 16 November 2021; 14 December 2021; 6 January 2022; 18 January 2022; 25 January 2022; 15 February 2022; 1 March 2022; 22 March 2022; 23 August 2022*]

3. [15 February 2022 / See Paragraph 2 of Amendments]

4. The service provider or employer shall comply with the general epidemiological safety requirements, special safety requirements laid down for the form or area of activity, and also the relevant recommendations for the introduction of the epidemiological safety requirements. The service provider or employer may, according to the specific nature of work, lay down other requirements in addition to the epidemiological safety requirements referred to in this Regulation if laying down of such requirements is based on the safety of a working environment, the safety of services for service recipients, or the continuity of operation of an organisation.

5. The general epidemiological safety requirements provided for in this Regulation shall not be applicable to the following fields:

5.1. [8 October 2021];

5.2. the Prison Administration. The head of the Prison Administration shall, by an order after coordination with the Ministry of Health, determine detailed recommendations for ensuring the general epidemiological safety requirements in prisons. Special safety requirements for the sector are laid down in Sub-chapter 3.6 of this Regulation;

5.3. the social service providers that provide social services with long-term or short-term accommodation. Special safety requirements for the sector are laid down in Sub-chapter 3.5 of this Regulation;

5.4. the educational institutions and providers of education services. The general epidemiological safety requirements laid down in Chapter 2 of this Regulation shall be applicable insofar as they are not in contradiction with Sub-chapter 3.8 of this Regulation which lays down the special safety requirements for the sector;

5.5. the providers of public transport services. Special safety requirements for the sector are laid down in Sub-chapter 3.7 of this Regulation;

5.6. [15 February 2022 / See Paragraph 2 of Amendments];

5.7. the work of courts. The general epidemiological safety requirements shall be applicable to courts as far as possible, taking into account the specific nature of the work of courts and the area of court rooms;

5.8. [15 February 2022 / See Paragraph 2 of Amendments];

5.9. [15 February 2022 / See Paragraph 2 of Amendments].

5.1The requirements provided for in this Regulation shall not apply to the personnel of the National Armed Forces and such persons belonging to the foreign armed forces who are staying in the Republic of Latvia within the scope of international cooperation during performance of their service duties, unless it has been laid down otherwise in this Regulation.

[*8 October 2021*]

6. In order to interfere with the foreign policy and international activities of Latvia as little as possible, including the cooperation with the authorities of the European Union, the travel restrictions provided for in this Regulation shall not, in conformity with the relevant epidemiological safety measures for the containment of the spread of COVID-19 infection, apply to:

6.1. employees of foreign diplomatic and consular missions, international organisations and their representations who are accredited in Latvia and their family members;

6.2. persons arriving in Latvia upon an invitation of the President, the *Saeima*, the Cabinet or its member, the Constitutional Court, the Supreme Court, the State Audit Office, or the ministry;

6.3. diplomatic couriers of Latvia or foreign countries or *ad hoc* diplomatic couriers who present an official document which states their status and the number of parcels in the diplomatic bag;

6.4. holders of the diplomatic passport of the Republic of Latvia, technical personnel accompanying them, and the civil servants and employees of the diplomatic or consular service when performing the official functions;

6.5. foreign experts and merchants who, within the scope of international cooperation, enter the Republic of Latvia to provide support in the matters related to national defence and national security and assistance in ensuring public order and safety and border surveillance, and also officials with a special service rank of the institutions of the system of the Ministry of the Interior who return to the Republic of Latvia after provision of such assistance abroad.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

7. If the person referred to in Sub-paragraphs 6.1, 6.2, and 6.5 of this Regulation is recognised as fully vaccinated or recovered in accordance with this Regulation, then this person may participate in events in the epidemiologically safe environment for the performance of the official functions.

8. [12 April 2022]

**2. General Epidemiological Safety Requirements**

9. In participating in public activities, the service provider, the employer as well as any person shall follow the general epidemiological safety requirements and safety protocols or recommendations (including the fundamental principles for the provision of information, reduction of contacts and distancing, use of face masks, ventilation of premises and hygiene, and also isolation and home quarantine conditions) and prevent the risks of infection for other persons.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

10. The service provider and the employer shall be responsible for the introduction of and compliance with the epidemiological safety requirements at a work place and a site where services are provided and shall ensure control over the introduction of and compliance with the requirements laid down.

11. The service provider and the event organiser may determine services and events which are provided or organised on site in an epidemiologically safe environment, and also determine additional epidemiological safety requirements to be met by the recipient of the service or the visitor of the event, including an obligation to wear a face mask or to follow the distancing provisions.

[*22 March 2022*]

11.1 If a service cannot be provided remotely, but non-provision of the service causes risk to ensuring the fundamental human rights or public safety, the provisions referred to in Paragraph 11 of this Regulation for the provision of the service in an epidemiologically safe environment shall not apply.

[*22 March 2022*]

12. The service provider shall ensure employees and recipients of the service, and also other persons who are at the site where the service is provided, including educatees, recipients of social services, and their legal representatives, with available and comprehensible information on the procedures for the introduction and execution of the epidemiological safety requirements by posting it also on the website of the service provider, institution, or founder, if any, including:

12.1. the warning that persons for whom isolation has been specified or who display signs of a respiratory infection may not be at the relevant site;

12.2. other epidemiological safety measures which have been specified at the site where the service is provided, including:

12.2.1. information on the obligation to present a vaccination or recovery certificate if the service is provided in epidemiologically safe environment;

12.2.2. warning about the obligation to use face masks if such has been specified, and also the indication as to correct use of the face mask;

12.2.3. recommendation to maintain the distance, and also regarding other distancing provisions, if such have been specified.

[*22 March 2022*]

12.1 In order to reduce the risks of the spread of COVID-19 infection, an employer may:

12.11. organise testing (including with a COVID-19 routine screening test) of all employees (officials) working on site. In such case, the costs of testing shall be covered from the funds of the employer;

12.12. identify employees who, within the last three days at the workplace, have been in close contact with a person who is infected with COVID-19 or the employees regarding whom there are reasonable suspicions that they are infected and organise the screening test of such contact persons with antigen tests each time before commencement of a working day or shift for seven calendar days after the contact with the infected person. If the abovementioned contact persons do not undergo daily screening tests at the workplace, they shall undergo home quarantine and, where necessary, inform the general practitioner to receive the sick-leave certificate;

12.13. identify the risk of infection of each employee (official) (including that of volunteers and persons with outsourcing contracts) and the potential risk to the health of other persons by assessing their work duties and working conditions, and determine the works which may be performed only by the persons who have vaccination or recovery certificates taking into account the following criteria:

12.13.1. the direct work duties of the employee (official) are to be performed in contact with the persons with an increased risk to health, and the employee who does not have a vaccination or recovery certificate may cause risk to the health of such persons;

12.13.2. work (office, service) duties of the employee (official) on site are critically important to the society, and also for ensuring continuity of operation of an undertaking or institution;

12.13.3. other cases provided for by the requirements of laws and regulations;

12.14. provide for other epidemiological safety measures, for example, provisions for the use of face masks or gathering.

[*15 February 2022; 22 March 2021; 23 August 2022*]

12.2 In organising the testing of employees referred to in Paragraph 12.1 of this Regulation, the employer shall determine internal procedures for the conducting of COVID-19 screening at the workplace and integrate them into the internal control system for the implementation of epidemiological safety measures, including describing procedures for the performance of tests and the notification of results, and also the control procedures and the action in case of a positive COVID-19 test.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

13. In order to ensure distancing, the following measures are taken according to the recommendations published on the website of the Centre:

13.1. maintaining of a physical two-metre distance among employees, including employees and visitors, and also among individual visitors or members of different households, unless it has been laid down otherwise in this Regulation;

13.2. organising and control of the flow of persons in order to prevent crowding in premises, in particular near entrances and exits, in adjacent rooms indoors and outdoors, and places where increased gathering of persons occurs or is expected to occur, and also at the time when it may occur (for example, during breaks, peak hours, before or after an event);

13.3. prevention of mutual meeting of different groups of persons if work is organised in groups or if the service provider or event organiser provides the service by gathering of persons in groups;

13.4. organising and performance of remote work, and also provision and use of remote economic or public services to the extent possible and according to the specific nature of work.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

14. The service provider shall determine the maximum number of persons allowed to be in premises and places at the same time, taking into account the expected behaviour of persons and the possibilities to organise the flow of persons in order to avoid crowding.

[*22 March 2022*]

15. [22 March 2022]

16. Face masks shall be used in public premises indoors, if there is more than one person in the premises, in accordance with the conditions laid down in this Regulation, except for the cases referred to in Paragraph 17 of this Regulation.

[*22 March 2022*]

17. The face mask need not be used by the following:

17.1. pre-school age children up to seven years of age, and also educatees who are completing preschool education programmes;

17.2. children from seven to 12 years of age, except for the case referred to in Sub-paragraph 17.5 of this Regulation, if a non-medical cover (of cloth) is used;

17.3. [10 May 2022];

17.4. a person with obvious movement impairments or mental health disorders due to which he or she lacks the capacity or skills to use the face mask;

17.5. at sites where educational (study) programmes are implemented, except if the head of the educational institution has, by assessing the epidemiological situation, taken a justified decision agreed upon with the founder (the head of a general and vocational education institution founded by the State or State higher education institution, the head of a higher education institution or college takes the decision without agreeing thereupon with the founder) on the use of a non-medical (of cloth) or medical cover, and also in higher education institutions, colleges, and other educational institutions where educational programmes for adults are implemented – on the use of face masks.

[*22 March 2022; 23 August 2022*]

18. [15 February 2022 / See Paragraph 2 of Amendments]

19. [15 February 2022 / See Paragraph 2 of Amendments]

20. [15 February 2022 / See Paragraph 2 of Amendments]

21. [22 March 2022]

22. [22 March 2022]

23. [6 January 2022]

24. [22 March 2022]

24.1 [23 August 2022]

25. [23 August 2022]

25.1If the employer has informed the employee (official) that a valid vaccination or recovery certificate in required for the person for performing work duties:

25.11. a time period not shorter than one month is determined for the employee (official) for performing vaccination;

25.12. the employer suspends the employee (official) from work or office duties if the employee has failed to perform vaccination within the specified time period.

[*23 August 2022*]

25.2 If an emergency situation has been declared in the State, an employer is entitled, during the emergency situation and two months after the end of the emergency situation, to employ a person without the performance of the mandatory health examination in accordance with the laws and regulations governing the procedures for the performance of the mandatory health examination if the person has not performed the periodic health examination within the time period (term) stipulated by the employer due to the risks of COVID-19 infection. The exception shall not apply to the initial and extraordinary health examination, and also to the periodic health examination for persons employed in work in special conditions in accordance with Annex 2 to Cabinet Regulation No. 219 of 10 March 2009, Procedures for the Performance of Mandatory Health Examinations.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

26. [15 February 2022 / See Paragraph 2 of Amendments]

27. [15 February 2022 / See Paragraph 2 of Amendments]

28. The following conditions are complied with in an epidemiologically safe environment:

28.1. verification of the vaccination certificates or certificates of recovery is ensured;

28.2. the presence of such persons (except for children under 18 years of age) who do not correspond to the epidemiologically safe environment is not permitted.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

29. The conditions of this Regulation in relation to the existence of a valid vaccination or recovery certificate for the receipt of services or attending events are not applied to children under 18 years of age and the persons who present a personal identification document issued by Ukraine.

[*1 March 2022*]

30. [15 February 2022 / See Paragraph 2 of Amendments]

31. [15 February 2022 / See Paragraph 2 of Amendments]

32. [22 March 2022]

33. If the service is provided or an event takes place in both the epidemiologically safe environment and outside of it, it shall be ensured that the different environments are separated physically and the flows of visitors do not overlap with the other flow of visitors during the entire course of the service or event.

[*22 March 2022*]

33.1 [22 March 2022]

33.2 [22 March 2022]

34. [15 February 2022 / See Paragraph 2 of Amendments]

35. [15 February 2022 / See Paragraph 2 of Amendments]

36. [15 February 2022 / See Paragraph 2 of Amendments]

37. The employer or the head of the collective has the right to gather information on an employee (official) or contact information (e-mail, telephone number) of participants of the collective in order to prepare a list of contact persons and hand it over to the Centre for the organisation of counter-epidemic measures in the case of COVID-19 infection.

37.1 Upon receipt of information on a case of contracting COVID-19 in the collective, the employer or the head of the collective, including the head of an educational institution, has an obligation to inform employees or members of the collective, including employees of the educational institution, educatees, and legal representatives of a minor educatee, of an increased risk of infection with COVID-19 and the necessity to observe one’s health.

[*23 August 2022*]

38. A person who is not permitted to receive the relevant service because the person is infected with COVID-19 and who, in accordance with the requirements of this Regulation, must comply with the isolation requirements or who displays signs of an acute respiratory infection, or a person who fails to comply with the epidemiological safety requirements, including fails to use the face mask or uses it improperly, and fails to follow the instructions of the service provider is not allowed to enter public spaces, an event site, or a site where the service is provided. Such person shall be refused the provision of the service or participation in the event, and also the person shall be banished from the room or place without compensation for losses.

[*22 March 2022*]

39. If the diagnosis of COVID-19 is confirmed for an employee (official) or he or she is suspected of being infected with COVID-19, or if an employee (official) displays signs of COVID-19 disease during performance of work duties, the employee (official) shall be suspended from the performance of work duties, asked to contact his or her general practitioner without delay in order to undergo the laboratory testing for the diagnostics of COVID-19 and, if the employee (official) has tested positive for COVID-19, he or she shall follow instructions of the Centre and general practitioner, and also the requirements laid down in this Regulation.

40. [15 February 2022 / See Paragraph 2 of Amendments]

41. The service provider, the employer, including the educational institution, the implementer of the educational process or a person appointed by it, or the controlling authority has the right to request and process information obtained from an employee or another person who stays or is constantly present on premises where the service is provided or at the work place, or an educatee regarding his or her conformity with the status of a fully vaccinated person or recovered person (including the period of validity of the certificate if the person has the recovery certificate), and also COVID-19 test results. The person shall present the relevant interoperable certificate or test result upon request of the service provider, employer, or a person appointed by the educational institution, or the controlling authorities.

42. [15 February 2022 / See Paragraph 2 of Amendments]

43. [15 February 2022 / See Paragraph 2 of Amendments]

44. In performing monitoring, control, operational activity, or investigation activities, an employee of an authority does not have an obligation to present an interoperable certificate. It is also not verified whether the persons against whom the abovementioned activities are implemented hold the interoperable certificate, unless it has been laid down otherwise in laws and regulations. During such measures, the precautionary measures determined for the containment of the spread of COVID-19 infection shall be followed (use of personal protection equipment, performance of disinfection, maintenance of the distance to the extent possible). Non-existence of an interoperable certificate or test shall not release from the obligation to participate in pre-trial investigation, judicial proceedings, or enforcement of criminal punishments, and comply with any other obligations laid down in laws and regulations.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

**3. Special Epidemiological Safety Requirements**

**3.1. Conditions for the Provision of the Economic Services, the Course of Public Events, and the Organisation of Sessions of Amateur Collectives**

[22 March 2022]

45. [22 March 2022]

45.1 [22 March 2022]

45.2 [22 March 2022]

46. [22 March 2022]

**3.2. Conditions for the Provision of Trade Services and the Food Handling**

[22 March 2022]

47. [22 March 2022]

48. [22 March 2022]

49. [22 March 2022]

50. [22 March 2022]

51. [22 March 2022]

52. [22 March 2022]

53. [22 March 2022]

54. [22 March 2022]

55. [22 March 2022]

56. [22 March 2022]

56.1 [22 March 2022]

**3.3. Conditions for the Provision of Catering Services**

[15 February 2022 / See Paragraph 2 of Amendments]

57. [15 February 2022 / See Paragraph 2 of Amendments]

58. [15 February 2022 / See Paragraph 2 of Amendments]

59. [15 February 2022 / See Paragraph 2 of Amendments]

60. [15 February 2022 / See Paragraph 2 of Amendments]

**3.4. Course of Public Events and Religious Activities, and Also Activities of Amateur Art Collectives and Mass Media**

[15 February 2022 / See Paragraph 2 of Amendments]

61. [15 February 2022 / See Paragraph 2 of Amendments]

62. [15 February 2022 / See Paragraph 2 of Amendments]

63. [15 February 2022 / See Paragraph 2 of Amendments]

64. [15 February 2022 / See Paragraph 2 of Amendments]

65. [15 February 2022 / See Paragraph 2 of Amendments]

66. [15 February 2022 / See Paragraph 2 of Amendments]

67. [15 February 2022 / See Paragraph 2 of Amendments]

**3.5. Conditions for the Provision of Social Services**

68. [22 March 2022]

69. Social services may, except when their non-provision, suspension or discontinuation presents a risk of disability or risk to human health, life or safety, be received by a person who has a vaccination or recovery certificate or who has undergone the RNA test within the last 72 hours before receipt of the service and it is negative, and also if this person does not have symptoms of an acute respiratory infection.

[*26 October 2021*]

70. A long-term social care and social rehabilitation service shall be ensured in conformity with the following epidemiological safety requirements:

70.1. a person who is being placed in the institution has undergone the RNA test in cooperation with a general practitioner within the last 48 hours before placement and the result thereof is negative, except for children for whom it is necessary without delay (in emergency cases) to ensure stay at a long-term social care and social rehabilitation institution and persons who have the vaccination or recovery certificate;

70.2. a person who is being transported from an inpatient medical treatment institution has undergone the RNA test within the last 48 hours before admission to the institution or the person has the vaccination or recovery certificate;

70.3. a person is in self-isolation for seven days after admission to a long-term social care and social rehabilitation institution or return from an inpatient medical treatment;

70.4. [23 August 2022];

70.5. the Centre is informed of each case of infection;

70.6. employees displaying signs of an infection of the upper respiratory tract are tested with an antigen test, and the abovementioned employees are recorded based on the number of tests received and used, additionally including information in the records on the number of tests used for antigen detection which are found to be positive. If the result of his or her antigen test is positive, the employee is suspended from the performance of work duties and he or she is instructed to immediately contact the general practitioner in order to perform laboratory diagnostics of COVID-19 infection and to survey the contact persons to whom the home quarantine requirements should be applied;

70.7. testing of the clients of long-term social care and social rehabilitation institutions (including clients with a completed primary vaccination or booster vaccine or a recovery certificate) with COVID-19 screening test may be organised from the State budget resources. Employees of long-term social care and social rehabilitation institutions have the right to request and process the information obtained from the clients on conformity with the status of a fully vaccinated person, a person having received a booster shot, or a recovered person (including the term of validity of the certificate if the person has a recovery certificate), and also the results of the COVID-19 test. The client shall present the relevant interoperable certificate or test result upon request of a person appointed by the service provider or the control authorities;

70.8. face masks are used indoors:

70.8.1. by visitors;

70.8.2. by employees of the institution, in coming into contact with visitors;

70.8.3. by clients of a long-term social care and social rehabilitation institution:

70.8.3.1. during meetings with visitors;

70.8.3.2. at events which are organised at the institution;

70.8.3.3. outside premises of the institution, when attending events or receiving services, including trade services;

70.9. taking into account the epidemiological safety risks in the institution, the head of a long-term social care and social rehabilitation institutions may specify the requirements for the use of masks for employees.

[*16 November 2021; 6 January 2022; 15 February 2022; 22 February 2022; 22 March 2022*]

71. [22 March 2022]

72. [22 March 2022]

73. [12 April 2022]

74. [12 April 2022]

75. When visiting clients in long-term social care and social rehabilitation institutions, the provisions referred to in this Paragraph shall be complied with:

75.1. [12 April 2022];

75.2. a meeting is organised outdoors or in specially designated meeting premises;

75.3. a meeting is organised by assessing risks of infection and complying with the epidemiological safety requirements specified in the institution.

76. The individual practice part of the training programme for foster families and adopters may be completed remotely or replaced with additional acquisition of theoretical knowledge in the amount of at least 16 academic hours on issues promoting understanding of entry into a family of a child who is under out-of-family care.

**3.6. Epidemiological Requirements in a Prison**

77. [29 March 2022]

78. [14 July 2022]

79. Testing for educatees at a prison shall be organised by the medical practitioner of the prison.

80. In addition to the conditions referred to in this Regulation, the following educatees need not be tested for COVID-19 in a prison:

80.1. who have a statement (form No. 27/u) issued by the medical practitioner of the prison regarding a negative result of the COVID-19 test or regarding the fact of completed vaccination or recovery;

80.2. at basic and secondary education level if mandatory counter-pandemic (quarantine, isolation) measures have been specified for him or her;

80.3. if quarantine has been declared in the prison.

81. Upon receipt of information on a prisoner for whom COVID-19 infection has been determined in laboratory, a prison doctor shall, without delay, commence primary medical examination of the prisoner, and also ensure medical observation and medical treatment, where necessary.

82. Medical observation and medical treatment, where necessary, shall be ensured for a prisoner for whom COVID-19 infection has been determined according to clinical signs.

83. A prisoner who has been diagnosed with COVID-19 infection or who has been identified as a contact person shall be isolated without delay in accordance with the Law on the Management of the Spread of COVID-19 Infection.

84. A prison doctor shall notify the Centre of a clinically confirmed case of COVID-19 infection and a closed case of COVID-19 infection by filling in the urgent notification on infectious disease (form No. 058/u) referred to in the laws and regulations regarding registration of infectious diseases.

85. When carrying out the epidemiological investigation of a prisoner, the Centre shall identify contact persons of the specific infected prisoner and inform the prison doctor of the contact person and the action corresponding to the situation:

85.1. if the contact person is located inside the prison – regarding the duration (end date) of the medical observation of the contact persons and the counter-epidemic measures to be taken;

85.2. if the contact person is located outside the prison, the Centre shall act in accordance with Paragraph 183 of this Regulation.

86. Upon receipt of information from the Centre on a contact person who is in the prison, the prison doctor shall commence his or her primary medical inspection and medical observation.

87. The administration of a prison shall provide a prisoner who has been diagnosed with COVID-19 infection or who, in accordance with this Regulation, has been recognised as a contact person and is being released from the prison with information on his or her obligations in accordance with this Regulation, including the obligation of the person to immediately see a general practitioner, and also, where possible, information on the possibilities for contacting the general practitioner of the person.

88. The administration of a prison shall inform the Centre if a prisoner for whom the diagnosis of COVID-19 has been confirmed or who, in accordance with this Regulation, has been recognised as a contact person will be released from the prison and shall indicate the foreseeable date and time of release.

89. If, after release from a prison, a prisoner intends to receive the social service in an institution with full or partial accommodation (in a social rehabilitation centre or a shelter), the prison doctor shall issue him or her a statement regarding the absence of contraindications upon request of the prisoner.

90. The educational process in prisons shall only be ensured on site, except for the case where quarantine has been determined in a prison.

**3.7. Conditions for the Provision of Transport Services**

91. [29 March 2022]

92. [15 February 2022 / See Paragraph 2 of Amendments]

93. [15 February 2022 / See Paragraph 2 of Amendments]

94. [10 May 2022]

95. A vehicle driver need not use the face mask if he or she is located in a cabin that is fully separated from passengers.

96. It shall be permitted to install in vehicles an uncertified or unlabelled protective structure made of a translucent material (for example, plastic) which separates the seat of the vehicle driver from the seats of passengers or the front and back seats of the vehicle. Existence of the protective structure shall not limit the number of passengers in a vehicle. If such protective structure has been installed, attachment, placement of the protective structure, and visibility through it shall conform to the requirements of the laws and regulations regarding the State technical inspection of vehicles and technical roadside inspection. The obligation of the vehicle driver and a passenger is to ensure safe operation of the protective structure in accordance with the requirements of the laws and regulations governing carriage of passengers.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

97. Regular disinfection of surfaces of the interior of a vehicle used to provide the economic or public service shall be performed at the destinations of routes.

98. The provider of the public transport service shall perform regular ventilation of the interior:

98.1. during the voyage – by using automatic ventilation systems or, if the weather conditions are appropriate and also by opening at stops all doors on the side where passengers board;

98.2. at the destination of regional traffic routes – by opening the windows and doors of the vehicle but for trains by opening the doors on the side where passengers board trains;

98.3. at the destinations of city routes – by opening the windows and doors of the vehicle;

98.4. in carriage by a taxi or a passenger vehicle – after every client.

[*15 February 2022 / New wording of Sub-paragraph 98.1 shall come into force on 1 March 2022. See Paragraph 2 of Amendments*]

99. Informative signs prohibiting a passenger from closing the windows shall be displayed on the windows in the interior of the vehicle.

100. [15 February 2022 / See Paragraph 2 of Amendments]

100.1In order to organise the measures for the containment of the spread of COVID-19 infection more efficiently, a local government or the provider of the public transport service which receives a subsidy from the funds of the local government has the right to transfer to the National Health Service data on adults (given name(s), surname, personal identity number (identification number)) who receive fare reliefs. The National Health Service has the right to compare the abovementioned data with the information at its disposal and to transfer back to the local government or the provider of the public transport service data on persons who have the vaccination or recovery certificate. The National Health Service, the local government, or the provider of the public transport service shall delete the personal data obtained as soon as the need for storing them has ceased to exist.

[*2 November 2021*]

**3.8. Conditions for the Course of the Educational and Learning Process**

**3.8.1. General Conditions of the Educational Process**

101. The process for the acquisition of education, including in international schools, at all levels of education and the services of official accommodation facilities and boarding school shall be organised on site.

[*22 March 2022*]

101.1 In implementing the practical training, including work-based learning outside an educational institution (in an undertaking, with a merchant, at an association, a foundation, or with other legal and natural persons), an educational institution shall comply with the requirements for the provision of services in the epidemiologically safe environment laid down in this Regulation for the respective field, and also comply with the conditions of the employer if, in accordance with Sub-paragraph 12.13 of this Regulation, the employer has determined the works the performance of which requires the vaccination or recovery certificate.

[*23 August 2022*]

102. [15 February 2022 / See Paragraph 2 of Amendments]

103. [23 August 2022]

103.1 [23 August 2022]

104. [23 August 2022]

104.1 [22 March 2022]

104.2 [15 February 2022 / See Paragraph 2 of Amendments]

104.3 [23 August 2022]

104.4 Persons studying at colleges and higher education institutions shall require a vaccination or recovery certificate in order to participate in a traineeship of a study programme or in the acquisition of practical part in the topical field “Health care” if the higher education institution or college has taken a justified decision on the need for a certificate.

[*23 August 2022*]

105. [22 March 2022]

106. [22 March 2022]

106.1 [12 April 2022]

107. [15 February 2022 / See Paragraph 2 of Amendments]

108. [15 February 2022 / See Paragraph 2 of Amendments]

109. The learning process in educational institutions (except for colleges and higher education institutions) according to the decision of the head of the educational institution which has been coordinated with the founder (the head of a general and vocational education institution founded by the State or State higher education institutions shall take the decision without coordination with the founder) and the procedures specified in the educational institution:

109.1. shall be implemented remotely for an educatee of pre-school (for educatees of the mandatory age), basic, and secondary education levels if quarantine has been declared at the site where the educational programme is implemented;

109.2. may be implemented remotely:

109.2.1. for educatees of such study subject (course) for the teacher of which isolation has been specified;

109.2.2. for educatees of such study subject (course) the teacher of which cannot implement the learning process on site due to other justified reasons specified by the head or founder of the educational institution;

109.2.3. individual consultations in study subjects (courses) in which State examinations are intended for educatees at the end of the education level in the 2022/2023 academic year;

109.2.4. individual consultations for educatees who are subject to the risk of premature discontinuation of learning at the basic education and secondary education level;

109.2.5. for educatees at the basic and secondary education level if at least 1/3 of the educatees of the respective grade (group, course) implement the educational process remotely in accordance with Sub-paragraph 109.1 of this Regulation;

109.2.6. according to rotation procedures for not more than five working days a month at the level of basic education and secondary education (except for grades 1–6 of general basic education);

109.2.7. for educatees of basic and secondary education level, assessing the availability of subject teachers of the relevant grade (group, course) and other persons employed at the educational institution for the implementation and ensuring of the learning process of good quality on site.

[*9 November 2021; 15 February 2022; 22 March 2022; 23 August 2022*]

110. The founder of an educational institution (except for colleges, higher education institutions, and schools founded by the State) shall determine the procedures for taking and coordinating the decision referred to in Paragraph 109 of this Regulation.

111. The educational process only on site (except for the case referred to in Sub-paragraphs 109.1 and 109.2.7 of this Regulation) shall be implemented:

111.1. in a pre-school education programme;

111.2. in a general basic education programmes for grades 1–6;

111.3. at a special educational institution;

111.4. in a special education class in which the special basic education programme for pupils with severe mental disorders or several severe mental disorders are implemented;

111.5. in a special education class in which the special basic education programme for pupils with mental disorders are implemented;

111.6. [23 August 2022].

[*15 February 2022; 23 August 2022*]

112. The head of an educational institution shall, not later than on the next working day after taking the decision specified in Paragraph 109 of this Regulation, inform the State Education Quality Service thereof.

[*23 August 2022*]

113. An educational institution:

113.1. shall determine the responsible person in the internal control system for the implementation of the epidemiological safety measures, and also shall determine the procedures by which the epidemiological safety requirements are complied with, including the procedures:

113.1.1. [22 March 2022];

113.1.2. for organising and controlling the flow of educatees and other visitors, using the common areas, services of laboratories, official accommodation facilities, a boarding school, and catering services;

113.1.3. for informing employees of the educational institution, educatees, and legal representatives of a minor educatee of an increased risk of infection with COVID-19 and the necessity to observe one’s health;

113.1.4. [22 March 2022];

113.2. shall ensure regular ventilation of premises.

[*6 January 2022; 15 February 2022; 22 March 2022; 23 August 2022*]

114. An adult educatee or the lawful representative of a minor educatee shall inform an educational institution of the fact that the educatee has contracted COVID-19 and is in isolation.

[*12 April 2022*]

115. When organising the completion of the learning content provided for in the basic education programme in family in accordance with Paragraph 12 of Cabinet Regulation No. 11 of 11 January 2022, Procedures for Enrolling Students in and Discharging from General Education Programmes, and also the Mandatory Requirements for Moving Educatees up into the Next Grade:

115.1. the regulation included therein shall also be applied to the following:

115.1.1. the educatees of grades 7 and 8;

115.1.2. the educatees of grades 1–8 who are completing special basic education programmes, and also the educatees of grade 9 who are completing special basic education programmes for pupils with mental disorders or special basic education programmes for pupils with severe mental disorders or several severe mental disorders;

115.2. the requirement determined in Sub-paragraph 12.1 of the abovementioned Regulation to append to the submission a statement issued by a general practitioner or attending physician or an opinion issued by a clinical and health psychologist shall not be applied.

[*18 January 2022*]

115.1 [23 August 2022]

116. [6 January 2022]

117. When assessing the epidemiological situation and taking into account the specific nature of the study programme, higher education institutions and colleges are entitled, in case of deterioration of the epidemiological situation in the institution, to take a justified decision on temporary course of a course or module of the study programme in a partially remote form.

[*23 August 2022*]

117.1 [15 February 2022 / See Paragraph 2 of Amendments]

117.2 [15 February 2022 / See Paragraph 2 of Amendments]

118. [22 March 2022]

119. [15 February 2022 / See Paragraph 2 of Amendments]

120. Such precautionary measures shall be complied with in organising children’s camps which are specified in the guidelines of the National Centre for Education for organisers of children’s camps. A children’s camp has appointed the responsible person and drawn up the procedure for action if falling ill with COVID-19 is detected among participants or employees of the camp.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

**3.8.2. Conditions for the Process of Training and Improvement of Professional Competence**

[15 February 2022 / See Paragraph 2 of Amendments]

121. [15 February 2022 / See Paragraph 2 of Amendments]

122. [15 February 2022 / See Paragraph 2 of Amendments]

123. [15 February 2022 / See Paragraph 2 of Amendments]

124. [15 February 2022 / See Paragraph 2 of Amendments]

**3.8.3. Financial Conditions of the Educational Process**

125. At general pre-school education institutions, educatees have the right, in accordance with the laws and regulations regarding the procedures for granting and financing the service of an assistant at an educational institution, to receive the service of an assistant paid from the State budget for up to 40 hours per week for support to movement about and performance of self-care in respect of the school days when the educational institution partially or completely organises the process of the acquisition of education remotely in accordance with Sub-paragraph 109.1 of this Regulation.

126. At general basic education, vocational basic education, vocational training, general secondary education, and vocational secondary education institutions, educatees have the right, in accordance with the laws and regulations regarding the procedures for granting and financing the service of assistant at an educational institution, to receive the service of an assistant paid from the State budget for up to 25 hours per week for support to movement about and performance of self-care in respect of the school days when the educational institution partially or completely organises the process of the acquisition of education remotely in accordance with Sub-paragraphs 109.1, 109.2.5, 109.2.6, and 109.2.7 of this Regulation.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

127. The aid to local governments which is provided in accordance with Cabinet Regulation No. 709 of 8 December 2015, Regulations Regarding the Methodology for the Determination of Costs and the Procedures by which a Local Government Covers the Costs of a Pre-school Educational Programme for a Private Educational Institution According to the Average Costs Stipulated Thereby, shall not be subject to the restriction referred to in Paragraph 9 of the abovementioned Regulation on the absence of a child due to a health condition or other justifying reasons.

128. If, in accordance with Sub-paragraphs 109.1, 109.2.5, 109.2.6, and 109.2.7 of this Regulation, the process of the acquisition of education is organised remotely at an educational institution, then:

128.1. in order to use the State budget subsidy for free school meals:

128.1.1. according to the decision of the local government council, the local government may use the State budget subsidy received for ensuring free school meals for the educatees in grades 1, 2, 3, and 4 to cater the educatees in grades 1, 2, 3, and 4 of the relevant educational institution who have declared their place of residence in its administrative territory – for delivering ready meals or food parcels or for ensuring food cards;

128.1.2. according to the decision of the local government council, if the local government has unused State budget resources allocated for ensuring free school meals, it is entitled to use such resources to cater the educatees in grades 5, 6, 7, 8, and 9 of the relevant educational institution who have declared their place of residence in its administrative territory – for delivering ready meals or food parcels or for ensuring food cards;

128.1.3. if the declared place of residence of the educatee referred to in Sub-paragraphs 128.1.1 and 128.1.2 of this Regulation is not in the administrative territory of the local government in which the educational institution referred to in Sub-paragraphs 128.1.1 and 128.1.2 is located, then the local government which has received the State budget subsidy shall ensure catering of the educatee in accordance with the local government council decision referred to in Sub-paragraphs 128.1.1 and 128.1.2 of this Regulation or shall agree with the local government where the educatee has declared his or her place of residence on the provision of catering service, and also shall agree on the transfer of State budget subsidy;

128.1.4. according to the decision of the head of the institution, the State educational institution may use the State budget subsidy received for ensuring free school meals for the educatees in grades 1, 2, 3, and 4 to cater the educatees in grades 1, 2, 3, and 4 of the relevant educational institution – for delivering ready meals or food parcels or for ensuring food cards. If the State educational institution has unused State budget resources allocated for ensuring free school meals, the head of the educational institution is entitled to use such resources to cater the educatees in grades 5, 6, 7, 8, and 9 – for delivering ready meals or food parcels or for ensuring food cards. In order to ensure the abovementioned delivery, the State educational institution shall agree with the local government in the administrative territory of which the educatee has declared his or her place of residence on the provision of catering service, and also shall agree on the transfer of State budget subsidy;

128.2. in order to use the State budget earmarked grant for covering the expenditures for the maintenance of special educational institutions:

128.2.1. according to the decision of the local government council, the local government may use the abovementioned State budget earmarked grant to cater the educatees of the relevant special educational institution who have declared their place of residence in its administrative territory – for delivering ready meals or food parcels or for ensuring food cards;

128.2.2. if the declared place of residence of the educatee of the special educational institution is not in the administrative territory of the local government in which the special educational institution is located, then the local government which has received the abovementioned earmarked grant shall ensure catering of the educatee in accordance with the local government council decision referred to in Sub-paragraph 128.2.1 of this Regulation or shall agree with the local government where the educatee has declared his or her place of residence on the provision of catering service, and also shall agree on the transfer of State budget earmarked grant.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

129. The founder of an educational institution (in a State educational institution – the head of the institution) shall ensure that the educational institution keeps analytical accounts of the costs incurred due to the implementation of the precautionary measures related to COVID-19 and other requirements of this Regulation (which the founder or educational institution has covered from own financial resources), indicating an increase or decrease in costs (in comparison with the time period between 1 August 2019 and 31 December 2019) in the following items of expenses and in accordance with the following categories for the economic classification of budget expenditures:

129.1. remuneration and mandatory social insurance contributions;

129.2. maintenance costs of the educational institution which have not been referred to in Sub-paragraph 129.1 or 129.3 of this Regulation;

129.3. expenditures for goods and services;

129.4. capital expenditures.

**3.8.4. Conditions of Sports Trainings and Competitions**

130. [22 March 2022]

131. [15 February 2022 / See Paragraph 2 of Amendments]

132. The organiser of a sports training shall:

132.1. comply with the sports training safety protocol for the respective type of sport developed by the sports federation recognised in accordance with the procedures laid down in the Sports Law, and also the internal procedure regulations of the site where indoor sports take place;

132.2. in cooperation with employees of the site where the sports training takes place, control how persons comply with the obligations imposed on them during the sports training;

132.3. appoint the responsible person who organises implementation of the specified epidemiological safety measures and informs employees, visitors (including educatees), and lawful representatives of educatees of the abovementioned measures, indicating the responsible person and his or her contact information.

133. [15 February 2022 / See Paragraph 2 of Amendments]

134. [15 February 2022 / See Paragraph 2 of Amendments]

135. [15 February 2022 / See Paragraph 2 of Amendments]

136. [22 March 2022]

137. [15 February 2022 / See Paragraph 2 of Amendments]

138. Also persons from the countries referred to in Paragraph 146 of this Regulations may enter the Republic of Latvia for participation in international sporting events.

[*22 March 2022*]

139. The organiser of the sports competitions shall:

139.1. comply with the safety protocol of competitions for the prevention of the spread of COVID-19 infection which has been approved by the sports federation recognised in accordance with the procedures laid down in the Sports Law of the relevant type of sport;

139.2. [15 February 2022 / See Paragraph 2 of Amendments];

139.3. appoint the responsible person who organises implementation of the specified epidemiological safety measures and inform athletes and sports employees in a timely manner of the abovementioned measures, indicating (including in the by-laws of the sports competitions) the responsible person and his or her contact information.

140. The organiser of an international sporting event has the following additional obligations in Latvia:

140.1. to comply with the safety protocol of competitions for the prevention of the spread of COVID-19 infection which has been approved by the international sports federation of the relevant type of sport (in which the international sporting event takes place);

140.2. to determine the medical practitioner responsible for the precautionary measures to be taken during the course of the international sporting event for the prevention of the spread of COVID-19 infection;

140.3. to control how athletes, sports employees, and representatives of international sports organisations ensure the fulfilment of the obligations imposed on them;

140.4. to immediately inform the relevant international sports federation if an athlete, sports employee, or representative of international sports organisations fails to fulfil the obligations imposed thereon, and to decide on the annulment of the accreditation issued to the relevant person for participation in the international sporting event in Latvia according to the procedure stipulated by the relevant international sports federation;

140.5. [15 February 2022 / See Paragraph 2 of Amendments].

141. [15 February 2022 / See Paragraph 2 of Amendments]

142. [15 February 2022 / See Paragraph 2 of Amendments]

**4. Rules for Entering the Republic of Latvia**

**4.1. General Conditions of Entry**

143. Based on the information published by the European Centre for Disease Prevention and Control, and, where required, based on the information published by the competent public health authorities of the relevant countries, the Centre shall publish on its website a list of those countries to which special precautionary and restrictive measures (high-risk countries) are applicable, and also shall indicate those countries where such epidemiological situation has been established (including especially high COVID-19 morbidity or rapid spread of SARS-CoV-2 virus strains dangerous to the public health) which may cause a serious threat to the public health (particularly high-risk countries). The relevant precautionary and restrictive measures are applied from the day following the publication of the abovementioned list, except for the cases referred to in this Chapter regarding the conditions for entry in the Republic of Latvia which enter into effect within two working days after publication of the abovementioned list.

144. [15 February 2022 / See Paragraph 2 of Amendments]

145. The conditions referred to in this Chapter shall not restrict the movement of vehicles, including carriage of passengers and carriage of freight.

146. Entering into the Republic of Latvia from particularly high-risk countries (countries where such epidemiological situation has been established, including particularly high COVID-19 morbidity or rapid spread of SARS-CoV-2 virus strains dangerous to the public health, which can cause a serious threat to the public health) is prohibited, unless it has been laid down otherwise in this Regulation.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

147. [29 March 2022]

148. [29 March 2022]

148.1 [29 March 2022]

149. [29 March 2022]

150. [15 February 2022 / See Paragraph 2 of Amendments]

151. [15 February 2022 / See Paragraph 2 of Amendments]

152. [29 March 2022]

153. [29 March 2022]

154. [29 March 2022]

155. [29 March 2022]

156. [29 March 2022]

157. The Chief of the State Border Guard or an official authorised thereby has the right to make exceptions in relation to crossing of the external border if it conforms to international law, national interests of Latvia, or is related to *force majeure* or humanitarian considerations.

158. A person who is a national of the Republic of Latvia or a long-term resident of the European Union with a residence permit in Latvia and who has tested positive for COVID-19, and who enters by a vehicle not performing carriage for reward shall, without delay, isolate at his or her place of residence, place of stay, or tourism accommodation and comply with the isolation requirements laid down in this Regulation.

158.1 [22 March 2022]

159. [15 February 2022 / See Paragraph 2 of Amendments]

160. [15 February 2022 / See Paragraph 2 of Amendments]

161. [11 January 2022]

162. [15 February 2022 / See Paragraph 2 of Amendments]

163. [15 February 2022 / See Paragraph 2 of Amendments]

164. [15 February 2022 / See Paragraph 2 of Amendments]

165. [15 February 2022 / See Paragraph 2 of Amendments]

166. [15 February 2022 / See Paragraph 2 of Amendments]

**4.2. Exceptions to the General Conditions of Entry**

167. The requirements referred to in Paragraph 146 of this Regulation shall not apply to:

167.1. the children under the age of 12 years;

167.2. the employees of the transport and carriage of passengers service providers and to the crews of passenger, freight, or technical voyages also when they are going to the place where they perform their work duties or when they are returning from it. Professional drivers of goods vehicles and buses shall, upon request of the State Border Guard or the State Police, present a driver’s licence of the relevant category as well as the driver card of a digital tachograph or the record sheet of the last working day, and a Certificate for International Transport Workers issued by the employer the form and content of which corresponds to the template developed by the European Commission;

167.3. seafarers who must reach their work place aboard a ship or must return from it;

167.4. the aircraft passengers who cross the territory of the Republic of Latvia in transit without leaving airport terminals and can present a confirmation of the next flight which takes place within the next 24 hours;

167.5. the persons referred to in Paragraph 6 of this Regulation;

167.6. the citizens of Ukraine and their family members who leave Ukraine in direct or indirect relation to the Russian Federation’s military invasion of Ukraine.

[*29 March 2022*]

168. [15 February 2022 / See Paragraph 2 of Amendments]

169. [15 February 2022 / See Paragraph 2 of Amendments]

170. The refusal of entry from particularly high-risk countries shall not apply to a person who enters the Republic of Latvia for the urgently necessary purpose of employment, execution of obligations or invitations stipulated by law enforcement authorities (Office of the Prosecutor, court), training, studies, family reunification, receipt of medical services, transit or accompanying of minor children, and also to return to his or her place of permanent residence or to attend a funeral or who enters due to other humanitarian reasons.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

171. [15 February 2022 / See Paragraph 2 of Amendments]

172. [15 February 2022 / See Paragraph 2 of Amendments]

173. [15 February 2022 / See Paragraph 2 of Amendments]

**4.3. Procedures for Issuing and Using the Temporary Certificate**

[22 March 2022]

173.1 [22 March 2022]

173.2 [22 March 2022]

173.3 [22 March 2022]

173.4 [22 March 2022]

**5. COVID-19 Counter-epidemic Measures**

**5.1. Diagnostics of and Reporting on Cases of COVID-19 Infection**

174. A medical treatment institution shall ensure testing for diagnostics of COVID-19 infection according to the conditions published on the website of the Centre for testing for COVID-19 infection and diagnostics.

[*8 October 2021*]

174.1The laboratory performing tests for COVID-19 shall conform to the mandatory requirements laid down in the laws and regulations for medical treatment institutions and their structural units, including has ensured the accreditation of a medical laboratory in accordance with the standard LVS EN ISO 15189:2013 “Medical laboratories. Particular requirements for quality and competence” at least to the following extent:

174.11. a medical laboratory for which an accreditation has been performed according to the flexible scope of accreditation has been accredited for the provision of specific services in a relevant field of activity;

174.12. the methods appropriate for the provision of services have been accredited for a medical laboratory for which an accreditation has been performed according to the fixed scope of accreditation.

[*7 December 2021 / Paragraph shall come into force on 1 January 2022. See Paragraph 340*]

175. The routine screening test paid from the State budget resources shall be taken according to the COVID-19 testing algorithm published on the website of the Centre in the collectives (educational institutions, long-term social care centres, prisons, etc.) which are exposed to a high risk of the spread of COVID-19 infection according to the assessment carried out by the Centre.

176. If employees of an institution undergo the routine screening test by using the antigen tests purchased within the scope of the State centralised procurement, the institution shall ensure that the tests are recorded according to the number of the tests received and used, additionally including information in the records on the number of the tests used to detect the antigen which have a positive test result.

177. An antigen test shall be performed in conformity with the following conditions:

177.1. the test shall be performed by:

177.1.1. a medical practitioner or a medical treatment support person registered with the Register of Medical Practitioners and Medical Treatment Support Persons;

177.1.2. a medical assistant in respect of whom the Health Inspectorate has included information in the Register of Medical Practitioners and Medical Treatment Support Persons for the performance of the antigen test on the basis of information provided by the head of a medical treatment institution to the Health Inspectorate on employment of medical assistants in the performance of the antigen test, indicating the given name(s), surname, personal identity number of the medical assistant, the educational institution where the medical education programme is being completed and the name of the programme, and also indicating the date when the medical assistant has commenced or completed performance of the antigen tests at the relevant medical treatment institution;

177.1.3. a pharmacist or an assistant pharmacist who is registered with the Pharmacists’ Society of Latvia and on whom the Health Inspectorate has included information in the Register of Medical Practitioners and Medical Treatment Support Persons for the performance of the antigen test on the basis of information provided by the head of a pharmacy to the Health Inspectorate, indicating the given name(s), surname, personal identity number, registration number with the Register of Pharmacists and Assistant Pharmacists, and also indicating the date when the pharmacist or assistant pharmacist has commenced or completed performance of the antigen tests at the relevant pharmacy;

177.2. the persons referred to in Sub-paragraphs 177.1.1 and 177.1.2 of this Regulation have been trained in the performance of the antigen test, the taking, storage, and transportation of a sample necessary for the performance of the RNA test, the disposal of medical waste, the matters of personal data protection, and the issue of test certificates;

177.3. [25 January 2022].

[*5 October 2021; 2 November 2021*]

178. The laboratory:

178.1. shall inform the following if, during direct or indirect examination for the diagnostics of COVID-19, it establishes the presence of SARS CoV-2 virus in a sample examined by the laboratory:

178.1.1. the Centre of each positive result of the examination and of each case where there is suspicion of a positive result of the examination both in the examination of composite samples and the individual testing;

178.1.2. the head of a collective of results of the routing screening test undergone by the collective, informing without delay of a case of COVID-19 infection confirmed in the collective or a case where there is suspicion of being infected with SARS CoV-2 virus;

178.2. when performing routine screening tests or individual examinations:

178.2.1. enter the data regarding the results of the COVID-19 test undergone individually in the unified electronic information system of health sector;

178.2.2. send the individual result of the routine screening test of educatees to the tested adult educatee or the lawful representative of a minor educatee to the electronic mail address and mobile phone number indicated thereby;

178.2.3. inform the person responsible for the organisation of screening testing of the collective of the results of the routine screening test undergone collectively.

[*5 October 2021*]

179. [15 February 2022 / See Paragraph 2 of Amendments]

179.1 The person need not undergo the mandatory routine screening test within 60 days from infection with COVID-19 which has been confirmed by an RNA test or determined by an antigen test if he or she does not display symptoms and the need for test has not been specified by a medical practitioner or an epidemiologist according to medical or epidemiological indications.

[*25 January 2022*]

180. Laboratories that perform RNA tests for diagnosing of COVID-19 shall store all primary samples at least for seven days after the taking thereof, and also shall transfer the negative and positive samples to the National Microbiology Reference Laboratory for repeated testing according to the procedures developed by the reference laboratory which are available on the website of sabiedrība ar ierobežotu atbildību “Rīgas Austrumu klīniskā universitātes slimnīca” [limited liability company Riga East University Hospital].

181. [23 August 2022]

182. A medical practitioner shall send a notification to the Centre in accordance with Annex 1 to this Regulation within one working day since the day of death of a COVID-19 patient.

**5.2. Identification of Contact Persons and Medical Observation**

183. Contact persons of a person infected with COVID-19 shall be identified by:

183.1. the Centre, upon carrying out epidemiological investigation;

183.2. the general practitioner on the basis of information on the persons with whom the infected person lives together;

183.3. the head of a pre-school education institution or educational institution in a pre-school education institution or educational institution;

183.4. the employer at a work place.

184. [22 March 2022]

185. [22 March 2022]

186. Upon receipt of information on a contact person of a specific infected person, the general practitioner shall consult the relevant contact person remotely and organise his or her laboratory testing according to the testing algorithm published on the website of the Centre.

[*22 March 2022*]

187. [22 March 2022]

188. Upon receipt of contact details from the person regarding whom epidemiologically justified suspicions have arisen that he or she has been under circumstances of increased risk of infection and who has been identified through the application, the Centre shall contact the abovementioned person, assess the risks of infecting with COVID-19, and recognise or not recognise him or her as contact person, and also provide recommendations for further action.

[Paragraph is not applied until 31 March 2022. See Paragraph 345]

188.1 [1 March 2022]

188.2 [1 March 2022]

**5.3. Measures for the Separation of Infectious or Potentially Infectious Persons**

**5.3.1. Isolation**

189. A person for whom being infected has been confirmed or a person regarding whom there are reasonable suspicions that he or she is infected with SARS-CoV-2 virus, including persons with a positive result of the antigen test, shall remain in isolation:

189.1. shall not leave the medical treatment institution, place of stay, or place of residence, and shall be available for communication and cooperation with the general practitioner and other medical practitioners, except for the case when the person requires medical assistance according to a referral by a doctor. In such case, the person shall use the medical face mask and follow other instructions of the physician in relation to the precautionary measures for the containment of the spread of COVID-19 infection;

189.2. shall not expose other persons to the risk of infection, not form direct contacts with other persons (not welcome guests, not go on private visits, not go to work, not go to social and public places and premises);

189.3. shall comply with the instructions of the epidemiologist of the Centre and the physician;

189.4. is not entitled to receive and use the test certificate until termination of isolation;

189.5. shall discontinue isolation only with the permission of the attending physician.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

190. A person infected with COVID-19 may leave his or her place of stay to go to his or her home country, informing the attending physician or the Centre respectively, if the person complies with the following conditions:

190.1. uses the medical face mask;

190.2. uses the personal or specialised vehicle;

190.3. does not form direct contacts with other persons;

190.4. does not go to public places where many people are present;

190.5. does not use public transport.

190.1 [22 March 2022]

190.2 [22 March 2022]

190.3 An educatee to whom infection with the SARS-CoV-2 virus has been confirmed or who has justified suspicions of being infected which are attested by a positive antigen test (including a self-test) needs not comply with the isolation conditions in order to participate in the learning process on site at the level of pre-school, basic, secondary, and higher education, including in interest-related and vocationally oriented education programmes (except for continuing vocational education and professional development programmes), or in order to receive child supervision services on site if at least seven days have passed since becoming infected or confirmation of suspicions and he or she does not have signs of the disease for at least 24 hours before returning to the on-site learning process or at the site where child supervision services are provided.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

**5.3.2. Home Quarantine**

191. After the last contact with a person who is infected with COVID-19 or a person regarding whom there are reasonable suspicions that he or she is infected with SARS-CoV-2 virus, including persons with a positive antigen test result, a person shall, within seven days after the last contact with the infected person, conform to the following epidemiological safety requirements:

191.1. if a person is employed in work which may cause an increased risk to health for the recipient of the service in relation to COVID-19 (including at a medical treatment institution, long-term social care institution, etc.), and contact with the infected person has occurred without the use of appropriate personal protective equipment, he or she shall comply with one of the following conditions:

191.1.1. each time prior to performance of work duties, undergo an RNA or antigen test, including using self-tests;

191.1.2. shall not perform work duties on site and in case, if the work duties cannot be performed remotely, may receive a sick-leave certificate;

191.2. use at least class FFP2 respirators in public places, including in performing work duties in a room where more than one person is present (except for the sector of education);

191.3. observe his or her health condition and, upon occurrence of the symptoms of COVID-19, contact a medical practitioner.

[*22 March 2022*]

191.1 [22 March 2022]

191.2 [22 March 2022]

191.3 [22 March 2022]

191.4 [22 March 2022]

191.5 [22 March 2022]

192. [1 March 2022]

193. [22 March 2022]

194. Paragraph 191 of this Regulation shall not apply to persons for whom not less than 60 days have passed after confirmation of being infected with SARS-CoV-2.

[*22 March 2022*]

**5.3.3. Self-isolation**

[15 February 2022]

195. [15 February 2022]

196. [15 February 2022]

197. [15 February 2022]

198. [15 February 2022]

199. [15 February 2022]

200. [15 February 2022]

201. [15 February 2022]

202. [15 February 2022]

**6. Vaccination Against COVID-19**

203. Medical treatment institutions and pharmacies shall vaccinate persons against COVID-19 infection in accordance with the COVID-19 Vaccination Manual published on the website of the State Agency of Medicines, taking into account the order of vaccines approved by the Centre. The pharmacies shall not vaccinate the persons who have not attained the age of 18 years.

[*14 December 2021*]

203.1A pharmacist is entitled to perform vaccination in a pharmacy if his or her professional competence is attested by a study module or study course on performing vaccination acquired in a higher education institution (the procedures for organising vaccination, vaccine administration techniques, principles of operation of vaccines, contraindications, action in case of adverse reactions). The pharmacist shall vaccinate the persons who have attained the age of 18 years.

[*14 December 2021*]

204. The following persons are entitled to receive vaccination against COVID-19 infection:

204.1. the groups of persons who have the right to receive health care service within the scope of the State mandatory health insurance system;

204.2. the groups of persons referred to in the Law on the Management of the Spread of COVID-19 Infection;

204.3. the refugees or persons to whom the alternative status has been granted, stateless persons to whom the status of a stateless person has been granted in the Republic of Latvia, asylum seekers, detained foreigners who have been detained in accordance with the procedures laid down in the Immigration Law, or persons in other cases if the stay of the person in Latvia is associated with humanitarian considerations;

204.4. the persons who have received the national long-term D visa of Latvia.

205. The persons referred to in Paragraph 204 of this Regulation are provided with a possibility of selecting the vaccine against COVID-19 infection available in Latvia according to the medical indications determined for the particular person. If a person does not have any medical indications for the use of a specific type of vaccine, the persons referred to in Paragraph 204 of this Regulation have the right to select among the vaccines available in the particular vaccination institution.

206. Vaccination of persons shall be ensured by the medical treatment institutions and pharmacies which have entered into an agreement with the National Health Service for the vaccination against the COVID-19 infection, and also the medical treatment institutions of the National Armed Forces, the medical treatment institutions of the State Border Guard, and the medical treatment institutions of prisons.

[*14 December 2021*]

206.1 In order to improve epidemiological safety and to increase the scope of vaccination against COVID-19 infection in respect of persons who are more than 70 years old, a general practitioner is entitled to transfer the personal data of non-vaccinated patients registered in the particular practice of a general practitioner (given name(s), surname, actual place of residence, contact telephone number) to the vaccination service providers referred to in Paragraph 206 of this Regulation which have a contract with the National Health Service on mobile vaccination against COVID-19 to address the relevant persons and to ensure vaccination at the place of residence of the person. Data on the mobile vaccination service provider engaged in the territory of a practice of a general practitioner shall be posted on the website of the National Health Service.

[*8 October 2021*]

206.2 General practitioners who are in contractual relationship with the National Health Service shall contact the patients above the age of 60 years who are registered in the list of patients of the relevant general practitioner and who have not been vaccinated against COVID-19 in order to invite the patients to commence vaccination against COVID-19 at the location of the practice of the general practitioner, at a cooperation institution, or at the place of residence of the patient if the patient is more than 70 years old.

[*15 February 2022*]

206.3 Upon request of a general practitioner who is in contractual relationship with the National Health Service, the local government shall, using the data transferred by the general practitioner and the personal data (contact information) at the disposal of the local government, ensure communication with patients in the age above 60 years who have not been vaccinated against COVID-19 in order to invite patients to perform vaccination at the location of the practice of the family doctor, at a cooperation institution, or at the place of residence of the patient if the patient is more than 70 years old.

[*15 February 2022*]

206.4 upon request of a family doctor who is in contractual relationship with the National Health Service or upon request of a cooperation institution of a family doctor, the local government shall ensure transportation in order to transport the patients from 60 years of age who have not been vaccinated against COVID-19 for the receipt of the service or for the provision of the vaccination service of family doctors at the place of residence of the patient if the patient is more than 70 years old.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

207. The storage of vaccines required for the vaccination against COVID-19 infection in conformity with the storage conditions indicated in the instructions for use of the vaccine shall be ensured by the service provider with which the National Health Service has concluded a contract, or by the State Blood Donor Centre. The logistical services of vaccines and supplies required for vaccination shall be ensured by the medicinal product wholesalers with which the National Health Service has concluded a relevant contract.

[*1 March 2022*]

208. The medicinal product wholesalers with which the National Health Service has concluded a contract for ensuring the logistical services referred to in Paragraph 207 of this Regulation shall, in conformity with the terms of the contract, ensure the supply of vaccines and supplies required for vaccination to the medical treatment institutions and pharmacies according to the order of vaccines submitted by the Centre.

[*14 December 2021*]

209. The medical treatment institutions and pharmacies referred to in Paragraph 206 of this Regulation shall:

209.1. inform the persons to be vaccinated of the importance of vaccination for the prevention of COVID-19, and also of the vaccination process, vaccine safety, and effectiveness of vaccines;

209.2. 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 the possible absolute contraindication (anaphylaxis) when vaccination is not performed;

209.3. register, within 48 hours, the fact of vaccination 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 and not fill in the preventive immunisation records (form No. 064/u) referred to in the laws and regulations regarding the procedures for keeping medical documents;

209.4. register, within 48 hours, the fact of vaccination in the unified electronic information system of the health sector as regards the first dose of a vaccine against COVID-19 received in a foreign country if it is certified by an interoperable certificate or other medical document issued in the foreign country and the person is being fully vaccinated in Latvia;

209.5. ensure the filling in of the form referred to in Annex 2 to this Regulation. Additional information according to the conditions referred to in the COVID-19 Vaccination Manual may be included in the form. The abovementioned form shall be stored for five years after the last entry is made;

209.6. plan and order the necessary amount of vaccines and make an order by completing the form of the order of vaccines available on the website of the Centre or make an order of vaccines in the Unified Vaccination Network (VIVAT).

[*12 April 2022; 14 July 2022*]

210. The Centre shall:

210.1. coordinate immunisation against COVID-19, assess its effectiveness, plan and take actions in order to ensure that maximum number of inhabitants is vaccinated;

210.2. according to the electronic order of vaccines of the medical treatment institutions, submit the order of vaccines to the storer of vaccines referred to in Paragraph 207 of this Regulation and to the medicinal product wholesalers referred to in Paragraph 208 of this Regulation. The medicinal product wholesalers shall deliver vaccines to the medical treatment institutions specified by the Centre.

[*23 August 2022*]

211. The head of the medical treatment institution or pharmacy referred to in Paragraph 206 of this Regulation 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 the distribution and quality control of medicinal products. The medical treatment institution or pharmacy shall not accept a vaccine if the head of the institution or his or her authorised person has objectively justified suspicions of non-conformity with the requirements for transportation of the vaccine.

[*14 December 2021*]

212. The medical practitioner or pharmacist who has detected the adverse reactions caused by the COVID-19 vaccine shall send to the State Agency of Medicines the report on adverse drug reactions by completing the electronic report form available on the website of the State Agency of Medicines (www.zva.gov.lv). Experts of the State Agency of Medicines shall assess the received report on adverse drug reactions in accordance with the laws and regulations regarding the procedures for pharmacovigilance.

[*14 December 2021*]

213. The Centre shall receive from the system for reports on adverse drug reactions of the State Agency of Medicines the information included in the report referred to in Paragraph 212 of this Regulation and perform the epidemiological assessment of the relevant case.

214. If a safety concern related to COVID-19 vaccination has been detected, the Centre may, in cooperation with the State Agency of Medicines, establish a joint expert commission which is entitled to attract also other relevant experts in order to decide on the action in the cases referred to in Paragraph 213 of this Regulation.

215. The merchant that has a special permit (licence) for the manufacturing of medicinal products has, according to the request of the Centre and in accordance with the internal procedure approved, the right to divide the secondary packaging of the manufactured COVID-19 vaccines in compliance with the conditions for the storage of medicinal products and without damaging the primary packaging of the medicinal products. In such case, the merchant need not attach a label with the translation of information provided in the labelling into the official language to each primary packaging and need not attach a package leaflet in the official language. When delivering a vaccine to the medical treatment institution that will perform vaccination, the merchant is responsible for complying with the conditions for storage of medicinal products, preserving the quality of medicinal products and control thereof, and also it has an obligation to issue to the medical treatment institution at least one translation of the labelling of medicinal product and the package leaflet in the official language. The merchant shall inform the marketing authorisation holder of medicinal products of the number of divided secondary packagings and the relevant serial number.

216. All expenditures related to COVID-19 vaccination, its organisation, supervision, and control, the acquisition of vaccines, drawing up of medical documentation, vaccine injection as well as to the treatment of complications (side effects) caused by vaccination shall be financed from the State basic budget.

217. Where necessary, the State Emergency Medical Service shall, in cooperation with the National Health Service and the medical treatment institution referred to in Paragraph 206 of this Regulation, ensure follow-up monitoring in vaccination centres to provide emergency medical assistance to the persons experiencing complications (adverse effects) caused by the vaccination against the COVID-19 infection. In cooperation with the Ministry of Health and the National Health Service, the local governments shall:

217.1. disseminate the current information on vaccination in order to promote the willingness of people to get vaccinated;

217.2. participate in the organisation of the vaccination process in their administrative territory in order to ensure efficient vaccination process;

217.3. participate in the establishment of vaccination centres and in ensuring their operation in compliance with the guidelines for vaccination centres published on the website of the National Health Service.

218. In order to ensure effective course of vaccination, the National Health Service shall ensure operation and maintenance of the call and customer service centres, providing that persons will use the unified telephone number 8989 to apply for vaccination, and the call centre shall inform and consult the relevant persons through the abovementioned telephone and electronic mail.

218.1 Local governments in cooperation with general practitioners and medical treatment institutions which are involved in vaccination against COVID-19 shall organise and coordinate the vaccination process of the risk groups within their administrative territory, including by engaging in the surveying, informing of representatives of the risk groups, ensuring of transport and premises.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

219. If a person has an objective health-related reason for postponing vaccination against COVID-19 for a specific period, a specialist of a clinical university hospital may provide an opinion on the need to postpone vaccination of the person against COVID-19, indicating a time period until which the vaccination must be postponed. Where necessary, a medical panel of a clinical university hospital may be convened in order to provide an opinion on the postponement of vaccination and the time period until which the vaccination must be postponed. The clinical university hospital shall, within two working days, enter the data on the opinion on the postponement of vaccination on the website https://lab.covid19sertifikats.lv/, prepare an electronic opinion on the postponement of vaccination, and send electronically to the practice of the person’s general practitioner or issue it to the person upon request.

[*14 December 2021*]

219.1The term of validity of the electronic opinion referred to in Paragraph 219 of this Regulation shall conform to the time period until which the vaccination must be postponed as specified by the specialist of a clinical university hospital or the medical panel of a clinical university hospital. The electronic opinion on the postponement of vaccination shall be available for three more months after the end of the term of validity thereof.

[*14 December 2021*]

220. For a person who presents the electronic opinion on the postponement of vaccination:

220.1. COVID-19 tests for obtaining a test certificate shall be paid for from the State budget resources;

220.2. the requirement to be fully vaccinated or recovered in order to perform work duties or participate in a study process on site, and also to attend events and use services (including to use trade services) in an epidemiologically safe environment shall not be applied.

[*14 December 2021*]

**7. Interoperable Certificate**

221. An interoperable certificate shall be issued and the operation thereof shall be suspended in accordance with the procedures laid down in this Regulation, taking into account the following:

221.1. the certificate regarding the fact of vaccination shall be issued for each received vaccine dose against COVID-19;

221.2. the certificate regarding the fact of recovery shall be issued if a person has recovered from COVID-19 infection and 11 days have passed since the day the sample of the first positive RNA or antigen test (within one episode of infection) was taken, but not more than 180 days;

221.3 the certificate regarding the fact of testing shall be issued if a person has undergone the RNA test or the rapid antigen test and the result of such test is negative or positive, except for the persons for whom the COVID-19 infection was confirmed in a laboratory when detecting the SARS-CoV-2 virus by the RNA test and 11 days have not yet passed from the day the sample of the first positive test within one episode of infection was taken. Upon performing such test, it is indicated that the test has been performed in order to issue an interoperable test certificate;

221.4. the National Health Service shall suspend the operation of the vaccination certificate for a person for whom being infected with SARS-CoV-2 virus has been confirmed for a time period of up to seventh day from the day the sample of the first positive test within one episode of infection was taken with which the COVID-19 infection was confirmed in a laboratory when undergoing the RNA test.

[*25 January 2022; 1 March 2022 / New wording of Sub-paragraph 221.2 shall come into force on 7 March 2022. See Paragraph 2 of Amendments*]

222. The certificate regarding the fact of vaccination issued in Latvia shall contain the following information:

222.1. given name(s), surname of a person;

222.2. date of birth of a person;

222.3. indication that a person has been vaccinated against COVID-19;

222.4. type of vaccine;

222.5. medical name of the vaccine received;

222.6. name of the manufacturer of the vaccine received;

222.7. sequence number of the vaccine dose received in the vaccination course;

222.8. total number of vaccine doses in the vaccination course;

222.9. date of vaccination (indicate the date of receipt of the last dose);

222.10. institution that has signed the certificate;

222.11. the country in which the vaccine has been received;

222.12. unique certificate identifier.

223. The certificate regarding the fact of recovery issued in Latvia shall contain the following information:

223.1. given name(s), surname of a person;

223.2. date of birth of a person;

223.3. indication that a person has recovered from COVID-19 infection;

223.4. date of the first positive RNA or antigen test by which the infection was confirmed;

223.5. indication that the certificate has been issued in Latvia;

223.6. institution that has signed the certificate;

223.7. term of validity of the certificate (the date from… to….);

223.8. unique certificate identifier.

[*1 March 2022 / New wording of Sub-paragraph 223.4 shall come into force on 7 March 2021. See Paragraph 2 of Amendments*]

224. The certificate regarding the fact of testing issued in Latvia shall contain the following information:

224.1. given name(s), surname of a person;

224.2. date of birth of a person;

224.3. indication when the RNA or antigen test was performed;

224.4. type of the test;

224.5. name of the test;

224.6. manufacturer of the test;

224.7. date and time of taking the sample;

224.8. test result;

224.9. medical treatment institution that performed testing;

224.10. institution that has signed the certificate;

224.11. indication that the certificate has been issued in Latvia;

224.12. unique certificate identifier.

225. Laboratories performing the RNA test and medical practitioners performing the rapid antigen test shall provide the data referred to in Annex 3 to this Regulation in a structured manner for inclusion in the interoperable test certificate on one of the following data platforms:

225.1. the health information system in the format and according to the classification of COVID-19 test results specified by the National Health Service as soon as the test result has been confirmed;

225.2. the portal of the National Health Service in conformity with the following deadlines:

225.2.1 immediately after the rapid antigen test result has been confirmed;

225.2.2. within two hours after the result has been confirmed when performing the RNA test.

226. The interoperable certificate shall be issued on the basis of the data contained in the health information system and the Database of the Recipients of Health Care Services.

227. The interoperable certificate shall be requested, prepared, and issued electronically or in paper form in conformity with the following requirements:

227.1. a person registered in the Register of Natural Persons or his or her lawful representative shall request the interoperable certificate:

227.1.1. electronically and download it on the website www.covid19sertifikats.lv by using any of the authentication types offered by the Latvian State portal www.latvija.lv;

227.1.2. in paper form at a medical treatment institution which performed vaccination against COVID-19 or the RNA or antigen test, any other medical treatment institution, the unified customer service centre of State and local governments, or the customer service unit of a local government. In order to issue a printout of the interoperable certificate in paper form, a representative of the medical treatment institution shall log in and request such certificate on the website https://lab.covid19sertifikats.lv, but a representative of the unified customer service centre of State and local governments or the customer service unit of a local government – on the website https://pakalpojumucentri.lv;

227.2. a person not registered in the Register of Natural Persons or his or her lawful representative shall request the interoperable certificate:

227.2.1. electronically and download it on the website www.covid19sertifikats.lv by using a link and PIN code issued by a medical treatment institution or a temporary access identifier and password;

227.2.2. the certificate regarding the fact of vaccination – in paper form only at the medical treatment institution which performed vaccination;

227.2.3. the certificate regarding the fact of testing or recovery – in paper form only at the medical treatment institution which performed testing.

228. The National Health Service shall maintain a public and private key infrastructure required for digital signing and verification of interoperable certificates which is connected with the European Union gateway, and it shall be the only institution that includes and updates the public key data of interoperable certificates signed by the Republic of Latvia in the European Union gateway.

229. A medical treatment institution, the unified customer service centre of State and local governments, and the customer service unit of a local government have the right to charge a fee for issuing an interoperable certificate in paper form if the same certificate has already been issued twice.

230. The interoperable certificate shall be available for three more months after the end of the term of validity thereof. The interoperable certificate shall not be available irrespective of the term of validity if an error has been established or information has been received on non-conformity of the initial data.

231. The National Health Service shall:

231.1. based on the information provided by law enforcement authorities in criminal proceedings, annul or renew an indication in the health information system on the fact of vaccination against COVID-19, and also annul the vaccination certificate or renew its operation respectively;

231.2. based on the submission of a person that the fact of his or her vaccination against COVID-19 has been falsified and the certification appended to the submission on the refusal from serological survey, or if the result of serological survey according to the COVID-19 testing algorithm has been received which allows to draw a conclusion that the fact of vaccination of the person against COVID-19 has been falsified, annul the indication in the health information system on the fact of vaccination against COVID-19, and also annul the vaccination certificate.

[*2 November 2021*]

232. If a person who has the right to the vaccination against COVID-19 paid in Latvia has been vaccinated against COVID-19 infection abroad with a vaccine authorised by the European Medicines Agency or an equivalent regulator or recognised by the World Health Organization and the person has not issued with the interoperable vaccination certificate, the National Health Service shall, not later than within one month after receipt of a submission of the person and the documents confirming the vaccination performed abroad, assess the authenticity and conformity thereof with the mandatory information to be included in the vaccination certificate and shall enter the data on the data platform referred to in Sub-paragraph 225.2 of this Regulation.

[*8 October 2021*]

232.1The Ministry of Foreign Affairs shall issue an interoperable certificate to the person within one week after receipt of the submission of the foreign accredited diplomat and the documents confirming the vaccination performed abroad.

[*14 December 2021*]

232.2 If a person who has the right to vaccination against COVID-19 paid in Latvia has received at least one dose of a vaccine against COVID-19 infection authorised by the European Medicines Agency or an equivalent regulator or recognised by the World Health Organization and has recovered from COVID-19 infection abroad which is certified by SARS-CoV-2 virus RNA test result, the National Health Service shall, within one month after receipt of documents confirming the fact indicated in the submission of the person of recovery from COVID-19 infection abroad, assess the authenticity thereof and enter the relevant data on the data platform referred to in Paragraph 225 of this Regulation. The entered data on recovery from COVID-19 infection shall not be used for the creation of a recovery certificate.

[*1 February 2022*]

233. The interoperable certificate shall be verified on the website www.Covid19sertifikats.lv or in the application Covid19Verify by using the QR code of the certificate. When verifying the interoperable certificate, the performer of the verification shall see the given name(s), surname, date of birth of the person, and the information on the conformity or non-conformity of the relevant certificate. Information obtained during verification is not stored. The State Police and the State Border Guard shall be the verification institution within the meaning of the Proposal for a Regulation of the European Parliament and of the Council on a framework for the issuance, verification and acceptance of interoperable COVID-19 certificates on vaccination, testing and recovery to facilitate free movement during the COVID-19 pandemic (EU Digital Covid Certificate).

**8. Restrictions on the Provision of Health Care Services**

234. Health care services shall be provided to a person who has the vaccination or recovery certificate. Persons who do not have the abovementioned certificate shall undergo the COVID-19 test at a medical treatment institution if it has been determined in the algorithm published on the website of the Centre, except for health care of prisoners which is ensured at prisons, and also except for the cases specified in international agreements binding on the Republic of Latvia.

[*12 October 2021*]

234.1 Face masks shall be used indoors at the sites where health care services are provided:

234.11. by visitors of the medical treatment institution;

234.12. by recipients of outpatient health care services, except for the case if the use of a face mask is not possible;

234.13. by employees of a medical treatment institution when coming into contact with patients and visitors;

234.14. by participants of an event organised at a medical treatment institution.

[*22 March 2022*]

235. Inpatient medical treatment institutions shall provide health care services to urgent, acute, and COVID-19 patients on a priority basis.

236. In order to ensure conformity with the requirement laid down in Paragraph 235 of this Regulation, the inpatient medical treatment institutions shall restrict or suspend the provision of planned inpatient and day hospital services, continuing the following:

236.1. provision of the following health care services in a day hospital:

236.1.1. services which are provided to ensure the relevant therapy – chemotherapy, therapy of biological medicinal products, organ substitution treatment;

236.1.2. radiation therapy;

236.1.3. health care services for haematological diseases;

236.1.4. methadone and buprenorphine substitution treatment;

236.1.5. health care services for patients who must continue or complete the treatment started as a matter of urgency on inpatient basis;

236.1.6. interventional cardiology;

236.1.7. interventional radiology;

236.2. provision of the following inpatient health care services:

236.2.1. acute and emergency medical assistance;

236.2.2. oncological and life-saving surgeries, and also such surgeries due to cancellation of which the person could become disabled;

236.2.3. health care services in relation to the treatment of the following groups of diseases – oncology, HIV/AIDS, tuberculosis, psychiatry, contagious skin diseases and sexually transmitted diseases, traumatology;

236.2.4. acute and subacute rehabilitation services to persons for whom the postponement of this service may cause risk of disability or loss of capacity for work, including to children for whom the postponement of the rehabilitation can cause substantial deterioration of functional abilities.

236.1During the emergency medical situation, the head of a medical treatment institution may, where necessary in order to ensure emergency medical assistance, assistance in urgent cases, or medical treatment of COVID-19 patients, employ doctors with a certificate of a medical practitioner or without it regardless of their speciality and involve medical practitioners of all professions in the care for patients.

[*2 November 2021*]

236.2 The medical practitioners referred to in 236.1 of this Regulation shall perform work duties at a medical treatment institution assigned by the head of the medical treatment institution under supervision or control of a certified medical practitioner.

[*20 October 2021*]

237. Medical treatment institutions shall ensure, to the extent possible, that consultations of outpatient specialists are held remotely. If consultations cannot be ensured remotely, the medical treatment institutions shall only see patients upon registration, specifying the exact time of arrival for the receipt of a health care service, providing a sufficient period of time between patient visits to prevent them from meeting each other.

238. [6 January 2022]

238.1 In order to ensure supervision of those medical treatment institutions which have entered into contracts with the National Health Service on the provision of health care services, and also to ensure payment for the services provided and supervision of the fulfilment of the contracts entered into, the National Health Service has the right to process the data referred to in Sub-paragraphs 280.1.1, 280.1.2, 280.1.3, and 280.5 of this Regulation and compare them with the data on persons employed in medical treatment institutions available in the system for the settlement of payments for health care services “Management Information System” that is managed by the National Health Service.

[*18 January 2022*]

239. In order to ensure availability of inpatient health care services to patients, the State Emergency Medical Service shall hospitalise a patient at the nearest available inpatient medical treatment institution which ensures health care corresponding to the health condition of the patient.

240. An inpatient medical treatment institution has an obligation to provide assistance to all patients who have been transported by teams of the State Emergency Medical Service or arrived themselves to the reception of the abovementioned institution.

241. If inpatient medical treatment institutions cannot ensure provision of the health care services referred to in Paragraphs 235 and 236 of this Regulation due to the lack of available resources, the medical treatment institution shall inform the State Emergency Medical Service, by entering information in the Operative Data Panel, and the Ministry of Health.

242. The Ministry of Health shall assess the information referred to in Paragraph 241 of this Regulation and, where necessary, convene a meeting of the State Operational Medical Commission the decisions adopted by which shall be binding on all medical treatment institutions.

243. The use of limited intensive care resources and prioritisation of patients is determined in conformity with the following main principles and criteria:

243.1. assistance is provided to as many patients as possible;

243.2. all patients are assessed according to uniform criteria, irrespective of the diagnosis determined;

243.3. the assessment is performed without discrimination, the decision is taken by the council;

243.4. the wishes of the patient as regards refusal from medical treatment at large or specific method used in the medical treatment is taken into account;

243.5. the decision taken on prioritisation (availability of therapy) is reviewed on a regular basis;

243.6. upon suspending intensive care, another medical treatment available is ensured;

243.7. the assessment is based on internationally recognised scoring systems of critically ill patients and other important clinical criteria.

243.1 In order to ensure availability of inpatient and intensive care services throughout the State territory, if an emergency situation sets in in medicine, the leading medical treatment institutions approved by a decision of the State Operational Medical Commission shall coordinate the availability of resources in inpatient medical treatment institutions within their territories of cooperation, including by organising movement of patients. If the number of occupied intensive care beds in the territory of cooperation exceeds 90 %, the leading medical treatment institutions shall coordinate the availability of the resources of intensive care in inpatient medical treatment institutions among the territories of cooperation, organising movement of patients to the inpatient institutions of other territories of cooperation with lesser load.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

243.2 If an emergency situation sets in in medicine, the head of the medical treatment institution shall, in assessing the available resources, organise the work of the medical treatment institution, concurrently cooperating with the leading medical treatment institution in order to ensure continuity of availability of health care services in circumstances of increasing flow of patients hospitalised.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

243.3 In accordance with the criteria laid down in Paragraph 243 of this Regulation, medical treatment institutions shall commence prioritising of patients if the maximum occupancy of intensive care resources has been reached throughout the State territory.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

**9. Special Epidemiological Safety Conditions for the Population of Minks, Other Animals of Mustelidae Family, and Raccoon Dogs**

[*21 December 2021*]

244. It is prohibited to import minks into the territory of Latvia from another country.

[*21 December 2021*]

245. The Food and Veterinary Service shall:

245.1. develop a programme for the COVID-19 infection monitoring for minks, other animals of Mustelidae family, and also raccoon dogs (hereinafter – the animal);

245.2. in accordance with Paragraph 262 of this Regulation, provide information to the European Commission on the situation in relation to COVID-19 infection.

[*21 December 2021*]

246. In order to monitor and reduce the spread of COVID-19 infection in an animal holding, the animal owner or holder shall:

246.1. draw up a biosecurity measures plan in accordance with Paragraph 247 of this Regulation, supplement the internal control system for the implementation of epidemiological security measures in accordance with Paragraph 249 of this Regulation, and ensure the execution thereof;

246.2. bring in animals in the holding or accommodation (premises or an area in the holding or its territory where animals having similar health status are kept and which is a separate epidemiological unit) in accordance with the requirements laid down in Paragraphs 266 and 267 of this Regulation;

246.3. provide the information specified in Sub-paragraph 251.1 of this Regulation to the Food and Veterinary Service using any means of communication;

246.4. for the employees working in the holding:

246.4.1. ensure the mandatory routine screening tests for diagnosing COVID-19;

246.4.2. perform health control in order to eliminate the risk of infection for animals and employees;

246.4.3. ensure regular screening testing using a routine screening test with the interval of 72 hours;

246.5. control that only such employees work in the holding:

246.5.1. who have an interoperable vaccination or recovery certificate and who have received a booster vaccine against COVID-19 according to the information published on the website of the State Agency of Medicines;

246.5.2. for whom COVID-19 contaminating agent has not been detected;

246.5.3. who do not display symptoms of an infectious disease;

246.6. ensure that any person present in the holding uses a medical face mask or a respirator without a valve;

246.7. ensure that employees working in the holding change their clothing and footwear, and also wash and disinfect their hands before entering the holding or accommodation and leaving it;

246.8. restrict entry of other animals (including rodents) into the holding;

246.9. ensure that surfaces (also inventory and work equipment) are cleaned and disinfected on a regular basis, paying special attention to the surfaces and objects with which the employees working in the holding come into contact often;

246.10. determine the procedures for the execution of self-control for the biosecurity measures plan and the internal control system for the implementation of epidemiological safety measures;

246.11. at least once a day, watch through the video surveillance recordings from the video surveillance devices which have been installed in accordance with the laws and regulations regarding the welfare requirements for keeping of fur animals, assess the compliance with the requirements of this Regulation, and, if necessary, take corrective actions. The video surveillance recordings shall be presented to the Food and Veterinary Service and the Health Inspectorate upon request.

[*21 December 2021 / The requirements specified in Sub-paragraph 246.11 shall be applied concurrently with the coming into force of amendments to Cabinet Regulation No. 715 of 3 August 2010, Welfare Requirements for Keeping of Fur Animals, in relation to the requirements regarding the installation of video cameras in an animal holding. See Paragraph 341*]

247. The animal owner or holder shall determine the following procedures in the biosecurity measures plan:

247.1. for the cleaning, performing disinfection, disinsectisation, and deratisation of the site where animals are held;

247.2. for the cleaning and, as necessary, disinfection of feed storage reservoirs, feed supply equipment and inventory;

247.3. for the disinfection of the vehicles entering the territory of the holding;

247.4. for the registration of transportation of animals;

247.5. for the registration of vehicles that enter and leave;

247.6. for the registration of persons visiting the territory of the holding;

247.7. for ensuring that employees and visitors comply with the biosecurity requirements and take hygiene measures;

247.8. for separating animals, as necessary, and also for the determination of the requirements for the care, feeding, and observation of separated animals;

247.9. for the storage of by-products of animal origin, also dead animals, until the transportation thereof to a by-product processing undertaking;

247.10. for the instructing of employees on biosecurity measures before commencing work and henceforth at least once a quarter, receiving a briefing about the measures of the biosecurity plan;

247.11. for the ensuring of disinfection of footwear at the entry in the territory of the holding.

[*21 December 2021*]

248. The implementation of the measures specified in the biosecurity measures plan in the holding shall be monitored by the Food and Veterinary Service.

[*21 December 2021*]

249. In addition to the conditions of Paragraph 20 of this Regulation, the animal owner or holder shall include the following measures in the internal control system for the implementation of epidemiological safety measures:

249.1. the procedures for the health control of employees and the actions to be taken to preclude the transfer of COVID-19 infection from people to animals and vice versa;

249.2. the procedures for organising the mandatory routine screening tests;

249.3. the procedures and regularity for screening testing using a screening test;

249.4. the procedures for ensuring that all persons present in a holding (especially if they come into contact with animals) use medical face masks or a respirator without valve;

249.5. the procedures by which employees are instructed on the epidemiological safety measures before commencing work and henceforth at least once a quarter, receiving a briefing about the epidemiological safety measures and the use of personal protective equipment.

[*21 December 2021*]

250. The implementation of the measures referred to in Paragraph 249 of this Regulation in the holding shall be supervised by the Food and Veterinary Service in cooperation with the Health Inspectorate.

[*21 December 2021*]

251. Information shall be provided to the Food and Veterinary Service:

251.1. by the animal owner or holder of the holding:

251.1.1. on the number of animals in the holding – on the first working day of the month;

251.1.2. on the number of animals in the holding which died in the last week – each Monday;

251.1.3. on each case when acute respiratory disease symptoms, disorders of the digestive system, depression, inactivity, refusal to eat or drink are observed in the animals or on animal mortality (hereinafter – suspicions regarding being ill with COVID-19 infection) – immediately;

251.1.4. on the animal brought in and referred to in Paragraph 266 of this Regulation if it dies during monitoring or suspicions regarding the animal being ill with COVID-19 arise – immediately;

251.2. by any person using any means of communication if suspicions regarding the animal (except for the animal kept in the holding) being ill with COVID-19 arise – immediately.

[*21 December 2021*]

252. The Food and Veterinary Service shall take a sample of the dead body or oropharyngeal swabs (hereinafter – the control sample) and send them for laboratory testing for establishing COVID-19 contaminating agent:

252.1. following receipt of the information referred to in Sub-paragraph 251.1.3 or 251.1.4 of this Regulation. The Food and Veterinary Service shall determine the amount of the necessary control samples on the basis of the spread of the disease in the amount of 50 % at 95 % confidence interval;

252.2. following receipt of the information referred to in Sub-paragraph 251.2 of this Regulation. If there are suspicions regarding being ill with COVID-19 infection:

252.2.1. for up to five animals – one control sample shall be taken;

252.2.2. for more than five animals – five random control samples shall be taken.

[*21 December 2021*]

253. If COVID-19 infection is confirmed for the animal:

253.1. The Food and Veterinary Service shall:

253.1.1. immediately inform the Centre thereof which shall, in cooperation with the Food and Veterinary Service, ensure an epidemiological investigation by taking samples which are sent for laboratory testing for establishing COVID-19 contaminating agent, and also determine subsequent measures according to the competence of institutions;

253.1.2. determine restrictions on the movement and use of animals;

253.1.3. determine restrictions on the use of unprocessed furs of animals. If necessary, control samples shall be taken from furs for establishing of COVID-19 contaminating agent;

253.1.4. if necessary, determine restrictions on the use or movement of animal feed;

253.1.5. determine restrictions on the movement of manure – droppings, slurry, and used litter – and treatment conditions or their processing or liquidation in accordance with the requirements referred to in Paragraph 254 of this Regulation;

253.2. the Centre shall perform an analysis of the epidemiological situation and prepare a risk assessment on the spread of COVID-19 infection and the threat to public health, indicating subsequent action for the elimination of the threat to public health.

[*21 December 2021*]

254. If COVID-19 infection is confirmed, the by-products of animal origin shall be processed or liquidated, applying Regulation (EC) No 1069/2009 of the European Parliament and of the Council of 21 October 2009 laying down health rules as regards animal by-products and derived products not intended for human consumption and repealing Regulation (EC) No 1774/2002 and Commission Regulation (EU) No 142/2011 of 25 February 2011 implementing Regulation (EC) No 1069/2009 of the European Parliament and of the Council laying down health rules as regards animal by-products and derived products not intended for human consumption and implementing Council Directive 97/78/EC as regards certain samples and items exempt from veterinary checks at the border under that Directive, the determined processing or liquidation methods and conditions which eliminate the possibility of the spread of an agent.

[*21 December 2021*]

255. On the basis of the risk assessment referred to in Sub-paragraph 253.2 of this Regulation, the Centre and the Food and Veterinary Service shall determine the procedures for the taking of the control samples from the employees working in the holding and also animals in the holding and the procedures for laboratory testing and further action for restricting the spread of COVID-19 infection in the holding affected by COVID-19 infection.

[*21 December 2021*]

256. The owner or holder of the holding of animals affected by COVID-19 infection shall cooperate with the Food and Veterinary Service and the Centre and comply with the instructions provided thereby in order to ensure introduction of measures for restricting the spread of COVID-19 infection in the holding, ensuring additionally that:

256.1. animals are held, cared for, and fed by employees who have a valid interoperable certificate and who have received a booster vaccine against COVID-19 according to the information published on the website of the State Agency of Medicines, using a respirator without valve during working hours;

256.2. an adequate procedure is developed and followed for separate storage of work and street clothing, washing of work clothing, and change of clothing and footwear prior to entering the holding and leaving it;

256.3. all persons working in the holding are regularly instructed on measures of the biosecurity plan and the epidemiological safety requirements, and also correct use of personal protective equipment;

256.4. while the spread of SARS-CoV-2 virus is detected in the holding for animals, the employees working in the holding shall undergo:

256.4.1. regular laboratory screening and an RNA test not less than once a week;

256.4.2. an antigen test once a week;

256.5. the interval between the tests referred to in Sub-paragraph 256.4 of this Regulation is not less than 72 hours;

256.6. at the moment of obtaining furs, they are disinfected using such means of disinfection which destroys the COVID-19 contaminating agent.

[*21 December 2021*]

257. The Centre shall, at least twice a month, analyse the epidemiological situation in a holding affected by COVID-19 infection on the basis of the laboratory tests performed for employees and animals and the genetic sequencing of SARS-CoV-2 virus isolates, and prepare a risk assessment on the spread of COVID-19 infection and the threat to public health, indicating subsequent action for the elimination of the threat to public health.

[*21 December 2021*]

258. If COVID-19 infection is confirmed to an employee working in the animal holding or his or her family members, the Centre shall:

258.1. immediately inform the Food and Veterinary Service thereof;

258.2. perform an epidemiological investigation, organise counter-epidemic measures, sequencing of the positive sample, and, if necessary, additional testing of employees according to the epidemiological indications.

[*21 December 2021*]

259. *Valsts zinātniskais institūts “Pārtikas drošības, dzīvnieku veselības un vides zinātniskais institūts “BIOR””* [State scientific institute Institute of Food Safety, Animal Health and Environment “BIOR”] shall perform complete or partial autopsy of a dead animal, destruction of dead animals, and laboratory testing to determine the following:

259.1. in the samples referred to in Paragraph 252, Sub-paragraph 253.1.1, Paragraphs 255 and 264, and Sub-paragraph 268.6 of this Regulation:

259.1.1. COVID-19 contaminating agent;

259.1.2. if necessary – antibodies of COVID-19 contaminating agent;

259.2. the COVID-19 contaminating agent in the control sample for wild animals which have been sent for laboratory testing in accordance with the laws and regulations regarding the procedures for the prevention and combating of rabies.

[*21 December 2021*]

260. The State scientific institute Institute of Food Safety, Animal Health and Environment “BIOR” shall ensure genome analysis of the COVID-19 contaminating agent up to the amount of 50 % for the samples referred to in Sub-paragraphs 259.1.1 and 259.2 of this Regulation in which COVID-19 contaminating agent has been established. An isolated selection of COVID-19 contaminating agents for genome analysis shall be performed by the Food and Veterinary Service on the basis of the information obtained during the epidemiological investigation.

[*21 December 2021*]

261. The State scientific institute Institute of Food Safety, Animal Health and Environment “BIOR” shall immediately send the results of laboratory testing of the samples referred to in Paragraphs 259 and 260 of this Regulation to the Food and Veterinary Service.

[*21 December 2021*]

262. The Food and Veterinary Service shall prepare and electronically send a report to the European Commission:

262.1. on the first confirmed case of an animal falling ill with COVID-19 – within three days, but after a new outbreak of COVID-19 infection – a report once a week;

262.2. if new information on epidemiology of COVID-19 infection and its zoonotic impact has been obtained;

262.3. on the results of phylogenetic analysis of an agent of COVID-19 infection (if necessary) – once a month.

[*21 December 2021*]

263. The Food and Veterinary Service shall indicate the following information in the report referred to in Paragraph 262 of this Regulation:

263.1. the date when the report was submitted;

263.2. the name of the country;

263.3. the type of the report (first or weekly report);

263.4. the number of confirmed cases of falling ill with COVID-19 regarding which a report is being provided;

263.5. on each confirmed case of falling ill with COVID-19:

263.5.1. the registration number of the confirmed case of falling ill;

263.5.2. the municipality where the holding is located or approximate geographical location where the animal has been kept or found;

263.5.3. the date when the suspicions were detected;

263.5.4. the date of confirmation;

263.5.5. the method of diagnosis;

263.5.6. approximate date when infection has spread in the holding or the abovementioned location;

263.5.7. the potential source of infection;

263.5.8. the control measures implemented – control in the monitoring or protection zone, traceability, quarantine, official destruction of carcasses, by-products, and waste, complete slaughtering, control of illness for wild animals, zoning, disinfection, permitting of vaccination (if a vaccine is available), non-treatment of affected animals, or any other corresponding measure;

263.5.9. the number of susceptible animals in the holding or the abovementioned location, grouping according to the susceptible species;

263.5.10. the number of clinically or sub-clinically affected animals in the holding or the abovementioned location, grouping according to the susceptible species (if an accurate number is not known, the approximate number shall be indicated);

263.5.11. on the spread of the illness – the number of such clinically ill animals in the holding or the abovementioned location which have symptoms of COVID-19 infection, grouping according to the susceptible species, in relation to the number of susceptible animals, and also a summary of the description of clinically suspicious animal symptoms (if an accurate number is not known, the approximate number shall be indicated);

263.5.12. on mortality of animals – the number of animals which have died in the holding or the abovementioned location, grouping according to the susceptible species (if an accurate number is not known, the approximate number shall be indicated);

263.6. molecular epidemiology data and essential mutations of the COVID-19 contaminating agent;

263.7. data on confirmed cases of falling ill for people who are linked to the outbreak of COVID-19 infection in the animal population;

263.8. other essential information.

[*21 December 2021*]

264. If the information referred to in Sub-paragraph 258.1 of this Regulation is received, the Food and Veterinary Service shall take the control samples from animals and send them for laboratory testing for establishing of COVID-19 contaminating agent. The Service shall determine the amount of the necessary samples in the holding on the basis of the spread of the disease in the amount of 5 % at 95 % confidence interval.

[*21 December 2021*]

265. If necessary, the Food and Veterinary Service shall request additional information from the Centre on the morbidity indicators of people with COVID-19 infection in the relevant European Union Member State or its region where the holding is located.

[*21 December 2021*]

266. Animals from another holding or accommodation in the territory of Latvia shall be brought in a holding or accommodation in conformity with the following requirements:

266.1. the holding has not been imposed restrictions on the movement of animals and the use of unprocessed animal skins;

266.2. before placement of animals in a holding with other animals, the requirements laid down in Paragraphs 268, 269, and 271 of this Regulation are implemented.

[*21 December 2021*]

267. The animal owner or holder shall ensure that the vehicle and equipment used for the transportation of animals are cleaned, washed, and disinfected after transportation of animals. Disinfectants which destroy the COVID-19 infection contaminating agent shall be used for disinfection.

[*21 December 2021*]

268. After importation of animals, the animal owner or holder shall hold them separately from other animals (if such are in the holding) for at least 14 days (hereinafter – the monitoring period) during which:

268.1. the keeping of animals, including the care and feeding thereof, is under responsibility of such employees who have a valid interoperable certificate;

268.2. it is ensured that the biosecurity measures plan specified in Paragraph 247 of this Regulation is implemented;

268.3. separate equipment for keeping, feeding, and care of animals is used;

268.4. health condition of animals is observed on a daily basis and information is provided to the Food and Veterinary Service on the number of animals which have died in the holding;

268.5. the Food and Veterinary Service is informed, without delay, of each case when animals being ill with COVID-19 infection is suspected;

268.6. samples are taken and sent for laboratory testing for establishing SARS-CoV-2 virus RNA. The abovementioned samples shall be taken from:

268.6.1. the animals which have died;

268.6.2. the live animals on the seventh to tenth day after the importation thereof. The Food and Veterinary Service shall determine the amount of the necessary representative samples on the basis of the spread of the disease in the amount of 20 % at 95 % confidence interval.

[*21 December 2021*]

269. It is prohibited, during the monitoring period, to move the animals referred to in Paragraph 268 of this Regulation from the holding.

[*21 December 2021*]

270. During the monitoring period, the Food and Veterinary Service shall monitor the implementation of the measures specified in Paragraphs 268 and 269 of this Regulation at the holding.

[*21 December 2021*]

271. If, during the monitoring period, SARS-CoV-2 virus RNA has not been established in animals or there are no suspicions of animals being ill with COVID-19, and also COVID-19 infection has not been registered among employees working in the holding, the imported animals shall be placed with other animals (if such are in the holding) and they shall henceforth be subject to the laboratory testing referred to in Sub-paragraph 252.1 of this Regulation.

[*21 December 2021*]

272. The animal owner or holder shall cover the expenditures related to the measures referred to in Sub-paragraph 256.4, Paragraphs 267 and 268 of this Regulation, including taking, sending and laboratory testing of samples, and also cleaning, washing, and disinfection of the vehicle and equipment.

[*21 December 2021*]

273. [Deleted]

**10. Information Systems Introduced for the Containment of COVID-19 and Exchange of Information**

**10.1. Exchange of Statistical Data**

274. The Central Statistical Bureau shall receive data from the Centre on persons who are infected with SARS-CoV-2 virus, but from the National Health Service – data on persons who have commenced or completed COVID-19 vaccination.

275. The Central Statistical Bureau shall process the received data and combine them with the data from the information system of the Register of Natural Persons of the Office of Citizenship and Migration Affairs, the State Revenue Service, the information system of the State Address Register of the State Land Service, the State Education Information System of the Ministry of Education and Science, the State Social Insurance Agency, and the State Employment Agency on these persons which are at the disposal of the Central Statistical Bureau, and also shall ensure immediate pseudonymisation of the combined data by deleting the data identifying specific persons (personal identity number, given name(s), surname) but retaining the personal registration numbers assigned by the Centre.

276. The Central Statistical Bureau shall, for the purposes of data analysis, provide the Centre with secure remote access to the pseudonymised data array in which the personal registration number assigned by the Centre is preserved, but the Ministry of Economics and the Cross-Sectoral Coordination Centre – with secure remote access to the pseudonymised data array in which the personal registration number assigned by the Centre is not preserved. The Ministry of Economics shall, within two calendar weeks, analyse the abovementioned data and regularly submit the prepared information to the group for coordination of interinstitutional activities for further work.

277. The Central Statistical Bureau shall ensure that the data included in the pseudonymised data array on persons who are infected with COVID-19 or who have been vaccinated against it are deleted before 31 December of the year following the inclusion thereof in the data array.

278. The Ministry of Education and Science shall transfer the following data to the National Health Service from the State Education Information System on students in a higher education programme – given name(s), surname, personal identity number, registration number and name of the higher education institution in the register of educational institutions, study programme of the college and higher education institution, course, year of birth, sex, nationality. The National Health Service shall, in the first week of each month, submit information to the Ministry of Education and Science on the state as on the last working day of the previous month on the scope of vaccination of students in division according to the data fields indicated previously. The National Health Service has the right to enter into agreements with higher education institutions on the exchange of data on the status of recovery and vaccination of employees of higher education institutions and students.

**10.2. Vaccination Information System**

279. The vaccination information system (Unified Vaccination Network (ViVaT)) is a State information system the manager of which is the National Health Service.

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

280.1. regarding a person:

280.1.1. the given name (names);

280.1.2. the surname;

280.1.3. the personal identity number (identification number);

280.1.4. the date of birth;

280.1.5. the gender;

280.1.6. belonging to a vaccination priority group;

280.1.6.1belonging to a group of recipients of additional vaccine doses and booster vaccine;

280.1.7. the desired geographical place of vaccination;

280.1.8. the contact details of a person:

280.1.8.1. telephone;

280.1.8.2. electronic mail address (if any);

280.1.8.3. address of the actual place of residence (if mobile vaccination is required);

280.2. regarding the desire expressed by the person to vaccinate against COVID-19;

280.3. regarding the appointment for vaccination against COVID-19 (time and place for vaccination);

280.4. regarding the medical practitioner performing vaccination – the identifier of the medical practitioner;

280.5. regarding the fact of vaccination:

280.5.1. the name of the medicinal product;

280.5.2. the holder of the marketing authorisation;

280.5.3. the number of vaccination cases/doses;

280.5.4. the number of the batch of vaccines;

280.5.5. the date of vaccination;

280.5.6. the place of vaccination;

280.5.7. the date of the next vaccination;

280.6. regarding the order, actual delivery, use of vaccines and the number of vaccinated persons;

280.7. regarding the date of taking the RNS test sample of a person if infection with SARS-CoV-2 virus has been confirmed.

[*2 November 2021; 7 December 2021*]

281. The data referred to in Sub-paragraphs 280.1 and 280.2 of this Regulation shall be included in the vaccination information system by:

281.1. the National Health Service – upon receipt of an application for vaccination against COVID-19 through the unified telephone number 8989;

281.2. the person who applies for vaccination against COVID-19 through the portal manavakcina.lv of the vaccination information system;

281.3. a medical practitioner – on the person who has addressed a medical treatment institution to apply for vaccination against COVID-19 through the portal manavakcina.lv of the vaccination information system.

282. The data referred to in Sub-paragraphs 280.3, 280.4, and 280.5 of this Regulation shall be included in the vaccination information system by the medical treatment institution which performs vaccination against the COVID-19 infection. If the medical treatment institution has received an individual application from a person or a list for collective vaccination, the data referred to in Sub-paragraphs 280.1 and 280.2 of this Regulation (except for Sub-paragraph 280.1.8.3 of this Regulation) shall also be included in the vaccination information system.

283. The data referred to in Sub-paragraph 280.6 of this Regulation shall be included in the vaccination information system by the Centre and the medical treatment institution performing vaccination.

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

284.1. the National Health Service, including to register a vaccination application through the telephone number 8989;

284.2. the Centre;

284.3. the medical treatment institution performing vaccination.

285. The National Health Service shall access the data referred to in Sub-paragraphs 280.1.1, 247.1.2, 280.1.3, and 280.1.4 of this Regulation to withdraw an application for vaccination of a person through the unified telephone number 8989.

286. A medical treatment institution shall access the data referred to in Sub-paragraphs 280.1.1, 280.1.2, 280.1.3, 280.1.4, 280.1.5, 280.1.6, 280.1.6.1, 280.1.8.1, 280.1.8.2, 280.2, 280.3, 280.5.1, and 280.5.5 of this Regulation in order to register the fact of vaccination against the COVID-19 infection, and also to register a person for vaccination or to cancel an appointment of a person.

[*7 December 2021*]

287. The National Health Service shall process the data referred to in Sub-paragraphs 280.1 and 280.2 of this Regulation in order to:

287.1. determine the right of the person to receive a State-funded vaccine against COVID-19 by comparing such data with the database of the recipients of health care services under management of the National Health Service;

287.2. compile a list of persons to be vaccinated on a priority basis for handing over such list to the medical treatment institutions that will perform vaccination.

288. The National Health Service has the right to process the data referred to in Sub-paragraphs 280.1.1, 280.1.2, 280.1.3, 280.1.4, 280.1.5, 280.1.6., 280.1.6.1 and 280.5 of this Regulation, compare them with the data in the health information system, process the data on the place of residence and contact information of persons in the information systems of the National Health Service, and also the data on a contact person in the health information system that have been indicated by the person (name, surname, telephone number), request from medical treatment institutions and the Social Assistance and Social Services Administration Application of the Unified Local Government System (SOPA) the information referred to in Sub-paragraphs 280.1.8.1, 280.1.8.2, and 280.1.8.3 of this Regulation, unless it is available in the information systems of the National Health Service, in order to inform persons of the possibility to receive the vaccine against COVID-19, an additional dose of vaccine or booster vaccine, to implement informative measures in the digital space regarding the safety of and need for the vaccination, and to transfer the data of the persons referred to in Sub-paragraphs 280.1.1, 280.1.2, 280.1.3, 280.1.8.1, 280.1.8.2, and 280.1.8.3 of this Regulation to medical treatment institutions in order to ensure vaccination against COVID-19 infection.

[*12 April 2022*]

289. In order to determine the eligibility of a person for the vaccination priority group of persons with chronic diseases or recipients of additional doses of vaccine and booster vaccines and in order to ensure the right of a person to vaccinate, to receive additional dose of vaccine or booster vaccine if he or she is eligible, the National Health Service has the right to process the data referred to in Sub-paragraphs 280.1 and 280.2 of this Regulation in order to compare them with:

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

289.2. the Unified Electronic Information System of the Health Sector which is under management of the National Health Service;

289.3. the Register of Patients Suffering from Certain Diseases (PREDA) which is under management of the Centre.

[*7 December 2021*]

290. In order to determine the eligibility of a person for the vaccination priority group “teachers and employees of educational institutions who, during performance of work duties, are in close contact with an educatee” and to ensure the right of the person to vaccinate if he or she is eligible, the National Health Service has the right to process the data referred to in Sub-paragraphs 280.1 and 280.2 of this Regulation in order to compare them with the data of the State Education Information System (VIIS).

291. The Centre shall process the data referred to in Sub-paragraph 280.6 of this Regulation in order to make vaccine orders for a medical treatment institution and to control the use of vaccines.

292. The data entered in the vaccination information system shall be stored in identifiable form:

292.1. for three years after the moment when the vaccination of the person has been completed – in respect of the data regarding the fact of vaccination;

292.2. until the moment when the vaccination of the person is completed – in respect of the data related to the fact of vaccination appointment, but for not more than one year from the moment when the person has applied for vaccination.

293. The data entered in the vaccination information system shall be anonymised after expiry of the time limit for their storage.

**10.3. Contact Tracing and Warning Information System**

294. Contact tracing and warning information system is a State information system consisting of the mobile application for contact tracing and warning (hereinafter – the application) and the back-end system.

295. The Centre shall be the manager of the contract tracing and warning information system and the joint manager of the European Federation Gateway in Latvia.

296. The following information shall be processed in the application:

296.1. the temporary archive of unique identifiers (hereinafter – the key) for the past 14 days which is related to each user of the application;

296.2. the unique keys of those users with whom there has been a contact during the past 14 days;

296.3. the keys from the back-end system of the infected users;

296.4. the contact telephone numbers provided on a voluntary basis.

297. The following data shall be processed in the back-end system on the persons for whom the COVID-19 diagnosis has been confirmed in a laboratory or by clinical evidence or regarding whom, according to the algorithms embedded in the application, there is an epidemiological cause for suspicion that they have been exposed to an increased risk of infection:

297.1. the verification code of the infection case and the fact of acceptance of the code;

297.2. the date of falling ill;

297.3. the presence of symptoms;

297.4. the contact telephone numbers provided on a voluntary basis;

297.5. the keys referred to in Sub-paragraph 296.3 of this Regulation;

297.6. the countries of origin of the keys referred to in Sub-paragraph 296.3 of this Regulation;

297.7. the date, duration, signal strength, and risk assessment of each contact;

297.8. the information on whether the Centre has or has not recognised a person as a contact person.

298. The data referred to in Sub-paragraphs 297.1, 297.4, 297.5, 297.6, 297.7, and 297.8 of this Regulation shall, by using the European Federation Gateway, be voluntarily uploaded by the user of the application to the contact tracing and warning information system from the application or from mobile applications for warning of other European Union and European Economic Area States.

299. The Centre and the user of the application shall not have access to the data referred to in Sub-paragraphs 296.1 and 296.2 of this Regulation.

300. The Centre has the following obligations:

300.1. to introduce improvements to the contact tracing and warning information system, including according to the epidemiological safety situation in the country and the European Union;

300.2. to determine the requirements for the maintenance and security management of the contact tracing and warning information system and to control the fulfilment of such requirements;

300.3. to ensure the users with the functions of a contact point;

300.4. to ensure the preparation and sending of a warning to persons regarding whom, according to the algorithms embedded in the application, there is an epidemiological cause for suspicion that they have been exposed to an increased risk of infection;

300.5. to ensure technical and organisational measures (including in order to prevent violations of data protection) in accordance with the laws and regulations governing the field of personal data protection;

300.6. to delete all the stored data 14 days after termination of the operation of the contact tracing and warning system;

300.7. to ensure data exchange with the European Federation Gateway.

301. The Centre has the right to process the data referred to in Paragraph 297 of this Regulation in order to:

301.1. create the verification code of the infection case;

301.2. determine the persons who have been exposed to an increased risk of infection and to warn them about potential contact with a person infected with COVID-19;

301.3. ensure cross-border exchange of the Minimum Set of Data in the European Federation Gateway with the national contact tracing and warning systems of other countries.

302. The joint manager of the European Federation Gateway in Latvia has the following obligations:

302.1. to ensure information on the processing of the data included in the system in the European Federation Gateway for the purposes of interoperability of national applications;

302.2. to ensure the functions of a contact point for communication with the joint managers of the European Federation Gateway;

302.3. to ensure cooperation and exchange of information with the joint managers of the European Federation Gateway in other countries, including to receive a request from a data subject which does not fall within the scope of activities of the joint manager in Latvia, and to forward it immediately to the relevant joint manager of the European Federation Gateway;

302.4. to ensure all the organisational, physical, and logical safety measures for data protection in the system and to cooperate with the joint managers of the European Federation Gateway in order to identify and address security incidents and also violations of data protection related to the processing of data in the European Federation Gateway;

302.5. to ensure cross-border exchange of data in the European Federation Gateway among the national contact tracing and warning applications of other European Union and European Economic Area States.

303. The technical maintenance of the system shall be ensured by *valsts akciju sabiedrība “Latvijas Valsts radio un televīzijas centrs”* [State joint-stock company Latvian Radio and Television Centre] according to the delegation of the manager of the contact tracing and warning information system.

304. The data included in the back-end system shall be stored by the Centre for 14 days from the moment of receipt of information and shall be deleted immediately but not later than 24 hours after the end of their storage period.

305. Anonymised statistical data shall be continuously stored in the contact tracing and warning system.

**10.4. Information System for Monitoring Persons**

306. The information system for monitoring persons is a State information system which is managed by the Information Centre of the Ministry of the Interior.

307. The following information shall be included in the information system for monitoring persons:

307.1. on a person:

307.1.1. given name (names);

307.1.2. surname;

307.1.3. personal identity number (identification number);

3071.4. date of birth if a personal identity number (identification number) has not been granted;

307.2. on a travel document:

307.2.1. the issuing country of the travel document;

307.2.2. the number of the travel document;

307.3. on a fully vaccinated or recovered person to whom the self-isolation conditions are not applicable:

307.3.1. on the entry of a person into Latvia:

307.3.1.1. date and time of the entry;

307.3.1.2. manner of entry (by aircraft, vessel, bus, train, or other means);

307.3.2. on the stay of the person in a high-risk or particularly high-risk country (countries) within the last 10 days:

307.3.2.1. the country;

307.3.2.2. the date when the person has left the country;

307.3.3. contact information of a person:

307.3.3.1. telephone;

307.3.3.2. electronic mail address;

307.3.3.3. address of the place of residence (place of stay) in Latvia where the person will be reachable;

307.3.4. a valid interoperable certificate or a document confirming vaccination or recovery;

307.4. on a person to whom the self-isolation conditions are applicable:

307.4.1. on the entry of a person into Latvia:

307.4.1.1. date and time of the entry;

307.4.1.2. manner of entry (by aircraft, vessel, bus, train, or other means);

307.4.2. on the stay of the person in a high-risk or particularly high-risk country (countries) within the last 10 days:

307.4.2.1. the country;

307.4.2.2. the date when the person has left the country;

307.4.3. contact information of a person:

307.4.3.1. telephone;

307.4.3.2. electronic mail address;

307.4.3.3. address of the place of residence (stay) in Latvia where the person will be reachable if he or she must be in self-isolation;

307.4.4. the date until which the compliance with the obligation of the person to be in self-isolation is monitored;

307.5. on a person to whom the isolation or home quarantine conditions are applicable:

307.5.1. contact information of a person:

307.5.1.1. telephone;

307.5.1.2. electronic mail address;

307.5.1.3. address of the place of residence (place of stay) in Latvia where the person will be reachable during isolation or home quarantine;

307.5.2. the date until which the compliance with the obligation of the person to be in isolation or home quarantine is monitored.

[*6 January 2022 / New wording of Sub-paragraph 307.3 shall come into force on 17 January 2022. See Paragraph 2 of Amendments*]

308. In addition to the information referred to in Paragraph 307 of this Regulation, the following shall be included in the information system for monitoring persons:

308.1. the information provided by the State Police, the State Border Guard, municipal police, the Tax and Customs Police of the State Revenue Service, and the Health Inspectorate on the submission of the certification form of a person or compliance with the self-isolation, isolation, or home quarantine provisions, including termination of self-isolation, isolation, or home quarantine;

308.2. an indication on the status of the certification form of a person (active, inactive, closed).

309. The information included in the information system for monitoring persons shall be stored for 30 days from the moment when a person has submitted a certification form.

310. The information included in the information system for monitoring persons shall be deleted immediately but not later than within 24 hours after the end of its storage period.

311. Irrespective of the deletion of information, anonymised statistical data which consist of the data referred to in Sub-paragraph 307.4.1.1 of this Regulation and the information referred to in Sub-paragraphs 307.4.1.2 and 307.4.2 of this Regulation shall be continuously stored in the information system for monitoring persons. The manager of the information system shall publish such statistical data on the Open Data Portal of Latvia.

312. The online data transmission mode shall be used in the information system for monitoring persons.

313. A person himself or herself shall include the information referred to in Paragraph 307 of this Regulation in the information system for monitoring persons by electronically filling in the certification form on the website of the information system (covidpass.lv) and confirming its submission.

314. If a person must be in isolation or home quarantine in accordance with Paragraph 189 or 191 of this Regulation and the involvement of the State Police or municipal police is required for controlling such person, the Health Inspectorate shall include the information (in the amount that is at the disposal of the Health Inspectorate) referred to in Sub-paragraphs 307.1 and 307.5.1 of this Regulation in the information system, and also shall indicate the time period referred to in Sub-paragraph 307.5.2 of this Regulation in the information system for monitoring persons, if such is known.

315. The information included in the information system for monitoring persons in accordance with Paragraph 314 of this Regulation shall be stored until the moment while the obligation of the person to be in self-isolation, isolation, or home quarantine is monitored.

316. The State Police, the State Border Guard, municipal police, the Tax and Customs Police of the State Revenue Service, and the Health Inspectorate shall include the information referred to in Sub-paragraph 308.1 of this Regulation in the online data transmission mode in the information system for monitoring persons.

317. The manager of the information system shall ensure automatic creation and change of the indication referred to Sub-paragraph 308.2 of this Regulation in the information system for monitoring persons, and also the confirmation referred to in Paragraph 150 of this Regulation for a person.

318. In order to ensure circulation of correct, accurate, and qualitative information when monitoring the compliance with the obligation of the person to be in self-isolation, isolation, or home quarantine, the information included in the information system for monitoring persons shall, where necessary, be corrected by the State Police, the State Border Guard, municipal police, or the Health Inspectorate. If the information referred to in Sub-paragraph 307.4.3.3 or 307.5.1.3 of this Regulation changes, a person shall immediately inform the State Police of this fact.

319. In the cases and to the extent specified in this Regulation, the information included in the information system for monitoring persons may be accessed by:

319.1. the State Police;

319.2. the State Border Guard;

319.3. the municipal police;

319.4. the Health Inspectorate;

319.5. the Centre;

319.6. the Tax and Customs Police of the State Revenue Service.

320. In order to monitor whether the requirements for the submission of the certification form are fulfilled and the obligation of the person to be in self-isolation, isolation or home quarantine is complied with, the Health Inspectorate, the State Police, municipal police, the State Border Guard, and Tax and Customs Police of the State Revenue Service shall access the information referred to in Paragraphs 307 and 308 of this Regulation which has been included in the information system for monitoring persons.

321. In order to monitor the fulfilment of the specified requirement for the submission of the certification form, and also to transfer information to other countries on the movement of persons by crossing the State border of the Republic of Latvia in accordance with the international liabilities of the Republic of Latvia, the State Border Guard shall access the information referred to in Sub-paragraphs 307.1, 307.2, 307.3, and 307.4 of this Regulation which has been included in the information system for monitoring persons.

[*6 January 2022*]

322. In order to identify other persons who have travelled or are travelling together with the person, the Centre shall access the information referred to in Sub-paragraphs 307.1, 307.2.1, 307.3, 307.4.1.1, 307.4.1.2, 307.4.2, and 307.4.3 of this Regulation which has been included in the information system for monitoring persons on all persons who have filled in certification forms in accordance with Paragraph 150 of this Regulation.

[*6 January 2022*]

323. In order to ensure performance of the tasks referred to in Paragraphs 318, 320, 321, and 322 of this Regulation, the manager of the information system for monitoring persons shall, upon receipt of a request from the authority referred to in Paragraph 319 of this Regulation, provide the employees of the authority indicated in the request online access to the information included in the information system.

324. The manager of the information system shall provide the access referred to in Paragraph 323 of this Regulation by assigning access details or ensuring authorisation in the information system to the employee of the authority indicated in the request through the Unified Login Module (ULM).

**11. Closing Provisions**

325. Cabinet Regulation No. 360 of 9 June 2020, Epidemiological Safety Measures for the Containment of the Spread of COVID-19 Infection (*Latvijas Vēstnesis*, 2020, No. 110B, 123A, 131A, 134B, 145A, 156A, 170A, 172A, 174A, 179A, 184A, 189A, 189B, 192A, 193A, 196A, 198A, 203A, 206A, 208A, 213A, 223A, 233A, 237A, 245A, 246; 2021, No. 2B, 4B, 9A, 14A, 22A, 25A, 29A, 35A, 38C, 40A, 46, 49A, 50A, 50C, 54A, 60A, 64B, 68B, 71A, 76A, 82A, 83A, 84B, 85A, 92B, 95A, 102C, 104A, 112A, 114A, 120B, 123, 129, 134A, 153A, 159, 164A, 167A, 170A, 174, 180A, 183A), is repealed.

326. The Regulation shall come into force on 11 October 2021.

327. An educational institution shall commence monitoring of air quality as soon as air quality meters are available to it.

328. Until 17 October 2021, persons who do not have a valid interoperable certificate may also participate in sports competitions of international and highest leagues of team sports if the title of a champion of Latvia for adults is won therein, and also in sports competitions outdoors.

329. The conditions included in Paragraphs 24 and 25, Sub-paragraphs 70.4, 71.2, and 72.2, Paragraph 103, Sub-paragraphs 104.1.1, 104.1.2, and 104.1.4, and Paragraph 238 of this Regulation shall be applied from 15 November 2021. Until the abovementioned date, the employees referred to in Sub-paragraphs 70.4, 71.2, and 72.2, Paragraph 103, Sub-paragraphs 104.1.1, 104.1.2, and 104.1.4, and Paragraph 238 of this Regulation may perform their work duties if they have the test certificate, and the RNA or antigen tests shall be ensured within the scope of routine screening tests paid by the State according to the COVID-19 testing algorithm published on the website of the Centre for such employees who have commenced vaccination with a vaccine authorised by the European Medicines Agency, however, have not completed the vaccination course.

[*8 October 2021*]

330. Until 15 November 2021, the RNA tests shall be ensured within the scope of routine screening tests paid by the State according to the COVID-19 testing algorithm published on the website of the Centre for the employees of prisons referred to in Paragraph 78 of this Regulation who have commenced vaccination with a vaccine authorised by the European Medicines Agency, however, have not completed the vaccination course.

331. Until 15 November 2021, persons who have the test certificate shall also provide the education service (except for the higher education service) and the child supervision service on site and shall present the certificate upon request of the recipient of the service. The service provider shall undergo testing according to the COVID-19 testing algorithm published on the website of the Centre.

332. Until 15 November 2021, an educational institution (except for in study programmes implemented by colleges and higher education institutions) shall:

332.1. organise testing of employees in cooperation with a laboratory performing COVID-19 tests;

332.2. transfer to the relevant laboratory the data on employees (given name(s), surname, personal identity number, sex, address of the declared, registered place of residence or the place of residence indicated by the person, contact information – telephone number, electronic mail address, if any, country of citizenship, date of birth, name of the educational institution).

333. Until 15 November 2021, the service provider involved in the ensuring of the educational process has the obligation to transfer to the laboratory performing COVID-19 tests in the relevant educational institution the data of persons involved in the provision of the service (given name(s), surname, personal identity number, sex, address of the declared, registered place of residence or the place of residence indicated by the person, contact details – telephone number, electronic mail address, if any, country of citizenship, date of birth, name of the educational institution).

334. Until 15 November 2021, a laboratory performing COVID-19 tests for employees of an educational institution and service provider shall inform the relevant educational institution that a positive result of the COVID-19 test has been established in respect of an employee or that no positive results of the COVID-19 test have been established. The service provider has the obligation to inform the relevant educational institution of the positive result of the COVID-19 test of a person involved in the provision of the service.

335. Until 15 November 2021, a person may provide the services referred to in Paragraphs 70, 71, and 72 of this Regulation, and also come into contact with the recipients of the services referred to in Paragraphs 70, 71, and 72 of this Regulation at the place where the service is provided during performance of contractual relations if the person can present a certification (in paper or digital form) of a negative COVID-19 test result if the person has undergone the test within the last 72 hours according to the algorithm published on the website of the Centre.

[*8 October 2021*]

336. Until 15 November 2021, the following shall be ensured in order to prevent the mass spread of COVID-19 infection in long-term social care and social rehabilitation institutions:

336.1. testing of employees with the antigen test. The institution shall ensure that antigen tests are recorded according to the number of tests received and used, additionally including in such records information on the number of tests used for the determination of antigen with a positive test result;

336.2. suspension of an employee from the performance of work duties if his or her antigen test is positive by ordering the employee to contact his or her general practitioner without delay in order to undergo the laboratory testing for the diagnosing of COVID-19, and also identification of the contact persons who must be subject to the self-isolation requirements.

337. A valid vaccination certificate shall be issued to a person who has received the first dose of the Vaxzevria vaccine before 10 October 2021 in the time period from the twenty-second to ninetieth day after receipt of the first dose but not longer than until 31 December 2021, and immediately after receipt of the second dose of the Vaxzevria vaccine.

[*20 October 2021*]

338. The persons who provide the State-funded service of an assistant or companion outdoors or who provide a care service funded within the scope of a draft instrument of European Union policies to a child under 18 years of age at their place of residence shall present the certification (in paper or digital form) of a negative COVID-19 test result to the recipient of the respective service or the legal representative thereof.

[*26 October 2021*]

339. Sub-chapter 4.3 of this Regulation shall come into force on 15 November 2021.

[*9 November 2021*]

340. Paragraph 174.1 of this Regulation shall come into force on 1 January 2022. The conditions referred to in Paragraph 174.1 of this Regulation shall be applied from 1 July 2022 to the medical treatment institutions which have entered into contracts with the National Health Service on the provision of health care services until 31 December 2021.

[*7 December 2021*]

341. The requirements laid down in Sub-paragraph 246.11 of this Regulation shall be applied concurrently with the coming into force of amendments to Cabinet Regulation No. 715 of 3 August 2010, Welfare Requirements for Keeping of Fur Animals, in relation to the requirements regarding the installation of video cameras in an animal holding.

[*21 December 2021*]

342. From 7 March 2022, the persons who are remotely employed in private educational institutions and who are involved in the educational process and the provision thereof shall perform their work duties if they have a vaccination or recovery certificate.

[*15 February 2022 / New wording of the Clause shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

343. Paragraph 148.1 of this Regulation shall come into force on 1 February 2022.

[*6 January 2022*]

344. Until the closing date of the academic year 2021/2022 specified in the internal procedures of a higher education institution or college, the persons studying at higher education institutions and colleges may participate in the study process remotely without a certificate confirming a completed primary vaccination or booster vaccine or a recovery certificate.

[*8 February 2022*]

344.1 Until 25 August 2022, additional learning measures and post-examinations in accordance with Cabinet Regulation No. 11 of 11 January 2022, Procedures for Enrolling Educatees in and Discharging from General Educational Programmes, and also the Mandatory Requirements for Moving Educatees up into the Next Grade, shall be organised also for educatees of grades 10 and 11 in all study subjects (courses) (except for study subjects (courses) from which the educatee has been released) in which the assessment of the study performance of the educatee at the end of the study year has been lower than the mark of 4 or has not been obtained.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

345. Paragraph 181, Sub-paragraphs 184.1, 184.2, 184.4, and Paragraphs 185, 186, 187, 188 of this Regulation are not applied until 31 March 2022.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

346. Paragraphs 24, 33.1, 33.2, 45, 48,​190.1, 190.2, 191.2, 191.3 and 191.4 of this Regulation are applied until 31 March 2022.

[*22 March 2022*]

347. Until the closing date of the academic year 2021/2022 specified in the internal procedures of a higher education institution or college, the persons studying at higher education institutions and colleges may participate in the study process remotely without a vaccination or recovery certificate.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

348. From 1 March 2022 to 31 March 2022, the head of the educational institution in cooperation with the council of the educational institution may, in assessing the epidemiological situation, take a justified decision not to use non-medical covers (of cloth) for educatees of grades 1–3 of a general basic education programme (including in interest-related and vocationally oriented education programmes) during the educational process indoors.

[*15 February 2022 / Paragraph shall come into force on 1 March 2022. See Paragraph 2 of amendments*]

349. Until 31 March 2022, the conditions referred to in Paragraphs 24, 24.1, 25, 103, 103.1, and 104 of this Regulation shall not be applied to the employed citizens of Ukraine or their family members who have left Ukraine in relation to the Russian Federation’s military invasion of Ukraine.

[*15 March 2022*]

350. If, according to this Regulation, a vaccination or recovery certificate is necessary for the performance of work duties, the persons referred to in Paragraph 349 of this Regulation shall, from 1 April 2022, have the obligation to commence vaccination not later than within 14 days from the commencement of work duties and to complete it not later than seven days after the shortest time period indicated in the instructions for the use of the vaccine. If the employee has not commenced or completed vaccination within the specified period, the employer shall suspend the employee from the performance of work duties.

[*15 March 2022*]

351. [23 August 2022]

352. The persons referred to in Paragraphs 103, 103.1, 104, and 104.3 of this Regulation who had a valid recovery certificate as on 31 March 2022 are entitled to perform work duties until 30 June 2022 also after expiry of the term of validity of the recovery certificate.

[*22 March 2022*]

353. The requirement laid down in Paragraphs 103, 103.1, 104 and 104.3 of this Regulation for the need to have a vaccination or recovery certificate shall be in force until 30 June 2022.

[*3 May 2022*]

354. As of 1 June 2022, the requirement laid down in Paragraphs 103, 103.1, 104 and 104.3 of this Regulation for the need to have a vaccination or recovery certificate shall not apply to the persons who acquired or are acquiring education at a general education, including special education, institution or vocational education institution until summer holidays and are being employed during the summer holidays.

[*3 May 2022*]

Prime Minister A. K. Kariņš

Minister for Health D. Pavļuts

**Annex 1**

Cabinet Regulation No. 662

28 September 2021

**Notification of the COVID-19 Outcome**

|  |  |
| --- | --- |
| Name of the medical treatment institution |  |

Code ▢▢▢▢▢▢▢▢▢

|  |  |
| --- | --- |
| Given name(s), surname of the physician |  |

Telephone ▢▢▢▢▢▢▢▢

|  |  |
| --- | --- |
| 1. Given name(s), surname of the patient |  |

2. Personal identity number ▢▢▢▢▢▢ – ▢▢▢▢▢ or

date of birth ▢▢/▢▢/▢▢▢▢

3. Sex: ▢ female ▢ male

age (years): ▢ ▢ ▢

|  |  |
| --- | --- |
| 4. Actual place of residence |  |

5. Date of admission ▢▢/▢▢/▢▢▢▢

|  |  |
| --- | --- |
| 6. Name of the institution |  |

|  |  |
| --- | --- |
| 7. Admission diagnosis |  |

8. If hospitalised in ICU, date ▢▢/▢▢/▢▢▢▢

9. Discharge from ICU, date ▢▢/▢▢/▢▢▢▢

10. Supporting therapy:

▢ oxygen therapy

▢ pulmonary artificial ventilation

▢ ECMO

11. Outcome:

▢ discharged

▢ death

12. Date of discharge or death ▢▢/▢▢/▢▢▢▢

13. Date of the laboratory determination of SARS-CoV-2 ▢▢/▢▢/▢▢▢▢

14. Chronic illnesses and other risk factors:

▢ yes (mark)

▢ no

▢ unknown

▢ cardiovascular disease

▢ diabetes mellitus

▢ hypertension

▢ oncological illness

▢ asthma

▢ tuberculosis

▢ pulmonary disease

▢ immunosuppression, including HIV

▢ liver disease

▢ immunosuppression due to the use of medicinal products

▢ renal disease

▢ adiposity

▢ neurological or neuro-muscular disease

▢ pregnancy (weeks)

▢ asplenia

▢ post-natal period up to 6 weeks

▢ other

15. Complications:

▢ ARDS

▢ bacterial pneumonia

▢ acute renal deficiency

▢ bronchiolitis

▢ other secondary bacterial infection

▢ heart failure

▢ myocarditis

▢ sepsis

▢ multiple organ failure

▢ encephalitis

▢ Kawasaki syndrome

▢ other

16. Has patient has used any medicinal products before onset of the disease:

▢ yes (mark)

▢ no

▢ unknown

|  |  |
| --- | --- |
| ▢ angiotensin-converting-enzyme (ACE) inhibitors |  |
| ▢ angiotensin II receptor blockers (ARB) |  |
| ▢ non-steroidal anti-inflammatory substances |  |

17. Other agents have been determined for the patient in laboratory:

▢ yes (mark)

▢ no

▢ unknown

|  |  |
| --- | --- |
| Clinical material |  |
| Agent |  |

18. Vaccination against influenza and pneumococcal infection:

against influenza in this season:

▢ vaccinated

▢ not vaccinated

▢ unknown

against pneumococcal infection:

▢ vaccinated

▢ not vaccinated

▢ unknown

19. In case of death of the patient, whether an autopsy has been performed:

▢ yes (mark)

▢ no

▢ unknown

|  |  |
| --- | --- |
| Autopsy result |  |

20. Cause of death in the medical certificate according to the ICD-10:

Part I ▢▢▢▢, ▢▢▢▢, ▢▢▢▢, ▢▢▢▢

Part II ▢▢▢▢, ▢▢▢▢, ▢▢▢▢, ▢▢▢▢

Part III ▢▢▢▢, ▢▢▢▢, ▢▢▢▢, ▢▢▢▢

|  |  |
| --- | --- |
| 21. Additional information |  |

Fill-in date\* ▢▢/▢▢/▢▢▢▢

Signature of the physician\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place for a seal\*

Note. \* The details of the document “signature”, “date”, and “place for a seal” shall not be completed if the electronic document has been drawn up in accordance with the laws and regulations regarding drawing up of electronic documents.

**Annex 2**

Cabinet Regulation No. 662

28 September 2021

[*14 December 2021*]

**Form for the Evaluation of the Health Condition of a Person before Vaccination against COVID-19**

|  |  |
| --- | --- |
| Institution performing vaccination |  |
|  | (name and registration code) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION OF THE PERSON** | | | Date |  |
|  | |  | |  |
| Given name, surname of the person |  | | | |

Personal identity number

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | - |  |  |  |  |  |

Please answer the following questions regarding your health condition (circle as appropriate):

|  |  |  |
| --- | --- | --- |
| Are you aware of an allergy to any of the substances in the vaccine (polyethylene glycol (PEG) or other substances containing PEGylated molecules)? | Yes | No |
| Have you ever had anaphylactic reactions (severe allergic reaction) to any vaccine or an injectable medication? | Yes | No |
| Do you experience any symptoms of acute infection at the moment, do you have temperature or other complaints about well-being? | Yes | No |
| Are you currently using immunosuppressive agents, glucocorticoids, biological medicinal products, beta blockers? | Yes | No |
| Are you pregnant (for women)? | Yes | No |
| Have you received any other vaccination in the last 14 days? | Yes | No |
| Have you been diagnosed with COVID-19 infection with a positive SARS-CoV-2 PCR test result? | Yes | No |
| Have you already received any vaccination against COVID-19? | Yes | No |
| Are you using oral contraception (for women)? | Yes | No |
| Do you smoke? | Yes | No |
| Have you undergone a serious, extended (45< min) surgical operation within the last three months? | Yes | No |
| Have you been subject to restricted mobility for an extended period of time, for example, by sitting for 14 hours in a row or sleeping for more than 12 hours (confinement to bed after surgical intervention, fractures), within the last month? | Yes | No |
| Have you had a leg fracture, prosthetic procedure of the pelvic bone or knee within the last three months? | Yes | No |
| Have you undergone medical treatment at a hospital due to myocardial infarction, heart failure, or atrial fibrillation? | Yes | No |
| Have you had thrombi? | Yes | No |
| Are you currently undergoing chemotherapy due to a tumour? | Yes | No |
| Have you previously had immune thrombocytopenia (had haemorrhage due to a low platelet level or suffer from haematomas or superficial haemorrhage in the skin and registered by a haematologist due to this problem)? | Yes | No |
| Have you been diagnosed with the capillary leak syndrome (leakage of liquid from the small blood vessels)? | Yes | No |

**In relation to epidemiological risks upon receipt of a booster vaccine**

|  |  |  |
| --- | --- | --- |
| Do you have extended mutual interactions with other persons outside the household during which you come into physical contact with them or are closer than two metres to them for an extended period of time, are indoors (for example, in a classroom, conference room, waiting zone of a hospital, office), or regularly travel on a public transport for more than 15 minutes? | Yes | No |
| Are you subjected to high risk of infection by being in direct contact and communicating with persons whose health condition is unknown? | Yes | No |
| Are you suffering from a chronic disease? | Yes | No |

The person confirms that he or she has provided truthful information and that the medical practitioner/pharmacist has provided information on vaccination.

|  |  |  |  |
| --- | --- | --- | --- |
| Person to be vaccinated  (or the lawful, authorised representative) |  |  |  |
|  | (signature) |  | (full name) |

**SECTION OF THE MEDICAL PRACTITIONER/PHARMACIST**

Age of the person in full years \_\_\_\_\_\_\_\_\_\_\_\_

**Surveyed risk factors:**

|  |  |
| --- | --- |
| NONE |  |
| PRESENT |  |

Information on the COVID-19 vaccines received and on the designated COVID-19 vaccine:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the vaccine | COVID-19 vaccine received\* | | Designated COVID-19 vaccine | | | |
| serial number | date | 1st dose | 2nd dose | additional dose (2nd or 3rd dose)  for an immunosuppressive patient;  not earlier than 28 days after the 2nd dose, in case of Janssen – after the 1st dose | booster vaccine  (2nd or 3rd dose) |
| *Vaxzevria* |  |  |  |  |  | not earlier than 6 months after the 2nd dose |
| *Comirnaty* |  |  |  |  |  | not earlier than 6 months after the 2nd dose |
| *Spikevax* |  |  |  |  |  | not earlier than 6 months after the 2nd dose;  preferably closer to 8 months   full dose – 0.5 ml   half dose – 0.25 ml |
| *Janssen* |  |  |  |  |  | not earlier than 8 months after the 1st dose |

Note. \* To be completed if COVID-19 vaccine has been received. If several COVID-19 vaccines have been received, information on the last dose of vaccine received shall be indicated in the table.

Notes of the medical practitioner/pharmacist and the decision to allow or refuse vaccination:

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
| Vaccination allowed | Vaccination postponed until  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Vaccination contraindicated because

|  |
| --- |
|  |

The medical practitioner/pharmacist who performed survey before vaccination

|  |
| --- |
|  |
| (given name, surname, medical treatment institution or pharmacy, position) |

|  |  |  |
| --- | --- | --- |
| Signature |  |  |

|  |  |  |
| --- | --- | --- |
| Name and amount of the administered vaccine |  |  |
|  |  |  |

The medical practitioner/pharmacist who administered the vaccine

|  |
| --- |
|  |
| (given name, surname) |

|  |  |  |
| --- | --- | --- |
| Signature |  |  |

**Annex 3**

Cabinet Regulation No. 662

28 September 2021

**COVID-19 Testing Report**

|  |  |
| --- | --- |
| 1. | Nationality of the personal identifier or the issuing country of the presented identity document of the patient |
| 2. | If the issuing country of the document presented is Latvia – the Latvian personal identity number of the patient |
| 3. | If the issuing country of the document presented is other than Latvia – the foreign personal identity number of the patient or personal registration number |
| 4. | Given name(s) of the patient |
| 5. | Surname of the patient |
| 6. | Date of birth of the patient |
| 7. | Sex of the patient |
| 8. | Address of the place of stay in Latvia of the patient |
| 9. | Telephone number of the patient with an area code |
| 10. | E-mail of the patient |
| 11. | Contact persons of the patient (contact person type, contact details) |
| 12. | Person ordering the COVID-19 testing |
| 13. | If the COVID-19 testing is ordered by the Centre for Disease Prevention and Control or the Health Inspectorate, the name of the group to be tested (for example, name of the undertaking, school) and contact information |
| 14. | Information on the referral to COVID-19 testing: |
| 14.1. | payer for the COVID-19 testing |
| 14.2. | subject of the COVID-19 testing |
| 14.3. | type of the COVID-19 testing |
| 14.4. | name of the COVID-19 rapid antigen test |
| 14.5. | manufacturer of the COVID-19 rapid antigen test |
| 15. | Unique identifier of the sample |
| 16. | Sample type |
| 17. | Date and time of taking the sample |
| 18. | Medical practitioner who is responsible for the COVID-19 test result (given name(s) and surname) |
| 19. | Identifier assigned by the Health Inspectorate to the medical practitioner who is responsible for the COVID-19 test result |
| 20. | Name, code, address, and telephone number of the medical treatment institution |
| 21. | Status of the COVID-19 test result |
| 22. | Date and time of the COVID-19 test result |
| 23. | COVID-19 test result |
| 24. | Information on the strain of virus to be identified |