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25 June 2002 [shall come into force on 29 June 2002];

29 July 2003 [shall come into force on 7 August 2003];

20 April 2004 [shall come into force on 29 April 2004];

4 April 2006 [shall come into force on 8 April 2006];

3 July 2007 [shall come into force on 7 July 2007];

30 June 2008 [shall come into force on 3 July 2008];

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28 November 2023 [shall come into force on 30 November 2023].

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. 7

Adopted 5 January 1999

**Procedures for Registration of Infectious Diseases**

*Issued pursuant to*

*Section 10, Section 11.1, Paragraph seven, and Section 14, Paragraph one, Clause 4 of the Epidemiological Safety Law*

[*28 November 2023*]

1. This Regulation prescribes the procedures by which:

1.1. the cases where human infectious diseases and infection therewith (hereinafter – infectious diseases) have been determined and cases where infectious disease-causing agents have been determined shall be registered;

1.2. the Food and Veterinary Service and the Centre for Disease Prevention and Control shall exchange information regarding cases where infectious diseases referred to in Annex 1 to this Regulation have been detected in humans or animals, as well as regarding cases where the disease causing agents have been detected in food products or in the environment of food undertakings;

1.3. data shall be received, included, and processed in the unified digital epidemiological system (hereinafter – the EPID system), the scope of that data, the storage periods, and the access provisions, the content of patient questionnaire, and the submission procedures thereof, and also the procedures for obtaining, processing, and storing information from the National Health Service information systems the data of which are received, included, and processed in the EPID system.

[*25 June 2002; 8 September 2009; 15 May 2012; 28 November 2023*]

2. Registration of infectious diseases and their causal agents in the case of their determination shall be an epidemiological surveillance measure that includes reporting on infectious diseases and recording thereof.

3. The recording of agents of infectious diseases and of infectious diseases detected in the laboratory in accordance with Annexes 2 and 3 to this Regulation shall be insured by the Centre for Disease Prevention and Control and an epidemiologist of the relevant regional division thereof.

[*15 May 2012*]

4. Information regarding the spread of infectious diseases and epidemiological situation (retaining the confidentiality of personal statistical data) shall be available to all natural and legal persons.

5. [4 April 2006]

6. If a medical practitioner has established that a patient has an infectious disease referred to in Annex 2 to this Regulation or if he or she has professionally grounded suspicions that a patient has become infected with the disease referred to in Annex 2 to this Regulation, the medical practitioner, in accordance with Paragraph 7 of this Regulation, shall notify regarding:

6.1. diagnosis of the infectious disease;

6.2. change or cancelling of the diagnosis of the infectious disease;

6.3. the final diagnosis of the infectious disease, laboratory confirmation thereof and the outcome of the disease;

6.4. [4 April 2006];

6.5. [8 September 2009].

[*4 April 2006*]

7. If an infectious disease is determined or professionally grounded suspicions arise regarding infection of a patient with an infectious disease, a medical practitioner shall:

7.1. regarding the diseases referred to in group 1 of Annex 2 to this Regulation, report without delay to the Centre for Disease Prevention and Control at any time of day or night by telephone and in writing by sending a completed urgent report form by fax, by post, by courier or electronically, and register the fact of notification in the medical documentation of the patient;

7.2. regarding the diseases referred to in group 2 of Annex 2 to this Regulation, report to the epidemiologist of the relevant regional division of the Centre for Disease Prevention and Control within one working day by telephone and in writing if it is the first notification on the infectious disease, or within three working days in writing if it is a notification on changing or revoking the diagnosis of an infectious disease or the final diagnosis of an infectious disease, its confirmation by the laboratory and the outcome of the disease. Written notification is sending a completed urgent report form by fax, by post, by courier or electronically, and registering the fact of notification in the medical documentation of the patient;

7.3. regarding the diseases referred to in group 3 of Annex 2 to this Regulation (except human immunodeficiency virus (HIV) infection, AIDS and tuberculosis), report to the epidemiologist of the relevant regional division of the Centre for Disease Prevention and Control in writing within three working days by sending a completed urgent report form by fax, by post, by courier or electronically, and register the fact of notification in the medical documentation of the patient;

7.4. regarding human immunodeficiency virus (HIV) infection, AIDS, and tuberculosis, report to the Centre for Disease Prevention and Control within three working days in writing or electronically by completing the medical documentation in accordance with the laws and regulations regarding the procedures for keeping medical records of medical treatment institutions. In case of HIV infection and AIDS, written or electronic reporting may be replaced with entering this information in online mode into the register of patients suffering from certain diseases in accordance with the laws and regulations that determine the procedures for creating, supplementing, and maintaining such register.

[*8 September 2009; 15 May 2012; 30 July 2013; 2 June 2020*]

7.1 If the possible infectious disease has been first determined by a medical practitioner of the emergency medical assistance team, it shall provide the urgent report only regarding non-hospitalised persons. If the person is hospitalised and the diagnosis of a possible infectious disease is not rescinded, the urgent report shall be provided by the medical practitioner of the hospital’s admission department.

[*4 April 2006*]

7.2 Prior to notifying the Centre for Disease Prevention and Control or an epidemiologist of the respective regional division thereof, the medical practitioners shall inform the person regarding whom the notification is being made, indicating the objective of the notification and attesting that the information provided in the urgent report form will only be used for the epidemiological surveillance and for ensuring of counter-epidemic measures. If the person regarding whom the notification is being made is a minor or his or her capacity to act is restricted by a court judgement, the legal representative of such person shall be informed.

[*19 May 2015*]

7.3 The head of an educational institution, social care institution, or another institution shall ensure the provision of information to the Centre for Disease Prevention and Control by telephone, electronically, or online in the case of a suspected case of a group illness (there are two (or more) persons in the institution with the following signs of infectious disease – diarrhoea, vomiting, jaundice of skin, mucous membrane or the whites of the eye, increased body temperature, rash or other skin damages) by entering the following information in the EPID system:

7.31. on the group illness – the name, address of the institution, the address of contracting the disease (if the institution is located at several addresses);

7.32. the responsible person of the institution who has provided information on the group illness in the institution – telephone, e-mail address (if any);

7.33. the number of persons who have become ill in the institution;

7.34. the date of detecting the first case of illness;

7.35. on the detected persons who have become ill in the institution – the person’s given name, surname, personal identity number, date of birth, unless the personal identity number shows it, address of the person’s place of residence if it does not match the address of the institution, contact telephone number and/or e-mail of the person or lawful representative, link of the person with the institution (client, educatee, employee), date when the person has become ill;

7.36. the most characteristic signs of the illness.

[*28 November 2023*]

7.4 If a patient suffering from gonorrhoea has not had any sexual contact while undergoing medical treatment with ceftriaxone or cefixime and clinical symptoms of gonorrhoea have not disappeared, the medical practitioner shall notify the epidemiologist of the relevant division of the Centre for Disease Prevention and Control thereof in writing within three working days by sending a completed urgent report form by fax, by post, by courier, or electronically, and register the fact of notification in the medical documentation of the patient.

[*22 January 2013; 2 June 2020*]

7.5 [2 June 2020]

8. The territorial unit of the Food and Veterinary Service and the epidemiologist of the relevant regional division of the Centre for Disease Prevention and Control shall, within not more than two days, exchange information regarding the cases when infectious diseases or the relevant disease-causing agents have been detected if:

8.1. substantiated suspicions regarding infection of a human while using certain food products in nutrition or being in contact with animals have arisen, as well as if the disease-causing agents have been detected in food products or in the environment of food undertakings;

8.2. any of the diseases referred to in Annex 1 to this Regulation has been detected in an animal and there is a possibility of human infection.

[*25 June 2002; 3 July 2007; 8 September 2009; 15 May 2012*]

9. [8 September 2009]

9.1 After isolation of a micro-organism culture from a human material sample, and also when isolating a micro-organism from any sample taken within the scope of epidemiological investigation or when implementing an epidemiological surveillance programme, the head of the laboratory or an authorised person thereof shall send the sample for detailed examination to a laboratory accredited by *sabiedrība ar ierobežotu atbildību “Standartizācijas, metroloģijas un akreditācijas centrs”* [limited liability company Standardisation, Accreditation and Meteorology Centre] in accordance with the standard LVS EN ISO 15189:2013 “Medical laboratories. Requirements for quality and competence (ISO 15189:2012). Particular requirements for quality and competence” and regarding the accreditation of which the Ministry of Economics has notified in the official gazette *Latvijas Vēstnesis*, and which performs functions of the national reference centre in the field of microbiology and virology (hereinafter – the reference laboratory). The reference laboratory shall carry out the following:

9.11. identification and typing with detection of toxigenicity if the isolated culture of micro-organism is *Corynebacterium diphtheria, Corynebacterium ulcerans*, or *Corynebacterium pseudotuberculosis*;

9.12. identification and typing if the isolated culture of micro-organism is *Neisseria meningitidis*;

9.13. [8 September 2009];

9.14. [8 September 2009];

9.15. affirmative testing of carbapenem-producing micro-organisms of genus *Enterobacteriaceae*.

[*30 June 2008; 8 September 2009; 22 January 2013; 19 May 2015*]

9.2 The medical practitioner shall ensure the delivery of the human material sample to the reference laboratory in order to carry out the investigations referred to in Annex 3 to this Regulation if there is substantiated suspicion regarding patient’s falling ill with:

9.21. [30 June 2008];

9.22. [30 June 2008];

9.23. [30 June 2008];

9.24. hantavirus infection;

9.25. [30 June 2008];

9.26. [30 June 2008];

9.27. poliomyelitis and other enterovirus infection with meningitis serosa and encephalitis;

9.28. avian influenza virus or another influenza virus, which is considered by the World Health Organisation as a potential agent of pandemic;

9.29. West Nile fever;

9.210. [30 June 2008];

9.211. measles, rubella and epidemic parotitis (in order to perform isolation of viruses, detection of nucleic acids and genotyping);

9.212. Dengue virus;

9.213. Q fever (Coxiella burnetii);

9.214. any dangerous infectious disease referred to in Annex 2 to this Regulation.

[*3 July 2007; 30 June 2008; 8 September 2009; 22 January 2013*]

9.3 The head of the laboratory or an authorised person thereof shall ensure that a primary positive clinical sample is supplied to the reference laboratory for confirmatory diagnostics if the following has been established:

9.31. HIV antibodies or HIV antigen;

9.32. antibodies of IgM class of the virus of mumps, measles or rubella virus. In case of the outbreak of the abovementioned diseases (10 and more cases of illness), the head of the laboratory or an authorised person thereof shall agree with the Centre for Disease Prevention and Control on the number of samples to be supplied for approval in the reference laboratory;

9.33. hepatitis C virus antibodies and it is not possible to perform the confirmatory testing for hepatitis C in the laboratory;

9.34. hepatitis B surface antigen (HBsAg) and it is not possible to perform the confirmatory diagnostics for hepatitis B in the laboratory;

9.35. antibodies against *Treponema pallidum* in a donor or a pregnant woman and it is not possible to perform the confirmatory diagnostics for *Treponema pallidum* in the laboratory.

[*30 June 2008; 8 September 2009; 15 May 2012; 22 January 2013; 30 July 2013; 19 May 2015; 12 December 2017; 2 June 2020. The requirement referred to in Sub-paragraphs 9.34 and 9.35 shall be applied from 1 January 2021. See Paragraph 17*]

9.4 If a medical practitioner has professionally grounded suspicions regarding a patient being infected with any of the infectious diseases referred to in Annex 3 to this Regulation, the medical practitioner shall ensure laboratory investigation of the patient using any of the methods for determining the presence of an agent indicated in Annex 3 to this Regulation. For diagnostics for COVID-19 infection, a medical practitioner shall act in accordance with the conditions published on the website of the Centre for Disease Prevention and Control regarding the diagnostics for COVID-19 infection. In case of an outbreak (10 and more cases of illness), the medical practitioner of a closed group shall co-ordinate the number of patients to be undergoing laboratory investigation with the Centre for Disease Prevention and Control.

[*28 November 2023*]

9.5 After isolation of *Salmonella, Shigella, Yersinia, Campylobacter, Listeria,* Shiga toxin/verotoxin-producing *Escherichia coli* (hereinafter – STEC/VTEC), and culture of *Streptococcus pneumoniae* micro-organisms from a human sample (in case of *Streptococcus pneumoniae*, if it has been isolated from cerebrospinal fluid or other usually sterile clinical material), and also when isolating the abovementioned agents from any sample taken within the scope of epidemiological investigation or epidemiological surveillance, the laboratory shall ensure the typing of the isolated agent, determining the serotype for *Salmonella, Shigella, Yersinia, Listeria*, STEC/VTEC, and *Streptococcus pneumoniae* cultures and cultures of *Campylobacter* species. If there are no technical possibilities of determining the serotype or species of the agent at the laboratory, the head of the laboratory or an authorised person thereof shall send the culture of the isolated agent for detailed investigation to the laboratory referred to in Paragraph 9.1 of this Regulation. In case of an outbreak (10 and more cases of contracting or infection) the head of the laboratory or his or her authorised person shall co-ordinate the quantity of isolated cultures of agents subject to typing with the epidemiologist of the relevant regional division of the Centre for Disease Prevention and Control.

[*22 January 2013; 19 May 2015*]

9.6 If, during the epidemiological investigation, a detailed examination of the patient’s clinical sample or infectious disease-causing agent is required, an epidemiologist of the relevant regional division of the Centre for Disease Prevention and Control is entitled to:

9.61. request that the head of the laboratory ensures that a sample of the isolated infectious disease-causing agent is supplied to the laboratory referred to in Paragraph 9.1 of this Regulation;

9.62. organise the acquisition of the patient’s clinical sample and the supply thereof to the laboratory referred to in Paragraph 9.1 of this Regulation, if necessary, in cooperation with the attending physician of the patient.

[*2 June 2020*]

9.7 If, during the epidemiological investigation, an epidemiologist of the relevant regional division of the Centre for Disease Prevention and Control has established a person who has signs of an infectious disease which correspond to the clinical and epidemiological criteria specified in the definition of cases of the relevant infectious disease and no urgent report has been received in respect of this person since he or she has not sought medical assistance, the epidemiologist of the relevant regional division of the Centre for Disease Prevention and Control has an obligation to register this case and to notify the family doctor of the person or the competent epidemiological surveillance authority of the country of residence of the person of this fact.

[*2 June 2020*]

10. The head of the laboratory or an authorised person thereof shall notify the epidemiologist of the relevant regional division of the Centre for Disease Prevention and Control of direct or indirect detection of the presence of infectious disease-causing agents indicated in Annex 3 to this Regulation in the examined human material sample, approval, or typing:

10.1. regarding agents referred to in group 1 without delay by telephone, and register the fact of notification;

10.2. regarding agents referred to in group 2 within 72 hours, by sending completed form of urgent notification by fax, by post, by courier or electronically, and register the fact of notification.

[*8 September 2009; 15 May 2012; 19 May 2015*]

10.1 The head of the laboratory or an authorised person thereof shall, by the fifth date of each month, submit to the Centre for Disease Prevention and Control a report on the carried-out HIV tests in accordance with the laws and regulations regarding the procedures for the record-keeping of medical and registration documentation of medical treatment institutions.

[*30 June 2008; 8 September 2009; 15 May 2012; 19 May 2015*]

10.2 If the head of the laboratory or an authorised person thereof, in accordance with Paragraph 10 of this Regulation, reports on the isolation of the agent *Neisseria gonorrhoeae* referred to in Section I, Paragraph 17 of Annex 3 to this Regulation, the method and result of testing the sensitivity to antimicrobials shall be indicated in the urgent report form, if such testing has been performed. If there are no technical possibilities of determining the sensitivity of the agent *Neisseria gonorrhoeae* to ceftriaxone or cefixime or any other requested antimicrobial at the laboratory, the head of the laboratory or an authorised person thereof shall send the culture of micro-organism to the laboratory referred to in Paragraph 9.1 of this Regulation for determination of sensitivity to ceftriaxone, cefixime, ciprofloxacin, azitromycin, spectinomycin, gentamycin, and tetracycline.

[*22 January 2013; 19 May 2015*]

10.3 If the laboratory has performed confirmatory diagnostics for HIV infection, the head of the laboratory or an authorised person thereof shall, within three working days and in online mode, enter information on the positive result of the HIV confirmatory test into the register of patients suffering from certain diseases in accordance with the laws and regulations that determine the procedures for creating, supplementing, and maintaining such register.

[*2 June 2020*]

10.4 The head of the laboratory or an authorised person thereof shall, within three working days, send the testing report to the Centre for Disease Prevention and Control on the result of determining the sensitivity of the isolated *Micobacterium tuberculosis* against first-line and second-line medicinal products, including tests performed using molecular diagnostic methods.

[*2 June 2020*]

10.5 The head of the laboratory or an authorised person thereof shall, each quarter by the fifth day of the first month of the quarter, submit a report to the Centre for Disease Prevention on the primary isolated micro-organisms of *S. aureus, S. pneumoniae, E. coli, K. pneumoniae, P. aeruginosa, E. faecium/faecalis, and Acinetobacter spp./Acinetobacter baumannii*, completing the form indicated in Annex 4 to this Regulation regarding the respective agent.

[*19 May 2015 / The requirement referred to in Paragraph to report on the primary isolated micro-organisms of Acinetobacter spp./Acinetobacter baumannii shall come into force on 1 July 2015. See Paragraph 16*]

10.6If a person undergoes laboratory investigation for COVID-19 infection:

10.61. the head of the laboratory or his or her authorised person shall ensure that information on the results of laboratory testing is transmitted to the unified electronic information system of the health sector;

10.62. the Centre for Disease Prevention and Control shall receive, process, and accumulate the data referred to in Sub-paragraph 10.61 of this Regulation by using the EPID system.

[*28 November 2023*]

11. [8 September 2009]

12. [4 April 2006]

12.1 [19 May 2015]

13. The compliance with this Regulation shall be controlled by the Health Inspectorate.

[*30 June 2008*]

14. [25 June 2002]

14.1 By 1 October 2009 in the case referred to in Sub-paragraph 7.4 of this Regulation the medical practitioner shall complete the medical documentation regarding patients diagnosed with tuberculosis in accordance with the laws and regulations regarding the procedures for the record-keeping of medical and registration documentation of medical treatment institutions and send it to the State Agency of Tuberculosis and Lung Diseases within three days.

[*8 September 2009*]

15. The procedures referred to in Paragraph 10.5 of this Regulation shall apply from 1 April 2013.

[*22 January 2013*]

16. The requirement referred to in Paragraph 10.5 of this Regulation to report on the primary isolated micro-organism of *Acinetobacter spp./Acinetobacter baumannii* shall come into force on 1 July 2015.

[*19 May 2015*]

17. The requirement referred to in Sub-paragraphs 9.34 and 9.35 of this Regulation shall be applicable from 1 January 2021.

[*2 June 2020*]

18. The EPID system shall contain the following epidemiological surveillance data:

18.1. on the results of laboratory testing for COVID-19 infection;

18.2. on the cases of contracting COVID-19 infection:

18.2.1. personal data of the person infected with SARS-CoV-2 coronavirus (given name, surname, personal identity number, sex, age, telephone number, electronic mail address, address of the place of residence, occupation, and/or place of employment or another place of stay during potential infection and development of infection);

18.2.2. data of the exposed person (given name, surname, personal identity number, sex, age, telephone number, and/or electronic mail address, address of the place of residence, occupation, and/or place of employment, or another place of stay during development of potential infection);

18.2.3. epidemiologically relevant information on the health of the person referred to in Sub-paragraph 18.2.1 of this Regulation (the date of becoming ill, disease symptoms, significant complications, clinical progression of the infectious disease, diagnosis, code of diagnosis, date of making the diagnosis, information on the sample examined at the laboratory for confirming the diagnosis of the infectious disease, result of laboratory testing, information on the laboratory where the testing was carried out, vaccination status, pregnancy, outcome of the illness (recovery, chronic course, death));

18.2.4. information on the medical treatment institution where medical assistance was provided, including hospitalisation in relation to the specific episode of infection;

18.2.5. information on the circumstances of infection of the person referred to in Sub-paragraph 18.2.1 of this Regulation according to the means of spreading of the particular infectious disease:

18.2.5.1. source of infection (human, animal);

18.2.5.2. site affected by the infectious disease (place of residence, place of employment, or another place of stay, its name and address, including place of residence outside Latvia);

18.2.5.3. risk factor of infecting (for example, being under the same circumstances of infection as other infected persons, travel, contact with animals, attending a public event);

18.2.5.4. counter-epidemic measures organised at the focus of infection;

18.2.6. information on the lawful representative of the person referred to in Sub-paragraph 18.2.1 of this Regulation or of the exposed person (given name, surname, telephone number and/or electronic mail address);

18.2.7. information on the general practitioner of the person referred to in Sub-paragraph 18.2.1 of this Regulation (given name, surname, telephone number and/or electronic mail address);

18.2.8. personal data of the person responsible for the site affected by the infection (given name, surname, position, telephone number and/or electronic mail address);

18.2.9. information on the case of infection of the exposed person;

18.2.10. information on the outbreak of infectious disease (associating the case of infectious disease on the basis of epidemiological factors);

18.2.11. other information important for epidemiological investigation, organisation of counter-epidemic measures, and analysis of epidemiological surveillance data;

18.3. on the cases of the group illness referred to in Paragraph 7.3 of this Regulation.

[*28 November 2023*]

19. The information referred to in Paragraph 18 of this Regulation shall be received and included in the EPID system:

19.1. upon epidemiological investigation of the case of an infectious disease and organisation of counter-epidemic measures performed by an epidemiologist of the Centre for Disease Prevention and Control, including questioning of the patient or his or her lawful representative, exposed persons, medical practitioner, employer, and other persons, examining medical and other documentation, surveying the site affected by the infectious disease, obtaining results from environmental specimen testing, or otherwise receiving epidemiologically relevant information;

19.2. upon receipt of data from State information systems in accordance with the procedures laid down in Paragraph 23 of this Regulation.

[*28 November 2023*]

20. In case of the outbreak of COVID-19 infection involving a large number of persons, the Centre for Disease Prevention and Control is entitled to take the decision to commence online questioning of infected persons by using the EPID system. During online questioning, the infected person or his or her lawful representative shall be provided with information on further actions to restrict the spread of the infection.

[*28 November 2023*]

21. In the case referred to in Paragraph 20 of this Regulation, the Centre for Disease Prevention and Control shall provide a person who has tested positive for COVID-19 infection or lawful representative of the respective person with a possibility to:

21.1. access online the COVID-19 infection test result;

21.2. to complete an online questionnaire form for the purpose of epidemiological investigation, providing the following information:

21.2.1. information on the infected person (given name, surname, personal identity number, date of birth, sex, telephone number and/or electronic mail address, place of isolation, or address of the actual place of residence);

21.2.2. information on the reason for testing;

21.2.3. information on disease symptoms (date when the symptoms have appeared, indication of an asymptomatic case);

21.2.4. information on the circumstances of infection:

21.2.4.1. information on the person from whom the infection is likely to have occurred (given name, surname, personal identity number, telephone number and/or electronic mail address), and the place of infection (for example, place of residence, place of employment, medical treatment institution), if known;

21.2.4.2. visited countries and places (information on the countries visited by the infected person during the incubation period, information on the places visited by the infected person during the infectious period, use of intercity transport);

21.2.5. data of the exposed person (given name, surname, personal identity number, sex, age, telephone number and/or electronic mail address, address of the place of residence, occupation and/or place of employment, or another place of stay during the development of potential infection);

21.2.6. information on the lawful representative of the infected person or of the exposed person (given name, surname, telephone number and/or electronic mail address);

21.3. receive online recommendations for further actions to reduce the risk of spreading COVID-19 infection.

[*28 November 2023*]

22. Processing of the data included in the EPID system shall be organised by complying with the general technical and safety requirements of the State information systems. The Centre for Disease Prevention and Control shall process and update data in the EPID system on the cases of infectious diseases as soon as they are received as new reports from a medical practitioner or laboratory or, in case of an infectious disease, obtaining additional information during the course of epidemiological investigation.

[*28 November 2023*]

23. The following data shall be included and processed in the EPID system:

23.1. data from the unified electronic information system of the health sector on the following:

23.1.1. COVID-19 infection laboratory tests of persons;

23.1.2. declared place of residence, contact telephone, lawful representative, general practitioner of the person referred to in Sub-paragraph 18.2.1 of this Regulation or of the exposed person;

23.1.3. hospitalisation facts of the person referred to in Sub-paragraph 18.2.1 of this Regulation in respect of the specific episode of infectious disease;

23.1.4. vaccination facts of the person referred to in Sub-paragraph 18.2.1 of this Regulation and of the exposed person;

23.1.5. other epidemiologically relevant information regarding the person referred to in Sub-paragraph 18.2.1 of this Regulation which is available according to an agreement entered into between the National Health Service and the Centre for Disease Prevention and Control;

23.2. data of the online questionnaire form of the infected person referred to in Sub-paragraph 18.2.1 and Paragraph 21 of this Regulation;

23.3. data referred to in Paragraph 7.3 of this Regulation on the cases of the group illness in an institution.

[*28 November 2023*]

24. The information included in the EPID system shall be stored electronically.

[*28 November 2023*]

25. The data identifying the person referred to in Sub-paragraph 18.2.1 of this Regulation and the data identifying the person referred to in Sub-paragraphs 18.2.2, 18.2.4, 18.2.6, and 18.2.7 of this Regulations shall be stored in the EPID system until 31 December of the following year.

[*28 November 2023*]

26. The information included in the EPID system is restricted access information. Only authorised employees of the Centre for Disease Prevention and Control shall have access to the data included in the EPID system.

[*28 November 2023*]

Prime Minister V. Krištopans

Minister for Welfare V. Makarovs

**Annex 1**

Cabinet Regulation No. 7

5 January 1999

[*14 June 2022*]

**Infectious Diseases from which Both Humans and Animals Suffer**

The territorial unit of the Food and Veterinary Service and the epidemiologist of the relevant regional division of the Centre for Disease Prevention and Control shall exchange information in case if the following infectious disease is determined in a human or animal:

1. Brucellosis

2. *E. coli*O157:H7 infection

3. Echinococcosis

4. Tick-borne viral encephalitis

5. Yersiniosis

6. Campylobacteriosis

7. Leptospirosis

8. Anthrax (Syberian plague)

9. Listeriosis

10. Ornithosis (psittacosis)

11. Q-fever and other rickettsioses

12. Salmonellosis

13. Rabies

14. Trichinellosis

15. Tularaemia

16. Plague

17. Avian influenza or other reemerged zoonosis

18. Monkey pox

**Annex 2**

Cabinet Regulation No. 7

5 January 1999

[*28 November 2023*]

**Infectious Diseases Subject to Registration**

|  |  |  |
| --- | --- | --- |
| No. | Infectious disease subject to registration | Group |
| 1. | Acute flaccid paralysis for children up to 15 years of age | 2. |
| 2. | Acute viral hepatitis | 2. |
| 3. | Smallpox1 | 1. |
| 4. | Botulism | 2. |
| 5. | Brucellosis | 2. |
| 6. | Human Immunodeficiency Virus (HIV) infection and AIDS | 3. |
| 7. | Another dangerous infectious disease, having emerged anew1 | 1. |
| 8. | Dengue fever | 3.2 |
| 9. | Diphtheria and carrying diphtheria agents | 2. |
| 10. | Yellow fever | 1. |
| 11. | Echinococcosis | 3.2 |
| 12. | Epidemic parotitis | 2. |
| 13. | Epidemical louse born typhus1 and Brill’s disease1 | 1. |
| 14. | Tickborne encephalitis | 2. |
| 15. | Ehrlichiosis | 3. |
| 16. | Pertussis | 2. |
| 17. | Gonococcal infection (gonorrhoea) | 3.2 |
| 18. | Hantavirus infection | 2. |
| 19. | Sexually transmitted chlamydial diseases, including chlamydial lymphogranuloma (*lymphogranuloma venereum*) | 3.2 |
| 20. | Cholera and carrying cholera agents1 | 1. |
| 21. | Chronic viral hepatitis, including carrying of hepatitis virus | 3.2 |
| 22. | Invasive *Haemophilus influenzae* disease | 3.2 |
| 23. | Invasive meningococcal disease | 2. |
| 24. | Invasive pneumococcal disease | 3.2 |
| 25. | Yersiniosis | 2. |
| 26. | Campylobacteriosis | 2. |
| 27. | Creutzfeldt-Jakob disease | 3. |
| 28. | Cryptosporidiosis | 2. |
| 29. | Lyme disease (lyme boreliosis) | 3. |
| 30. | Legionnaires’ disease (legionellosis) | 2. |
| 31. | Leprae | 3. |
| 32. | Leptospirosis | 2. |
| 33. | Splenic fever (Anthrax)1 | 1. |
| 34. | Listeriosis | 2. |
| 35. | Malaria and the carrying of the agents of malaria | 3.2 |
| 36. | Measles | 2. |
| 37. | Rubella, congenital rubella, including congenital rubella syndrome | 2. |
| 38. | Meningitis, encephalitis | 2. |
| 39. | Plague1 | 1. |
| 40. | Ornithosis (psittacosis) | 2. |
| 41. | Poliomyelitis1 | 1. |
| 42. | Avian influenza1 or another influenza caused by a virus which has been recognised by the World Health Organisation as the cause of the possible pandemic (until the time when resilient spread of influenza in Latvia will be detected) | 1. |
| 43. | Q fever | 2. |
| 44. | West Nile fever | 2. |
| 45. | Salmonellosis and the carrying of the agents thereof | 2. |
| 46. | Syphilis, including congenital and neonatal | 3. |
| 47. | Severe acute respiratory syndrome (SARS)1, Middle East respiratory syndrome (MERS)1 | 1. |
| 48. | Tetanus | 2. |
| 49. | Shiga toxin-producing/verotoxin-producing *Escherichia coli* infection (STEC/VTEC), haemolytic uraemic syndrome, or thrombotic hemorrhagic purpura | 2. |
| 50. | Shigellosis and carrying of agents thereof | 2. |
| 51. | Toxoplasmosis (congenital) | 3.2 |
| 52. | Rabies | 1. |
| 53. | Trichinellosis | 2. |
| 54. | Tuberculosis | 3. |
| 55. | Tularaemia | 2. |
| 56. | Louse borne relapsing fever1 | 1. |
| 57. | Typhoid and paratyphoid, including the carrying of the agents of typhoid and paratyphoid | 2. |
| 58. | Varicella | 3. |
| 59. | Virus (rotavirus, norovirus, adenovirus, astrovirus, sapovirus) intestinal infections | 3.2 |
| 60. | Viral haemorrhagic fevers1, including Ebola viral disease, Lassa fever, Marburg viral disease, Crimean-Congo hemorrhagic fever | 1. |
| 61. | Giardiasis | 2. |
| 62. | Chikungunya viral disease | 2. |
| 63. | Zika viral disease, including congenital Zika viral disease | 2. |
| 64. | Coronavirus disease 2019 (COVID-19) | – |
| 65. | Monkey pox | 2. |

Notes.

1 Dangerous infectious disease.

2A medical practitioner shall report once on a case confirmed in accordance with Annex 3 to this Regulation.

**Annex 3**

Cabinet Regulation No. 7

5 January 1999

[*28 November 2023*]

**Registered Infectious Disease-Causing Agents Detected in a Laboratory, Methods for the Detection Thereof, and Samples to be Tested**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Disease-causing agent(infectious disease) | Method | Clinical material | Group |
| **I. Bacterial infectious diseases** |
| 1. | *Bacillus anthracis* (Splenic fever, Anthrax) | isolation | not defined2 | 1. |
| detection of nucleic acid | not defined2 | 1. |
| 2. | *Bordetella pertussis* (whooping cough) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| specific antibody response1 | serum | 2. |
| 3. | *Brucella spp*. (brucella) | isolation | not defined2 | 2. |
| specific antibody response1 | serum | 2. |
| 4. | *Campylobacter spp*. (campylobacteriosis) | isolation | faeces, blood | 2. |
| 5. | *Chlamydia trachomatis* (sexually transmitted chlamydial disease, including *lymphogranuloma venereum*, LGV) | isolation | from the ano-genital tract or conjunctiva | 2. |
| direct immunofluorescence response | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| In the case of LGV: isolation or detection of nucleic acid, plus additional identification of serovar (genovar) L1, L2, or L3 | not defined2 | 2. |
| 6. | *Clostridium botulinum* (botulism) | isolation | faeces (infant botulism), material from a wound (wound botulism) | 2. |
| detection of botulinum toxin | not defined2 | 2. |
| 7. | *Clostridium tetani* (tetanus) | isolation | affected area | 2. |
| detection of tetanus toxin | serum | 2. |
| 8. | *Corynebacterium diphtheriae, Corynebacterium ulcerans, Corynebacterium pseudotuberculosis* (diphtheria and carrying of diphtheria agents) | isolation of toxin-producing *C. diphtheriae, C. ulcerans, C. pseudotuberculosis* | not defined2 | 2. |
| 9. | *Coxiella burnetii* (Q-fever) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| specific antibody response1(IgG or IgM phase II) | serum | not to be reported |
| 10. | Carbapenem-resistant micro-organisms of *Enterobacteriaceae* species | detection of carbapenem-resistance | not defined2 | 2. |
| 11. | *Escherichia Coli* that produces Shiga toxin/verocytotoxin (STEC/VTEC) | isolation of *E. coli* strain that produces Shiga toxin (*Stx*) or *stx1* or *stx2* gen(s) | not defined2 | 2. |
| isolation of non-sorbitol-fermenting (NSF) *E. coli* O157 (without testing for *Stx* or *stx* genes) | not defined | 2. |
| direct detection of *stx1* or *stx2* gene(s) nucleic acid (without isolation of strain) | not defined2 | 2. |
| direct detection of free *Stx*(without isolation of strain) | faeces | 2. |
| serogroup-specific (LPS) antibody response1 | serum only in the case of haemolytic uraemic syndrome | 2. |
| identification (characterisation of serotype, phage type, eae gene, *stx*1 or *stx*2 subtypes) | not defined2 | 2. |
| 12. | *Francisella tularensis* (tularaemia) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| specific antibody response1 | serum | 2. |
| 13. | *Haemophilus influenzae* (invasive *Haemophilus influenzae* disease) | isolation | normally sterile material | 2. |
| detection of nucleic acid | normally sterile material | 2. |
| 14. | *Legionella spp*. (Legionnaires disease) | isolation (*Legionella spp*.) | respiratory secretion or another normally sterile material | 2. |
| detection of nucleic acid (*Legionella spp*.) | respiratory secretion, lung tissue, or another normally sterile material | 2. |
| antigen detection (*Legionella pneumophila*) | Urine, respiratory secretion, lung tissue | 2. |
| specific antibody response to *Legionella pneumophila* serogroup 1 (significant rise in paired serums or single high level in serum) | serum | 2. |
| specific antibody response\* to *Legionella spp.* or that other than *Legionella pneumophila* serogroup 1 | paired serums | 2. |
| 15. | *Leptospira spp.* (leptospirosis) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| detection by immunofluorescence method | not defined2 | 2. |
| specific antibody response1 | serum | 2. |
| 16. | *Listeria monocytogenes* (listeriosis) | isolation | normally sterile material | 2. |
| isolation | normally non-sterile material taken from a foetus, stillborn, newborn, or the mother during childbirth or within 24 hours after it | 2. |
| 17. | *Neisseria gonorrhoeae* (gonococcal infection) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| detection by a non-amplified nucleic acid probe test | not defined2 | 2. |
| detection of intracellular Gram-negative diplococci | swabbing from a urethral male specimen | 2. |
| 18. | *Neisseria meningitidis* (invasive meningococcal disease) | isolation | normally sterile material, purpuric skin lesions | 2. |
| detection of nucleic acid | normally sterile material, purpuric skin lesions | 2. |
| antigen detection | CSF | 2. |
| detection of Gram-negative diplococci | CSF | 2. |
| 19. | *Salmonella spp.*, except for the infectious diseases specified in Section I, Paragraph 20 of this Annex (salmonellosis and carrying of the agents thereof) | isolation | faeces, urine, human (for example, infected wound) material, normally sterile body fluid and tissues (blood, CSF, bone tissues, synovial fluid) | 2. |
| 20. | *Salmonella typhi* and *Salmonella paratyphi* (typhoid fever and paratyphoid fevers, including carrying of the agents of typhoid fever and paratyphoid fevers) | isolation | not defined2 | 2. |
| 21. | *Shigella spp*. (shigellosis and carrying of the agents thereof) | isolation | not defined2 | 2. |
| 22. | *Streptococcus pneumoniae*(invasive pneumococcal disease) | isolation | normally sterile material | 2. |
| detection of nucleic acid | normally sterile material | 2. |
| antigen detection | normally sterile material | 2. |
| 23. | *Treponema pallidum* (syphilis) | detection of nucleic acid with polymerase chain reaction (PCR) | lesion exudate or tissues | 2. |
| nontreponemal tests (NTTs) | serum, plasma, CSF | 2. |
| *Treponema pallidum* haemagglutination test (TPHA) | serum, plasma | 2. |
| syphilis rapid test | serum, plasma | not to be reported |
| detection of IgM and/or IgG specific antibodies3 | serum, plasma | 2. |
| 24. | *Vibrio cholerae* (cholera) | isolation | not defined2 | 1. |
| O1 or O139 antigen detection | Vibrio cholerae isolate | 1. |
| detection of enterotoxin or gene thereof | Vibrio cholerae isolate | 1. |
| 25. | *Yersinia enterocolitica* and *Yersinia pseudotuberculosis* (yersiniosis) | isolation | not defined2 | 2. |
| 26. | *Yersinia pestis* (plague) | isolation | not defined2 | 1. |
| detection of nucleic acid(F1 antigen) | not defined2 | 1. |
| specific antibody response\* (to *Yersinia pestis* F1 antigen) | serum | 1. |
| **II. I. Viral infectious diseases** |
| 1. | Hepatitis A virus (hepatitis A) | detection of nucleic acid | serum, faeces | 2. |
| specific antibody response1 | serum | 2. |
| antigen detection | faeces | 2. |
| 2. | Hepatitis B virus (hepatitis B) | detection of IgM antibodies to hepatitis B core antigens (anti-HBc IgM) | serum, plasma | 2. |
| primary/qualitative detection of surface antigen (HBsAg) | serum, plasma | not to be reported |
| detection of surface antigen (HBsAg) by confirmatory test, for example, neutralisation test | serum, plasma | 2. |
| detection of e antigen (HBeAg) | serum, plasma | 2. |
| detection of nucleic acid (HBV DNA) with polymerase chain reaction (PCR) | serum, plasma | 2. |
| 3. | Hepatitis C virus (hepatitis C) | detection of nucleic acid(HCV RNA) | serum | 2. |
| virus core antigen detection (HCV-core) | serum | 2. |
| specific antibody (anti-HCV) response\* confirmed by a confirmatory antibody detection text (for example, immunoblot) in persons older than 18 months without evidence of resolved infection | serum | 2. |
| 4. | Dengue fever virus (Dengue fever) | virus isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| antigen detection | not defined2 | 2. |
| specific antibody response1 | serum | 2. |
| 5. | Yellow fever virus (yellow fever) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| antigen detection | not defined2 | 2. |
| specific antibody response1 | serum | 2. |
| histology | post mortem material (liver) | 2. |
| 6. | Entero virus (meningitis, encephalitis) | isolation and typing | not defined2 | 2. |
| specific antibody response1 | serum | not to be reported |
| detection of nucleic acid | not defined2 | 2. |
| 7. | Mumps virus (Mumps) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| specific antibody response1 characteristic for acute infection | serum, saliva | 2. |
| 8. | *Lyssa virus* (rabies) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| detection of viral antigens (direct immunofluorescence response) | not defined2 | 2. |
| specific antibody response1 by virus neutralisation test | serum, CSF | 2. |
| 9. | Rubella virus (rubella) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| specific antibody response1 (IgG) | serum, saliva | 2. |
| specific antibody response1 (IgM) | not defined2 | 2. |
| 10. | Measles virus (measles) | isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| specific antibody response1 characteristic for acute infection | serum, saliva | 2. |
| direct immunofluorescence response with specific monoclonal antibodies | not defined2 | 2. |
| 11. | Poliovirus (poliomyelitis or acute flaccid paralyses) | isolation and typing | not defined2 | 1. |
| 12. | Avian influenza virus (A/H5 or A/H5N1) or other influenza virus which the World Health Organisation has recognised to be a cause for a possible pandemic | virus isolation | not defined2 | 1. |
| detection of nucleic acid | not defined2 | 1. |
| specific antibody response (four-fold or greater increase in titre or single high titre) | serum | 1. |
| 13. | West Nile virus infection (West Nile virus) | isolation | blood, CSF | 2. |
| detection of nucleic acid | blood, CSF | 2. |
| specific IgM antibody response1 | CSF | 2. |
| detection of IgM antibody high titre and IgG antibodies and confirmation thereof by neutralisation | serum | 2. |
| specific antibody response | serum | 2. |
| 14. | *SARS-coronavirus* (severe acute respiratory syndrome (SARS, SARS-coV)) | isolation and identification by RT-PCR method | not defined2 | 1. |
| detection of SARS-CoV nucleic acid by RT-PCR method | not defined2 | 1. |
| detection of SARS-coV antibodies | serum | 1. |
| 15. | Middle East respiratory syndrome coronavirus(MERS-coV) | detection of MERS-CoV by PCR | not defined2 | 1. |
| serological detection of MERS-coV antibodies | serum | 1. |
| 16. | *Variola virus* (variola) | isolation and sequencing | not defined2 | 1. |
| detection of nucleic acid and sequencing | not defined2 | 1. |
| identification of *Orthopox* virus particles by electron microscopy (EM) | not defined2 | 1. |
| 17. | Viruses that cause gastrointestinal infections (rotavirus, norovirus, adenovirus, astrovirus, sapovirus) | antigen detection | faeces | 2. |
| detection of nucleic acid | faeces | 2. |
| 18. | Viruses that cause viral haemorrhagic fevers (viral haemorrhagic fevers) | isolation | not defined2 | 1. |
| detection of nucleic acid and genotyping | not defined2 | 1. |
| 19. | Chikungunya virus (Chikungunya viral disease) | detection of specific IgM antibodies | serum | 2. |
| isolation | not defined2 | 2. |
| detection of nucleic acid | not defined2 | 2. |
| detection of specific IgM antibodies by virus neutralisation test | serum | 2. |
| four-fold increase in the titre of specific antibodies in paired serums | serum | 2. |
| 20. | Zika virus (Zika viral disease) | detection of specific IgM antibodies | serum, cerebrospinal fluid, or amniotic fluid | 2. |
| detection of nucleic acid | not defined2 | 2. |
| isolation | not defined2 | 2. |
| detection of specific IgM antibodies by virus neutralisation test | serum, cerebrospinal fluid, or amniotic fluid | 2. |
| seroconversion or four-fold increase in the titre of specific antibodies in paired serums | serum, cerebrospinal fluid, or amniotic fluid | 2. |
| 21. | SARS-CoV-2 (COVID-19) | detection of SARS-CoV-2 nucleic acid (RNA) by real-time polymerase chain reaction (RT-PCR)detection of SARS-CoV-2 antigen4 | swabs taken from the mucous membrane of nose and pharynx  | – |
| 22. | Monkeypox virus – a virus of the Orthopoxvirus genus of the Poxviridae family (monkeypox) | detection of monkey pox virus DNA by real-time polymerase chain reaction (RT-PCR) and/or sequencing | skin damage material (liquid from blisters and pustules, dry skin scale), biopsy material  | 2. |
| **III. Parasitic infectious diseases** |
| 1. | *Cryptosporidum* (cryptosporidosis) | detection of oocysts | faeces | 2. |
| detection of parasite | intestinal fluid, small-bowel biopsy material | 2. |
| detection of nucleic acid | faeces | 2. |
| antigen detection | faeces | 2. |
| 2. | *Echinococcus spp.* (echinococcosis) | specific antibody response1 | serum | 2. |
| detection of nucleic acid | not defined2 | 2. |
| microscopic, macroscopic, or histological detection | not defined2 | 2. |
| 3. | *Giardia lamblia* (Giardiasis) | detection of cysts or trophozoites | intestinal fluid, duodenal fluid, small-bowel biopsy material | 2. |
| antigen detection | faeces | 2. |
| 4. | *Plasmodium spp.* (malaria) | detection of parasites s by light microscopy | blood film | 2. |
| detection of nucleic acid | blood | 2. |
| antigen detection | not defined2 | 2. |
| differentiation of *Plasmodium spp*. | not defined2 | 2. |
| 5. | *Toxoplasma gondii* (congenital toxoplasmosis) | detection of *T. gondii* | body tissues or fluids | 2. |
| detection of nucleic acid | not defined2 | 2. |
| specific antibody response (IgM, IgG, IgA) in a newborn | serum | 2. |
| IgG titres in an infant of up to 12 months of age | not defined2 | 2. |
| 6. | *Trichinella spp.* (trichinosis) | detection of *Trichinella* larvae | tissues obtained by muscle biopsy | 2. |
| specific antibody response | serum | 2. |

Notes.

1Unless otherwise indicated, the presence of IgM class antibodies if a patient has not been vaccinated recently or a diagnostically significant increase in the titre of specific antibodies has not been detected.

2Where the clinical material is not defined, a medical practitioner shall determine its type according to the course of the disease, clinical guidelines, and recommendations established by the laboratory for the procedures for the collection of samples and testing methods.

3Donors and pregnant women shall undergo a confirmatory test by determining *anti-Treponema pallidum* IgM or IgG specific antibodies by an Immunoblot test.

4For diagnostics for COVID-19 infection, a medical practitioner shall act in accordance with Paragraph 9.4 of this Regulation.

**Annex 4**

Cabinet Regulation No. 7

5 January 1999

[*22 January 2013; 19 May 2015*]

Name of the medical treatment institution

Code 

**Report on the Isolated *S.aureus, S.pneumoniae, E.coli, K.pneumoniae, P.aeruginosa, E.faecium/faecalis, Acinetobacter spp./Acinetobacter baumannii* micro-organisms**

(underline as appropriate)

**I. GENERAL INFORMATION**

(to be completed for each isolate)

|  |  |
| --- | --- |
| 1. | Name of the laboratory |
| 2. | Name of the isolated agent (indicate serotype for *S.pneumoniae*) |
| 3. | Testing method |
| 4. | Number of the sample |
| 5. | Clinical material (mark): blood CSF other normally sterile clinical material (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. | Date of sampling (dd/mm/yyyy) |
| 7. | Time of sampling (hh/mm) |
| 8. | Sender of the sample (medical practitioner/laboratory) |
| 9. | Given name, surname, or initials of the patient |
| 10. | Gender (underline): male, female, not known |
| 11. | Date of birth (dd/mm/yyyy) |
| 12. | Diagnosis/clinical manifestations |
| 13. | Examined (underline): in a hospital, on an outpatient basis, not known, other |
| 14. | Name of the hospital/outpatient institution |
| 15. | Date of admission (dd/mm/yyyy)Profile of the unit (underline):therapy, pediatrics, pediatric/neonatal intensive care, surgery, hematology/oncology,obstetrics/gynaecology, intensive care, neonatal medical care, urology, infectious diseases,other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, not known |
| 16. | Determination of sensitivity to antimicrobials (underline):performed, not performed, not known |

|  |  |
| --- | --- |
| Part I of the testing report has been completed by |  |
|  | (given name, surname) |

Telephone

**II. SENSITIVITY TESTING RESULTS**

(to be completed only for a specific micro-organism isolate in a corresponding table)

**1. *S.aureus* isolated from blood or other normally sterile clinical material**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Antimicrobial | Final interpretation (S, I, R, or NI) | Disk method (mm) | Disk method interpretation (S, I, R, or NI) | MIC (mg/l) | MIC interpretation (S, I, R, or NI) | E-test (mg/l) | E-test interpretation (S, I, R, or NI) |
| 1. | **Cefoxitin** |  |  |  |  |  |  |  |
| **disk concentration** |  |
| 2. | **Oxacillin**and/or |  |  |  |  |  |  |  |
| **methicilin**and/or |  |  |  |  |  |  |  |
| **flucloxacillin**and/or |  |  |  |  |  |  |  |
| **cloxacillin**and/or |  |  |  |  |  |  |  |
| **dicloxacillin** |  |  |  |  |  |  |  |
| 3. | **Ciprofloxacin**and/or |  |  |  |  |  |  |  |
| **norfloxacin**and/or |  |  |  |  |  |  |  |
| **ofloxacin**and/or |  |  |  |  |  |  |  |
| **levofloxacin** |  |  |  |  |  |  |  |
| 4. | **rifampin** |  |  |  |  |  |  |  |
| 5. | **Linezolid** |  |  |  |  |  |  |  |

|  |
| --- |
| Other testing methods: |
| 1) detection of the *mecA* gene by PCR method (mark) |  positive |  negative |  not known |
| 2) detection of penicillin-binding protein 2a (mark) |  positive |  negative |  not known |

**2. *S.pneumoniae* isolated from blood, CSF, or other normally sterile clinical material**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Antimicrobial | Final interpretation (S, I, R, or NI) | Disk method (mm) | Disk method interpretation (S, I, R, or NI) | MIC (mg/l) | MIC interpretation (S, I, R, or NI) | E-test (mg/l) | E-test interpretation (S, I, R, or NI) |
| 1. | **Oxacillin** |  |  |  |  |  |  |  |
| **disk concentration** |  |
| 2. | **Penicillin** |  |  |  |  |  |  |  |
| 3. | **Erythromycin**and/or |  |  |  |  |  |  |  |
| **klarithromycin**and/or |  |  |  |  |  |  |  |
| **azithromycin** |  |  |  |  |  |  |  |
| 4. | **Cefotaxime**and/or |  |  |  |  |  |  |  |
| **ceftriaxone** |  |  |  |  |  |  |  |
| 5. | **Norfloxacin** |  |  |  |  |  |  |  |
| **disk concentration** |  |
| 6. | **Ciprofloxacin**and/or |  |  |  |  |  |  |  |
| **ofloxacin**and/or |  |  |  |  |  |  |  |
| **levofloxacin** |  |  |  |  |  |  |  |
| 7. | **Moxifloxacin** |  |  |  |  |  |  |  |

**3. *E.coli* isolated from blood, CSF, or other normally sterile clinical material**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Antimicrobial | Final interpretation (S, I, R, or NI) | Disk method (mm) | Disk method interpretation (S, I, R, or NI) | MIC (mg/l) | MIC interpretation (S, I, R, or NI) | E-test (mg/l) | E-test interpretation (S, I, R, or NI) |
| 1. | **Amoxicilin**and/or |  |  |  |  |  |  |  |
| **ampicillin** |  |  |  |  |  |  |  |
| 2. | **Gentamicin**and/or |  |  |  |  |  |  |  |
| **tobramycin**and/or |  |  |  |  |  |  |  |
| **amikacin** |  |  |  |  |  |  |  |
| 3. | **Ciprofloxacin**and/or |  |  |  |  |  |  |  |
| **ofloxacin**and/or |  |  |  |  |  |  |  |
| **levofloxacin** |  |  |  |  |  |  |  |
| 4. | **Cefotaxime**and/or |  |  |  |  |  |  |  |
| **ceftriaxone**and/or |  |  |  |  |  |  |  |
| **ceftazidime** |  |  |  |  |  |  |  |
| 5. | **Imipenem**and/or |  |  |  |  |  |  |  |
| **meropenem** |  |  |  |  |  |  |  |

|  |
| --- |
| Other testing methods: |
| 1) detection of extended-spectrum beta lactamases (mark) |  positive |  negative |  not known |
| 2) detection of carbapenemases (mark) |  positive |  negative |  not known |

**4. *K.pneumoniae* isolated from blood, CSF, or other normally sterile clinical material**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Antimicrobial | Final interpretation (S, I, R, or NI) | Disk method (mm) | Disk method interpretation (S, I, R, or NI) | MIC (mg/l) | MIC interpretation (S, I, R, or NI) | E-test (mg/l) | E-test interpretation (S, I, R, or NI) |
| 1. | **Gentamicin**and/or |  |  |  |  |  |  |  |
| **tobramycin**and/or |  |  |  |  |  |  |  |
| **amikacin** |  |  |  |  |  |  |  |
| 2. | **Ciprofloxacin**and/or |  |  |  |  |  |  |  |
| **ofloxacin**and/or |  |  |  |  |  |  |  |
| **levofloxacin** |  |  |  |  |  |  |  |
| 3. | **Cefotaxime**and/or |  |  |  |  |  |  |  |
| **ceftriaxone**and/or |  |  |  |  |  |  |  |
| **ceftazidime** |  |  |  |  |  |  |  |
| 4. | **Imipenem**and/or |  |  |  |  |  |  |  |
| **meropenem** |  |  |  |  |  |  |  |

|  |
| --- |
| Other testing methods: |
| 1) detection of extended-spectrum beta lactamases (mark) |  positive |  negative |  not known |
| 2) detection of carbapenemases (mark) |  positive |  negative |  not known |

**5. *P.aeruginosa* isolated from blood, CSF, or other normally sterile clinical material**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Antimicrobial | Final interpretation (S, I, R, or NI) | Disk method (mm) | Disk method interpretation (S, I, R, or NI) | MIC (mg/l) | MIC interpretation (S, I, R, or NI) | E-test (mg/l) | E-test interpretation (S, I, R, or NI) |
| 1. | **Piperacillin**and/or |  |  |  |  |  |  |  |
| **piperacillin/tazobactam** |  |  |  |  |  |  |  |
| 2. | **Gentamicin**and/or |  |  |  |  |  |  |  |
| **tobramycin** |  |  |  |  |  |  |  |
| 3. | **Amikacin** |  |  |  |  |  |  |  |
| 4. | **Ciprofloxacin**and/or |  |  |  |  |  |  |  |
| **levofloxacin** |  |  |  |  |  |  |  |
| 5. | **Ceftazidime** |  |  |  |  |  |  |  |
| 6. | **Imipenem**and/or |  |  |  |  |  |  |  |
| **meropenem** |  |  |  |  |  |  |  |

|  |
| --- |
| Other testing methods: |
| detection of extended-spectrum beta lactamases (mark) |  positive |  negative |  not known |

**6. *E.faecium/faecalis* isolated from blood, CSF, or other normally sterile clinical material**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Antimicrobial | Final interpretation (S, I, R, or NI) | Disk method (mm) | Disk method interpretation (S, I, R, or NI) | MIC (mg/l) | MIC interpretation (S, I, R, or NI) | E-test (mg/l) | E-test interpretation (S, I, R, or NI) |
| 1. | **Amoxicilin**and/or |  |  |  |  |  |  |  |
| **ampicillin** |  |  |  |  |  |  |  |
| 2. | **Gentamicin (high-level)** |  |  |  |  |  |  |  |
| **disk concentration** |  |
| 3. | **Vancomycin** |  |  |  |  |  |  |  |
| 4. | **Teicoplanin** |  |  |  |  |  |  |  |
| 5. | **Linezolid** |  |  |  |  |  |  |  |

Notes.

1. R – resistant.

2. I – intermediate.

3. S – sensitive.

4. NI – no interpretation.

**7. *Acinetobacter spp./Acinetobacter baumannii* isolated from blood, CSF, or other normally sterile clinical material**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Antimicrobial | Final interpretation (S, I, R, or NI) | Disk method (mm) | Disk method interpretation (S, I, R, or NI) | MIC (mg/l) | MIC interpretation (S, I, R, or NI) | E-test (mg/l) | E-test interpretation (S, I, R, or NI) |
| 1. | **Ciprofloxacin**and/or**levofloxacin** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2. | **Gentamicin**and/or**tobramycin** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. | **Imipenem**and/or**meropenem**and/or**doripenem** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 4. | **Colistin** |  |  |  |  |  |  |  |
| 5. | **Amikacin** |  |  |  |  |  |  |  |

|  |
| --- |
| Other testing methods: |
| Carbapenemases: |  | positive |  | negative |  | not known |

|  |  |
| --- | --- |
| Part II of the testing report has been completed by |  |
|  | (given name, surname) |

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