



Prague, 3 July 2020

Ref. No.: MZDR 20588/2020-10/MIN/KAN

MZDRX01AWJ9X

EXTRAORDINARY MEASURE

The Ministry of Health, as the competent administrative authority, pursuant to Section 80(1)(g) of Act No. 258/2000 Coll., on Public Health Protection and the amendment to certain related acts, as amended (hereinafter referred to as "Act No. 258/2000 Coll."), **orders** this extraordinary measure, proceeding pursuant to Section 69(1)(b) and (2) of Act No. 258/2000 Coll., 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.

Effective from 0:00 a.m. on 4 July 2020 until the revocation of this extraordinary measure, all celebrations, theatre and film performances, sports and other gatherings and markets are banned or restricted, this being in that all theatre, music, film and other artistic performances, sports, cultural, religious, community, dance, traditional and similar events and other gatherings, exhibitions, celebrations, pilgrimages, shows, tastings, markets, trade fairs and educational events, celebrations both public and private, which would be attended simultaneously by more than 1 000 people, are banned; this ban does not apply to:

- a) meetings, congresses and similar events held by constitutional bodies, public authorities, courts and other public entities, which are held by law,
- b) gatherings pursuant to Act No. 84/1990 Coll., as amended, on the Right to Gather,
- c) to large events held in structurally partitioned facilities (sports stadium, exhibition grounds, etc.), at which the presence of more than 1 000 persons at any one time in each of the structurally separated sectors of the facility is prohibited, given that the entire facility is divided into maximally five structurally partitioned sectors, each of which has access from the outdoors and the attendees are unable to move between the sectors; the distance between persons in neighbouring sectors must be at least 4 meters; in the case of premises with seating (e.g. sports stadium stands, etc.), seating is restricted so that the attendees of the large event may be seated only in every second row, and may be seated in such a row only if they are separated from other attendees by at least one empty seat,

II.

Effective from 4 July 2020, the extraordinary measure of the Ministry of Health of 17 June 2020, Ref. No. MZDR 20588/2020-9/MIN/KAN, is cancelled.

III.

This extraordinary measure takes effect on the date of its issue.

Rationale:

An epidemic refers to the increased incidence of a disease which is limited geographically and in time. During epidemics of an infectious disease, there is typically a steep rise in the number of cases in time, where the contagion rate achieves higher values than regular sporadic contagions. The contagion rates at which epidemic spreading is achieved (the epidemic threshold) are various and 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 the 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 which contain the infectious agent that are released in the patient's space when speaking, breathing, coughing and sneezing. Every infectious disease epidemic is an epidemic process composed of three basic elements: source of contagion, transmission path and a vulnerable individual.

In relation to the ongoing pandemic of the COVID-19 disease and the adopted measures 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 the vulnerable individual, or instance through quarantine measures or vaccination, whereas 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 uncontrolledly through the population, possibly exhausting the healthcare system's capacity for isolation and treatment, with a 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 a massive spread of the infection through the population.

The key measures include the possibility of effective disruption of contagion between individuals and across the population (limit 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 lives 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 disinfection.

The extraordinary measure, along with the other valid extraordinary measures, is focused so as to ensure a wide range of specific measures which take 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, as is the case of COVID-19. In the case of a serious infection, which is spread 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 operations 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, wellness centres. During airborne contagions, it is essential to control areas with large gatherings of people, during which transmission of the contagion is much easier. This is even more applicable in the case of epidemiologically-risky activities, such as hairdressing studios, pedicure, manicure and tanning salons and cosmetic or massage services.

Given the aforementioned principles leading to the limitation or elimination of the COVID-19 disease, it is also worthwhile to prohibit or restrict the organisation of public or private events. For during an epidemic, disrupting the path of the contagion in the population is a fundamental anti-epidemic measure. This measure is of the greatest importance in the case of contagions which are airborne or transmitted through direct contact. The restriction of movement and gatherings have been proven to be effective instruments for controlling the COVID-19 epidemic, if they are adopted as soon as possible after the outbreak.

The aim of the extraordinary measure is to conduct the steps needed to slow the spread of COVID-19, flatten the curve of persons infected with the SARS-CoV-2 coronavirus, which 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 which 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 number of persons infected with SARS-CoV-2 coronavirus is geared towards achieving three fundamental positive outcomes:

- Preventing the overfilling of hospital capacities. This should allow the maintenance of essential medical care for patients who are not threatened by the SARS-CoV-2 coronavirus, and of those 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 10%, or even 18 or more percent, as is the current rate particularly in France (where the mortality rate is almost 7%), Netherlands, Belgium, Spain, Italy or Great Britain. Yet according to the State Health Institute, referring to data and analyses of the European Centre for Disease Prevention and Control, a serious condition requiring hospitalisation can appear among more than 30% of those infected, of which on a broader average almost 2.5% of those infected (but probably substantially more) are patients in critical condition. The uncontrolled spread of the epidemic could affect higher tens of percent of the population within a short period of several months.
- Prevent the explosive spread of COVID-19 disease, during which there would be an increased rate of (a) spread of more aggressive strains of SARS-CoV-2 coronavirus and (b) higher concentrations of SARS-CoV-2 coronavirus in the body. Taking into account current scientific findings, a higher concentration of SARS-CoV-2 coronavirus in the body and the presence of its more aggressive type

leads to a greater range of health complications among those infected and a higher mortality rate.

- Reduce the mortality rate and frequency of serious cases of infection, because over time knowledge about the behavior of the SARS-CoV-2 coronavirus and methods of treating the infection and easing its consequences will be greater. 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 or hydroxychloroquine) are underway, and in some cases this treatment has shown certain results.

If none of the extraordinary measures had been implemented, it cannot be precluded given the foregoing information that the total number of infected persons in the Czech Republic could have reached one million, of which the disease could have required hundreds of thousands to be hospitalised (whereas a non-negligible number of those hospitalised could 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 there are about 4480 intensive care beds for adult patients in the Czech Republic according to available records (ARD and ICU combined), whereas the number of available ventilators for adults is about 2080 units, a substantial part of which are occupied by patients with other illnesses, meaning that only a part of them can be reserved for patients with coronavirus. If the number of available intensive care beds and lung ventilators had been exceeded, the number of victims would start rising dramatically; had the spreading 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 be only seniors. 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 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 the immediate implementation of relatively strict restrictions, which took place in the Czech Republic. Not only does an initial lax approach lead to the explosive spreading of COVID-19 disease (see the cases of Sweden, the Netherlands, Spain, Italy, Great Britain and the USA) and the loss of lives currently in the order of thousands to tens of thousands in the individual countries, but in the end it results in equally strict or even stricter measures than those applied in the Czech Republic.

The different approach of individual governments is due mainly 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 as at the date of declaring the individual measures, or even now. The various measures of individual countries' governments are 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. declaration of a state of emergency, restriction of movement, limitation of retail sales, etc.), even if the procedures of the individual countries may differ in 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 of 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 more adverse consequences than the adopted measures. Beyond the framework of the aforementioned countries, a typical example is as yet benevolent Sweden, which according to available data has double the number of infected patients than the Czech Republic, with more than eight times the number of fatalities (while the population of Sweden and the Czech Republic is almost identical).

The 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 public authority leads to a reduction of the COVID-19 disease reproduction number and allows gaining control over its spreading, 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 in 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 the extreme case lead to the complete thwarting of the positive results achieved to date in fighting the COVID-19 disease in the Czech Republic.

In accordance with the plan of the gradual controlled easing of the adopted restrictive measures and the current development of the epidemiological situation, a restriction has also been placed on the number of persons present at large events to a maximum of 1 000 people, this being for the period from 4 July 2020. It is explicitly determined that the ban on holding large events with more than 1 000 people in attendance at any one time does not relate to gatherings held in accordance with Act No. 84/1990 Coll., as amended, on the right to gather.

Mgr. et Mgr. Adam Vojtěch, MHA

Minister of Health

Signed electronically

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Electronic signature - 3 July
2020

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