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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 amending certain related acts, as amended (hereinafter “Act No. 258/2000 Coll.”), **orders**, proceeding pursuant to Section 69(1)(i) and (2) of Act No. 258/2000 Coll., on the Protection of the Population and Prevention of the Danger of the Occurrence and Spread of the COVID-19 disease caused by the novel coronavirus SARS-CoV-2, this extraordinary measure:

I.

Effective from 12:00 a.m. on 13 April 2021 until the cancellation of this extraordinary measure, it orders:

1. the providers of social services to restrict the provision of social services, in that they are not required to fulfill the obligations pursuant to Section 88 of Act No. 108/2006 Coll., on Social Services, as amended,
2. the operators of social services to provide social services in the necessary scope with the aim of ensuring the protection of human lives and health, including the provision of basic activities which are not bound to a registered type of social service, if permitted by the personnel and material technical situation,
3. all persons (users, employees of the operator and other persons present), during the provision of social services in the field at the place of residence or place of temporary accommodation, are prohibited from being at the place or moving about without protective respiratory equipment (nose, mouth), that being a respirator or similar equipment (always without an exhalation valve) which meets minimally all the technical conditions and requirements (for the product), including a filtration efficacy of at least 94% pursuant to the relevant standards (e.g., FFP2/KN95), a medical face mask or similar equipment which meets minimally all the technical conditions and requirements (for the product) of ČSN EN 14683+AC standards, which prevent the spread of droplets, except for persons to whom the prohibition of movement and presence without protective respiratory equipment does not apply based on the extraordinary measure on the protection of airways.
4. all potential clients, users or other next of kin to inform the respective provider of on-site social services about the incidence of clinical symptoms of COVID-19, imposed quarantine or isolation, or about the positive result of a test for the presence of SARS-CoV-2 virus or antigen thereof in the potential client, user or next of kin, immediately after such a discovery,
5. social service providers who were granted registration to provide social services pursuant to Section 63 of Act No. 108/2006 Coll., (dormitories), to also provide basic activities based on the client’s needs to the necessary extent pursuant to Section 57 of Act No. 108/2006 Coll., under the condition of adequate personnel and material technical support.

II.

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

Rationale:

The current epidemiological situation is still unfavorable and the risk of the further spread of COVID-19 in the population is still very high despite the continuous decline in cases.

We are still registering high daily figures on the order of several thousands of cases, and it is therefore crucial for the epidemic to be decelerated as much as possible and to continue the current trend of decline in the coming period, and to prevent major outbreaks which would have the potential to spread further.

Due to the still high daily numbers, albeit considerably lower than during the peak, i.e., in early March when the daily average was more than 12,000 cases, making the current figures more than 60% lower, the present situation is deemed risky and “fragile” and it is necessary to proceed very cautiously in the phase of easing and permitting activities, and to evaluate the impacts at regular intervals, so that any outbreaks are detected promptly and such anti-epidemic measures are put in place to prevent the uncontrolled spread of the disease in the community and population and a worsening of the epidemiological situation.

The degree of risk is indicated, among other, by the seven-day average value, which is around 4,000 cases (currently at 4,026 cases), the lowest since the start of December 2020.

Another important indicator of the overall population burden is the number of cases in the 65+ age category where, despite the continued decline, we are still seeing elevated figures; the share of the total is stable, around 15 to 16%, which in absolute figures is currently around 600 cases per day (613; average value for 7 days). The current value, albeit significantly lower (the maximum figures were around 2,000 cases per day), is still high risk because these are very often persons who suffer multiple chronic diseases simultaneously. This increases the probability of the later hospitalization of these persons and a more severe course of illness (30-35%). The most cases in this age category are reported in Moravia-Silesia (76), Ústí (71), South Moravia (65), Central Bohemia (61), the City of Prague (54) and South Bohemia (51).

The age structure is still essentially the same, cases are largely registered in the younger to middle-aged generations. More than one third of all cases fall within the 30 to 49 age category. The share of the number of cases in the 6 to 15 age group is still between 8 to 9% of the total; in absolute figures this is about 350 cases daily on average in the past week. For pre-school children (0 to 5 years), the share in the past month has been around 3 to 4% of the total.

The number of hospitalizations is starting to decline gradually, week-on-week, the main cause being the overall decline in cases among vulnerable and senior groups (week-to-week decline -30%); this trend may be expected to continue in the coming period because the number of released patients will strongly outweigh the number of new

admissions in connection with the development of the epidemiological situation, especially developments in the senior group.

From a longer-term perspective, the total number of hospitalizations thus has a continuous declining trend, but this changes nothing about the fact that the total strain is still high; there are currently about 5,070 patients in hospital and standard care is still relatively limited.

A very important indicator is the number of hospitalized patients in intensive care, who are important in terms of a comprehensive view of the overall burden, because they reflect the current impact of the epidemic and document the present degree of risk. There are currently about 1,300 patients in ICU, which shows progress in terms of the overall decline compared to the previous period, but on the other hand still poses a significant burden, which is gradually declining in almost all the regions. An overall decline is reported also in the number of patients requiring heavy intensive care, which is also dropping gradually, but the decline is slow and the figures still exceed the maximum values from autumn 2020.

An assessment of the adequacy and efficacy of the epidemic measures requires an adequate terminology apparatus that includes at least the concepts of the reproduction number and epidemic dynamic in a simple SEIR model, which we continue to work with. The individual blanket measures have various effects on limiting the spread of the contagion. In simplified terms, this effect may be expressed as the reduction of the reproduction number R . Various measures also incur differing costs and damages. The generally used scales of price in public health protection and demographics are e.g. years of lost life, the evaluation of economic losses in GDP, and another cost of the measure is the restriction of citizens' rights. The rational objective of the set of adopted anti-epidemic measures for COVID-19 must be to reduce the reproduction number R to below 1. In principle, one can imagine other objectives, e.g. the swift establishment of herd immunity, but it would then be necessary to consider the cost of such an objective, where a rapidly progressing epidemic could mean over 100,000 casualties and more than 1 million lost years of life. Such an approach would be entirely contrary to the right to protection of health and life and the mission of public health protection authorities. When evaluating the efficacy of anti-epidemic measures, it is necessary to consider the dynamic of the epidemic. The adequacy of measures cannot be assessed in an isolated manner at one moment in time, but rather based on the overall result over a longer time period. The reduction of the reproduction number R far below 1 leads to the swifter decline of the contagion, and therefore a seemingly short-term strict solution to the problem actually preserves rights and freedoms better in the long term than somewhat milder restrictions which are valid for a long time. It is particularly essential to avoid simple comparisons of the number of infected or deceased persons at a certain time with the intensity of the anti-epidemic measures. The exponential character of the spread of the epidemic means that no situation in which the reproduction number exceeds 1 is sustainable. When assessing the suitability and adequacy of anti-epidemic measures, it is always necessary to evaluate one measure in the context of the entire set of measures. It is impossible to assess each measure on an isolated basis, but it is crucial to take into account the possible overall development of the epidemic and cost of measures over an extended period of time.

Although the positive development in March creates room for certain changes in the measures, this room is limited. An evaluation of the situation indicates that a change of

measures would result in an undesirable increase of the reproduction number R by about 0.2, leading either to a major slowdown in the decline of the epidemic, or stagnation, which would require the retainment of other costly measures for a longer time. The factors which reduce R are: ongoing vaccination, the rising number of recovered patients, voluntary changes in behavior, to some degree probably seasonal effects, testing and isolation. Factors increasing R are the gradual decline in protective behavior and the spontaneous growth of the number of contacts. The epidemic situation is also affected by the rise in mobility related to the end of the restrictions on mobility between districts, and the end of the curfew. If strict anti-epidemic measures are observed, the situation should not be significantly affected by the renewal of in-person schooling.

The main objective of the extraordinary measure is to help further decelerate the community transmission of SARS-CoV-2 in the Czech Republic and ensure the highest level of safety for population groups at risk, namely the users of social services, while maximally preserving the continuity of ensuring their individual needs.

The extraordinary measure reacts to the fact that the epidemiological situation in the Czech Republic is characterized by the protracted community spread of SARS-CoV-2, which creates conditions for the uncontrolled transmission of the disease to persons with compromised immunity due to age and comorbidities, but there is also a rising trend of illness among persons in younger age groups and persons without risk factors. The adverse epidemiological situation is currently strongly exacerbated by the spread of mutated strains of SARS-CoV-2, in particular the British variant of the virus, characterized by a heightened capacity for transmission between persons. A laboratory examination at the National Reference Laboratory of the National Institute of Public Health in Prague proved the incidence of the Brazil variant of SARS-CoV-2 virus in the Děčín district.

Re: point 1

In connection with the existing development of the COVID-19 contagion, it is necessary to maximally ensure the protection of persons from threats to their lives and health. This is why the measure allows social service providers to react flexibly to cover the basic life needs of clients, also through basic activities which are beyond the registered type of activity and beyond the agreed framework of the contract with the users and the objectives within the process of individual planning. The provider will limit the provision of social services and suspend individual planning if there is a shortage of staff. Thanks to this measure, social services can continue to be provided especially in a home environment or through outpatient social services, thus reducing the risk that the client's health will worsen due to reduced care, and they would have to be taken to a healthcare facility or inpatient social service facility, where the risk of spreading the virus is considerably higher. At inpatient social services facilities, this measure also allows reducing the frequency or entirely cancelling collective activities, e.g. social activation or other activities, and to limit basic activities only to providing meals and accommodation, healthcare or hygiene, which on one hand reduces risk contact with other persons to a minimum and thus reduces the risk of contagion.

Re: point 2

This measure, like the previous similar crisis measure, enables the provision of only basic activities related to ensure basic life needs and, for example, allows those social services facilities which e.g., do not provide personal hygiene, the provision of meals, etc. to provide these activities beyond the scope of the defined activities, while simultaneously reducing pressure on ensuring care at inpatient social service facilities or inpatient medical care.

Re: points 3 and 4

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 containing the infectious agent that are released in the patient's space when speaking, breathing, coughing and sneezing. 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, for instance through quarantine measures or vaccination, whereas the latter is not currently available in sufficient quantities in relation to the COVID-19 pandemic.

During the epidemic spread of an infectious disease, there is a risk that without the adoption of 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 the effective disruption of contagion between individuals and across the population (limiting congregations, limiting the provision of selected services, using protective and disinfectant products).

The only real solution to ensure a change in the adverse epidemiological situation regarding the incidence of COVID-19 in the Czech Republic is to impose or maintain strict anti-epidemic measures targeted on the key links in the chain of transmission of SARS-CoV-2 under precisely-defined time and systematic conditions.

Given the current intensity of the spread of the SARS-CoV-2 virus, there is a very serious risk that without preserving the strict crisis measures, the rising uncontrolled spread of the contagion will lead to the exhaustion of capacities of the healthcare system, with fundamental and often irreversible impacts on public health. Without stringent anti-epidemic measures, which lead to reducing the number of persons infected and those requiring hospitalization, there is a risk of exhaustion of bed and staff capacities at hospitals and a further worsening of the condition of patients e.g., with cardiovascular and oncological diseases, who will not receive adequate planned care, which is essential for chronic diseases.

In terms of existing systemic measures, it is necessary to ensure better protection for the employees and clients of social services, as well as family members who are in touch with the given client, to prevent the spread of disease.

Combined with the unavailability of records of COVID-19 positive clients or clients with imposed quarantine or isolation, the employees of social services providers are exposed to

an unknown risk of contagion and its further spread through population groups at risk. In practice, this means that, for example, one care worker comes into repeated contact with dozens of clients every week, to whom they may transmit the disease.

For this reason, a measure is proposed for clients of field social services, who are provided with social services in their homes. This measure consists of the obligation to use protective respiratory equipment (nose, mouth) such as an FFP2 or KN 95 class respirator without an exhalation valve, which prevents the spreading of droplets, with the exception of providing social services incompatible with this obligation, and imposition of the obligation of clients using these services to inform the service provide if the client or people close to the client test positive for the SARS-CoV-2 virus (or antigen thereof) or if they are ordered into home quarantine or isolation in this connection, and about the incidence of clinical symptoms of COVID-19 among these persons. If this situation is not resolved, it is probable that the some of the providers' employees will refuse to provide services to clients due to concerns about their health and that of the clients, or that they will be ordered into quarantine or isolation, or that there will be the community transmission of COVID-19 through these employees, which in all these cases would have fatal consequences for the clients of these services - they would not receive the necessary care, or other clients usually in the risk group would fall ill.

Re: point 5

In terms of the spread of disease, it is also necessary to help the homeless. Allowing the provision of accommodation at dormitories, which provide only overnight accommodation, is proposed in order to protect lives and health, and to assist with greater intensity in defining the conditions and plan for handling the epidemic, ideally with the aim of finding more permanent housing and other conditions needed to function in society. The change will also allow for better work with homeless clients, providing them with protective equipment and explaining the system measures, and should reduce the risk of transmission to other inhabitants by reducing the mobility of homeless persons, especially in means of public transit and other similar locations. This change in the functioning of dormitories is conditioned by an evaluation by the provider as to whether they have sufficient resources and staff.

Re: Art. II

Because an almost identical measure was valid until the end of the state of emergency, there is no need (or purpose) to defer the validity of this measure.

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