

Prague, 18 May 2020

Ref. No: MZDR 15757/2020-16/MIN/KAN

MZDRX01ABME8

EXTRAORDINARY MEASURE

In its capacity as the competent administrative authority pursuant to Section 80(1)(g) of Act No 258/2000, on public health protection and on the amendment of certain related acts, as amended (hereinafter referred to as "Act No 258/2000"), the Ministry of Health hereby **orders** this extraordinary measure, proceeding pursuant to Section 69(1)(i) and (2) of Act No 258/2000, in order to protect the population and prevent the occurrence and spread of the COVID-19 disease caused by the new SARS-CoV-2 coronavirus:

I.

1. With effect from 12:00 a.m. of 19 May 2020 to 12:00 a.m. of 25 May 2020, all persons are prohibited from moving about and staying in any location outside of their dwelling without protective respiratory equipment (nose, mouth), such as a respirator, face mask, mouthpiece, scarf, shawl or other device to prevent the spread of droplets, with the exception of:
 - a) children under two years of age,
 - b) children in maternity schools when at such maternity school or in a children's group while on the premises where the children's group is conducted, and teachers at maternity schools,
 - c) children, pupils, students and participants in education, participants in acceptance examinations, members of the examination committee and teachers at schools and educational facilities listed in the register of schools, and persons at educational institutions providing one-year foreign language courses with daily lessons or providing consultancy services in the same one room, if a distance of at least 1.5 m is maintained between them,
 - d) students, participants in acceptance examinations, academic employees, members of the examination committees for state examinations and acceptance examinations at universities pursuant to Act No 111/1998, if a distance of at least 1.5 m is maintained between them and there are no more than 15 people in the room,
 - e) persons with intellectual disability, cognitive disorders or severe mental state alterations, whose mental capacity or current mental state does not allow them to observe this prohibition,
 - f) persons in a closed vehicle, if they are all members of the same household or direct relatives,
 - g) persons for the essential time needed to take their portrait photograph, or photograph of newlyweds,
 - h) public transport drivers who are alone in a closed cabin separated from the area designated for transporting passengers,
 - i) persons performing copyrighted works (e.g. theatre, dance, or musical performances) and persons participating in the creation and production of audio-visual works or programs, if the conditions under paragraph 2 are met,

- j) presenters, reporters and similar persons presenting radio, television and other programs, in a studio and without guests, and only if the conditions under paragraph 2 are met,
 - k) patients and healthcare workers, if required to provide medical care, for the necessary period of time,
 - l) persons performing work classified through a decision of the respective public health protection authority in category three or four due to the risk factor affecting working conditions through heat stress, and also persons performing work which has not yet been categorised and for which it can be anticipated that after categorisation it will be classified in category three or four due to the presence of the risk factor affecting working conditions through heat stress,
 - m) an employee moving around their office and workplace, if working at a distance of at least 2 m from other persons.
2. Organisers of performances of copyrighted works, creators and producers of audio-visual works or programs are ordered – if they require the person specified under paragraph 1(i) or (j) (hereinafter the “artist”) to perform without protective respiratory equipment while performing the copyrighted work or producing the program – to ensure the fulfilment of the following conditions with effect from 12:00 a.m. of 19 May 2020 to 12:00 a.m. of 25 May 2020:
- a distance of at least 2 m is maintained between the performing artists and other persons carrying out activities related to performance of the copyrighted work or creation of the audio-visual work or program (hereinafter the “collaborators”), the artists and audience, etc. at the place of performance of the copyrighted work or creation of the audio-visual work or program; this distance need not be maintained between the performing artists,
 - the place of performance of the copyrighted work or recording the audio-visual work or program is regularly disinfected, and regularly ventilated if it is a closed space,
 - hand disinfectant is available to the artists and their collaborators,
 - if any of the artists or their collaborators has a body temperature of 37°C or higher, or other COVID-19 disease symptoms, they must be prevented from entering the place of performance of the copyrighted work or creation of the audio-visual work or program.

II.

With effect from 19 March 2020, the extraordinary measure of 11 April 2020 Ref. No MZDR 15757/2020-14/MIN/KAN is repealed.

III.

This extraordinary measure comes into effect on 18 May 2020.

Justification:

‘Epidemic’ refers to the increased incidence of a disease limited geographically and temporally. During infectious disease epidemics there is typically a steep rise in the number of cases over time, with the contagion rate reaching higher values than under regular sporadic contagion. The contagion rates that indicate an epidemic (epidemic threshold) vary, and also differ according to the disease. For some diseases, the epidemic threshold value is not precisely known. The main criterion to determine whether or not there is an epidemic is the mutual, epidemic

connection between individual cases of the disease. The speed of the disease's spread in the population depends on the originator of contagion, the incubation period of the disease and the transmission paths. The most serious epidemics in terms of impact and burden on the population are those caused by person-to-person contagion. The highest contagion rate in the population is reached through airborne spreading, via droplets that contain the infectious agent released around the patient when they speak, breathe, cough or sneeze. Every infectious disease epidemic is an epidemic process composed of three basic elements: a contagion source, a transmission path and a vulnerable individual.

In relation to the ongoing COVID-19 disease pandemic and the measures adopted to avert its direct impact on the health of the Czech population, it has been shown that one of the most important tools to influence the ongoing epidemic and stop its uncontrolled spread is to target these individual elements of the epidemic process. The source of infection can be isolated and treated, disrupting the transmission path and protecting vulnerable individuals, for instance through quarantine measures or vaccination, however the latter is not yet available in relation to the COVID-19 pandemic.

During the epidemic spread of an infectious disease, there is a risk that without the adoption of extraordinary measures the infection will spread through the population in an uncontrolled manner, possibly exhausting the healthcare system's capacity for isolation and treatment and a consequent fundamental impact on the population's health. The most dangerous is parallel spreading, where one infected person simultaneously infects more than one person, thus leading to the massive spread of the infection through the population.

Key measures include the possibility of the effective disruption of contagion between individuals and across the population (limited congregation, limited provision of selected services, use of protective and disinfectant products).

The main objective of the extraordinary measure is to disrupt the uninterrupted epidemic process and stop the epidemic as quickly as possible with the lowest possible loss of life and negative impacts on the economy. This can be achieved by restricting personal movement, limiting the holding of large events, limiting the operation of epidemiologically risky activities, using adequate personal protective equipment, and increased use of disinfectants.

The extraordinary measure, along with the other valid extraordinary measures, is focused on ensuring a wide range of specific measures taking into account preliminary caution in connection with the further spread of the COVID-19 disease.

The aim of the extraordinary measures is to restrict certain activities or services, whereas this restriction is important particularly in the case of person-to-person contagion of infectious diseases such as COVID-19. In the case of a serious infection that spreads through contaminated droplets (aerosol), it is essential to avoid concentrations of people especially in closed spaces, while stipulating other conditions regarding their staying in such places. For this reason, it is necessary to use instruments to regulate operation in such locations.

Likewise, it is necessary to restrict the operation of public activities and services which involve the higher production of droplets and aerosol, indoor and open-air swimming pools, shared showers, saunas, and wellness centres. When there is airborne contagion, it is essential to control areas with large gatherings of people during which transmission of the contagion is much easier. This is even more relevant in the case of epidemiologically risky activities, such as hairdressing salons, pedicure, manicure and tanning salons, and cosmetics or massage services.

Given the aforementioned principles for the limitation or elimination of COVID-19 disease, it is also worthwhile to prohibit or restrict the organisation of public or private events as, during an epidemic, disrupting the path of contagion in the population is a fundamental

anti-epidemic measure. This measure is of the greatest importance in the case of contagions that are airborne or transmitted through direct contact. Restrictions of movement and gathering have been proven effective instruments for controlling the COVID-19 epidemic if they are adopted as soon as possible after the outbreak.

The aim of the extraordinary measures is to take the steps needed to slow the spread of COVID-19, flatten the curve of persons infected with the SARS-CoV-2 coronavirus that causes the COVID-19 respiratory disease in the Czech Republic, and thus prevent the overloading or collapse of the healthcare system, as happened or is happening in countries that did not adopt adequate measures in time (i.e. Wuhan in China, Italy, Spain, France, Great Britain, and certain parts of the USA, especially New York). In the given situation, flattening the curve of the numbers of persons infected with the SARS-CoV-2 coronavirus is intended to achieve three fundamental positive outcomes:

- Prevent hospital capacities being overloaded. This should allow the maintenance of essential medical care for patients not threatened by the SARS-CoV-2 coronavirus, and for patients with COVID-19 disease who require hospitalisation. The aim is to keep the mortality rate in the range of 2%-3%, as has been successfully done in the Czech Republic to date, without it rising to the global average of almost 7%, or even 10% or higher as is the case in France (where the mortality rate is almost 18%), the Netherlands, Belgium, Spain, Italy and Great Britain. Yet according to the State Health Institute, referring to data and analyses from the European Centre for Disease Prevention and Control, a serious condition requiring hospitalisation can occur in over 30% of those infected, of which – using a broader average – almost 2.5% (but probably substantially more) are patients in critical condition. Uncontrolled spread of the epidemic could affect upper tens of percent of the population within a short period of several months.
- Prevent the explosive spread of the COVID-19 disease, during which there would be (a) an increased spread of more aggressive strains of the SARS-CoV-2 coronavirus and (b) higher concentrations of the SARS-CoV-2 coronavirus in the body. Current scientific findings are that a higher concentration of the SARS-CoV-2 coronavirus in the body and the presence of more aggressive strains would lead to a wider range of health complications in those infected and higher mortality.
- Reduce the mortality rate and frequency of serious cases of infection, because in time there will be better knowledge about the behaviour of the SARS-CoV-2 coronavirus and methods of treating the infection and mitigating its consequences. Finally, a cure or vaccine should be developed. It is generally known that even now, experimental treatments using various types of antiviral substances (e.g. remdesivir and hydroxychloroquine) are underway, and in some cases this treatment has shown results.

If none of the extraordinary measures had been implemented, given the foregoing it cannot be precluded that the total number of infected persons in the Czech Republic could have reached one million, hundreds of thousands of which would have had to be hospitalised (whereas a non-negligible number of those hospitalised would require demanding intensive care based on current findings). Tens of thousands of people could have fallen victim to the disease. The Czech healthcare system (or the healthcare system of any other country for that matter) could not have handled this, not least due to the fact that at present according to available records there are about 4 480 intensive care beds for adult patients in the Czech Republic (ARD and ICU combined) and around 2 080 ventilators for adults, a substantial number of which are being used by patients with other illnesses, meaning that only a part of them could be reserved for patients with coronavirus. If the available intensive care beds and lung ventilators were all used, the number of victims would start rising dramatically; had the spread of the contagion been explosive, even very conservative estimates give a figure of hundreds of thousands of victims in the Czech Republic, and they would not only be senior citizens. For comparison, it is stated that the total number of deceased in the Czech Republic (by natural death, injury or illness) is consistently around 112 000 per year.

Similar measures as those adopted in the Czech Republic were and are being gradually adopted by the governments of other countries. It must be emphasised that some countries opted for less stringent steps

and measures at the beginning. Over time, however, it was found that such moderate measures do not work practically anywhere. These governments have gradually intensified and continue to intensify their measures. Yet it has come to light that the impact on the population in these cases is worse than under the immediate implementation of relatively strict restrictions as in the Czech Republic. Not only does the initial lax approach lead to the explosive spread of the COVID-19 disease (see the cases of Sweden, the Netherlands, Spain, Italy, Great Britain and the USA) and losses of lives currently in the order of thousands to tens of thousands in these countries, but in the end the result is equally strict or even stricter measures than those adopted in the Czech Republic.

The different approaches taken by individual governments are mainly due to the fact that there was very little information about the SARS-CoV-2 coronavirus, its precise characteristics and details about its spread and transmission when the measures were declared, a situation that continues to this date. The various measures adopted by individual governments were undertaken in good faith and considering all the available information. Nevertheless, over the course of the pandemic almost all western countries affected by the COVID-19 contagion gradually took the same steps as the Czech Republic (i.e. the declaration of a state of emergency, restriction of movement, limitation of retail sales, etc.), even if the procedures in each country may differ in the details.

The degree of uncertainty and higher risk related to the COVID-19 epidemic is due to the fact that the virus is gradually developing and mutating, which alters its characteristics. Compared to other viruses, the genetic information of coronaviruses is fairly variable, which is one of the reasons for the selection of various strains of the virus. Furthermore, findings about the SARS-CoV-2 coronavirus and its characteristics are also changing dynamically.

Nevertheless, available empirical data indicates that a non-restrictive approach leads to far higher adverse consequences than the adopted measures. Beyond the framework of the aforementioned countries, a typical example is the still-benevolent Sweden which, according to available data, has double the number of infected patients than the Czech Republic, with over eight times the number of fatalities (while the populations of Sweden and the Czech Republic are almost identical).

Available – especially international – comparisons indicate that the strategy adopted in the Czech Republic was and is correct and adequate. Essentially, only an active strategy of social distancing enforced by the public authorities leads to a reduction of the COVID-19 disease reproduction number and allows control to be gained over its spread, respectively the avoidance of explosive spreading. Unlike the Czech Republic, a number of countries have experienced such explosive spreading, led by those countries which delayed restricting free movement and public encounters (including encounters at retail outlets).

The possible sudden easing of adopted measures could have far-reaching consequences and, in an extreme case, lead to the complete thwarting of the positive results achieved to date in fighting the COVID-19 disease in the Czech Republic.

The aim of this emergency measure is to use protection against the spreading of droplets from the carriers of this disease to limit the community transmission of the COVID-19 disease as much as possible. For this reason, moving about and staying in any location outside of your dwelling without protective respiratory equipment (nose, mouth), such as a respirator, face mask, mouthpiece, scarf, shawl or other device to prevent the spreading of droplets, is prohibited.

The emergency measure builds on the emergency measure valid to date, while it determines a new exemption for persons performing work where the risk factor affecting working conditions through heat stress occurs to an extent justifying their classification in category three or four in accordance with Section 37(1) and (2) of Act No 258/2000, as wearing protective respiratory equipment while performing such work could pose a health risk for such persons.

The new exemption does not however apply to cases when the employer, within the meaning of Section 104(1) of Act No 262/2006, the Labour Code, as amended, is obliged to provide its employees with personal protective equipment and employees are obliged to use such equipment to ensure protection of their health.

There is also an exemption for an employee moving around their office and their workplace, if working at a distance of at least 2 m from other persons.

Mgr. et Mgr. Adam Vojtěch MHA
Minister of Health

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