Text consolidated by Valsts valodas centrs (State Language Centre) with amending regulations of:

23 October 2001 [shall come into force from 27 October 2001];

3 January 2002 [shall come into force from 9 January 2002];

29 November 2002 [shall come into force from 5 December 2002];

28 October 2003 [shall come into force from 28 November 2003];

23 December 2003 [shall come into force from 1 January 2004];

23 May 2006 [shall come into force from 7 June 2006];

21 November 2006 [shall come into force from 6 December 2006];

5 June 2007 [shall come into force from 13 June 2007];

29 January 2008 [shall come into force from 2 February 2008];

10 June 2008 [shall come into force from 14 June 2008];

26 May 2009 [shall come into force from 19 August 2009];

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

7 December 2010 [shall come into force from 11 December 2010];

21 February 2012 [shall come into force from 25 February 2012];

17 April 2012 [shall come into force from 2 November 2012];

30 July 2013 [shall come into force from 3 August 2013];

10 December 2013 [shall come into force from 21 December 2013];

27 January 2015 [shall come into force from 30 January 2015];

13 December 2016 [shall come into force from 16 December 2016];

19 March 2019 [shall come into force from 23 March 2019].

If a whole or part of a paragraph has been amended, the date of the amending regulation appears in square brackets at the end of the paragraph. If a whole paragraph or sub-paragraph has been deleted, the date of the deletion appears in square brackets beside the deleted paragraph or sub-paragraph.

Republic of Latvia

Cabinet

Regulation No. 330

Adopted 26 September 2000

**Vaccination Regulations**

*Issued pursuant to*

*Section 30, Paragraph one, two, three and Section 31, Paragraph five of*

*Epidemiological Safety Law*

**I. General Provisions**

1. This Regulation prescribes infectious diseases against which mandatory vaccination shall be performed, the range of persons to be vaccinated (including persons employed in specific occupations or belonging to increased risk groups) and vaccination procedures, as well as the mandatory minimum security requirements for performing vaccination.

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

*[10 June 2008]*

2.1 A medical practitioner may perform vaccination outside a medical treatment institution, if the requirements referred to in Paragraph 17 of this Regulation are ensured.

*[10 June 2008]*

3. Vaccination of the following persons shall be mandatory:

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

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

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

3.4. pregnant women – against seasonal influenza;

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

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

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

*[19 March 2019]*

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

*[19 March 2019]*

4. [23 May 2006]

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

*[19 March 2019]*

6. All expenditures related to the vaccination referred to in Paragraphs 3 and 23.1 of this Regulation, its organisation, supervision and control, also to the acquisition of vaccines, drawing up of medical documentation, vaccine injection, as well as to the treatment of complications (side effects) caused by vaccination, which has been included in the minimum of medical services to be provided for inhabitants specified in laws and regulations, shall be financed from the State basic budget.

*[23 December 2003; 23 May 2006]*

6.1 [5 June 2007]

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

*[23 May 2006]*

8. In case of an epidemic or threat thereof, the Minister for Health is entitled to issue an order regarding mandatory vaccination of specific groups of inhabitants in extraordinary cases and purchase of supplementary vaccines within the scope of the budget resources allocated in the budget of the Ministry of Health. If in case of an epidemic or threat thereof, supplementary mandatory vaccination is necessary which exceeds the resources allocated to the Ministry of Health, the decision on supplementary mandatory vaccination shall be taken by the Cabinet upon proposal of the Minister for Health.

*[28 October 2003; 23 May 2006]*

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

*[28 October 2003; 19 March 2019]*

**II. Planning and Organising of Vaccination**

*[23 May 2006]*

10. The vaccination institutions shall:

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

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

Pmax = I × 2 – A, where

Pmax – maximum number of vaccines to be ordered;

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

2 – two months;

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

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

10.2. each month by the fifth date, submit to the epidemiologist of the respective regional department of the Centre for Disease Prevention and Control an order of vaccines for the following month and a report on the use of vaccines in the reporting month, filling in the form of the report on immunisation of inhabitants and of the order of vaccines (Annex 3). If an additional vaccine is necessary outside the regular order, the vaccination institution shall prepare and submit a justified written request to the epidemiologist of the respective regional department of the Centre for Disease Prevention and Control for receipt of the particular vaccine. The abovementioned order shall be entered in the form of the report on immunisation of inhabitants and of the order of vaccines;

10.3. be responsible for rational vaccine planning, ordering, stock maintenance, storage and use and also appoint the person responsible for the receipt, storage, use, accounting, return or write-off and destruction of vaccines at the vaccination institution.

*[19 March 2019]*

10.1 Each year by 10 January family doctors shall submit a report to the epidemiologist of the respective regional unit of the Centre for Disease Prevention and Control on the persons vaccinated within the scope of the vaccination schedule in the previous year at each family doctor's practice separately, filling in the form of the report on persons vaccinated within the scope of the vaccination schedule (Annex 5).

*[7 December 2010; 17 April 2012]*

11. The National Health Service together with epidemiologists of the respective regional departments of the Centre for Disease Prevention and Control shall evaluate the results of vaccination and the use of vaccines, as well as plan and take actions in order to ensure that maximum number of inhabitants is vaccinated.

*[23 December 2003; 8 September 2009; 21 February 2012; 17 April 2012]*

12. Epidemiologists of the respective regional departments of the Centre for Disease Prevention and Control shall:

12.1. by the twelfth date of each month evaluate and compile the order of vaccines of vaccination institutions existing in the territory to be services and the use of vaccines, making adjustments if inaccuracies are detected or order without justification exceeds the average use of a vaccine by the vaccination institution in the intended order period, does not conform to the prognosis of the use of the vaccine and to the epidemiological situation, as well as if the amount of vaccines left in stock in the vaccination institution is not taken into account. The data compiled shall be submitted to the Centre for Disease Prevention and Control;

12.2. [5 June 2007];

12.3. analyse the indicators of immunisation and morbidity of inhabitants and the use of vaccines.

*[3 January 2002; 23 December 2003; 5 June 2007; 26 May 2009; 8 September 2009; 17 April 2012]*

13. The Centre for Disease Prevention and Control shall:

13.1. plan the total necessary amount of vaccines for implementation of the vaccination schedule, taking into account the demographic data and average consumption of preparations and co-ordinate it with the Ministry of Health;

13.2. each month by the eighteenth date compile data on order of vaccines of vaccination institutions and make adjustments, if the order does not conform to the quantity of vaccines procured by the State in the month, as well as submit a total order of vaccines to the drug wholesaler, with which the National Health Service has entered into a contract in accordance with Paragraph 14 of this Regulation and which ensures the supply of vaccines to vaccination institutions in accordance with the procedures laid down in this Regulation, and to the National Health Service;

13.3. provide the supervision of the implementation of the vaccination schedule and, if necessary, organise and propose measures for the improvement of vaccination.

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

14. The National Health Service shall purchase vaccines in accordance with the procedures laid down in the Public Procurement Law in order to perform vaccination against the infectious diseases referred to in Paragraphs 3 and 23.1 of this Regulation.

*[23 May 2006; 8 September 2009; 21 February 2012]*

14.1 Drug wholesalers shall ensure storage and supply of vaccines to vaccination institutions according to the list of vaccination institutions submitted by the Centre for Disease Prevention and Control and the order of vaccines not later than by the last date of each month.

*[5 June 2007; 26 May 2009; 8 September 2009; 17 April 2012]*

**III. Performance of Vaccinations**

15. [5 June 2007]

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

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

17.1. disinfectants for disinfection and treatment of the injection site;

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

17.3. thermometer, tonometer and phonendoscope;

17.4. means for anaphylactic shock therapy;

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

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

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

17.8. a puncture-resistant container for collecting used needles, materials and syringes.

*[10 June 2008]*

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

*[19 March 2019]*

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

*[7 December 2010; 30 July 2013]*

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

*[30 July 2013]*

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

*[30 July 2013]*

18.4 If a vaccine which has been purchased from State budget funds and is unsuitable for use is found at the vaccination institution, the vaccination institution shall, within five working days, complete and submit a report to the epidemiologist of the respective regional unit of the Centre for Disease Prevention and Control on the write-off/return of vaccines (Annex 8).

*[19 March 2019]*

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

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

19.2. information on the labelling is not legible;

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

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

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

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

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

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

*[10 June 2008]*

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

21. [10 June 2008]

22. Inhabitants have the right to choose a vaccination institution or a medical practitioner who shall perform the vaccination, as well as to refuse the vaccination, also the vaccination of a person under guardianship.

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

*[23 May 2006]*

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

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

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

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

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

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

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

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

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

*[19 March 2019]*

26. A medical practitioner shall be responsible for:

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

26.2. compliance with hygienic and epidemic safety requirements of vaccination, also for correct injection of a vaccine, medical observation of the person to be vaccinated in the post-vaccination period in conformity with the instructions for use of the vaccine and provision of emergency medical assistance within the specified time period;

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

*[23 May 2006; 19 March 2019]*

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

*[30 July 2013]*

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

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

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

27.3. explain the importance of vaccination and, if vaccination is not included in the vaccination schedule, to recommend the persons who are classified in the risk groups to vaccinate according to their individual risk or medical indications against seasonal influenza, tickborne encephalitis, Hepatitis A, Hepatitis B, pneumococcal infection, meningococcal infection, varicella, pertussis, measles, rubella, epidemic parotitis, and human papillomavirus infection.

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

28. If a person to be vaccinated refuses the vaccination, a medical practitioner has a duty to explain to the abovementioned person the significance of the respective prophylactic measure in the protection of individual and public health. If the person to be vaccinated does not change his or her decision, the medical practitioner shall draw up a refusal in writing, and the person to be vaccinated shall sign it.

*[3 January 2002]*

29. It is permitted to use the existing immunization cards until the issuance of new immunization cards. Immunization cards, which are issued after the coming into force of this Regulation, must contain the following information:

29.1. given name, surname, personal identity number, age of the person on the day of vaccination and immunity examination;

29.2. date of vaccination, name of vaccine, dosage of vaccine, route of administration, series, producer of vaccine, note on side effects caused by the vaccine, surname, signature and seal of a medical practitioner;

29.3. date, result of immunity examination, surname, signature and seal of a medical practitioner.

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

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

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

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

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

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

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

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

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

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

*[23 May 2006]*

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

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

33.1.1. blood taking;

33.1.2. surgical and similar invasive intervention;

33.1.3. injections;

33.1.4. wound treatment and dressing;

33.1.5. care during delivery;

33.1.6. dental care procedures;

33.1.7. provision of emergency medical assistance;

33.1.8. pathological-anatomical examinations;

33.1.9. laboratory examinations;

33.1.10. blood transfusion;

33.1.11. acupuncture;

33.1.12. servicing of reanimation and anaesthetic equipment;

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

33.1.14. physical examination of a Hepatitis B patient;

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

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

33.4. persons providing manicure and pedicure services, as well as those associated with tattooing and piercing procedures.

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

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

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

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

*[29 November 2002]*

38. In order to receive the vaccine referred to in Paragraph 30 of this Regulation, an employer or employee shall notify a vaccination institution of the necessary vaccine. The vaccination institution shall, in accordance with Paragraphs 10, 12 and 13 of this Regulation, plan, order and receive vaccines by indicating the purpose of the vaccination, or in cases specified in laws and regulations acquire the vaccines directly from licensed medicinal product wholesalers if a wholesaler ensures the storage and transport of vaccines in conformity with the requirements laid down in laws and regulations.

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

*[23 May 2006]*

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

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

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

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

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

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

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

45. The Health Inspectorate shall control:

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

45.2. existence of certificates for medical practitioners performing vaccination and also medical documentation and provision of the vaccination institution with the means of anaphylactic shock therapy;

45.3. distribution and use of vaccines.

*[29 January 2008; 19 March 2019]*

46. [29 January 2008]

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

*[29 January 2008; 8 September 2009; 21 February 2012; 17 April 2012]*

48. [29 January 2008]

**VI. Closing Provisions**

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

*[23 October 2001]*

50. [8 September 2009]

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

52. [8 September 2009]

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

*[5 June 2007]*

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

*[26 May 2009]*

55. Vaccination against pneumococcal infection for 2-month-old children shall be commenced from 1 January 2010.

*[26 May 2009]*

56. Vaccination against human papillomavirus infection for 12-year-old girls shall be commenced from 1 September 2010.

*[26 May 2009]*

57. Vaccination against Rotavirus infection for 2-month-old children shall be commenced from 1 January 2015.

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

58. [21 February 2012]

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

*[7 December 2010]*

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

*[10 December 2013; 13 December 2016]*

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

*[19 March 2019]*

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

*[19 March 2019]*

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

*[19 March 2019]*

**Informative Reference to the European Union Directive**

*[10 December 2013]*

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

Prime Minister A. Bērziņš

Acting for the Minister for Welfare –

Minister for Special Assignments in State Reform Matters J. Krūmiņš

**Annex 1**

Cabinet Regulation No. 330

26 September 2000

**Vaccination Schedule for Children**

*[19 March 2019]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Age of the person to be vaccinated | Infectious disease against which vaccination is to performed mandatorily | Designations of vaccine names\* | Notes |
| 1. | 0–12 hours | Hepatitis B | HB | Vaccine against Hepatitis B shall be administered only to the newborn infants of the risk group (born to mothers having a positive Hepatitis B surface antigen (HBsAg) or to mothers who were not tested for determination of the presence of HBsAg). Doses of the vaccine shall be administered according to the instructions for use of the vaccine |
| 2. | From 12 hours | Tuberculosis | BCG | If vaccination has been performed when a child has reached the age of two months, a tuberculin test shall be performed prior to vaccination in order to exclude potential infection of a child with tuberculosis |
| 3. | From 6 weeks | Rotavirus infection | RV1, RV2 or RV1, RV2, and RV3 | Two up to three doses according to the instructions for use of the vaccine |
| 4. | 2 months | Diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b, Hepatitis B | DTaP-IPV-Hib-HB1 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis), poliomyelitis, Haemophilus influenzae type b and Hepatitis B shall be used |
| Pneumococcal infection | PCV1 |  |
| 5. | 4 months | Diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b, Hepatitis B | DTaP-IPV-Hib-HB2 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis), poliomyelitis, Haemophilus influenzae type b and Hepatitis B shall be used |
| Pneumococcal infection | PCV2 |  |
| 6. | 6 months | Diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b, Hepatitis B | DTaP-IPV-Hib-HB3 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis), poliomyelitis, Haemophilus influenzae type b and Hepatitis B shall be used |
| 7. | 6–23 months (inclusive) | Influenza | Vaccinum influenzae | Vaccine against seasonal influenza shall be used |
| 8. | 12–15 months | Diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b, Hepatitis B | DTaP-IPV-Hib-HB4 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis), poliomyelitis, Haemophilus influenzae type b and Hepatitis B shall be used |
| Pneumococcal infection | PCV3 |  |
| Measles, rubella, epidemic parotitis | MPR1 | Combined vaccine against measles, rubella and epidemic parotitis shall be used. It is also possible to use combined vaccine against measles, rubella, epidemic parotitis and varicella |
| Varicella | Varicella1 |  |
| 9. | 7 years | Diphtheria, tetanus, pertussis, poliomyelitis | DTaP-IPV5 | Combined vaccine against diphtheria, tetanus, pertussis (with the acellular component of pertussis) and poliomyelitis shall be used.  A child may be vaccinated earlier, if the child starts acquisition of mandatory basic education |
| Measles, rubella, epidemic parotitis | MPR2 | Only children who have received one dose of MPR vaccine may be revaccinated against measles, rubella and epidemic parotitis.  A child may be vaccinated earlier, if the child starts acquisition of mandatory basic education |
| Varicella | Varicella2 | Children who have received one dose of the vaccine against varicella and who have not been ill with varicella may be revaccinated against varicella.  A child may be vaccinated earlier, if the child starts acquisition of mandatory basic education |
| 10. | 12 years (girls) | Human papillomavirus infection | CPV1 and CPV2 or CPV1, CPV2, and CPV3 | Two or three doses according to the instructions for use of the vaccine and the age of a girl at the moment of vaccination |
| 11. | 14 years | Diphtheria and tetanus | dT6 | Combined vaccine against diphtheria and tetanus with reduced quantity of diphtheria toxoid shall be used |

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

**Annex 2**

Cabinet Regulation No. 330

26 September 2000

*[23 May 2006]*

1. Basic vaccination of such adults against diphtheria and tetanus who have not been vaccinated against diphtheria and tetanus

|  |  |  |
| --- | --- | --- |
| Dose | | Interval between vaccinations |
| Basic vaccination | 1st dose (Td)\* | During the first visit to the medical practitioner |
| 2nd dose (Td) | 1–1.5 months after administration of the first dose |
| 3rd dose (Td) | 6–12 months after administration of the second dose |
| First booster vaccination | | 5 years after basic vaccination |
| Second and next booster vaccination (Td) | | See Scheme 2 |

2. Booster vaccination\*\* of such adults against diphtheria and tetanus who had previously undergone a full course of systematic vaccination\*\*\* against diphtheria and tetanus

|  |  |  |
| --- | --- | --- |
| Time period after the last booster vaccination | Indications for vaccination | Vaccine |
| < 1 year | Booster vaccination is not necessary | - |
| 1–4 years | Booster vaccination of the following risk group persons is recommended:  1) recruits upon joining the military service;  2) candidates upon joining educational institutions of medical, interior and military profile;  2) diphtheria focuses of the contact person | Td  (one dose) |
| 5–9 years | Booster vaccination of the following risk groups is recommended:  1) persons who are in closed groups (for example, in psychoneurological divisions or retirement houses, rehabilitation and social care institutions, units of the National Armed Forces, placed of imprisonment, shelters);  2) medical practitioners and the personnel of medical treatment institutions, epidemiologists;  3) teachers at educational and instruction institutions and the personnel;  4) persons who work in the service area (vendors, attendants, controllers and drivers of the public transport, as well as other persons having frequent contact with clients);  5) operational staff of police institutions;  6) persons addicted to alcohol, narcotic and other intoxicating substances | Td  (one dose) |
| 10 years | Booster vaccination of persons who do not belong to risk groups shall be performed | Td  (one dose) |
| More than 10 years | Booster vaccination shall be performed | Td  (two doses with the interval of 1–1.5 months) |

Notes.

1. \* Td – toxoid of diphtheria and tetanus with reduced quantity of diphtheria toxoid.

2. \*\* Booster vaccination (revaccination) – repeat administration of vaccines so that by stimulating the mechanism of immumological memory the level of specific antibodies is increased.

3. \*\*\* Full course of systematic vaccination – all received doses of toxoid of diphtheria and tetanus according to the vaccination schedule (age).

**Annex 3**

Cabinet Regulation No. 330

26 September 2000

*[7 December 2010; 30 July 2013; 19 March 2019]*

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

Name and address of the medical treatment institution

|  |
| --- |
|  |
| Code |
|  |
| (given name, surname, telephone number of the medical practitioner) |

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

|  |  |
| --- | --- |
| 20\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | (month) |
| **1.A. Vaccination of children against tuberculosis** | | | | | | | |
| Age of the children to be vaccinated | | | Sequence number | | | Number of children vaccinated | |
| A | | | B | | | 01 | |
| Total | | | 1 | | |  | |
| including 0–5 days\* | | | 2 | | |  | |
| 6 days – 11 months | | | 3 | | |  | |
| Note. \* Indicate the vaccines administered to children from 0-5 days of age, as well as later, if vaccines have been administered to newborn infants in the maternity ward before discharging. | | | | | | | |
| **1.B. Vaccines Left in Stock and Order** | | | | | | | |
| Name of the vaccine | | | | Sequence number | Left in stock (doses) | | Order (doses) |
| A | | | | B | 01 | | 02 |
| Vaccine against tuberculosis (BCG) | | | | 1 |  | |  |

**2.A. Vaccination of children against Hepatitis B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vaccination | Age of the children to be vaccinated | Sequence number | Number of children vaccinated | |
| in total | including with a monovalent vaccine |
| A | B | C | 01 | 02 |
| 1st dose | Total | 1 |  |  |
| including 0–12 hours\* | 2 |  |  |
| 2 months | 3 |  |  |
| 2nd dose | Total | 4 |  |  |
| 3rd dose | Total | 5 |  |  |
| including 6–11 months | 6 |  |  |
| 4th dose | Total | 7 |  |  |
| including 12–15 months | 8 |  |  |
| Total | | 9 |  |  |
| Note.\* Indicate vaccination performed for children at the age of 0–12 hours. | | | | |

**2.B. Vaccines Left in Stock and Order**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the vaccine | | | | | Sequence number | | Left in stock (doses) | | Order (doses) | |
| A | | | | | B | | 01 | | 02 | |
| Vaccine against Hepatitis B for children | | | | | 1 | |  | |  | |
|  | | | | | | | | | | |
| **3.A. Vaccination of children against diphtheria, tetanus\*, pertussis, Haemophilus influenzae type b, poliomyelitis, and pneumococcal infection** | | | | | | | | | | |
| Vaccines | Age of the children to be vaccinated | Sequence number | Number of children vaccinated against | | | | | | | |
| diphtheria and tetanus | pertussis | | poliomyelitis | | Haemophilus influenzae type b | | pneumococcal infection |
| A | B | C | 01 | 02 | | 03 | | 04 | | 05 |
| 1st dose | Total | 1 |  |  | |  | |  | |  |
| including 2 months | 2 |  |  | |  | |  | |  |
| 2nd dose | Total | 3 |  |  | |  | |  | |  |
| 3rd dose | Total | 4 |  |  | |  | |  | | X |
| including 6–11 months | 5 |  |  | |  | |  | | X |
| 4th dose\*\* | Total: | 6 |  |  | |  | |  | |  |
| including 12–15 months | 7 |  |  | |  | |  | |  |
| 5th dose | Total | 8 |  |  | |  | | X | | X |
| including 7 years | 9 |  |  | |  | | X | | X |
| 6th dose | Total | 10 |  | X | |  | | X | | X |
| including 14 years | 11 |  | X | |  | | X | | X |
| Total | | 12 |  |  | |  | |  | |  |
| Notes.  1. \* Including also emergency immunoprophylaxis of tetanus  2. \*\* Booster vaccination (third vaccine) against pneumococcal infection shall be indicated | | | | | | | | | | |

**3.B. Vaccines Left in Stock and Order**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the vaccine | | | | | | Sequence number | | Left in stock (doses) | | Order (doses) |
| A | | | | | | B | | 01 | | 02 |
| Vaccine against diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b, and Hepatitis B (DTaP-IPV-Hib-HB) | | | | | | 1 | |  | |  |
| Vaccine against diphtheria, tetanus, pertussis, poliomyelitis, and Haemophilus influenzae type b (DTaP-IPV-Hib) | | | | | | 2 | |  | |  |
| Vaccine against diphtheria, tetanus, pertussis, and poliomyelitis (DTaP-IPV) | | | | | | 3 | |  | |  |
| Vaccine against diphtheria, tetanus, and poliomyelitis (Td-IPV) | | | | | | 4 | |  | |  |
| Vaccine against diphtheria and tetanus (DT) | | | | | | 5 | |  | |  |
| Vaccine against poliomyelitis (IPV) | | | | | | 6 | |  | |  |
| Vaccine against pneumococcal infection (PCV) | | | | | | 7 | |  | |  |
| **4.A. Vaccination of children against measles, epidemic parotitis, rubella and varicella** | | | | | | | | | | | | |
| Vaccines | | Sequence number | Number of children vaccinated against | | | | | | | | | |
| measles, epidemic parotitis, rubella | | | varicella | | | | | | |
| in total | including | | in total | | including | | | | |
| at the age from 12–15 months | at the age of 7 years | at the age from 12–15 months | | at the age of 7 years | | |
| A | | B | 01 | 02 | 03 | 04 | | 05 | | 06 | | |
| 1st dose | | 1 |  |  |  |  | |  | |  | | |
| 2nd dose | | 2 |  | X |  |  | | X | |  | | |
| Total | | 3 |  | X |  |  | | X | |  | | |

**4.B. Vaccines Left in Stock and Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the vaccine | Sequence number | Left in stock (doses) | Order (doses) |
| A | B | 01 | 02 |
| Vaccine against measles, epidemic parotitis, and rubella (MPR) | 1 |  |  |
| Vaccine against varicella (varicella) | 2 |  |  |
| Vaccine against measles, epidemic parotitis, rubella, and varicella (MPR-Var) | 3 |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5.A. Vaccination of adults against diphtheria and tetanus\*** | | | | | | | |
| Vaccines | Sequence number | Number of persons vaccinated according to age groups (years) | | | | | |
|  |  | 18–29 | 30–39 | 40–49 | 50–59 | 60 and > | in total |
| A | B | 01 | 02 | 03 | 04 | 05 | 06 |
| 1st dose | 1 |  |  |  |  |  |  |
| 2nd dose | 2 |  |  |  |  |  |  |
| 3rd dose | 3 |  |  |  |  |  |  |
| Booster vaccination | 4 |  |  |  |  |  |  |
| Total | 5 |  |  |  |  |  |  |
| Note. \* Including also emergency immunoprophylaxis of tetanus. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **6.A. Emergency immunoprophylaxis of tetanus and post-exposure prophylaxis against rabies** | | | |
| Type of prophylaxis | Sequence number | Number of persons vaccinated | |
| in total | including children |
| A | B | 01 | 02 |
| Number of vaccinations against tetanus | 1 |  |  |
| Number of persons who were administered immunoglobulins against tetanus | 2 |  |  |
| Number of vaccinations against rabies | 3 |  |  |
| Number of persons who were administered immunoglobulins (serum) against rabies | 4 |  |  |

**5./6.B. Vaccines Left in Stock and Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the vaccine | Sequence number | Left in stock (doses) | Order (doses) |
| A | B | 01 | 02 |
| Vaccine against diphtheria and tetanus (Td) | 1 |  |  |
| Vaccine against rabies | 2 |  |  |
|  | | | |

**7.A. Vaccination of girls against human papillomavirus infection**

|  |  |  |  |
| --- | --- | --- | --- |
| Vaccination | Sequence number | Number of girls vaccinated | |
| in total | including 12 years of age |
| A | B | 01 | 02 |
| 1st dose | 1 |  |  |
| 2nd dose | 2 |  |  |
| 3rd dose\* | 3 |  | X |
| Total | 4 |  |  |
| Note.\* Three doses of vaccine shall be administered from 15 years of age according to the instructions for use of the vaccine. | | | |

**7.B. Vaccines Left in Stock and Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the vaccine | Sequence number | Left in stock (doses) | Order (doses) |
| A | B | 01 | 02 |
| Vaccine against human papillomavirus (CPV) | 1 |  |  |

**8.A. Vaccination against Hepatitis B of those persons who receive chronic haemodialysis or haemodiafiltration procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| Vaccination | | Sequence number | Number of persons vaccinated |
| A | | B | 01 |
| Total | | 1 |  |
| including | 1st dose | 2 |  |
|  | 2nd dose | 3 |  |
|  | 3rd dose | 4 |  |
|  | 4th dose | 5 |  |

**8.B. Vaccines Left in Stock and Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the vaccine | Sequence number | Left in stock (doses) | Order (doses) |
| A | B | 01 | 02 |
| Vaccine against Hepatitis B (HB) for persons who receive chronic haemodialysis or haemodiafiltration procedures | 1 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9.A. State-paid vaccination of children against tickborne encephalitis** | | | | |
| Age group | Number of children vaccinated | | | |
| 1st dose | 2nd dose | 3rd dose | booster vaccination |
| 1–11 years |  |  |  |  |
| 12–15 years |  |  |  |  |
| 16–17 years |  |  |  |  |
| Total |  |  |  |  |

**9.B. Vaccines Left in Stock and Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the vaccine | Sequence number | Left in stock (doses) | Order (doses) |
| A | B | 01 | 02 |
| Vaccine against tickborne encephalitis for children from 1 to 11 years of age | 1 |  |  |
| Vaccine against tickborne encephalitis for children from 12 to 15 years of age | 2 |  |  |
| Vaccine against tickborne encephalitis for children from 16 to 17 years of age | 3 |  |  |

**10.B. Syringes Left in Stock and Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Syringes | Sequence number | Left in stock (doses) | Order (doses) |
| A | B | 01 | 02 |
| Syringes for administration of BCG vaccine | 1 |  |  |
| Syringes for intramuscular injections | 2 |  |  |

**11. Vaccination which is not financed from State budget funds or is partially financed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Infectious disease against which vaccination is to performed | | Sequence number | Number of persons vaccinated | |
| in total | including children |
| A | | B | 01 | 02 |
| Hepatitis A | 1st dose | 1 |  |  |
| 2nd dose | 2 |  |  |
| 3rd dose | 3 |  |  |
| Hepatitis B | 1st dose | 4 |  |  |
| 2nd dose | 5 |  |  |
| 3rd dose | 6 |  |  |
| 4th dose | 7 |  |  |
| Yellow fever |  | 8 |  |  |
| Tickborne encephalitis | 1st dose | 9 |  |  |
| 2nd dose | 10 |  |  |
| 3rd dose | 11 |  |  |
| booster vaccination | 12 |  |  |
| Seasonal influenza | 1st dose | 13 |  |  |
| 2nd dose | 14 |  |  |
| Cholera |  | 15 |  |  |
| Typhoid fever |  | 16 |  |  |
| Japanese encephalitis |  | 17 |  |  |
| Poliomyelitis |  | 18 |  |  |
| Measles |  | 19 |  |  |
| Rubella |  | 20 |  |  |
| Epidemic parotitis |  | 21 |  |  |
| Meningococcal infection | vaccination | 22 |  |  |
| booster vaccination | 23 |  |  |
| Pneumococcal infection | 1st dose | 24 |  |  |
| 2nd dose | 25 |  |  |
| 3rd dose | 26 |  |  |
| 4th dose | 27 |  |  |
| booster vaccination | 28 |  |  |
| Rabies (prophylaxis) | 1st dose | 29 |  |  |
| 2nd dose | 30 |  |  |
| 3rd dose | 31 |  |  |
| booster vaccination | 32 |  |  |
| Varicella | 1st dose | 33 |  |  |
| 2nd dose | 34 |  |  |
| Human papillomavirus infection | 1st dose | 35 |  |  |
| 2nd dose | 36 |  |  |
| 3rddose | 37 |  |  |
| Pertussis |  | 38 |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 39 |  |  |

**11.A. Vaccination of children against Rotavirus infection**

|  |  |  |
| --- | --- | --- |
| Vaccination | Sequence number | Total |
| A | B | 01 |
| 1st dose | 1 |  |
| 2nd dose\* | 2 |  |
| 3rd dose\* | 3 |  |
| Total | 4 |  |
| Note.\* Full course of vaccination – two or three doses of vaccine (according to the instructions for use of the vaccine). | | |

**11.B. Vaccines Left in Stock and Order**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the vaccine | | Sequence number | Left in stock (doses) | | | Order (doses) |
| A | | B | 01 | | | 02 |
| Vaccine against Rotavirus infection | | 1 |  | | | " |
|  | | Head of the institution |  | |  |  | | |
| (date\*) | |  | (given name, surname) | |  | (signature\*) | | |
|  | |  | Place for a seal\* | | | | | |

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

**12. Vaccination of children and pregnant women against seasonal influenza**

|  |  |  |  |
| --- | --- | --- | --- |
| Group of persons to be vaccinated | Sequence number | Number of vaccinations performed | Number of persons vaccinated |
| A | B | 01 | 02 |
| Children at the age of 6–23 months (inclusive) | 1 |  |  |
| Pregnant women | 2 |  |  |
| Total | 3 |  |  |

**12.A. Vaccines Left in Stock and Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the vaccine | Sequence number | Left in stock (doses) | Order (doses) |
| A | B | 01 | 02 |
| Vaccine against influenza for vaccination of children at the age of 6–23 months (inclusive) | 1 |  |  |
| Vaccine against influenza for vaccination of pregnant women | 2 |  |  |
| Total | 3 |  |  |

**13. Vaccination of non-vaccinated exposed persons according to epidemiological indications**

|  |  |  |  |
| --- | --- | --- | --- |
| Infectious disease | Sequence number | Number of persons vaccinated | Number of vaccinations performed |
| A | B |  |  |
| Diphtheria | 1 |  |  |
| Poliomyelitis | 2 |  |  |
| Measles | 3 |  |  |
| Rubella | 4 |  |  |
| Epidemic parotitis | 5 |  |  |

**Annex 4**

Cabinet Regulation No. 330

26 September 2000

[7 December 2010 / See Paragraph 3 of amendments]

**Annex 5**

Cabinet Regulation No. 330

26 September 2000

*[7 December 2010; 30 July 2013; 27 January 2015]*

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

Name and address of the medical treatment institution

|  |
| --- |
|  |
| Code |
|  |
| (given name, surname, telephone number of the medical practitioner) |

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

**in 20\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Vaccination | | Number of registered patients (number of patients registered at the family doctor's practice on the last week of December) | Number of patients vaccinated | | Number of patients not vaccinated | | | | | |
| contracted | contraindications | | refusal drawn up in writing | | other reason |
| 1 year | Tuberculosis | |  |  | |  |  | |  | |  |
| Hepatitis B (3rd vaccine) | |  | |  |  | |  | |  |
| Diphtheria and tetanus (3rd vaccine) | |  | |  |  | |  | |  |
| Pertussis (3rd vaccine) | |  | |  |  | |  | |  |
| Haemophilus influenzae type b (3rd vaccine) | |  | |  |  | |  | |  |
| Pneumococcal infection (3rd vaccine) | |  | |  |  | |  | |  |
| Rotavirus infection (vaccination course completed) | |  | |  |  | |  | |  |
| 2 years | Hepatitis B (4th vaccine) | |  |  | |  |  | |  | |  |
| Diphtheria and tetanus (4th vaccine) | |  | |  |  | |  | |  |
| Pertussis (4th vaccine) | |  | |  |  | |  | |  |
| Poliomyelitis (4th vaccine) | |  | |  |  | |  | |  |
| Haemophilus influenzae type b (4th vaccine) | |  | |  |  | |  | |  |
| Pneumococcal infection (4th vaccine) | |  | |  |  | |  | |  |
| Measles, epidemic parotitis, rubella (1st vaccine) | |  | |  |  | |  | |  |
| Varicella (1st vaccine) | |  | |  |  | |  | |  |
| 8 years | Diphtheria and tetanus (5th vaccine) | |  |  | |  |  | |  | |  |
| Pertussis (5th vaccine) | |  | |  |  | |  | |  |
| Poliomyelitis (5th vaccine) | |  | |  |  | |  | |  |
| Measles, epidemic parotitis, rubella (2nd vaccine) | |  | |  |  | |  | |  |
| Varicella (2nd vaccine) | |  | |  |  | |  | |  |
| 13 years (girls) | Human papillomavirus infection (vaccination course completed) | |  |  | |  |  | |  | |  |
| 15 years | Diphtheria and tetanus (6th vaccine) | |  |  | |  |  | |  | |  |
| Poliomyelitis (6th vaccine) | |  | |  |  | |  | |  |
| Hepatitis B (3rd vaccine) | |  | |  |  | |  | |  |
| Adults (25 years and more) | Diphtheria and tetanus (3rd vaccine or booster vaccination) | |  |  | |  |  | |  | |  |
|  | | | Head of the institution | | |  | | |  | |  | | |
| (date\*) | | |  | | | (given name, surname) | | |  | | (signature\*) | | |
|  | | |  | | | Place for a seal\* | | | | | | | |

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

**Annex 6**

Cabinet Regulation No. 330

26 September 2000

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

*[23 May 2006; 10 June 2008; 17 April 2012; 30 July 2013; 19 March 2019]*

1. Stock Company “Latvian Maritime Medicine Centre”.

2. [19 March 2019]

3. Limited liability company “Diplomatic Service Medical Centre”.

4. Limited liability company “Kronoss”.

5. [19 March 2019]

6. [30 July 2013]

7. Limited liability company “VIA UNA”.

8. Limited liability company “Health Centre 4”.

9. Limited liability company “Riga East Clinical University Hospital”.

10. State limited liability company “Pauls Stradins Clinical University Hospital”.

11. Vecliepāja Primary Health Care Centre.

12. Limited liability company “Daugavpils Regional Hospital”.

13. Limited liability company “Ziemeļkurzeme Regional Hospital”.

14. Limited liability company “Bowarin Centre”.

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

**Annex 7**

Cabinet Regulation No. 330

26 September 2000

*[23 May 2006]*

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

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

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

[10 June 2008]

**Annex 8**

Cabinet Regulation No. 330

26 September 2000

*[19 March 2019]*

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

(underline as appropriate)

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

Code 

|  |
| --- |
|  |
| (given name, surname, telephone number of the medical practitioner) |

Information on the vaccine

|  |  |
| --- | --- |
| 1. Name |  |
| 2. Batch number |  |
| 3. Period of validity |  |
| 4. Date of receipt |  |
| 5. Reason for write-off/reason for return |  |
|  | (indicate the code\* according to the classification of the  write-off/return of vaccines) |
| 6. Quantity |  |
| 7. Date of discovering the fact |  |
| 8. Date of write-off/return |  |
| 9. Date of destruction |  |
| 10. Type of destruction |  |

|  |  |
| --- | --- |
| Notes (if necessary) |  |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Head of the institution |  |  |  |
| (date\*\*) |  | (given name, surname) |  | (signature\*\*) |

Place for stamp\*\*

**Classification of Reasons for the Write-off/Return of Vaccines**

|  |  |
| --- | --- |
| Code\* | Reason for write-off/return of vaccine |
| 01 | The term of validity of the vaccine has expired |
| 02 | The vial of the vaccine (ampoule or syringe) does not have labelling |
| 03 | Information on the labelling is not legible |
| 04 | Non-conformity of information provided in the labelling with the content is detected |
| 05 | Damaged vaccine has been received (impact of unfavourable manufacturing or transport factors) |
| 06 | Vaccine has been obviously damaged at the medical treatment institution |
| 07 | There are suspicions about or signs of non-conformity with the storage regime of the vaccine |
| 08 | Visible non-conformity of the vaccine or solvent with the physical properties indicated in the instructions for use is detected |
| 09 | The solvent of the vaccine is not intended for the respective vaccine |
| 10 | Use of the vaccine has been suspended or withdrawn |
| 11 | Vaccination institution terminates its operations |
| 12 | Another reason (specify) |

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