



Prague, 30 June 2020

Ref. No.: MZDR 20599/2020-13/MIN/KAN

MZDRX01AUPZV

PROTECTIVE MEASURE

The Ministry of Health, as the competent administrative authority, pursuant to Section 80(1)(h) of Act No. 258/2000 Coll., on Public Health Protection and amendments to certain related acts, as amended (hereinafter referred to as "Act No. 258/2000 Coll."), **orders** this Protective Measure, proceeding pursuant to Section 68(1) of Act No. 258/2000 Coll., in order to protect against the occurrence of the COVID-2 disease caused by the new SARS-CoV-2 coronavirus:

I.

Effective from 12:00 a.m. on 1 July 2020, it

I. orders

1. all persons who entered the Czech Republic from 12:00 a.m. on 1 July 2020,
 - a) to report the incidence of any symptoms of an early infectious disease (in particular elevated temperature, cough, shortness of breath, digestive problems, loss of smell, overall weakness or other symptoms) immediately, via telephone or any other means of remote access, to the healthcare provider with whom they are registered in the discipline of general medicine or general pediatric medicine or, if they are not registered with any provider, to any provider in the discipline of general medicine or general pediatric medicine,
 - b) to undergo examinations for symptoms of an infectious disease when crossing the state border, and if the symptoms of an infectious disease are detected, to provide the necessary cooperation to healthcare workers in conducting the taking of a biological sample in order to determine the presence of the COVID-19 disease;
2. all persons who have stayed for more than 12 hours in the last 14 days in the territory of countries that are not on the list of countries with a low risk of COVID-19 contagion according to point III., immediately after entering the territory of the Czech Republic, to notify this fact, by telephone or other remote access, to the competent regional hygienic station according to the place of residence or declared stay and immediately undergo an RT-PCR test for the presence of SARS CoV-2 at their own expense, unless the public health protection authority has decided on other quarantine measures in individual cases in accordance with Act No. 258/2000 Coll. and on the duration of these measures; this does not apply:
 - a) for international transport workers, if the reason for entry is substantiated by an appropriate document,

- b) for foreigners with a residence permit in the European Union who transit within 24 hours through the Czech Republic for the purpose of travelling home and have a note issued by the diplomatic mission for this purpose,
 - c) for diplomats and officials of international organizations registered with the Ministry of Foreign Affairs, provided that their stay in the territory does not exceed 14 days;
3. regional hygienic stations, to impose the necessary quarantine measures on persons who report their entry into the Czech Republic pursuant to point 1.2, and even within 72 hours of entering the territory of the Czech Republic, they did not submit the result of the RT-PCR test for the presence of SARS CoV-2 from the territory of the Czech Republic to the locally competent regional hygienic station, and if the test proved the presence of SARS CoV-2, they decided on isolation according to Section 64 a) in connection with Section 2, (6) and (7) of Act No. 258/2000 Coll., on the Protection of Public Health and on the Amendment of Certain Related Acts, as amended;
4. a ban on entry into the territory of the Czech Republic for all third-country nationals who are not on the list of countries with a low risk of COVID-19 meeting the condition of reciprocity according to point III. and foreigners who have a temporary or permanent residence in these countries; this does not apply:
- a) for foreigners with a long-term or permanent residence permit in countries with a low risk of COVID-19 contagion according to point III.,
 - b) for holders of a valid long-term visa, long-term, temporary or permanent residence permit for the territory of the Czech Republic issued by the Czech Republic,
 - c) for foreigners who were issued a short-stay visa by the Czech Republic after 11 May 2020,
 - d) for foreigners with a residence permit in the European Union who transit within 24 hours through the Czech Republic for the purpose of travelling home and have a note issued by the diplomatic mission for this purpose,
 - e) for family members pursuant to Section 15a(1) of Act No. 326/1999 Coll., on the Residency of Foreigners in the Czech Republic and on the amendment of certain laws, as amended, citizens of the Czech Republic or citizens of the European Union with a domicile in the Czech Republic,
 - f) if the entry of these foreigners is in the interest of the Czech Republic, if the reason for entry is documented by an appropriate document,
 - g) for international transport workers, if the reason for entry is substantiated by an appropriate document,
 - h) for diplomats and officials of international organizations registered with the Ministry of Foreign Affairs,
 - i) in urgent emergency situations (the need to provide planned health services, fulfillment of a duty imposed by a court, travel on the basis of a summons by a state authority, enforcement of a court decision, official proceedings, necessary care for close family members who are unable to take care of themselves, the exercise of the right of care or contact with a minor, other humanitarian situations) if the reason for entry is substantiated by an appropriate document;
5. to all entities that accept foreigners in the territory for the purpose of economic activity or

educational activities that entered the territory of the Czech Republic after 1 July 2020, to ensure the following for these foreigners:

- a) accommodation for the entire period of their stay in the Czech Republic, including the place where the quarantine measure will be carried out in the event of its order by the public health protection authority,
 - b) healthcare or a registered healthcare service provider for the entire duration of their stay in the Czech Republic, including payment for healthcare, if not arranged otherwise,
 - c) return to their country of origin in the event of the loss of the purpose of residence in the Czech Republic;
6. to submit to all third-country nationals an application for a residence permit, at the latest before the visa is marked on the travel document, at the relevant diplomatic mission of the Czech Republic, a document pursuant to Section 31 (3) b) of Act No. 326/1999 Coll., on the stay of foreigners in the territory of the Czech Republic and on the amendment of certain acts, as amended, which contains the obligations of the entity pursuant to point I.5;
7. not to accept applications for visas and temporary and permanent stays at diplomatic missions of the Czech Republic in countries that are not on the list of countries with a low risk of COVID-19 contagion fulfilling the condition of reciprocity according to point III., with the exception of applications for:
- a) short-stay visas for the purpose of seasonal employment or for the purpose of employment if the foreigner is employed in food production, health care or social services,
 - b) short-stay visas for scientific, key and highly qualified staff, provided that the conditions set out in the Key and Scientific Staff Program and the Highly Qualified Staff Program, and critical infrastructure service staff are met,
 - c) short-stay visa due to a reason according to point I.4 e) to i),
 - d) long-term visas for the purpose of seasonal employment,
 - e) extraordinary work visas,
 - f) temporary residence, if they are submitted by foreigners included in government programs in order to achieve an economic or other significant benefit for the Czech Republic,
 - g) permanent residence, if they are submitted by foreigners included in the government program according to Government Resolution No. 1014/2014,
 - h) long-term residence permits for the purpose of scientific research and applications for residence permits for over 90 days for the spouses and minor children of scientific workers,
 - i) long-term visas and long-term residency permits for the purpose of study,
 - j) long-term or permanent residence permits for the purpose of joint family cohabitation in the country and applications for long-term visas for family purposes, in the case of spouses or minor children of a foreigner with a long-term or permanent residence permit in the Czech Republic,
 - k) issuing of long-term visas for the purpose of picking up a residence permit in the Czech Republic;
 - l) long-term visas and long-term residence permits for the purpose of other educational activities, cultural, sports and for the purpose of work leave, these exceptions apply only for visa and temporary residence applications at the diplomatic missions of the Czech Republic in countries whose measures implemented in reaction to the COVID-19 pandemic allow the acceptance of such applications; the Ministry of Foreign Affairs will publish a list of these countries via means enabling remote access;

8. interrupt all procedures regarding residence permit applications for over 90 days filed at the diplomatic missions of the Czech Republic, except for procedures about applications submitted at the diplomatic missions of the Czech Republic in countries whose measures implemented in reaction to the COVID-19 pandemic allow the performance of steps within the procedure; the Ministry of Foreign Affairs will publish a list of these countries via means enabling remote access;
9. not to mark the visa in the travel document for foreigners according to point I.7 l);
10. all persons referred to in point I.2., including persons referred to in point I.2. a) to c), the obligation to wear respiratory protective equipment for the period referred to in point II., or for a period of 14 days, in particular in the case of persons referred to in point I.2. a) if the period referred to in point II cannot be used;

II. prohibits

for all persons according to point I.2, free movement on the territory of the whole Czech Republic for the period of stay in the territory of the Czech Republic, or until the submission of the RT-PCR test for SARS CoV-2 according to point I.3, or until the end of the quarantine measure, except for:

- a) journeys to employment and movement in the course of employment and journeys to perform business or another similar activity, including journeys to educational establishments and movement in the course of the performance of that activity; this does not apply to the persons referred to in point I./4,
- b) travel required to arrange essential life needs, to ensure child care, to ensure pet care, to use the necessary financial and postal services, and to refuel,
- c) travel to healthcare facilities and social services facilities,
- d) travel to take care of urgent official matters,
- e) travel back to one's home;
- f) funerals;

III. stipulates

1. that the list of countries or parts thereof with a low risk of COVID-19 contagion, including countries that do not meet the condition of reciprocity, is determined by a notice published on the website of the Ministry of Health;
2. that a citizen of a third country is a foreigner, except for a citizen of the European Union and a foreigner within the meaning of Section 1 (3) of Act No. 326/1999 Coll., on the Residence of Foreign Nationals in the Territory of the Czech Republic and on Amendments to Certain Acts, as amended.

II.

Effective from 12:00 a.m. on 1 July 2020, the protective measure of the Ministry of Health Ref. No. MZDR 20599/2020-8/MIN/KAN, of 12 June 2020 is repealed.

III.

This protective measure shall take effect on the day of its issue, with the exception of point I.6, which shall take effect on 13 July 2020 from 12:00 am.

Rationale:

An epidemic refers to the increased incidence of a disease which is limited geographically and in time. During epidemics of an infectious disease, there is typically a steep rise in the number of cases in time, where the contagion rate achieves higher values than regular sporadic contagions. The contagion rates at which epidemic spreading is achieved (the epidemic threshold) are various and differ according to the disease. For some diseases, the epidemic threshold value is not precisely known. The main criterion to determine whether or not there is an epidemic is the mutual epidemic connection between individual cases of the disease. The speed of the disease's spread in the population depends on the originator of the contagion, the incubation period of the disease and the transmission paths. The most serious epidemics in terms of impact and burden on the population are those caused by person-to-person contagion. The highest contagion rate in the population is reached through airborne spreading, via droplets which contain the infectious agent that are released in the patient's space when speaking, breathing, coughing and sneezing. Every infectious disease epidemic is an epidemic process composed of three basic elements: source of contagion, transmission path and a vulnerable individual.

In connection to the ongoing pandemic of COVID-19 disease and the adopted measures to avert its direct impact on the health of the Czech population, it has been shown that the most important tools to influence the ongoing epidemic and stop its uncontrolled spread is to target these individual elements of the epidemic process. The source of infection can be isolated and treated, disrupting the transmission path and protecting the vulnerable individual, or instance through quarantine measures or vaccination, whereas the latter is not yet available in relation to the COVID-19 pandemic.

During the epidemic spread of an infectious disease, there is a risk that without the adoption of protective or extraordinary measures, the infection will spread uncontrolledly throughout the population, possibly exhausting the healthcare system's capacity for isolation and treatment, with a fundamental impact on the population's health as a consequence. The most dangerous is parallel spreading, where one infected person simultaneously infects more than one person, thus leading to a massive spread of the infection through the population.

The key measures include the possibility of effective disruption of contagion between individuals and across the population (limit congregation, limited provision of selected services, use of protective and disinfectant products).

The main objective of the measures is to disrupt the uninterrupted epidemic process and stop the epidemic as quickly as possible with the lowest possible loss of life, while simultaneously minimizing the negative impacts on the economy (but with respect to the primary objective - stopping the epidemic). This can be achieved by restricting personal movement, limiting the holding of large events, limiting the operation of epidemiologically risky activities, using adequate personal protective equipment and increased disinfection.

The measure, along with the other valid measures is focused on ensuring a wide range of specific measures which take into account preliminary caution in connection to the further spread of the COVID-19 disease.

The aim of the measures is to restrict certain activities or services, whereas this restriction is important particularly in the case of person-to-person contagion of infectious diseases, as is the case of COVID-19. In the case of a serious infection, which is spread through contaminated droplets (aerosol), it is essential to avoid concentrations of people especially in closed spaces, while stipulating other conditions regarding their staying in such places. For this reason, it is necessary to use instruments to regulate operations in such locations.

The aim of this measure is to conduct the steps needed to further slow the spread of COVID-19, continue flattening the curve of persons infected with the SARS-CoV-2 coronavirus, which causes the COVID-19 respiratory disease in the Czech Republic, and thus prevent the overloading or collapse of the healthcare system, as happened or is happening in countries which did not adopt

adequate measures in time (i.e. Wuhan in China, Italy, Spain, France, Great Britain, and certain parts of the USA, especially New York, in South America, etc.), while continuing with the set easing measures. In the given situation, flattening the curve of the number of persons infected with SARS-CoV-2 coronavirus is geared towards achieving three fundamental positive outcomes:

- Preventing the overfilling of hospital capacities. This should allow the maintenance of essential medical care for patients who are not threatened by the SARS-CoV-2 coronavirus, and of those patients with the COVID-19 disease who require hospitalisation. The aim is to keep the mortality rate in the range of 2-3%, as has been successfully done in the Czech Republic to date, without it rising to the global average of almost 10%, or even 18 or more percent, as is the current rate particularly in France (where the mortality rate is almost 7%), Netherlands, Belgium, Spain, Italy or Great Britain. Yet according to the State Health Institute, referring to data and analyses of the European Centre for Disease Prevention and Control, a serious condition requiring hospitalisation can appear among more than 30% of those infected, of which on a broader average almost 2.5% of those infected (but probably substantially more) are patients in critical condition. The uncontrolled spread of the epidemic could affect far higher percentages of the population within a short period of several months.
- Prevent the explosive spread of the COVID-19 disease, during which there would be an increased rate of (a) spread of more aggressive strains of the SARS-CoV-2 coronavirus and (b) higher concentrations of the SARS-CoV-2 coronavirus in the body. A higher concentration of SARS-CoV-2 coronavirus in the body and the presence of its more aggressive strains leads to a wider range of health complications in those infected and higher mortality, according to current scientific findings.
- Reduce the mortality rate and frequency of serious cases of infection, because over time knowledge about the behaviour of SARS-CoV-2 coronavirus and methods of treating the infection and easing its consequences will be greater. Finally, a cure or vaccine should be developed. It is generally known that even now, experimental treatments using various types of antiviral substances (e.g. remdesivir or hydroxychloroquine) are underway, and in some cases this treatment has shown certain results.

If none of the extraordinary measures had been implemented, it cannot be precluded given the foregoing information that the total number of infected persons in the Czech Republic could have reached one million, of which the disease could have required hundreds of thousands to be hospitalised (whereas a non-negligible number of those hospitalised could require demanding intensive care based on current findings). Tens of thousands of people could have fallen victim to the disease. The Czech healthcare system (or the healthcare system of any other country for that matter) could not have handled this, not least due to the number of intensive care beds for adult patients (meaning ARD and ICU combined) and the number of ventilators for adults, whereas a part of these capacities is occupied by patients with other illnesses, meaning that only a part of them can still be reserved for patients with coronavirus. If the number of available intensive care beds and lung ventilators had been exceeded, the number of victims would start rising dramatically; had the spreading of the contagion been explosive, even very conservative estimates give a figure of hundreds of thousands of victims in the Czech Republic, and they would not be only seniors.

Similar measures as those adopted in the Czech Republic were and are being gradually adopted by the governments of other countries. It must be emphasised that some countries opted for less stringent steps and measures at the beginning. Over time, however, it was found that such moderate measures do not work practically anywhere. These governments gradually intensified their measures. Yet it has come to light that the impact on the population in these cases is worse than the immediate implementation of relatively strict restrictions, which took place in the Czech Republic. Not only does an initial lax approach lead to the explosive spread of the COVID-19 disease (see the cases of Sweden, the Netherlands, Spain, Italy, Great Britain and the USA) and the loss of lives currently in the order of thousands to tens of thousands in the individual countries, but in the end it results in equally strict or even stricter measures than those applied in the Czech

Republic.

The different approach of individual governments is due mainly to the fact that there was very little information about the SARS-CoV-2 coronavirus, its precise characteristics and details about its spread and transmission as at the date of declaring the individual measures, or even now. The various measures of individual countries' governments are undertaken in good faith and considering all the available information. Nevertheless, in the course of the pandemic almost all western countries affected by the COVID-19 contagion gradually took the same steps as the Czech Republic (i.e. declaration of a state of emergency, restriction of movement and entry of foreigners, limitation of retail sales, etc.), even if the procedures of the individual countries may differ in details.

The degree of uncertainty and higher risk related to the COVID-19 epidemic is due to the fact that the virus is gradually developing and mutating, which alters its characteristics. Compared to other viruses, the genetic information of coronaviruses is fairly variable, which is one of the reasons of selection of various strains of the virus. Furthermore, findings about the SARS-CoV-2 coronavirus and its characteristics are also changing dynamically.

Nevertheless, available empirical data indicates that a non-restrictive approach leads to far more adverse consequences than the adopted measures. Beyond the framework of the aforementioned countries, a typical example is as yet benevolent Sweden that, according to available data, has three times the number of infected patients than the Czech Republic, with more than twelve times the number of fatalities (while the population of Sweden and the Czech Republic is almost identical).

The available, especially international comparisons indicate that the strategy adopted in the Czech Republic was and is correct and adequate. Essentially, only an active strategy of social distancing enforced by public authority leads to a reduction of the COVID-19 disease reproduction number and allows gaining control over its spreading, respectively the avoidance of explosive spreading. Unlike the Czech Republic, a number of countries have experienced such an explosive spread, led by those countries which delayed restricting free movement and public encounters.

The possible sudden easing of adopted measures could have far-reaching consequences, and in the extreme case lead to the complete thwarting of the positive results achieved to date in fighting the COVID-19 disease in the Czech Republic.

The European Union Member States gradually implemented mutual medical and subsequently also border controls for entry to their territory, which restricted entry only to selected categories. The reintroduction of internal border controls has been officially announced by 18 Schengen Area members (of a total of 26), given that a number of other European Union and Schengen members implemented additional measures to restrict entry. Within the debate in the European Union, it was recommended to allow free access for persons in similar categories as when entering from countries outside the European Union, and to ensure the free movement of workers in the specified sectors. Free movement within the EU is gradually being liberalised, with a few exceptions.

From the outset, the Czech Republic did not diverge from the global or European average in its adopted measures to restrict entry. Both national and European regulations allow the definition of rules for entry in connection to measures against the introduction of infectious diseases from abroad (Section 68 of Act No. 258/2000 Coll., on Public Health Protection). In reaction to the favorable development of the epidemic, the Czech Republic was among the first in the European Union to start adopting gradual easing measures.

Easing with respect to travel is very cautious and focuses on truly essential reasons for travelling to the territory, with regard to which it is possible to accept the risks related to possible contagion and the causing of another wave of disease.

¹ [https://eur-lex.europa.eu/legal-content/CS/TXT/HTML/?uri=CELEX:52020XC0330\(03\)&from=EN](https://eur-lex.europa.eu/legal-content/CS/TXT/HTML/?uri=CELEX:52020XC0330(03)&from=EN)

In principle, the next stage of easing is defined based on limiting the degree of risk on one hand (mandatory negative PCR test for SARS-CoV-2) and based on the need for travel on the other hand.

On 23 April 2020, the European Union agreed at the European Council on the maximum coordination of easing measures against the spread of COVID-19, based on the Joint European Roadmap.² The main premise for the cross-border regime is to first gradually ease measures on the internal borders and only then on the external borders. In this regard, the European Commission on 13 April 2020 presented more specific guidelines for the procedure on internal borders, which call for easing based on phases, i.e. the easing of measures between regions or member states where the epidemiological situation is similar and the necessary health and hygienic measures are implemented. Any easing should be coordinated and governed by three key criteria (epidemiological development; protective measures including “*social distancing*”; and economic and social impacts). Priority during easing should be given to travel for the purpose of performing a profession and for family reasons. The European Commission also recommends the option of replacing universal border controls with targeted or random checks.³

Due to the favorable and stabilized epidemiological situation in many Member States of the European Union, citizens of most states of the European Union are allowed to enter the territory of the Czech Republic without the obligation to document a negative test result for SARS-CoV-2.

The assessment of the risk level of COVID-19 contagion in these countries is based on data provided by the European Center for Disease Prevention and Control (ECDC) and their comparison with the fourteen-day incidence of this disease in the Czech Republic.

From the mass spread of the SARS-CoV-2 virus and the outbreak of the global COVID-19 pandemic, there was an unprecedented halt in the global mobility of persons within just a few days. Most countries around the world implemented more or less stringent restrictions on entry to their territory. The vast majority of countries restricted entry only to necessary trips (return

² https://ec.europa.eu/info/sites/info/files/joint_eu_roadmap_lifting_covid19_containment_measures_cs.pdf

³ https://ec.europa.eu/info/sites/info/files/communication_freemovement.pdf

home to citizens and foreigners with a residence permit, international transport, family reunification and cross-border workers). The entire European Union reacted to this procedure on 16 March 2020 with the coordinated implementation of a universal ban on entry to the European Union from third countries, with stipulated exemptions. This ban was subsequently extended for the time being until 30 June 2020, with the gradual release starting from 1 July 2020.

The reintroduction of the possibility of entry from third countries is now proposed to be as consistent as possible with coordination at the EU level. The EU Council agreed on a gradual easing based on an evaluation of epidemiological and other criteria, such as reciprocity. On the basis of joint discussions, a Council Recommendation⁴ was adopted on 30 June, summarizing the conditions for the inclusion of a third country in the so-called common green list and at the same time presenting an initial list of third countries with which gradual easing for entry to the EU from 1 July could occur. This list is flexible and should be taken as a maximum. If a Member State assesses that not all criteria are met in a national context (e.g. reciprocity), it may decide not to include the third country in question on the national list. At the same time, the national list should not be wider than the list of third countries agreed by the Council. The evaluation and revision of the common EU list will take place at 14-day intervals. However, the measure for travel from third countries that are not on the so-called green list is completely subject to the condition of a negative test for SARS-CoV-2. However, in the context of the Council's agreement, the group of entry exemptions is being extended to include students and highly qualified staff.

At the same time, restrictions on free movement in the Czech Republic, 14 days after returning from abroad, continue to apply to both foreigners and Czech citizens returning from high-risk countries. Every person who enters the territory of the Czech Republic by crossing a border (regardless of whether or not they have a test) and who is not ordered into quarantine must observe the rules of restricted free movement of persons (meaning they may move about only for the predefined reasons). Even in this case, the main reason is the inaccuracy of testing and the related need to limit the risk of contagion during the incubation period.

In order for the Czech Republic to be prepared for further gradual easing, the submitted material recommends continuing in the administrative proceedings in which further easing may be expected, and where it is possible with regard to the situation in the individual countries.

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

Signed electronically

⁴ See the text of the Council recommendation.