



Prague, 15 May 2020,
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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 12:00 a.m. on 18 May 2020 until 12:00 a.m. on 25 May 2020, the operation of social service facilities is restricted in that social service providers who were granted registration to provide social services in the scope of the types of social services pursuant to Sections 45, 46, 47, 66 and 67 of Act No. 108/2006 Coll., on Social Services (day service centers, daily care centers, weekly care centers, social activation services for seniors and persons with medical impairments, social therapeutic workshops) were ordered to suspend the operation of these services.

II.

Effective from 12:00 a.m. on 18 May 2020 until 12:00 a.m. on 8 June 2020, social service providers are ordered to interrupt the provision of social services based on contracts concluded with the user under Section 91 of Act No. 108/2006 Coll., on Social Services, and interrupt the provision of services within individual planning.

III

Effective from 12:00 a.m. on 18 May 2020 until 12:00 a.m. on 22 June 2020, the operation of social service facilities is restricted in that social service providers for the target group of persons aged over 50, who were granted registration to provide social services in the scope of the types of social services pursuant to Sections 45, 46, 47, 66 and 67 of Act No. 108/2006 Coll., on Social Services (day service centers, daily care centers, weekly care centers, social activation services for seniors and persons with medical impairments, social therapeutic workshops) were ordered to suspend the operation of these services.

IV

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 sensitive individual.

In connection 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 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, for instance through quarantine measures or vaccination, whereas the latter is not yet available in connection 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 the massive spread of the infection through the population.

The key measures include the possibility of the effective disruption of the contagion between individuals and across the population (limit congregations, 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 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 to 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 the 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, such as pools, swimming areas, shared showers, saunas, wellness centers. During airborne contagions, it is essential to control areas with large gatherings of people, during which the 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 the 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 the 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 more percent, as is the current rate particularly in France (where the mortality rate is almost 18%), the 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 hospitalization 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 far higher percentages of the population within a short period of several months.
- Prevent the explosive spread of the COVID-19 disease, during which there would be an increased rate of (a) spread of more aggressive strains of the SARS-CoV-2 coronavirus and (b) higher concentrations of the SARS-CoV-2 coronavirus in the body. A higher concentration of the SARS-CoV-2 coronavirus in the body and the presence of its more aggressive strains leads to a wider range of health complications in those infected and higher mortality, according to current scientific findings.
- Reduce the mortality rate and frequency of serious cases of infection, because over time knowledge about the behaviour of the SARS-CoV-2 coronavirus and methods for 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 hospitalized (whereas a non-negligible number of those hospitalized 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, in 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 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 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 makes it possible to gain control over its spread, respectively the avoidance of it spreading explosively. Unlike the Czech Republic, a number of countries have experienced such an explosive spread, 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 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, the provision of certain types of social services was restricted in the period from 18 May 2020.

Mgr. et Mgr. Adam Vojtěch, MHA
Minister of Health

Signed electronically

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