**Community measures – recommendations and practices based on ECDC rapid risk assessment of 12 March described by scenarios[[1]](#footnote-1) and measures implemented by Member States**

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|  | **Scenario 2**  **Measures options** | **Scenario 3**  **Measures option** | **Scenario 4**  **Measures option** |
| **Mass gatherings[[2]](#footnote-2)** | * Mass gatherings above or equal to 1000 participants, including, but not limited to, conferences, demonstrations, meetings, sport events, cultural and social events in public and private spaces, strongly recommended to be cancelled. * Option: Sport events to be held without spectators, if in excess of 1000 participants. | * Mass gatherings, regardless of size, including conferences, demonstrations, meetings, sport events, cultural and social events in public and private spaces to be cancelled. | * Mass gatherings should be cancelled. |
| * Below 1000 participants, the individual organizer must assess the risk involved in the organization of the meeting, coordinated with public health and other relevant national authorities. | - Essential mass gatherings recommended to be conducted via video conferencing. |  |
| * Cancellation of all congresses, seminars, conferences or courses where health professionals participate. |  |  |
| Strongly recommended   * to avoid mass gatherings in confined interior space * to hold essential mass gatherings, where possible, in open spaces. * to cancel non-essential meetings. |  |  |
| * Special guidelines to support organizers in their assessment of risk (can be produced by the ECDC). * All gatherings to ensure handwashing facilities, cleaning before and after and low risk ventilation. | - All gatherings to ensure handwashing facilities, cleaning before and after and low risk ventilation. |  |
| **Public spaces** | * Communal sport activities held in in gyms, swimming pools and/or sport centers can remain open if inferior to 1000 participants. * Communal sport activity centers should be immediately suspended in case of infection and reopened after environmental cleaning. | * All public spaces are recommended to close. If necessary to open, only if social distance can be guaranteed and below 1000 participants * Communal sport activity centers recommended to close if cannot ensure necessary social distance and below 1000 participants. * Communal sport activity centers should be immediately suspended in case of infection and reopened after environmental cleaning. | - Closure of public spaces including museums to the public, activities of public offices (consideration on the provision of essential services);  - Closure of theatres, cinemas, restaurants, bars;  - Closure of commercial activities, except those of essential services;  - Obligation to access essential public services and shops for the purchase of basic necessities goods using personal protective equipment. |
| * The operation of public transport is maintained * Measures to decrease density of passengers, and increased ventilation onboard conveyances. | * Essential public transport should be maintained and promotion of necessary social distance and avoidance of excess of 1000 participants * Extraordinary sanitization to be implemented on public spaces/transport as necessary. * measures to decrease density of passengers, and increased ventilation onboard conveyances. | * The suspension of transportation (both goods and people), with possibility of derogation. |
| * Extraordinary sanitization to be implemented on public spaces/transport as necessary. | * Restaurants, bars and pubs are open for services at tables, if necessary social distance can be guaranteed and below 1000 participants * Restaurant, bars and pubs should be immediately suspended in case of infection and reopened after environmental cleaning. * Other commercial activities to remain open where necessary and social distance should be guaranteed and below 1000 participants * The closure of theaters and cinemas should be considered. * Visits to hospitals, prisons, orphanages etc. are limited and should ensure necessary social distance |  |
| * Soap and water for hand cleaning should be available in public spaces and points of gathering. * Alcohol based gels are a secondary option (not current shortages) | * Soap and water for hand cleaning should be available in public spaces and points of gathering. * Alcohol based gels are a secondary option (not current shortages) |  |
| **Schools** | * School activities should be immediately suspended in case of first infected case in school or indications of local transmission in community and reopened after environmental cleaning and if need be after the duration of 14 days (applicable from kindergarten to university) * E-learning activities to be supported. * School activities equal to or above 1,000 participants strongly recommended to be cancelled * Cancellation of non-essential school travel, exchanges and/or visits strongly recommended * Education facilities need to have washbasins and soap and school need to incorporates handwashing routines (e.g. at start of school, before meals, at end of school * Options to reduce transmission: smaller school groups, increasing physical distance of children in the class, promotion of washing of hands and outdoor classes. * Improve ventilation turnover and increase maintenance frequency * Improve frequency of surface cleaning, including in toilets | * School activities should be suspended first infected case in school or indications of local transmission in community (from kindergarten to university) * Maintenance of e-learning activities, where possible. * Before or instead of closures, health authorities should plan to reduce transmission opportunities within schools while children continue to attend through other measures. These may include smaller school groups, increasing physical distance between children in the class, promotion of washing of hands and outdoor classes. In the event of illness, strict isolation of sick children and staff at home or healthcare facilities is advisable in all the scenarios | * Reactive closures of schools necessary as a consequence of widespread virus transmission in the community and educational settings. |
| **Workplace** | * Employers should encourage and support self-isolation of employees at home in case they experience respiratory symptoms; efforts should be made to identify symptomatic persons in the workplace for this purpose. * At work, flexible work arrangements (telework, video-conferencing, shifts, physical distancing) are encouraged, as well as cancellation of non-essential business travel and visits. * Work places should be immediately suspended in case of infection and reopened after environmental cleaning. * Soap and water for hand cleaning should be available in public spaces and points of gathering. * Alcohol based gels are a secondary option (not current shortages)Improve ventilation turnover and increase maintenance frequency * Improve frequency of surface cleaning, including in toilets | * Telework and videoconferencing is strongly recommended. * Non-essential business travel and visits are to be cancelled. | * Telework and videoconferencing to replace physical presence where it is possible. |
| **High risk groups** | * Visits to patients indoors in nursing homes and hospices should be strongly discouraged. * Elderly people and people with underlying medical conditions are strongly encouraged to remain in their household, while support structures are put in place. * Personal visits to elderly should be limited, replaced by telecommunication as much as possible, with ensuring necessary support (e.g., neighborhood watch). | * Visits to patients in nursing homes and hospices to be banned. * Elderly people and people with underlying medical conditions are strongly encouraged to remain in their household. * Personal visits to elderly should be limited, replaced by telecommunication as much as possible, with ensuring necessary support (e.g., neighborhood watch). | * Similar to scenario 3 |
| **Risk Communication[[3]](#footnote-3)** | * Use mass media and social media with the aim of reaching all households with repeated messages. * Public and private organisations should develop a proactive risk communication strategy and prepare key messaging for the various scenarios, following guidance from public health authorities * Communication material for the public based on above measures to explain their necessity and rationale, should be released and distributed to households * Communication material should be available throughout public spaces, government offices, media, * Setting up a call center. * Methods to monitor uptake of messages, attitudes and practices should be established   **EU Leaflet available[[4]](#footnote-4)** | * Communication material advising all people with acute respiratory infections (with or without travel history) to seek immediate medical attention, following national procedures, which should ideally be by phoning relevant medical service of country, as a first measure | * Similar to scenario 3 |
| **Travel advice[[5]](#footnote-5)** | * Advice against non-essential travel. |  |  |
| * Communication material (e.g. leaflets, posters, available staff, SMS and social media) for travelers should be available at points of entry informing passengers about preventive measures, symptoms of the COVID-19 and how to respond if you fall sick when travelling * Consideration of exit screening at points of entry   **EU Leaflet** | * Communication material (e.g. leaflets, posters, available staff, SMS and social media) for travelers should be available at points of entry informing passengers about preventive measures, symptoms of the COVID-19 and how to respond if you fall sick when travelling   - Prohibition of organized group holidays by travel companies.  **EU Leaflet** | * Similar to scenario 3 |
| **Other measures** |  | Consider ‘cordon sanitaire’[[6]](#footnote-6) | Any possible measure to safeguard functioning of healthcare system and |
|  |  | Measures dignified burial/ funeral services. |

**Scenario 2** describes a situation with increasing number of introductions and of more widespread reports of localised human-to-human transmission in the country (more than two generations of cases outside of sporadic clusters with known epidemiological links). In this situation, the objective remains to contain where practicable and otherwise slow down the transmission of the infection. This will increase the time available for development, production and distribution of PPE and effective therapeutic options, and would play a crucial role in reducing the burden on the healthcare system and other sectors, particularly if wider transmission of COVID-19 is delayed beyond the ongoing influenza season. A reduced burden would also allow for more time to increase laboratory capacity, and increase surge capacity in healthcare services. All these measures will facilitate effective treatment of infected patients. Rapid collection and analysis of epidemiological and virological data will enable targeting of measures in this scenario and later. Within EU/EEA countries, Italy is currently in this scenario. Other countries in the EU/EEA might also be in this scenario, which may have undetected transmission ongoing due to lower level of case detection.

**Scenario 3** describes a situation with localised outbreaks, which start to merge becoming indistinct. In this scenario, there is sustained human-to-human transmission in the country (more than two generations of cases outside of sporadic clusters with known epidemiological links) and an increasing pressure on healthcare systems. The objective at this stage is to mitigate the impact of the outbreak by decreasing the burden on healthcare systems and protect populations at risk of severe disease. At the same time, operational research should guide developing better and more efficient diagnostic and treatment options.

**Scenario 4** describes a situation with widespread sustained transmission where healthcare systems are over-burdened due to a large demand for emergency healthcare services, a strained ICU capacity, overworked healthcare workers and reduced staff availability due to illness, lack of PPE and lack of diagnostic testing capacity. The objective at this stage is still to mitigate the impact of the outbreak, decrease the burden on healthcare services, protect populations at risk of severe disease and reduce excess mortality.

1. <https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-novel-coronavirus-disease-2019-covid-19-pandemic-increased>

   <https://www.ecdc.europa.eu/sites/default/files/documents/social-distancing-measures-in-response-to-the-COVID-19-epidemic.pdf> [↑](#footnote-ref-1)
2. Individual social distancing measures (e.g. avoiding shaking hands and kissing, and avoiding crowded transports and non-essential meetings and mass gatherings) should be recommended at organisational, national and EU levels as a preventive measure.

   Self-isolation of close contacts is relevant in scenarios 1 and 2, whereas during the scenarios 3 and 4 self-isolation of symptomatic persons may be considered to reduce local transmission. [↑](#footnote-ref-2)
3. Covering the mouth and nose when coughing and sneezing (e.g. by using a paper tissue, and sneezing or coughing into the elbow) may mechanically block the droplet transmission that is believed to be the principal transmission mode for COVID-19. The proper disposal of used tissues is important, followed by immediate hand washing after coughing/sneezing.

   The use of surgical face masks decreases the risk of infecting others when worn by a person with respiratory symptoms before seeking medical advice and while being assessed. There is no evidence on the usefulness of face masks worn by persons who are not ill, therefore this is not advisable [↑](#footnote-ref-3)
4. https://www.ecdc.europa.eu/sites/default/files/documents/covid19-leaflet-public-travellers-EC-en.pdf [↑](#footnote-ref-4)
5. When travelling it is best to avoid contact with sick persons, in particular those with respiratory symptoms and fever. Travellers should also practice good hand hygiene. Travellers who develop acute respiratory symptoms within 14 days of returning from areas with ongoing local transmission should be advised to seek immediate medical attention, ideally by phone first, and indicate their travel history to the healthcare specialist [↑](#footnote-ref-5)
6. China, Italy and some other countries have used area quarantines, or so called ‘cordon sanitaire’ in addition to other measures on large cities, with the apparent effect on delaying the spread of this disease in China. There is little evidence suggest that such measures would work against respiratory virus epidemics, unless implemented with such a rigour that there is absolutely no movement across the ‘cordon’ and there is very low prior transmission outside the ‘cordon’. [↑](#footnote-ref-6)