

**REPUBLIC OF LITHUANIA**  
**LAW**  
**ON THE PREVENTION AND CONTROL OF**  
**COMMUNICABLE DISEASES IN HUMANS**

25 September 1996 No. I-1553  
(As last amended by 20 April 2010 – No. XI – 768)  
Vilnius

**CHAPTER I**  
**GENERAL PROVISIONS**

**Article 1. Purpose of the Law**

1. This Law shall set forth the basics in the management of prevention and control of communicable diseases in humans, dispute settlement and damage compensation and liability for the violations of legal acts with regards to the issues involving the control and prevention of communicable diseases in humans, rights and obligations of natural and legal persons in the sphere of the control and prevention of communicable diseases and specific characteristics of the funding of prevention and control of communicable diseases and compensating of the costs thereof.

2. In the event that other Republic of Lithuania laws and acts of the international law shall set additional prevention and control requirements of the communicable diseases in humans, the provisions of these laws and acts of the international law will also apply.

3. Should an international treaty of the Republic of Lithuania set forth requirements in prevention and control of communicable diseases in humans, the provisions of the international treaty shall apply.

**Article 2. Main Definitions of the Law**

1. **Communicable (infectious and parasitic) diseases in humans** (hereinafter referred to as “**communicable diseases**”) means human illnesses due to a specific agent of communicable disease or its toxic products, that are contracted through transmission from other people (an infected person or an agent carrier of communicable disease) animals, insects or through environmental factors.

2. **Quarantine communicable diseases** means re-emerging communicable diseases the prevention and control whereof is established by acts of the international law.

3. **Agents of communicable diseases** means helminthes, fungi, protozoans, bacteria, viruses, and other microorganisms and parts thereof, which may cause communicable diseases.

4. **Patients** means cases that have been diagnosed and confirmed as having a communicable disease.

5. **Person suspected to be ill** means a person who shows some symptoms, similar to those who are infected with communicable diseases.

6. **Person who has been exposed** means a person who has been exposed to a person who has a communicable disease, a carrier of an agent of a communicable disease or transmission factors of infectious agents.

7. **Transmission factors of agents of communicable diseases** means air, water, food, soil, and objects of human environment, arthropods, blood and preparations thereof, transplants, mother's milk and other biological fluids of the human organism, through which agents of communicable diseases may enter the human organism.

8. **Carrier of agents of communicable diseases** (hereinafter referred to as "**agent(-s) carrier**") means a person or animal, exhibiting no clinical symptoms of a communicable disease, however harbouring in his organism and emitting into the environment agents of communicable diseases.

9. **Isolation** means separation from others in the vicinity of a person ill with a communicable disease, suspected to be ill, having been exposed to or being a carrier of an agent of disease, in order to avoid the spread of a communicable disease.

10. **Cluster of a communicable disease** means a person ill with communicable disease or the place where this person or carrier of agent of disease is found and the environment thereof, in which the agents of communicable diseases may spread, as well as the place in which agents of communicable disease exist, disregarding whether a human being exists there or not.

11. **Prevention of communicable diseases** means organisational, legal, economic, technological, hygienic, epidemiological, immuno-biological, chemo-prophylactic measures of health promotion, which make it possible to avoid contracting communicable diseases.

12. **Control of communicable diseases** means the measures of organisational, technical, economic as well as epidemiological and other medical means and programmes involving such measures, which comprise the opportunity to reduce and (or) liquidate the morbidity rate of communicable diseases and also avoid the spread of these diseases.

13. **Epidemiological surveillance of communicable diseases** (hereinafter referred to as "**epidemiological surveillance**") means the full spectrum of the prevention and control of communicable diseases, allowing the control of the spread of communicable diseases and limit the conditions for such spread.

14. **Epidemiological monitoring of communicable diseases** (hereinafter referred to as "**epidemiological monitoring**") means the continuous and selective monitoring of the control and prevention of morbidity of communicable diseases and levels of their spread, mortality rate and deaths resulting from communicable diseases, circulation of pathogenic microorganisms to humans, regularity of occurrence and spread of communicable diseases as well as the quality and effectiveness of programme implementation.

15. **Epidemiological analysis of communicable diseases** means the processing and storing of the epidemiological observation (monitoring) data, retrospective and operational analysis of this

data, substantiation of the measures of control and prevention of communicable diseases and assessment of the quality and effectiveness of these measures.

16. **Epidemiological prognosis of communicable diseases** means a prognosis covering a specific period of time, of the trends in morbidity of communicable diseases, index dynamics and the special characteristics of the circulation of agents of communicable diseases.

17. **Epidemiological diagnostics of communicable diseases** means the determining the patients and persons who have been exposed to them and suspected of having the disease, population groups who are at risk of contracting communicable diseases and also, of the symptoms of the incidence and spreading of communicable diseases as well as establishment and assessment of the causes and conditions thereof.

18. **Sanitary and medical-quarantine protection of the state border of Lithuania** means the total spectrum of organisational, economic, legal, sanitary, prevention and control measures, applied at the border crossing points of the Republic of Lithuania and throughout the entire territory of Lithuania for all transport vehicles and passengers, goods brought into the Republic of Lithuania and carried across the territory of the Republic of Lithuania in transit, in order to protect the residents and environment of the State from emerging and re-emerging diseases or introduction and spread of agents thereof.

19. **Extraordinary epidemiological situations** means cases, when infected areas are announced and (or) spread of agents of communicable diseases of unknown origin, outbreaks of emerging communicable diseases or epidemics or cases, outbreaks or epidemics of acutely emerging or re-emerging diseases are recorded.

20. **Infected area** means an area of defined limits in which, owing to the agents of emerging and re-emerging diseases and special characteristics of the spread thereof, the possibility of contracting these diseases remains either constantly or for a limited period of time.

21. **Quarantine** means a special application of a regime of communicable disease prevention and control measures, set for individual objects (hereinafter-objects of modified quarantine) or in infected areas (hereinafter- complete quarantine), when the spread of agents of communicable diseases or cases of re-emerging diseases of an unknown origin and also, outbreaks or epidemics of emerging communicable diseases are recorded.

22. **Modified quarantine** means a quarantine applied in the cases of outbreaks or group illness of emerging communicable diseases, when the quarantine objects comprise a limited territory, specific object, specific raw material and (or) product or a specific service.

23. **Immuno-prophylaxis** means the use of biological preparations and medical measures in order to increase people's resistance to communicable diseases.

24. **Chemoprophylaxis** means the administration of drugs in striving for speedy prevention of the incidence and spread of communicable diseases

25. **Levels of communicable disease morbidity** are:

1) **usual rate of morbidity** means the number of recorded cases of morbidity in communicable diseases registered in the entire territory of the Republic of Lithuania or in individual

territorial units over an identical period of time, which does not differ from the morbidity indicators of a comparable period;

2) **increased morbidity** means a statistically reliable exceeding of the level of the usual morbidity rate in communicable diseases;

3) **outbreak** means sudden spread of communicable diseases among a limited group of people and (or) a limited area;

4) **epidemic** means sudden and unusual extensive spread of communicable diseases in one or several administrative territorial units.

26. **Healthcare institutions licensed to engage in activity involving the control and prevention of communicable diseases** (hereinafter referred to as “**healthcare institutions**”) means institutions and enterprises which have been accorded the right in accordance with the set procedure, to supply healthcare services in the sphere of the prevention and control of communicable diseases.

27. Repealed.

28. Repealed.

29. **Local public healthcare institutions** means local public healthcare institutions, subordinate to the State Public Health Service under the Ministry of Health (hereinafter referred to as “**the Service**”), which perform the functions of communicable diseases prevention and control in counties.

30. Repealed.

31. Repealed.

32. **Chief epidemiologist of the Republic of Lithuania** means an official, appointed by the Minister of Health, who meets the requirements laid down in the job description.

33. **Chief epidemiologist of the county** means a civil servant of the local public healthcare institution, who meets the qualification requirements approved by the Director of the Service.

34. **Acts of the international law** means regulations approved by the Assembly of the World Health Organisation governing the problems of prevention and control of communicable diseases, other legal acts adopted by the Assembly of the World Health Organisation which the Republic of Lithuania has joined according to the procedure established by laws.

## CHAPTER II

### EPIDEMIOLOGICAL SURVEILLANCE OF COMMUNICABLE DISEASES

#### SECTION ONE

#### COMMUNICABLE DISEASE CONTROL

#### **Article 3. State Information System of Communicable Diseases and Agents Thereof, the Competence of its Manager and Administrators**

1. All of the diagnosed communicable diseases and identified agents of these diseases shall be recorded in the State Information System of Communicable Disease and Agents thereof. The

Ministry of Health shall set up the procedure and time limits of provision of information to the State Information System.

2. The manager of the State Information System of Communicable Diseases and Agents thereof shall be an institution authorised by the Ministry of Health. The chief institution of administration of the Information System shall be an institution authorised by the Ministry of Health which shall be responsible for the administration and protection of the Information System data, adequate functioning and supervision of this Information System. Providers of data of the Information System – legal and natural persons who are licensed for healthcare activities, the State Food and Veterinary Service which records general human and animal communicable diseases and agents thereof, as well as other state institutions which, within the limits of their competence, carry out prevention and control of communicable diseases, shall, in accordance with the procedure and time limits set by the regulations of the Information System, provide data to the chief institution of administration of the Information System. The competence of the manager of the Information System, the chief institution of administration of the Information System and providers of data of the Information System shall be regulated by the regulations of the Information System approved by the Minister of Health.

#### **Article 4. Objects of Mandatory Epidemiological Recording and Provision of Information Regarding Such**

1. The objects of mandatory epidemiological registration are as follows:

1) Identified agents of communicable diseases, included in the list approved by the Minister of Health, and cases of carrying the agents of these diseases;

2) suspected cases of communicable diseases and cases of these diseases and deaths resulting thereof, recorded in the list approved by the Minister of Health;

3) cases of humans bitten (salivated upon), when they have been bitten (salivated upon) by animals suspected of having rabies;

4) complications resulting from vaccinations;

2. Legal and natural persons, licensed for healthcare activities, which have suspected or established epidemiological recording objects, must administer the accounting thereof and according to stipulated procedure supply information concerning them to appropriate area public healthcare centres.

3. The Ministry of Health shall set forth the procedure and terms of mandatory recording of epidemiological objects, mandatory contents of information concerning epidemiological recording objects and mandatory transfer of information to the public healthcare institutions and officials stipulated in paragraph 2 of this Article.

4. Repealed.

5. Persons, who have not submitted all of the mandatory information concerning the epidemiological registration objects or who failed to submit it, or have violated the established procedure of transferring this information, shall be liable in accordance with the laws.

## **Article 5. Epidemiological Monitoring, Analysis and Prognosis of Communicable Diseases**

1. The Ministry of Health shall establish the procedure of organising of communicable diseases observation (monitoring) and entities that must implement it.

2. The Ministry of Health shall determine the procedure of mandatory epidemiological analysis and prognosis.

3. The local public healthcare institutions shall perform the epidemiological analysis and prognosis of communicable diseases. The data of this analysis and the assessment of those who are ill with communicable diseases will be furnished at least once a year by:

1) municipal physician in municipalities, to the director of the administration of the municipality;

2) repealed;

3) chief county epidemiologists, to the chief epidemiologist of the Republic of Lithuania;

4) the healthcare services of the National Defence Ministry, the Ministry of the Interior and the Department of Prisons under the Ministry of Justice, correspondingly, the National Defence Minister, Director and the Department of Prisons under the Ministry of Justice or the Minister of the Interior and the chief epidemiologist of the Republic of Lithuania, according to the procedure established by the Ministry of Health and upon coordinating with the Ministries of National Defence, Interior and Justice.

## **Article 6. Epidemiological Diagnostics of Communicable Diseases**

1. Diagnostics of communicable diseases must be implemented within the sphere of their competence by:

1) legal and natural persons who have obtained licenses for healthcare activity in accordance with the procedure set by the legal acts, having suspected or determined objects of mandatory epidemiological recording;

2) local public healthcare institutions, having obtained information concerning objects of mandatory epidemiological recording or having confirmed identification of agents of communicable diseases.

2. The Ministry of Health shall establish the procedure of epidemiological diagnostics of communicable diseases.

3. The veterinary specialists, having recorded human and animal communicable diseases, shall conduct epizootic tests according to the procedure and methods stipulated by the State Food and Veterinary Service and inform the appropriate local public healthcare institution regarding the test data.

## **SECTION TWO DETERMINATION OF COMMUNICABLE DISEASES,**

**SPECIFIC FEATURES OF HOSPITALISATION, ISOLATION,  
TESTING AND TREATMENT OF PATIENTS, PERSONS SUSPECTED  
TO BE ILL, HAVING BEEN EXPOSED AND CARRIERS OF AGENTS**

**Article 7. Determination of Communicable Diseases**

1. Family doctors and specialists of personal healthcare institutions shall determine the clinical indications of communicable diseases, assign tests confirming or denying the diagnosis as well as shall, within the scope of their competence, diagnose communicable diseases.

2. Only the laboratories, which have obtained appropriate permits (licences) for this work, in accordance with the procedure set by legal acts, shall have the right to accept test material for the identifying of the agents of communicable diseases, isolate the agents of these diseases, recognise them and keep them.

**Article 8. Special Features of Hospitalisation, Isolation, Testing and Treatment of Patients, Persons Suspected of Illness, those who had been Exposed**

1. The hospitalisation, isolation, testing and (or) treatment of patients and persons suspected of being ill, having been exposed, or carriers of agents may be applied only with their consent, except in the cases stipulated in paragraph one of Article 9. If these persons are incapable, consent according to the law, must be given by one of their representatives.

2. Patients and persons suspected of suffering from emerging or re-emerging communicable diseases, of having been exposed, or carriers of the agents of these diseases must be hospitalised and (or) isolated, tested and (or) treated on a mandatory basis. The Minister of Health shall approve the list of the emerging and re-emerging communicable diseases, owing to which these persons must be hospitalised and (or) isolated, tested and (or) treated on a mandatory basis.

3. The patients and persons suspected of suffering from communicable diseases, included in the list indicated in paragraph 2 of this Article and also the persons indicated in Paragraph 5 of this Article, if the conditions for their isolation in their living quarters do not meet hygiene requirements or if the health condition of an individual does not permit him to be left at home or in another place of his residence, they must be hospitalised and isolated in the facilities of in-patient personal healthcare institutions. The Ministry of Health shall set the requirements of the equipping and use of these institutions.

4. Persons indicated in paragraph 2 of this Article, must be transferred to personal healthcare institutions by medical sanitary transportation intended for that purpose, in accordance with the referral issued by a physician who is a communicable disease specialist or another specialist physician who determined or suspected these diseases and according to the procedure set forth by the Ministry of Health. Following the transfer of each such person the motor vehicle must be disinfected or disinfected and cleaned. These operations shall be organised in accordance with the regulations approved by the Minister of Health, by the personal healthcare institution to which the person has been admitted.

5. The patients or persons, suspected of having communicable diseases, which have not been included in the list indicated in paragraph 2 of this Article, may be isolated and treated at home or in another place of their residence, if the hygiene conditions of the living quarter or the condition of the patient's health and his ability shall allow this. The physician specialist in communicable diseases or another physician, having determined a communicable disease or another specialist physician, shall adopt a decision to permit isolated treatment of the persons at home.

6. Persons, who are hospitalised due to emerging and re-emerging communicable diseases, shall be prohibited to wilfully leave the personal healthcare institution.

7. Diagnosing and treatment methods applied for patients, persons suspected of being ill and agent carriers must be approved according to the procedure established by the Ministry of Health.

8. Specialists of personal and public healthcare institutions, who are engaged in epidemiological surveillance of communicable diseases, shall determine which persons who have been exposed shall be subject to be tested for communicable diseases; family doctors and specialists of personal healthcare institutions shall, within the scope of their competence, organize the examination of the said persons immediately.

9. A person who has been exposed to a patient or a person suspected of having an acutely dangerous disease, which is included in the list indicated in paragraph 2 of this Article, or with a carrier of the agent of this disease, must be isolated in the facilities especially prepared for this purpose by the executive institutions of the municipality, at the in-patient personal healthcare institution or at the homes of these persons, if the hygienic conditions permit doing this. Isolation shall be imposed and the chief epidemiologist of the county shall determine its location and terms.

#### **Article 9. Special Features of Required Hospitalisation and (or) Required Isolation of Patients, Persons Suspected to be Ill, Having been Exposed and Carriers of Agents**

1. Required hospitalisation and (or) required isolation of patients, persons suspected to be ill, having been exposed, or carriers of agents shall be applied as follows:

1) if the patients and persons, who had been exposed or are suspected of being ill with emerging and re-emerging communicable diseases, carriers of agents of these diseases which are on the list indicated in paragraph 2 of Article 8, (when these persons are incapable – one of their representatives, according to the law) refuse or avoid hospitalisation and (or) isolation, violate the internal procedure established by the personal healthcare institution, regulations of the prevention of communicable diseases and those pose danger to the health of the people nearby. The fact of refusal of a required admission to a hospital or required hospitalisation and (or) required isolation and also, the violations indicated in the same sub-paragraph., must be entered in the person's medical documents, while the physicians in general practice, infection specialists or other specialist physicians having determined these persons, must immediately inform the local public healthcare institution and the physician of the appropriate municipality. The Persons who avoid mandatory hospitalisation and mandatory isolation shall be liable in accordance with the laws and other legal acts.

2) should a patient or a person be suspected of suffering from emerging or re-emerging diseases, be unconscious and unable to correctly appraise the condition of his own health condition, and it is necessary to treat him quickly, in order to save his life;

3) if there is insufficient time to obtain according to the law, the consent of the representative of the incapable person who is ill, suspected to be ill with a disease, included in the list indicated in paragraph 2 of Article 8, of emerging or re-emerging communicable diseases and also, who had been exposed to those who are ill with these diseases.

2. A commission, comprised of at least three physicians specialists, one of whom must be a general practitioner physician, and the second, a physician infection specialist (physician dermatologist-venereologist or phthisiologist, pulmonologist) shall adopt the decision on required hospitalisation and (or) required isolation and duration thereof. The municipal physician shall approve this decision. He must inform the person regarding whom such a decision has been adopted, and should the person be incapable, inform one of his representatives, according to the law. The person to whom required hospitalisation and (or) required isolation shall be applied, must be familiarised with it in writing. Should the person refuse or be incapable of signing, his being informed of the required hospitalisation, required isolation must be confirmed by two witnesses. The assignment of required hospitalisation and (or) required isolation must be included in the medical history. The required hospitalisation and or (isolation) of persons shall be applied until such time as the patient ceases to pose a threat to other persons, but not beyond seven calendar days, including the required hospitalisation and or required (isolation) day.

3. Should the patient continue due to his condition of health, to pose a threat to other people, the term of required hospitalisation and (or) required isolation, stipulated in paragraph 2 of this Article, may only be extended by court based upon a substantiated request of the municipal physician. Such requests shall be examined in accordance with the procedure established by Articles 312<sup>(30)</sup> - 312<sup>(33)</sup> of the Civil Process Code, over a period of three days from the day of receipt of the request. The term of required hospitalisation and (or) required isolation may be extended for no longer than six months. The court decision to hospitalise the patient shall be implemented on an accelerated basis.

4. The required hospitalisation and required isolation shall be organised by the municipal physician. The police must participate in the delivery of a person for required hospitalisation and required isolation.

5. The decisions concerning the required hospitalisation and (or) required isolation of beginning mandatory military service, soldiers, prisoners and convicts shall be adopted and their implementation organised by the chiefs of the healthcare services of Ministry of National Defence, Department of Prisons under the Ministry of Justice, or Ministry of the Interior or the persons authorised by them. The required hospitalisation and (or) required isolation of the aforementioned persons may not be applied for more than 7 calendar days, including the day of required hospitalisation and (or) required isolation. Only the court may extend the term beyond the period indicated in paragraph 3 of this Article and for the military personnel, only the chief of the military unit may do so, according to a justified recommendation by the chiefs of the healthcare services.

6. A person who is undergoing required hospitalisation and (or) required isolation, and when he is incapable, one of his representatives according to the law, must be familiarised in writing his rights at the personal healthcare institution (in the premises intended for isolation) and the limitations thereof. Should the person refuse to sign or be incapable of signing, two witnesses must attest to the fact of his having been informed.

7. The Ministry of Health having coordinated with the Ministry of National Defence, Ministry of Justice or Ministry of the Interior shall set the procedure of organising the required hospitalisation and (or) isolation of patients, persons suspected of being ill, having been exposed, and carriers of agents.

## **CHAPTER III PREVENTION OF COMMUNICABLE DISEASES**

### **SECTION THREE MEASURES IN GENERAL PREVENTION OF COMMUNICABLE DISEASES**

#### **Article 10. Sanitary and Medical Quarantine Protection of State Borders and Territory of Lithuania**

The Government shall establish the procedure of the sanitary and medical quarantine protection of the state borders and territory of Lithuania.

#### **Article 11. Immuno-prophylaxis**

1. Immuno-prophylaxis may only be applied to persons with their consent, except for instances stipulated in other legal acts, and when they are incapable, upon obtaining the consent of their representatives according to the law.

2. Only healthcare specialists shall have the right to carry out immuno-prophylaxis, upon having obtained a licence for healthcare activity, in accordance with the procedure established by laws and other legal acts.

3. Only the immunobiological preparations registered and approved in accordance with the procedure established by the Ministry of Health may be used for immuno-prophylaxis in the Republic of Lithuania.

4. The Ministry of Health shall establish the procedure of immuno-prophylaxis.

5. General immuno-prophylaxis may only be applied according to the procedure established by this Law following announcement of a complete quarantine in the areas, when a threat arises that the population may become ill with emerging and re-emerging communicable diseases, while other communicable disease prevention measures fail to guarantee checking the spread of these diseases.

6. The Government shall establish the procedure of application of general immuno-prophylaxis by legal acts, which regulate the quarantine regime of the areas.

## **Article 12. Chemoprophylaxis**

1. Chemoprophylaxis may only be applied to persons upon their consent, except in the cases stipulated in other legal acts, and if they are incapable, upon obtaining the consent of representatives, according to the law.

2. Only healthcare specialists, who have obtained a license for healthcare activities in accordance with the procedure established by law, shall have the right to conduct chemoprophylaxis.

3. Only the drugs registered and approved in accordance with the procedure established by the Ministry of Health must be used in the Republic of Lithuania for chemoprophylaxis of communicable diseases.

4. The Ministry of Health shall establish the procedure of chemoprophylaxis.

5. General chemoprophylaxis shall be performed according to the provisions of paragraphs 5 and 6 of Article 11 of this Law.

## **Article 13. Mandatory Prophylactic Elimination of Harmfulness of Environment**

1. Enterprises, institutions and organisations must within 24 hours organise mandatory prophylactic elimination of harmful conditions (disinfection, disinsection, deratisation) from its environment, (premises and area) when specialists of the local public healthcare institutions determine that in the buildings or territories belonging to the enterprises, institutions and organisations are present agents of communicable diseases and insects and rodents which spread such. Hygienic norms shall regulate the elimination of harmful conditions from corresponding enterprises, institutions organisations and the modified quarantine objects belonging to them.

2. Only legal persons who have been licensed according to set procedure shall have the right to perform the mandatory elimination of harmfulness of environment.

3. The Minister of Health shall approve the application procedure of mandatory prophylactic elimination of harmfulness of the environment.

## **Article 14. Mandatory Elimination of Harmfulness of Environment from Clusters of Communicable Diseases**

1. Mandatory elimination (disinfection, disinsection, deratisation, cleaning and washing) of harmfulness of environment must be carried out at clusters of emerging and are-emerging communicable diseases.

2. When natural and legal persons fail to voluntarily implement mandatory elimination of harmfulness of environment the chief epidemiologist of the county shall make the decision regarding mandatory elimination (disinfection, disinsection and deratisation) of harmfulness of environment at clusters of emerging and re-emerging communicable diseases. Having adopted this decision, the officer must acquaint in writing the legal and natural persons, to whose property the mandatory elimination of harmfulness of environment is applied. Should one refuse to sign it, two witnesses must attest to the fact that the persons have been informed.

3. Should the owners of a property located at the clusters of emerging and re-emerging communicable diseases refuse to give consent to perform mandatory elimination of (disinfection, disinsection and deratisation) harmfulness of environment work, these operations may be carried out on a compulsory basis, with the participation of police officials. An institution authorised by the Government shall establish the procedure of participation by the police officers.

4. Mandatory elimination of harmful environmental conditions (disinfection, disinsection and deratisation) at clusters of emerging and re-emerging communicable diseases shall be organised and implemented by local public healthcare institutions or through their recommendation other legal persons licensed for this activity.

5. The Minister of Health shall approve the procedure of mandatory elimination of harmful environmental conditions (disinfection, disinsection, deratisation) at the clusters of emerging and re-emerging communicable diseases.

#### **Article 15. Use of Genetically Modified Agents of Communicable Diseases**

1. In the Republic of Lithuania only the legal and natural persons, permitted to engage in activities, which employ genetically modified communicable disease agents, shall be only those having a licence issued in accordance to the procedure established by the Ministry of the Environment, for such activity.

2. The holder of a licence shall have the right to begin the activities indicated in paragraph 1 of this Article only upon having presented this licence to the local public healthcare institution.

#### **Article 16. Import, Export and Storage of Agents of Communicable Diseases**

1. Legal or natural persons shall be allowed to bring into and bring out of the Republic of Lithuania laboratory dishes with separated or collective agents of communicable diseases, only if they possess a licence for this type of activity.

2. Institutions authorised by the Government shall issue the licences for the activities indicated in paragraph 1 of this Article, according to the procedure established by the laws and other legal acts.

3. Agents of communicable diseases shall be brought in and taken out according to the procedure established by legal acts and (or) the international agreements of the Republic of Lithuania on the transit of dangerous loads by road, waterways air and rail.

4. A licence holder shall have the right to start the activities indicated in paragraph 1 of this Article only after having submitted this licence to a local public healthcare institution.

#### **Article 17. Carrying and Burying of Remains of Persons who Died of Communicable Diseases.**

The Government or an institution authorised by it shall establish the procedure according to which, the remains of persons who died as a result of emerging and re-emerging communicable

diseases, shall carried by vehicles and also, their bringing into the Republic of Lithuania and taking them out, burial and reburial.

**Article 18. Mandatory Health Examination for Communicable Diseases. Dismissal from Work of Persons Suspected of Being Ill with Emerging and Re-emerging Communicable Diseases**

1. The Government shall establish the list, and procedure of the health examinations of the jobs and areas of activity in which employees are permitted to work only after prior and periodically continued health examinations in order to determine whether or not they are ill with communicable diseases.

2. The employer and the employee must adhere to the directives of mandatory health examinations for employees regarding the indication of communicable disease results.

3. The employer must suspend an employee from work without pay, if the employee has refused to undergo a health examination at the appointed time to ascertain whether or not he is suffering from a communicable disease, or has not submitted to a health examination owing to some very important reasons (illness, participation in a relative's funeral, temporary duty assignment) to the day, when he shall undergo a health examination, to ascertain whether or not, he suffers from a communicable disease, or to transfer him to another job at the same job place, which permits him to work within the scope of the condition of his health. The employee shall be returned to the former position from the day in which he submits to the employer the results of his health examination indicating that he may continue to work.

4. Military personnel who live in closed groups, persons held in the closed institutions of the Ministry of the Interior or Department of Prisons under the Ministry of Justice, must undergo health examinations, to see whether or not they are suffering from communicable diseases. The founders of these institutions, following coordination with the Ministry of Health, shall establish the procedure of the health examinations of these persons to see whether or not they happen to suffer from communicable diseases.

5. For persons, who are suspected of suffering from or those having contracted emerging and re-emerging communicable diseases or having become carriers of the agents of these diseases, it shall be prohibited to continue working in the jobs listed in the list indicated in paragraph 1 of this Article, until permission by a general practice physician is obtained. The Minister of Health shall approve the list of emerging and re-emerging diseases, owing to which persons shall be prohibited from continuing the jobs indicated in the list found in paragraph 1 of this Article until issued a permit by a general practice physician. The employers must of their own initiative and also, implementing the decisions of the chief county epidemiologists, must temporarily suspend from work or transfer to another job, in which they are permitted to work according to the condition of their health.

6. The employer shall pay for the periodic health examinations and shall pay the average work pay for the time spent undergoing the health examinations, while the health examination performed

prior to the employee's starting a job, shall be paid for by the employee, unless provided for otherwise by other laws.

**SECTION FOUR**  
**SPECIAL MEASURES OF PREVENTION**  
**OF COMMUNICABLE DISEASES**

**Article 19. Determination of Existence of Extraordinary Epidemic Situations**

This Law, the Health Law, other laws and acts of the international law shall regulate the procedure of determination of extraordinary epidemic situations.

**Article 20. Determination of Areas Infected by Agents of Communicable Diseases, Declaring them Infected and Revocation of such Declaration**

1. If in a certain area of the Republic of Lithuania, owing to the agent of communicable diseases and (or) proliferation thereof, the possibility of becoming infected with these diseases, remains ever present, this area must be declared infected with agents of communicable diseases.

2. The local public healthcare institutions shall determine the areas infected with agents of communicable diseases.

3. The areas shall be declared infected with agents of communicable diseases and such declarations shall be retracted by the following:

1) the Government on the recommendation of the Minister of Health, throughout the territory of Republic of Lithuania or in several municipalities;

2) the Government on the joint recommendation of the Minister of Health and the director of the administration of the municipality, throughout the territory of one municipality.

4. The Government shall establish the procedure of declaration of areas as infected, revocation of such a declaration, prophylaxis of infected areas and the applying of the measures of prevention and control of communicable diseases in these areas.

5. The Ministry of Health must submit within 3 hours, to National Radio and Television of Lithuania and all diplomatic representation offices and consular institutions of foreign states in the Republic of Lithuania and within 24 hours to the World Health Organisation, information about a declaration on areas being infected by acute communicable disease agents, the size and limits of such areas and the revocation of such a declaration.

**Article 21. Quarantine**

1. The purpose of quarantine is to set up a special procedure of work, living, rest, travel of persons, economic and other activity conditions, production of goods, the sale thereof, drinking water supply and provision of services and must limit the spread of communicable diseases.

2. The local public healthcare institutions shall determine the scope and boundaries of the areas in which quarantine is declared.

3. The area quarantine shall be declared and revoked, its scope, boundaries, duration and regime shall be approved by:

1) the Government upon the recommendation of the Minister of Health, throughout the entire territory of the Republic of Lithuania or in several municipalities;

2) the Government upon a joint recommendation of the Minister of Health and the director of the administration of the municipality, in the area of one municipality.

4. The government shall establish the procedure of declaration of quarantined areas and of revoking such declarations.

5. The implementation of quarantine regime measures must be organised by the directors of the administration of the municipalities in the areas of which the quarantine is declared.

6. The Ministry of the Interior and the Ministry of National Defence shall organise within the scope of their competence, the protection of the boundaries and maintenance of public order in areas, where a quarantine regime is applied.

7. The Ministry of Health must submit within 3 hours, to National Radio and Television of Lithuania and all diplomatic representations and consular institutions of foreign states in the Republic of Lithuania, and within 24 hours to the World Health Organization, and an institution authorised by the European Union, information concerning a declaration of quarantine areas, the size of the area quarantine, its boundaries and regime, and the revocation of such a declaration.

8. The objects of a modified quarantine may be:

1) raw materials, products, goods, postal shipments, transport vehicles and containers, when they are brought in to the Republic of Lithuania and carried by transit across the Republic of Lithuania from areas infected with agents of re-emerging communicable diseases in foreign countries or from areas infected with agents of these diseases in the Republic of Lithuania, to a uninfected area of the Republic of Lithuania;

2) persons entering the Republic of Lithuania or crossing the territory of Lithuania by transit from areas that are infected with agents of re-emerging communicable diseases;

3) local producers and suppliers of services, the raw materials used by them and the production they produce and sell.

9. The chief epidemiologist of the Republic of Lithuania or the county shall determine the objects of a modified quarantine, duration and regime of such quarantine and revocation thereof.

10. The Ministry of Health shall establish the basics and procedure of declaration of a modified quarantine and revocation thereof.

11. The Customs Department under the Ministry of Finance shall organise the use of a modified quarantine regime for the objects listed in sub-paragraph 1 of paragraph 8 of this Article. The physician of an appropriate municipality and the public healthcare institution of the area shall organise the use of the measures of modified quarantine of the objects listed in sub-paragraphs 2 and 3 of paragraph 8 of this Article.

12. The Ministry of the Interior shall organise the protection of the objects of modified quarantine upon the request of the chief epidemiologist of the Republic of Lithuania.

13. Within the scope of their competence, the Service and (or) the local public healthcare institutions as well as the State Food and Veterinary Service and its local institutions shall implement control of a modified quarantine regime and the areas in accordance with the procedure established by the Ministry of Health.

**CHAPTER IV**  
**FORMATION AND ADMINISTRATION OF PREVENTION AND CONTROL OF**  
**COMMUNICABLE DISEASES**

**SECTION FIVE**  
**FORMATION AND IMPLEMENTATION OF PREVENTION AND CONTROL OF**  
**COMMUNICABLE DISEASES**

**Article 22. Approval and Implementation of Strategic Trends and Measures of the Prevention and Control of Communicable Diseases**

1. Strategic trends and measures of the prevention and control of communicable diseases shall be provided for in the National Strategy of Public Healthcare of Lithuania as well as in implementation action plan.

2. State and municipal institutions must, in adherence to the National Strategy of Public Healthcare of Lithuania as well as in implementation action plan and taking into consideration the hygienic condition and the state of health of residents of the administrative territorial units of the Republic of Lithuania, plan within the scope of their competence organizational, legal and economic measures of the prevention and control of communicable diseases, implement state target programmes on or prepare municipal target programmes on the prevention and control of communicable diseases as well as guarantee the implementation thereof.

**Article 23.** Repealed

**Article 24.** Repealed

**SECTION SIX**  
**ADMINISTRATIVE INSTITUTIONS OF COMMUNICABLE DISEASE**  
**PREVENTION AND CONTROL**

**Article 25. State Administration System for Prevention and Control of Communicable Diseases**

1. The Government, the Ministry of Health and institutions thereof shall implement State administration of the prevention and control of communicable diseases in the Republic of Lithuania.

2. Repealed

3. According to the procedure established by this and other laws and other legal acts, mayors of municipalities and municipal physicians shall implement within the scope of their competence, the prevention and control of communicable diseases.

4. In the Republic of Lithuania, the Ministry of Health shall coordinate state supervision of the implementation of the measures of prevention and control of communicable diseases and the institutions of the Ministry of Health, the State Food and Veterinary Service, the chief epidemiologist of the Republic of Lithuania, the chief epidemiologists of the counties shall within the scope of their competence, implement these.

5. This Law and other legal acts shall regulate the functions of state services, chief epidemiologists, municipal physicians in the sphere of administration of the measures of prevention and control of communicable diseases as well as in the sphere of supervision of the implementation of the said measures.

6. The Government, in implementing the administration of the prevention and control of communicable diseases shall:

1) approve the mandatory State programmes of the prevention and control of communicable diseases;

2) perform other functions set forth by this and other laws, of the prevention and control of communicable diseases.

7. The Ministry of Health, in implementing the administration of the prevention and control of communicable diseases shall:

1) within its scope of competence implement the measures and carry out the functions in the sphere of the prevention and control of communicable diseases, draft mandatory and target state programmes for the prevention and control of communicable diseases as well as supervise how they are implemented;

2) prepare drafts of legal acts with respect to the prevention and control of communicable diseases, conduct, within the scope of its competence, an expert analysis of drafts of legal acts of ministries, other state institutions, municipal executive and other institutions, which regulate health relations within the spheres of the prevention and control of communicable diseases or possibly having some influence upon them;

3) draft and approve medical and hygienic norms, which regulate personal healthcare with respect to the prevention and control of communicable diseases;

4) adopt legal acts, that determine the procedure of the prevention and control of communicable diseases;

5) organise selective statistical research of the health status of the population and resources of healthcare with respect to the prevention and control of communicable diseases;

6) draft and approve methodologies of estimating the harm and losses inflicted upon people's health and healthcare institutions, which were the result of determining communicable diseases, limiting the spread thereof and the liquidation of consequences;

7) inform the public about the status of population morbidity from communicable diseases;

8) perform these and other functions determined by this Law in the spheres of prevention and control of communicable diseases.

8. The county governor, in implementing a programme of State policy on the prevention and control of communicable diseases within his county area shall:

1) organise the drafting and implementation of mandatory State and special purpose programmes of prevention and control of communicable diseases;

2) organise the drafting and implementation of special purpose programmes of prevention and control of communicable diseases;

3) analyze, how the mayors of municipalities implement the prevention and control of communicable disease, within the scope of their competence;

4) implement these and other functions in the spheres of prevention and control of communicable diseases.

### **Article 26. Competence of Municipal Institutions Determined by the State to Administer Prevention and Control of Communicable Diseases**

1. The municipal council shall:

1) hear the annual accounting of the director of the administration of the municipality on the course and results of implementation of the organisational measures plan of the prevention and control of communicable diseases;

2) approve the special purpose programmes of municipalities regarding prevention and control of communicable diseases;

3) following coordination with the chief of a public healthcare institution, approve the regulations of the sanitary control of the municipality;

4) upon coordination with the Ministry of Health, approve when necessary in its own area more stringent requirements of prevention of communicable diseases, than those according to the hygienic norms.

2. The director of the administration of the municipality shall:

1) approve for the term in office of the municipal council a plan of organisational measures of the prevention and control of communicable diseases and along with the municipal physician shall control the implementation of this plan;

2) organise the protection of the sources of centralised supply of drinking water from microbe infestation and the supplying of drinking water in keeping with the standards of hygiene;

3) coordinate implementation of organisational, economic and technical measures which limit the harmful effect caused to human health by microbes through air, water, soil and animals;

4) organise sanitary control of enterprises, institutions and organisations located in the municipal area;

5) organise sauna services for the population residing within the municipal area;

6) assess the economic losses of the municipal economy and healthcare institutions, stemming from the spread of communicable diseases and bring action for damage compensation;

7) organise the population of the municipal area for work to liquidate epidemics and consequences thereof.

3. Upon the recommendation of the chiefs of public healthcare institutions, the director of the administration of the municipality shall:

1) repealed;

2) repealed;

3) prohibit gatherings of people in the enterprises, institutions, and public, places located in the territory of the municipality, when a threat of the spread of emerging and re-emerging communicable diseases arises;

4) limit the journeys of the population and traffic of transport vehicles within the infected territory and departure beyond the boundaries thereof;

5) organise the implementation of a quarantine regime in established areas, when a quarantine of territories has been declared for the territory of the municipality;

6) organise the drafting of the special purpose health programmes of the municipality for the prevention and control of communicable diseases.

## **SECTION SEVEN**

### **SCOPE OF COMPETENCE OF STATE AND MUNICIPAL EMPLOYEES AND OFFICERS TO ADMINISTER PREVENTION AND CONTROL OF COMMUNICABLE DISEASES**

**Article 27. Scope of Competence in the Sphere of Prevention and Control of Communicable Diseases of Civil Servants of the Service and Local Public Healthcare Control Institutions Subordinate to it as well as of other Institutions which Carry out Prevention and Control of Communicable Diseases within the Scope of their Competence**

1. Employees of the Service and local public healthcare institutions and other institutions, which administer prevention and control of communicable diseases within the scope of their competence, shall have the following rights and obligations in the sphere of communicable diseases prevention and control:

1) while implementing State supervision of communicable diseases prevention and control, organising immuno-prophylaxis, chemoprophylaxis or mandatory elimination of harmfulness to the environment, collecting material for bacteriological testing and explaining the causes of illness, having submitted the official work assignment and official identification and notified the administration or leadership of enterprises, institutions, organisations and together with a representative of the said administration or leadership, to freely visit all enterprises, institutions, organisations, facilities of the national defence system and the interior system, border strip areas, customs warehouses, ships of the Republic of Lithuania and foreign states, situated in Lithuanian Republic ports and territorial waters, aircraft situated in airports of the Republic of Lithuania and other facilities;

2) while visiting enterprises, institutions, organisations and other objects, to question the personnel and visitors (callers, clients, patients) and, without violating the State, commercial, military or other secrets and the confidentiality of individual's health information, to familiarise themselves with the object's technological documents as well as the object's documents related to consumed raw materials, productions (service) processes, manufactured production and sale which are necessary to assess the production process or product (service) epidemiological safety and effect upon infection of the population with communicable diseases, or to include the object, its raw materials and (or) production and services into territorial or modified quarantine;

3) to obtain from enterprises, institutions and organisations and other legal and natural persons copies of documents and information concerning factors, possible in the sphere of their activities, of the spread of agents of communicable diseases, the origin of communicable diseases and the causes of the spread thereof, and the objects of territorial quarantine and modified quarantine;

4) within the scope of their competence, question a patient or a person suspected of being ill with an emerging or re-emerging communicable disease, or the family members of a carrier of an agent of a disease. Employees of the Service and of local public healthcare institutions and other institutions, who administer the prevention and control of communicable diseases, must, without violating the confidentiality requirements of the information regarding a person's health, inform the family members of such a person and his co-workers concerning a possible threat to their health or possibility to avoid such a threat by using preventive and protection measures;

5) according to the procedure established by the Government or institutions authorised by it, upon a decision by the chief epidemiologist of the Republic of Lithuania or the chief epidemiologist of a county (region) and assisted by the police, to enter the residence of a person who is ill, suspected of being ill with an emerging or a re-emerging communicable disease, without his consent, when it becomes necessary to save the life of this person and those around him;

6) to check each transport vehicle at the border control posts and at import and export terminals, which has entered the Republic of Lithuania and within the scope of one's competence, question the persons crossing the border, if they have come (directly or by transit) from areas that are infected with emerging or re-emerging communicable diseases and to require some documents of the prevention and control of communicable diseases stipulated by acts of the international law;

7) to provide substantiated conclusions to the institutions authorised by the Government concerning drinking water and food products the use whereof could have caused or has caused a rise or spread of a communicable disease, the interruption of sales and the removal from circulation thereof, interruption of the supply of drinking water, destruction of infected food products or utilisation and disinfecting of the drinking water supply systems;

8) to prohibit the ships registered in the Republic of Lithuania to sail from Lithuania's ports without the "permitted to sail" certificate by a local public health institution specialist performing quarantine functions when the ships visit the countries included in the list approved by the Minister of Health.

2. The employees who implement communicable disease prevention and control shall have the right to determine violations of regulations, norms of hygiene, and other standard documents prepared according to standards, which are intended to bar the way to communicable diseases or for the fight against them, as a result of which communicable diseases could have arisen and spread. While determining the violations of the regulations intended to stop communicable diseases or for the fight against them, as a result of which communicable diseases could have arisen and spread, the sufficiency of evidence and the measures of proving shall be determined in each actual case according to the scope on one's competence, by the employees (officers) indicated in paragraph 1 of this Article. In determining the violations of these regulations the data of epidemiological diagnostics and epidemiological analysis shall have equal significance.

3. Employees of the Service and the local public healthcare institutions as well as other institutions may also have other rights and obligations in the sphere of communicable diseases prevention and control, which are stipulated in other laws, acts of the international law, and other regulations.

### **Article 28. The Scope of Competence of Chief Epidemiologist of the Republic of Lithuania and of Chief Epidemiologists of Counties in the Sphere of Communicable Diseases Prevention and Control**

1. The chief epidemiologist of the Republic of Lithuania and chief epidemiologists of counties shall have all the rights which are stipulated in Article 27 of this Law and also the following rights and obligations in the sphere of communicable disease prevention and control:

1) to adopt a decision in accordance with the procedure and principles set forth by acts of the international law, with respect to the passengers and transport vehicles who have entered the Republic of Lithuania or are present on its territory, their detaining, mandatory health check of passengers and their mandatory testing of whether they suffer from emerging and re-emerging communicable diseases and also, mandatory laboratory examination of goods, luggage, containers in the motor vehicle whether they do not contain carriers of the agents of these diseases. The State Border Protection Service under the Ministry of the Interior, the police and other responsible State institutions, within the scope of their competence, must ensure the implementation of this decision;

2) adopt a decision concerning mandatory preventive elimination of harmfulness to the environment (disinfection, disinsection, deratisation) in communicable disease clusters according to the principles set forth by this Law and acts of the international law;

3) relying upon the data of epidemiological diagnostics and (or) laboratory tests data, to interrupt or limit the activity of enterprises, institutions or organisations, as a result of which a threat is posed of an occurrence or spread of emerging and re-emerging communicable diseases, as set forth in paragraphs 8 and 9 of Article 21 of this Law;

4) repealed;

5) relying upon the data of epidemiological diagnostics and (or) laboratory tests data, to submit substantiated conclusions to the institutions authorized by the Government to prohibit or

restrict the production, sale and supply of specific raw materials and goods, which had been factors in agent transmission during communicable disease outbreaks.

6) to prepare and submit to the authorized institutions to adopt draft legal acts, which establish the procedure of communicable diseases prevention and control;

7) to submit substantiated conclusions to the institutions authorised by the Government, which have the right to set administrative penalties and economic sanctions;

8) to hand down civil action suits to natural and legal persons so that they would compensate the expenses of the healthcare institutions which they have incurred, owing to the health damages inflicted through illegal deeds which caused the disease.

2. The chief epidemiologist of the Republic of Lithuania and chief epidemiologists of the counties may also have other rights and obligations in the sphere of communicable diseases prevention and control, set forth in other legal acts of the Republic of Lithuania and acts of the international law.

### **Article 29. Rights of Municipal Physician in Sphere of Communicable Diseases Prevention and Control**

1. The municipal physician shall have the following rights and obligations with respect to the sphere of communicable disease prevention and control:

1) repealed;

2) while visiting local personal healthcare, educational and social care institutions to familiarise himself with the organization of their work, to question employees and patients of healthcare institutions, as well as to obtain other information which is necessary to carry out anti-epidemic measures and assess the quality of the diagnostics of communicable diseases;

3) to obtain from enterprises, institutions and organisations, other legal or natural persons copies of documents and information with respect to the possible factors in the spread of the agents of communicable diseases, causes in the rise of communicable diseases and the spread thereof and the objects of absolute and modified quarantine in the sphere of their activities;

4) upon the decision of the chief epidemiologist of the Republic of Lithuania or the chief epidemiologist of a county (region) and assisted by the police, to enter the premises without his consent of an individual dwelling of a person who is ill with an emerging or a re-emerging communicable disease, is suspected of being ill with it, when it becomes necessary to save the life or the health of this person and those around him;

5) to organize the implementation in the municipality of mandatory state programmes on the issues of communicable diseases, to analyze the process of the implementation of these programmes;

6) to coordinate the preparedness and actions of the municipal healthcare in the emergencies of communicable diseases.

2. The physician of the municipality may also have other rights and obligations in the sphere of communicable disease prevention and control, which are stipulated in other legal acts.

**Article 30. Repealed**

**Article 31. Rights in the Sphere of Communicable Diseases Prevention and Control of Officials of Healthcare Institutions, Authorized by Ministers of National Defence, the Interior, and Justice, whose Job Description Contains the Functions of Public Healthcare**

1. Officials authorized by the Ministers of National Defence, the Interior, and Justice, whose job description contains the functions of public healthcare, shall enjoy the rights indicated in subparagraphs 1, 2, 3, 4, 5 and 8 of paragraph 1 of Article 27 and subparagraphs 1 and 2 of paragraph 1 of Article 28 of this Law, which they shall enjoy only in the objects (establishments, military units, etc.) under the jurisdiction of these Ministries and in the dwellings of the employees working in those objects.

2. The officials referred to in paragraph 1 of this Article, on the basis of the Law on the Health System, shall also enjoy the right to demand that the institutions, military units or other natural and legal persons under the jurisdiction of the Ministry of National Defence, the Department of Prisons under the Ministry of Justice or the Ministry of the Interior, compensate the expenses that have been incurred as a result of the harm inflicted upon health through unlawful acts, which was brought about by a communicable disease.

**SECTION EIGHT**

**SOCIAL GUARANTEES OF HEALTHCARE EMPLOYEES WHO WORK IN CLUSTERS OF RE-EMERGING COMMUNICABLE DISEASES**

**Article 32. Insurance for Employees of Healthcare Institutions Supplying Healthcare Services to Patients, Suffering from Re-emerging Communicable Diseases, or Implementing Prevention Measures in Clusters of Re-emerging Diseases**

1. Employees of healthcare institutions shall be insured for the period during which they shall provide healthcare services to patients suffering from re-emerging communicable diseases or implement preventive measures against epidemics in re-emerging communicable disease clusters, for instances of loss of the ability to work, by funds from the State Budget amounting to a sum, equivalent to their average work wages of the last three months, multiplied by 12, but not more than 48 of the minimum monthly wages set by the Government.

2. The Government or an institution authorised by it, shall establish the recognition as insurance incidents, sizes of the amounts of payments, taking into account the degree of the loss of health and working capacity.

3. This insurance shall only be paid only in the cases when the loss of an employee's health or a part thereof the healthcare institutions has a direct link to an infection with a re-emerging communicable disease contracted from a patient or the environment in a cluster of a re-emerging communicable disease.

**Article 33. Compensation Payments to Employees of Healthcare Institutions in Event of Death or Loss of Health While Offering Assistance to Patients, suffering from Re-emerging Communicable Diseases, or Working in Clusters of Re-emerging Communicable Diseases**

1. Following the death of the employee of a Healthcare institution resulting from a re-emerging communicable disease, when the infection is linked with the provision of healthcare services to a patient who suffers from a re-emerging communicable disease or work in a cluster of a re-emerging communicable disease, the spouse of the deceased, children and adopted children who are minors, until they reach age 16, also to children and (adopted children) who are studying in daytime programmes in scientific institutions, registered in accordance with set procedure until they reach age 24, children of the deceased who were born after his death, father (mother) and unable to work person, who had been supported by the deceased, or had the right to receive support on the day of his death, a compensation in the amount established by the Government or an institution authorised by it, shall be paid. The deceased shall be buried at State expense.

2. Regardless of the insurance compensation, an employee of a healthcare institution, who has lost a part of his health and ability to work resulting from being infected with a re-emerging communicable disease from a patient or while working in a cluster, shall be paid from 1 to 5 years (12 - 60 monthly) compensation in the amount of his work wages. The Government or an institution authorised by it shall determine the amounts of compensation, taking into account the degree of loss of health and of the ability to work and the procedure of payment of compensations.

3. Compensation payments shall be made only in the cases indicated in paragraph 3 of Article 32 of this Law. Compensation payments shall be made from the State Budget.

4. A determination of whether the death or loss of health and ability to work of an employee (officer) of the healthcare institution, did result from an infection by a re-emerging disease are linked with his work of providing healthcare services to a patient suffering from a re-emerging disease, or through working in a cluster of re-emerging communicable disease, shall be made in accordance with the procedure approved by the Minister of Health.

**CHAPTER V**

**SPECIAL FEATURES OF COMPENSATION OF RIGHTS AND OBLIGATIONS OF NATURAL AND LEGAL PERSONS IN SPHERE OF COMMUNICABLE DISEASES PREVENTION AND CONTROL, SETTLEMENT OF DISPUTES AND DAMAGES WITH RESPECT TO COMMUNICABLE DISEASES CONTROL AND PREVENTION**

**Article 34. Guarantees of Rights of Persons, suspected to be ill with Communicable Diseases**

Information regarding the health of persons who are suspected of being ill with communicable diseases shall only be provided in accordance with the procedure set forth by laws and other legal acts.

### **Article 35. Special Rights of Persons to Obtain Information about their own Health with Respect to Communicable Diseases**

1. Persons shall have the right to obtain full information with regard to being ill with a communicable disease, methods of diagnostics and treatment which are being applied, the threat posed to other persons by the communicable disease and ways of avoiding this threat. The personal and public healthcare specialists who diagnosed the communicable disease or are carrying out surveillance of communicable diseases, shall within the scope of their competence, provide this information.

2. Persons, who have been exposed to persons, who are ill or are suspected of being ill with emerging or re-emerging diseases, as well as with the carriers of the agents of disease, shall have the right to obtain information concerning the possible effects of associating with these persons.

### **Article 36. Obligations of Persons, Suspected of Being ill, Having Been Exposed, Carriers of Agents With Respect to the Communicable Diseases Prevention and Control Sphere**

1. Persons suspected of being ill, having been exposed, carriers of agents must:

1) upon suspicion that they are ill with an emerging or re-emerging communicable disease or that they are carrying an agent of the disease, without delay, interrupt work of their own accord, especially if their work happens to deal with the sale, transportation and storage of food products, drinking water supplying, children's education in educational institutions, nursing in healthcare or care institutions, to inform the employer of this and contact a general practice physician or personal healthcare specialist;

2) furnish the correct information with respect to the source of the communicable disease or the circumstances of infection, persons to whom one was exposed, when this information is lawfully being requested by personal and public healthcare specialists, who are implementing epidemiological surveillance of such diseases;

3) to carry out the lawful requirements by physicians epidemiologists, physicians infection specialists and other specialist physicians, employees (officers) of public healthcare institutions regarding prevention and control of communicable diseases.

2. Carriers of agents of diseases, if the personal and public healthcare specialists have been informed of this with a signature confirming receipt of it, must before being hospitalised in a personal healthcare institution, inform of this circumstance the personal healthcare specialists of this institution.

### **Article 37. Rights and Obligations of Legal and Natural Persons in Sphere of Communicable Diseases Prevention and Control**

1. Legal and natural persons shall have the right to:

1) contest in court the legality of the decisions of the employees (officials) of the Service and local public healthcare institutions;

2) obtain from public healthcare and other institutions paid consultations and microbiological test conclusions on the raw materials, products, drinking water, work and natural environment.

2. Legal and natural persons must:

1) implement the measures of communicable diseases prevention and control in accordance with the scope of their competence.

2) pay the expenses of the mandatory prophylactic elimination of environmental harmfulness according to the established procedure;

3) create conditions for the employees (officers) of the Service, local public healthcare institutions and other institutions to implement the rights set forth for them by this Law.

### **Article 38. Procedure of Judgement in Disputes Involving Communicable Diseases Prevention and Control**

1. The disputes involving the violation of personal rights with respect to communicable disease prevention and control shall be resolved in court.

2. The disputes concerning the non-fulfilment of the obligations of legal and natural persons with respect to communicable disease prevention and control, set forth in this Law, shall be resolved in court.

### **Article 39. Compensation for Harm Inflicted upon People's Health and Expenses of Healthcare Institutions Resulting from Communicable Diseases**

Legal and natural persons, who through unlawful acts have caused harm to people's health or expenses for healthcare institutions resulting from communicable diseases, shall compensate according to the procedure established by laws.

## **SECTION VI**

### **FUNDING OF COMMUNICABLE DISEASES PREVENTION AND CONTROL AND COMPENSATION OF EXPENSES**

#### **Article 40. Special Features of the Funding of Communicable Diseases Prevention and Control from State Budget**

The following shall be funded from the sum in the State Budget projected for healthcare:

1) according to the list approved by the Government, communicable diseases prevention and control measures are attributed to vital public healthcare measures;

2) the application to people of the measures of modified quarantine, which is determined according to this Law and other legal acts, their health examinations, microbiological tests, re-emerging communicable diseases immuno-prophylaxis and isolation shall be performed according to the procedure established by the acts of the international law;

3) health examinations and microbiological tests of people, who arrive in the Republic of Lithuania, shall be performed in accordance with acts of the international law.

**Article 41. Measures of Communicable Diseases Prevention and Control, Whose Expenses are not Compensated from State or Municipal Budgets**

1. The immunization expenses of persons residing in the Republic of Lithuania, who are not included in the list of persons approved by the Minister of Health, for whom mandatory immuno-prophylaxis is provided and also, those departing for foreign countries, which require communicable disease immuno-prophylaxis as required of those arriving, shall not be compensated from the State and municipal budgets. The Ministry of Health shall set the prices of this immuno-prophylaxis and procedure of payment thereof.

2. The Minister of Health, taking into account acts of the international law, shall approve the list and cost of the measures and the procedure of payment thereof, of the prevention and control measures of emerging and re-emerging communicable diseases, used for the transport vehicles, post, goods, baggage, containers, which are brought in from infected areas into the Republic of Lithuania and taken out of the infected areas of the Republic of Lithuania and the people who enter from such infected areas into the Republic of Lithuania or depart from the infected areas in the Republic of Lithuania, if those measures are not being compensated from the State Budget. The costs of these measures must not exceed the factual expenses involved in the implementation of the measures of prevention and control of the indicated diseases.

**Article 42. Funding Reserve for Communicable Diseases Prevention and Elimination of Consequences Thereof**

The Ministry of Health must form a reserve fund comprised of the sums assigned for healthcare expenditures, in the State Budget for increased morbidity of emerging and re-merging communicable diseases, for the prophylaxis during their outbreaks or epidemics, and to eliminate the consequences thereof and determine the procedure for the use of these funds. The Ministry of Health must assemble a continuously renewed inventory, medicines, including vaccination preparations, disinfecting materials, diagnostic kits and media and of special equipment and transport reserves, or to draw up accelerated supply contracts with the suppliers of goods, medicines and other suppliers, unless provided otherwise by the legal acts regulating the State reserve (State reserve supplies).

**SECTION VII  
FINAL PROVISIONS**

**Article 43. Proposal to the Government**

The Government shall approve the legal acts implementing this Law, by 1 July 2002.

**Article 44. Entry into Force of the Law**

With the exception of Article 43, the Law shall enter into force on 1 July 2002.

*I promulgate this Law passed by the Seimas of the Republic of Lithuania.*

**PRESIDENT OF THE REPUBLIC**

**VALDAS ADAMKUS**