



Prague, 30 July 2021,
Ref. No.: MZDR 14601/2021-
22/MIN/KAN

MZDRX01H1052

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 on the amendment of certain related acts, as amended, and Section 2(1) of Act No. 94/2021 Coll., on Extraordinary Measures during the COVID-19 Disease Epidemic and on the amendment of certain related acts, **orders** this Extraordinary Measure, proceeding pursuant to Section 69(1)(b) and (i) and (2) of Act No. 258/2000 Coll., and pursuant to Section 2(2)(b) through (e) and (i) of Act No. 94/2021 Coll., in order to protect the population against the further spread of the COVID-19 disease caused by the novel SARS-CoV-2 coronavirus:

I.

Effective from 12:00 a.m. on 1 August 2021 until this extraordinary measure is rescinded
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1. pursuant to Section 2(2)(b), (c) and (i) of Act No. 94/2021 Coll. and Section 69(1)(i) of Act No. 258/2000 Coll., as concerns operations at retail shops selling goods and services and service facilities, with the exception of the activities set forth in point I/11 and vehicles of taxi services or other individual contractual passenger transportation, and the operation of libraries, the operator is ordered to comply with the following rules:
 - a) they will not allow the presence of more customers than 1 customer per 10 m² of sales area in an establishment; in the case of establishments with a sales area of less than 10 m², this restriction does not apply to a child under 15 years of age accompanying a customer or a person accompanying a customer who holds a medical disability pass; in the case of other establishments, this restriction does not apply to a child under 6 years of age accompanying a customer,
 - b) they will actively prevent customers from coming closer than 1.5 meters to each other, unless these are members of the same household,
 - c) the management of queues of waiting customers must be ensured, both inside and outside the store, particularly by marking the waiting area and placing symbols indicating the minimum distance between customers (a minimum distance of 1.5 m), whereas a customer who holds a medical disability pass has a priority right to shop;
 - d) disinfectants must be placed near frequently touched objects (especially handles, railings, shopping carts), so that they are available to employees and customers of the establishment and can be used for regular disinfection;
 - e) it must be ensured that customers are informed of the above-mentioned rules, primarily by means of information posters at the entrance and throughout the establishment, or by stating the rules through loudspeaker announcements in the establishment;
 - f) ensuring the maximum possible air circulation with the intake of outdoor air (ventilation or air-conditioning) without air recirculation in the building,

whereas the sales area refers to the part of the business premises designated for the sale and display of goods, i.e., the total area accessible to customers, including dressing rooms, the area taken up by tills and displays and the area behind the tills used by the sales staff; the sales area does not include offices, warehouses and preparation areas, workshops, stairs, changing rooms and other social facilities,

2. pursuant to Section 2(2)(c) of Act No. 94/2021 Coll., as concerns the operation of barber shops, hairdressers, pedicures, manicures, solariums, beauty, massage and similar regenerative or conditioning services and the operation of trades during which skin integrity is breached,
 - a) the operator is ordered, in addition to observing the conditions set forth in point I/1, to ensure a distance of at least 1.5 meters between the seats where customers are provided with services (e.g. barber and hairdresser's chairs),
 - b) the customer is prohibited from using the given service if they show clinical symptoms of COVID-19 or, with the exception of children under 6 years of age, do not meet the conditions stipulated in point I/16; before commencing provision of the service, the operator is obliged to check the fulfilment of the conditions pursuant to point I/15 and the customer is ordered to demonstrate the fulfilment of the conditions pursuant to point I/16; if the customer does not demonstrate the fulfilment of the conditions pursuant to point I/16, the operator is prohibited from providing the service to such customer,

3. pursuant to Section 69(1)(i) of Act No. 258/2000 Coll. and Section 2(2)(i) of Act No. 94/2021 Coll., as concerns the operation of catering establishments, music, dance, gaming and similar social clubs and discotheques, gambling rooms and casinos
 - a) the operators of the said establishments are ordered to observe the following rules:
 - i) customers are always seated so that there is a distance of at least 1.5 meters between them,
with the exception of customers seated at one table,
 - ii) there may be a maximum of 4 persons seated at one table, except for members of the same household; if the table accommodates 10 or more seats, more persons may be seated at it, so that there is a distance of at least 1.5 meters between groups of at most 4 customers, except for members of the same household,
 - iii) the operator will not allow more persons into the premises of the establishment than there are seats for persons,
 - iv) the operator will actively prevent the gathering of people in the outdoor and indoor premises less than 1.5 meters away from each other, including in the waiting area of the establishment,
 - v) hand disinfectant must be available to customers when entering the indoor and outdoor premises of the establishment, and the operator will ensure the disinfection of table surfaces and chair armrests after every customer and the regular disinfection of contact surfaces,
 - vi) dancing is only allowed for persons who meet the conditions pursuant to point I/15(c) or (d) or who have taken an RT-PCR test for the presence of the SARS-CoV-2 virus or a POC test for the presence of the SARS-CoV-2 virus antigen with a negative result no more than 24 hours before entering the given establishment; this does not apply to celebrations of weddings, declarations of entry into registered partnerships and receptions following a funeral, in the case of live music production, the distance between customers and the place designated for the performers must be at least 2 m,
 - vii) the operator will ensure the maximum possible air circulation in the indoor premises with the fresh intake of outdoor air (natural ventilation or air conditioning) without air recirculation,
 - viii) the operator will ensure the customers are informed about the conditions and rules of entry pursuant to letter b) at the entrance to the establishment,

- b) the customer is prohibited from entering the indoor and outdoor premises of the establishment if they show clinical symptoms of COVID-19 or if, with the exception of children under the age of 6, they are unable to demonstrate on the spot that they meet the conditions stipulated in point I/16; these conditions do not apply to catering establishments which do not serve the public, to the sale of takeaway meals where the food is not consumed by the customer on the indoor or outdoor premises of the establishment,
4. pursuant to Section 2(2)(b) and (i) of Act No. 94/2021 Coll., conditions are stipulated for the operation of shopping centers with a sales area exceeding 5,000 m², in that:
- a) the operator will ensure the visible posting of instructions to maintain a distance of 1.5 meters between persons in the publicly accessible areas of the shopping centre (e.g., by means of infographics, commercials on the center's radio, infographics at the entrance to stores and other facilities, infographics on the floors of public areas, etc.),
 - b) the operator will ensure maximum possible air circulation with the intake of outdoor air (ventilation or air-conditioning) without air recirculation in the building;
5. pursuant to Section 69(1)(i) of Act No. 258/2000 Coll. and Section 2(2)(b) and (i) of Act No. 94/2021 Coll., as concerns sales at markets, marketplaces and mobile shops (sales from stands, mobile shops and sales from other mobile equipment), the operators are ordered to observe the following rules:
- a) to ensure a distance of at least 2 meters between stands, tables or other points of sale,
 - b) to place containers with disinfectant products at every point of sale;
 - c) in the case of selling foods and beverages for direct consumption,
 - i. if there are tables and seats at the location, the operation will ensure that persons must be seated so that there is a distance of at least 1.5 meters between them, except for persons sitting at one table; a maximum of 4 persons may be seated at one table, except for members of the same household; if the table has 10 or more seats, more persons may be seated at it, so that there is a distance of at least 1.5 meters between groups of at most 4 persons, except members of the same household.
 - ii. the operator actively prevents the gathering of people less than 1.5 meters distant from each other, including in the waiting area of the establishment,
6. pursuant to Section 69(1)(i) of Act No. 258/2000 Coll. and Section 2(2)(i) of Act No. 94/2021 Coll., as concerns the provision of short-term and recreational accommodation services,
- a) the operators of the said accommodation services are ordered to ensure the possibility of disinfecting the hands when entering the accommodation establishments and in the indoor premises, and will ensure the regular disinfection of contact surfaces (handles, knobs, railings, switches),
 - b) the person is prohibited from using the said accommodation services if they show clinical symptoms of COVID-19 or, with the exception of children under 6 years of age, do not meet the conditions stipulated in point I/16, unless specified otherwise below,
 - c) the providers of the said services are prohibited from providing accommodation services, unless stipulated otherwise below, to a person who does not meet the conditions stipulated in point I/16, except for children under 6 years of age; the providers of the said accommodation services are ordered to control the fulfilment of the conditions pursuant to point I/16 by persons before the start of accommodation, and the person is ordered to demonstrate the fulfilment of the conditions pursuant to point I/16; if the person does not demonstrate the fulfilment of the conditions pursuant to point I/16, the provider is prohibited from providing accommodation to such a person; these persons may be accommodated for maximally 7 days; the conditions pursuant to point I/16 must be fulfilled again in order to extend the stay;
 - d) without fulfilment of the condition under letters b) and c), accommodation services may only be provided in separate buildings to:

- i) persons who were ordered to isolate or quarantine;
 - ii) persons for the purpose of completing the provisioning of accommodation commencing before this extraordinary measure came into effect; if they have no other place of residence in the Czech Republic,
 - i) persons in need of housing, whose accommodation was arranged by the local government,
7. pursuant to Section 69(1)(i) of Act No. 258/2000 Coll., as concerns therapeutic spa rehabilitation care,
- a) the patient is prohibited from being hospitalized if they show clinical symptoms of COVID-19 or, with the exception of children under 6 years of age, do not meet the conditions stipulated in point I/16,
 - b) the hospitalized patient is ordered to demonstrate the fulfillment of the conditions stipulated in point I/16 every 7 days from being admitted for hospitalization,
 - c) the therapeutic spa rehabilitation service provider is ordered to control the fulfillment of the conditions pursuant to point I/16 upon admission of the patient for hospitalization, and the patient is ordered to demonstrate the fulfillment of the conditions pursuant to point I/16; if the patient does not demonstrate the fulfillment of the conditions pursuant to point I/16, the provider of the therapeutic spa rehabilitation service is prohibited from accepting such a patient for hospitalization; if the patient does not demonstrate the fulfillment of the conditions under letter b), the therapeutic spa rehabilitation services provider is obligated to terminate their hospitalization,
8. pursuant to Section 69(1)(i) of Act No. 258/2000 Coll., and Section 2(2)(i) of Act No. 94/2021 Coll., as concerns the operation and use of sports grounds in the indoor premises of buildings (e.g., gymnasiums, courts, skating rinks, other rinks, bowling alleys and billiard halls, training equipment) and dance studios, gyms and fitness centers,
- a) access to the said premises is prohibited for persons who show clinical symptoms of COVID-19 or do not meet, with the exception of children under 6 years of age, the conditions stipulated in point I/16; the operator is ordered to control the fulfillment of the conditions pursuant to point I/16 by persons when they enter the premises, and the person is ordered to demonstrate the fulfillment of the conditions pursuant to point I/16; if the person does not prove the fulfillment of the conditions pursuant to point I/16, the operator is prohibited from allowing such a person to access the premises,
 - b) in the case of group lessons, persons are ordered to maintain a distance of at least 1.5 meters between each other,
 - c) the operator is ordered to ensure the maximum possible air circulation in the indoor premises with the fresh intake of outdoor air (natural ventilation or air conditioning) without air recirculation,
9. pursuant to Section 69(1)(i) of Act No. 258/2000 Coll., and Section 2(2)(d) and (i) of Act No. 94/2021 Coll., as concerns the operation and use of artificial swimming areas (swimming pools, bathing pools, pools for infants and toddlers, paddling pools), wellness facilities, saunas and salt caves,
- a) access to the said premises is prohibited for persons who show clinical symptoms of COVID-19 or do not meet, with the exception of children under 6 years of age, the conditions stipulated in point I/16; the operator is ordered to control the fulfillment of the conditions by persons when they enter the premises, and the person is ordered to demonstrate the fulfillment of the conditions pursuant to point I/16; if the person does not prove the fulfillment of the conditions pursuant to point I/16, the operator is prohibited from allowing such a person to access the premises,
 - b) the operators are ordered to observe the following rules:
 - i) the operator will ensure the maximum possible air circulation in the indoor premises with the fresh intake of outdoor air (natural ventilation or air conditioning) without air recirculation,
 - ii) the operator must actively prevent congregations of people at a distance of less than 1.5 meters from each other in the indoor premises, including in the waiting area of the

- establishment,
- c) persons are ordered to maintain a distance of at least 1.5 meters in the common areas of the swimming areas, except when in the water, unless these are members of the same household,
10. pursuant to Section 69(1)(i) of Act No. 258/2000 Coll., and Section 2(2)(e) and (i) of Act No. 94/2021 Coll., as concerns the operation of zoos and botanical gardens, museums, galleries, exhibition grounds, castles, chateaux and similar historical or cultural monuments, observatories and planetariums, and the holding of trade fairs and sales exhibitions,
- a) the operator of the premises or event organizer will allow the use of at most 75% of the maximum capacity of visitors to the given indoor premises at one time, or will not allow the presence of more visitors on the premises than 1 person per 1 m² of indoor premises which are accessible to the public, depending on which option allows for the presence of more visitors, whereas visitors are ordered to maintain a distance of at least 1.5 meters, unless they are members of the same household; the same rules shall apply for visits to arboretums and other gardens or parks, access to which is regulated;
- b) participation in group tours of the said premises and events is prohibited for persons who show clinical symptoms of COVID-19 or do not meet,
- with the exception of children under 6 years of age, the conditions stipulated in point I/16 in the care of group tours with more than 20 persons; the organizer of the group tour is ordered to control the fulfilment of the conditions pursuant to point I/16 by persons before the start of the tour, and the person is ordered to demonstrate the fulfilment of the conditions pursuant to point I/16; if the person does not demonstrate the fulfilment of the conditions pursuant to point I/16, the organizer is prohibited from allowing this person to participate in the group tour,
11. pursuant to Section 69(1)(i) of Act No. 258/2000 Coll., and Section 2(2)(e) and (i) of Act No. 94/2021 Coll., as concerns the operation of facilities or provision of services to persons aged 6 to 18 focused on activities similar to informal education pursuant to Section 2 of Decree No. 74/2005 Coll., such as particularly informal, pedagogic, recreational or educational activities, including preparation for schooling, the provision of similar services to children up to 6 years of age, including care for them, and other organized leisure activities for persons under 18 years of age and similar events for persons under 18 years of age,
- a) the operator of the facility, provider of the service or organizer of the event is ordered to not allow more than 1000 persons in indoor premises or 2000 persons on outdoor premises at any one time,
- b) the operator of the facility, provider of the service or organizer of the event is ordered to keep records of the participants for the purpose of a potential epidemiological investigation, in the scope of the identification of the participants and persons providing the service or care or otherwise conducting the activity (name, surname), their contact details (ideally telephone number) and information about the time of providing the service (from - to); they shall store these records for a period of 30 days from the date of providing the service;
- c) participation at the said events is prohibited for persons who show clinical symptoms of COVID-19 or do not meet, with the exception of children under 6 years of age, the conditions stipulated in point I/16
- in the event that more than 20 persons should be present at one time; the operator of the facility, provider of the service or organizer of the event is ordered to control the fulfilment of the conditions pursuant to point I/16 by persons before the start of the given activity, and the person is ordered to demonstrate the fulfilment of the conditions pursuant to point I/16; if the person does not demonstrate the fulfilment of the conditions pursuant to point I/16, the operator of the facility, provider of the service or organizer of the event is prohibited from allowing them to participate in the said activities; as

concerns the regular activity of an unchanging collective group, fulfilment of the conditions pursuant to point I/16 is demonstrated once every 7 days; if the event lasts continuously for more than 1 day (hereinafter a “multi-day event”), the fulfilment of the conditions stipulated in point I/16 is demonstrated on the first day of attending the event and then at a frequency of once every 7 days, in the case of persons who demonstrated fulfilment of the conditions pursuant to point I/16 (b), (e) or (f) on the first day of attending the event; the said conditions apply as appropriate to persons participating in organizing the event, if they are simultaneously present at the location thereof,

- d) if a positive preventive antigen test result is detected or a positive result of a RT-PCR test to stipulate the presence of the SARS-CoV-2 virus, performed among participants or other persons present, is reported during the repeated demonstration of the fulfilment of the conditions under point I/16, the organizer of a multi-day event is obliged to ensure the separation of these persons from the other attendees of the multi-day event; persons 18 years of age or older are ordered to leave the event immediately and for persons under 18 years of age, the organizer will immediately contact their legal guardian who will ensure they are picked up to go home; the organizer will also immediately contact the competent public health authority based on the location of the event, and provide it with a list of participants at the multi-day event, including the telephone numbers of the legal guardians of persons under 18 years of age or telephone numbers of attendees 18 years of age or older, in order to conduct an epidemiological investigation. The competent public health authority based on the location of the event decides about the further procedure,

12. pursuant to Section 2(2)(e) of Act No. 94/2021 Coll., the conditions are stipulated for the staging of concerts and other musical, theatre, film and other artistic performances including circuses and variety shows, sports matches, games, etc. (hereinafter “sports events”), congresses, educational events and examinations in person, in that

- a) the maximum permitted number of spectators, audience members or attendees present (hereinafter “Spectators”) if an event is held in external spaces cannot be more than 7000 persons; if the presence of Spectators is enabled in spaces for standing, the organizer will not permit the presence of more Spectators than one standing Spectator per 2 m² of standing space; Spectators in sectors for standing are ordered to maintain the maximum possible distance, unless they are persons from a common household;
- b) the maximum permissible number of spectators present if an event is held indoors cannot exceed 3000 and simultaneously there cannot be more spectators than equals 100% of the total seating capacity; all the spectators must be seated,
- c) if the event is held on indoor or outdoor premises with a seating capacity of more than 3,000 persons, the maximum number of spectators allowed may be increased so that up to 100% of the seating capacity may be occupied, provided that all spectators above the 3,000 person limit meet the condition under I/16(c) or (d); all the spectators must be seated,
- d) participation at the event is prohibited for persons who show clinical symptoms of COVID-19 or do not meet, with the exception of children under 6 years of age, the conditions stipulated point I/16; the event organizer is obliged to control the fulfilment of the conditions pursuant to point I/16 by the persons when entering the event, and the person is obliged to demonstrate the fulfilment of the conditions pursuant to point I/16; if the person does not prove the fulfilment of the conditions pursuant to point I/16, the organizer is prohibited from allowing such a person to access the event,
- e) the distance of Spectators from the stage or other place determined for performers or the sports area must be at least 2 m;

13. pursuant to Section 69(1)(i) of Act No. 258/2000 Coll., and Section 2(2)(e) of Act No. 94/2021 Coll., conditions are stipulated for the staging of public or private events during which people gather in one place, such as particularly social, sports, cultural and other events than those under point I/12, dance, traditional and other similar events and other gatherings, festivals, fairs, exhibitions, tastings and celebrations, so that there may be at most 20 persons present at one time, or at most 1000 persons upon the fulfilment of the

following conditions if the event is held indoors, or 2000 persons if the event is held exclusively outdoors; participation at the event is prohibited for persons who show clinical symptoms of COVID-19 or do not meet, with the exception of children under 6 years of age, the conditions stipulated under point I/16, or are unable to demonstrate the fulfilment of these conditions on the spot, in the case that more than 20 persons should be present at the event at one time; the organizer of the event is ordered to control the fulfilment of conditions pursuant to point I/16 by persons before the participation at an event with regulated access, and the person is ordered to demonstrate the fulfilment of the conditions pursuant to point I/16; if the person does not demonstrate the fulfilment of the conditions pursuant to point I/16, the event organizer is prohibited from allowing this person to participate in the event; the said conditions do not apply to:

- a) attendance at weddings, declarations of entry into registered partnerships, funerals, if they are attended by no more than 30 persons,
- b) meetings, congresses and similar events of constitutional bodies, public authorities, courts and other public entities, which are held on the basis of the law;
- c) assemblies pursuant to Act No. 84/1990 Coll., on the Right of Assembly, as amended,
- d) sports training for professional athletes and sport training for amateur athletes organized by sports unions, under the condition that the athletes, referees and members of the organizational team do not show clinical symptoms of COVID-19 and, with the exception of children under 6 years of age, meet the conditions stipulated in point I/16; the entity organizing sports training is ordered to control the fulfilment of conditions pursuant to point I/16 by the said persons at a frequency of once every 7 days and the said persons are ordered to demonstrate the fulfilment of the conditions pursuant to point I/16; if the said person does not demonstrate the fulfilment of the conditions pursuant to point I/16, the entity organizing the sports training is prohibited from allowing this person to participate in sports training until they demonstrate the fulfilment of the conditions pursuant to point I/16;

the entity organizing the sports training will keep records of the persons participating in sports training for the purpose of a potential epidemiological investigation by the public health protection authorities, in the scope of identification of the participant (name, surname) and their contact details (ideally telephone number) and to keep these records for a period of 30 days from the date when the sports training took place,

- e) sports training within professional sports competitions or sports competitions organized by sports unions, under the condition that the athlete, referee and member of the organizational team is prohibited from participating in the sporting event if they show clinical symptoms of COVID-19 or, with the exception of children under 6 years of age, meet the conditions stipulated in point I/16; the organizer of the sports match is ordered to control the fulfilment of conditions pursuant to point I/16 by the said persons before the start of the match and the said persons are ordered to demonstrate the fulfilment of the conditions pursuant to point I/16; if the person does not demonstrate the fulfilment of the conditions pursuant to point I/16, the organizer is prohibited from allowing this person to participate in the sporting event, the organizer will keep records of the persons participating in sports match for the purpose of potential epidemiological investigation by the public health protection authorities, in the scope of identification of the participant (name, surname) and their contact details (ideally telephone number) and to keep these records for a period of 30 days from the date of the sports match,
- f) the organized activity of choirs, which may be organized upon the observance of the condition that there are no more than 30 people in the group, a distance of at least 1.5 meters is maintained between the persons, under the condition that participation is prohibited for persons who show clinical symptoms of COVID-19 or, with the exception of children under 6 years of age, do not fulfil the conditions stipulated in point I/16; the organizer of the choir activity is ordered to control the fulfilment of conditions pursuant to point I/16 by persons before the start of the activity, and the person is ordered to demonstrate the fulfilment of the conditions pursuant to point I/16; if the person does

not demonstrate the fulfilment of the conditions pursuant to point I/16, the organizer of the choir activity is prohibited from allowing this person to participate in the activity, the organizer of the choir activity will keep records of the participants for the purpose of a potential epidemiological investigation by the public health protection authorities, in the scope of identification of the participant (name, surname) and their contact details (ideally telephone number) and to keep these records for a period of 30 days from the date of participation in this activity,

14. pursuant to Section 2(2)(e) of Act No. 94/2021 Coll., the following conditions are stipulated for exercising the right to peaceful assembly pursuant to Act No. 84/1990 Coll., on the Right to Assemble, as amended, in that:
 - a) if the assembly is held outside the indoor premises of buildings, the participants may assemble in groups of maximally 20 and maintain a distance of at least 2 meters between the groups of participants,
 - b) if the assembly is held on the indoor premises of buildings, the participants must maintain a distance of at least 1.5 meters between each other (except members of the same household) and disinfect their hands before entering the indoor premises,
15. pursuant to Section 2(2)(e) of Act No. 94/2021 Coll., the following conditions are stipulated for the holding of elections of bodies of legal entities and meetings of the bodies of legal entities, except for the bodies of local governments, if they are attended by more than 20 persons in one place:
 - a) the participants are seated so that there is at least one empty seat between the individual participants, except for members of the same household,
 - b) participation is prohibited for a participant who shows clinical symptoms of COVID-19 or, with the exception of children under 6 years of age, do not meet the conditions stipulated in point I/16; the operator is ordered to control the fulfilment of conditions by participants when they enter the indoor premises, and the participant is ordered to demonstrate the fulfilment of the conditions pursuant to point I/16; if the participant does not demonstrate the fulfilment of the conditions pursuant to point I/16, the operator is obliged to not allow such participant to enter the indoor premises,
16. stipulates the following conditions for the access of persons to certain indoor and outdoor premises and for attending public events and other activities, if required by this extraordinary measure:
 - a) the person has taken an RT-PCR test for the presence of the SARS-CoV-2 virus antigen with a negative result no more than 7 days ago, or
 - b) the person has taken a POC test for the presence of the SARS-CoV-2 virus antigen with a negative result no more than 72 hours ago, or
 - c) "c) persons who have been vaccinated against COVID-19 and present a national certificate of performed vaccination or national certificate of completed vaccination, where:
 - i) at least 14 days have passed since the date of application of the second dose of the vaccine in the case of a two-dose scheme pursuant to the summary of product characteristics (hereinafter the "SPC"), or
 - ii) at least 14 days have passed since the application of the dose of the vaccine in the case of a single-dose scheme pursuant to the SPC;

a national certificate on the performed vaccination refers to a written confirmation issued in the official language of the European Union Member State or in the English language by an authorized entity operating in the Czech Republic or in another European Union member state, a specimen of which is published in the list of recognized national certificates on the website of the Ministry of Health of the Czech Republic, which contains data about the vaccinated person, administered type of vaccine, date of administration of the vaccine, identification of the entity that issued the confirmation; a national certificate of performed vaccination also refers to a certificate of vaccination issued pursuant to the European Union regulation on the digital EU COVID certificate; a national certificate of completed vaccination refers to a written confirmation (a specimen of which is published in the list of recognized national

certificates on the website of the Ministry of Health of the Czech Republic) issued at least in the English language by an authorized entity operating in a third country to a citizen of the Czech Republic or EU citizen with confirmation of a temporary residence or permanent residence permit issued by the Czech Republic, stating that vaccination using a substance approved by the European Medicines Agency has been fully completed; the written confirmation must contain data about the vaccinated person, administered type of vaccine, date of administration of the vaccine, identification of the entity issuing the confirmation, and these data must be variable by remote access directly from the written confirmation; or

- d) the person has undergone a laboratory-confirmed instance of COVID-19, where the period of isolation in accordance with a valid extraordinary measure of the Ministry of Health has ended, and no more than 180 days have passed since the first positive RT-PCR test for the presence of SARS-CoV-2 or POC antigen test for the presence of the SARS-CoV-2 antigen, or
- e) the person takes an antigen test on the spot to stipulate the presence of the SARS-CoV-2 virus antigen, intended for self-testing or permitted by the Ministry of Health for use by non-professionals, with a negative result, or
- f) the person at the school or school facility has taken a test to stipulate the presence of the SARS-CoV-2 virus antigen, intended for self-testing or permitted by the Ministry of Health for self-testing or for use by non-professionals, no more than 72 hours ago pursuant to another extraordinary measure of the Ministry of Health, with a negative result; this fact is demonstrated by an affidavit, respectively an affidavit from the person's legal guardian or confirmation from the school.

II.

Effective from 12:00 a.m. on 1 August 2021, the extraordinary measure of 25 June 2021, Ref. No. MZDR 14601/2021-21/MIN/KAN, is repealed and the extraordinary measure of 21 June 2021, Ref. No. MZDR 14601/2021-20/MIN/KAN, is repealed.

Rationale:

I. Assessment of the current epidemic situation

The current epidemic situation of COVID-19 incidence in the Czech Republic is characterized by an increasingly higher number of daily newly diagnosed cases compared to the period between the second half of June and the first week of July this year, when we observed significantly lower daily detections. The current daily average increase in newly diagnosed cases of COVID-19 is around 180 cases, whereas in the aforementioned period between June and July the daily average was around 100 cases. This situation is still mostly influenced by developments in the capital city of Prague, and also in the Central Bohemia and Plzeň regions, i.e., the regions with the highest 7-day incidence. However, the development of the last week indicates a gradual stabilization of the epidemiological situation in these regions; we are no longer seeing an upward trend but rather a gradual, continuous decrease in the number of newly diagnosed cases, with the average daily number of cases in these three regions showing a roughly 20 to 30% decrease in a week-on-week comparison. In the other regions, we have been seeing virtually identical levels of daily detections of new cases of COVID-19 in recent weeks, with occasional slight upward fluctuations, i.e. to higher values, as we have seen, for example, in the Pardubice region. However, these higher averages are usually influenced by higher prevalence within a localized outbreak and are thus not a trend issue that would indicate a worsening situation.

In descriptively analyzing the age structure of the cases, we continue to see an increased detection in the 16-29 age group, which still accounts for about 40% of all cases detected in

the last week, while the 65+ age group continues to show a favorable trend, with less than 5% of the total number of cases.

The increased case detection among young people is not an uncommon phenomenon, even when looking at developments in neighboring countries; an increase in the number of cases is observed worldwide, often linked to the return from holidays, study visits or after attending mass and cultural events, as in the Netherlands or Spain. This unfavorable trend is related not only to the lack of vaccination coverage in this population group, but also to their “behavioral patterns”, often with a reduced willingness to comply with the stipulated measures, and also to the higher number of social contacts and activities in this age group.

Looking not only at developments in the Czech Republic but also abroad, we can currently consider the meeting of people from younger population groups, who are not yet fully vaccinated, at mass and other similar events, especially indoors, as particularly risky, as evidenced by the higher number of identified cases with a history of visiting dance and music clubs in the last few weeks in several major clusters, the largest of which currently counts more than 40 cases, which were found to be present in the establishment. The largest cluster in this respect was the cluster investigated last year, with almost 250 cases found to be linked to attendance at the given establishment or were contact incidents of these cases.

In terms of the longer time axis and trend assessment, the increase in the number of cases observed since about the beginning of July this year is most likely related to the spread of the delta variant in the Czech Republic. This trend of relatively rapid change and increase in newly diagnosed cases is not unusual in other countries either, and a similar situation can be observed, for example, in the Netherlands, Germany, Greece, France, UK, USA, Russia and in other countries, where this new variant has spread very rapidly and is now the dominant variant minimally on the EU level, accounting for the majority of newly detected cases. This phenomenon, where the delta variant has “displaced” the previously dominant alpha variant, is primarily due to the fact that the delta variant is characterized by higher transmissibility, with scientific publications reporting up to 60% higher transmissibility than the alpha variant, which means that infection can occur more rapidly than with the alpha variant [1,2]. A warning sign of this variant is its ability to “bypass” vaccination, where, with approximately 30% vaccination efficacy for this variant after the first dose of vaccines with a two-dose schedule, it is reasonable to assume an increased risk of infection with this variant, as shown by published scientific data from the United Kingdom in The New England Journal of Medicine. This paper compares, among other things, the vaccine’s efficacy among different variants, specifically between the alpha and delta variants [3]. For this reason, especially in view of the autumn season of respiratory infections and the still relatively higher number of unvaccinated persons in the elderly population, it is crucial to vaccinate as much as possible and as early as possible this vulnerable group with a high incidence of associated diseases, together with immunocompromised persons, as these population cohorts may have a more severe course of the disease requiring hospitalization due to their health condition. And vaccination, especially full vaccination, significantly protects against a severe course of the disease, as also declared in an evaluation by Public Health England, the UK’s public health authority, which reports more than 95% protection against hospitalization in people vaccinated with two doses. [4]

The current data and the trend of the development of the monitored indicators and parameters for the epidemic assessment and the trend of this development show us that after

the growth phase, we are currently in a phase of stagnation to a slight decline and, given that this is a longer period of time, we can assess this situation as stable, as we do not observe an escalation in any of the regions.

An important and positive aspect of the current development is that the continued increased detection has had no negative impact on the values of the key indicator of the epidemic's "strength", i.e. the number of hospitalizations, because the burden on the healthcare system is a major indicator for assessing the level of risk of public health. In this segment, we are also currently observing a stabilized situation, which is significantly helped by the continued vaccination of age groups of the population who, due to their age and associated diseases, are more likely to have a severe course of the disease requiring hospitalization. However, it should be noted that even in the oldest population group, i.e. persons over 80 years of age, about 20% of persons have still not been vaccinated. This is a highly negative factor for the subsequent evolution of hospitalizations in the event of major outbreaks, which may subsequently have an impact on the healthcare segment, which is also threatened by another aspect, namely the lack of vaccination coverage among healthcare and social service professionals, as we are still observing a relatively high number of healthcare and social service workers who have not yet been vaccinated. The importance of vaccination among social service professionals is emphasized in the opinion of the Social Welfare Working Group, given the presence of an at-risk population in these facilities, which is a significant risk in the event of infection, and considers a critical vaccination level to be at least 80% among social service workers and at least 90% for clients/residents of social service facilities.[5] However, this population group is not the only one that is not yet sufficiently vaccinated; it is much more pronounced in the lower age groups, especially among persons in their thirties, where complete vaccination coverage is only around 35%, which is a very low figure, both in terms of the overall vaccination threshold and compared to the population average.

A daily summary of the number of people with newly diagnosed COVID-19 is regularly published on the website <https://onemocneni-aktualne.mzcr.cz/covid-19>.

The current overview of vaccination is available on the website <https://onemocneni-aktualne.mzcr.cz/vakcinace-cr>.

II. Reasons that led the Ministry to issue the extraordinary measure

In view of the current stable development and the observed trend in the number of cases and especially in hospitalizations, it is possible to proceed to the further controlled and gradual easing under precisely-defined conditions and in compliance with the established anti-epidemic measures, including the continued obligation to prove the so-called "infection-free status", either by means of a certificate of completed vaccination, proof of recovery from the disease or a negative RT-PCR or antigen test result; this is in order to maintain mechanisms that minimize the risk of significant outbreaks with the potential for further spread. A gradual and controlled process of easing is necessary in particular to ensure that uncontrolled easing does not lead to a significant worsening of the epidemic situation and an exponential increase in the number of new cases, which would no longer be confined to a specific and narrow population group, but would most likely be a society-wide situation, i.e. a large number of new cases. This is highly undesirable, as despite the increasing number of fully vaccinated persons, vaccination coverage of the population in the Czech Republic still does not reach the desired minimum threshold of 80%, with currently only about 50% of the adult population being fully vaccinated. This means that there is still a significant number of susceptible

persons in the population, even in the population group that is at risk in terms of the severity of the disease course; more than 500,000 persons over 60 years of age are still not vaccinated even with a single dose, which given the probably severe course of disease, which has long been observed among the elderly in a range from 25 to 30%, and, in the event of an escalation in the number of new cases and penetration into this vulnerable group, would mean a consequent increase in hospital admissions and the associated increase in the burden on the healthcare system; and in a significantly negative scenario, a renewed reduction in the provision of standard care due to overwhelming the healthcare system. This is further underlined by the fact that the delta variant, according to a study published in the Lancet based on monitoring hospital admissions in Scotland, is more likely to be severe in those people with a higher number of comorbidities, primarily in unvaccinated persons, as also referred to in the European Centre for Disease Prevention and Control report. [6]

Thus, the measures set out in this extraordinary measure also aim to provide mechanisms to minimize the risk of these negative epidemic scenarios mentioned above and the associated measures to respond to these negative developments in a more stringent manner, which have proved problematic in the past, although they have led to the desired objective of limiting the spread of the COVID-19 epidemic, but at a significant cost and with significant impacts on society and the economy. Therefore, the Ministry of Health is trying to balance the need for a preventive approach and control of the evolution of COVID-19 so that measures are as effective as possible but do not have such a major impact on the operation of various businesses in particular. An essential and important aspect of setting up individual measures and deciding on follow-up measures is to evaluate the impact of the measures on the epidemic situation and its trend at regular intervals, and the Ministry of Health does this on a daily basis. The aim is to assess their effectiveness, i.e. their efficiency and the fulfilment of the stated purpose for which they were adopted, i.e. to further slow down the epidemic.

This extraordinary measure lays down specific and effective anti-epidemic measures taking into account the precautionary principle and the preliminary caution in relation to the further spread of COVID-19, in particular with regard to activities which, by their nature, pose a higher risk of transmission, for example, due to closer and longer contact between individuals indoors or where respiratory protective equipment cannot be used at all times for objective reasons (personal care services, catering services, sports activities) or in places where there is a higher concentration of people in one place at one time (children's summer camps, cultural, sporting and other mass events, etc.).

The primary objective of the extraordinary measure and the conditions it sets for the operation of the listed activities and services is to enable their meaningful but safe operation. Although it is based on the current epidemic situation, its primary purpose is to prevent the epidemic situation from worsening in the near future. The conditions set out in this extraordinary measure are aimed at minimizing the risk of transmission of Covid-19 both between individuals and, in particular, reducing the risk of the situation worsening in the population, thereby maintaining a favorable development of the epidemic situation in the Czech Republic, which will allow the next phase of easing of anti-epidemic measures to be implemented or, at least, maintained in their current form. The safety of certain activities or services can be considerably improved by requiring that all participants be free of infection, i.e. that there are no symptoms of illness, such as a temperature of 37° C or more, dry cough, difficulty breathing, loss of taste and smell, pain in the throat, head, back, muscles or joints, fatigue, and, less frequently, colds, diarrhea, lack of appetite or nausea. Evidence of infection-free status, i.e. compliance with the conditions for the use of the services in the

premises, may include (a) a certificate of completed vaccination, (b) proof of recovery from the disease, or (c) a negative test result for the presence of SARS-Co-V-2 virus or its antigen. On the presentation of one of these certificates, it may be deemed with a high degree of probability that the person is not infectious. Evidence of testing for antibodies to COVID-19 is not considered evidence of infection-free status for the reasons set out in point I/16. The Ministry of Health is authorized to establish the aforementioned conditions objectifying “infection-free status” for certain situations on the basis of Act No. 258/2000 Coll., on the Protection of Public Health, and on amendments to certain related acts, as amended, whereby their nature and the nature of their impact can be likened to a measure pursuant to Section 69(1)(g) of the Act, according to which extraordinary vaccination and the preventive administration of other drugs (prophylaxis) may be imposed as an extraordinary measure during an epidemic. The legitimacy of the testing condition is apparent from the judgment of the Supreme Administrative Court of

6 May 2021, Case No. 5 Ao 1/2021, in which it is stated that the imagined precursor for the obligation to undergo testing may be the provision of Section 69(1)(g) of the Act on the Protection of Public Health, while the obligation to vaccinate can undoubtedly be compared to the obligation to test, both in terms of the nature of this obligation and its relationship to the purpose of the legislation, as well as in terms of the intensity of interference with the fundamental rights of each individual. Thus, by its nature, vaccination is certainly a comparable (if not more serious) interference than testing. From the point of view of the relationship to the purpose of the applicable legislation, in both cases it is an attempt to eliminate infectious diseases and their mass occurrence, i.e. an epidemic - even though vaccination operates on a long-term scale, whereas testing, or its results, relate only to the current situation in a given place and time. Although vaccination, and especially compulsory vaccination, has its opponents, scientific evidence clearly shows that it is the most effective public health measure aimed at preventing infectious diseases and their consequences. The same is true of testing, which can significantly help to prevent infectious diseases, not least because some people are asymptomatic or mildly symptomatic and they contribute to the further spread of the disease. Put simply, if the Ministry of Health can order the emergency vaccination of an individual during an epidemic, it can also order the testing of that individual in the context of the epidemic and the prevention of its further spread. The nature of these two measures is similar and

also the intensity of their interference with the fundamental rights of the individual, in particular the right to the protection of privacy in the form of the guarantee of the inviolability of the person (Article 7(1), Article 10(2) of the Charter of Fundamental Rights and Freedoms). [Paragraphs 31 to 33 of the judgment of the Supreme Administrative Court, Case No. 5 Ao 1/2021].

This extraordinary measure also makes it mandatory for a person wishing to use the given service or take part in the activity in question to not show clinical symptoms of COVID-19. Personal responsibility should be a matter of course for all of us, but it is clear from the many experiences gained during epidemiological investigations that this assumption is wrong, and therefore this obligation is explicitly stated here. At the same time, it should be mentioned in this context that the operator or organizer does not check whether a person is showing clinical symptoms, as this would be very difficult to apply in practice (assessment of the symptoms of the disease by a lay person, risk of dispute with the customer, etc.) and problematic, as the organizer and operator is not usually a person with the medical training to distinguish, for example, allergy symptoms, which may look partly similar to those of COVID-

19, etc., and cannot fairly be required to do so. However, it may be considered that imposing a duty on a potential customer or visitor to an event not to attend if they have symptoms of COVID-19 disease goes into the realm of individual decision of a person who is responsible for their actions and their impact on them and in particular their surroundings.

This extraordinary measure further limits the number of persons who may participate in the listed events or activities in order to regulate the accumulation of larger numbers of persons. The setting of these limits is based on the fact that outdoor areas are much safer than indoor areas in terms of the risk of transmission of COVID-19 and therefore a higher number of persons are allowed to participate in the activity. [7] The continuous increase in the number of persons is allowed because of the increasing vaccination rate and therefore the decreasing proportion of persons susceptible to infection. Reducing the risk of disease transmission via droplets or aerosol is further addressed by limiting capacity, if necessary, especially indoors. In the event that no extraordinary measures are implemented and no appropriate conditions for the operation of the listed activities and events are set, it cannot be ruled out, taking into account the experience gained so far in the development of the epidemic in the Czech Republic and in a number of other countries around the world, that new significant outbreaks of the disease would occur, thereby worsening the epidemiological situation with the potential for further spread to the population. Similar measures to those currently taken in the Czech Republic have been and are being implemented in a number of other countries not only in the European Union but also in the world, and it is not uncommon that after an outbreak, due to a renewed increase in newly diagnosed cases, some measures have been reintroduced or the easing process halted (Spain, Portugal, Israel, Russia, the Netherlands, Greece, South Korea, Australia, etc.) [8,9].

The importance of maintaining anti-epidemic measures is illustrated by the aforementioned foreign experience where, for example, in the Netherlands [8] the planned further easing was abandoned, and new measures were introduced in response to the increase in the number of cases related mainly to nightlife. A similar approach is being applied in the other countries mentioned, and for this reason it is necessary to monitor the situation and trends closely and to proceed with a degree of caution and prudence at all times.

The activity-specific anti-epidemic measures introduced are in addition to the systemic measures that have been widely known and applied since the beginning of the pandemic, such as distancing, disinfection, ventilation and respiratory protection.

Distancing (at least one, ideally two meters or more) is important to minimize the risk of droplet infection [10].

Disinfection of the hands and frequently touched surfaces (doorknobs, switches, handrails, tables, chairs, etc.) is aimed at interrupting the route of transmission through contaminated surfaces or objects, which may also be involved in the transmission of COVID-19. These surfaces or objects may be contaminated with respiratory secretions or droplets secreted by the infected individual and transmission may occur indirectly by touching these surfaces or objects and subsequently by touching the mouth, nose or eyes. [10, 11]

It is clear from the opinion of the European Centre for Disease Prevention and Control (ECDC) that inadequate ventilation in enclosed indoor spaces is associated with the increased transmission of respiratory infections, including COVID-19. In addition to sufficient natural ventilation of these spaces, the use of HVAC (heating, ventilation and cooling) systems can reduce indoor transmission by increasing air exchange speed, reducing air

recirculation and increasing the use of outdoor air. [7]

The aim of the complex of measures in the fight against Covid-19, including the ongoing vaccination campaign, is to achieve collective immunity, where the risk of the spread of Covid-19 and its negative impacts in the form of a massive burden on the healthcare system, impacts on the health of individuals and impacts on the business environment and society as a whole, can be minimized to the lowest possible level so that effectively no regulation beyond normal epidemiological regimes is applied.

With the ever-increasing vaccination rate of the population and its individual age cohorts, in combination with this extraordinary measure, further easing can be gradually prepared if this regulation proves to be effective and efficient in the effort to prevent the spread of the Covid-19 epidemic by appropriate means, where, even with the increasing number of vaccinated persons, there are no significant restrictions on the operation of businesses and the possibility of their being visited by such persons. Simply put, as the number of vaccinated persons (i.e. persons protected against COVID-19) increases, the negative impact on business is reduced, as vaccinated persons (or persons with a certificate of recovery from illness or a valid test result) are allowed to use these services and the operators of these services are not exposed to the risk of it not being possible to use their services. On the contrary, as time passes and the vaccination rate of the population increases, the state of regulation of their operations will be closer and closer to the normal state before the outbreak of the COVID-19 epidemic.

Since the factor of the so-called reproduction number is crucial to the course of the epidemic and its resolution, it should generally be stated that individual area-based measures have different effects on limiting the spread of the disease and complement each other. 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 system of adopted anti-epidemic measures for the Covid-19 disease must be to reduce the reproduction number R to below 1, which guarantees the gradual decline of the epidemic. The exponential character of the spread of the epidemic means that a situation in which the reproduction number exceeds 1 is not sustainable.

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. 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. The simplest, but most valid means of considering the adequacy, efficacy and proportionality of measures is to consider the effect of the measure as a reduction of the reproduction number R , and compare the effect of the measure with the damage it causes, or how much it infringes on various rights and freedoms. The proportionality of a measure is, in the simplest possible terms, the ratio of the reduction of R to the cost of the measure (where cost is broadly understood to include the reduction of rights and freedoms) and should be assessed in the context of the situation in which the measures are introduced. Factors that reduce R include, for example, increasing numbers of vaccinated persons, increasing numbers of recovered persons, voluntary changes in

population behavior towards adherence to preventive measures (respiratory protection, hand hygiene, distancing, minimization of risky contacts), testing, early isolation of positive persons and, to some extent, probably seasonal influences. Factors increasing R are a decrease in protective behavior of the population, an increase in the number of contacts, the spread of the "risky" variant of the virus, insufficient and late tracing of at-risk contacts. In a situation where the vaccination rate of the population is gradually increasing and the spread of the disease (numbers of new cases, numbers of serious hospitalizations) is within reasonable limits, it is evident that the current system of measures has proven its worth and that their preventive character should be maintained, and the possibility of further easing should be predicted.

Re: point I/1

Hygienic rules are laid down for the operation of retail stores selling goods and services and for establishments providing such services, with the exception of the activities listed in point I/11 (childcare services) and for the service of taxi vehicles or other individual contractual transport of persons. In addition, these hygienic rules apply to the operation of libraries. The aim of these measures is to avoid crowding and risky contacts between persons and to ensure that they operate as safely as possible with regard to the risk of transmission of COVID-19. For this reason, the operator will not allow more than 1 customer per 10 m² of sales area in an establishment (which in fact corresponds to the need to maintain a distance of at least 1.5 meters between persons); in the case of establishments with a sales area of less than 10 m², this restriction does not apply to a child under 15 years of age accompanying a customer or a person accompanying a customer who holds a medical disability pass; in the case of other establishments, this restriction does not apply to a child under 6 years of age accompanying a customer. The sales area refers to the part of the business premises designated for the sale and display of goods, i.e., the total area freely accessible to customers, including dressing rooms, the area taken up by tills and displays and the area behind the tills used by the sales staff; the sales area does not include offices, warehouses and preparation areas, workshops, stairs, changing rooms and other social facilities. The operator is also obliged to actively prevent customers from coming closer than 1.5 meters to each other, unless these are members of the same household. They must also ensure the management of queues of waiting customers, both inside and outside the store, particularly by marking the waiting area and placing symbols indicating the minimum distance between customers (minimum distance of 1.5 m), whereas a customer who holds a medical disability pass has a priority right to shop. A very important resource against the spread of the epidemic is disinfectant, and the operator is obliged to place disinfectants near frequently touched objects (especially handles, railings, shopping carts), so that they are available to employees and customers of the establishment and can be used for regular disinfection. In the interest of observing the foregoing rules, the operator must ensure that customers are informed of these rules, in particular by means of information posters at the entrance and in the premises, or by communicating the rules through loudspeakers in the premises, and ensure the

maximum possible air circulation with the intake of outside air (ventilation or air conditioning) without air recirculation in the

building. Re: point I/2

Additional hygienic rules are laid down for the operation and practice of certain activities of epidemiological importance, namely the operation of barber shops, hairdressers, pedicures, manicures, solariums, cosmetic, massage and similar regeneration or reconditioning services

and the practice of trades in which the integrity of the skin is violated. The provision of the service shall be subject to a distancing of more than 1.5 meters between individual positions, which is stipulated with regard to the safe distance established with regard to the risk of transmission of infection in the event that more than one person is provided with the service at the same time. The customer is under the obligation to use these services only if they do not show clinical symptoms of COVID-19. The operator must ensure that the service is only provided to a customer who can objectively prove that they are free of infection (negative test result for COVID-19, proof of vaccination or recovery from illness). The absence of clinical symptoms of the disease, testing, vaccination or proof of laboratory-confirmed COVID-19 disease is essential for the safe operation and provision of services in these establishments, as there is very close physical contact between the provider and the customer, and for some of these services it is often not even possible to wear respiratory protective equipment during the actual provision of the service in these establishments.

Re: point I/3

The reasons for regulating the operation of catering establishments, music, dance, gaming and similar social clubs and discos, gambling halls and casinos, are that they are places where many people who do not otherwise normally come into contact with each other meet in a confined space and, moreover, with regard to the consumption of food, meals and drinks, it is not possible to require them to wear respiratory protective equipment at all times while on the premises as is the case in other establishments. The time factor also plays a role, as a person usually spends much longer in these establishments than, for example, in a shop. Such an environment supports the spread of the Covid-19 disease. In the case of these establishments, an added factor is alcohol consumption, after which people lose their inhibitions, or act differently than they would if they had not consumed alcoholic beverages. In view of the favorable development of the epidemic, the public may be allowed to be present indoors and outdoors in catering establishments, provided that only persons who do not show clinical symptoms of COVID-19 and who are able to provide proof of a negative test for SARS-CoV-2 or its antigen, of having recovered from COVID-19 or of having been vaccinated against the disease, may use the services of the establishment. On the basis of emergency inspections of catering establishments, the regional public health authorities found that a number of offences among individuals were caused by insufficient information about the conditions laid down for entering the outdoor and indoor areas of catering and similar service establishments, and therefore the operator is obliged to inform the customer of the conditions for entering the establishment. An exception to the obligation for the customer to prove their "infection-free status", where applicable, applies to catering establishments which do not serve the public, since they are places intended for a largely homogeneous group of persons, whether in the context of employment, school, etc.; for obvious reasons, compliance with this condition is not necessary for the sale of takeaway food.

Also because of the impossibility of using respiratory protection when eating, the maximum number of people per table and the distancing of each group of customers are set to minimize the risk of infection. To prevent unwanted crowding, it is stipulated that each guest must be seated, and the operator is also obliged to actively prevent crowding in the external and internal areas of the premises, with the proviso that it must not allow more customers on the premises than there are seats for customers. The operator shall provide hand sanitization facilities for customers on entering the premises in question. In addition, the operator must ensure that in all affected premises the surfaces of tables and chair handles are disinfected after each customer and that frequently touched surfaces are regularly disinfected, and that indoor air circulation in the premises is as free from air recirculation as possible. The

production of live music shall be permitted subject to the customers keeping a minimum distance of 2 meters from the designated performance area, due to the fact that the deep inhalation and exhalation physiologically associated with singing results in the increased excretion of respiratory droplets. From the point of view of health risks, singing is by its very nature (intensive work with breath and articulation) a risky activity. The risk of infection from this activity is further increased if the activity is carried out indoors. [7]Dancing is only allowed for persons who present a certificate of completed vaccination, proof of recovery from illness or a negative RT-PCR or POC antigen test performed no more than 24 hours before entering the establishment. This definition of who may dance is based on the fact that dancing usually involves very close contact between persons and is an activity involving physical activity and therefore increased breathing requirements. All these factors increase the risk of transmission of infection. In the case of vaccinated persons and persons within 180 days of acquiring the disease, the risk of infection is incomparably lower and less likely than in the case of an unvaccinated individual or one who has not yet contracted the disease. [12] The maximum “age” of a test result performed by a healthcare provider is set at 24 hours, on the grounds that this time limit maximally reduces the risk of a potential infection or outbreak occurring between the test and the actual visit to the establishment, and thus rendering the person infectious. In other words, the longer the time elapsed between the test and the visit to the establishment, the higher the risk that the result of the test may not reflect the actual status of the person, i.e. that their negativity still persists. The use of a self-test in this case is not appropriate because the quality of the sample collection and the quality of the test itself cannot be guaranteed.

The setting of these measures to minimize the emergence of significant outbreaks is supported by the mapped dance-related outbreaks, e.g. in South Korea, where a significant cluster of more than 100 cases was observed in connection with a dance fitness group [13], or the analyzed outbreaks in Hong Kong, where the clusters with the highest number of cases were in this type of establishment. [14]From a general perspective, most countries rate night/dance clubs as high-risk, e.g. the Australian Health Protection Principal Committee (AHPCC)[15] rates these venues as high-risk due to the higher number of people in one place at one time, the inability to maintain sufficient distancing, the mixing of people who do not know each other (i.e. they are not homogeneous groups), activities such as singing or dancing often in enclosed spaces with inadequate ventilation and last, but not least, being there is usually associated with alcohol consumption. All this ultimately increases the level of risk for these spaces and activities. The above is also supported by a publication by the US Centers for Disease Control and Prevention (CDC), which describes the emergence of a cluster of 74 cases of COVID-19 in nightclub-goers in Germany, with the disease also affecting more than 50% of the employees, contributing to the further spread of the disease, or a cluster of 46 confirmed cases of COVID-19 published in connection with a bar opening in Illinois, with subsequent introduction to a long-term care facility and

local school. [16,17]These conclusions are supported by occurrences in these establishments recorded during the COVID-19 epidemic in the country, including a higher number of identified cases with a history of attendance at dance and music clubs in the last three weeks in several major clusters, the largest of which currently has over 40 confirmed cases of the disease that were found through investigation to be present in the establishment. The largest cluster in this respect was the cluster investigated last year, with almost 250 cases found to be linked to attendance at the given establishment or were contact incidents of these cases.

The condition imposed on dancing does not apply to wedding celebrations, declarations of persons entering into a registered partnership and receptions after a funeral. This exception is made because of the significance of these events in a person's life, and because it involves

a limited group of people who have always been in some sort of relationship with each other and know each other, which would make any tracing much easier. In contrast, in establishments such as a restaurant, bar, dance club, disco, etc., people from different places meet without any relationship with each other and without any record of them, and tracing contacts in this case is very difficult. This was proven, among other things, in the summer of 2020 with the emergence of one of the largest outbreaks of COVID-19 in the country throughout the pandemic, which originated in this type of establishment, and from which the spread of the disease to most regions occurred. Tracing in this case alluded to the fact that there was mainly incidental contact between the persons present during dancing and consumption of alcoholic beverages, who were then unable to identify their contacts in the event of confirmation of positivity during the epidemiological investigation.

Re: point I/4

Hygienic rules are stipulated for the activity of shopping centers with an area exceeding 5,000 m², so as to prevent the congregation of persons and high-risk contact between them. The operator is obliged to ensure the visible posting of instructions to maintain a distance of 2 meters between persons in the publicly accessible areas of the shopping Centre (e.g., by means of infographics, adverts on the center's radio, infographics at the entrance to stores and other facilities, infographics on the floors of public areas, etc.), thus preventing the gathering of persons, especially in all places where this can be expected, e.g. entrances from underground garages, areas in front of lifts, escalators, toilets, etc. The aim of all the above measures is to ensure the safe operation of shopping centers, which are frequented by a large number of people, often from different regions, who usually spend long periods of time in the enclosed areas of the center. In order to prevent the spread of this airborne epidemic, the operator is obliged to ensure the maximum possible air circulation with the intake of outside air (ventilation or air conditioning) without recirculation of the air in the building.

Re: point I/5

Specific anti-epidemic measures are laid down for sales at markets, marketplaces and mobile establishments. These activities are mostly carried out in the open air, but they are also places where large numbers of people who do not otherwise come into contact with each other often meet in a small and confined space, and such an environment may contribute to the Covid-19 disease. For this reason, specific conditions of operation are laid down in the form of distancing between persons and between stands, also because of the frequent consumption of food and drink that is usually associated with being in these places and therefore moving around in these places without respiratory protection. The operator also has an obligation to actively prevent the assembly of persons, including waiting areas, which is another factor minimizing the risk of infection. In the case of consumption of food, including drinks, directly

on the premises, similar conditions are stipulated as for catering establishments, namely that no more than 4 persons, excluding persons from the same household, sit at one table. If the table is a table with 10 or more seats, more persons may be seated at the table, provided that there is at least 1.5 meters between groups of no more than 4 persons, excluding persons from the same household. In order to ensure hand disinfection, the operator shall be obliged to place containers of disinfectant at each point of sale.

Re: point I/6

The provision of accommodation services is regulated to the extent strictly necessary, so that accommodation services cannot be used by a person who shows clinical symptoms of the

Covid-19 disease and who fails to provide the accommodation provider with a negative test result or proof of vaccination or confirmation of recovery from the Covid-19 disease. Disinfection is a very important means of preventing the spread of the epidemic, so the operator must ensure that hand disinfectant is available at the entrance to the accommodation establishment and in internal areas, and that touch surfaces in common areas (handles, handrails, switches) are regularly disinfected. Due to the average incubation period of COVID-19 disease, if the customer stays in the accommodation services for more than 7 days, it is obligatory for the customer to be re-tested for the presence of the SARS-CoV-2 virus or its antigen with a negative result (unless the person has been vaccinated or has recovered from the disease - this only proves that the condition is still fulfilled, given that the fulfilment of these conditions is also time-limited). The test must therefore be repeated at a frequency of once every 7 days, so that accommodation is only allowed for 7 days, with the possibility of extending it again for 7 days upon proof of a negative test result. This repeat test condition is also imposed because contact with the infection during the stay cannot be ruled out. In the absence of such testing, there is an increased risk of the rapid spread of infection to other guests and staff in the accommodation facility, as it is an indoor area, often associated with a catering establishment, where respiratory protective equipment is not used during meal consumption. It should also be borne in mind that this is a temporary accommodation service, where a high turnover of people from various locations, including abroad, can be expected, and the infection can spread from such a potential outbreak point to other parts of the Czech Republic and beyond. However, there are exceptions to these rules for certain groups of persons where compliance would be fundamentally incompatible with the purpose of the accommodation (persons accommodated for isolation, in housing need, etc.).

Re: point I/7

According to Decree No. 2/2015 Coll., a general contraindication for the provision of spa and rehabilitation care is an infectious disease communicable from person to person, which COVID-19 is. The provision of spa and rehabilitation care is therefore restricted so that it can only be provided under certain conditions in order to prevent the spread of infection within spa facilities as far as possible. In general, anti-epidemic measures are set up for the provision of spa care, forming a so-called barrier to entry to the spa facility. A negative test result for the presence of SARS-CoV-2 or its antigen, or laboratory evidence of recovery from the Covid-19 disease or proof of vaccination, is a prerequisite, and a person must not show clinical symptoms of the Covid-19 disease when entering a spa facility. As in the case of accommodation services, there is an obligation to carry out testing or to re-provide proof of vaccination or recovery from illness every 7 days.

Re: point I/8

Taking into account the fact that sports activities can, for obvious reasons, mainly only be performed without the use of respiratory protective equipment, the operator must ensure that only a person who provides proof of a negative test result for the presence of the SARS-CoV-2 virus or its antigen, or proof of having recovered from the Covid-19 disease or of having been vaccinated, will use the indoor sports facilities and that only a person who does not show clinical symptoms of the Covid-19 disease may enter the premises. In the case of group sessions, a safe distance of at least 1.5 meters must be maintained between participants. Due to the increased breathing demands usually associated with sporting activities, the operator is required to ensure that the indoor area of the premises has the maximum possible air circulation with the intake of outside air. If all the above conditions are

met, the risk of disease transmission in the operation of indoor sports facilities is expected to be minimized.

Re: point I/9

In order to minimize the risk of transmission of COVID-19 disease in activities where respiratory protective equipment cannot be used, such as the operation of artificial swimming pools (a swimming pool, bathing pool, pool for infants and toddlers, wading pool), wellness facilities including saunas and salt caves, but in view of the stabilized epidemic situation, the maximum capacity of visitors to the establishment is not limited in any way, provided that the person visiting the establishment must not show clinical symptoms of the Covid-19 disease. The operator shall only admit to the premises a person who presents a negative test result for Covid-19, or proof of vaccination or of having recovered from the disease, except for children under 6 years of age, and shall keep a minimum distance of 1.5 meters from other persons (unless they are members of the same household). The requirement to ensure maximum possible air circulation with outdoor air intake (ventilation or air conditioning) without recirculation of air in the establishment further reduces the risk of infection. The operator also has an obligation to actively prevent the assembly of persons, including in waiting areas, to further minimize the risk of disease transmission.

Re: point I/10

The operation of zoos and botanical gardens, museums, galleries, exhibition spaces, castles, chateaux and similar historical or cultural buildings, observatories and planetariums and the holding of fairs and trade fairs, is regulated as follows as regards the stay of persons in their indoor spaces: a maximum of 75% of the maximum capacity of the indoor space at any one time or the presence of one person per 10 m² of indoor space open to the public is permitted, with a minimum distance of 1.5 meters between persons (unless they are members of the same household). The aim of this regulation is to ensure a safe distance between persons and thus minimize the risk of disease transmission, but at the same time to restrict as little as possible the operation of these places during the summer holidays.

Only persons who do not show clinical symptoms of the Covid-19 disease may participate in the group tours. In the case of a group tour with more than 20 persons, it is obligatory for all participants to submit a negative test result for the presence of the SARS-CoV-2 virus or its antigen, or proof of having recovered from the Covid-19 disease or vaccination, before the tour begins, and the organizer is obliged to check compliance with this condition and not to allow a person who fails to comply to participate. The regulation of indoor premises is due to the greater risk of the transmission of infection through contaminated droplets in a closed area and also because group tours always last several tens of minutes and therefore enable long-term

contact between persons, mostly from various places in the Czech Republic, including abroad. The size of the group with the condition of proving infection-free status is stipulated because with the increasing number of persons in the group, the possibility of observing safe distancing is reduced and the risk of infection also increases. At the same time, the purpose of this definition is to make it easier for operators to organize group tours even for persons without proof of infection-free status, albeit for a very limited number of persons.

Re: point I/11

Under limited conditions, the operation of facilities or the provision of services to persons aged 6 to 18 years aimed at activities similar to leisure education pursuant to Section 2 of Decree No. 74/2005 Coll., is permitted, such as, in particular, leisure, recreational or

educational activities, including preparation for classes, the provision of similar services to children under the age of 6, including their care, other organized leisure activities for persons under the age of 18, recovery events and other similar events for persons under the age of 18, in relation to the current favorable epidemic situation in the incidence of Covid-19. The service may be provided (or the event held) indoors for a maximum of 1000 persons at any one time, and outdoors for 2000 persons.

It is obligatory for participants in the event to be free of clinical symptoms of COVID-19. The operator of the establishment, service provider or organizer is obliged to ensure that the event or activity is not attended by a person who

does not provide a negative test result for SARS-CoV-2 or its antigen, or proof of recovery from Covid-19 or vaccination, if more than 20 persons are to participate. The size of the group with the condition of demonstrating "infection-free" status is set because the risk of infection increases with the number of persons in the group. At the same time, such a limited group size facilitates the tracing of at-risk contacts in the event of a disease outbreak and the resulting timely quarantining of these persons.

In view of the current epidemic situation and taking into account the precautionary principle, conditions (c) and (d) have been set, which make participation in the events conditional on proof of a negative test result for the Covid-19 disease, recovery from the illness or vaccination. Account has been taken of the fact that holiday events for children and adolescents involve the formation of collectives of children who, in most cases, do not meet during the school year and may be from all over the country, and that these collectives are characterized by close physical contact, up to 24 hours a day in the case of residential events. Furthermore, the realistic possibility of coping with the obligations imposed has been taken into account in setting the obligations, both by the parents and by the organizers of the events. For this reason, it was decided that participants in multi-day events (typically residential camps, suburban camps) would only have to prove "infection-free status" on the first day of the event. For these events, children can also use as proof an affidavit of having undergone a preventive test at the school or educational establishment in accordance with another extraordinary measure; this was mainly used at the beginning of the school holidays, but some school events (education, examinations) where "school testing" will be carried out will also take place during the holiday period. If the event lasts longer than 7 days, persons who have only demonstrated their infection-free status by means of a result of an antigen test are obliged to undergo repeated preventive testing at a frequency of every 7 days of stay. The obligation to be retested does not apply to those participants who provide proof of a PCR test no older than 7 days, proof of vaccination or proof of recovery from illness at the time of arrival. Although it would be optimal for the PCR test to be carried out no more than 72 hours before the event and repeated after 7 days, or at least a preventive antigen test to be repeated, given the organizational difficulties of testing children during the holiday period and especially during events, which are usually held in

nature and are accompanied by other systemic recommendations (e.g. recommendations not to visit publicly accessible places, not to travel by public transport, etc.), the following compromise solution was adopted in response to the requirements of the organizers of these events. In order to prevent the further spread of the Covid-19 disease, in the event of a positive test result, the organizer is obliged to ensure that the positive person is isolated from other persons, to contact the public health authority responsible for the location of the event without delay and to provide it with the extent of information about the participants in the event specified in this extraordinary measure, and to ensure that the person with the positive test result leaves the event immediately, alone or accompanied by a legal guardian, taking into account their age. In the case of regular events (e.g., a leisure activity which takes place

regularly several times a week) which are attended by a homogeneous group,

"infection-free status" shall likewise be demonstrated once every 7 days. The service provider/event organizer is obliged to keep records of persons for the time necessary for an epidemiological investigation by the public health authority, to the extent necessary. In order to serve this purpose, the record should contain the identification of the participant (name, surname), their contact details (preferably telephone number), information on the time of the service/event (from when, to when) and information on which employee provided the service (or the person in charge of the activity). The provider/organizer must keep this record for 30 days from the date of the service. In the case of a multi-day event, this means the last day of the event. The purpose of the record of persons is to facilitate the tracing of epidemiologically relevant contacts in the case of disease outbreaks between participants. In such a situation, as experience of the Covid-19 epidemic in the Czech Republic has shown so far, such registration will speed up the epidemiological investigation, often carried out across several regions, and the subsequent setting up of adequate anti-epidemic measures.

Re: point I/12

The regulation of concerts and other musical, theatrical, film and other artistic performances, including circuses and variety shows, sports matches, games, races, etc., congresses, educational events and examinations in person is primarily based on the requirement that participants be free of infection. A person may only attend an event if they do not show clinical symptoms of Covid-19 and are able to provide proof of infection-free status. The organizer of the event is then obliged to check the proof of infection-free status and must not allow entry to persons who do not meet this condition.

A further restriction stipulates the maximum number of persons present, so that if the event is held indoors, the permitted number of attending spectators is no more than 100% of the total seating capacity and simultaneously that the total number of persons present may not exceed 3,000 persons, subject only to seated spectators; if the event is held outdoors, the total number of persons present may not exceed 7,000 persons. In the case of standing spectators, 1 standing spectator per 2 m² of standing area shall be allowed and spectators shall be instructed to maintain the maximum possible distance in standing sectors, unless they are persons from the same household.

If the event is held in a venue, whether indoor or outdoor, with a seating capacity of more than 3,000 people, it is permissible to increase the maximum number of spectators present to 100% of the seating capacity, provided that all spectators above the 3,000 person limit must provide proof of completion of vaccination or proof of recovery from the illness. The organizer of an outdoor event with a seating capacity of more than 3,000 persons may thus choose the more appropriate regime according to the specific situation, i.e. to use the full capacity of the premises, provided that the participants above the 3,000 person limit meet the stricter conditions, or to allow a maximum of 7,000 participants under standard conditions. This increase in capacity only for the

following defined group of persons is based on the fact that the risk of infection in vaccinated persons and in persons within 180 days of disease detection is significantly lower than in persons who have a negative PCR or antigen test of a given age. Similarly, these persons have a significantly lower risk of becoming infected if they come into contact with the disease. [12,13] In addition, there is a requirement for a minimum distance of at least 2 meters between the spectators and the stage or other designated performance or sports area, due to the fact that performers do not use respiratory protective equipment during their own production and that such production may involve singing or other increased vocal displays

(loud talking, shouting, singing) which in themselves pose an increased risk of disease transmission.

Re: point I/13

Public or private events where there is an accumulation of persons in one place, such as, in particular, social, sporting or cultural events other than those referred to in point I/12, dance, traditional and similar events and other gatherings, festivals, fairs, festivals, parades, tastings and celebrations, which are limited to a maximum of 20 persons at any one time, are restricted. In view of the increasingly favorable development of the epidemic situation, up to 1,000 persons may be present in indoor areas, and up to 2,000 persons in the case of an event held exclusively outdoors.

The size of the group with the condition of proving infection-free status is stipulated because with the increasing number of persons in the group, the possibility of observing safe distancing is reduced and the risk of infection also increases. At the same time, the purpose of this definition is to make it easier for the organizers of such events to organize events even for persons without proof of infection-free status, albeit for a very limited group.

In addition, the general conditions are that only persons who do not show clinical symptoms of COVID-19 disease and who are able to provide a negative test result for SARS-CoV-2 or its antigen or proof of having recovered from COVID-19 disease or proof of vaccination may attend the event. Where entry to the event is regulated (typically by a ticket), the person is obliged to provide proof of compliance to the event organizer in the same way as in other cases where entry is subject to compliance with these conditions, and the organizer is obliged to require such proof and not to admit the person to the event without such proof. If entry is not regulated, the person must be prepared to demonstrate compliance with the conditions on the spot, at least to the controlling authority (public health authority), as is the case for catering establishments. An exception under letter (a) is made for weddings, declarations of persons entering into a registered partnerships and funerals, which may be attended by up to 30 persons without the need to comply with the above conditions. This exemption is provided to enable these significant events in a person's life to take place without the need for the participants to

provide evidence of their "infection-free status", under the condition of a very limited number of persons involved, which guarantees that all contacts will be traced if necessary, and where it can be assumed that this number is mostly limited to family members or very close persons. Another exception is stipulated for meetings, assemblies and similar events of the constitutional bodies, public authorities, courts and other public entities, which are held by law, and for assemblies held pursuant to Act No. 84/1990 Coll., on the right of assembly, as amended. These events are regulated separately, albeit on similar principles, in points I/14 and I/15.

The exceptions under letters (d) and (e) are stipulated because the use of respiratory protective equipment is not possible during sporting activities for obvious reasons and therefore the risk of transmission is increased. In addition to the general conditions laid down (the obligation for the participant not to show clinical symptoms of the Covid-19 disease when participating in the event and to demonstrate infection-free status, the obligation

of the organizer to check the condition of infection-free status and not to allow a person who fails to prove it to participate in the event), the obligation to register persons who participated in the sporting activity is also stipulated. The aim of this measure is to facilitate the subsequent tracing of epidemiologically relevant contacts in the event of an outbreak in a given collective and thus to facilitate the early detection of a possible outbreak.

The exception under letter (f) is stipulated because singing is considered one of the riskiest activities in terms of the spread and transmission of the Covid-19 disease, and because it is not possible to use respiratory protective equipment, making it necessary to impose stricter conditions on the activities of choirs, such as a group of no more than 30 persons, with a minimum distance of at least 2 meters between each person, and the necessary condition of no clinical symptoms of the Covid-19 disease and the obligation to prove “infection-free status” by means of a negative test result for the Covid-19 disease or proof of vaccination or proof of laboratory-confirmed recovery from disease, with the exception of children under 6 years of age. In addition, the organizer of the choirs is obliged to keep a register of persons for the purposes of any epidemiological investigation. Such records will facilitate the subsequent tracing of contacts at risk.

Re: point I/14

Rules are laid down for assemblies held pursuant to Act No 84/1990 Coll., on the Right of Assembly, as amended, in such a way as not to affect the right of persons to assemble peacefully, but at the same time to reduce the risk of transmission of the infection. In order to minimize interference with this right, only basic anti-epidemic measures (observance of distancing and hand disinfection) have been laid down for these assemblies.

Re: point I/15

Similarly, conditions are laid down for the holding of elections of the bodies of a legal entity and meetings of the bodies of legal entities, with the exception of bodies of local self-government units, where more than 20 persons are present in one place, on the grounds that the risk of contagion increases as the number of persons gathered in one place at one time increases.

Re: point I/16

The range of persons is defined who, on the basis of current scientific knowledge on acquired immunity or the spread of the Covid-19 disease, are allowed to enter certain indoor and outdoor areas or to participate in public events or other activities if they have no clinical symptoms of the Covid-19 disease and either have already had the disease and are presumed to have, according to current international recommendations from the European Centre for Disease Prevention and Control and the US Centers for Disease Control and Prevention, sufficient antibody levels within 180 days of acquiring the disease to protect against reinfection in most cases, or at least 14 days have elapsed since completion of vaccination according to the vaccine's

SPC. An alternative to demonstrating most likely acquired immunity after having had the disease or being vaccinated in order to access certain indoor and outdoor premises is the presentation of a negative result of an RT-PCR test for the presence of the SARS-CoV-2 virus no more than 7 days old, or the negative result of a POC antigen test for the presence of SARS-CoV-2 virus antigen, performed by a healthcare professional, which must be no more than 72 hours old from the sampling of the biological material. Access to certain indoor and outdoor areas and participation in mass events or other activities shall also be permitted to a person who undergoes an on-site preventive antigen test to stipulate the presence of the SARS-CoV-2 virus antigen, which is designated for self-testing or approved by the Ministry of Health for use by

non-professionals, with a negative result. Access is permitted for a person who has taken a test at the school or school facility to stipulate the presence of the SARS-CoV-2 virus antigen, intended for self-testing or permitted by the Ministry of Health for self-testing or for use by

non-professionals, no more than 72 hours previously pursuant to another extraordinary measure of the Ministry of Health, with a negative result; this fact is demonstrated by an affidavit, respectively an affidavit from the person's legal guardian or confirmation from the school. A national certificate of vaccination shall also be defined by an extraordinary measure. This refers to a written confirmation issued minimally in the English language by an authorized entity operating in the Czech Republic or in another European Union member state, a specimen of which is published in the list of recognized national certificates on the website of the Ministry of Health of the Czech Republic, which contains data about the vaccinated person, administered type of vaccine, date of administration of the vaccine, and identification of the entity that issued the confirmation of that vaccination; or a certificate of vaccination issued according to the European Union regulation on the EU COVID Digital Certificate. Access to selected indoor and outdoor premises is also allowed for a person that has been vaccinated against COVID-19 and proves this fact by submitting a national certificate of completed vaccination, which refers to a written confirmation issued at least in the English language by an authorized entity operating in a third country to a citizen of the Czech Republic or citizen of the European Union, with confirmation of temporary residence or a permit for permanent residence issued by the Czech Republic, stating that the vaccination using a vaccine approved by the European Medicines Agency has been fully completed, a specimen of which is published in the list of recognized national certificates on the website of the Ministry of Health of the Czech Republic (the written confirmation must contain data about the vaccinated person, administered type of vaccine, date of administration of the vaccine, identification of the entity that issued the confirmation of that vaccination, whereas these data must be verifiable via remote access directly from the written confirmation) and that at least 14 days have passed since the completion of vaccination.

First of all, the Ministry of Health states that it is aware of the current case law of the Supreme Administrative Court, which, in its judgment of 9 July 2021, Case No. 6 Ao 21/2021, found the provisions of Article I, point 18 of the extraordinary measure of the Ministry of Health of 14 May 2021, No. MZDR 14601/2021-12/MIN/KAN to be contrary to the law, whereas in this judgment it commented on the question of persons who, although they had not recovered from laboratory-confirmed Covid-19 disease (they did not have a positive result in the RT-PCR test for the presence of SARS-CoV-2), have nevertheless been found to have antibodies to SARS-CoV-2 by means of testing. In view of the current state of scientific knowledge concerning the Covid-19 disease caused by the SARS-CoV-2 virus, the Ministry of Health upholds the opinion that the mere presence of antibodies against the SARS-CoV-2 virus in the blood of any person without a laboratory confirmation of recovery from Covid-19 cannot be equated to a laboratory confirmation of having recovered from the disease. The Ministry of Health is led to this conclusion for the following reasons:

In the light of the current state of scientific knowledge on the behavior of SARS-CoV-2 and human immunity after exposure to the Covid-19 disease caused by this virus, it is generally accepted worldwide that after exposure to the Covid-19 disease, an individual can be considered protected against this disease for 180 days after the first positive test (RT-PCR test or antigen test confirmed by confirmatory RT-PCT). In cases of laboratory-confirmed COVID-19 disease, there is clearly a starting point from which the 180-day period can be counted - this starting point is the date of the first positive test. After the 180-day period has elapsed, the person is then considered again as not having contracted COVID-19 (provided, of course, that they have not been vaccinated or have not contracted the disease again within the period in question). However, it is irrelevant whether or not the person concerned has antibodies in their blood (and to what extent) after having contracted the disease. It is therefore a kind of fiction of non-infectious status, which is also the basis for Regulation (EU)

2021/953 of the European Parliament and of the Council of 14 June 2021 on a framework for issuing,

validating and recognizing interoperable vaccination, test and recovery certificates related to COVID-19 (EU COVID digital certificate) to facilitate free movement during the COVID-19 pandemic, which is binding for the Czech Republic.

However, the situation is different in the case of persons who have a certain level of antibodies to SARS-CoV-2 in their blood, or who have been proven to have only antibodies to SARS-CoV-2, and thus have apparently been asymptomatic or have not been tested (it is irrelevant why they have not been tested). In the first place, the aforementioned starting point from which the abovementioned 180-day period can be calculated is missing. In practice, this means that at the time of the antibody test, it is impossible to know when exactly the individual actually contracted Covid-19 and whether they are at the beginning, in the middle or just before end of the 180-day period. The current state of scientific knowledge does not allow that date to be determined retrospectively, in particular because, just as the course of the Covid-19 disease is different for everyone, the level of antibodies that are produced in response to the experience of that disease varies from person to person, as does the length of time that antibodies to SARS-CoV-2 persist in the blood. In other words, someone may have a high level of antibodies in the blood for a very long time after having COVID-19, while another may have a low level of antibodies that disappear quickly after having the disease. However, combinations of these possibilities are also possible, i.e., high antibody levels for a short period of time or low antibody levels for a long period of time. In view of the current state of scientific knowledge, the course of the disease itself does not play a role, since even persons with a severe course may have low antibody levels after the disease and persons with a mild or asymptomatic course may have high antibody levels. As for the length of time antibodies remain in the blood, this is not dependent on the course of the disease and varies from person to person and decreases at a different rate - slowly for some, but very quickly for others. A very important fact is that nowhere in the world has the so-called protective level of antibodies, i.e. the level at which a person can be considered protected against (re)infection with SARS-CoV-2, been established by experts or recognized authorities (e.g. WHO, CDC, ECDC, etc.). In view of all of the above, it is not possible to determine (1) whether the test for antibodies to SARS-CoV-2 is still valid at the time under consideration, i.e. whether the level of antibodies in the person's blood will be as high as at the time of the test, significantly lower or even non-existent, or how long the antibodies will persist in the blood, and (2) whether the level of antibodies demonstrated by the test is sufficiently effective to protect the person against (re)infection with SARS-CoV-2.

From an immunological point of view, it should be mentioned that the current yes/no view of coronavirus antibodies is a gross oversimplification. It is well known that the immune response is not directed against whole antigens but against binding sites, called epitopes, of which there are hundreds on the surface of the virus. Infection with the SARS-CoV-2 coronavirus initiates a humoral immune response that generates antibodies against specific viral antigens, such as the nucleocapsid (N) protein or spike (S) protein. [18] All coronaviruses have the S protein on their surface, and some SARS-CoV-2 epitopes are shared with those of common coronaviruses (e.g. OC43). Even more significant is the cross-reactivity in the case of the N protein. As a consequence, in sera collected prior to the emergence of the Covid-19 pandemic, e.g. from 2017-18, a certain percentage of sera are likely to come out positive for SARS-Cov-2 by a test targeting the N protein or a test detecting the S protein. Antibodies to common coronaviruses appear to have some limited protective activity against COVID-19 disease as well, but certainly not long-lasting, and some of these individuals may not have encountered the SARS-Cov-2 virus at all. Thus, if a person tests

positive for SARS-CoV-2 antibody, it is possible that they have recently or in the past had the Covid-19 disease. However, there is a possibility that a positive result is a false positive because antibody tests can detect coronaviruses other than SARS-CoV-2, such as those that cause the common cold. [19]

Antibody levels change over time, both quantitatively and qualitatively, and different tests are used against different antigens in individuals who each have differently set immunity genetically or through contact with infectious agents and other factors. It is clear that immunologists around the world are facing similar problems, and this is also the reason that there are no clear guidelines as yet to set a clear course of action on the matter.

Immunity against coronavirus persists for 6 months in most individuals. Serological tests target specific antibodies induced by SARS-CoV-2. However, the results provide only a partial picture of the immune response against the virus because T-cell mediated responses are not taken into account. The induction of SARS-CoV-2-specific memory T and B cells is important for long-term protection and plays an essential role in this process, but this type of immunity cannot be routinely investigated. Memory T-cells may be present even when serum antibody levels are not measurable. This further complicates the assessment of the presence and duration of immunity based on antibody detection alone.

A positive antibody test result may be evidence of a past (including recent) infection without providing any indication of the time of infection, and cannot rule out a current ongoing infection. Therefore, it is not absolute proof that a person is not infectious and/or protected from new infection and cannot transmit the virus further. Although antibody tests provide some evidence of an immune response, it is not known whether antibody levels provide sufficient protection or how long such protection will last. It is therefore possible that soon after a positive antibody test, antibodies become undetectable. Serological tests detecting antibodies cannot determine the exact time of infection unless it is known, i.e. a positive PCR or antigen test result is available. Therefore, antibody tests cannot replace RT-PCR or antigen tests because the nature of the parameter detected is different (antibody vs. direct detection of the viral genome or viral protein).

Moreover, different tests are available in laboratory practice to detect antibodies and the comparison of their results is very difficult due to this diversity and the lack of standardization. The antibody tests currently used in the Member States are not harmonized/standardized and their results are therefore not comparable.

In this context, the ECDC notes that persons with certificates issued on the basis of positive serology may be falsely reassured that they can relax behavior which is crucial to reducing the risk of infection and transmission, such as maintaining distances, using respiratory protective equipment and washing and disinfecting hands. As mentioned above, while a positive serologic result may indicate previous infection, it may not guarantee protection from reinfection or infection caused by an emerging variant. [20]

The complexity of the recognition of the presence of antibodies without laboratory confirmation of the Covid-19 disease by an RT-PCR test is also illustrated by the fact that only Austria has taken this step within Europe, while other countries have chosen the same procedure as the Czech Republic for the reasons mentioned above.

In all of the above, the Ministry of Health sees reasons why the confirmation of an antibody test cannot be equated with a laboratory-confirmed recovery from COVID-19 (within 180 days of recovery), completed vaccination, or a negative POC antigen test or RT-PCR test. However, the Ministry stresses that it is not making this conclusion on the basis of any attempt to discriminate against persons who have contracted Covid-19 but do not have laboratory confirmation of this, but on the basis of the public interest in protecting public health, since, as noted above, it is not clear (or even determinable) whether and for how long,

if at all, these persons are protected against (re)infection with the SARS-Cov-2 virus at the relevant time.

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