

Chapter 1 General provisions

Art. 1.

The Act specifies:

- 1) the principles and procedures for preventing and combating infections and infectious diseases in humans, including the principles and procedures for recognizing and monitoring the epidemiological situation and taking anti-epidemic and preventive measures in order to neutralize the sources of infection, cut the paths of spreading infections and infectious diseases, and immunize people susceptible to infection;
 - 2) tasks of public administration bodies in the field of preventing and combating infections and infectious diseases in humans;
 - 3) the rights and obligations of service providers and persons residing in the territory of the Republic of Poland in the field of preventing and combating infections and infectious diseases in humans.
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Art. 2.

The terms used in the act have the following meanings:

- 1) sanitary and epidemiological examination – examination consisting of a medical examination, laboratory tests as well as additional examinations and specialist consultations performed as part of epidemiological supervision in order to detect biological pathogens or confirm the diagnosis of an infectious disease;
- 2) biological pathogen – cellular microorganisms or their products, external and internal parasites or their products, cell-free particles capable of replication or transfer of genetic material, including genetically modified cell cultures or produced by them, capable of causing disease symptoms products;
- 3) infectious disease – disease caused by a biological pathogen;
- 4) a particularly dangerous and highly contagious disease – an easily spreading infectious disease with high mortality, posing a particular threat to public health and requiring special control methods, including cholera, plague, smallpox, viral hemorrhagic fever;
- 5) alarm factor – a biological pathogen of particular virulence or resistance;
- 6) decontamination – the process of destroying biological pathogens by washing, disinfecting and sterilizing;
- 7) disinfection – the process of reducing the amount of biological pathogens through the use of physical and chemical methods;
- 8) epidemiological inquiry – detection of diseases, etiological factor and determination of causes, sources, reservoirs and mechanisms of the spread of an infectious disease or infection;
- 9) epidemic – occurrence in a given area of infections or incidence of an infectious disease in a number significantly greater than in the previous period, or the occurrence of infections or infectious diseases that did not occur so far;
- 10) information – data that does not include personal data within the meaning of the provisions on the protection of personal data;

- 10a) research institute – a research institute within the meaning of the Act of 30 April 2010 on research institutes (Journal of Laws of 2020, item 1383);
- 11) isolation – isolation of a person or a group of persons suffering from an infectious disease or a person or group of persons suspected of having an infectious disease in order to prevent the transmission of a biological pathogenic agent to other persons;
- 11a) isolation at home – isolation of a sick person with the course of an infectious disease that does not require absolute hospitalization for medical reasons at his place of residence or stay, in order to prevent the spread of particularly dangerous and highly infectious diseases;
- 12) quarantine – isolation of a healthy person who was exposed to infection in order to prevent the spread of particularly dangerous and highly infectious diseases;
- 13) cold chain – technical measures and organizational solutions for the maintenance and monitoring of conditions of storage, transport and distribution of immunological products, as defined in Art. 2 point 30 of the Act of 6 September 2001 – Pharmaceutical Law (Journal of Laws of 2020, items 944 and 1493) in order to maintain their durability and prevent a decrease in their effectiveness;
- 14) epidemiological supervision – observation of an infected person or suspected of being infected, without restricting their freedom of movement, performing sanitary and epidemiological tests on that person in order to detect biological pathogens or confirm the diagnosis of an infectious disease, and collecting, analyzing and interpreting information about the circumstances and consequences infections (individual supervision), as well as constant, systematic collection, analysis and interpretation of information about diseases or other processes occurring in the field of public health, used to prevent and fight infections or infectious diseases (general supervision);
- 15) sentinel supervision – selective epidemiological supervision, conducted by a selected entity or group of entities in the scope of their basic activities;
- 16) undesirable post-vaccination reaction – an undesirable disease symptom remaining in a temporary relationship with the protective vaccination;
- 17) carrier – a person without symptoms of an infectious disease, in whose body there are biological pathogens, which is a potential source of infection for other people;
- 18) reference center – an entity or a separate unit within its structure, indicated by the minister responsible for health, which have obtained accreditation in the field of reference pursuant to the provisions of the Act of 13 April 2016 on conformity assessment and market surveillance systems (Journal of Laws of 2019, item 544 and of 2020, item 1086) or accreditation of the World Health Organization or the European Center for Disease Prevention and Control, performing tasks in the field of microbiological or clinical diagnostics, including verification of infections and laboratory test results;
- 19) convalescence – a person whose symptoms of an infectious disease have subsided;
- 20) suspected of an infectious disease – a person with clinical symptoms or deviations from the normal condition in additional tests, which may indicate an infectious disease;
- 21) suspected of being infected – a person who has no symptoms of infection or an infectious disease, who has had contact with the source of infection, and the nature of the infectious agent and the circumstances of contact justify the suspicion of infection;
- 21a) public blood service – entities referred to in art. 4 sec. 3 of the Act of August 22, 1997 on the public blood service (Journal of Laws of 2019, item 1222 and of 2020, item 567);
- 22) state of the epidemic – the legal situation introduced in a given area in connection with an epidemic in order to undertake the anti-epidemic and preventive measures specified in the Act to minimize the effects of the epidemic;
- 23) state of epidemic threat – the legal situation introduced in a given area in connection with the risk of an epidemic in order to take preventive measures specified in the Act;
- 24) sterilization – the process of destroying the biological forms of pathogens that are capable of reproducing;
- 25) contact – direct or indirect contact of a person with the source of infection, if the nature of this contact threatens or threatens to transfer biological pathogens to that person;

- 26) preventive vaccination – administration of a vaccine against an infectious disease for the purpose of artificial immunization against this disease;
- 27) health service – a health service within the meaning of art. 5 point 40 of the Act of 27 August 2004 on health care services financed from public funds (Journal of Laws of 2020, items 1398, 1492, 1493 and 1578);
- 28) service provider – service provider within the meaning of art. 5 point 41 of the Act of 27 August 2004 on health care services financed from public funds;
- 29) insured – the insured within the meaning of art. 3 of the Act of 27 August 2004 on health care services financed from public funds;
- 30) sanitary procedures – measures to improve personal hygiene, including washing and cutting, clothing hygiene, room hygiene, undertaken to prevent and combat infections and infectious diseases;
- 31) epidemic threat – the existence in a given area of conditions or premises indicating the risk of an epidemic;
- 32) infection – penetration into the body and development of a biological pathogenic agent in it;
- 33) nosocomial infection – an infection that occurred in connection with the provision of health services, where the disease:
- a) was not present at the time of providing health services during the hatching period, or
 - b) occurred after the provision of health services, in the period not longer than the longest hatching period;
- 34) contagiousness – the ability of a biological pathogen to survive and multiply, and to cause disease symptoms after being transferred to the body of another human or animal;
- 35) public health – health condition of the entire society or its part, determined on the basis of epidemiological and demographic indicators;
- 36) zero zone – the area in which the epidemic has occurred, located directly around the virus outbreak, subject to restrictions, in particular bans, orders and control measures;
- 37) buffer zone – an area around the zero zone that is subject to restrictions, in particular prohibitions or orders relating to the movement of people;
- 38) danger zone – an area where there is a possible risk of an epidemic;
- 39) threatened area – the area of one or more territorial division units of the country or the area defined otherwise than by reference to the territorial division units of the country.
- 40) (deleted)
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Art. 3.

- 1.** The provisions of the Act shall apply to infections and infectious diseases, the list of which is set out in the annex to the Act, and to biological pathogens causing these infections and diseases.
- 2.** In the event of a danger of spreading an infection or an infectious disease other than those mentioned in the list referred to in par. 1, the minister competent for health may announce, by regulation, an infection or an infectious disease and, if known, a biological pathogen causing them, and if necessary, a specific procedure of service providers and persons exposed to infection or disease for a specified period of time. in the regulation.
- 3.** For an infection or an infectious disease and a biological pathogen causing it, specified on the basis of par. 2, the provisions of the Act shall apply.
- 4.** The minister competent for health may determine, by regulation:

- 1) the criteria for recognizing, for the purposes of epidemiological supervision, an infection or an infectious disease, including a particularly dangerous and highly infectious disease,
 - 2) methods of preventing infection or infectious disease and drug resistance of biological pathogens causing these diseases,
 - 3) types of laboratory tests necessary for the diagnosis and identification of biological pathogens
- with a view to ensuring the correct diagnosis of infections and infectious diseases, the need for epidemiological surveillance and the protection of public health.
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Art. 4.

- 1.** The Council of Ministers may define, by regulation, programs for the prevention and control of specific infections or infectious diseases and drug resistance of biological pathogens, resulting from the epidemiological situation of the country or the need to adapt to international programs, with a view to their effective implementation and ensuring health protection. people whose particular exposure to infection results from the epidemiological situation.
- 2.** The costs of implementing the tasks included in the programs referred to in para. 1, are financed from the state budget, respectively, from the parts that are at the disposal of the competent ministers who implement these programs.
- 3.** The tasks covered by the programs referred to in para. 1, are carried out by the entities indicated in these programs, on the basis of contracts concluded by the ministers referred to in para. 2, with these entities, unless the obligation to implement them results from separate provisions.
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Art. 5.

1. Persons residing in the territory of the Republic of Poland are obliged under the terms of the Act to:

- 1) submit to:
 - a) sanitary procedures,
 - b) preventive vaccinations,
 - c) post-exposure prophylactic use of drugs,
 - d) sanitary and epidemiological tests, including procedures aimed at collecting or submitting material for these tests,
 - e) epidemiological supervision,
 - f) quarantine,
 - g) treatment,
 - h) hospitalization,
 - i) insulation,
 - j) domestic isolation;
- 2) abandon the performance of work, the performance of which there is a possibility of transferring an infection or an infectious disease to other people - if they are infected, sick with an infectious disease or carriers;
- 3) complying with the orders and bans of the State Sanitary Inspection bodies aimed at preventing and combating infections and infectious diseases;
- 4) providing data and information:

- a) bodies of the State Sanitary Inspection, Military Sanitary Inspection, Veterinary Inspection, Military Veterinary Inspection, Environmental Protection Inspection, units referred to in art. 30 sec. 1, as well as reference centers and research institutes – necessary to conduct epidemiological supervision over infections and infectious diseases and to prevent and combat infections and infectious diseases,
- b) competent state sanitary inspectors – necessary to carry out epidemiological supervision over adverse vaccine reactions,
- c) bodies of the State Sanitary Inspection – necessary to supervise the implementation of the obligations referred to in items 1-3.

2. In the case of a person who does not have full legal capacity, the responsibility for fulfilling the obligations referred to in para. 1, shall be borne by the person who has legal custody of the minor or the helpless, or the actual guardian within the meaning of art. 3 sec. 1 point 1 of the Act of November 6, 2008 on patient's rights and the Patient's Rights Ombudsman (Journal of Laws of 2020, item 849).

3. (deleted)

Chapter 2 Sanitary and epidemiological studies

Art. 6.

1. Compulsory sanitary and epidemiological tests, defined pursuant to Art. 10 sec. 2, point 2, are subject to:

- 1) suspected of infection or an infectious disease;
- 2) newborns, infants and pregnant women, suspected of infection or an infectious disease that may spread from mother to fetus or child;
- 3) vectors, convalescents and people who were exposed to infection through contact with infected, sick or infectious material;
- 4) pupils, students and doctoral students studying to perform work, the performance of which there is a possibility of transferring an infection or an infectious disease to other people;
- 5) persons undertaking or carrying out work which may transmit an infection or an infectious disease to other persons, who do not have a valid medical certificate on the ability to perform work where there is a possibility of transferring an infection or an infectious disease to other persons.

2. For obligatory sanitary and epidemiological tests, determined pursuant to Art. 10 sec. 2, point 2, directs:

- 1) the persons referred to in para. 1 points 1-3 – the poviast state sanitary inspector competent for their place of stay;
- 2) the persons referred to in para. 1 point 4 – the head of the school or the rector of the university or a person authorized by them;
- 3) persons referred to in para. 1 point 5 – the employer or commissioning the work.

2a. In the case of people seeking employment or other gainful work, the performance of which there is a possibility of transferring an infection or an infectious disease to other people, a sanitary and epidemiological examination is carried out at the request of that person. The person subjecting the examination indicates what type of work the sanitary and epidemiological examination is to be related to and a medical certificate issued on its basis for sanitary and epidemiological purposes.

3. Sanitary and epidemiological tests performed and their results are recorded in the patient's medical documentation, kept in the manner and in the forms specified pursuant to Art. 10 sec. 2 points 3 and 4.

Art. 7.

1. Medical examinations on persons referred to in Art. 6 sec. 1 and sec. 2a, are carried out by primary health care doctors, within the meaning of the provisions of the Act of 27 October 2017 on primary health care (Journal of Laws of 2020, items 172 and 1493), or by doctors performing the tasks of the occupational medicine service, within the meaning of the Act of 27 June 1997 on the occupational medicine service (Journal of Laws of 2019, item 1175).

2. The doctors referred to in par. 1, they issue and pass to the examined person referred to in Art. 6 sec. 1 points 4 and 5 and sec. 2a, and the employer or the person ordering the performance of the work medical certificate:

1) about the ability to perform work where there is a possibility of transferring an infection or an infectious disease to other people;

2) with temporary or permanent contraindications for the performance of work, the performance of which may transfer an infection or an infectious disease to other people.

3. The doctors referred to in par. 1, enter the content of the medical certificate referred to in par. 2, to the examination card for sanitary and epidemiological purposes.

4. Laboratory tests on persons referred to in Art. 6 sec. 1 and sec. 2a, carry out, accredited in the scope of the subject of the test under the provisions of the Act of April 13, 2016 on conformity assessment systems and market surveillance, laboratories:

1) the State Sanitary Inspection, the Military Sanitary Inspection or other laboratories, on the basis of contracts concluded with these authorities;

2) units competent in the field of lung diseases and tuberculosis, in the case of tests for tuberculosis, on the basis of contracts concluded with the competent local authorities referred to in point 1.

5. The bodies referred to in para. 4, paragraph 1, select laboratories on the basis of the provisions on public procurement, with the exception of laboratories of these authorities.

Art. 8.

1. Costs of sanitary and epidemiological tests, excluding laboratory sanitary and epidemiological tests performed at:

1) persons referred to in art. 6 sec. 1, points 1-4, who are insured, are financed on the principles set out in the provisions on healthcare services financed from public funds;

2) persons referred to in art. 6 sec. 1 points 1-4, who do not have health insurance entitlements, are financed from the state budget from the part which is at the disposal of the minister competent for health.

2. The provisions referred to in para. 1, do not infringe the principles of financing specified in this respect in other regulations.

3. Costs of the laboratory sanitary and epidemiological examination performed on persons referred to in Art. 6 sec. 1, points 1-4, are financed from the state budget from the part at the disposal of the voivode, regardless of the entitlements under health insurance.

4. Costs of sanitary and epidemiological tests performed on persons referred to in art. 6 sec. 1, paragraph 5, are financed by the employer or commissioning the work.

4a. The costs of sanitary and epidemiological tests performed on persons referred to in art. 6 sec. 2A, are financed by the person applying for their conduct.

5. (deleted)

Art. 9.

1. If it is necessary to confirm the correct diagnosis of an infection, an infectious disease or the identification of biological pathogens for the purposes of epidemiological surveillance, the results of laboratory tests shall be verified.

2. The verification of the results of the laboratory tests referred to in par. 1, are carried out by:

- 1) units subordinate to him / her indicated by the minister competent for health;
- 2) reference centers or research institutes on the basis of an agreement concluded with the minister competent for health.

3. The minister competent for health, indicating the unit referred to in par. 2, point 1, or by concluding an agreement with a reference center or research institute referred to in para. 2, point 2, specifies in particular:

- 1) subject of verification;
- 2) the scope of the required laboratory tests and reference methods and the manner of their documentation;
- 3) types of analyzes for epidemiological purposes;
- 4) the manner and time limits for sharing the results of the conducted verification;
- 5) the quality control procedure for the performed laboratory tests;
- 6) the mode of financing and settlement dates for activities performed as part of the verification of the results of laboratory tests, including the costs of transporting an isolated biological pathogen or other material for testing.

4. The costs of verification of the results of laboratory tests for the purposes of epidemiological supervision, including the costs of transporting an isolated biological pathogen or other research material, are financed from the state budget from the part administered by the minister responsible for health.

5. The minister competent for health issues, by way of an announcement, announces the list of entities referred to in par. 2, which verify the results of laboratory tests for the purposes of epidemiological surveillance and their competence to verify the results of laboratory tests.

Art. 10.

1. Persons who have been found to be temporarily or permanently contraindicated to perform the work specified on the basis of para. 2, paragraph 5, may not perform these works. The employer or the party ordering the work to be performed is obliged, in confidence, to immediately remove the employee or the person performing the work from performing these works.

2. The minister competent for health matters shall determine, by way of a regulation:

- 1) infections and infectious diseases, in the event of which or suspected, obligatory sanitary and epidemiological tests are carried out,
- 2) types of compulsory sanitary and epidemiological tests and dates of carrying out these tests,
- 3) the method of documenting the tests and the method of documenting the results of these tests,
- 4) the model of the examination card for sanitary and epidemiological purposes and the model of the medical certificate referred to in Art. 7 sec. 2 and 3,
- 5) types of work where there is a possibility of transferring an infection or an infectious disease to other people,
- 6) the way of dealing with a person who has been found to be contraindicated to perform the work referred to in item 5

- with a view to protecting public health and taking into account the types of infections and communicable diseases, biological pathogens causing them and the routes of their spread.

Chapter 3 Infections related to the provision of health services and other activities in the course of which there is a breach of the continuity of human tissues

Art. 11.

1. Managers of medical entities and other persons providing health services are obliged to take actions to prevent the spread of infections and infectious diseases.

2. The activities referred to in para. 1, include in particular:

- 1) assessment of the risk of infection related to the provision of health services;
 - 2) monitoring of alarm factors and infections related to the provision of health services in the scope of provided services;
 - 3) development, implementation and supervision of procedures preventing infections and infectious diseases related to the provision of health services, including decontamination:
 - a) skin and mucous membranes or other tissues,
 - b) medical devices, in vitro diagnostic medical devices, accessories for medical devices, accessories for in vitro diagnostic medical devices and active implantable medical devices, within the meaning of the provisions of the Act of 20 May 2010 on medical devices (Journal of Laws of 2010, No. 2020, items 186 and 1493), and the area of rooms and devices;
 - 4) the use of individual and collective protection measures in order to prevent the transfer of biological pathogens to other people;
 - 5) laboratory tests and analysis of the local epidemiological situation in order to optimize prophylaxis and antibiotic therapy;
 - 6) conducting internal control in the scope of the implementation of the activities referred to in para. 1.
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Art. 12.

1. Managers of medical entities and other persons providing health services keep documentation of the implementation of activities referred to in Art. 11.

2. The minister competent for health matters shall define, by means of a regulation, the manner of documenting the implementation of the activities referred to in Art. 11, and the conditions and period of storage of this documentation, taking into account the effectiveness of preventing the spread of infections and infectious diseases.

Art. 13.

1. Implementation of the activities referred to in Art. 11 and 12, and the keeping of documentation of these activities, including the results of internal control, are subject, in accordance with the competence, to the control of the State Sanitary Inspectorate.

2. The minister competent for health matters shall define, by way of a regulation, the scope and manner of conducting the internal control referred to in Art. 11 sec. 2, paragraph 6, the frequency of its carrying out, the manner of its documentation, as well as the conditions for the sharing and storage of this documentation, with a view to ensuring the effectiveness of preventing the spread of infections and infectious diseases and the objectives of epidemiological surveillance.

Art. 14.

1. Managers of medical entities performing medical activities such as hospital services are obliged to implement and ensure the functioning of the system for the prevention and control of nosocomial infections, including:

- 1) appointment and supervision over the activities of the hospital infection control team and committee;
- 2) risk assessment and monitoring of nosocomial infections and alert factors;
- 3) organization of the provision of health services in a manner ensuring:
 - a) preventing nosocomial infections and spreading alarm factors,
 - b) conditions of isolation of patients with infection or infectious disease and patients particularly susceptible to hospital infections,
 - c) the possibility of performing laboratory tests throughout the day,
 - d) the performance of laboratory tests, enabling the identification of biological pathogens causing infections and infectious diseases, and their verification by the entities referred to in art. 9 sec. 2,
 - e) limiting the build-up of drug resistance to biological pathogens as a result of inappropriate use of prophylaxis and antibiotic therapy;
- 4) monitoring and registration of hospital infections and alarm factors;
- 5) preparing and submitting to the competent state sanitary inspector reports on the current epidemiological situation of the hospital;
- 6) reporting within 24 hours the confirmed epidemic increase in the number of nosocomial infections to the competent state sanitary inspector.

2. Managers of medical entities performing therapeutic activities such as hospital services are obliged to collect information on nosocomial infections and alarm factors in a hospital, and to keep a register of hospital infections and alarm factors.

3. With regard to medical entities for persons deprived of liberty, performing medical activities such as hospital services, the directors of appropriate prisons and pre-trial detention centers are obliged to establish a team and a hospital infection control committee.

4. Information on nosocomial infections and alert factors include:

- 1) clinical diagnosis of a hospital infection or alarm factor;
- 2) characteristics of the basic clinical symptoms;
- 3) the circumstances of the occurrence of infection, illness or death due to a nosocomial infection or an alarm factor, with particular emphasis on risk factors and the characteristics of the biological infectious agent, and other information necessary for epidemiological supervision, in accordance with the principles of modern medical knowledge.

5. The register contains the following data of persons diagnosed with a nosocomial infection or alarm factor:

- 1) name and surname;
- 2) date of birth;
- 3) PESEL number, and if the person has not been given this number – the series and number of the passport or the identification number of another document on the basis of which it is possible to establish personal data;

4) gender;

5) address of the place of residence;

6) clinical diagnosis of a nosocomial infection or an alarm agent and the characteristics of the basic clinical symptoms and circumstances of infection, illness or death due to a nosocomial infection or an alarm agent, with particular emphasis on risk factors and the biological characteristics of the pathogen, and other information necessary for epidemiological supervision, in accordance with the principles of modern medical knowledge.

6. The register of hospital infections and alarm agents may be kept on paper or in an electronic system, and the data collected therein are made available to the entities referred to in Art. 30 sec. 1.

7. The minister competent for health matters shall determine, by way of a regulation:

1) list of alarm factors,

2) the method of keeping the register of hospital infections and alarm agents, making the data covered by it available and the period of their storage,

3) patterns and the method of preparing reports on the current epidemiological situation of the hospital, referred to in para. 1, paragraph 5, and the procedure and time limits for their submission to the competent state sanitary inspector

- with a view to ensuring the effectiveness of the prevention of the spread of infections and communicable diseases and the purposes of epidemiological surveillance.

Art. 15.

1. The hospital infection control team includes:

1) a doctor as the chairman of the team;

2) a nurse or midwife as a specialist in epidemiology or hygiene and epidemiology, in the number of not less than 1 per 200 hospital beds;

3) a laboratory diagnostician as a specialist in microbiology, if the doctor mentioned in point 1 does not specialize in medical microbiology.

2. The tasks of the hospital infection control team include:

1) developing and updating the system for preventing and combating hospital infections;

2) conducting the internal control referred to in art. 11 sec. 2, point 6, and presenting the results and conclusions of this control to the head of the hospital and the hospital infections committee;

3) training of staff in the control of hospital infections;

4) consulting persons suspected of being infected or having an infectious disease and those diagnosed with an infection or an infectious disease.

3. The hospital infection control committee consists of hospital employees:

1) the head of the hospital or his representative and the heads of hospital organizational units designated by him, including the microbiological diagnostics department, central sterilization room, hospital pharmacy - if the hospital has such organizational units;

2) the chairman and members of the hospital infection control team;

3) the person in charge of the work of nurses in the hospital;

4) a doctor who performs the tasks of the occupational medicine service within the meaning of the provisions of the Act of 27 June 1997 on the occupational medicine service.

4. The tasks of the hospital infection control committee include:

- 1) developing plans and directions for the system of preventing and combating hospital infections;
 - 2) assessment of the results of internal control presented by the hospital infection control team;
 - 3) developing and updating standards of pharmacoprophylaxis and pharmacotherapy of infections and infectious diseases in hospitals.
- 5.** The minister responsible for health matters shall define, by way of a regulation, the required qualifications of the members of the hospital infection control team, taking into account the necessity to perform the tasks of the hospital infection control team.
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Art. 16.

- 1.** Persons other than healthcare providers who undertake activities in the course of which the continuity of human tissues is violated, are obliged to implement and apply procedures ensuring protection against infections and infectious diseases.
 - 2.** The procedures referred to in para. 1, should regulate the procedure for performing activities in which the continuity of human tissues is violated, the rules for the use of sterilized equipment and the methods of disinfecting the skin and mucous membranes and the decontamination of rooms and devices.
 - 3.** At the request of the entity obliged to implement and apply the procedures referred to in para. 1, the district state sanitary inspector gives its opinion on these procedures.
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Chapter 4 Vaccinations

Art. 17.

- 1.** The persons specified on the basis of para. 10, paragraph 2, are required to undergo protective vaccinations against infectious diseases specified on the basis of paragraph 1. 10, paragraph 1, hereinafter referred to as "compulsory preventive vaccinations".
 - 1a.** Persons staying on the territory of the Republic of Poland for a period of less than three months are exempt from the obligation to undergo mandatory preventive vaccinations, with the exception of post-exposure vaccinations.
- 2.** Compulsory preventive vaccination is preceded by a qualifying medical examination in order to exclude any contraindications to the obligatory protective vaccination.
- 3.** Compulsory preventive vaccination may not be carried out if 24 hours elapsed between the qualifying medical examination carried out in order to exclude contraindications to vaccination and this vaccination from the date and time indicated in the certificate referred to in paragraph. 4.
- 4.** After the qualifying medical examination, the doctor issues a certificate indicating the date and time of the examination.
- 5.** If the qualifying medical examination gives grounds for a long-term postponement of the compulsory preventive vaccination, the doctor shall refer the person covered by the obligatory preventive vaccination to a specialist consultation.
- 6.** Compulsory vaccinations are carried out by doctors or paramedics, nurses, midwives, school hygienists and paramedics, having qualifications specified on the basis of sec. 10 point 3.
- 7.** Persons issuing a live birth certificate are required to put on an immunization card and a child's vaccination record.
- 8.** Vaccinators:
 - 1) keep medical records on compulsory preventive vaccinations, including immunization cards and make entries confirming vaccination;

2) prepare reports on compulsory preventive vaccinations carried out and reports on the state of vaccination of persons covered by preventive health care, which they submit to the state district sanitary inspector.

9. It is the duty of the doctor who exercises preventive health care to notify the person obliged to undergo compulsory preventive vaccinations or the person who has legal custody of a minor or a helpless person, or a de facto guardian within the meaning of Art. 3 sec. 1 point 1 of the Act of November 6, 2008 on patient's rights and the Patient's Rights Ombudsman, on the obligation to undergo these vaccinations, as well as informing about recommended vaccinations.

10. The minister competent for health matters shall determine, by means of a regulation:

- 1) a list of infectious diseases subject to mandatory vaccinations,
- 2) persons or groups of persons obliged to undergo compulsory vaccinations against infectious diseases, age and other circumstances constituting a premise for imposing the compulsory vaccinations on these persons,
- 3) qualifications of persons carrying out preventive vaccinations,
- 4) the method of carrying out preventive vaccinations,
- 5) the procedure for conducting the specialist consultation referred to in para. 5,
- 6) specimens of the certificate referred to in para. 4, vaccination records and immunization cards,
- 7) the manner of keeping the documentation referred to in para. 8 point 1, and its circulation,
- 8) templates of reports on compulsory preventive vaccinations carried out and the procedure and dates of their transmission – taking into account epidemiological data on diseases, current medical knowledge and recommendations of the World Health Organization.

11. The Chief Sanitary Inspector announces in the form of a communication, in the official journal of the minister responsible for health, the Protective Vaccination Program for a given year, with detailed indications regarding the use of individual vaccines, resulting from the current epidemiological situation, regulations issued on the basis of par. 10 and art. 19 paragraph 10 and recommendations, by 31 October of the year preceding the implementation of this program.

Art. 18.

1. Compulsory preventive vaccinations and medical qualification examinations prior to their performance, as well as specialist consultations with insured persons and persons without health insurance entitlements, are carried out by healthcare providers with whom the National Health Fund concluded contracts for the provision of these benefits.

2. The costs of carrying out compulsory preventive vaccinations and qualifying medical examinations as well as specialist consultations referred to in sec. 1, the insured are financed on the principles set out in the provisions on healthcare services financed from public funds.

3. The costs of carrying out compulsory preventive vaccinations and qualifying medical examinations as well as specialist consultations referred to in sec. 1, persons who do not have health insurance entitlements are financed from the state budget from the part that is at the disposal of the minister responsible for health.

4. If a given person undergoes a qualifying medical examination and obligatory preventive vaccination, as well as specialist consultation referred to in sec. 1, at a healthcare provider other than that specified in para. 1, bears the cost of the qualifying examination, the cost of the vaccine, the cost of vaccination and specialist consultation.

5. Vaccines for compulsory preventive vaccinations are purchased by the minister responsible for health in accordance with the provisions on public procurement.

6. Sanitary and epidemiological stations determine the annual demand for vaccines, store the vaccines and supply them with vaccination providers.

6a. The bodies of the State Sanitary Inspection are the entities obliged to prepare the quantitative demand for vaccines used to carry out compulsory preventive vaccinations, together with the vaccine delivery schedule, and to prepare reports on the types, numbers, serial numbers and expiry dates of the vaccines held. The entity responsible for reporting on the implementation of vaccine delivery schedules is the central distributor designated by the minister responsible for health.

6b. The entities responsible for the distribution and storage of vaccines used to carry out mandatory preventive vaccinations, which are required to comply with Good Distribution Practice within the meaning of the provisions of the pharmaceutical law and the safety of vaccine trade, are: central distributor designated by the minister responsible for health, voivodeship sanitary and epidemiological stations and district sanitary and epidemiological stations.

7. The costs of purchasing the vaccines referred to in par. 5, are financed from the state budget from the part that is at the disposal of the minister responsible for health.

8. Vaccines purchased by the minister responsible for health are transported and stored with the use of the cold chain and in accordance with the principles set out in the provisions of the pharmaceutical law.

9. If a given person submits to the compulsory preventive vaccination referred to in sec. 1, with the use of a vaccine other than the one referred to in sec. 5, bears the cost of purchasing the vaccine.

10. (deleted)

11. The minister competent for health matters shall determine, by means of a regulation:

1) entities obliged to prepare the quantitative demand for vaccines used to carry out compulsory vaccinations, along with the schedule of vaccine deliveries, storage and distribution of these vaccines,

2) tasks related to the preparation of the quantitative demand for vaccines used to carry out compulsory vaccinations along with the schedule of deliveries, storage and distribution of vaccines used for compulsory vaccinations together with the indication of entities responsible for their implementation and reporting on the implementation of reports on the types, number of vaccines held, numbers serial and expiry dates,

3) the manner and time limits for performing the tasks referred to in point 2

– bearing in mind the need to create a permanent vaccine supply system for the purpose of compulsory vaccination of entities storing and carrying out preventive vaccinations and the requirements of Good Distribution Practice within the meaning of the provisions of the pharmaceutical law and the safety of vaccine trade.

Art. 18a.

1. A reserve of vaccines and other immunological medicinal products to be used in the event of an epidemic or epidemic shall be established.

2. Vaccines and other immunological medicinal products, used in the event of an epidemic threat or epidemic, are purchased by the minister responsible for health in accordance with the provisions on public procurement.

3. The costs of purchasing medicinal products referred to in para. 2, are financed from the state budget from the part that is at the disposal of the minister responsible for health.

4. The minister competent for health matters shall determine, by way of a regulation:

1) the composition, amount and method of storing the reserve referred to in para. 1,

2) the mode of activating the reserve referred to in para. 1,

3) the method of distribution of medicinal products launched from the reserve referred to in para. 1,

4) the manner of handling the medicinal products referred to in para. 2, constituting the reserve referred to in para. 1, for which the terms of validity expire

- taking into account the need to ensure health security.

Art. 19.

1. Persons or groups of persons may be vaccinated against infectious diseases other than compulsory vaccinations, hereinafter referred to as "recommended vaccinations".

2. The recommended protective vaccinations and medical qualification tests of the insured are carried out by service providers with whom the National Health Fund concluded an agreement for the provision of these benefits.

3. The costs of carrying out the recommended preventive vaccinations and qualifying medical examinations as well as specialist consultations of the insured shall be financed on the principles set out in the provisions on healthcare services financed from public funds.

4. The costs of carrying out the recommended preventive vaccinations and qualifying medical examinations as well as specialist consultations of persons who are not entitled to health insurance shall be borne by persons undergoing the recommended protective vaccinations and medical qualification examinations.

5. If the insured person performs the recommended preventive vaccination or qualifying medical examination at a service provider other than that indicated in sec. 2, bears the costs of the examination and vaccination.

5a. The implementation of the recommended preventive vaccination is preceded by a qualifying examination to rule out contraindications for this vaccination, which is carried out by a doctor, and which, in the case of an adult qualifying examination before vaccination against influenza, may also be carried out by a medical assistant, dentist, nurse, midwife, paramedic, physiotherapist, laboratory diagnostician and pharmacist.

5b. Influenza vaccination in an adult may also be performed by a dentist, pharmacist, physiotherapist and laboratory diagnostician with qualifications specified pursuant to Art. 17 sec. 10 point 3.

6. The provisions of Art. 17 sec. 2-6.

7. A person undergoing the recommended preventive vaccination shall bear the costs of purchasing the vaccine.

8. Persons carrying out the recommended vaccination shall keep the medical records referred to in Art. 17 sec. 8, and:

1) issue the person undergoing vaccination with a certificate confirming the implementation of the recommended preventive vaccination;

2) inform the person being vaccinated about the possibility of issuing the International Vaccination Booklet at his expense.

9. Information on preventive vaccinations performed, recommended by the World Health Organization, required under international health regulations, in people traveling outside the territory of the Republic of Poland, is documented in the International Book of Vaccinations.

10. The minister competent for health matters shall determine, by means of a regulation:

1) a list of recommended vaccinations,

2) the method of financing and documenting the recommended preventive vaccinations required by international health regulations,

3) the model of the International Vaccination Record Book and the manner of its issuing and making entries in it,

4) the manner of keeping documentation of the recommended preventive vaccinations

- having regard to the recommendations of the World Health Organization and the objectives of epidemiological surveillance.

Art. 20.

- 1.** In order to prevent the spread of infections and infectious diseases among workers exposed to biological pathogens, the recommended preventive vaccinations shall be carried out, required in the performance of professional activities specified in paragraph 1. 4.
 - 2.** The employer or the person ordering the performance of work shall inform the employee or the person who is to perform the work, who are exposed to biological pathogens, prior to commencing professional activities, of the type of preventive vaccination required in the performance of professional activities specified pursuant to para. 4.
 - 3.** The costs of carrying out vaccinations referred to in sec. 1, and the purchase of vaccines shall be borne by the employer.
 - 4.** The Council of Ministers shall define, by way of a regulation, the list of types of professional activities and recommended protective vaccinations required by employees, officers, soldiers or subordinates undertaking work, employed or designated to perform these activities, with a view to protecting the health of employees, officers and soldiers at risk of action of biological pathogens in the course of professional activities.
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Art. 21.

- 1.** A doctor or a medical assistant who suspects or recognizes the occurrence of an undesirable post-vaccination reaction is obliged to report such a case to the state poviát sanitary inspector competent for the place of suspecting its occurrence within 24 hours of suspecting its occurrence.
- 2.** The report contains the data of the person in whom the occurrence of an adverse vaccination reaction is suspected or diagnosed:
 - 1) name and surname;
 - 2) date of birth;
 - 3) PESEL number, and if the person has not been given this number – the series and number of the passport or the identification number of another document on the basis of which it is possible to establish personal data;
 - 4) gender;
 - 5) address of the place of residence;
 - 6) health data and other information necessary to supervise the occurrence of post-vaccination reactions, in accordance with modern medical knowledge.
- 3.** Competent state sanitary inspector:
 - 1) supplement the report of an adverse vaccination reaction with the information collected at the place where the vaccination was performed or immediately submit the report to the state poviát sanitary inspector competent for the place where the vaccination was performed, and
 - 2) keeps a register of reports of adverse post-vaccination reactions.
- 4.** The register of reports of adverse post-vaccination reactions may be kept on paper or in an electronic system, and the data collected therein are made available to the entities referred to in Art. 30 sec. 1.
- 5.** The register contains data of persons in whom the occurrence of an undesirable individual reaction is suspected or diagnosed:

- 1) name and surname;
 - 2) date of birth;
 - 3) PESEL number, and if the person has not been given this number – the series and number of the passport or the identification number of another document on the basis of which it is possible to establish personal data;
 - 4) gender;
 - 5) address of the place of residence;
 - 6) health data and other information necessary to supervise the occurrence of post-vaccination reactions, in accordance with modern medical knowledge;
 - 7) information from individual supervision.
- 6.** The costs of health services provided in connection with the treatment of adverse vaccine reactions of the insured are financed in accordance with the principles set out in the provisions on healthcare services financed from public funds.
- 7.** The costs of health services provided in connection with the treatment of adverse reactions due to vaccinations in persons not entitled to health insurance are financed from the state budget from the part administered by the minister responsible for health.
- 8.** The minister competent for health matters shall determine, by way of a regulation:
- 1) types of adverse post-vaccination reactions and criteria for their diagnosis for the purposes of epidemiological supervision,
 - 2) the method of reporting adverse post-vaccination reactions,
 - 3) model forms for reporting adverse post-vaccination reactions,
 - 4) the manner of keeping a register of reports of adverse post-vaccination reactions, making the data covered by it available and the period of their storage
- with a view to the uniformity of the types of diagnosed adverse vaccine reactions and ensuring effective epidemiological surveillance of the occurrence of these reactions.
- 9.** (deleted)
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Art. 21a.

- 1.** The person carrying out:
- 1) qualifying examination,
 - 2) preventive vaccination
- may make an entry in the Vaccination Card specified in the regulations issued on the basis of art. 30 sec. 1 of the Act of November 6, 2008 on patient's rights and the Patient's Rights Ombudsman, kept in electronic form in the system referred to in Art. 7 sec. 1 of the Act of 28 April 2011 on the information system in health care (Journal of Laws of 2020, items 702, 1493, 1875, 2345 and 2401 and of 2021, item 97).
- 2.** If the person conducting the qualifying examination entered the examination into the Vaccination Card, the certificate referred to in Art. 17 sec. 4.
- 3.** The certificate of vaccination, issued in electronic form, is available in the Patient Online Account, referred to in Art. 7a of the Act of 28 April 2011 on the information system in health care, the person undergoing vaccination. At the request of this person, the vaccination certificate is also issued in a paper form.
- 4.** If an entry on vaccination is made in the Vaccination Card, it is not required to make:
- 1) the same entry in the immunization card;

2) an entry on vaccination in the list of treatments referred to in the regulations issued on the basis of art. 30 sec. 1 of the Act of November 6, 2008 on patient's rights and the Patient's Rights Ombudsman.

Art. 21b.

Healthcare professionals have access to individual medical data of the vaccinated person regarding the vaccination carried out. In this case, the consent of the vaccinated person or their legal representative is not required.

Art. 21c.

1. In the event of an epidemic threat or an epidemic, announced due to COVID-19, the implementation of a protective vaccination against COVID-19 is preceded by a qualifying examination in order to exclude contraindications to its implementation, carried out by a doctor or a person with qualifications specified in the regulations issued on the basis of paragraph 5.

2. In the event of an epidemic emergency or an epidemic announced due to COVID-19, protective vaccinations against COVID-19 are carried out by:

- 1) doctors, dentists, nurses, midwives, paramedics and paramedics;
- 2) physiotherapists, pharmacists, school hygienists and laboratory diagnosticians, having the qualifications specified in the regulations issued on the basis of par. 5.

3. The provisions of Art. 19, in the event of an epidemic emergency or an epidemic, announced due to COVID-19.

4. In the event of an epidemic emergency or an epidemic announced due to COVID-19, the purchase of vaccines against COVID-19 and the costs of carrying out protective vaccinations against COVID-19 are financed from public funds.

5. The minister competent for health matters shall determine, by way of a regulation:

- 1) qualifications of persons conducting the qualifying examination referred to in sec. 1,
 - 2) qualifications of persons carrying out preventive vaccinations against COVID-19, referred to in paragraph. 2 point 2
- taking into account the need to ensure the safety of persons subjected to these vaccinations.
-

Art. 21d.

1. Protective vaccinations against COVID-19 are carried out on the basis of a referral specified in the regulations issued on the basis of art. 30 sec. 1 of the Act of November 6, 2008 on patient's rights and the Patient's Rights Ombudsman, hereinafter referred to as "referral".

2. Referral in electronic form is issued by:

- 1) the system referred to in Art. 7 sec. 1 of the Act of 28 April 2011 on the information system in health care,
 - 2) a doctor through the system referred to in point 1
- in accordance with the criteria set out in the regulations issued on the basis of art. 3 sec. 4.

2a. The referral is stored in the system referred to in Art. 7 sec. 1 of the Act of 28 April 2011 on the information system in health care. Access to this referral is granted to the service provider within the meaning of Art. 2 point 15 of the Act of 28 April 2011 on the information system in health care.

3. The referral is valid for 90 days from the date of issue.

4. To the referral referred to in para. 2, paragraph 2, shall apply to article. 31b paragraph. 14 of the Act of 28 April 2011 on the information system in health care.

5. After the preventive vaccination against COVID-19 or the first dose of the vaccine against COVID-19, the vaccination point changes the status of the referral information in the system referred to in Art. 7 sec. 1 of the Act of 28 April 2011 on the information system in health care.

Art. 21e.

- 1.** A central electronic registration system for preventive vaccinations against COVID-19, hereinafter referred to as the "registration system", is established, in which the following are processed:
 - 1) information necessary to carry out these vaccinations;
 - 2) details of the person undergoing these vaccinations: name and surname, PESEL number, number and series of identity document, telephone number, e-mail address, address of the place of residence, and individual medical data of that person;
 - 3) the data contained in the referral.
- 2.** Data on planned vaccinations against COVID-19 into the registration system:
 - 1) are entered by the system administrator referred to in Art. 7 sec. 1 of the Act of 28 April 2011 on the information system in health care;
 - 2) is introduced as part of the activities of:
 - a) service providers within the meaning of art. 2 point 15 of the Act of 28 April 2011 on the information system in health care, issuing the referral,
 - b) vaccination point.
- 3.** The data on the preventive vaccinations against COVID-19 are entered into the registration system as part of the activities of the vaccination center.
- 4.** The minister responsible for health is the administrator of the data contained in the registration system.
- 5.** The technical support for the registration system is provided by a unit reporting to the minister competent for health, competent in the field of health care information systems.
- 6.** In the scope of referring to preventive vaccinations against COVID-19, the registration system uses the data and services provided by the Medical Information System, domain teleinformation systems and medical registers referred to in Art. 5 sec. 1 of the Act of 28 April 2011 on the information system in health care.
- 7.** Data on preventive vaccinations against COVID-19 contained in the registration system, including individual medical data, are transferred to the system referred to in Art. 7 sec. 1 of the Act of 28 April 2011 on the information system in health care, in order to present them in the Internet Patient Account, referred to in art. 7a of this Act, and monitoring the course of vaccination.
- 8.** The unit subordinate to the minister competent for health matters, competent in the field of health care information systems provides the National Health Fund with information on vaccinations for the purpose of controlling and accounting for the provided healthcare services.

Art. 21f.

- 1.** Registration for the vaccination against COVID-19 takes place in the registration system after providing the name and PESEL number of the person subjected to this vaccination, and in the absence of such number – the number and series of the identity document indicated on the referral, via:
 - 1) Patient Online Account referred to in Art. 7a of the Act of 28 April 2011 on the information system in health care, or by phone;
 - 2) the service provider issuing the referral;
 - 3) the point of vaccination.
- 1a.** Registration for the implementation of protective vaccination against COVID-19 may also take place after the authentication of the person subjected to this vaccination in a different way than specified in paragraph 1 through the registration system.
- 2.** During registration for the vaccination against COVID-19, the person subject to this vaccination may provide a telephone number or e-mail address. In this case, information about the date and place of protective vaccination against COVID-19 is provided by the unit subordinate to the minister competent for health matters, competent in the field of health information systems, in the form of a text message to this telephone number or e-mail address.

Chapter 5 Other measures to prevent infections and infectious diseases

Art. 22.

1. The owner, owner or manager of the real estate are obliged to keep it in a proper hygienic and sanitary condition in order to prevent infections and infectious diseases, in particular:

- 1) conduct proper waste and sewage management;
- 2) fight rodents, insects and pests;
- 3) remove dead animals from the property;
- 4) remove animal faeces from the property.

2. If there is a risk of spreading an infection or an infectious disease, taking into account the current epidemiological situation, the minister competent for health may define, by regulation, detailed sanitary and hygienic requirements to be met by production, service and commercial facilities, as well as prevention of infections and infectious diseases, and the qualifications of persons authorized to carry out cleanliness and decontamination procedures, in the scope of:

- 1) the location of production, service and commercial facilities,
 - 2) the minimum number and area as well as the purpose of the rooms included in the production, service and commercial facilities,
 - 3) cleaning and decontamination procedures,
 - 4) conditions of production, provision of services and trade
- taking into account the types of activity, ensuring protection of people using the services provided by these entities against infections and infectious diseases.

Art. 23.

1. The entity placing the products on the market, defined pursuant to para. 2, paragraph 1, is obliged to take all measures to ensure that the introduced product does not constitute a source of infection for people.

2. The minister competent for health may determine, by way of a regulation:

- 1) products which, due to their properties, may become a source of infection,
- 2) the methods of dealing with the products referred to in point 1,
- 3) sanitary and hygienic requirements to be met by the introduced product,
- 4) requirements that must be met by premises, devices and means of transport used for storing and distributing the introduced product

- with a view to preventing the spread of infections and infectious diseases in relation to the placing on the market of products that may be a source of infection.

Chapter 6 Proceedings in the case of suspicion or diagnosis of an infection or an infectious disease and in the case of confirming death due to an infectious disease

Art. 24.

1. Bodies of the State Sanitary Inspection, Military Sanitary Inspection, Veterinary Inspection, Military Veterinary Inspection, Environmental Protection Inspection, as well as reference centers and research institutes cooperate in order to prevent and combat infections and infectious diseases, recognize and monitor the epidemiological situation and provide a system of early notification of the threat epidemic in the country.

2. In the event of suspicion or diagnosis of infection, infectious disease or death due to them, among soldiers, officers and employees of units and other persons covered by the scope of the inspection referred to in par. 1, between the entities referred to in para. 1, may be transferred, in paper or electronic form, the data of these persons, including:

- 1) name and surname;
- 2) date of birth;
- 3) PESEL number, and if the person has not been given this number – the series and number of the passport or the identification number of another document on the basis of which it is possible to establish personal data;
- 4) gender;
- 5) address of the place of residence;
- 6) clinical diagnosis of an infection or an infectious disease, characteristics of the basic clinical symptoms, circumstances of the infection, illness or death due to infection or infectious disease, with particular emphasis on risk factors and biological characteristics of the infectious agent, and other information necessary for epidemiological supervision, in accordance with principles of modern medical knowledge.

3. The minister responsible for health, in consultation with the Minister of National Defense, the minister responsible for internal affairs and the minister responsible for agriculture, shall determine, by way of a regulation:

- 1) a list of infections and infectious diseases referred to in para. 2,
 - 2) the manner of sharing the data referred to in para. 2, and the period of their storage
- taking into account the need to ensure effective epidemiological surveillance and to prevent and combat infections and infectious diseases.

4. The bodies of the State Sanitary Inspection, Veterinary Inspection and Environmental Protection Inspection cooperate in combating infections and infectious diseases that may be transmitted from animals to humans or from humans to animals.

5. In the event of suspicion or diagnosis of an infection or an infectious disease, determined pursuant to par. 6 paragraph 2, or death due to them, between the authorities referred to in paragraph 1. 4, are provided, in paper form or in an electronic system, the data of persons suspected or diagnosed of infection, an infectious disease, determined on the basis of paragraph 1. 6 point 2, or death was found because of them, containing:

- 1) name and surname;
- 2) date of birth;
- 3) PESEL number, and if the person has not been given this number – the series and number of the passport or the identification number of another document on the basis of which it is possible to establish personal data;
- 4) gender;
- 5) address of the place of residence;
- 6) clinical diagnosis of an infection or an infectious disease, characteristics of the basic clinical symptoms, circumstances of the infection, illness or death due to infection or infectious disease, with particular emphasis on risk factors and biological characteristics of the infectious agent, and other

information necessary for epidemiological supervision, in accordance with principles of modern medical knowledge.

6. The minister responsible for health, in consultation with the minister responsible for agriculture and the minister responsible for climate matters, shall determine, by way of a regulation:

- 1) the forms and mode of cooperation between the authorities referred to in para. 4,
- 2) a list of infections and infectious diseases referred to in para. 4,
- 3) dates and methods of transmitting epidemiological and epizootic information,
- 4) the manner of sharing the data referred to in para. 5, and the period of their storage,
- 5) the use of the forces and resources of the bodies referred to in para. 4,
- 6) types of laboratory tests performed by the authorities referred to in para. 4

- having regard to the objectives of epidemiological and epizootiological surveillance, the effectiveness of epidemiological and epi-zootiological surveillance and the protection of public health.

Art. 25.

1. The Chief Sanitary Inspector and the entities indicated by him cooperate with the Member States of the European Union, the European Commission and the European Center for Disease Prevention and Control within the framework of the Community network of epidemiological surveillance and control of infectious diseases.

2. The cooperation referred to in para. 1, includes:

- 1) transfer to the basic and specialized surveillance networks of the European Union data on cases of infections, illnesses or deaths due to infectious diseases collected in the register referred to in article 2. 30 sec. 1;
- 2) exchange of other information essential for the prevention and combating of infections and infectious diseases.

3. The national contact point for the Community early warning and response system for the prevention and control of infections and infectious diseases operates at the minister competent for health, the tasks of which include the exchange of information and coordination of activities in the field of preventing and combating infections and infectious diseases with the Member States of the European Union, The European Commission and the European Center for Disease Prevention and Control.

4. In the event of an outbreak of a contagious disease, the control of which requires coordinated Community action, the national contact point of the Community early warning and response system shall provide the European Center for Disease Prevention and Control or the contact points of the Member States of the European Union or suffering from an infectious disease referred to in art. 27 sec. 4, only when it is necessary for these entities to take action to prevent and control infectious diseases and only to the extent necessary to ensure the effectiveness of these actions.

5. The costs related to the operation of the national contact point of the Community early warning and response system are financed from the state budget from the part at the disposal of the minister responsible for health.

Art. 26.

1. A doctor, medical assistant, nurse or midwife who suspects or diagnoses an infection or an infectious disease, are obliged to instruct the infected or ill with an infectious disease or a person who has legal custody of an infected or infectious minor or helpless person, or their actual guardian within the meaning of art. 3 sec. 1 point 1 of the Act of November 6, 2008 on patient's rights and the Patient's Rights Ombudsman on:

- 1) measures to prevent transmission of infection to other people;
 - 2) obligations referred to in article 1. 5 sec. 1 point 3 and point 4 lit. a and art. 6 sec. 1 points 1, 2, 4 and 5.
- 2.** In the event of diagnosing an infection that may be transmitted through sexual contact, the doctor or paramedic is obliged to inform the infected person about the necessity to visit the doctor of the infected partner or partners.
- 3.** Information about notifying the infected person about the obligation referred to in sec. 2, is entered in the medical records and confirmed by the signature of the infected.
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Art. 27.

- 1.** A doctor or a medical assistant who suspects or diagnoses an infection, an infectious disease or death due to an infection or an infectious disease, determined on the basis of par. 9, paragraph 1, is obliged to report this fact to the competent state sanitary inspector specified on the basis of paragraph 9 point 2. The report shall be made immediately, but not later than within 24 hours from the moment of suspecting or diagnosing an infection, an infectious disease or death due to an infection or an infectious disease, unless the competent state sanitary inspector is responsible for the type of infection or infectious disease decides otherwise.
- 2.** Managers of entities performing therapeutic activities ensure organizational and technical conditions necessary to fulfill the obligation referred to in par. 1, and supervise its implementation.
- 3.** (deleted)
- 4.** The report shall contain the following data of the person in whom infection or infectious disease was suspected or diagnosed, or died because of this:
- 1) name and surname;
 - 2) date of birth;
 - 3) PESEL number, and if the person has not been given this number – the series and number of the passport or the identification number of another document on the basis of which it is possible to establish personal data;
 - 3a) citizenship;
 - 4) gender;
 - 5) address of the place of residence;
 - 6) clinical diagnosis of an infection or an infectious disease, characteristics of the basic clinical symptoms, circumstances of the infection, illness or death due to an infection or an infectious disease, with particular emphasis on risk factors, biological characteristics of an infectious agent, and other information necessary for epidemiological supervision, in accordance with principles of modern medical knowledge.
- 5.** (deleted)
- 6.** (deleted)
- 7.** (deleted)
- 8.** In the event of suspicion of falling ill with a particularly dangerous and highly infectious disease or of death due to such disease of a crew member or a passenger traveling internationally:
- (1) the aircraft commander through air traffic service providers,
 - 2) the captain of the sea-going vessel in person or through the Maritime Search and Rescue Service, ship's agent or harbor master's office,
 - 3) the driver of the means of road transport,

4) tour leader or tourist guide

– is obliged to immediately report this fact to the state poviát sanitary inspector or the state border sanitary inspector competent for the planned place of crossing the state border or airport or sea port, and if the suspicion of falling ill with a particularly dangerous and highly contagious disease or death due to such disease was taken after crossing the state border – the state poviát sanitary inspector or the state border sanitary inspector competent for the place of suspicion of falling ill with such disease or death due to it.

9. The minister competent for health matters shall determine, by way of a regulation:

- 1) infections and infectious diseases in the case of which the reports referred to in sec. 1,
 - 2) the method of reporting the suspicion or diagnosis of infection, infectious disease or death due to infection or an infectious disease referred to in paragraph 1. 1, and the competent state sanitary inspectors to whom these reports are submitted,
 - 3) model forms for reporting suspicion or diagnosis of infection, infectious disease or death due to infection or infectious disease
- taking into account the need to protect personal data, create solutions enabling effective epidemiological surveillance and the degree of risk of infection or contagious disease.
-

Art. 28.

A doctor or a medical assistant who suspects or recognizes a particularly dangerous and highly infectious disease that poses a threat to public health, or who determines death as a result of such disease, takes steps to prevent the spread of the disease, including:

- 1) refer a person suspected of being infected or falling ill, or being infected or suffering from an infectious disease, to a specialist hospital ensuring the isolation and treatment of that person, and immediately inform the hospital of this fact;
 - 2) organize transport that prevents the transmission of infection to other people;
 - 3) instructs the sick person or the person with legal custody of the sick minor or the helpless person or the actual guardian within the meaning of art. 3 sec. 1 point 1 of the Act of November 6, 2008 on patient's rights and the Patient's Rights Ombudsman, relatives and persons referred to in art. 17 sec. 1a, about the obligations arising from art. 5 sec. 1;
 - 4) immediately notifies the state poviát sanitary inspector competent for the place of suspicion, diagnosis of a particularly dangerous and highly infectious disease or confirmation of death about the actions taken.
-

Art. 29.

1. A laboratory diagnostician or another person authorized to independently perform laboratory diagnostic activities, in the case of testing for a biological pathogen in accordance with the regulations issued on the basis of par. 7, paragraph 1, are required in the cases specified in these provisions to report the result of this examination to the competent state sanitary inspector specified in accordance with the provisions issued on the basis of paragraph 7 point 2. The notification shall be made immediately, but not later than within 24 hours from the moment of obtaining the result.

1a. Diagnostic laboratory managers provide organizational and technical conditions for the implementation of the obligation referred to in paragraph 1. 1, and supervise its implementation.

2. (deleted)

3. The application contains the data of the person who has been found to have tested positive for biological pathogens:

- 1) name and surname;

2) date of birth;

3) PESEL number, and if the person has not been given this number – the series and number of the passport or the identification number of another document on the basis of which it is possible to establish personal data;

3a) citizenship;

4) gender;

5) address of the place of residence;

6) the type of biological pathogen and its characteristics as well as other information essential for epidemiological supervision in accordance with the principles of modern medical knowledge.

3a. In the cases specified in the regulations issued on the basis of par. 7 point 1, copies of the laboratory test report shall be attached to the application. In this case, the notification form does not contain the data contained in the laboratory test report, with the exception of the data necessary for the electronic linking of data on cases in the register referred to in Art. 30 sec. 1.

4. (deleted)

5. (deleted)

6. (deleted)

7. The minister competent for health matters shall determine, by way of a regulation:

1) biological pathogens subject to the notification requirement referred to in para. 1, and the conditions for submitting notifications, taking into account the reporting of positive and negative results,

2) the method of reporting the results of testing for biological pathogens and the competent state sanitary inspectors to whom these reports are submitted,

3) model forms for reporting the results of testing for biological pathogens

– taking into account the degree of risk of pathogenic agents, the need to protect personal data and the creation of solutions enabling effective epidemiological supervision.

Art. 29a.

1. Within the framework of epidemiological surveillance of infections and infectious diseases, sentinel surveillance may be carried out.

2. In the supervision referred to in par. 1, are attended by:

1) research institutes and reference centers designated by the minister responsible for health, on the basis of an agreement concluded with the minister responsible for health;

2) voivodeship or poviats sanitary and epidemiological stations;

3) medical entities and doctors practicing as part of professional practice within the meaning of the provisions on medical activity, on the basis of an agreement concluded with the state sanitary inspector;

4) medical diagnostic laboratories within the meaning of the provisions on laboratory diagnostics, accredited in the scope of the subject of the study under the Act of 13 April 2016 on Conformity Assessment and Market Surveillance Systems, on the basis of an agreement concluded with the state sanitary inspector.

3. Costs of participation in sentinel supervision:

1) entities referred to in para. 2, paragraph 1, are financed from the state budget from the part that is at the disposal of the minister responsible for health;

2) entities referred to in para. 2, points 2-4, are financed from the state budget from the part at the disposal of the voivode.

4. The minister competent for health may determine, by regulation:

- 1) infections or infectious diseases supervised by sentinel,
 - 2) method of conducting sentinel supervision,
 - 3) territorial units of the country where sentinel supervision is carried out,
 - 4) tasks performed by entities participating in sentinel supervision
- having regard to the objectives of sentinel supervision and ensuring the representativeness of the data collected therein.

Art. 30.

1. County state sanitary inspectors, state provincial sanitary inspectors or specialized units indicated by them, competent with regard to the type of infection or infectious disease, and the Chief Sanitary Inspector or national specialized units designated by him, competent with regard to the type of infection or infectious disease, keep a register of infections and cases of cases of infectious disease, hereinafter referred to as "the register of infectious diseases".

2. The register of infectious diseases shall contain the following data of an infected, sick or deceased person as a result of an infectious disease, as well as of persons at risk of an infectious disease or suspected of being infected or an infectious disease:

- 1) name and surname;
- 2) date of birth;
- 3) PESEL number, and if the person has not been given this number - the type and number of the document confirming identity;
- 4) gender;
- 5) citizenship;
- 6) data on the country of origin;
- 7) address of the place of residence;
- 8) information on the suspicion or diagnosis of an infectious disease or infection or their exclusion;
- 9) date and cause of death, if applicable;
- 10) data of importance for epidemiological surveillance and the prevention and control of infectious diseases and infections, in accordance with the principles of medical knowledge, which, depending on the type of disease or infection and the circumstances, include:
 - a) characteristics of the basic clinical symptoms,
 - b) description of the circumstances of the infection, illness or death due to infection or infectious disease, with particular emphasis on risk factors,
 - c) data on belonging to the population essential for the epidemiological surveillance of a given infection or contagious disease,
 - d) data on diagnostic procedures, results of a clinical trial, additional and laboratory tests, phenotypic and genotypic characteristics of a biological pathogen, including information on drug resistance,
 - (e) data on treatment regimen and outcomes.

3. The data sources referred to in para. 2, for the register of infectious diseases, the following data are provided:

- 1) from the reports referred to in Art. 27 sec. 1, art. 29 sec. 1 and art. 40a paragraph. 1;
- 2) obtained as part of individual epidemiological supervision;
- 3) provided by the National Health Fund from medical registers containing data on health services provided;
- 4) made available from medical registers kept in the field of infectious and parasitic diseases, referred to in article 1. 19 paragraph 1a point 14 of the Act of 28 April 2011 on the information system in health care (Journal of Laws of 2020, items 702 and 1493).

4. Entities keeping a register of communicable diseases are administrators of data collected in this register. The provisions of Art. 20 paragraph 5-10 of the Act of 28 April 2011 on the information system in health care shall apply accordingly.

5. The minister competent for health shall appoint the administrator of the infectious disease registry system from among units subordinate to or supervised by this minister.

6. Data collected in the register of infectious diseases concerning persons who are blood donors or candidates for blood donors shall be made available to public blood service units within the scope and in the manner specified in the provisions on the public blood service.

7. The minister competent for health shall define, by way of a regulation, the method of keeping the register of infectious diseases and the period of storing the data contained in this register, taking into account the scope and specificity of activities carried out by entities conducting epidemiological supervision, the need to protect personal data and ensuring solutions enabling effective supervision. epidemiological and cooperation referred to in art. 24 sec. 1.

Art. 31.

1. The Chief Sanitary Inspector prepares and publishes national numerical reports on registered infections, cases and deaths from infections and infectious diseases subject to notification.

2. The Chief Sanitary Inspector may commission the preparation of the national report referred to in para. 1, to the entity indicated by them.

Art. 32.

1. In the event of obtaining data or other information on suspicions or cases of infections, illnesses or deaths due to an infectious disease, the poviast state sanitary inspector or the state border sanitary inspector, guided by his own assessment of the degree of risk to public health and the guidelines of the state sanitary inspector, based on medical knowledge. higher level, immediately verifies the information obtained, conducts an epidemiological inquiry, and then, if necessary, takes steps to prevent and combat the spread of infections and cases of this infectious disease.

2. The data and information referred to in par. 1, is obtained on the basis of:

- 1) the reports referred to in Art. 27 sec. 1 and 8 and article. 29 sec. 1 item 1;
 - 2) data obtained from individual epidemiological supervision;
 - 3) data provided by the contact points of Community and international early warning systems;
 - 4) data and information from other sources, in particular regarding epidemic outbreaks of infections and incidence of an infectious disease.
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Art. 32a.

1.The state sanitary inspector or the main sanitary inspector, in connection with the epidemiological investigation, may request information about:

- 1) people infected or suspected of being infected, sick or suspected of having an infectious disease, people who died due to an infectious disease or people suspected of such disease,
 - 2) people who may have had contact with the persons referred to in point 1,
 - 3) owners of animals that could be a source of exposure to infection or an infectious disease
- from anyone who has such data or public administration units that can determine such data.

2. The data of the persons referred to in par. 1 include:

- 1) name and surname;
- 2) date of birth;
- 3) PESEL number, and if the person has not been given this number - the series and number of the passport or the identification number of another document on the basis of which it is possible to establish personal data;
- 4) gender;
- 5) address of the place of residence;
- 6) information about the current place of stay;
- 7) contact telephone number and e-mail address or other means of electronic communication;
- 8) clinical diagnosis of infection or infectious disease and characteristics of the basic clinical symptoms and biological pathogen;
- 9) the circumstances of exposure to infection, with particular emphasis on risk factors;
- 10) domestic or international travel route and means of transport used by the sick or infected person;
- 11) the place of stay of the infected person during the brooding period.

Art. 32b.

1.In the event of a risk of spreading an infection or an infectious disease that may pose a threat to public health, in particular the occurrence of a particularly dangerous or highly contagious disease, the state district sanitary inspector or the state border sanitary inspector shall immediately report this fact to the state voivodeship sanitary inspector. and the Chief Sanitary Inspector.

2. If the epidemiological situation referred to in par. 1, may have an impact on public health on an international scale, the state poviast sanitary inspector or the state border sanitary inspector is obliged to immediately report this fact to the national central point for international health regulations, acting on the basis of separate provisions.

Art. 33.

1.The poviast state sanitary inspector or the state border sanitary inspector may, by way of a decision, impose on an infected person or a person suffering from an infectious disease, or a person suspected of being infected or having an infectious disease, or a person who has had contact with a source of a biological pathogen, the obligations specified in art. 5 sec. 1.

2. In order to prevent the spread of infections or infectious diseases, the state poviast sanitary inspector or the state border sanitary inspector may, by way of a decision:

- 1) prohibit access to contaminated rooms;
- 2) order decontamination, disinsection or deratisation of real estate or premises;
- 3) order decontamination of items, and if this is not possible – their destruction;
- 4) prohibit the use of water intended for human consumption and for economic purposes from intakes suspected of being contaminated with biological pathogens;
- 5) prohibit the consumption of food suspected of contamination, and, if necessary, order its examination, decontamination, destruction or use for other purposes;
- 6) order an autopsy of a deceased person diagnosed or suspected of having an infection or an infectious disease;
- 7) prohibit the autopsy of humans and animals when the autopsy could lead to infection of people or contamination of the environment, except when there is a suspicion that a crime has been committed.

3. The decisions referred to in para. 1 and 2 are immediately enforceable.

3a. The decisions referred to in paragraph 1. 1, issued in the case of suspected infection or a particularly dangerous and highly infectious disease, posing a direct threat to the health or life of other people:

- 1) may be transmitted in any possible way ensuring that the decision reaches the addressee, including orally;
- 2) do not require justification;
- 3) provided in a manner other than in writing, are then served in writing after the reasons preventing delivery in this way have ceased to exist.

4. In the case of construction works under the supervision of the Veterinary Inspection, the decision referred to in par. 2, is issued after consulting the district veterinarian.

5. Persons with symptoms of an infectious disease not yet recognized in the country may be subject to the obligations referred to in Art. 5 sec. 1, on the terms set out in para. 1–3.

6. (deleted)

7. If it is necessary to isolate or quarantine the persons referred to in sec. 1 and 5, the provincial governor ensures the conditions of isolation or quarantine by providing appropriate premises, equipment and delegating to work people with appropriate qualifications.

Art. 34.

1. In order to prevent the spread of infections and infectious diseases, persons suffering from an infectious disease or persons suspected of contracting an infectious disease may be subject to compulsory hospitalization, isolation or isolation at home.

2. People who have been exposed to an infectious disease or have been in contact with a source of a biological pathogen, and do not show any disease symptoms, are subject to compulsory quarantine or epidemiological supervision, if so decided by the sanitary inspection authorities for a period not longer than 21 days from the day following the last day of exposure or contact, as appropriate.

3. Compulsory quarantine or epidemiological surveillance may be applied to the same person more than once, until it is established that there is no risk to human health or life.

4. It is forbidden to leave the place:

- 1) insulation or isolation in domestic conditions,
- 2) quarantine

- unless a given person requires hospitalization or the sanitary inspection authority decides otherwise.

5 . The minister competent for health matters shall determine, by means of a regulation:

- 1) infectious diseases resulting in the obligation of hospitalization, isolation or isolation at home, and periods of isolation or isolation at home,
 - 2) duties of a doctor or a medical assistant in the event of suspicion or diagnosis of an infection or an infectious disease causing the obligation to hospitalize, isolate or isolate at home,
 - 3) the authority to which information on compulsory hospitalization, isolation or isolation in the home of a given person is provided,
 - 4) hospital obligations in the event of a person subject to compulsory hospitalization being left the hospital arbitrarily,
 - 5) infectious diseases causing the obligation to quarantine or epidemiological supervision in the persons referred to in paragraph 1. 2, and periods of compulsory quarantine
- having regard to the type of biological pathogen or infectious disease and the need to prevent and combat human infections and infectious diseases and to protect public health.
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Art. 35.

- 1.** In the event of a suspicion or diagnosis of a particularly dangerous and highly infectious disease, a doctor admitting to hospital, referring to isolation, quarantine or home isolation, based on his own assessment of the degree of risk to public health, subjects the suspected person to the for a particularly dangerous and highly infectious disease or a person at risk of infection, hospitalization, isolation, quarantine, tests or orders for isolation at home, also in the absence of a decision referred to in Art. 33 paragraph 1, and the person suspected of falling ill or at risk of infection does not consent to hospitalization, isolation, quarantine, examination or isolation at home.
 - 2 .** On the admission to the hospital or the referral to isolation, quarantine or home isolation of the person referred to in sec. 1, the doctor admitting to the hospital, referring to isolation, quarantine or isolation at home, is obliged to immediately notify the state poviát sanitary inspector competent for the hospital, place of isolation, quarantine or home isolation.
 - 3. The** notification referred to in para. 2, includes the transfer of personal data referred to in article 1. 27 sec. 4.
 - 4.** The doctor referred to in par. 2, is obliged to inform the person suspected of being sick, sick or exposed to infection and their relatives about the premises justifying the actions taken and make an appropriate entry in the medical documentation.
-

Art. 36.

- 1.** A person who does not undergo the compulsory vaccination, sanitary and epidemiological tests, sanitary procedures, quarantine or isolation of compulsory hospitalization, who is suspected or diagnosed with a particularly dangerous and highly contagious disease, posing a direct threat to the health or life of other people, may a measure of direct coercion consisting in holding, immobilizing or forcibly administering drugs should be used.
- 2.** A doctor or a medical assistant decides about the application of a direct coercive measure, who determines the type of the direct coercive measure used and personally supervises its implementation by medical professionals. Each use of a measure of direct coercion is recorded in the medical records.
- 3.** A doctor or a medical assistant may ask the Police, Border Guard or Military Police for help in applying a measure of direct coercion. Assistance is provided on condition that officers or soldiers are equipped with measures to protect against infectious diseases by that doctor or paramedic.

- 4.** Before the application of a direct coercive measure, the person to whom the direct coercive measure is to be used is informed about it and the fact is recorded in the medical records. When choosing a direct coercive measure, one should choose the least burdensome measure for this person, and when using a direct coercive measure, one should exercise particular caution and care for the welfare of this person.
 - 5.** Direct coercion involving immobilization may not be used for more than 4 hours. If necessary, the application of this obligation may be extended for further 6-hour periods, but not longer than 24 hours in total.
 - 6.** Holding is a temporary, short-term immobilization of a person with the use of physical force.
 - 7.** Immobilization is a longer-lasting incapacitation of a person with the use of belts, handles, sheets or a straitjacket.
 - 8.** Compulsory administration of a drug is an immediate or planned treatment introduction of drugs into a person's body - without the person's consent.
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Art. 37.

- 1.** Persons suspected of falling ill or suffering from an infectious disease shall be admitted to a hospital ensuring effective isolation.
 - 2.** Admitting the person referred to in par. 1, takes place:
 - 1) on the basis of a medical referral or without a referral in the event of a threat to the health or life of the patient;
 - 2) for epidemiological indications in the manner referred to in art. 33 paragraph 1, or in the cases mentioned in art. 35 sec. 1.
 - 3.** If the patient is found to have no health and epidemiological indications for hospitalization, by way of the decision referred to in Art. 33 paragraph 1, the doctor requests the state poviat sanitary inspector or the state border sanitary inspector who issued the decision to revoke the decision imposing the obligation to hospitalize.
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Art. 38.

- 1.** The costs of health services provided in order to combat infections and infectious diseases, referred to in Art. 33 and 34, as well as health services related to these infections and infectious diseases, provided:
 - 1) insured persons - are financed on the terms specified in the provisions on healthcare services financed from public funds;
 - 2) persons who are not entitled to health insurance - are financed from the state budget from the part which is at the disposal of the minister responsible for health.
 - 2.** (deleted)
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Art. 39.

- 1.** A doctor who takes care of a person subjected to hospitalization, isolation or quarantine on the basis of the decision referred to in Art. 33 paragraph 1, is required to inform that person about the reasons for the application of this measure.
- 2.** In the event of refusal to consent to hospitalization, isolation or quarantine by a person subjected to hospitalization, isolation or quarantine, the head of the medical entity in which the person is placed is obliged to notify him or her about the remedies available to him.

3. The head of the medical entity in which the decision referred to in Art. 33 paragraph 1, is obliged to notify the family or a person indicated by the person subjected to hospitalization, isolation or quarantine, to subject this person to hospitalization, isolation or quarantine.

4. Information on the performance of the activities referred to in para. 1–3, are entered in the patient's medical records.

Art. 40.

1. Compulsory treatment is for people suffering from:

- 1) pulmonary tuberculosis;
- 2) syphilis;
- 3) gonorrhea.

1a. In the event of a suspicion or diagnosis of an infection or an infectious disease referred to in para. 1, a doctor or a medical assistant is obliged to instruct the patient about the obligation referred to in sec. 1. The fact of giving the instruction is confirmed by an entry of a doctor or a medical assistant in the medical documentation and the patient's signature.

1b. In the event of a change of the entity providing the sick with health services related to the disease referred to in paragraph 1. 1, the doctor is obliged to issue a referral to the patient indicating the entity that will continue the treatment, and to notify the state poviatsanitary inspector competent for the current place of providing the health service about this fact.

1c. In the event of evasion by the persons referred to in para. 1, the doctor in charge of treatment shall immediately notify the poviatsanitary inspector competent for the place where the health service is to be provided about this fact.

2. People who have had contact with patients with pulmonary tuberculosis during the tuberculosis period, patients with syphilis, gonorrhea, typhoid fever, patients with invasive *Neisseria meningitidis* or *Haemophilus influenzae* type b infections are subject to epidemiological supervision, clinical examination, diagnostic tests, and also in if necessary, the prophylactic use of drugs.

3. The health benefits referred to in par. 1 and 2, may also include the dispensing of drugs by the entity that provided the health service.

4. The costs of health services referred to in par. 1 and 2, and health benefits related to these infections and diseases, provided to the insured, as well as the costs of the drugs referred to in paragraph 1. 3, are financed on the principles set out in the provisions on healthcare services financed from public funds.

5. The costs of health services referred to in par. 1 and 2, as well as health benefits related to these infections and infectious diseases, provided to persons who are not entitled to health insurance, as well as the costs of the drugs referred to in paragraph 1. 3, are financed from the state budget from the part that is at the disposal of the minister responsible for health.

6. (deleted)

Art. 40a.

1. A medical entity in which a doctor provides medical care over an infected person or a person suffering from an infectious disease specified in the provisions issued on the basis of par. 3, paragraph 1, or a person suspected of such an infection or illness, transfers to the competent state district sanitary inspector data on the results of treatment or on the exclusion of carriage in convalescents.

2. Only the data listed in Art. 30 sec. 2 in so far as they are necessary for the prevention and combating of infections and infectious diseases.

3. The minister competent for health matters shall determine, by way of a regulation:

- 1) a list of infections and infectious diseases referred to in para. 1,
 - 2) the scope of data from those listed in art. 30 sec. 2, the circumstances, date and manner of their transmission,
 - 3) the competence of the state sanitary inspector to receive data pursuant to para. 1
- to ensure the effectiveness of the prevention and control of these infectious diseases and infections, in line with the principles of modern medical science, and the comparability of information collected in national and international epidemiological surveillance.
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Art. 41.

1. A person infected with HIV or suffering from AIDS may restrict the data referred to in Art. 24 sec. 2 and 5, art. 27 sec. 4, art. 29 sec. 3 and art. 30 sec. 2, enabling its identification. In that case, the application or register shall contain:

- 1) initials of the name and surname or password;
- 2) age;
- 3) gender;
- 4) the name of the powiat competent for the place of residence;
- 5) clinical diagnosis of infection or infectious disease and the route of infection.

2. W przypadku stwierdzenia lub podejrzenia, że zgon nastąpił z powodu zakażenia HIV lub zachorowania na AIDS, lekarz ma obowiązek powiadomić o tym fakcie właściwego państwowego powiatowego inspektora sanitarnego. W takim przypadku zgłoszenie lub rejestr zawierają:

- 1) inicjały imienia i nazwiska lub hasło;
- 2) wiek;
- 3) płeć;
- 4) nazwę powiatu właściwego ze względu na miejsce zamieszkania;
- 5) rozpoznanie kliniczne zakażenia lub choroby zakaźnej oraz drogę zakażenia.

3. Realizacja zadań z zakresu leczenia antyretrowirusowego, w celu zapewnienia równego dostępu wszystkim zakażonym HIV i chorym na AIDS do zgodnych z wytycznymi organizacji międzynarodowych metod profilaktyki AIDS, diagnostyki i leczenia antyretrowirusowego, jest prowadzona na podstawie programu polityki zdrowotnej ustalonego przez ministra właściwego do spraw zdrowia na podstawie przepisów ustawy z dnia 27 sierpnia 2004 r. o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych.

4. Leczenie poekspozycyjne osób, które miały styczność z ludzkim wirusem niedoboru odporności (HIV), jest finansowane na zasadach określonych w art. 40 ust. 4 i 5.

5. Post-exposure prophylactic treatment of exposure to human immunodeficiency virus (HIV) resulting from an accident in the course of professional activities is financed by the employer or contracting authority.

Chapter 7 Activities of public administration in the field of preventing and combating infections and infectious diseases

Art. 42.

1. The minister competent for health may commission, by way of an agreement, the implementation of tasks in the field of protecting public health against infections and infectious diseases:

- 1) hospitals and infectious wards providing isolation and treatment of people suffering from infectious diseases and providing round-the-clock consultations with medical specialists in the field of infections and infectious diseases;
- 2) clinics and consultation points in the field of infections and infectious diseases and preventive vaccinations.

2. To the scope of the tasks referred to in para. 1, in particular:

- 1) maintaining readiness to perform health services 24 hours a day and on statutory holidays, including medical consultations in the field of infections and infectious diseases;
- 2) maintaining readiness to increase the number of health services provided to the extent and number specified in the contract referred to in paragraph 1. 1;
- 3) storing stocks of medicinal products and medical devices, in vitro diagnostic medical devices, accessories for medical devices, accessories for in vitro diagnostic medical devices and active implantable medical devices, within the meaning of the provisions of the Act of 20 May 2010 on medical devices, and other necessary devices and equipment in the amount ensuring the provision of health services, referred to in points 1 and 2, for at least 3 days;
- 4) storage of personal protective equipment and protective clothing for employees in an amount sufficient to perform health services referred to in items 1 and 2, for at least 3 days;
- 5) constant monitoring and analysis of the epidemiological situation in the direction of the possibility of ensuring the provision of health services in the event of suspicion or diagnosis of an infection or an infectious disease in a person or group of persons;
- 6) providing sanitary transport, with particular emphasis on the transport of patients suffering from particularly dangerous and highly infectious diseases;
- 7) documenting the performed tasks and submitting reports on their implementation within the time limit specified in para. 4.

3. The minister competent for health issues, by way of an announcement, in the Official Journal of the Republic of Poland "Monitor Polski":

- 1) a list of hospitals and infectious wards, referred to in para. 1 paragraph 1, with particular emphasis on infectious hospitals and departments providing the possibility of hospitalization of patients with highly infectious and particularly dangerous diseases;
- 2) a list of clinics and consultation points in the field of infections and infectious diseases and vaccinations referred to in paragraph 1. 1 point 2.

4. The units referred to in par. 1, submit to the minister competent for health, by March 31 of each year, a report on the implementation, in the previous year, of tasks related to the protection of public health against infections and infectious diseases.

5. The minister competent for health matters shall define, by way of a regulation, the procedure for concluding contracts in order to perform the tasks referred to in par. 2, and the method of their financing, with a view to ensuring effective epidemiological surveillance and the protection of public health.

Art. 43.

The units referred to in article 1. 42 sec. 1, while performing tasks in the field of protecting public health against infections and infectious diseases, cooperate with:

- 1) the State Sanitary Inspection and the Military Sanitary Inspection;

2) units of the State Medical Rescue System, referred to in the Act of 8 September 2006 on the State Medical Rescue (Journal of Laws of 2020, item 882);

3) entities referred to in Art. 7 sec. 1 points 1, 2 and 4–8 of the Act of 20 July 2018 – Law on Higher Education and Science (Journal of Laws of 2020, items 85, 374, 695, 875 and 1086);

4) the National Health Fund;

5) entities included in the international epidemiological supervision;

6) local government authorities;

7) Police, State Fire Service and Border Guard.

Art. 44.

1. In order to ensure the effectiveness of measures to protect public health against infections and infectious diseases, the voivode draws up a voivodship action plan in the event of an epidemic, hereinafter referred to as the "plan", for a period of three years, with the possibility of updating.

2. The plan includes:

1) charakterystykę potencjalnych zagrożeń dla życia lub zdrowia mogących wystąpić na obszarze województwa, w tym analizę ryzyka wystąpienia zakażeń i chorób zakaźnych u ludzi;

2) wykaz i rozmieszczenie na obszarze województwa zakładów leczniczych podmiotu leczniczego i innych obiektów użyteczności publicznej, które mogą zostać przeznaczone do leczenia, izolowania lub poddawania kwarantannie;

3) liczbę osób, które mogą zostać poddane leczeniu, izolacji lub kwarantannie w zakładach leczniczych podmiotu leczniczego i innych obiektach użyteczności publicznej;

4) imienne listy osób, które mogą zostać skierowane do działań służących ochronie zdrowia publicznego przed zakażeniami i chorobami zakaźnymi;

5) inne informacje służące ochronie zdrowia publicznego oraz niezbędne do sporządzenia planu.

3. Plan jest przygotowywany i aktualizowany na podstawie danych i informacji uzyskanych z jednostek samorządu terytorialnego, podmiotów leczniczych i innych dysponentów obiektów użyteczności publicznej.

4. Podmioty, o których mowa w ust. 3, na pisemne żądanie wojewody, przekazują dane wskazane w ust. 7 oraz informacje niezbędne do sporządzenia planu, dotyczące w szczególności:

1) nazwy i lokalizacji zakładu leczniczego podmiotu leczniczego lub obiektu użyteczności publicznej;

2) rozmieszczenia oraz powierzchni pomieszczeń wchodzących w skład zakładu leczniczego podmiotu leczniczego lub obiektu użyteczności publicznej;

3) szacunkowej liczby osób, które mogą zostać przyjęte do leczenia, izolacji lub poddawania kwarantannie.

5. W przypadku zmiany danych lub informacji, podmioty, o których mowa w ust. 3, są zobowiązane do niezwłocznego ich przekazania wojewodzie.

6. Wojewoda podaje plan do publicznej wiadomości, w szczególności przez zamieszczenie w Biuletynie Informacji Publicznej, z wyjątkiem danych podlegających ochronie w rozumieniu przepisów o ochronie danych osobowych.

7. Listy osób, o których mowa w ust. 2 pkt 4, zawierają dane:

1) imię i nazwisko;

2) wykonywany zawód;

3) datę urodzenia;

4) numer PESEL, a w przypadku gdy osobie nie nadano tego numeru – serię i numer paszportu albo numer identyfikacyjny innego dokumentu, na podstawie którego jest możliwe ustalenie danych osobowych;

5) płeć;

6) adres miejsca zamieszkania.

Art. 44a.

1. Jeżeli użycie innych sił i środków jest niemożliwe lub może okazać się niewystarczające, Minister Obrony Narodowej może przekazać do dyspozycji Głównego Inspektora Sanitarnego lub wojewody, na którego obszarze podejmowane są działania związane ze stanem zagrożenia epidemicznego, stanem epidemii albo w razie niebezpieczeństwa szerzenia się zakażenia lub choroby zakaźnej, które może stanowić zagrożenie dla zdrowia publicznego, w szczególności wystąpienia choroby szczególnie niebezpiecznej lub wysoce zakaźnej, pododdziały lub oddziały Sił Zbrojnych Rzeczypospolitej Polskiej, wraz ze skierowaniem ich do wykonywania zadań z tym związanych.

2. W przypadku, o którym mowa w ust. 1, pododdziały i oddziały Sił Zbrojnych Rzeczypospolitej Polskiej pozostają pod dowództwem przełożonych służbowych i wykonują zadania określone przez Głównego Inspektora Sanitarnego lub wojewodę.

Art. 45.

(uchylony)

Rozdział 8 Zasady postępowania w razie stanu zagrożenia epidemicznego i stanu epidemii

Art. 46.

1. Stan zagrożenia epidemicznego lub stan epidemii na obszarze województwa lub jego części ogłasza i odwołuje wojewoda, w drodze rozporządzenia, na wniosek państwowego wojewódzkiego inspektora sanitarnego.

2. Jeżeli zagrożenie epidemiczne lub epidemia występuje na obszarze więcej niż jednego województwa, stan zagrożenia epidemicznego lub stan epidemii ogłasza i odwołuje, w drodze rozporządzenia, minister właściwy do spraw zdrowia w porozumieniu z ministrem właściwym do spraw administracji publicznej, na wniosek Głównego Inspektora Sanitarnego.

3. Ogłaszając stan zagrożenia epidemicznego lub stan epidemii, minister właściwy do spraw zdrowia lub wojewoda mogą nałożyć obowiązek szczepień ochronnych na inne osoby niż określone na podstawie art. 17 ust. 9 pkt 2 oraz przeciw innym zakażeniom i chorobom zakaźnym, o których mowa w art. 3 ust. 1.

4. W rozporządzeniach, o których mowa w ust. 1 i 2, można ustanowić:

1) czasowe ograniczenie określonego sposobu przemieszczania się,

2) czasowe ograniczenie lub zakaz obrotu i używania określonych przedmiotów lub produktów spożywczych,

3) czasowe ograniczenie funkcjonowania określonych instytucji lub zakładów pracy,

4) zakaz organizowania widowisk i innych zgromadzeń ludności,

- 5) obowiązek wykonania określonych zabiegów sanitarnych, jeżeli wykonanie ich wiąże się z funkcjonowaniem określonych obiektów produkcyjnych, usługowych, handlowych lub innych obiektów,
- 6) nakaz udostępnienia nieruchomości, lokali, terenów i dostarczenia środków transportu do działań przeciwepidemicznych przewidzianych planami przeciwepidemicznymi,
- 7) obowiązek przeprowadzenia szczepień ochronnych, o których mowa w ust. 3, oraz grupy osób podlegające tym szczepieniom, rodzaj przeprowadzanych szczepień ochronnych

- having regard to the routes of spread of infections and infectious diseases and the epidemic situation in the area where an epidemic emergency or epidemic has been declared.

5. The regulations referred to in par. 1 and 2 are:

- 1) immediately announced in the appropriate official journal, in accordance with the provisions on publication of normative acts;
- 2) come into force on the day of their announcement.

6. The voivode is obliged to inform the citizens about the obligations arising from the provisions referred to in sec. 1-4, in a manner customary in a given area.

Art. 46a.

In the event of an epidemic or epidemic threat of a nature and size exceeding the capacity of the competent government administration bodies and local government units, the Council of Ministers may determine, by way of a regulation, on the basis of data provided by the minister responsible for health, the minister responsible for internal, the minister responsible for public administration, the Chief Sanitary Inspector and voivodes:

1) the endangered area together with an indication of the type of zone in which the epidemic or epidemic threat occurred,

2) type of applied solutions – to the extent specified in art. 46b

- taking into account the scope of applied solutions and taking into account the current possibilities of the state budget and budgets of local government units.

Art. 46b.

In the regulation referred to in Art. 46a, you can establish:

- 1) limitations, obligations and orders referred to in art. 46 sec. 4;
- 2) temporary limitation of certain scopes of activity of entrepreneurs;
- 3) temporary regulation of the supply of certain types of articles;
- 4) the obligation to undergo medical examinations by sick and suspected persons;
- 4a) the obligation to apply specific preventive measures and treatments;
- 5) an obligation to submit to quarantine;
- 6) place of quarantine;
- 7) (deleted)
- 8) temporary limitation of the use of premises or land and the obligation to secure them;
- 9) an evacuation order at a specified time from specific places, areas and facilities;
- 10) an order or prohibition to stay in specific places and facilities and in specific areas;

- 11) the sick and suspected of having the disease must not leave the zero zone;
 - 12) an order for a specific method of movement;
 - 13) an order to cover the mouth and nose, in certain circumstances, places and objects and in specific areas, together with the manner of carrying out this order.
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Art. 46ba.

In the case of announcing the state of epidemic threat or state of epidemic, the minister competent for health may determine, by regulation, simplified types and scope of medical documentation, simplified method of its processing and shortened storage period, valid from the date of announcement of the state of epidemic threat or state of epidemic, taking into account the need to quickly and effectively take action to prevent the spread of the epidemic and to protect data and information on the patient's health.

Art. 46bb.

Failure to comply with the obligation referred to in Art. 46b point 13, is a justified reason for the refusal to sell referred to in art. 135 of the Act of May 20, 1971 – Code of Petty Offenses (Journal of Laws of 2019, item 821, as amended).

Art. 46c.

1. Public procurement provisions shall not apply to contracts for services, supplies or works awarded in connection with the prevention or combating of an epidemic in an area where an epidemic threat or state of an epidemic has been announced.

2. In the case referred to in par. 1, shall not apply:

- 1) the condition of obtaining an opinion on the advisability of the investment referred to in article 1. 95d paragraph. 1 of the Act of 27 August 2004 on health care benefits financed from public funds, if the construction, reconstruction or renovation is an investment referred to in art. 95d paragraph. 1 of this act;
- 2) the provisions of § 6 sec. 1 point 1 lit. b, c and f, points 2 and 3 of the regulation issued on the basis of art. 134 of the Act of 27 August 2009 on Public Finance (Journal of Laws of 2019, item 869, as amended).

3. During the period of announcing the state of an epidemic threat or state of an epidemic for the design, construction, reconstruction, renovation, maintenance and demolition of buildings, including changes in the manner of use, by entities performing medical activities or other entities in connection with the implementation of tasks covered by the obligation or an order issued on the basis of art. 10d or article. 11h of the Act of March 2, 2020 on special solutions related to the prevention, counteracting and combating COVID-19, other infectious diseases and crisis situations caused by them (Journal of Laws, items 1842 and 2112), in connection with counteracting an epidemic, no the provisions of the Act of July 7, 1994 – Construction Law (Journal of Laws of 2020, item 1333), the Act of March 27, 2003 on spatial planning and development (Journal of Laws of 2020, items 293, 471, 782, 1086 and 1378) and the planning acts referred to in this Act, the Act of 23 July 2003 on the protection and care of monuments (Journal of Laws of 2020, items 282, 782 and 1378), and in the case of the need to expand the base for the provision of health services, including provisions issued on the basis of art. 22 sec. 3, 4 and 4a of the Act of 15 April 2011 on medical activities. Derogation from the application of the provisions referred to in the first sentence requires the consent of the voivode. about medical activities. Derogation from the application of the provisions referred to in the first sentence requires the consent of the voivode. about medical activities. Derogation from the application of the provisions referred to in the first sentence requires the consent of the voivode.

4. Carrying out construction works and changing the use of a building object or its part in connection with counteracting an epidemic require the architectural and construction administration authority to be immediately notified.

5. In the information referred to in par. 4, you must specify:

- 1) the type, scope and manner of performing construction works and the date of their commencement – in the case of construction works;
- 2) the current and intended use of the work or part thereof – in the event of a change in the method of use.

6 . If the construction works referred to in par. 4, causes a threat to human life or health, the architectural and construction administration authority, by way of a decision subject to immediate execution, shall immediately determine the requirements for the necessary safeguards for their conduct.

7. In the case of conducting construction works in connection with counteracting epidemics, the commencement of which, in accordance with the provisions of the Act of 7 July 1994 – Construction Law, requires obtaining a building permit, the investor is obliged to ensure that the management and supervision over these works are taken over. by a person with building qualifications in the relevant specialties referred to in art. 15a of this act.

Art. 46d.

1. In order to prevent and combat human infections and infectious diseases, the minister competent for health may instruct the Governmental Agency for Strategic Reserves to make available the necessary assortment of strategic reserves, specifying:

- 1) the type of this assortment and its quantity;
- 2) the body for which the strategic reserves will be made available, or the entity to which the made strategic reserves will be released for use.

1a. The Governmental Agency for Strategic Reserves may commission the transport of the provided assortment of strategic reserves referred to in para. 1, and its transfer to the entity referred to in para. 1 point 2.

1b. Transport costs of the assortment referred to in paragraph 1A, are financed from the state budget based on the average rates used in the relations of a given type at that time.

2. To provide the assortment referred to in paragraph 1, the provisions of the Act on strategic reserves shall not apply.

3. The Governmental Agency for Strategic Reserves is obliged to recreate the assortment of strategic reserves made available on the basis of par. 1, as soon as possible.

4.The minister competent for health, in order to perform the tasks specified in this Act, may impose on the Government Strategic Reserves Agency the obligation to establish, within a specified time and quantity, strategic reserves of the assortment necessary to prevent and combat human infections and infectious diseases and to maintain of this assortment in strategic reserves.

5. If the creation of strategic reserves referred to in para. 4, or the reconstruction of strategic reserves referred to in para. 3, is not possible within the specified period, the competent minister or the minister competent for health, by way of an administrative decision, manages the acquisition for the benefit of the State Treasury of a given assortment referred to in paragraph 1. 1. The acquired assortment becomes strategic reserves within the meaning of separate regulations. The decision is immediately enforceable on the date of its announcement in the manner specified in paragraph 6. The decision is delivered immediately.

6. The minister referred to in para. 5, make public the information about issuing the decision referred to in para. 5, by announcing in the Public Information Bulletin of the office supporting this minister the name of the product, product, agent, equipment or medical apparatus, the name of the manufacturer, importer, exporter, producer, distributor, responsible entity, license holder or parallel trade permit, respectively, and if applicable: type of package, its size and batch number.

7. In the event of issuing the decision referred to in para. 5, the product, product, agent, equipment or medical apparatus shall be secured. The collateral is financed from the state budget based on the average rates applied in a given type of relationship.

8. In the event of a shortage of medicinal products, foodstuffs for particular nutritional uses, medical devices or personal protective equipment necessary for patients or equipment necessary for running a business, the minister competent for health will order the release of these products, agents, equipment or devices from the Government in the necessary quantities. Strategic Reserves Agency for medical entities running hospitals, sanitary and epidemiological stations, generally accessible pharmacies, pharmacy points or nursing homes.

9. In the event of announcing an epidemic threat or an epidemic, the execution of the decision on the establishment of strategic reserves, at the request of the minister competent for health or as a result of the obligation referred to in par. 4, takes place with the exception of art. 13 sec. 5 of the Act of 17 December 2020 on strategic reserves (Journal of Laws of 2021, item 255) and provisions on public procurement.

10. In the cases referred to in sec. 9, the Governmental Agency for Strategic Reserves purchases a specific number of assortments for reserves with priority over other entities.

Art. 46e.

Shared from strategic reserves:

- 1) medicinal products,
 - 2) foodstuffs for particular nutritional uses and medical devices, if they require storage in special conditions
- are distributed on the terms specified in the Act of 6 September 2001 – Pharmaceutical Law.

Art. 46f.

1. Medicinal products, foodstuffs for particular nutritional uses, medical devices, biocidal products and personal protective equipment which:

- 1) have been made available pursuant to art. 46d paragraph. 1 or on the basis of the provisions on strategic reserves,
 - 2) constitute the property of the State Treasury on the basis of other than the provisions on strategic reserves
- specified in the notice referred to in para. 2, may be issued to patients from sanitary and epidemiological stations, pharmacies or pharmacy points free of charge only on the basis of the patient's PESEL number.

2. The minister competent for health may specify in the announcement:

- 1) wykaz produktów leczniczych, środków spożywczych specjalnego przeznaczenia żywieniowego, wyrobów medycznych, produktów biobójczych i środków ochrony osobistej, które podlegają wydaniu w sposób określony w ust. 1, oraz dane je identyfikujące;
- 2) ilość produktu leczniczego, środka spożywczego specjalnego przeznaczenia żywieniowego, wyrobu medycznego, produktu biobójczego i środka ochrony osobistej, jaki podlega wydaniu w sposób określony w ust. 1, na jednego pacjenta w danej jednostce czasu.

3. Osoba wydająca produkty lecznicze, środki spożywcze specjalnego przeznaczenia żywieniowego, wyroby medyczne, produkty biobójcze i środki ochrony osobistej ma obowiązek wydać je, po uprzednim sprawdzeniu w systemie teleinformatycznym udostępnionym przez jednostkę podległą ministrowi właściwemu do spraw zdrowia właściwą w zakresie systemów informacyjnych ochrony zdrowia czy dla pacjenta o danym nr PESEL nie nastąpiło już wydanie produktów, środków i wyrobów objętych obwieszczeniem, o którym mowa w ust. 2. Ponadto, osoba wydająca jest obowiązana do umieszczenia w tym systemie teleinformatycznym informacji o wydaniu dla pacjenta o danym nr PESEL produktów, środków i wyrobów objętych obwieszczeniem, o którym mowa w ust. 2. W przypadku, gdy są one wydawane osobie innej niż pacjent, odnotowaniu podlega również nr PESEL tej osoby.

4. The announcement referred to in para. 2, shall be announced in the official journal of the minister responsible for health.

Art. 46g.

Medicinal products, foodstuffs for particular nutritional uses, medical devices, biocidal products and personal protective equipment, which are the property of the State Treasury on the basis of other than the provisions on strategic reserves, may be sold by the minister responsible for health or entities authorized by him, to entities other than those specified in Art. 46f.

Art. 47.

1. Employees of medical entities, persons practicing medical professions and persons with whom contracts for the provision of health services have been signed, may be assigned to work in combating epidemics. Other people may also be referred to work on combating the epidemic, if their referral is justified by the current needs of the entities managing the epidemic.

1a. The local governments of medical professions provide, at the request of the provincial governor or the minister responsible for health, within 7 days from the date of receipt of the request, a list of medical professionals who may be assigned to work in combating the epidemic, containing: name, surname, address of the place of residence and the number of the license to practice a medical profession, if granted.

2. A referral to work in combating an epidemic is made by way of a decision.

2a. The person referred to in par. 3 points 1, 2a and 2b, upon your application submitted to the voivode. The provision of paragraph 2 applies.

3. Referral to work involving the risk of infection in combating an epidemic does not apply to:

1) persons under the age of 18 or 60 for women or 65 for men;

2) pregnant women;

2a) single parents of a child up to 18 years of age;

2B) people raising a child up to 14 years of age;

2 c) persons bringing up a child with a certificate of disability or a certificate of the need for special education;

3) persons diagnosed with partial or total incapacity for work;

4) invalids and people with diagnosed chronic diseases, the course of which is affected by an infection or contracting an infectious disease which is the cause of the epidemic, or the affirmative chronic disease affects the course or contraction of an infectious disease;

5) persons referred to in art. 2 of the Act of July 31, 1981 on the Remuneration of Persons Holding State Managerial Positions (Journal of Laws of 2020, item 1637), and deputies and senators of the Republic of Poland.

3a. If a child under 18 is brought up by two persons who have parental responsibility, only one of them may be assigned to fight the epidemic.

3b. A decision on the disease referred to in paragraph 1. 3, paragraph 4, shall be issued by the doctor referred to in Art. 14 sec. 1 of the Act of 17 December 1998 on pensions and pensions from the Social Insurance Fund (Journal of Laws of 2020, items 53, 252, 568, 1222 and 1578).

4. The decision to put to work in combating the epidemic in the voivodeship where the person referred has his place of residence or is employed is issued by the competent voivode, and in the event of a job in another voivodship – the minister competent for health matters.

4a. The voivode and the minister competent for health shall process personal data contained in the lists referred to in para. 1a, and obtained in the proceedings for the referral to work in combating the epidemic.

4b. The decision referred to in para. 2, is issued in the case of:

- 1) police officers – after obtaining a positive opinion of the Police Commander in Chief;
- 2) Border Guard officers – after obtaining a positive opinion of the Border Guard Commander in Chief;
- 3) firefighters serving in the State Fire Service – after obtaining a positive opinion of the Commander-in-Chief of the State Fire Service;
- 4) officers of the State Protection Service – after obtaining a positive opinion of the Commander of the State Protection Service;
- 5) professional soldiers – after obtaining a positive opinion of the Minister of National Defense;
- 6) officers of the Military Counterintelligence Service – after obtaining a positive opinion from the Head of the Military Counterintelligence Service;
- 7) officers of the Military Intelligence Service – after obtaining a positive opinion from the Head of the Military Intelligence Service;
- 8) officers of the Prison Service – after obtaining a positive opinion from the Director General of the Prison Service.

4c. The opinion referred to in paragraph 1. 4b, is issued at the request of the manager of the medical entity indicating the expected number of working hours, at least 40 hours a week, in excess of the amount resulting from the current form of providing services, if the person referred to in sec. 4b, it provides such services.

4d. In the case of employees of the Ministry of National Defense and organizational units subordinate to or supervised by the Minister of National Defense, employees of the Military Counterintelligence Service and employees of the Military Intelligence Service, the decision referred to in para. 2, is issued after obtaining a positive opinion, respectively, of the Minister of National Defense, the Head of the Military Counterintelligence Service or the Head of the Military Intelligence Service. The provision of paragraph 4c shall apply accordingly.

5. The decision of the voivode may be appealed against to the minister responsible for health.

5a. As part of the procedure for considering the appeal referred to in para. 5, or an application for reconsideration of the case:

- 1) the voivode may apply to a voivodship consultant,
- 2) the minister competent for health may apply to the national consultant

– in the field of medicine to which a chronic disease relates or in the field of infectious diseases, in order to obtain a decision on the disease referred to in paragraph 3 point 4.

5b. The decision of the competent provincial consultant or the competent national consultant in the field of medicine to which the chronic disease relates, or in the field of infectious diseases, referred to in paragraph 1. 5A, is issued within 14 days from the date of receipt of the application.

6. The lodging of an appellate measure shall not stay the execution of the decision.

6a. The decisions referred to in paragraph 1. 4:

- 1) may be transmitted in any possible way ensuring that the decision reaches the addressee, including orally;
- 2) do not require justification;
- 3) provided in a manner other than in writing, are then served in writing after the reasons preventing delivery in this way have ceased to exist.

7. The decision to put to work in combating an epidemic creates an obligation to work for a period of up to 3 months in a medical entity or in another organizational unit indicated in the decision.

8. The person referred to work in combating the epidemic is obliged to grant unpaid leave for the period specified in the decision referred to in sec. 2. The period of unpaid leave is included in the period of work on which the employee's rights depend on the employer.

8a. The period of incapacity for work is not included in the period of referral to work in combating an epidemic.

9. The medical entity or organizational unit referred to in par. 7, establish an employment relationship with the person referred to work for the duration of specific work, for a period not longer than indicated in the decision.

10. A person posted to work on the basis of the decision referred to in paragraph 1. 2, is entitled to basic salary in the amount of not less than 200% of the average basic salary provided for the job position in the establishment indicated in this decision or in another similar establishment, if there is no such position in the establishment indicated. The salary may not be lower than the salary or the basic salary together with bonuses to the fixed salary, which the person referred to work in combating the epidemic received in the month preceding the month in which the decision was issued to put them to work in combating the epidemic. Persons whose remuneration has been determined on the basis of the basic salary and supplements to the permanent salary,

10a. The persons referred to in paragraph 1. 4b, referred to work in combating the epidemic, are exempt from the service while retaining the right to the due basic salary along with bonuses to the fixed salary in the amount due in the month preceding the month of referral and receive the remuneration referred to in sec. 10.

10b. (deleted)

10c. Towards a police officer, an officer of the Border Guard, a firefighter serving in the State Fire Service, an officer of the Prison Service, an officer of the State Protection Service, a professional soldier, an officer of the Military Counterintelligence Service and an officer of the Military Intelligence Service sent to work on the basis of the decision referred to in section 2, the provision of Art. 62 sec. 1 of the Act of April 6, 1990 on the Police (Journal of Laws of 2020, items 360, 956, 1610, 2112 and 2320), art. 67 of the Act of October 12, 1990 on the Border Guard (Journal of Laws of 2020, items 305, 1610, 2112 and 2320 and of 2021, item 11), art. 57a paragraph. 1 of the Act of August 24, 1991 on the State Fire Service (Journal of Laws of 2020, items 1123, 1610 and 2112), art. 160 sec. 1 of the Act of April 9, 2010 on the Prison Service (Journal of Laws of 2020, item 848, 1610, 2112 and 2320 and of 2021, item 180), art. 138 of the Act of December 8, 2017 on the State Protection Service (Journal of Laws of 2020, Journal of Laws – 2 – Item 180, items 384, 695, 1610, 2112 and 2320 and of 2021, item 11) , art. 56 of the Act of 11 September 2003 on the military service of professional soldiers (Journal of Laws of 2020, items 860, 2112 and 2320 and of 2021, item 159) and Art. 39 of the Act of June 9, 2006 on the service of officers of the Military Counterintelligence Service and the Military Intelligence Service (Journal of Laws of 2020, items 1221 and 2112). on military service of professional soldiers (Journal of Laws of 2020, items 860, 2112 and 2320 and of 2021, item 159) and Art. 39 of the Act of June 9, 2006 on the service of officers of the Military Counterintelligence Service and the Military Intelligence Service (Journal of Laws of 2020, items 1221 and 2112). on military service of professional soldiers (Journal of Laws of 2020, items 860, 2112 and 2320 and of 2021, item 159) and Art. 39 of the Act of June 9, 2006 on the service of officers of the Military Counterintelligence Service and the Military Intelligence Service (Journal of Laws of 2020, items 1221 and 2112).

11. The person referred to in sec. 10, are entitled to reimbursement of the costs of travel, accommodation and meals, on the terms set out in the provisions on the determination and amount of receivables due to employees of state units for business trips within the territory of the country. The reimbursement of costs for accommodation or meals is not payable if free accommodation or meals are provided at the place of work.

12. The costs of health services provided in connection with fighting the epidemic and the costs referred to in par. 10 and 11, are financed from the state budget from the part, which is at the disposal of the voivode competent for the place of granting benefits.

13. For the duration of the obligation referred to in para. 7, with a person directed to work in combating the epidemic, the current employment relationship may not be terminated, or the employment contract may not be terminated, unless there is a basis for termination of the employment contract without notice due to the fault of the employee or in the event of a change or revocation of the decision. The provisions of Art. 63–67 of the Act of June 26, 1974 – Labor Code (Journal of Laws of 2020, item 1320) shall apply accordingly.

14. In the event of an epidemic threat or state of epidemic declaration:

- 1) students of fields of study preparing to perform a medical profession,
- 2) doctoral students in the field of medical sciences and health sciences in scientific disciplines: medical sciences, pharmaceutical sciences and health sciences,

- 3) persons training in the medical profession,
- 4) persons with education in the medical profession, who completed their training in this profession within the last 5 years,
- 5) paramedics referred to in art. 13 of the Act of September 8, 2006 on the State Medical Rescue – may participate in the provision of health services provided in connection with the announcement of an epidemic threat or state of an epidemic, on the basis of a decision on referral to work in combating an epidemic, referred to in paragraph 2.

15. At the request of the voivode or the minister responsible for health:

- 1) rectors of universities providing education in the fields referred to in para. 14 point 1, or doctoral studies in the field of medical sciences in the disciplines referred to in para. 14 point 2,
- 2) directing entities educating in medical professions other than indicated in point 1,
- 3) entities conducting examinations ending with obtaining the title of a lifeguard referred to in art. 13 of the Act of September 8, 2006 on the State Medical Rescue – provide, within 7 days from the date of receipt of the application, lists of students and doctoral students, medical students and people who have obtained the title of paramedic, including: name, surname, PESEL number and address of the place of residence of a given person, if the person obliged to provide the data has this address. If so indicated in the application, the obliged entity also provides the data of persons who completed their education in the medical profession within the period specified in the application, not longer than 5 years.

16. The persons referred to in sec. 14, take part in the provision of health services under the direct supervision of a medical professional competent for the type of service.

17. The tasks to which the persons referred to in para. 14, as part of their work in combating epidemics, are adapted to the level of their knowledge and skills.

18. The period of work of students, doctoral students and medical students referred to in para. 14, in combating the epidemic, is counted towards the completion of the appropriate part of the classes or groups of classes that develop practical skills, including practical classes and apprenticeships.

19. Persons referred to in sec. 14, basic remuneration for work in combating the epidemic determined in accordance with paragraph 1. 10.

Art. 47a.

During the announcement of an epidemic threat or an epidemic, the provisions of art. 95–99 of the Act of 15 April 2011 on medical activity (Journal of Laws of 2020, items 295, 567 and 1493) shall apply to employees performing a medical profession within the meaning of Art. 2 point 3 of the Act of 8 June 2017 on the method of determining the lowest basic salary of certain employees employed in healthcare entities (Journal of Laws of 2020, item 830) employed in healthcare entities providing services around the clock.

Art. 47b.

1. In particularly justified cases related to the need to prevent and combat infections and infectious diseases in humans, including in the event of refusal to perform the obligation or command referred to in art. 42 of the Act of August 14, 2020 amending certain acts to ensure the functioning of health protection in connection with the COVID-19 epidemic and after its cessation (Journal of Laws, item 1493) or Art. 10d and art. 11h of the Act of March 2, 2020 on special solutions related to the prevention, counteracting and combating COVID-19, other infectious diseases and crisis situations caused by them, or their improper performance by the medical entity running the hospital, the minister competent for health may suspend, by way of a decision, the head of the medical entity running the hospital, in the exercise of rights and obligations and appoint a representative to perform them, notifying the competent voivode and the authority appointing the suspended manager about it. This decision is immediately enforceable.

2. W decyzji, o której mowa w ust. 1, minister właściwy do spraw zdrowia określa:

- 1) dane podmiotu leczniczego, w którym wyznacza pełnomocnika;
- 2) imię i nazwisko oraz numer PESEL kierownika podmiotu leczniczego zawieszanego w wykonywaniu praw i obowiązków;

- 3) okres zawieszenia kierownika, o którym mowa w pkt 2;
- 4) imię i nazwisko oraz numer PESEL pełnomocnika, o którym mowa w ust. 1.

3. Decyzja, o której mowa w ust. 1, wygasa po upływie 30 dni od dnia odwołania stanu zagrożenia epidemicznego lub stanu epidemii.

4. Od decyzji, o której mowa w ust. 1, podmiot tworzący w rozumieniu ustawy z dnia 15 kwietnia 2011 r. o działalności leczniczej, rada nadzorcza, komisja rewizyjna albo wspólnik mający prawo prowadzenia spraw spółki lub jej reprezentowania może wnieść skargę do sądu administracyjnego w terminie 7 dni od daty doręczenia decyzji. Wniesienie skargi nie wstrzymuje wykonania decyzji. Przepisu art. 127 § 3 ustawy z dnia 14 czerwca 1960 r. – Kodeks postępowania administracyjnego (Dz. U. z 2020 r. poz. 256, 695 i 1298) nie stosuje się.

5. An attorney may be a person who:

- 1) has higher education;
- 2) has knowledge and experience which guarantee the proper performance of the manager's duties;
- 3) has experience in working in a managerial position or completed postgraduate studies in management and at least three years of work experience;
- 4) has not been legally convicted of a crime committed intentionally.

6. The person referred to in sec. 5, makes a declaration of no conviction for an offense committed intentionally under pain of criminal liability for making false statements. The person submitting the declaration is obliged to include the following clause: "I am aware of the criminal liability for submitting a false declaration.". This clause replaces the instruction of the authority on criminal liability for submitting false statements.

7. The plenipotentiary, during the period for which he has been appointed:

- 1) has the right to manage the medical entity's affairs and represent it;
- 2) is responsible for the management of the medical entity.

8. For the period of appointing the representative, the powers of other organs of the medical entity are suspended.

9. The representative, in the event of submitting the application pursuant to Art. 174 § 1 of the Act of June 26, 1974 – Labor Code, unpaid leave is granted for the period of performing this function.

10. The period of unpaid leave granted on the basis of par. 9 is included in the period of work on which the employee's rights depend.

11. The remuneration of the plenipotentiary is determined by the minister competent for health matters. The attorney's remuneration costs are covered from the state budget from the part at the disposal of the minister responsible for health.

12. In the event of suspension of the head of the medical entity referred to in par. 1, this person retains the right to remuneration. This remuneration is paid by the health care entity in which the head who is suspended from the performance of rights and obligations is employed.

13. The attorney is obliged to redress the damage caused by unlawful action or omission in the performance of the tasks referred to in para. 7.

14. The State Treasury is jointly and severally liable for the damage with the attorney. In the event of compensation for damage, the State Treasury has a recourse to the attorney, unless the damage arose solely as a result of the attorney's compliance with the instructions of the minister responsible for health. In the event of compensation for damage, the attorney has a recourse to the State Treasury if the damage arose solely as a result of the attorney's compliance with the instructions of the minister responsible for health. ";

Art. 47c.

In the event of an epidemic threat or state of epidemic, the lifeguard referred to in art. 13 of the Act of 8 September 2006 on the State Medical Rescue, units:

- 1) cooperating with the system of the State Medical Rescue, referred to in article 1.15 sec. 1 items 1-4 of this Act,
- 2) subordinate to the Minister of National Defense

- may collect material from the upper respiratory tract in order to perform a diagnostic test for SARS-CoV-2 after training in this unit, including the procedure of collecting the material and its protection, and the safety of people downloading, confirmed by a certificate.

Art. 48.

Employees of health care entities and other persons who undertake activities in order to prevent and combat infectious diseases and infections in humans under the principles set out in this Act are entitled to legal protection due to a public official.

Chapter 8a. Financial penalties

Art. 48a.

1. Whoever in a state of epidemic threat or state of epidemic does not apply to those established on the basis of art. 46 or article. 46b of the orders, prohibitions or restrictions referred to in:

1) art. 46 sec. 4 paragraph 1 or in article. 46b points 5 and 9–12, shall be subject to a financial penalty in the amount from PLN 5,000 to PLN 30,000;

2) art. 46 sec. 4 paragraph 2 or in article. 46b point 3, shall be subject to a financial penalty in the amount from PLN 10,000 to PLN 30,000;

3) art. 46 sec. 4 points 3–5 or in art. 46b points 2 and 8, shall be subject to a financial penalty in the amount from PLN 10,000 to PLN 30,000;

4) art. 46 sec. 4 point 6, shall be subject to a financial penalty in the amount from PLN 5,000 to PLN 10,000;

5) art. 46 sec. 4 paragraph 7 or in article. 46b point 4, shall be subject to a financial penalty in the amount of PLN 5,000 to PLN 10,000.

2. Whoever in the state of epidemic threat or state of epidemic does not execute the decisions referred to in Art. 47 paragraph. 4, is subject to a financial penalty in the amount of PLN 5,000 to PLN 30,000.

3. The fines referred to in:

1) paragraph 1, measures, by way of an administrative decision, the state district sanitary inspector and the state border sanitary inspector;

2) paragraph 2, measures respectively the Governor or the competent minister of health.

4. The decision on the pecuniary penalty shall be immediately enforced on the day of its delivery. The decision is served immediately.

5. If the same act referred to in para. 1 or 2, the amount of the financial penalty:

1) is not lower than the amount of the financial penalty previously imposed for such an infringement;

2) is determined by increasing by 25% the amount of the fine determined in accordance with point 1.

6. The imposed fines shall be enforced pursuant to the provisions on enforcement proceedings in administration.

7. Financial penalties constitute the income of the state budget and are paid within 7 days from the date of issuing the decision. In the case of the penalties referred to in para. 1, they are paid to the bank account of the appropriate sanitary and epidemiological station.

8. In matters not regulated in the Act, the provisions of section III of the Act of August 29, 1997 – Tax Ordinance (Journal of Laws of 2020, items 1325 and 1423) shall apply accordingly to fines.

Chapter 9 Penal provisions

Art. 49.

Who, without being authorized, imports, transports, transmits, multiplies, exports, stores, spreads, acquires, helps in the disposal of biological pathogens, or uses these factors in any other way, poses a threat to public health, shall be punishable by imprisonment for 3 months under 5.

Art. 49a.

Whoever infringes the bodily integrity of the person conducting the qualifying examination or vaccination against COVID-19 or the person assisting in carrying out the examination or vaccination, who is not entitled to legal protection due to a public official, during or in connection with the examination or vaccination, shall be subject to a fine, the penalty of restriction of liberty or imprisonment for up to 3 years.

Art. 50.

Who:

- 1) against the obligation referred to in art. 16 sec. 1, does not implement or does not apply procedures ensuring protection against infections and infectious diseases,
 - 2) contrary to the obligations referred to in art. 22 sec. 1 and 2, does not comply with the hygienic and sanitary requirements,
 - 3) contrary to the obligation to counteract the spread of nosocomial infections, does not take actions specified in art. 14 sec. 1 and 2
- is punishable by a fine.
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Art. 51.

Who:

- 1) without being eligible, carries out preventive vaccinations,
 - 2) contrary to the obligation to keep medical records regarding protective vaccinations, fails to register the vaccination, does not issue a vaccination certificate or does not keep medical records in this regard or keeps it unreliable,
 - 3) does not notify the patient or the person with legal custody of a minor or helpless person or a de facto guardian within the meaning of Art. 3 sec. 1 point 1 of the Act of November 6, 2008 on patient's rights and the Patient's Rights Ombudsman, on the obligation to undergo mandatory preventive vaccinations or does not inform about protective vaccinations recommended
- is punishable by a fine.
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Art. 52.

Who:

- 1) does not instruct the patient, legal guardian of a minor or helpless person, or a de facto guardian within the meaning of Art. 3 sec. 1 point 1 of the Act of November 6, 2008 on Patient Rights and Patient's Rights Ombudsman, on precautionary measures to prevent transmission of infection to other people or on a possible obligation under Art. 6,
 - 2) does not inform the infected person about the necessity to visit the doctor of their partner or sexual partners, contrary to the obligation,
 - 3) contrary to the obligation referred to in art. 21 paragraph 1, does not report any adverse post-vaccination reaction,
 - 4) contrary to the obligation referred to in art. 27 sec. 1 or 2, does not report infection, contracting an infectious disease or death due to infection or an infectious disease or their suspicion,
 - 5) contrary to the obligation referred to in art. 29 sec. 1, does not report the result of the test for biological pathogens that cause infection or infectious disease
- is punishable by a fine.
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Art. 53.

Whoever does not execute the decision to put to work in the prevention and combating of an epidemic, issued on the basis of art. 47, is punishable by a fine.

Art. 54.

In cases of acts referred to in Art. 50–53, adjudication is made in accordance with the provisions of the Act of August 24, 2001 - Code of Conduct in Petty Offenses (Journal of Laws of 2020, items 729, 956 and 1423).

Art. 54a.

In an epidemic threat or state of an epidemic, the right to impose fines by way of a criminal mandate for the offenses referred to in Art. 116 of the Act of 20 May 1971 - Code of Petty Offenses (Journal of Laws of 2019, item 821, as amended), are available to officials of the authorities who, under separate provisions, are entitled to impose fines in the penalty ticket proceedings.

Chapter 10 Amendments to the provisions in force, transitional and final provisions

Articles 55–63.

(omitted)

Art. 64.

Whenever the provisions in force refer to the act on infectious diseases and infections, it should be understood as this act.

Art. 65.

Laboratory tests of the persons referred to in Art. 6 sec. 1, may be carried out by the laboratories referred to in Art. 7 sec. 4, which have not been accredited on the basis of the Act of 13 April 2016 on conformity assessment and market surveillance systems, but no longer than by 31 December 2009.

Art. 66.

(omitted)

Art. 67.

Until 31 December 2015:

- 1) the chairman of the hospital infection control team may be a doctor who has a specialization other than that specified under Art. 15 sec. 5 and completed a specialist course in the field of epidemiology and control of nosocomial infections;
 - 2) the hospital infection control team may include nurses and midwives who have been employed as an epidemiological nurse and have completed a qualification course in epidemiological nursing;
 - 3) preventive vaccinations may be performed by doctors or medical assistants, nurses, midwives and school hygienists who do not have the qualifications specified on the basis of art. 17 sec. 10, point 3, provided that they have 2.5 years of practice in carrying out preventive vaccinations.
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Art. 68.

(omitted)

Art. 69.

The act of September 6, 2001 on infectious diseases and infections (Journal of Laws, item 1384, as amended) is repealed.

Art. 70.

The Act comes into force on 1 January 2009, with the exception of Art. 9, which shall enter into force on January 1, 2010.

Annex to the Act of December 5, 2008.

Art. 0. LIST OF INFUNCTIONS AND CONTAGIOUS DISEASES

- 1) (deleted)
- 2) echinococcosis and cysticercosis;
- 3) diarrhea of infectious or undetermined etiology in children under 2 years of age;
- 4) diphtheria;
- 5) Lyme borreliosis;

- 6) brucellosis;
- 6a) Chikungunya;
- 7) chlamydiosis and other non-gonococcal infections of the urogenital system;
- 8) cholera;
- 9) Creutzfeldt-Jakob disease and other spongiform encephalopathies;
- 9a) Ebola viral disease (EVD);
- 10) bacterial dysentery;
- 11) typhoid fever and infection with typhoid sticks;
- 12) typhoid fever (including Brill-Zinsser disease) and other rickettsial diseases;
- 13) pseudo-osteitis A, B, C and infections with pseudomodular bacilli;
- 14) plague;
- 15) giardiasis;
- 16) Q fever;
- 17) tuberculosis and other mycobacteriosis;
- 18) influenza (including avian influenza in humans);
- 19) invasive infections with *Neisseria meningitidis*;
- 20) invasive *Streptococcus pneumoniae* infections;
- 21) invasive infections with *Streptococcus pyogenes*;
- 22) invasive infection by *Haemophilus influenzae*;
- 23) yersiniosis;
- 24) campylobacteriosis;
- 25) syphilis;
- 26) cryptosporidiosis;
- 27) whooping cough;
- 28) legionellosis;
- 29) leptospirosis;
- 30) listeriosis;
- 31) common parotitis (mumps);
- 32) glanders;
- 33) measles;
- 34) ornithosis;
- 35) smallpox;
- 36) chickenpox;
- 37) acute childhood paralysis (poliomyelitis) and other acute flaccid paralysis, including Guillain-Barré syndrome;

- 38) scarlet fever;
 - 39) foot-and-mouth disease;
 - 40) rubella and congenital rubella syndrome;
 - 41) gonorrhea;
 - 42) salmonellosis other than those caused by *Salmonella Typhi* and *Salmonella Paratyphi* A, B, C and infections caused by them;
 - 43) tetanus;
 - 44) hereditary toxoplasmosis;
 - 45) tularemia;
 - 46) anthrax;
 - 47) viral hemorrhagic fever, including yellow fever;
 - 48) viral hepatitis (A, B, C, others) and infections caused by hepatitis viruses;
 - 49) (deleted)
 - 50) trichinosis;
 - 51) rabies;
 - 52) gastrointestinal infections and food poisoning of infectious or unknown etiology;
 - 53) nosocomial infections and infections with biological pathogens resistant to antibiotics essential for the treatment;
 - 54) West Nile virus infection;
 - 55) human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS);
 - 55a) inflammation of the meninges or the brain of an infectious or undetermined etiology;
 - 56) botulism (botulism);
 - 57) haemolytic uremic syndrome and other forms of infection with Verotoxic *Escherichia coli* (STEC / VTEC);
 - 58) severe acute respiratory distress syndromes (SARI) or other organ failure of infectious or undetermined etiology;
 - 59) dab (malaria).
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