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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. 774

Adopted 19 September 2006

**Procedures for the Determination of Exposed Persons, Initial Medical Examination, Laboratory Examination and Medical Observation**

[*30 October 2007*]

*Issued pursuant to*

*Section 19, Paragraph one of the Epidemiological Safety Law*

**I. General Provisions**

1. The Regulation prescribes the procedures for the determination of exposed persons, initial medical examination, laboratory examination and medical observation in order to detect infected persons and to carry out the necessary medical treatment and counter-epidemic measures.

[*30 October 2007*]

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

[*30 October 2007*]

3. The initial medical examination, laboratory examination and medical observation of exposed persons shall be carried out:

3.1. for the exposed persons referred to in the Annex to this Regulation or other exposed persons if additional risks of infection are detected during epidemiological investigation;

3.2. if a person has been in contact with an environment (including objects) that contains or may contain the infectious disease-causing agents referred to in the Annex to this Regulation, as well as with animals that have been infected with the infectious disease-causing agents referred to in the Annex to this Regulation;

3.3. if there is cause for suspicion regarding biological terrorism.

[*15 October 2019*]

**II. Determination of Exposed Persons, Initial Medical Examination, Laboratory Examination and Medical Observation**

4. A doctor who, in accordance with the laws and regulations regarding the procedures for the registration of infectious diseases, shall notify of anyone falling ill with an infectious disease shall also determine the exposed persons to be examined referred to in the Annex to this Regulation, except for the cases referred to in Paragraph 5 of this Regulation. In case of the diseases referred to in Paragraph 11 of this Regulation, the doctor shall determine the exposed persons also in the places referred to in Sub-paragraph 5.1 of this Regulation.

[*7 March 2023*]

5. An epidemiologist of the regional division of the Centre for Disease Prevention and Control (hereinafter – the epidemiologist) shall organise determination of the exposed persons if:

5.1. a notification of falling ill with an infectious disease has been received. In such case, the exposed persons shall be identified:

5.1.1. in an educational institution, inpatient medical treatment institution, social care institution, child care institution, institution where child supervision services are provided, and also in the work place and other places of stay of the persons (including a prison, place of temporary detention, accommodation premises for detained asylum seekers and accommodation centre for foreigners, accommodation centre for asylum seekers, shelter, barracks, hotel) outside the place of residence of the patient (hereinafter – the place of stay), except for the case if falling ill with the disease referred to in Paragraph 11 of this Regulation has occurred;

5.1.2. at the place of residence of the infectious patient (family members, other close persons) if the initial urgent report on the patient has been received from a doctor who is not the family doctor of the patient, except for the case if falling ill with the disease referred to in Paragraph 11 of this Regulation has occurred;

5.2. the health care practitioner reports on the case of illness referred to in Paragraph 11 of this Regulation and there are justified suspicions that infecting of the person has occurred at the place of stay referred to in Sub-paragraph 5.1.1 of this Regulation via household contact (has not occurred via sexual transmission, vertical transmission, or by using injectable narcotic drugs) or upon receipt of a health care service;

5.3. the health care practitioner reports on the case of an infectious disease referred to in Paragraph 11 of this Regulation and there are justified suspicions that the infected person has caused the risk of the spread of infection via household contact at the place of stay referred to in Sub-paragraph 5.1.1 of this Regulation;

5.4. the person has been under similar conditions of infection or in contact with an environment (including objects) that contains or may contain the infectious disease-causing agents referred to in the Annex to this Regulation, and also with animals that have been infected with the infectious disease-causing agents referred to in the Annex to this Regulation;

5.5. the infected person has been a donor of biological materials;

5.6. the locations (territories) affected by the possible bioterrorism have been detected.

[*15 October 2019; 7 March 2023*]

5.1A health care practitioner shall inform the epidemiologist by making a relevant entry in the notification on an infectious disease, jointly with the epidemiologist take the decision on the determination of exposed persons, and provide such information to the epidemiologist which is necessary for the determination of exposed persons if there are justified suspicions of:

5.1 1. a situation corresponding to Sub-paragraphs 5.2 and 5.3 of this Regulation;

5.1 2. the patient as the recipient of the biological materials being infected with syphilis;

5.1 3. donation of the biological materials by a patient with syphilis during potentially infectious period.

[*15 October 2019; 7 March 2023*]

6. If the exposed person has been identified, the duty of the doctor is to inform him or her of the necessity of the initial medical examination, laboratory examination, and medical observation and to organise the abovementioned examinations. If the infection referred to in Paragraph 11 of this Regulation has been determined for the patient, the doctor shall inform him or her of the means of the spread of the infection and of the need to inform the exposed person (sexual partner) of the need to visit a doctor.

[*7 March 2023*]

7. The initial medical examination, laboratory examination, and medical observation of the exposed person shall be ensured at the place of residence by the family doctor or by the health care practitioner referred to in Paragraph 11 of this Regulation. If the exposed person is not registered with a family doctor, the initial medical examination and medical observation shall be ensured by the family doctor who services the territory in which the place of residence of the exposed person is located.

[*7 March 2023*]

8. The initial medical examination, laboratory examination, and medical observation of the exposed person shall be ensured at the place of stay by the health care practitioner (doctor, doctor’s assistant, nurse) who works there (hereinafter – the health care practitioner of the place of stay). If there is no health care practitioner at the place of stay of the exposed person, the initial medical examination and medical observation of the exposed person shall be ensured by the family doctor who services the territory in which the place of stay is located. If necessary, the exposed person shall be referred to the health care practitioner referred to in Paragraph 11 of this Regulation.

[*7 March 2023*]

9. [14 June 2016]

10. In the case of human immunodeficiency virus (HIV) infection, the initial medical examination, laboratory examination, and medical observation of exposed persons shall be ensured in accordance with the laws and regulations regarding epidemiological safety measures for the containment of the spread of human immunodeficiency virus (HIV) infection and AIDS.

[*7 March 2023*]

11. In the case of a sexually transmitted infection, the initial medical examination, laboratory examination, and medical observation of exposed persons shall be ensured by a dermatologist, venerologist, family doctor, or health care practitioner of the place of stay.

[*14 June 2016; 15 October 2019*]

12. In the case of tuberculosis, the initial medical examination, laboratory examination, and medical observation of exposed persons shall be ensured in accordance with the laws and regulations regarding epidemiological safety measures for the containment of the spread of tuberculosis.

[*15 October 2019*]

13. If the exposed person referred to in Paragraph 5 of this Regulation has been identified, the epidemiologist shall inform the family doctor of the exposed person or the health care practitioner of the place of stay, or the family doctor who services the territory in which the place of residence or place of stay of the exposed person is located (if there is no health care practitioner at the place of stay of the exposed person or the exposed person is not registered with a family doctor). The information provided to the family doctor shall be documented (writing down also the date, time and given name and surname of the health care practitioner who obtained the information).

[*14 June 2016; 15 October 2019*]

14. [14 June 2016]

15. The initial medical examination of the exposed person shall be carried out at least once at the beginning of medical observation, but not later than for two maximum periods of observation. In the case of hepatitis B and C and syphilis, the initial medical examination and laboratory examination shall be ensured regardless of the limitation period of the maximum period of observation. Only a questionnaire of the person may be conducted during the initial medical examination if a dangerous infectious disease has not been detected or examination or laboratory examination of the exposed person is not necessary in the cases referred to in the Annex to this Regulation. The duration of medical observation shall be determined, taking into consideration the last contact with the infection source or the transmission factor of infection.

[*7 March 2023*]

16. In the case of a dangerous infectious disease, the initial medical examination of the exposed person during medical observation shall be carried out at least once a day, if another examination frequency has not been referred to in the Annex to this Regulation.

17. The medical examination of the exposed person during medical observation at the place of stay shall be carried out at least once a day if there are the following infectious diseases and syndromes:

17.1. acute hepatitis A or E virus;

17.2. diphtheria or carrying of the agents of diphtheria;

17.3. mumps;

17.4. tick-borne encephalitis (if infecting has occurred via alimentary transmission);

17.5. whooping cough;

17.6. hantavirus infection;

17.7. cholera and carrying cholera agents;

17.8. invasive Haemophilus influenzae disease;

17.9. invasive meningococcal disease;

17.10. yersinosis;

17.11. campylobacteriosis;

17.12. Legionnaires’ disease (legionellosis);

17.13. leptospirosis;

17.14. listeriosis;

17.15. measles;

17.16. rubella;

17.17. meningitis, encephalitis;

17.18. ornithosis (psittacosis);

17.19. West Nile Virus;

17.20. Q-fever and other heartwater diseases;

17.21. salmonellosis and the carrying of the agents thereof;

17.22. shigellosis and the carrying of the agents thereof;

17.23. Shiga toxin-producing/verotoxin-producing Escherichia coli infection (STEC/VTEC), haemolytic uraemic syndrome, or thrombotic hemorrhagic purpura;

17.24. trichinosis;

17.25. tularemia;

17.26. typhoid and paratyphoid, including the carrying of the agents of typhoid and paratyphoid;

17.27. varicella;

17.28. virus (rotavirus, norovirus, adenovirus, astrovirus, sapovirus) intestinal infections;

17.29. viral haemorrhagic fevers, including Ebola viral disease, Lassa fever, Marburg viral disease, Crimean-Congo hemorrhagic fever;

17.30. monkey pox.

[*14 June 2016; 15 October 2019; 5 July 2022*]

18. While carrying out the initial medical examination, the family doctor or other health care practitioner shall inform the exposed person as to the signs of the relevant infectious disease, regarding which it is necessary to immediately inform the family doctor or other health care practitioner, as soon as they appear.

**III. Laboratory Examination of a Sample**

19. The taking and delivery of a sample to the laboratory examination shall be ensured by:

19.1. a health care practitioner, an epidemiologist or an assistant epidemiologist – the samples for the bacteriological, virological and parasite examination which have been taken from the mucous membrane of the nose or pharynx and the rectum, as well as the samples in the acquisition of which invasive methods are not used. According to the epidemiological indications for the determination of the infectious disease causing the outbreak, the epidemiologist or epidemiologist’s assistant may also take the abovementioned samples in case if the exposed person displays the signs of the infectious disease;

19.2. a health care practitioner – a blood sample and other samples for the bacteriological, virological, parasite, and serological examination in the acquisition of which invasive methods are used, and also the samples for the determination of contagious skin diseases and sexually transmitted infections.

[*15 October 2019*]

20. The exposed persons for the samples to be examined shall be taken for the laboratory examination:

20.1. in accordance with the Annex to this Regulation;

20.2. when it is possible to determine directly or indirectly the agent of infectious disease in the sample in conformity with the progress of the infectious disease.

20.1 If there are suspicions of a patient being infected with a transfusion-transmitted infection after the use of medical devices, the persons who were under similar conditions of infection shall undergo laboratory tests for the concurrent determination of HIV, hepatitis B, and hepatitis C infections.

[*15 October 2019*]

**IV. Exchange of Information**

21. When organising the initial medical examination of the exposed person and taking of the samples referred to in Paragraph 19 of this Regulation, the health care practitioner shall, within 24 hours, inform by telephone the epidemiologist of the relevant territory of the identified exposed person (except for the cases where falling ill with the infectious disease referred to in Paragraphs 10 and 11 of this Regulation has been determined), the initial medical examination thereof, and the laboratory examination of the sample.

[*14 June 2016; 15 October 2019*]

22. Within a time period of 24 hours, the epidemiologist shall inform by telephone a family doctor or health care practitioner of the place of stay of the laboratory examination’s affirmative result of the taken sample referred to in Sub-paragraph 19.1 of this Regulation.

23. The health care practitionerwho carries out the initial medical examination and medical observation of the exposed person shall inform the exposed person of the results of the medical observation (including of the result of the laboratory examination of the sample).

Prime Minister A. Kalvītis

Acting for the Minister for Health

Minister for Regional Development and Local Government M. Kučinskis

**Annex**

Cabinet Regulation No. 774

19 September 2006

[*7 March 2023*]

**Infectious Diseases and Syndromes, in the Case of which Exposed Persons are Determined, Initial Medical Examinations, Laboratory Examinations and Medical Observation are Carried out, as well as Exposed Persons to be Examined, Sample to be Examined in a Laboratory and Laboratory Examination thereof**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Infectious disease/syndrome | Exposed persons to be examined | Initial medical examination and medical observation | Sample to be examined and laboratory examination thereof |
| 1. | Acute flaccid paralysis for a child up to 15 years of age (if a case of poliomyelitis was registered in the State) | Children up to the age of 5 years;  if there are no such children – other members of the family or persons who live together | Not required | Virological examination of the sample of faeces to five children up to the age of 5 years (if there are no such children, other members of the family shall be examined) |
| 2. | Acute viral hepatitis | | | |
| 2.1. | Hepatitis A | The persons referred to in Note 3, sex partners, and persons who were under similar conditions of infection | Initial medical examination and medical observation for 35 days | Not required |
| 2.2. | Hepatitis B | The persons referred to in Note 4 and persons who were under similar conditions of infection | Initial medical examination, medical observation for 180 days ensuring the initial medical examination at the beginning of medical observation, in the 3rd and 6th month | Serological examination of blood samples for the determination of HBsAg, anti-HBc at the beginning of medical observation, in the 3rd and 6th month |
| 2.3. | Hepatitis C | The persons referred to in Note 4 and persons who were under similar conditions of infection | Initial medical examination, medical observation for 180 days ensuring the initial medical examination at the beginning of medical observation, in the 3rd and 6th month | Serological examination of blood samples for the determination of anti-HCV at the beginning of medical observation, in the 3rd and 6th month |
| 2.4. | Hepatitis E | The persons referred to in Note 3, sex partners, and persons who were under similar conditions of infection | Initial medical examination and medical observation for 35 days | Not required |
| 3. | Smallpox1 | The persons referred to in Note 2 and persons who were under similar conditions of infection | Initial medical examination and repeatedly every day during medical observation (for 16 days) | Not required |
| 4. | Botulism | Persons who were under similar conditions of infection | Initial medical examination and medical observation for 3 days | Not required |
| 5. | Brucellosis | Persons who were under similar conditions of infection | A one-time initial medical examination.  If necessary, the health care practitioner shall determine a repeated period of examination and a consultation of specialists | Serological examination of a blood sample |
| 6. | Another dangerous infectious disease, having emerged anew1 | The persons referred to in Notes 2, 3, and 4 and depending on the means of the spread of the infection – persons who were under similar conditions of infection | Initial medical examination and repeatedly every day during medical observation (during the period of incubation of the relevant disease) | The laboratory examination shall be performed in accordance with the recommendations of the World Health Organisation and/or the European Centre for Disease Prevention and Control |
| 7. | Dengue fever | The persons referred to in Sub-paragraph 4.1 of Note 4 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 14 days | Not required |
| 8. | Diphtheria and carrying diphtheria agents | The persons referred to in Note 2 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 7 days | Bacteriological investigation (smear preparations from the nose and pharynx or skin damages) |
| 9. | Yellow fever | The persons referred to in Sub-paragraph 4.1 of Note 4 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 6 days | Not required |
| 10. | Mumps | The persons referred to in Note 2 who have not been ill with epidemic parotitis | Initial medical examination and medical observation for 25 days | Not required |
| 11. | Epidemical louse born typhus and Brill’s disease1 | The persons referred to in Note 3 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 25 days from the day of sanitary treatment of the focus (including examination for pediculosis) | Not required |
| 12. | Tick-borne encephalitis | If there are suspicions regarding an alimentary infection – persons who were under similar conditions of infection (have used milk and dairy products which might contain the disease-carrying agent) | Initial medical examination and medical observation for 28 days | Not required |
| 13. | Pertussis | The persons referred to in Note 2 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 14 days | Not required |
| 14. | Gonococcal infection (gonorrhoea) | Sex partners; girls up to 12 years of age who live together with an infected person;  other persons if the doctor has justified suspicions regarding possible infection | Initial medical examination | Microscopy of the material of smear preparations and bacteriological or molecularly biological investigation |
| 15. | Hantavirus infection | Persons who were under similar conditions of infection | Initial medical examination and medical observation for 28 days | Not required |
| 16. | Sexually transmitted infection caused by the chlamydia, including lymphogranuloma venereum | Sex partners; girls up to 12 years of age who live together with an infected person;  other persons if the doctor has justified suspicions regarding possible infection | Initial medical examination | Molecular-biological examination of the smear material |
| 17. | Cholera and carrying cholera agents1 | Family members or persons who live together with the infected person and other exposed persons after the evaluation of the risk of infection | Initial medical examination and medical observation for 5 days | Bacteriological investigation of the samples of faeces three times (two samples on the first day and the third sample – on the last day of medical observation) |
| 18. | Chronic viral hepatitis and carrying hepatitis virus | | | |
| 18.1. | Hepatitis B | The persons referred to in Note 4 and persons who were under similar conditions of infection | Initial medical examination | Serological investigation of blood samples for the determination of HBs Ag, anti-HBc |
| 18.2. | Hepatitis C | The persons referred to in Note 4 and persons who were under similar conditions of infection | Initial medical examination in all cases if the presence of the virus has been detected for the patient | Serological examination of a blood sample  for the determination of anti-HCV in all cases when the presence of the virus has been detected for the patient |
| 19. | Invasive Haemophilus influenzae disease | The persons referred to in Note 2 – determined by the epidemiologist in case of group falling ill | Initial medical examination and medical observation for 7 days | Not required |
| 20. | Meningococcal disease, invasive | The persons referred to in Note 2 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 10 days | Not required |
| 21. | Invasive pneumococcal disease | The persons referred to in Note 2 – determined by the epidemiologist in case of group falling ill | Initial medical examination and medical observation for 7 days | Not required |
| 22. | Yersiniosis  Y. enterocolitica Y. pseudotuberculosis | The persons referred to in Note 3 and persons who were under similar conditions of infection | Medical observation for 10 days | Investigation of samples of faeces at the preschool educational institution, the institution where the service of looking after children, the social care institution, and the medical treatment institution affected by the infection shall be performed in case of group falling ill (at least two cases) |
| 23. | Campylobacteriosis | The persons referred to in Note 3 and persons who were under similar conditions of infection | Medical observation for 10 days | Investigation of samples of faeces at the preschool educational institution, the institution where the service of looking after children, the social care institution, and the medical treatment institution affected by the infection shall be performed in case of group falling ill (at least two cases) |
| 24. | Cryptosporidiosis | The persons referred to in Note 3 and persons who were under similar conditions of infection | Medical observation for 7 days | Not required |
| 25. | Legionnaires’ disease(legionellosis) | Persons who were under similar conditions of infection | Medical observation for 10 days | Not required |
| 26. | Leprae | Family members or persons who live together with the infected person | Initial medical examination | Microscopy of the nose’s mucous membrane scarificate |
| 27. | Leptospirosis | Persons who were under similar conditions of infection | Medical observation for 21 days | Not required |
| 28. | Splenic fever (Anthrax)1 | Persons who have been in contact with the biological materials or discharges of the patient or persons who were under similar conditions of infection | Initial medical examination and observation for 14 days (the term may be extended, depending on the conditions of the possible infection) | Not required |
| 29. | Listeriosis | Pregnant women and persons with immunodeficiency who were under similar conditions of infection, as well as newborn infants who were in contact | Initial medical examination for pregnant women and infants and medical observation for 21 days | Bacteriological investigation (smear preparations from the pharynx and/or from the cervix uteri) |
| 30. | Malaria and the carrying of the agents of malaria | The persons referred to in Sub-paragraphs 4.1–4.6 of Note 4 | Initial medical examination | Not required |
| 31. | Measles | Exposed persons who have not been ill with measles: The persons referred to in Note 2 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 17 days (21 days if immunoglobulin was injected) | Serological investigation of the sample for pregnant women |
| 32. | Rubella, including hereditary syndrome of rubella | Exposed persons who have not been ill with rubella: The persons referred to in Note 2 and persons who were under similar conditions of infection | For pregnant women the initial medical examination and medical observation for 21 days, consultation of a gynaecologist and infectologist | Serological investigation of a blood sample in dynamics to pregnant women, including investigation for the determination of infectious erythema |
| 33. | Meningitis, encephalitis | The persons referred to in Note 2 – bacterial meningitis, the persons referred to in Note 3 – aseptic meningitis, as well as persons who were under similar conditions of infection | Medical observation in case of bacterial meningitis for 10 days, in case of aseptic meningitis or encephalitis for 14 days | Not required |
| 34. | Plague1 | The persons referred to in Note 2 – in case of the form of pneumonic plague and persons who were under similar conditions of infection | Initial medical examination and medical observation for 6 days | Not required |
| 35. | Ornithosis (psittacosis) | Persons who were under similar conditions of infection | Medical observation for 30 days | Not required |
| 36. | Poliomyelitis1 | The persons referred to in Note 3 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 35 days | Virological investigation of the sample of faeces |
| 37. | Avian influenza for a human being1 or another influence 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 has been detected) | The persons referred to in Note 2 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 7 days | According to recommendations of the World Health Organisation |
| 38. | Q-fever and other rickettsioses | Persons who were under similar conditions of infection | Medical observation for 21 days | Not required |
| 39. | West Nile fever | The persons referred to in Sub-paragraphs 4.1–4.6 of Note 4 | Initial medical examination and medical observation for 14 days | Not required |
| 40. | Salmonellosis and the carrying of the agents thereof | The persons referred to in Note 3 and persons who were under similar conditions of infection | Medical observation for 7 days | Investigation of samples of faeces at the preschool educational institution, the institution where the service of looking after children, the social care institution, and the medical treatment institution affected by the infection shall be performed in case of group falling ill (at least two cases) |
| 41. | Syphilis, including hereditary syphilis syndrome | Sex partners; persons with whom close contacts of everyday life exist, including children; recipients of blood or other biomaterial;  persons who were under similar conditions of infection if the doctor has justified suspicions regarding possible infection | Initial medical examination | Serological investigation of the blood sample, microscopy of the skin and mucous membrane defect material |
| 42. | Severe acute respiratory syndrome (SARS)1,  Middle East respiratory syndrome (MERS)1 | The persons referred to in Note 2 and persons who were under similar conditions of infection | Initial medical examination and medical observation (SARS for 10 days;  MERS for 14 days) | According to recommendations of the World Health Organisation |
| 43. | Shiga toxin-producing/verotoxin-producing Escherichia coli infection (STEC/VTEC), haemolytic uraemic syndrome, or thrombotic hemorrhagic purpura | The persons referred to in Note 3 and persons who were under similar conditions of infection | Medical observation for 7 days | Investigation of samples of faeces at the preschool educational institution, the institution where the service of looking after children, the social care institution, and the medical treatment institution affected by the infection shall be performed in case of group falling ill (at least two cases) |
| 44. | Shigellosis and the carrying of the agents thereof | The persons referred to in Note 3 and persons who were under similar conditions of infection | Medical observation for 7 days | Investigation of samples of faeces at the preschool educational institution, the institution where the service of looking after children, the social care institution, and the medical treatment institution affected by the infection shall be performed in case of group falling ill (at least two cases) |
| 45. | Rabies | Persons who were in contact with the saliva and secretion of the pharynx of the patient;  persons who were under similar conditions of infection | Initial medical examination in order to decide upon the necessity of determining an immunisation course | Not required |
| 46. | Trichinellosis | Persons who were under similar conditions of infection | Medical observation for 21 days | Not required |
| 47. | Tularaemia | Persons who were under similar conditions of infection | Medical observation for 14 days | Not required |
| 48. | Louse borne relapsing fever1 | Persons who were under similar conditions of infection | Initial medical examination, including examination for louse infestation, and medical observation for 25 days from the day of sanitary treatment of the focus | Not required |
| 49. | Typhoid and paratyphoid, including the carrying of the agents of typhoid and paratyphoid | The persons referred to in Note 3 and persons who were under similar conditions of infection | Initial medical examination and medical observation for 21 days | Bacteriological investigation of the sample of faeces |
| 50. | Varicella | Exposed persons who have not been ill with varicella: The persons referred to in Note 2 and persons who were under similar conditions of infection | Medical observation for 21 days. Initial medical examination for pregnant women | Serological investigation of a blood sample in dynamics to pregnant women |
| 51. | Virus (rotavirus, norovirus, adenovirus, astrovirus, sapovirus) intestinal infections | The persons referred to in Note 3 and persons who were under similar conditions of infection | Medical observation for 7 days | Not required |
| 52. | Viral haemorrhagic fevers1, including Ebola viral disease, Lassa fever, Marburg viral disease, Crimean-Congo hemorrhagic fever | The persons referred to in Notes 2 and 3, and also in Sub-paragraphs 4.1–4.6 of Note 4 and persons who were under similar conditions of infection | Initial medical examination and medical observation during the maximum period of incubation in conformity with the nosological form (including: Ebola viral disease, Lassa fever – 21 days;  Marburg viral disease – nine days;  Crimean-Congo Hemorrhagic Fever – 12 days) | Not required |
| 53. | Giardiasis (lambliasis) | The persons referred to in Note 3 and persons who were under similar conditions of infection | Medical observation for 25 days | Not required |
| 54. | Monkey pox1 | Persons who have had:  direct physical contact (including sexual contact);  close contact (face to face) (including health care workers without appropriate personal protective equipment);  contact with infected materials (for example, clothing, bed linen) (including without appropriate personal protective equipment) | Medical observation at least once a week for 21 days after the last contact with the case of monkey pox | Not required |

Notes.

1. 1 Dangerous infectious disease.

2. Exposed persons to be examined:

2.1. family members or persons who live together with the infected person;

2.2. person who come into frequent contact with the infected person;

2.3. kissing partners and sex partners of the infected person (does not apply to tuberculosis);

2.4. persons who have worked with the infected person in one room;

2.5. persons who are studying in one room, including are attending one group at a preschool education institution or are studying in one class or group, or who stay for longer periods of time in one room with the infected person;

2.6. in a medical treatment institution patients from one ward (in case of measles patients who were in one room);

2.7. in a social care institution persons to be taken care of and living in one room with the infected person;

2.8. health care practitioners and other persons who come into contact with the infected person;

2.9. persons imprisoned in places of imprisonment from one cell with the infected person;

2.10. persons who have flown or travelled in one international vehicle (in case of tuberculosis – for more than 8 hours) together with the infected person;

2.11. persons who come into contact with the biological materials and discharges of the infected person which may contain agents of the infectious disease;

2.12. persons whose work may cause potential risk to the health of other persons in accordance with the laws and regulations.

3. Exposed persons to be examined:

3.1. family members or persons who live together with the infected person;

3.2. persons who were in direct contact with the infected person or his or her contaminated environment at a preschool educational institution, the institution where the service of looking after children, the inpatient medical treatment institution, and the social care institution;

3.3. persons whose work may cause potential risk to the health of other persons in accordance with the laws and regulations.

4. Exposed persons to be examined:

4.1. recipients of blood or other biomaterial;

4.2. persons who have used joint needles, syringes, or other accessories for the use of injectable drugs;

4.3. persons who have had mucous or parenteral contact with blood or other biomaterial during carrying out of professional duties, during receipt of medical treatment, beauty treatment, or other services, upon existence of the risk of infection;

4.4. children born to infected pregnant women;

4.5. sex partners if the principle of safe sexual intercourse were not observed;

4.6. other persons who have used joint hygiene accessories (shaving accessories, toothbrushes) or have had blood, damaged skin or mucous contact;

4.7. family members or person who live together with the infected person (except persons who live at the places of stay).