MINISTRY OF HEALTH
Palackého náměstí 375/4, 128 01 Prague 2

Prague, 26 August 2021

Ref. No.: MZDR 14601/2021-23/MIN/KAN

MZDRX01HB6K7

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 September 2021 until the cancellation of this Extraordinary Measure:

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 m^2 of sales area in an establishment; in the case of establishments with a sales area of less than 10 m^2, 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) ensure the maximum possible air circulation indoors with freshly drawn outside air (natural ventilation, air conditioning or heat recovery) without air recirculation; in the case of recuperation, ensure that there is no contact between the outgoing and incoming air via enthalpic moisture exchangers,

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/16 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 a 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) all customers must be seated so that there is a distance of a least 1.5 meters between them, except for customers sitting at one table,
      ii) there may be a maximum of 6 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 6 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/16(c) or (d) or who have taken an RT-PCR test for the presence of the SARS-CoV-2 virus or a rapid antigen test (RAT) 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 shall ensure maximum possible air circulation indoors with freshly drawn outside air (natural ventilation, air conditioning or heat recovery) without air recirculation; in the case of recuperation, ensure that there is no contact between the outgoing and incoming air via enthalpic moisture exchangers,

viii) the operator will ensure the informing of customers 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 m^2, 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 center (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 shall ensure maximum possible air circulation indoors with freshly drawn outside air (natural ventilation, air conditioning or heat recovery) without air recirculation; in the case of recuperation, ensure that there is no contact between the outgoing and incoming air via enthalpic moisture exchangers,

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 sale at markets, marketplaces and mobile shops (sale from stands, mobile shops and sale from other mobile equipment), the operators are ordered to observe the following rules:
   a) ensure at least 2 meters of space between stands, tables or other points of sale,
   b) containers with disinfectants must be placed 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 6 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 6 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 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 fulfillment of the conditions stipulated in point I/16 every 7 days from admission for hospitalization,
   c) the provider of spa therapeutic rehabilitation care is ordered to check before admitting a patient for hospitalisation whether the patient fulfils the conditions pursuant to point I/16 and the patient is ordered to demonstrate the fulfilment 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 spa therapeutic rehabilitation care is prohibited from admitting this patient for hospitalisation; if the patient does not demonstrate the fulfilment of the conditions pursuant to letter b), the provider of spa therapeutic rehabilitation care is obliged to terminate their hospitalisation,

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 point I/16;before the entry of the person to the premises, the operator is ordered to check the fulfilment of the conditions pursuant to point I/16 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 is prohibited from allowing such a person to enter 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 indoors with freshly drawn outside air (natural ventilation, air conditioning or heat recovery) without air recirculation; in the case of recuperation, ensure that there is no contact between the outgoing and incoming air via enthalpic moisture exchangers,

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 point I/16;before the entry of the person to the premises, the operator is ordered to check the fulfilment of the conditions 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 is prohibited from allowing such a person to enter the premises,
b) the operators are ordered to observe the following rules:
    i) the operator shall ensure the maximum possible air circulation indoors with freshly drawn outside air (natural ventilation, air conditioning or heat recovery) without air recirculation; in the case of recuperation, ensure that there is no contact between the outgoing and incoming air via enthalpic moisture exchangers,
    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 is ordered to allow only such use of the indoor capacity that will allow the participants to maintain a distance of 1.5 meters and visitors are ordered to maintain this distance, unless they are members of the same household; the same rules shall apply to visitors of arboretums and other gardens or parks, the 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 1,000 persons in indoor premises or 2,000 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; for participants in regular activities in an unchanging collective, it applies that the negative rapid antigen test (RAT) result is valid for 7 days only for the purpose of these activities, and the fulfilment of this condition is controlled by the organizer of such a recurring event once every 7 days; if the event lasts continuously for more than 1 day (hereinafter a "multi-day event"), the fulfilment of the conditions under point I/16 is demonstrated on the day of commencing attendance at the event and, furthermore, in the case of persons who demonstrated the fulfilment of the conditions pursuant to point I/16 (b), (e) or (f) on the date of commencing attendance at the event, at a frequency of every 7 days; the said conditions apply likewise to persons involved in organizing the event, if they are also present at the event location,

d) if a positive preventive rapid antigen test (RAT) 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 the multi-day event is obliged to ensure the separation of these persons from the other attendees of the multi-day event; a person 18 years or older is ordered to leave the event immediately, and in the case of a person under 18 years of age, the organizer is ordered to contact their legal guardian immediately to arrange their transport home, and to immediately contact the competent public health authority based on the location of the event and provide it with a list of participants in the multi-day event, including the telephone numbers of the legal guardians of persons under 18 years of age, or the telephone numbers of persons 18 years or older, 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., conditions are stipulated for the holding of concerts and other musical, theatrical, cinematographic and other artistic performances, including circuses and variety shows, sports matches, competitions, etc. (hereinafter referred to as "sports matches"), congresses, educational events and in-person examinations, with the exception of educational events and examinations that are part of education pursuant to Act No. 561/2004 Coll., on Preschool, Primary, Secondary, Higher Vocational and other Education (the Schools Act), as amended, or Act No. 111/1998 Coll., on Universities and on amending and supplementing other acts (the Act on Universities), as amended, which are attended by no more than 20 persons at any one time, in that

    a) in the case of an event held in a venue with a capacity of up to 3,000 spectators, visitors or attendees (hereinafter "spectators"), all the spectators must meet the conditions under point I/16;

    b) in the case of an event held in a venue with a capacity of over 3,000 spectators, 3,000 of the spectators must meet the conditions under point I/16, and of the number of

spectators exceeding 3,000, at least one half must fulfil the conditions under point I/16(c), or

d) and the remaining capacity may be filled with persons who meet the condition under point I/16(a), (b), (e) or (f),

c) 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 in 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 fulfillment of the conditions pursuant to point I/16, the organizer is prohibited from allowing such a person to access the event,

d) the distance of spectators from the stage or other place determined for performers or the sports areas 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 1 000 persons upon the fulfilment of the following conditions if the event is held indoors, or 2 000 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 the 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, for participants in regular activities in an unchanging collective, it applies that the negative rapid antigen test (RAT) result is valid for 7 days only for the purpose of these activities, and the fulfilment of this condition is controlled by the organizer of such a recurring event once every 7 days; the specified 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 held by constitutional bodies, public authorities, courts and other public entities, which are held by 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;for participants in regular organized sports training activities in an unchanging collective, a negative antigen test result only for the purposes of these activities shall be valid for 7 days and the entity organizing the sports training shall be instructed to check the fulfilment of the conditions under point I/16 by these persons once every 7 days and the said persons are ordered to demonstrate the fulfilment of the conditions under 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 the 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 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 proceed mutatis mutandis pursuant to letter d) when checking the fulfilment of conditions under point I/16, allowing persons to enter the match and keeping records of participants;

f) the organized activity of choirs, which may be organized upon the observance of the condition that there are no more than 50 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 in 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 a 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 rapid antigen test (RAT) for the presence of the SARS-CoV-2 antigen with a negative result no more than 72 hours ago, carried out by a healthcare professional, or
c) the person has been vaccinated against COVID-19 and submits a national certificate of completed vaccination or a certificate of completed vaccination issued pursuant to the European Union regulation on the EU COVID digital certificate[1], under the condition that at least 14 days have passed since the completion of the vaccination program; a national certificate of completed vaccination refers to written confirmation issued at least in the English language by the authorised entity operating in the third country, 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, assuming the vaccination was performed using
    i) a medicinal product containing a COVID-19 vaccine granted market authorisation under Regulation (EC) No. 726/2004, or
    ii) a medicinal product manufactured in accordance with a patent for the medicinal product pursuant to point i), if this medicinal product has been approved by the World Health Organization for emergency use; or
d) the person has undergone a laboratory-confirmed case 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 the SARS-CoV-2 or rapid antigen test (RAT) for the presence of the SARS-CoV-2 antigen, or
e) the person undergoes a rapid antigen test (RAT) on site to determine the presence of the SARS-CoV-2 antigen for self-testing (use by non-professionals) with a negative result; the same applies if the person proves on site that they have undergone a rapid antigen test (RAT) under the supervision of a healthcare professional via an online service no more than 24 hours prior and prove the completion of the test and the negative result by a certificate from the healthcare provider, or
f) the person at the school or school facility has taken a rapid antigen test (RAT) 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.

[1] Regulation (EU) 2021/953 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and recognition of interoperable certificates on vaccination, testing and recovery in relation to COVID-19 (EU COVID digital certificate) was published in the Official Journal of the European Union to facilitate free movement during the COVID-19 pandemic.

Regulation (EU) 2021/954 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and recognition of interoperable certificates on vaccination, testing and recovery in relation to COVID-19 (EU COVID digital certificate) in relation to the nationals of third countries with permits to stay or reside in EU member states during the COVID-19 pandemic.

II.

Effective from 12:00 a.m. on 1 September 2021, the extraordinary measure of 30 July 2021 Ref. No. MZDR 14601/2021-22/MIN/KAN is repealed.

Rationale:

I. Assessment of the current epidemic situation

From the global trend in the number of COVID-19 cases in recent weeks, we are again seeing a gradual increase in the number of new cases of COVID-19, as illustrated by data presented on the websites of the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (/WHO). As can be seen from the latest data published by these international organizations and other governmental institutes, although the number of infected people is currently on an upward trend, the number of hospital admissions and the number of people in serious condition will not rise as sharply as in autumn 2020 or spring 2021. The vast majority of new hospitalizations and persons in serious condition are unvaccinated. This trend is evident in the Czech Republic as well as, for example, in Israel, the USA and the UK. Vaccination significantly protects especially against severe disease.

A daily overview of the number of persons with newly diagnosed COVID-19 disease and other monitored parameters in the Czech Republic is regularly published on the website https://onemocneni- aktualne.mzcr.cz/COVID-19, where various datasets are also available to assess the evolution of COVID-19 infection in a timeline.

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

Current data and trends in monitored indicators and parameters for epidemic assessment show a slight increase in new cases in recent weeks (a 5% to 10% increase week-on-week), but this is often linked to incidence within localized outbreaks. The current development is still influenced by the long-term increased number of new cases in the territory of the City of Prague compared to the other regions, and in the last week also by development in the Liberec and South Bohemia regions, where in both of these regions the 7-day incidence rate exceeded the threshold of 12.5 cases per 100,000 inhabitants, i.e. the threshold that corresponds to the national average. Consequently, Prague remains the only region with a 7-day incidence above 25 cases per 100,000 inhabitants in the long term, but the situation is not escalating and has stabilized in the last week, with the number of cases stagnating and being essentially identical compared to the previous week, as evidenced by only a 5% week-on-week increase.

On the national level, the 7-day incidence rate has been in a very narrow range of 11 to 12.5 cases per 100,000 inhabitants for the last two weeks, thus indicating a stagnation of the epidemic and a stable state of evolution, as no significant escalation in the number of new cases has been observed in any of the regions

However, a closer look at the age distribution of newly diagnosed cases at the national level shows a continued significant increase in the incidence of infection in the 16-29 age group, which accounts for more than one-third of all new cases detected in the last week. There is also a significant proportion in the younger age group, both in the 6 to 11 year old category and in the older 12 to 15 year old category. Each of these groups accounts for around 10% of the total number of new cases.

The increased prevalence in the population of children and adolescents is also due to the

higher number of cases detected in outbreaks occurring during rehabilitation events/children's camps and clubs, which represent a significant part of the identified clusters during the summer holidays. During this summer, despite all the preventive measures (including preventive testing), nearly forty rehabilitation events/children's camps and various sports and recreational clubs have shown an incidence of the COVID-19 disease, with some cases involving significant clusters of several dozen cases.

From an overall perspective, these investigated events are not yet a matter that would signal an increase in the epidemic in the sense of significant community contagion, but rather a situation caused by increased incidence within a given outbreak over a short period of time. Nevertheless, these occurrences indicate the significant risk of these activities and events with the potential for further spread to the population. The basic principle is therefore to localize these outbreaks in time to prevent the spread of the disease further into the population, which would then certainly mean an overall worsening of the situation.

The increased number of cases among young people is not unusual even when looking at developments in neighbouring countries. A higher proportion of cases in adolescents is observed worldwide, often related to the return from holidays, study stays or after attending mass events, as in many European countries. This unfavorable trend is not only related to the still low vaccination coverage of this population group, but also to their "behavioral patterns", often with a reduced willingness to comply with the stipulated measures, as well as the higher number of social contacts and activities in this age group.

An important aspect of the current development is that the continued increased detection of new cases has not yet translated negatively into hospital admissions, as the burden on the healthcare system is an important indicator for assessing the level of risk to public health. In this segment, we are currently observing a stable situation, as the number of patients hospitalized in intensive care units is still low (on average 10 patients requiring high-intensity care are hospitalized in the whole Czech Republic).

This situation is greatly aided by continued vaccination and the associated increase in vaccination rates across population groups. It should be noted, however, that in the oldest and most at-risk population group, i.e. people over 80 years of age, approximately 20% of people are still unvaccinated, which represents a significant risk to the burden of hospital care if the rate of community spread increases again.

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

Looking back at the trend in the number of cases since the beginning of July this year, we can conclude with high probability that this renewed increase in comparison with the values is related to the spread of the delta variant in the Czech Republic. The dominance of the delta variant in the Czech Republic is also confirmed by the press release of the State Institute of Health, which states that the combined data from discriminatory PCR and whole genome sequencing of positive SARS-CoV-2 samples for July revealed the delta variant in 95% of the samples tested. [1]

The trend of a relatively rapid change and rapid increase in newly diagnosed cases was not unusual in other countries either; a similar situation could be or can continue to be observed in the Netherlands, Germany, Austria, Greece, France, the UK, the USA, Russia and other countries where this new variant has started to spread very rapidly. Currently, the delta variant is already the globally dominant variant and accounts 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 a 40% to 60% higher transmissibility than the alpha variant [2,3]. A risk factor 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 [4]. 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 the 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. [5]

II. Risk evaluation

In light of the rapid spread of the SARS-CoV-2 delta variant in Europe and its increased transmission rate, the ECDC conducted an assessment of the risk of the COVID-19 disease in vaccinated, unvaccinated or partially vaccinated persons in June 2021.[7] The ECDC predicts that by the end of August 2021, the SARS-CoV-2 delta variant will cause 90% of the cases. The model scenarios suggest that any easing of the anti-epidemic measures that were introduced in the EU/EEA in early June could lead to a rapid and significant increase in daily cases in all age categories, with associated increases in hospital admissions and deaths potentially reaching the same levels as in autumn 2020. While a rapid easing of these measures could lead to a rapid and significant worsening of the epidemic situation, in contrast, increasing vaccination coverage of the population, especially those most at risk of serious consequences, may help to maintain a favorable trend. The ECDC notes that without the continued implementation of anti-epidemic measures and continued vaccination, there will be a sharp increase in new cases, hospitalizations and deaths.

In the context of the above, the ECDC then carried out a risk assessment of the spread of the delta variant, stratified into 2 population groups (general population and vulnerable population) and within these groups two subgroups (fully vaccinated and partially vaccinated or unvaccinated). In its assessment, the ECDC takes into account the following factors: 1) the characteristics of the delta variant (increased transmissibility, higher risk of hospitalization, low vaccine efficacy after partial vaccination (one dose for a two-dose vaccine)), 2) data on current vaccination coverage in EU/EEA countries, 3) plans by most countries to ease non-pharmaceutical measures.

The overall risk of SARS-CoV-2 infection for the general population is considered to be low for fully vaccinated persons and high to very high for the partially vaccinated or unvaccinated subgroup. For the vulnerable population, where there is a higher likelihood of hospitalisation or death, the overall risk of infection is considered to be low to moderate for fully vaccinated persons and very high for the partially vaccinated or unvaccinated subgroup.

III. Reasons that led the Ministry of Health to issue the extraordinary measure

A critical factor in controlling the epidemic of COVID-19 is the proportion of susceptible persons in the population. The ECDC estimates that a large proportion of the European Union/European Economic Area (EU/EEA) population remains susceptible to SARS-CoV-2.[8] In the Czech

Republic, more than 5.4 million people (approximately 50% of the total population) have completed vaccination as of 18 August 2021. Significantly below this threshold is the aforementioned population group aged 16 to 29 years, where less than 40% of the population group is fully vaccinated, while significantly above this threshold is the vaccination coverage of persons aged 65 years and older, which is around 80% in this cohort, but even here, due to the higher risk of severe disease, the vaccination coverage is still insufficient.

The current overview of vaccination is available on the website https://onemocneniaktualne.mzcr.cz/vakcinace-cr .

With regard to the duration of immune protection after the disease, the protective effect of a previous SARS-CoV-2 infection is estimated to range from 81% to 100% from day 14 after the first infection for a follow-up period of five to seven months. The exact period of protection against further infection (reinfection) for a person who has already contracted the disease has not yet been determined. Lower antibody titers have been observed in people with asymptomatic or clinically mild disease. Protection against reinfection is also lower in persons aged 65 years and older [9]. However, these studies were conducted before the emergence of new SARS-CoV-2 risk variants (*variants of concern, VOCs*). Neutralizing antibodies protect against reinfection with a homologous virus, but their neutralizing ability is reduced against some new SARS-CoV-2 variants, especially those carrying the E484K mutation [8]. Individuals who are reinfected may still be able to transmit the SARS-CoV-2 infection to susceptible contacts [9]. Neither the protective level of antibodies in an individual nor the duration of protective immunity after complete vaccination has yet been accurately determined. Vaccination significantly reduces the viral load and infection rates in vaccinated persons. Vaccine efficacy varies according to the vaccine and the target group. However, the protection against infection, risk of transmission or risk of the severe form of the disease may diminish with the passage of time since vaccination. The monitoring period of vaccinated persons has not yet been long enough to determine long-term protection after vaccination, and therefore its duration cannot be clearly determined [9]. However, the decline in serum antibodies during recovery may not reflect a waning of immunity per se, but rather a contraction of the immune response with the development and persistence of virus-specific, long-lived B cells in the bone marrow [9]. In new mutations of the virus, protection may be lower after the disease and after vaccination. Estimation of the susceptible population in the Czech Republic is therefore difficult to determine at the moment due to the above factors, and it is therefore necessary to remain vigilant in the easing process and to ease activities in a controlled manner and to regularly evaluate the impact of this easing.

In view of the current relatively stable development of the epidemic (especially hospitalizations) and the absence of risk indicators, as described above in the section evaluating the current epidemic situation, it is possible to proceed to the further controlled and gradual easing under clearly-defined conditions and in compliance with the established anti-epidemic measures, including the continued obligation to prove the “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 controlled process of easing is necessary in particular to ensure that there is no 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, because despite the increasing number of fully vaccinated persons, vaccination coverage of the population in the Czech Republic still does not reach the minimum threshold of at least 80% required to achieve collective immunity. At present, more than 400,000 people over 60 years of age are still not vaccinated with even one dose, which, with the likelihood of a severe course of the disease (observed in the elderly ranging from 25 to

30% over the long term), and if the number of new cases were to escalate, would mean a consequent increase in the number of hospital admissions and the associated increase in the burden on the health system and, in a significantly negative scenario, a renewed reduction in the provision of standard care due to exceeding the capacity of the healthcare system. This is underlined by the fact that the delta variant, according to a study published in the Lancet based on the monitoring of hospital admissions in Scotland, is more likely to be severe in those with a higher number of comorbidities, primarily in unvaccinated people [10].

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 seeks to balance the need for a preventive approach and control of COVID-19 disease development so that the established anti-epidemic measures are as effective as possible in terms of managing the epidemic effectively and minimizing the potential risks to public health associated with the easing of certain activities, while at the same time not causing major economic and social impacts. An essential aspect of setting up individual measures is to evaluate the impact of these 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 slow down, respectively stop the epidemic.

This extraordinary measure lays down specific and effective anti-epidemic measures taking into account the principle of 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, the impossibility of maintaining safe distancing 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 (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 safest possible operation with regard to the specific conditions of the given activities. Although the Ministry refers to the current epidemic situation, the primary purpose of the system of anti-epidemic measures 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 situation in the Czech Republic. In order to reduce the risk of spreading the disease when performing activities or services that have been assessed as having a potential risk of spreading the disease in the presence of an infectious person, the requirement to provide proof of vaccination or a negative test result for the presence of the SARS-CoV-2 virus or its antigen, or of having contracted the disease, has been established in order to minimize the risk of entry (or use of services) by a potentially infectious (even asymptomatic) person who could be a source of infection for others. The fulfilment of the conditions for the use of the services at establishments 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. 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.

It should be mentioned here that the importance of vaccination cannot be reduced to a means of proving that one is free of infection when entering an establishment or attending an event. Its main benefit is that if a vaccinated person comes into contact with a sick person, the risk of infection is incomparably lower and less likely than for an unvaccinated individual who has not yet contracted the disease. At the same time, vaccinated persons have been found to have a significantly lower viral load in the event of infection, as well as a reduced shedding time of SARS-CoV-2. [11,12]

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. Testing 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 compulsory for a person wishing to use the service or take part in the activity in question not to show clinical signs of the COVID-19 disease, such as: a temperature of 37° C or more, a dry cough, difficulty breathing, loss of taste and smell, pain in the throat, head, back, muscles or joints, fatigue, less frequently a runny nose, diarrhea, lack of appetite or nausea. 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.

Two objectives should be pursued when setting anti-epidemic conditions. Firstly, to try to limit the risk of an infectious person being present in areas of higher concentrations of people, and secondly, if an infectious person is present in these areas despite the precautions set, to minimise the risk of spreading the infection to other people. While a person who is tested is at significantly lower risk of coming to an event infectious, unlike a person who is vaccinated, they may not be adequately protected from infection if they are around an infectious person, especially if they have not yet contracted the disease. It should be mentioned here that the importance of vaccination cannot be reduced to a means of proving that one is free of infection when entering an establishment or attending an event. Its main benefit is that if a vaccinated person encounters an infectious person, the risk of infection is incomparably lower and less likely compared to an unvaccinated individual who has not yet contracted the disease. This extraordinary measure therefore lays down the conditions under which participation in mass events may be undertaken in order to minimise the risk of the presence of an infectious person and thus minimise the risk of disease transmission to other persons present at the mass event. In setting them, account was also taken of the fact that outdoor premises are safer than indoor premises in terms of the risk of transmission of COVID-19. [13,14] The increase in the number of persons is made possible because of the increasing vaccination rate of the population, and therefore the reduction in the proportion of persons susceptible to infection. Reducing the risk of disease transmission via droplets or aerosol is further addressed in some cases by limiting capacity, if necessary, especially indoors.

In the event that no extraordinary measures are implemented and no appropriate conditions are stipulated for the operation of the listed activities and for the participants at events, 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.) [15,16].

The importance of maintaining anti-epidemic measures is illustrated by the aforementioned foreign experience where, for example, in the Netherlands [15] the planned further easing was abandoned, and new measures were introduced in response to the increase in the number of cases related mainly to visiting night clubs and bars. A similar approach is being applied in the other countries mentioned, and for this reason it is necessary to monitor the situation and development trends and to proceed with a caution during easing, and regularly evaluate the defined anti-epidemic measures.

The implemented activity-specific anti-epidemic measures are in addition to the systemic measures that have been 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.[17] Minimizing close contact with others and maintaining a spacing of 1-2 meters is considered a key anti-epidemic measure in the case of the COVID-19 disease. [14]A

systematic review and meta-analysis [18] of 172 observational studies in both healthcare settings and the community that examined the effect of distancing from the source patient and the use of respiratory and eye protection on the risk of transmission of SARS-CoV, MERS-CoV, and SARS-CoV-2 concluded that maintaining a physical distance of at least 1 meter, the use of face masks and eye protection were associated with a much lower risk of transmission.

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. [17,19,20,21]Surface disinfection is one of the most effective ways to prevent secondary transmission of SARS-CoV-2 between an infected person and other people. [22]Therefore, the provision of disinfectants and regular disinfection of touched surfaces are appropriate and simple anti-epidemic measures. Studies have shown that the ability of SARS-CoV-2 virus to survive on porous surfaces is not great and the virus survives only a few minutes to hours, whereas a viable virus can be detected on non-porous surfaces for days to weeks. A 99% reduction in infectious SARS-CoV-2 and other coronaviruses can be expected under typical indoor environmental conditions within 3 days (72 hours) on common non-porous surfaces such as stainless steel, plastic and glass. [23-28]

It is clear from the opinion of the ECDC that inadequate ventilation in enclosed indoor spaces is associated with the increased transmission of respiratory infections, including COVID-19. In addition to the sufficient natural ventilation of these spaces, the use of HVAC (heating, ventilation and cooling) systems can reduce indoor transmission by increasing the air exchange speed, reducing air recirculation and increasing the use of outdoor air. [7,13,29]Air recirculation or the use of air conditioning alone may result in the more significant airborne transmission of pathogens [30]. With air recirculation, there is a risk of accumulation of dangerous contaminants in the room. Replacing all the air in the room where the source resides/resided once per hour reduces the risk of illness by about half; replacing it 6 times per hour reduces the risk of illness by 4-13 times, depending on whether the risk was calculated for simply breathing, sniffing, coughing, or sneezing and singing. [31]

The use of respiratory protective equipment is another measure to reduce transmission in indoor and crowded outdoor spaces. [14]

The aim of the complex of applied anti-epidemic measures, including the ongoing vaccination campaign, is to achieve collective immunity as soon as possible, 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 economy and society as a whole, can be minimized to the lowest possible level so that effectively no regulation beyond normal anti-epidemic 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, services and other activities and the possibility of their being visited or used by such persons. As the number of vaccinated persons increases, the negative impact on business is reduced,

as vaccinated persons (or persons with a certificate of recovery from illness or a negative 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 the 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 m^2 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 m^2, 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 space of 10 m2 per person is determined because this space would correspond to a circle with a radius of 1.8 m around the person, leaving a residual space in the space around the circles, i.e. a distance of 1.5 m between persons can be considered for the stated 10 m2. In its 2020 recommendations, the WHO also states this spatial capacity [32]. How many square meters per person in an indoor space serves as sufficient protection against the spread of COVID-19 is also under investigation and has not been clearly established, but based on the experience of the current pandemic, it is clear that adherence to a minimum spacing of 1.5 meters between persons has been shown to reduce virus transmission. Measures such as limiting the distance between people or reducing occupancy capacity are appropriate in susceptible populations. Providing more space and increasing the distance between people reduces transmission rates [33].

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 is obliged to ensure that customers are informed of these 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. Furthermore, the operator is obliged to ensure maximum possible air circulation with the intake of outdoor 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 submits a 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.

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 large numbers of 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. Based on inspections of the fulfilment of the conditions stipulated by extraordinary measures at 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 demonstrate a negative test result or document of vaccination or recovery from disease applies to catering establishments which do not serve the public, since they are places intended for homogeneous groups 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, where the food is consumed away from the establishment.

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 contagion. 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. [13]Dancing is only allowed for persons who present a certificate of completed vaccination, proof of recovery from illness or a negative RT-PCR or RAT 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 of these factors, combined with dancing, generally in indoor premises, increase the risk of contagion. 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. [34] The maximum “age” of a test result 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 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 [35], or the analyzed outbreaks in Hong Kong, where the clusters with the highest number of cases were in this type of establishment. [36]From a general perspective, most countries rate night/dance clubs as high-risk, e.g. the Australian Health Protection Principal Committee (AHPPC)[37] 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), the conducting of 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, 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. [38] Also worth noting is the 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. [39]The above 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 July 2021 in several larger clusters, the largest of which had over 40 confirmed cases of the disease. The largest cluster in this respect was the cluster investigated in 2020, with almost 250 traced cases found to be linked to attendance at the given establishment or contact incidents of these cases, and which resulted in spreading the disease to most of the regions.

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, know each other and would make any tracing much easier in the case of contact with a positive person. 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. Incidentally, this was demonstrated by the aforementioned outbreak in the summer of 2020. Tracing in this case alluded to the fact that there was mainly incidental contact between the persons present during dancing and the consumption of alcoholic beverages, who were then unable to identify their contacts in the event of a 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 m^2, 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 1.5 meters between persons in the publicly accessible areas of the shopping center (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 reduce the risk of contagion in indoor shopping centre premises, 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 spread of 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 contagion. In the case of the consumption of food, including drinks, directly on the premises, similar conditions are stipulated as for catering establishments, namely that no more than 6 persons, excluding persons from the same household, sit at one table.

If the table has 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 6 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, etc.) are regularly disinfected. Due to the average incubation period of the 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. Furthermore, we must not overlook the fact that this is a temporary accommodation service, where a high fluctuation of persons from various places, including abroad, may be assumed. 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 or quarantine, or persons in need of housing).

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. The necessity to establish the above conditions for the provision of spa rehabilitation care is already in place because of the expected composition of the clients of these facilities. For the most part, these are elderly people with associated diseases, who are at a significantly higher risk of a serious course in the event of infection with COVID-19.

Re: point I/8

Taking into account the fact that sports activities can, for obvious reasons, generally only be performed without the use of respiratory protective equipment and that persons come into close contact during most sports activities, 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 to minimise the potential risk of contagion. 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 significantly reduced.

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, and in view of the option of using the maximum capacity of visitors to the establishment, a condition is stipulated that the person visiting the establishment must not show clinical symptoms of the COVID-19 disease, and must also present the negative result of test for the presence of SARS-CoV-2 virus or its antigen or a document of vaccination or recovery from the disease. The operator is obliged to allow entry to the premises only to persons who present the said document. Persons must also maintain a distance of at least 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 reduce 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: visitors to these premises must be able to maintain a distance of at least 1.5 meters, unless they are members of the same household, and the visitors are obliged to observe this distancing. The aim of this regulation is to ensure a safe distance between persons and thus minimise the risk of contagion.

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 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 contagion 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 a document of negative testing, vaccination or recovery from disease, albeit for a very limited number of persons.

Re: point I/11

Under the stipulated 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 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 presenting the said document 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, the development of new cases of COVID-19 in the age group concerned and the precautionary principle in connection with the start of the new school year, conditions (c) and (d) have been laid down, which make participation in the events in question conditional on proof of a negative test result for the presence of the virus or its antigen, or proof of a history of the disease or completion of vaccination. Account has also been taken of the fact that the summer holiday period is generally associated with an increase in the mobility of people, particularly when travelling abroad, which, given the worsening epidemic situation not only in Europe, means an increased risk of infection, including infection caused by one of the high-risk variants of SARS-CoV-2. 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 has been decided that participants in multi-day events shall only provide proof of a negative test, vaccination or illness on the first day

of the event. For these events, children may also use as proof an affidavit of having undergone a preventive test at the school or educational establishment in accordance with another extraordinary measure. 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.

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 protection authority responsible (regional public health authority) for the location of the event without delay and to provide it with the extent of the 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 order to facilitate the participation of children and young people in leisure activities and in view of the system of free public testing, the validity of the rapid antigen test has been set at 7 days for regular activities only (e.g. leisure activities that take place several times a week), which take place in the presence of a homogeneous group.

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. The epidemiological investigation, which is laid down in Section 62a of Act No. 258/2000 Coll., on the Protection of Public Health and on amendments to certain related acts, as amended, is most often carried out in the form of a targeted interview with the patient, the aim of which is to find out as much relevant information as possible for the further action of the public health protection authority, inter alia, to define the extent of the outbreak in terms of place and time. The aim is to trace the source of the infection, other potentially infected persons (epidemiologically relevant contacts with the sick person) and information on the route of transmission; basic data on the sick person and their contacts are collected in the course of the interview. 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, cinema and other artistic performances, including circuses and variety shows, sports matches, games, competitions, etc., congresses, educational events and in-person examinations consists primarily in the requirement that participants may attend the event only if they do not show clinical signs of COVID-19 disease and if they are able to provide proof of a negative test result, vaccination or illness. The organizer of the event is then obliged to check this document and must not allow entry to persons who do not meet this condition.

A further restriction is that the maximum number of persons must be set so that, if the event is held in a venue with a capacity of up to 3,000 persons, all persons must meet the condition of a negative test result or a completed vaccination or illness within 180 days.

Where the event is held in a venue with a capacity of more than 3,000 persons, it is permissible

to increase the maximum number of spectators to 100% of the capacity, provided that at least half of the persons above the 3,000 person limit must provide proof of completion of vaccination or proof of illness and the remainder of the capacity may be occupied by persons with a negative antigen or RT-PCR test result. This precisely defined increase in capacity is based on the fact that the risk of infection in vaccinated persons and in persons within 180 days of disease confirmation is significantly lower than in persons who have a negative PCR or antigen test. Similarly, these persons have a significantly lower risk of becoming infected if they come into contact with the disease. [34]

In addition, there is a requirement for a minimum distance of at least 2 meters between the spectators and the stage, sports area or other designated performance 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 the event that the participants of the aforementioned events provide proof of a negative test result for the presence of the SARS-CoV-2 virus or its antigen or proof of having contracted the COVID-19 disease or proof of vaccination, the number of persons present indoors may be increased up to 1,000 persons, and in the case of an event held exclusively outdoors, up to 2,000 persons. At the same time, only persons who do not show clinical signs of COVID-19 may attend these events.

The size of the group is stipulated because with the increasing number of persons in the group, the possibility of observing safe distancing is reduced and the risk of contagion 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 the said document, albeit for a very limited group.

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 present a document of a negative test result, vaccination or recovery from disease, under the condition of fulfilling the requirements for 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 low number of persons 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, demonstrate a negative test result or document of vaccination or recovery from disease, the organizer's obligation to check the document 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.

At the same time, in order to facilitate the participation of persons (especially children and young people) in regular organized sports training activities in a homogeneous (unchanging) team, the validity of the antigen test for the purpose of these activities is set at 7 days. The regular repetition of the antigen test increases its ability to detect infection in a particular person.

The exception under letter (f) is stipulated because singing is considered to be 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 50 persons, with a minimum distance of at least 1.5 meters between each person, and the necessary condition of no clinical symptoms of the COVID-19 disease and the obligation to demonstrate a negative test result or document of vaccination or confirmation of recovery from disease. The organizer of the choirs is obliged to keep a register of persons for the purposes of any epidemiological investigation. This record will facilitate the subsequent tracing of at-risk contacts in the event of the occurrence of the disease in this activity.

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. Therefore, to preserve the safe organization and course thereof, an obligation is stipulated to present a document of negative test result, completed vaccination or recovery from the disease.

Re: point I/16

The range of persons is defined who, on the basis of current scientific knowledge on acquired immunity and 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 the completion of vaccination according to the vaccine's SPC. An alternative to demonstrating probable 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 RAT antigen test for the presence of the 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.

In the case of an online antigen test, the validity period of this test is set at 24 hours because it is a self-test (for use by a non-professional) performed in the home environment and is not an antigen test performed by a healthcare professional.

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 or third country, 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.

The following are the current Ministry of Health reasons why the presence of SARS-CoV-2 antibodies cannot be accepted as evidence for entry into certain indoor and outdoor areas or participation in mass events or other activities.

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 the 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 (the 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, and thus have apparently been asymptomatic during COVID-19 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., the 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. [40] 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 the 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. [41]

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 a previous infection, it may not guarantee protection from reinfection or infection caused by an emerging variant. [42]

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 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.

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