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- 29 January 2004 [shall come into force from 25 February 2004];
- 22 April 2004 [shall come into force from 2 May 2004];
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If a whole or part of a section has been amended, the date of the amending law appears in square brackets at the end of the section. If a whole section, paragraph or clause has been deleted, the date of the deletion appears in square brackets beside the deleted section, paragraph or clause.

The *Saeima*¹ has adopted and
the President has proclaimed the following Law:

Epidemiological Safety Law

Chapter I General Provisions

Section 1. Terms Used in this Law

The following terms are used in this Law:

1) **dangerous infectious diseases** – human infectious diseases and parasitic diseases which, in relation to their malignant clinical progression, capacity for spreading rapidly and the lack of an effective prophylaxis or means of medical treatment endanger public health. The list of such diseases shall be approved by the Cabinet;

2) **human infectious disease** – a disease induced by an infectious disease-causing agent, the spread of which may cause an epidemic (hereinafter – the infectious disease);

3) **deratisation** – a set of measures for the extermination of mouse-like rodents;

4) **disinfection** – a set of measures for the extermination of infectious disease-causing agents;

5) **disinsection** – a set of measures for the extermination of harmful arthropods;

6) **epidemic** – the spread of an infectious disease to such an extent which exceeds the morbidity rate characteristic of a particular territory or, also, the appearance and intensive spread of a disease in a territory where it has not previously been registered;

7) **epidemiologist** – a person who has a higher medical education or higher education in the field of public health and who conducts epidemiological surveillance, plans, organises, coordinates and controls measures for the prophylaxis and combating of infectious diseases, and who is appropriately trained for this work;

8) **epidemiological safety** – the system of prophylactic, also hygienic, counter-epidemic, medical treatment and organisational conditions and measures, the objective of which is to reduce the threat to public health caused by infectious diseases and the harmful effects of environmental factors affecting health;

¹ The Parliament of the Republic of Latvia

9) **epidemiological investigation** – the work method for the detection of infectious disease-causing agents, sources, transmission factors and means of spreading, as well as for the organisation of prophylaxis and counter-epidemic measures;

10) **epidemiological observation** – the regular monitoring of the epidemiological situation in the focus of an epidemic during the incubation period of infectious diseases or during the existence of the focus of the epidemic;

11) **epidemiological surveillance** – uninterrupted, dynamic and complex observation of the infectious disease spread providing systematic collection, analysis, explanation and distribution of epidemiological data, also performance of epidemiological studies specifically in such aspects which relate to the distribution of such diseases in time, territory, among the inhabitants, as well as analysis of the risk factor of infecting with the aim of exploring, forecasting and influencing epidemiological situation by performing relevant prophylactic and counter-epidemic measures, as well as evaluating the efficiency thereof;

12) **epizootic** – an illness of animals en masse with an infectious disease;

13) **immunity** – the insusceptibility of an organism to infectious diseases;

14) **source of infectious disease** – a human or animal organism or an environmental object in which the infectious disease-causing agents are preserved, multiply and are discharged, or may be discharged, creating a threat of infection to humans;

15) **infectious disease-causing agents** – bacteria, viruses, rickettsias, spirochetes, chlamydias, mycoplasmas, fungi, unicellular organisms, helminths, parts of micro-organisms, toxins and other biological agents which on invading the human body may induce a disease or the carrying of a disease-causing agent;

16) **focus of an infectious disease** (also, focus of an epidemic) – a place (territory) within the boundaries of which humans may become infected by coming into contact with the source of an infectious disease or with the carrier of an infectious disease-causing agent;

17) **infectologist** – a physician who has acquired an accredited programme of professional education in infectology, which includes theoretical knowledge regarding diagnostics, treatment and prophylaxis and relevant practical skills;

18) **infected person** – a person whose organism contains or discharges, or may discharge infectious disease-causing agents into the external environment;

19) **infection** – the invasion of the human organism by an infectious disease-causing agent as a result of which varying intensity infection process development forms are created;

20) **isolation** – a counter-epidemic measure for the segregation of infectious persons from healthy persons, for medical treatment and for ensuring appropriate conditions in order to prevent healthy persons from becoming infected;

21) **quarantine** – a special regimen for the restriction of economic activities, social activities, operations of medical treatment, educational, social care and other institutions and other activities that is laid down in order to prevent the spread of dangerous and other infectious diseases outside the boundaries of the focus of an epidemic;

22) **exposed person** – a person who has been in direct or indirect contact with an infected person or who has stayed in the focus of an epidemic and who has had an opportunity to become infected;

23) **laboratory examination** (testing) – the examination of human, animal or environmental materials by various laboratory methods for direct or indirect detection of the presence of infectious disease-causing agents;

24) **medical observation** – the regular examination of the health of persons subject to the risk of infection during the incubation period of an infectious disease;

25) **cause for suspicion** – a conclusion based on evidence, which, on the basis of the specialised knowledge necessary for the performance of professional duties regarding matters of epidemiological safety and medical treatment, is made by epidemiologists of the Centre for Disease Prevention and Control, Health Inspectorate inspectors, medical practitioners or other officials during the time of performance of duties within their competence;

26) **counter-epidemic measures** (epidemiologic control measures of infectious diseases) – a set of measures, including epidemiologic investigation of the cases of infectious diseases, for stopping the spread of an infectious disease and its liquidation;

27) **initial medical examination** – the questioning and examination of persons in order to identify symptoms of infectious diseases;

28) **prophylactic measures** – measures for preventing the outbreak and spread of infectious diseases, and for the strengthening of human and environmental health (the concepts “prophylaxis” and “prophylactic” shall also be construed with this meaning);

29) **patient** – a person who has contracted an infectious disease;

30) **vaccination** (shot) – a specific prophylactic measure for the purpose of inducing or maintaining the insusceptibility of an organism to an infectious disease by injecting a vaccine;

31) [19 April 2018];

32) **heightened risk subject** – a legal subject whose form of activity is the provision of services to consumers and due to whose activities or the operations of the equipment used, infectious diseases may become widespread, or whose activity is related to the harmful effects of factors affecting health and who is subject to the requirements of the laws and regulations governing the field of epidemiological safety;

33) **reference laboratory** – a laboratory, accredited and authorised in a particular profile which practices diagnostics of infectious diseases, determination of agents and investigation thereof in conformity with the internationally acknowledged testing methods and standards promotes the development of testing methods in the State;

34) **zoonosis** – infectious disease to which both animals and humans are susceptible;

35) **pandemic** – epidemic that covers broad geographical areas or continents;

36) [23 October 2014];

37) **hygiene** – an aggregate of conditions and practical measures, which is necessary in order to reduce or liquidate the potentially harmful effects of environmental factors (physical, chemical, biological) guaranteeing safe environment and provision of services not harmful to human health.

[30 March 2000; 22 April 2004; 6 April 2006; 7 June 2007; 27 September 2007; 10 April 2008; 12 November 2009; 4 October 2012; 23 October 2014; 19 April 2018]

Section 2. Purpose of this Law

The purpose of this Law is to regulate epidemiological safety and specify the rights and duties of State authorities, local governments, and natural persons and legal persons in the field of epidemiological safety, as well as to determine liability for the violation of this Law.

Section 3. Epidemiological Safety

(1) Epidemiological safety includes:

1) the environmental health measures;

2) the epidemiological surveillance of infectious diseases, including;

a) the registration, enumeration and analysis of the morbidity for infectious diseases;

b) the laboratory examination of human, animal and environmental materials for the monitoring of circulation of infectious disease-causing agents;

c) the study of the immunity of the population;

3) the provision of immunobiological preparations and the vaccination of the population;

4) the detection, enumeration, treatment and, if necessary, the isolation of patients and infected persons;

- 5) the laboratory examination, medical and epidemiological observation of exposed persons;
 - 6) the restriction and prohibition of the occupational activities of patients and infected persons;
 - 7) the recovery measures of the infectious disease sources, as well as measures for the discontinuance of the circulation of infectious disease-causing agents in the external environment;
 - 8) public health protection measures;
 - 9) informing the inhabitants regarding the epidemiological situation and education on issues regarding the prophylaxis of infectious diseases;
 - 10) the application of compulsory measures laid down in law for failure to implement epidemiological safety measures.
- (2) The Cabinet shall determine the epidemiological safety measures to limit the spread of individual infectious diseases.
[22 April 2004; 12 November 2009; 19 April 2018]

Section 4. Financing of Epidemiological Safety

- (1) Epidemiological safety measures shall be financed from State budget funds allocated to the Ministry of Health in accordance with the law on the relevant annual State budget, that is, from subsidies, from general revenues, from revenues from services charged for, and from other own revenues, as well as from donations and gifts.
- (2) In case of epidemic or pandemic, as well as in such emergency situations that threaten to cause epidemic, the financing for additional compulsory vaccinations in accordance with Section 30, Paragraph three of this Law, as well as for the implementation of quarantine and other measures shall be granted from the State budget funds provided for the prevention of emergency situations in accordance with the law on the relevant annual State budget. In such cases, the decision to grant funding shall be taken by the Cabinet.
- (3) Local government funds, as well as funds which have been donated by other natural and legal persons may also be used in the prevention of epidemic or pandemic and such emergency situations that threaten to cause epidemic or pandemic.
[29 January 2004; 7 June 2007]

Chapter II

Competence of State and Local Government Institutions in the Field of Epidemiological Safety

Section 5. Competence of the Ministry of Health

- (1) The Ministry of Health shall:
 - 1) draw up and implement the State policy for the prophylaxis and combating of infectious diseases, and ensure the co-ordination and uniformity of work in this field;
 - 2) draw up draft laws and regulations regarding the prophylaxis of infectious diseases and the implementation of counter-epidemic measures;
 - 3) *[22 April 2004];*
 - 4) coordinate the drawing up of the State and regional programmes for the combating and elimination of infectious diseases;
 - 5) in cases of emergency situations or disasters, or the threat thereof, submit to the Cabinet proposals for preventing the threat of an outbreak of an epidemic or pandemic, or for combating an existing epidemic.
 - 6) together with the Ministry of Education and Science, coordinate the education of the population in the field of the prophylaxis of infectious diseases;

7) coordinate activities of the services and institutions involved in the prophylaxis of infectious diseases and counter-epidemic measures;

8) through the agency of authorities subject to the control of the Ministry, control the quality of medical treatment, prophylactic and counter-epidemic measures in the State;

9) issue instructions and suggestions for epidemiological surveillance and prophylaxis of particular diseases, the syndromes thereof or infectious disease groups;

10) [23 October 2014].

(2) The Ministry of Health may partially or fully transfer the implementation of separate matters within its competence to authorities under the supervision of or subject to the control of the Ministry.

(3) The Ministry of Health and authorities under its supervision and subject to its control shall co-operate with foreign and international health organisations in the field of exchange of epidemiological information.

(4) The Cabinet shall determine:

1) the procedures for granting the status of a national reference laboratory in the field of epidemiological safety;

2) the rights and obligations of a national reference laboratory in the field of epidemiological safety;

3) the procedures for cancelling the status of a national reference laboratory in the field of epidemiological safety and for suspending its operation.

[29 January 2004; 22 April 2004; 7 June 2007; 23 October 2014]

Section 6. Competence of the Health Inspectorate

(1) The Health Inspectorate is a State administrative institution subordinate to the Ministry of Health, which shall operate in accordance with by-laws approved by the Cabinet.

(2) Within the field of epidemiological safety, the Health Inspectorate shall control the implementation of the prophylactic and counter-epidemic requirements laid down in laws and regulations in any object in the territory of the Republic of Latvia.

(3) Officials of the Health Inspectorate have the right to:

1) request from natural and legal persons, in accordance with the procedures laid down in laws and regulations, information necessary for the performance of their tasks regarding matters within the competence of the Health Inspectorate;

2) during the performance of official duties, visit any object in the territory of the Republic of Latvia, irrespective of to whom it belongs, and in accordance with the procedures laid down in laws and regulations carry out an inspection of the relevant site or separate items, if there is cause for suspicion that it may contain or transmit infectious disease-causing agents, or is related to the harmful effects of factors affecting health;

3) take decisions to suspend the operation of a heightened risk subject;

4) impose administrative sanctions on guilty persons for violations of laws and regulations.

(4) The Health Inspectorate shall evaluate the impact of environmental factors on human health, provide proposals for the provision of the environment that is harmless to human health and, upon request, evaluate the conformity with the hygiene requirements, as well as inform institutions and inhabitants regarding quality of the bathing water.

(5) The Cabinet shall stipulate the amount and procedures, by which State fee for the following services provided by the Health Inspectorate shall be paid:

1) for the preparation of an opinion on co-ordination of a protection zone around water supply points;

2) [4 October 2012];

3) for the preparation of an opinion on the threat to human health detected in the water supply system and the corrective measures taken.
[30 March 2000; 29 January 2004; 22 April 2004; 27 September 2007; 10 April 2008; 12 November 2009; 1 December 2009; 16 June 2010; 4 October 2012; 23 October 2014]

Section 7. Competence of the Centre for Disease Prevention and Control

(1) The Centre for Disease Prevention and Control shall:

- 1) *[12 November 2009];*
- 2) plan and coordinate measures for the prophylaxis and combating of infectious diseases;
- 3) participate in development and implementation of drafts of the State programmes regarding infectious disease prophylaxis and combating, as well as co-operate with foreign and international authorities of epidemiological surveillance;
- 4) ensure epidemiological surveillance and collect, accumulate and analyse data concerning:
 - a) human morbidity with infectious diseases (registration and enumeration of patients and infected persons);
 - b) the results of laboratory examination of patients, infected persons and exposed persons;
 - c) circulation of infectious disease-causing agents in water and other environmental objects, food products, as well as in vectors of infectious disease;
 - d) the vaccination and immunity of the inhabitants;
- 5) co-ordinate implementation of the State immunisation policy, evaluate its efficiency, plan vaccination of inhabitants, organise and perform research of the specific immunity of inhabitants;
- 6) perform epidemiological investigations, organise the laboratory examination of environmental objects and exposed persons, organise prophylactic and counter-epidemic measures in the foci of infectious diseases;
- 7) inform and consult interested persons, institutions and inhabitants via mass media, distribute special informative materials regarding the prophylaxis and combating of infectious diseases, as well as concerning the epidemiological situation in the State, and warn of epidemics in foreign states;
- 8) *[12 November 2009];*
- 9) inform the relevant controlling authorities regarding breaches of this Law and other laws and regulations governing epidemiological safety if they are exposed upon performing epidemiologic investigation;
- 10) perform epidemiological investigations of diseases caused by threats of unknown origin, including detection of exposed persons, organisation of the laboratory examination of environmental objects and exposed persons, where possible, organisation of prophylactic measures and measures for limiting the spread of a disease, including medical observation of exposed persons and, where necessary, isolation thereof.

(2) In the performance of epidemiological surveillance or epidemiological investigations, epidemiologists of the Centre for Disease Prevention and Control have the right to:

- 1) request from natural and legal persons, in accordance with the procedures laid down in laws and regulations, information necessary for the performance of their tasks;
- 2) during the performance of official duties, visit any object in the territory of the Republic of Latvia, irrespective of to whom it belongs, and in accordance with the procedures laid down in laws and regulations carry out an inspection of the relevant site or separate items, if there is cause for suspicion that it may contain or transmit infectious disease-causing agents.
[30 March 2000; 29 January 2004; 22 April 2004; 7 June 2007; 12 November 2009; 4 October 2012; 19 April 2018]

Section 7.¹ Competence of the State Emergency Medical Service

The State Emergency Medical Service shall coordinate and organise public health protection measures in case of a threat to public health or a disaster, as well as in other emergency situations.

[12 November 2009; 16 June 2010]

Section 8. Competence of Local Government

(1) Local governments in accordance with the procedures and in the cases laid down in laws and regulations may take decisions on measures for the prevention of epidemics and their consequences.

(2) In cases when there is a threat that infectious diseases may spread (except dangerous infectious diseases), upon recommendation from the head of a regional department of the Centre for Disease Prevention and Control or the head of a local division of the Health Inspectorate, local governments are entitled to take decisions to specify quarantine measures in educational, medical treatment and social care institutions, to restrict or prohibit organising of public events or the use of places for swimming, as well as to cancel the quarantine or other restricting measures determined by a local government.

[30 March 2000; 27 September 2007; 12 November 2009; 4 October 2012]

Chapter III Epidemiological Surveillance and Epidemiological Information

Section 9. Financing of Epidemiological Surveillance

(1) *[7 June 2007]*

(2) Epidemiological surveillance shall be financed from the State budget. Local governments and other natural and legal persons may also participate in its financing.

[29 January 2004; 7 June 2007]

Section 10. Registration of Infectious Diseases

The Cabinet shall stipulate the procedures according to which cases of infectious diseases, and cases of human and animal infection and cases of the detection of infectious disease-causing agents are registered.

Section 11. Epidemiological Surveillance Statistics

(1) The statistical data on epidemiological surveillance shall be collected, registered, and compiled in accordance with the Statistics Law.

(2) Statistical activities regarding epidemiological surveillance shall be financed from the State budget.

[19 April 2018]

Section 12. Information Regarding the Spread of Infectious Diseases and the Epidemiological Situation in Latvia

(1) Natural and legal persons, in accordance with the procedures laid down in laws and regulations, are entitled to receive from competent State authorities information regarding the spread of infectious diseases and the epidemiological situation in Latvia.

(2) The provision of official information, also to the World Health Organisation and the institutions of the European Union, regarding the epidemiological situation in Latvia shall be prepared by the Ministry of Health or another authority authorised thereof.

[29 January 2004; 22 April 2004]

Section 13. Obligation not to Disclose Information on Cases of Infectious Diseases

(1) Information on persons who have infectious diseases and on persons in respect of whom there are reasonable grounds to consider that they have become infected with infectious diseases, and also concerning deceased persons whose death was caused by infectious diseases shall be used only in the medical treatment process, epidemiological surveillance, organisation and performance of prophylaxis and counter-epidemic measures to the extent necessary for preventing the spread of infectious diseases.

(2) In accordance with this Law and the laws and regulations governing the rights of patients the following entities are entitled to process the information referred to in Paragraph one of this Section:

1) medical practitioners and medical treatment institutions – for the treatment of infectious diseases and the organisation of medical examinations of patients, the performance of prophylaxis and counter-epidemic measures;

2) epidemiologists of the Centre for Disease Prevention and Control – for the registration of infectious diseases, the performance of epidemiological investigations and surveillance, the organisation of counter-epidemic measures;

3) Health Inspectorate – for the supervision and control of counter-epidemic measures;

4) other persons responsible for the performance of counter-epidemic measures – for the organisation and performance of counter-epidemic measures stipulated by the epidemiologists of the Centre for Disease Prevention and Control in the focus of the infectious disease.

[19 April 2018]

Chapter IV

Rights and Obligations of Medical Practitioners in Cases of Infectious Diseases

Section 14. Rights and Obligations of Medical Practitioners in Cases of Infectious Diseases

(1) If a health care practitioner has established that a patient has an infectious disease, or if there is cause for suspicion that a patient has become infected, medical practitioners have an obligation to:

1) organise without delay the medical examination and medical treatment of the patient;

2) organise the necessary laboratory examination to clarify the diagnosis;

3) request information from the patient, which is necessary for the organisation of counter-epidemic measures, and also information regarding exposed persons and possible sources of the infectious disease;

4) register the case of the infectious disease in accordance with the procedures laid down in the Cabinet;

5) perform counter-epidemic measures stipulated by the Cabinet.

(2) Except for the cases provided for in other laws and regulations, a medical practitioner does not have the right to refuse to perform an initial medical examination of a patient and to take material for laboratory examination, if justified suspicions have arisen to him or her that the patient has become infected with an infectious disease and may spread it.

(3) A medical practitioner has a duty to provide emergency medical assistance to a patient until an infectologist or another appropriately trained medical practitioner takes over the medical treatment of the patient.

(4) Persons who have become ill with a dangerous infectious disease may be treated by infectologists or other medical practitioners according to their specialisation by inviting, where necessary, other specialists as consultants.

(5) [23 October 2014]

[30 March 2000; 29 January 2004; 6 April 2006; 12 November 2009; 4 October 2012; 23 October 2014; 19 April 2018]

Chapter V Counter-epidemic Measures

Section 15. Conditions for Implementation of Counter-epidemic Measures

Counter-epidemic measures shall be implemented, if the following have been determined:

1) the focus of an infectious disease, or the circumstances under which such a focus may develop, or if justified suspicions have arisen that such focus or circumstances already exist;

2) a patient or an infected person, or a person regarding whom justified suspicions have arisen that he or she has become infected with an infectious disease, or a case of death caused by an infectious disease.

[29 January 2004; 22 April 2004; 19 April 2018]

Section 16. Organisation of Counter-epidemic Measures

(1) The involvement of an epidemiologist in organisation of counter-epidemic measures shall be mandatory, if the conditions referred to in Section 15 of this Law are determined and information on the following has been received:

1) an emergency situation of the public health caused by an infectious disease in accordance with the laws and regulations regarding the organisation of the disaster medical system;

2) at least two cases of infectious diseases, if there are justified suspicions that these cases are interrelated and their cause is food, drinking water, or bathing water, and infecting has occurred or is related to the particular heightened risk subject, provision of services in the field of the handling of food, or participation in a public event;

3) at least two cases of infectious diseases which spread by blood, if there are justified suspicions that these cases are interrelated and infecting has occurred during the provision of a service (except for prostitution or provision of sexual services in exchange of a payment);

4) a case or a situation where action of an epidemiologist in the focus of an infectious disease is required in accordance with the laws and regulations governing the field of epidemiology;

5) a situation where there are justified suspicions regarding a serious threat to the public health (rapid and difficult-to-control spread of an infection to be registered).

(2) [30 March 2000]

(3) Before an epidemiologist has become involved in the organisation of counter-epidemic measures, as well as in cases if such involvement is not mandatory, a medical practitioner has a duty to organise emergency counter-epidemic measures and, upon request of an epidemiologist or an inspector of the Health Inspectorate, provide information on such measures and other information necessary to ensure epidemiological surveillance.

(4) An inspector of the Health Inspectorate has the right to modify, revoke or supplement the instructions of medical practitioners or an epidemiologist in respect of counter-epidemic measures.

[30 March 2000; 29 January 2004; 22 April 2004; 6 April 2006; 27 September 2007; 23 October 2014; 19 April 2018]

Section 17. Informing of Persons

A medical practitioner has a duty to inform a patient or an infected person (or persons who provide care for them) regarding the means of the spread of the infectious disease and the individual prophylactic measures.

[12 November 2009]

Section 18. Rights and Obligations of Persons

(1) Persons, who have symptoms of an infectious disease or who suspect that they are infected, in accordance with the procedures laid down in laws and regulations, have the right to:

1) a medical examination, consultations for the making of a diagnosis of an infectious disease, and also anonymous medical and laboratory examinations, if public health is not threatened by a flare up of such infectious disease or by an epidemic;

2) a confidential laboratory examination, medical treatment and consultations in matters of health;

3) the implementation of the necessary counter-epidemic measures at the dwelling-place, place of work or of residence of such persons.

(2) *[23 October 2014]*

(3) A person has an obligation not to expose other persons to the risk of infection.

[30 March 2000; 23 October 2014; 19 April 2018]

Section 19. Determination of Exposed Persons, Initial Medical Examination, Laboratory Examination and Medical Observation

(1) The procedures for the determination, initial medical examinations, laboratory examinations and medical observation of exposed persons shall be stipulated by the Cabinet.

(2) Exposed persons under medical observation may not be isolated and their freedom of movement may not be restricted. A medical practitioner and an epidemiologist may require the person to attend a specified medical treatment institution within a specified time period. In case of a dangerous infectious disease, the medical practitioner shall offer to the exposed person under medical observation voluntary isolation in a medical treatment institution or self-isolation at the place of residence (domestic quarantine) during the period of incubation of the infectious disease.

(3) If an exposed person under medical observation changes his or her dwelling-place, he or she shall have an obligation to inform the medical treatment institution, which is performing the medical observation, of such. Information regarding such person shall be transferred to the relevant medical treatment institution at the future dwelling-place of such person to continue the medical observation.

(4) *[12 November 2009]*

[29 January 2004; 22 April 2004; 6 April 2006; 7 June 2007; 12 November 2009; 19 April 2018]

Section 20. Mandatory Medical and Laboratory Examination, Isolation and Treatment

(1) The Cabinet shall approve the list of infectious diseases and determine the procedures by which persons who have become infected with any of the infectious diseases referred to in the list, or concerning whom justified suspicions have arisen that they have become infected, or individual groups of inhabitants, are subject to mandatory medical and laboratory examination, isolation, or treatment.

(2) Isolation shall be carried out at the dwelling-place of the person or at a medical treatment institution.

[19 April 2018]

Section 21. Conditions for Isolation in a Medical Treatment Institution

(1) A person who has become infected with an infectious disease, or concerning whom justified suspicions have arisen that he or she has become infected, may be isolated in a medical treatment institution only if:

1) such infectious disease is included in the list referred to in Section 20, Paragraph one of this Law;

2) the isolation is necessary to prevent the infection of human beings with the infectious disease and if other counter-epidemic measures are unable to stop the spread of such disease because:

a) the person does not subject himself or herself to the instructions of a medical practitioner in respect of his or her treatment and the compliance with the prescribed regimen;

b) the person is not capable of complying with the instructions of a medical practitioner fully and within the specified time;

c) during the course of the treatment it is impossible to ensure the necessary circumstances at the dwelling-place of the person in order to prevent the infection of other persons.

(2) Isolation in a medical treatment institution shall be discontinued, if the person complies with the prescribed regimen and carries out the instructions of a medical practitioner and also when the other circumstances referred to in this Section no longer exist.

(3) A patient shall be isolated temporarily until all infectious disease-causing agents are discharged, except in cases when a medical practitioner determines otherwise.

(4) A person who has become infected with any of the infectious diseases referred to in Section 20, Paragraph one of this Law, or concerning whom justified suspicions have arisen that he or she has become infected, may be isolated in accordance with the conditions referred to in Paragraph one of this Section, for the performance of medical and laboratory examinations for the time that is necessary for the performance of such examination. Isolation in such cases shall be terminated as soon as the results of the laboratory examination confirming that the isolated person is not infectious have been received.

[23 October 2014; 19 April 2018]

Section 22. Forcible Isolation in a Medical Treatment Institution, Medical and Laboratory Examination

(1) If the conditions referred to in Section 21, Paragraph one of this Law exist, but an infected person avoids isolation, he or she shall be forcibly isolated.

(2) A decision to forcibly isolate a person, upon request of a medical practitioner, shall be taken by the head of the Health Inspectorate or his or her deputies in accordance with the procedures stipulated by the Cabinet. The execution of such decision shall be controlled by inspectors of the Health Inspectorate.

(3) Inspectors of the Health Inspectorate have the right to issue an order, regarding the mandatory medical and laboratory examination of persons, referred to in Section 19, Paragraph one of this Law.

(4) If a person refuses to comply with the decision of the head of the Health Inspectorate or his or her deputy regarding his or her isolation in a medical treatment institution and the performance of medical and laboratory examinations, such person shall be forcibly conveyed to the abovementioned institution by a police officer in the presence of a medical practitioner or an inspector of the Health Inspectorate. If necessary, the police shall provide guards at the place of isolation. Police officers shall observe the necessary individual epidemiological protection requirements, which are determined by a medical practitioner, an epidemiologist or an inspector of the Health Inspectorate.

[22 April 2004; 27 September 2007; 23 October 2014]

Section 23. Hygienic and Counter-epidemic Regimen in a Medical Treatment Institution

(1) The basic requirements for a hygienic and counter-epidemic regimen in medical treatment institutions, in order not to allow the spread of infectious diseases, shall be stipulated by the Cabinet.

(2) An isolated person in a medical treatment institution shall be ensured an opportunity to communicate with other persons, if this does not create a threat of the spread of an infectious disease.

(3) An isolated person may leave the territory of the medical treatment institution or its part which is intended for the isolation of the person, as well as transfer items to other persons only with the permission of a medical practitioner, if such isolated person does not create a threat of infection to other persons. A medical practitioner has the right to organise the disinfection of the articles transferred by the isolated person.

[30 March 2000; 29 January 2004; 22 April 2004 / See Transitional Provisions]

Section 24. Obligations and Rights of Natural and Legal Persons during the Time of Epidemiological Investigation, Surveillance and Control

(1) Natural and legal persons may not interfere with an epidemiologist or a Health Inspectorate inspector in the performance of an epidemiological investigation, surveillance or control.

(2) Natural and legal persons have an obligation to provide an epidemiologist and a Health Inspectorate inspector with necessary information.

(2¹) Natural and legal persons have an obligation to comply with the instructions of an epidemiologist and the inspector of the Health Inspectorate performing counter-epidemic measures in order to prevent the risk of infection to the health of other persons. Medical manipulations may be carried out to a natural person with his or her informed consent.

(3) Natural and legal persons have the right to receive information regarding the basis, course and results of the epidemiological investigation and observation from those performing an epidemiological investigation.

[27 September 2007; 19 April 2018]

Section 25. Taking of Environmental Samples for Laboratory Examination

(1) The Centre for Disease Prevention and Control, in performing an epidemiological investigation, as well as during epidemiological observation, but the Health Inspectorate, in performing control in the field of epidemiological safety, are entitled to take samples for laboratory examination of any environmental objects, items and food products.

(2) The owner, possessor or their authorised person shall have the right to organise an independent control examination of samples in an accredited or otherwise equivalently evaluated laboratory. In such case expenses for examination of samples shall be covered by the owner or possessor.

[30 March 2000; 29 January 2004; 7 June 2007; 27 September 2007; 12 November 2009; 4 October 2012]

Section 26. Obligation of Persons to Subject Themselves to Epidemiological Examination, Medical and Laboratory Examination and Medical Observation

If in respect of a particular person there is determined cause for suspicion that he or she has been under the circumstances referred to in Section 15 of this Law or has become infected with any infectious disease, such person has an obligation to:

1) subject himself or herself to the medical and laboratory examination and medical observation recommended by a medical practitioner and an epidemiologist, as well as to give the necessary materials for laboratory examination;

2) provide a medical practitioner and an epidemiologist upon their request with:

a) information regarding sources of the infectious disease and regarding the possible time, place and circumstances of becoming infected;

b) information regarding a person or persons whom he or she may have infected;

c) other information which is of importance for the organisation and implementation of counter-epidemic measures;

3) comply with the request of an epidemiologist of the Centre for Disease Prevention and Control and an inspector of the Health Inspectorate to examine the hygiene conditions of his or her dwelling-place and to submit information regarding the change of his or her dwelling-place or place of residence in accordance with the procedures laid down in the laws and regulations governing counter-epidemic measures.

[30 March 2000; 27 September 2007; 12 November 2009; 4 October 2012]

Section 27. Disinfection, Disinsection, Deratisation

(1) Maintenance and cleaning up of a territory and objects, ensuring destruction of harmful arthropods and rodents and preventing of spreading thereof, shall be the duty of the owner of the territory or object or his or her authorised person (if any).

(2) The Cabinet shall determine:

1) the procedures for performing and financing of disinfection, disinsection and deratisation measures in a focus of an infectious disease;

2) the requirements in relation to the provision of prophylactic disinfection, disinsection and deratisation services in an object or territory, as well as the requirements in relation to the qualifications of employees who provide the referred to services;

3) the requirements for an educational institution, in which providers of prophylactic disinfection, disinsection and deratisation services are trained, a sample of the training programme and a sample of the certificate of a service provider.

[12 November 2009]

Section 28. Prophylaxis and Combating of Zoonosis

If zoonosis is determined to an animal or justified suspicions have arisen that the agents causing such disease may be found in the organism of the animal or the external environment, and there are threats that humans may also become infected with such disease,

the necessary counter-epidemic measures shall be organised and implemented by the Centre for Disease Prevention and Control, but in the cases of animal illness – by the Food and Veterinary Service, mutually co-ordinating their activities.

[22 April 2004; 12 November 2009; 4 October 2012; 19 April 2018]

Section 29. Actions with the Body of a Deceased Human for Prevention of Spread of Infectious Disease

The procedures by which the body of a deceased human is brought into the State or taken out of it, as well as the procedures according to which the body of the deceased human is conveyed, stored, buried or cremated and by which a mandatory pathologic-anatomical investigation after the death of a patient is performed to refine a diagnosis shall be stipulated by the Cabinet.

[22 April 2004]

Chapter VI

Vaccination and Work with Infectious Disease-causing Agents

Section 30. General Provisions for Vaccination

(1) The Cabinet shall determine against which infectious diseases the vaccination of persons shall be compulsory, as well as the procedures for such vaccination and the cohort of persons to be vaccinated. Costs associated with vaccination against the referred to diseases shall be covered from the resources provided for such purpose in the annual State budget.

(2) For persons who are engaged in work which is associated with a heightened risk of infection, as well as schoolchildren and students who during their period of education or practice are in contact with or may come into contact with infectious disease-causing agents, vaccination is mandatory. Infectious diseases against which vaccination should be performed and jobs that are associated with a heightened risk of infection, as well as the procedure of vaccination shall be stipulated by the Cabinet. Costs associated with this vaccination shall be covered by the employer or the educational institution.

(3) If an epidemic or pandemic has commenced or there is a threat of such, additional compulsory vaccination may be proclaimed in accordance with the procedures stipulated by the Cabinet.

(4) Vaccinations which are not provided for in Paragraphs one and two of this Section shall be voluntary, individual and all expenditures relating to such shall be covered by the person to be vaccinated, or his or her employer, or other natural persons or legal persons. The Cabinet shall determine relief for certain groups in the population for the payment of the expenditures involved in vaccination.

[30 March 2000; 6 April 2006; 7 June 2007]

Section 31. Conditions for Vaccination

(1) Only such vaccines may be used for vaccination which are included in the Drug Register of Latvia, or the distribution of which is permitted in accordance with laws and regulations.

(2) Persons who are engaged in the storage and conveyance of vaccines shall be responsible for preservation of safety, harmlessness and quality of vaccines in accordance with the laws and regulations regarding the procedures of import, export and distribution of medicinal products and the requirements for the opening and operation of medicinal product wholesalers.

(3) Vaccination may only be carried out by a certified medical practitioner.

(4) A record shall be made in the vaccination certificate of the vaccinated person in respect of the vaccination performed.

(5) The Cabinet shall determine the mandatory minimal security requirements for the conduct of vaccination.

[30 March 2000; 29 January 2004; 22 April 2004; 7 June 2007]

Section 32. Complications Caused by Vaccination

(1) A medical practitioner who has determined complications caused by vaccination has a duty to provide notification of this without delay in accordance with the procedures stipulated by the Cabinet.

(2) Complications caused by vaccination shall be investigated by epidemiologists of the Centre for Disease Prevention and Control, but the actions of the medical practitioners shall be evaluated by the Health Inspectorate.

[30 March 2000; 29 January 2004; 22 April 2004; 27 September 2007; 12 November 2009; 4 October 2012]

Section 33. Work with Infectious Disease-causing Agents

(1) Work with infectious disease-causing agents may be performed by scientific institutions or institutions accredited for the performance of such work or equivalently evaluated institutions, including laboratories.

(2) The following shall be considered work with infectious disease-causing agents:

- 1) experiments with infectious disease-causing agents capable of multiplying;
- 2) microbiological and serological examinations for determination of infectious diseases and research of the distributed causing agents;
- 3) liquidation of infectious disease-causing agents;
- 4) conveyance, storage and exchange of infectious disease-causing agents capable of multiplying;
- 5) preparation of serums and vaccines.

[22 April 2004]

Chapter VII

Conditions for Occupational Activities to Guarantee Epidemiological Safety

Section 34. Requirements for Persons Employed in Work Related to a Potential Risk to the Health of Other People

(1) It is prohibited to employ persons who are employed in work related to a potential risk to the health of other people (also during training placement), if suspicions have arisen that the person has become infected with an infectious disease. The Cabinet shall determine the following:

- 1) work that is related to a potential risk to the health of other people;
- 2) infectious diseases in case of which, if persons have become ill or infected with them or persons regarding whom suspicions have arisen that they have become ill or infected with them, it is prohibited to employ such persons in work related to a potential risk to the health of other people;
- 3) the possible symptoms of infectious diseases;
- 4) the obligations of an employer and an employee, if the person has become ill or infected with an infectious disease or there are suspicions that the person has become ill or infected with an infectious disease;

5) the procedures for the performance of the mandatory primary and periodic health examinations, the range of the persons who are subject to the abovementioned health examinations, and also the periodicity and extent of health examinations.

(2) Expenses related to the mandatory periodic health examination of a person shall be covered by the employer. Expenses related to the mandatory primary health examination prior to commencing employment legal relationship shall be covered, upon mutual agreement, by the relevant person at his or her own expense or by the employer.

[19 April 2018]

Section 35. Restrictions on Occupational Activities

[19 April 2018]

Chapter VIII

Quarantine and Public Health Protection Measures

[12 November 2009]

Section 36. Quarantine in the Case of Dangerous Infectious Diseases

(1) If there is a threat of the spread of dangerous infectious diseases in the territory of Latvia, according to the recommendation of the Minister for Health, the Prime Minister shall proclaim a quarantine and determine a quarantine regimen by an order. The quarantine regimen in a certain object (buildings, production facilities, and the like) shall be determined by an order of the Minister for Health, but in particular sites of the National Armed Forces, by the Commander of the National Armed Forces after co-ordination with the Minister for Health.

(2) Quarantine shall include:

1) restrictions on the crossing of the boundaries of the declared quarantine territory;

2) necessary counter-epidemic measures regarding persons and means of transport leaving the quarantine territory and the cargo to be taken out, as well as, if necessary, counter-epizootic measures;

3) restrictions on public events and economic activity in the declared quarantine territory; and

4) other counter-epidemic measures referred to in this Law and other laws and regulations.

(3) A commission chaired by the Prime Minister or his or her authorised representative shall be established to coordinate the quarantine measures. If the quarantine has been determined by the Minister for Health, he or she shall also establish an appropriate commission and determine its chairperson.

(4) Quarantine shall be proclaimed through the agency of the mass media. The mass media have a duty to provide the necessary information at the specified time and in the specified amount.

(5) The Ministry of Health shall without delay inform the World Health Organisation of cases when quarantine has been determined by an order of the Cabinet.

(6) The implementation of quarantine measures shall be financed from the State budget.

[30 March 2000; 29 January 2004]

Section 36.¹ Quarantine in the Case of Other Infectious Diseases

Quarantine measures to prevent the spread of other infectious diseases in medical treatment, social welfare and education institutions shall be determined by the head of the relevant institution on the basis of a recommendation of a medical practitioner or an epidemiologist.

[30 March 2000; 16 June 2010]

Section 36.² Public Health Protection Measures

(1) Within the meaning of this Law public health protection measures is an aggregate of preventive and response measures taken by State and local government institutions, as well as merchants in order to prevent or reduce threats to the public health due to the risk of the spread of a dangerous infectious disease, agents causing the disease and toxic substances, as well as due to detection of an unusual or unforeseen infection or another disease, or outbreak of a disease in the State territory.

(2) The procedures, by which public health protection measures shall be performed, shall be stipulated by the Cabinet.

[12 November 2009]

Section 37. Medical Sanitary Measures

[12 November 2009]

Chapter VIII.¹

Suspension of the Operation of a Heightened Risk Subject or the Service Provided Thereby

[10 April 2008; 23 October 2014]

Section 37.¹ Subjects of Operation Suspension

A decision to suspend the operation of a heightened risk subject or the service provided thereby, if the laws and regulations governing the field of epidemiological safety have been violated, shall be taken by the head of the Health Inspectorate and deputies thereof, and also the heads of control departments of the Health Inspectorate and deputies thereof.

[23 October 2014]

Section 37.² Suspension of Operation

(1) If an inspector of the Health Inspectorate has detected a violation of the laws and regulations governing the field of epidemiological safety, he or she shall warn the relevant heightened risk subject in writing. The warning shall indicate all detected violations of the laws and regulations governing the field of epidemiological safety, give recommendations and determine the term for elimination of violations.

(2) Taking into account the actual possibilities for elimination of a violation, the time period for elimination of violations included in the warning shall be determined not less than:

1) two years if for the rectification of the violation capital construction is necessary;

2) six months if for the rectification of the violation partial reconstruction of a building or capital repairs of equipment is necessary.

(3) In other cases not referred to in Paragraph two of this Section, an inspector of the Health Inspectorate, taking into account the actual possibilities for elimination of the violation, shall determine the time period for elimination of the violation from one to three months.

(4) If the violations indicated in the warning are not eliminated within the specified time period, the officials referred to in Section 37.¹ of this Law shall take a decision to suspend the operation of the heightened risk subject or the service provided thereby.

(5) Suspending of the operation of the heightened risk subject shall be provided by its owner or a person authorised by the owner, if any, in the presence of the official who has taken the decision to suspend the operation or his or her authorised official. Suspending of the service provided by the heightened risk subject shall be ensured by the owner.

(6) Suspending of the operation of the heightened risk subject or the service provided thereby shall be performed so that:

- 1) the determined violations may be rectified without hindrance;
- 2) the damage to buildings, premises, and equipment due to meteorological conditions or corrosion is reduced as much as possible;
- 3) the operation of other engineering and communication systems, equipment and equipment systems is disturbed as little as possible.

(7) Control of suspending the operation or the provided service shall be ensured by the official who has taken the decision to suspend the operation or the service or his or her authorised official.

(8) The operation of the heightened risk subject or the service provided thereby may be suspended without a preliminary warning if, due to the violations of the laws and regulations governing the field of epidemiological safety, dangerous substances or disease-causing agents may get in the produce or in the environment or human and animal health or life is threatened.

(9) The official who has the right to take the decision to suspend the operation of the heightened risk subject or the service provided thereby referred to in Paragraph eight of this Section shall take such decision not later than within three working days after becoming aware of the violations of laws and regulations referred to in Paragraph eight of this Section and shall execute it without delay. The time period for prevention of other detected violations of the laws and regulations governing the field of epidemiological safety shall be determined in accordance with Paragraphs two and three of this Section.

[23 October 2014]

Section 37.³ Resumption of the Operation

(1) The heightened risk subject shall notify in writing the official who has taken the decision to suspend the operation or the provided service regarding elimination of the violations of laws and regulations. This official shall, within five working days from receipt of the notification, check whether the violations have been eliminated.

(2) If all the violations referred to in the warning or in the decision to suspend the operation or the provided service are eliminated, the relevant official shall, within three working days after performance of the investigation, issue a written permit regarding resumption of the operation or the provision of the service.

(3) If all the violations referred to in the written warning or in the decision to suspend the operation or the provided service are not eliminated, the relevant official shall refuse the resumption of the operation or the provision of the service.

[23 October 2014]

Section 37.⁴ Contesting and Appeal of Decisions

(1) The submission in which the decision to suspend the operation or the provision of the service without a preliminary warning is contested, shall be examined and the decision shall be taken within 10 working days after receiving the submission.

(2) The contesting and appeal of the decisions referred to in this Section shall not suspend the fulfilment thereof.

[23 October 2014]

Chapter IX

Final Provisions

Section 38. Control of Biological Materials to Be Used in Medicine, Cosmetics and Perfumery and Laboratory Examination of Donors

(1) Donor materials, serums, and other human and animal biological materials which contain infectious disease-causing agents or in respect of which there is determined cause for suspicion regarding such, may not be used in medicine, cosmetics and perfumery.

(2) [10 April 2008]

(3) [10 April 2008]

[29 January 2004; 22 April 2004; 10 April 2008]

Section 38.¹ Hygiene Requirements

(1) The Cabinet shall determine the hygiene requirements for heightened risk subjects and also for bathing sites. The list of the referred to bathing sites shall be determined by the Cabinet.

(2) Prior to commencing such economic activity which is related to beauty treatment (using manual, physical, and chemical methods), artificial tanning, manicure, pedicure, hairdresser, public bathing facility, public swimming pool (hereinafter – the beauty treatment) and tattooing, scarification, permanent make-up, micropigmentation, piercing (hereinafter – the tattooing) services and for which the Cabinet has determined hygiene requirements, the provider of such services shall notify the Health Inspectorate on the commencement of its activity. The Cabinet shall determine the procedures by which the service provider shall notify the Health Inspectorate prior to the commencement of such economic activity which is related to the provision of the beauty treatment and tattooing services.

(3) The Cabinet shall determine:

1) the requirements for the competence of persons employed by the heightened risk subjects in the field of hygiene;

2) the procedures by which the persons employed by the heightened risk subjects shall be trained in the field of hygiene;

3) the requirements for the training programme in the field of hygiene and the certificate issuer, and also a sample certificate and the procedures for the issuance thereof.

[30 March 2000; 7 June 2007; 10 April 2008; 23 October 2014; 19 April 2018]

Section 39. International Tourism and Health of Travellers

In organising tours, derived public persons, institutions, merchants, self-employed persons, as well as other legal persons and natural persons, which operate in the field of international tourism and perform the carriage of passengers shall fully and objectively inform clients regarding:

1) the health risk factors in the territories which they wish to visit, as well as the threat of infectious diseases and individual measures, including vaccination;

2) the possibility of receiving medical assistance and consultations both before and during the tour.

[12 November 2009]

Section 40. Police Assistance

Upon request from officials of the Health Inspectorate or the Centre for Disease Prevention and Control, police institutions shall render assistance to medical practitioners and

also epidemiologists of the Centre for Disease Prevention and Control and inspectors of the Health Inspectorate in order to ensure:

- 1) unimpeded epidemiological investigation;
- 2) forcible isolation of persons and their guarding;
- 3) epidemiological safety in accordance with the procedures laid down in this Law.

[30 March 2000; 27 September 2007; 12 November 2009; 4 October 2012; 19 April 2018]

Section 41. Liability for Violations of this Law

(1) Persons shall be subject to liability for violations of this Law in accordance with the liability laid down in law.

(2) The subjecting of persons to disciplinary, administrative or criminal liability shall not release such persons from the obligation to compensate losses caused as a result of violation of this Law.

Transitional Provisions

[30 March 2000]

1. Until the establishment of the Public Health Agency, its functions shall be performed by the National Environmental Health Centre and territorial environmental health centres in the territory under their supervision in accordance with their by-laws.

2. The following Cabinet Regulations, which were issued in accordance with Section 14, Clause 3 of the Structure of Cabinet Law, shall remain in force until 1 January 2001:

1) 19 May 1998 Cabinet Regulation No. 183, Regulations On Hygiene Requirements in Hospitals;

2) 9 June 1998 Cabinet Regulations No. 216, Regulations On Hygiene Requirements in Pre-school Educational Institutions; and

3) 13 July 1999 Cabinet Regulations No. 255, Regulations On Hygiene Requirements in General Education Schools.

3. Until the date of coming into force of the relevant Cabinet Regulations, but not longer than until 1 January 2005, the Cabinet Regulation No. 101 of 14 March 2000, Procedures for Conveyance, Storage and Burial of the Body of a Deceased Human Who Has Died of an Infectious Disease, shall be in force.

[22 April 2004]

4. Amendments to Section 15; Section 16, Paragraph three; Section 19, Paragraph one; Section 23, Paragraph one; Section 31, Paragraphs two and four; Section 32, Paragraph one and Section 38, Paragraphs two and three of this Law shall come into force on 1 January 2006.

[22 April 2004]

5. The Cabinet shall, until 1 January 2007, issue the regulations referred to in Section 14, Paragraph one, Clause 5 of this Law.

[6 April 2006]

6. The Cabinet shall, until 1 May 2010, issue the regulations referred to in Sections 27, 35 and 36.² of this Law.

[12 November 2009]

7. Until coming into force of new Cabinet regulations, but not longer than until 1 May 2010 Cabinet Regulation No. 257 of 21 July 1998, Procedures for Implementation of Medical Sanitary Measures to Prevent the Spread of Dangerous Infectious Diseases, Cabinet Regulation No. 203 of 1 June 1999, Procedures for Performing Disinfection, Disinsecting and Deratting Measures, and Cabinet Regulation No. 359 of 18 October 2000, Regulations regarding Infectious Diseases Restricting Occupational Activities, shall be applied in so far as they are not in contradiction with this Law.

[12 November 2009]

8. Section 6, Paragraph five, Clause 3 of this Law shall come into force on 1 January 2011.

[16 June 2010]

9. The Cabinet shall issue the regulations referred to in Section 5, Paragraph four of this Law by 1 July 2015.

[23 October 2014]

10. Section 38.¹, Paragraph two of this Law shall come into force on 1 January 2016. Service providers who have commenced economic activity that is related to the provision of the beauty treatment and tattooing services prior to 1 January 2016 shall notify the Health Inspectorate by 1 March 2016 in accordance with the procedures laid down in Section 38.¹, Paragraph two of this Law.

[23 October 2014]

This Law has been adopted by the *Saeima* on 11 December 1997.

President

G. Ulmanis

Riga, 30 December 1997