Action plan for implementing the hybrid strategy to control the COVID-19 epidemic in January–May 2021

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Action plan for implementing the hybrid strategy to control the COVID-19 epidemic in January–May 2021

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Abstract

The action plan of the Ministry of Social Affairs and Health of 7 September 2020 (Publications of the Ministry of Social Affairs and Health 2020:26) adopted on 7 September 2020 has guided the authorities responsible for the implementation of the Communicable Diseases Act in using the recommendations and restrictive measures in an appropriate manner with respect to the epidemiological situation. Because the global pandemic continues and the epidemic is again accelerating in Finland as well, the action plan has been updated for the period from January to May 2021.

The aim of the action plan is to prevent the spread of the virus in Finland, protect the capacity of the healthcare system and shield and protect people, especially those who are most at risk. To effectively prevent the spread of infections, the measures based on the hybrid strategy must be epidemiologically justified, proactive and sufficiently broad in scope.

The action plan supports the measures taken in the regions to prevent the spread of the epidemic. Primarily the prevention of the epidemic under the Communicable Diseases Act takes place through local and regional measures. Effective tracing of infections and targeted local and regional measures to prevent the spread of infections are also in a key position to prevent the national epidemiological situation from getting worse.

The action plan will be applied simultaneously with the post-crisis and recovery measures related to the epidemic. The epidemiological, social and economic impacts must be taken into account when using the recommendations and restrictive measures.

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Tiivistelmä

Valtioneuvoston periaatepäätöksen 3.9.2020 nojalla annettu sosiaali- ja terveysministeriön toimintasuunnitelma 7.9.2020 (STM 2020:26) on ohjannut tartuntatautilain toimeenpanosta vastaavia viranomaisia suositusten ja rajoitusten epidemiologisesti tarkoituksenmukaisessa käytössä. Koska globaali pandemia jatkuu ja epidemia on uudelleen kiihtynyt myös Suomessa, toimintasuunnitelma päivitetään vuoden 2021 tammi–toukokuuksi.

Toimintasuunnitelman tavoitteena on hybridistrategian mukaisesti estää viruksen leviämistä yhteiskunnassa, turvata terveydenhuollon kantokyky ja suojella erityisesti riskiryhmiin kuuluvia ihmisiä. Jotta tartuntojen leviämistä voidaan tehokkaasti estää, hybridistrategian mukaisten toimenpiteiden on oltava epidemiologisesti perusteltuja sekä ennakollisia ja riittävän laaja-alaisia.

Toimintasuunnitelmalla tuetaan alueellisia epidemian leviämisen estämistoimia. Epidemiaa torjutaan tartuntatautilain nojalla ensisijaisesti paikallisin ja alueellisin toimenpitein. Tehokas tartunnanjäljitys ja tartuntojen leviämisen estämiseen kohdennetut paikalliset ja alueelliset torjuntatoimet ovat avainasemassa myös valtakunnallisen epidemiatilanteen vaikeutumisen estämiseksi.

Toimintasuunnitelmaa sovelletaan samaan aikaan epidemian jälkihoidon ja jälleenrakennuksen toimenpiteiden kanssa. Suositus- ja rajoitustoimenpiteiden käytössä on huomioitava epidemiologiset, sosiaaliset ja taloudelliset vaikutukset.

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Social- och hälsovårdsministeriets handlingsplan 7.9.2020 (STM 2020:26) som utfärdades med stöd av statsrådets principbeslut 3.9.2020 har styrt de myndigheter som ansvarar för verkställigheten av lagen om smittsamma sjukdomar i fråga om en ur epidemiologisk synvinkel ändamålsenlig tillämpning av rekommendationer och begränsningar. Eftersom den globala pandemin fortsätter och epidemin på nytt tagit fart i Finland uppdateras handlingsplanen att gälla under januari–maj 2021.

Målet för handlingsplanen är att i enlighet med hybridstrategin förhindra spridningen av viruset i samhället, trygga hälso- och sjukvårdens bärkraft och skydda särskilt personer som hör till riskgrupperna. För att effektivt kunna hindra smittspridningen bör åtgärderna enligt hybridstrategin vara epidemiologiskt motiverade, förutseende och tillräckligt omfattande.

Med hjälp av handlingsplanen stödjer man områdesvisa åtgärder för att hindra smittspridning. Epidemin bekämpas med stöd av lagen om smittsamma sjukdomar i första hand genom lokala och områdesvisa åtgärder. En effektiv smittspårning och riktade lokala och områdesvisa bekämpningsåtgärder för att hindra smittspridningen har en nyckelroll också med tanke på att förhindra en försämring av det nationella epidemiläget.

Handlingsplanen tillämpas samtidigt på eftervården av epidemin och åtgärderna för återuppbyggnad. Då man använder sig av rekommendationer och begräsningar bör de epidemiologiska, sociala och ekonomiska konsekvenserna beaktas.

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PART I Operational policies

1 Operational policies

In line with the hybrid strategy adopted on 5 June 2020, the goal of the action plan is to prevent the spread of the virus in Finland, to safeguard the capacity of the healthcare system and to shield and protect people, especially those who are most at risk. The Ministry of Social Affairs and Health action plan issued pursuant to the government resolution of 3 September 2020 (MSAH 2020:26) guided the authorities responsible for implementing the Communicable Diseases Act in the epidemiologically appropriate use of recommendations and restrictions. The action plan was drawn up on the basis of information current at that time for autumn 2020. As the global pandemic continues and the epidemic has also accelerated again in Finland, the action plan will be updated for January–May 2021. If the epidemic situation so requires, the action plan will also be reviewed during spring 2021.

The measures must be epidemiologically justified. To this end, the action plan describes three descriptions of epidemic phases, which will be used to assess the need for and targeting of recommendations and restrictions and to support decision-making at regional and national level. Some details of the phase descriptions have been specified further based on the experiences of autumn 2020. It should be noted that measures in the acceleration phase may already be justified at the baseline level if the epidemiological situation nationally and in the neighbouring regions is worsening. Should a community transmission phase be impending, it is justified to adopt all necessary measures without delay.

In order to effectively prevent the spread of infections, measures under the hybrid strategy must be ex ante and sufficiently comprehensive. At the baseline level of the epidemic, emphasis is placed on the hygiene recommendations for the entire population, local and regional official measures (identification of the root causes of infections, testing and breaking down the transmission chain) and preparation with respect to materials for the possible worsening of the epidemic. If an acceleration phase is imminent, in addition

to the above measures, it is necessary to further improve the effectiveness of measures pursuant to legislation on communicable diseases, the identification of infected persons, the tracing and breaking of transmission chains, and the introduction of new individual-level measures to prevent infections. If, despite all precautionary measures, signs of an impending community transmission phase become more common, the necessary additional measures include broader and stricter regional and national recommendations and restrictions as well as preparation for increasing treatment capacity.

The overall status of the national and regional epidemic situation and the measures under the hybrid strategy are monitored weekly in the COVID-19 epidemic situational picture and modelling group set up by the Ministry of Social Affairs and Health. The epidemic situation is published as part of the National Institute for Health and Welfare's COVID-19 website.

The action plan is applied in parallel with the post-epidemic management and reconstruction measures. The use of recommendation and restriction measures requires a comprehensive assessment, in which decisions are weighed in relation to epidemiological, social and economic impacts and in relation to fundamental rights. Regional cooperation groups have been established under the leadership of each hospital district to assess the epidemic situation in the area and to guide the necessary recommendations and restriction measures. The regional cooperation groups report at least weekly on their actions to the National Institute for Health and Welfare.

The core team appointed by the Ministry of Social Affairs and Health monitors and evaluates, for the National Institute for Health and Welfare, the regional status and decision-making based on it and, if necessary, directs the administration under the ministry as well as the municipalities and joint municipal authorities in combating the epidemic.

The epidemic situation of the national measures is monitored and evaluated by the Ministry of Social Affairs and Health and the government's COVID-19 coordination group, and it is regularly reported to the government. The overall assessment of the impacts of the coronavirus measures, submitted by the Prime Minister's Office, examines the functioning and effectiveness of the hybrid strategy as a whole, and examines the existence of the framework and preconditions for regional activities. This ensures that decisions taken at regional level form a sensible and uniform whole and that the fight against the epidemic as a whole is effective and cost-effective.

PART II Principles for the implementation of the hybrid strategy

2 Background and objective of the action plan

The COVID-19 epidemic began in Finland in March 2020, and the epidemic situation was suppressed and contained rather well at the turn of the month from June to July. In March, Finland rapidly adopted measures aimed at curbing the epidemic based on recommendations, normal-conditions legislation and emergency powers legislation. When setting restrictions, different fundamental rights were weighed against each other, and the right to health and life as well as the right to social and health services were emphasised. Using primarily highly general and broad recommendations and restrictions aimed at reducing social contact, there was success in preventing the spread of the virus in society, safeguarding healthcare system capacity and protecting people particularly in high-risk groups. As the epidemic stopped growing, it was possible in Finland to move on to the implementation of the hybrid strategy adopted by the government on 6 May 2020, according to which extensive restrictive measures were replaced with more targeted measures in a controlled manner. On the basis of the epidemiological status, the government established on 15 June 2020 that the epidemic can be controlled with the regular powers of the authorities.

In addition to the benefits, the measures to limit the epidemic have had adverse social, societal and economic impacts described in the ministerial impact assessments compiled by the government. Efforts have been made to mitigate these impacts with a number of support measures decided by the Government to help people, communities and businesses in the midst of the corona crisis. As a rule, the support measures have been successful, but they have put significant pressure on central government's financial situation.

As a result of the restrictions and support measures, Finland came out of the first wave of the epidemic in the spring with less damage than the rest of Europe. The number of people affected remained among the lowest in Europe, and the decline in total production in the second quarter was one of the lowest in the EU.

Despite the success of the restrictive and support measures, the integrity of society and the well-being of people have been put to the test. Extensive lay-offs, increased unemployment, reduced social contacts and problems with the availability of public services have occasionally affected the well-being of large population groups. In addition, significant healthcare and service deficits have been incurred in healthcare and social services.

The global COVID-19 pandemic has continued to be difficult. As autumn 2020 has progressed, the pandemic clearly focused on Europe and North America. After a very calm midsummer, the number of infections also started to rise in Finland in August. After the fluctuating regional situation in September–October, the case accumulation began to grow rapidly throughout the country in November, especially in the Helsinki metropolitan area.

Worrying international developments in autumn 2020 and the nationwide spread of the community transmission phase of the epidemic require an update of the action plan. According to Finland's COVID-19 vaccination strategy, vaccination aims to reduce the burden from the disease, prevent death and loss of life, and safeguard the resource capacity of the healthcare system. Despite the promising preliminary data, it cannot be relied upon that the vaccine will have a significant impact on the course of the epidemic in the first half of 2021. This is why the timeframe for updating the action plan extends to the beginning of summer 2021.

3 Epidemiological status at the end of 2020

Globally, the COVID-19 pandemic is still growing. According to WHO monitoring statistics, by 17 December 2020, more than 71 million cases of COVID-19 (https://covid19.who.int/) and more than 1.6 million deaths associated with the disease have been reported worldwide. In the WHO Europe region, 22.6 million COVID-19 cases and over 500,000 deaths have been identified. The EU's share of these is more than 15 million cases and nearly 376,000 deaths (https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea).

The COVID-19 pandemic appears to follow the geographical seasonal variation typical of respiratory tract infections, where the spread of respiratory tract viruses is accelerated during the winter half. In almost all EU and EEA countries, the number of cases as early as in November exceeded the first epidemic wave in the spring several times over. At the same time, it became clear that during the spring, a large proportion of the cases with less severe symptoms were also left undetected in Finland due to the low testing capacities. In the current situation, where almost every country has extensive testing capacity, the average age of the cases has clearly increased. However, in the light of current information, the characteristics of the virus are essentially unchanged. The morbidity rate is particularly high for those aged 50 or over, and the mortality rate for those over 70 is considerably high. During the autumn, the healthcare capacity of several EU countries has been extremely burdened. The international epidemiological status has been discussed more extensively in the scenario report prepared in connection with the update of the action plan.

After a very calm summer season, the number of new COVID-19 cases started to grow significantly at the beginning of September, mostly with domestic origin. According to regular wastewater monitoring launched by the National Institute for Health and Welfare, the virus was present in the entire country from mid-October. The epidemic situation is characterised by rapid back-and-forth changes in regional situations, and regional prevention and restrictive measures were therefore key to preventing the spread of infection.

During autumn 2020, the highest number of new virus infections in proportion to the population occurred in the Helsinki and Uusimaa Hospital District (HUS) and Helsinki metropolitan area, approximately twice as many as in the rest of the country. The highest incidence peak was seen in the Vaasa region as a result of transmission chains that began with student events. Several local and regional infection clusters were eased by rapid and extensive restrictive measures.

During the autumn, living in the same household and leisure time hobbies became the most important sources of infection, and later in the autumn, also workplaces. The late opening hours and serving of alcohol by restaurants were addressed by government decrees issued under the fixed-term amendment to the Communicable Diseases Act, as late opening hours and serving of alcohol were identified as a significant source of infections throughout the country. Many mass exposures were also observed in schools and day-care centres, but they caused relatively few further infections.

The need for hospital care increased strongly during late autumn, especially in primary healthcare inpatient wards. The need for intensive care remained moderate overall during autumn 2020, but unlike last spring, there was need for it throughout the country (COVID-19 in the intensive care units (2 December 2020)). Compared to the spring, case mortality has so far been almost ten times smaller. In addition to more effective detection of infections and faster seeking of treatment, a probable cause of this is that the infections emphasise younger age groups and that there is more successful protection of serious COVID-19 risk groups.

During the autumn, the share of infections from abroad and further infections caused by them was about 10% of all new infections. The increase in the number of cases observed in Finland during the autumn followed the same seasonal variation as elsewhere in Europe. However, the number of cases was significantly higher in almost all parts of Europe than in Finland, which is why it was decided to continue border control at internal borders at least until 12 January 2021.

In mid-November, the number of infections of unknown origin took on rapid growth, especially in the Helsinki metropolitan area. The number of infections per day increased nationally from about 200 cases to up to 400–600 daily cases. The proportion of positive samples, which had long remained at about 1%, rose to almost 3%. At the same time, infections in older age groups began to grow, local and regional infection clusters were widespread throughout the country and there were worrying signs of infection clusters in care facilities. At the beginning of December, local and regional recommendations and restrictions were tightened in almost all hospital districts. After mid-December, there were signs of a slowdown in the growth of the epidemic (Figure 1). At the same time, infections in older age groups began to increase worryingly (Figure 2).

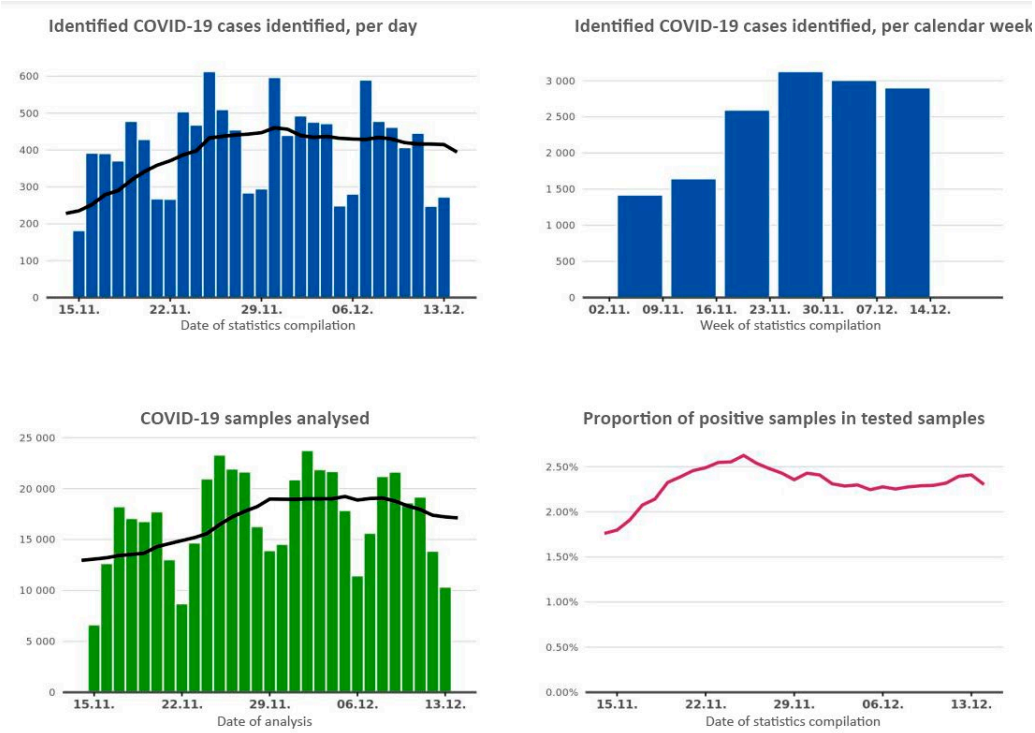

Figure 1. The top row shows new COVID-19 cases identified, as daily and calendar week figures. The bottom row shows the analysed sample volumes and the proportion of positive samples in the tested samples as daily figures. The lines represent the seven-day floating average of the number of diagnosed cases and samples analysed. Source: National Institute for Health and Welfare.

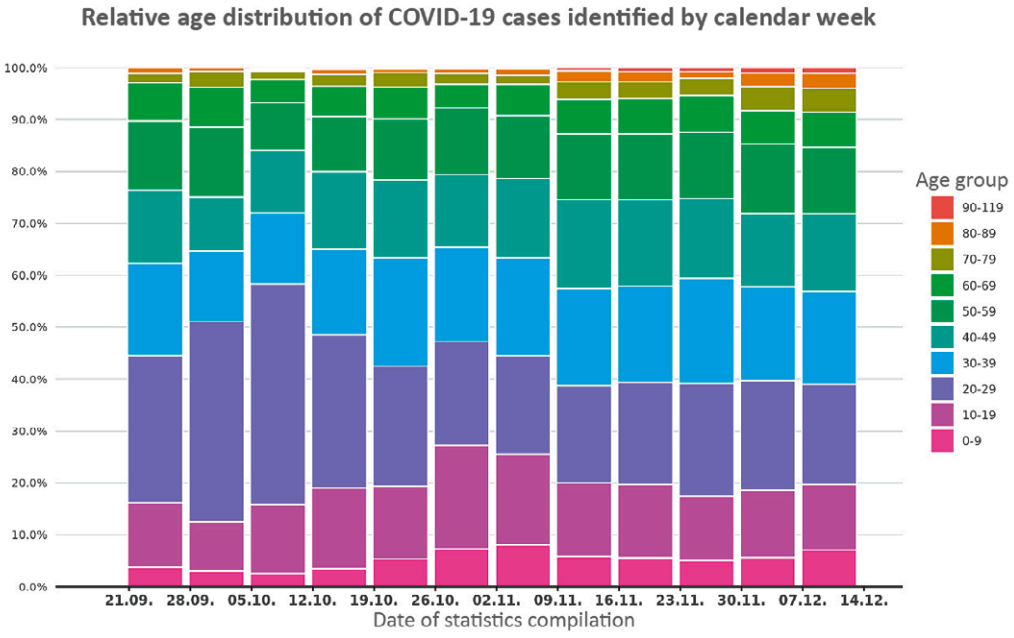

Figure 2. Age distribution of observed COVID-19 cases per calendar week. Source: National Institute for Health and Welfare

4 Epidemiological grounds for measures

It is not possible to model the course of the COVID-19 epidemic sufficiently reliably by traditional epidemiological means, as this is a new virus, and the course of the pandemic has been and is being influenced exceptionally strongly at both global and national levels. However, several countries have introduced shorter-term descriptions applied to their circumstances and legislation to guide people's protection against infection and the measures taken by the authorities.

The Ministry of Social Affairs and Health action plan issued in accordance with the government resolution of 3 September 2020 (Ministry of Social Affairs and Health 2020:26) described the grounds characterising the epidemiological situation by means of which the need for and targeting of measures has been assessed both regionally and nationally in autumn 2020. The key indicators of the action plan and the regionally applicable recommendations and restrictions have been published weekly in the monitoring and situation assessment report of the hybrid strategy of the COVID-19 epidemic.

Recommendations and restrictions under the hybrid strategy may target individuals, communities or the entire population. The measures must be epidemiologically justified and proactive due to the characteristics of the virus. In the action plan, the status of the epidemic is divided into three phases: the baseline, the acceleration phase and the community transmission phase. The classification of the epidemiological situation has been based on the criteria of these phase classifications and an overall assessment, which takes into account the direction and speed of the changes, the population base of the region and the nature and extent of the measures required by the identified sources of infection. The use of epidemic phase classifications has not been fully consistent throughout the country, but according to a survey of the regional co-chairs of the cooperation groups, they have nevertheless provided support and backing for recommendations and decisions on infection prevention.

The status and modelling group appointed by the Ministry of Social Affairs and Health has further specified the criteria for the phase classification of the epidemic based on the experiences of autumn 2020. Classification is not categorical but rather indicative criteria

that help identify and evaluate the stages of the epidemic. The incidence criteria selected in summer 2020 during the calm period of the epidemic have proved relatively low, and they must not be used alone as classifiers of the epidemiological situation, without further analysis of other criteria and the source of infections. Particular attention must be paid to the success of infection tracing. According to the WHO criteria, uncontrolled spread in the population is a key characteristic of the worsening of the epidemic situation and has also proved to be such in Finland.

Phase classifications:

1. The *baseline* corresponds to the situation in Finland in summer 2020. The epidemic is not growing.
   a. incidence of infections is low
   b. occasionally occurring local and regional transmission chains are manageable, as a rule the exposed can be traced and no significant spread outside known clusters is detected
   c. new cases are either random individual cases or are mainly detected in those already in quarantine

2. During the *acceleration phase*, the growth of the epidemic is accelerating, the regional incidence of the cases is higher than the baseline, and several local and regional transmission chains are present. The following criteria can be used to help assess the epidemic:
   a. the regional 7-day case total for infections is in the range of 10–15/100,000 inhabitants; the 14-day case total does not exceed 25/100,000 inhabitants
   b. the proportion of positive samples is > 1%
   c. mass exposures occur [1]
   d. as a rule, the sources of infection can be investigated and the transmission chains can be stopped
   e. the need for hospital care can be met without special measures

1 In the case of crowd exposures, it should be noted that the risk of further infections is different. Especially in schools, the number of further infections between children has been relatively low. The phase assessment must therefore give a clearly higher weight to high-risk mass exposures that take place in other situations.

3. During the *community transmission phase*, the growth of the epidemic will continue to accelerate, and the cases in the population will spread regionally or more extensively. Tracing becomes more difficult. The following criteria can be used to help assess community transmission:
   a. the regional 7-day case total for infections is of the order > 15/100,000 inhabitants, and the 14-day case total is of the order > 25–50/100,000 inhabitants for at least two consecutive weeks
   b. the proportion of positive samples is > 2%
   c. less than half of the sources of infection can be determined
   d. the need for hospital care increases and the number of new intensive care periods is predicted to increase

The epidemiological situation and the necessary, effective and proportionate measures required by it must always be assessed at national, regional or local level. It should be noted that measures in the acceleration phase may already be justified at the baseline level if the epidemiological situation nationally and in the neighbouring regions is worsening.

In order to effectively prevent the spread of infections, measures under the hybrid strategy must be put in place in a proactive and sufficiently extensive manner and targeted on the basis of epidemiological and medical appropriateness.

1. Measures implementing the *test–trace–isolate and treat principle* primarily target individuals suspected to be infected and exposed close contacts. The aim is to break the transmission chains and prevent the wider spread of the virus in the population.
2. *Targeted recommendations and restrictions* are targeted at facilities, events and activities where risks of virus spread can reasonably be considered to be elevated. The restrictions are mainly local or regional. Even then, the restrictions must be necessary and proportionate.
3. *Recommendations for the entire population* generally reduce contacts (maintaining physical distance, telecommuting recommendation), reduce the chances of virus infection in everyday life (respiratory and cough hygiene, face masks) and facilitate infection tracing, if necessary (the Koronavilkku application).
4. *Extensive restrictions for the population* may be justified as a last-resort measure to prevent the threat of serious spread of the epidemic.

At the baseline level of the epidemic, emphasis is placed on the hygiene recommendations for the entire population, local and regional official measures (identification of the root causes of infections, testing and breaking down the transmission chain) and preparation with respect to materials for the possible worsening of the epidemic. The strategic objective of these measures is to continue keeping Finland in a "still phase" where the epidemic does not expand.

If an acceleration phase is imminent, in addition to the above measures, it is necessary to proactively improve the effectiveness of measures pursuant to legislation on communicable diseases, the identification of infected persons, the tracing and breaking of transmission chains, and the introduction of new individual-level measures to prevent infections. Testing without delay in accordance with the recommendations, the speed of tracing and, if necessary, targeting high-risk exposure situations as well as the quarantine measures required for mass exposure are key. The means available to regional and local authorities are described in more detail in part 3, chapter 9. The implementation of recommendations directed at the entire population must be strongly supported by means of communication. People must be told clearly what the recommendations mean and what they aim for.

In the event that, despite all precautions, signs of the threat of the community transmission phase become more widespread, the necessary additional proactive measures are rapid, strict and sufficiently extensive local and regional restrictions, appropriately applied. In addition, preparations must be made for increasing care capacity, while keeping the other services needed by the population sufficiently and safely implemented. In the community transmission phase, it is justified to adopt all necessary measures without delay.

The implementation of the hybrid strategy is based on monitoring the epidemiological situation, an overall assessment of a diversified set of indicators and a rapid response by the authorities if the situation so requires. The National Institute for Health and Welfare collects and maintains an up-to-date epidemiological status at the national and regional level. The COVID-19 epidemic status and modelling group appointed by the Ministry of Social Affairs and Health processes a weekly status report before it is published. The group includes representatives of regional authorities, universities and the service system from all areas of special responsibility.

The overall status and the picture of the national measures are monitored and evaluated by the Ministry of Social Affairs and Health and the government's COVID-19 coordination group, and the status is regularly reported to the government. This ensures that decisions taken at regional level form a sensible and uniform whole and that the fight against the epidemic as a whole is effective and cost-effective. At the government level, the

examination particularly applies to the operation and effectiveness of the hybrid strategy as a whole as well as the existence of the framework and prerequisites for regional action.

The tightening of recommendations and restrictions must be reflected in relation to their immediate objective of managing the epidemic situation through the reduction of physical contacts. On the other hand, these measures also reduce encounters that create social cohesion, trust and economic and other social value. The acceptability of the measures depends on their proven effectiveness in controlling the epidemic and the social tolerance of the population, while economic activity and sustainability determine the capacity of the public authorities to bear responsibility for the well-being of the population now and in the future.

Thanks to intensive research, the medical and epidemiological means of managing the COVID-19 pandemic are rapidly evolving. Decision-making needs to be supported by continuously updated information on the nature and global progress of the COVID-19 epidemic and by an assessment of the epidemiological, social, economic and other societal impacts of restrictive measures. Although information produced through research investments and international data production must be closely monitored, future decisions must be made partly proactively and on the basis of the best expert assessment. From an epidemiological point of view, there must be at least two weeks between evaluations of the measures in order to reliably assess the effects of the measures.

5 Legal basis for the measures

The government resolution of 6 May 2020 stated that as Finland had been successful in curbing the progress of the epidemic, extensive restrictive measures were being replaced with more targeted measures in a controlled manner. The aim is to effectively control the epidemic while minimising the impact on people, businesses, society and the realisation of fundamental rights. In its reports, the Constitutional Law Committee has emphasised the primacy of normal-conditions legislation and of powers that interfere with fundamental rights as little as possible (PeVM 20/2020, PeVM 19/2020, PeVM 17/2020, PeVM 9/2020 vp).

Since then, the Constitutional Law Committee has stressed that, even under normal conditions, protecting the health of the population and maintaining the functional capacity of the healthcare system in the context of a pandemic are very important justifications from the point of view of the fundamental rights system, and can justify exceptionally far-reaching action by the authorities, including those interfering with the fundamental rights of people. However, when preparing the restrictions, it must be possible to justify in considerable detail the necessity and proportionality of the measures proposed. The Constitutional Law Committee has also emphasised the requirement of the general prerequisites for restricting other fundamental rights, in particular the strict and precise nature of the restrictions, as well as the clarity of regulation and the basis on legislation of measures targeting people's normal lives (PeVL 32/2020 vp). The regional scope of regulation is relevant for the necessity and proportionality of regulation (PeVL 31/2020 vp). The Constitutional Law Committee has also drawn attention to the need to limit the validity period of the fundamental rights restrictions imposed as a result of the coronavirus epidemic to the minimum necessary (PeVL 32/2020 vp).

The Constitutional Law Committee and the highest supervisors of legality, the Chancellor of Justice of the government and the Parliamentary Ombudsman have stressed in their positions and decisions that the authorities must always be able to derive their activities from the clear grounds for competence laid down in the legislation enacted by the parliament in accordance with the rule of law and the requirement of exact compliance with law included in it. Thus, the legal significance of the matter must also

be clear in all actions and communications concerning them (PeVL 32/2020 vp, decision of the Chancellor of Justice No. OKV/61/10/2020, decision of the Deputy Parliamentary Ombudsman No. 3739/2020 and 3257/2020).

The Communicable Diseases Act requires the authorities referred to in the Act to take immediate action after receiving information on the occurrence of a communicable disease requiring control measures. The measures of the authorities must be swift and anticipate the situation and exercise the powers assigned to the authority without delay, but in accordance with the principles of proportionality, necessity and purpose limitation as well as other requirements of good administration (see Deputy Chancellor of Justice decision No. OKV433/70/2020).

Article 12 of the International Covenant on Economic, Social and Cultural Rights provides for a general right to health and its protection. On the basis of a general comment guiding the interpretation of the convention, the right to health obliges the public authorities to combat dangerous communicable diseases and, in particular, to take preventive measures at population level, to maintain and safeguard adequate healthcare capacity and to protect groups at special risk.

The general criteria for restricting fundamental rights guide the scope and content of the restrictions and also recommendations restricting people's lives. The requirements concerning the acceptability and proportionality of the restrictions in relation to the objective pursued are essential, as are the precise definition, accuracy and provision of the restrictions by law as regards the limitation of freedoms. At this stage, the legal premises for anticipation can be described as follows:

1. Section 19(3) of the constitution provides an obligation for public authorities to guarantee adequate social and healthcare services for everyone and to promote the health of the population, which obligations contribute to implementing the obligation to act of the public authorities in accordance with the right to life, as provided by section 7 of the constitution and, for example, the right to health and its protection under the International Covenant on Economic, Social and Cultural Rights, and similar rights, including in the Conventions on the Rights of Children and Persons with Disabilities. In accordance with the practice of the Constitutional Law Committee, these constitute strong grounds for restricting fundamental rights and issuing recommendations and guidelines.

2. The right to a healthy and safe environment pursuant to section 20 of the constitution, and the obligation of the public authorities to

> promote it, are becoming increasingly important. In other words, at the baseline level of the hybrid strategy, i.e. during a quiet phase, the healthy environment provided for in section 20 of the constitution is emphasised, in addition to targeted measures under the Communicable Diseases Act and general hygiene measures. Recommendations and restrictions that are more generally targeted at the population are strengthened in the acceleration phase.

According to the Constitutional Law Committee, in particular as the epidemic situation continues, preparations should be made for any permanent changes that may be required in normal-conditions legislation. In connection with the reform of the Communicable Diseases Act, which plays a key role, it should be assessed whether the regulations to be issued and regulations that can be issued are also up to date in future changing situations, or whether there is also a need for other, more detailed standard guidance in terms of anticipation. In normal circumstances, it is legally most sustainable to update other legislation to allow for flexible approaches to take justified action to combat infectious diseases. The timeliness of the regulatory basis must be continuously assessed in the light of the changing situation and information. The task of the ministries in cooperation with other ministries is to identify and assess the needs for legislative changes and to take the necessary initiatives to make legislative changes.

Knowledge on the clinical picture, spreading and means of combating the COVID-19 epidemic has increased rapidly but remains inadequate. In legal terms, uncertainty and risks can be taken into account in a proactive way when weighing restrictive measures, which is also very important for minimising the adverse effects of the recommendations and restrictive measures. The Communicable Diseases Act and the Occupational Safety and Health Act as well as the corresponding provisions on the safety of learning environments form the legal basis of the action plan.

6 Relation of measures to aftercare and reconstruction

The social and economic impacts of the COVID-19 crisis have been described both in the short term and in the long term in the second part of the report of the exit and reconstruction working group. The report also presents a plan for an aftercare and reconstruction strategy for the COVID-19 crisis (Figure 3). The aim of aftercare is to support the safe recovery of society, prevent the long-term adverse effects of the crisis and strengthen trust within society. By implementing a long-term strategy, Finland's long-term goals for building a socially, economically and ecologically sustainable society can be promoted, which means that a stronger society will emerge from the crisis. This will also help to restart the economy.

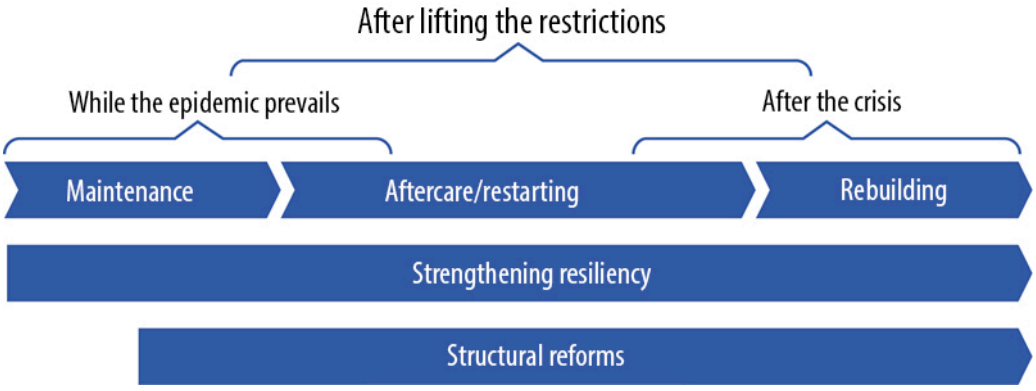

Figure 3. Social support measures at different stages of the crisis.

The scale of the social impacts of the COVID-19 pandemic both globally and nationally depends on the duration of the pandemic, which cannot be predicted at this stage. It is likely that in a significant part of the world the epidemic will last at least for the first half of 2021 and possibly beyond, sometimes accelerating and sometimes calming down. Therefore, the hybrid strategy for controlling the epidemic is partly implemented in parallel with aftercare and reconstruction. In the overall assessment, the situation should

be weighed against epidemiological, social and economic impacts and in relation to fundamental rights.

Many of the economic and operational impacts of the pandemic are global and are due to the reaction of people and companies to the situation. Domestic policy has helped reinforce confidence in successfully coming out of the crisis. During the epidemic, Finland's economic development has been more favourable than in the rest of Europe.

According to a forecast published by the Ministry of Finance in December 2020, total production will decrease by 3.3% this year. The unemployment rate was 7.8% in December, while it was 6.7% before the start of the epidemic. In the spring, there was a sharp deterioration in the trust of households and companies, which improved in the summer, but it has been somewhat weakened again in the autumn.

Although the economic picture is still incomplete and there is great uncertainty about export prospects in particular, it is clear that the economic impacts of the COVID-19 pandemic will be comparable to the depression of the 1990s and the financial crisis of 2008–2009 and will be long-term. Reduced tax revenue and extensive expenditure from pandemic management have increased the central government's net borrowing requirement to a record €19 billion. With regard to municipalities, the epidemic has increased expenditure and weakened their tax revenue base, but thanks to the strong measures taken by the state, the economic situation of municipalities is likely to improve this year from the previous year. Even if the economy were to recover as predicted, the government deficit is not going to rapidly improve, and public debt is expected to grow rapidly in the next few years. The situation in municipalities continues to be difficult as the aging of the population increases their expenditure. This time too, the development of employment and unemployment will play a crucial role in the development of public finances.

The difficult situation of the national economy and public finances requires effective management of the epidemic in order to strengthen the sense of safety of households and trust in companies; only in this way can consumption and investments recover (https://vnk.fi/documents/10616/0/VN_2020_Covid19_skenaariot.pdf/c82d65aa-f0cf-8d8e-987c-b408bf733fd0/VN_2020_Covid19_skenaariot.pdf?t=1607586913049%20). However, restrictive measures must be selected and limited to minimise their impact on economic activity and the basic functions of society. This can be achieved by targeting activities regionally, at educational institutions to older groups of pupils and students, and otherwise on the basis of a risk assessment. When measures (including possible support measures) are launched, their impact on public finances will be assessed and the most cost-effective way forward will be selected. Special attention will still be paid to enabling

foreign goods and passenger transport in a safe way, thus supporting exports and the continuation of international interaction required by them.

The longer, more widely and later it is necessary to restrict society's activities to prevent the spread of the virus, the greater the restrictions' economic and overall damage to the well-being of the population. In situations of long-term and repeated restrictions, the cascade effects are emphasised. The Constitutional Law Committee has stressed (PeVM 9/2020 vp) that the overall negative effects of restrictive measures on society should be assessed in relation to the benefits achieved with them. This assessment and, in particular, the conclusions drawn from it, are the responsibility of the government, as are the assessment of the effectiveness of preventing the spread of the coronavirus and, consequently, the protection and promotion of the health of the population, and the outlining of the measures concerning it as a whole. As the epidemic situation continues, this assessment also includes an assessment of the alternative costs of the measures.

Until now, efforts have been made to limit the pressure on the economy due to COVID-19 through measures that support economic activity and directly stimulate economic growth. Over time – and especially when the final curbing of the epidemic is in sight – the emphasis will gradually be placed on measures to permanently improve the sustainability of economic development. As the first extensive measure, Finland is proposing to the EU a reform programme for sustainable growth in Finland and applying for EU funding for the investments required by it. The reforms carried out within the framework of the programme aim to ensure that the recovery after the epidemic takes place in a way that strengthens the economic structures and competitiveness, not by restoring the old ones. An ambitious goal is to accelerate the green transition and digitalisation of the economy.

PART III Use of recommendations and restrictions

7 Regional coronavirus coordination groups

The objective of regional activities is to control the epidemic and prevent the spread of infections at regional and national level. In order to implement the recommendations and restrictions, the Ministry of Social Affairs and Health in early autumn of 2020 directed municipalities and hospital districts to organise their areas for the consideration and decision-making of recommendations and restrictions.

Regional coronavirus coordination or cooperation groups were established based on hospital districts, which include at least representatives from the hospital districts, municipalities, the National Institute for Health and Welfare and regional state administrative agencies. In order to take into account the impact of business life, local centres for economic development, the environment and transport are also widely involved in regional groups. The groups meet regularly to assess the regional epidemiological situation and to consider what recommendations and restrictions are needed to control the epidemic. The decisions are justified with the needs of the region and describe an overall assessment of the epidemiological and societal impacts of the measures.

During autumn 2020, the Ministry of Social Affairs and Health has provided regional state administrative agencies as well as municipalities and hospital districts with more detailed guidance and support in the implementation and decision-making of measures.

8 Tasks and powers under the Communicable Diseases Act

Pursuant to the Communicable Diseases Act, state authorities and expert institutions as well as municipalities and joint municipal authorities must systematically combat infectious diseases and be prepared for health care disturbances. They must take immediate action when informed of an infectious disease that requires prevention measures or of the risk of such a disease within their operating area.

The general planning, steering and monitoring of the prevention of infectious diseases are the responsibility of the Ministry of Social Affairs and Health. The ministry is responsible for preparing for health care disturbances or their risk on a national scale, and for operating as leader in such situations. The expert institution in the prevention of infectious diseases is the Advisory Board on Communicable Diseases that works in association with the Ministry of Social Affairs and Health. Key tasks of the ministry include providing the competent authorities with priorities and guidelines and ensuring their operating conditions by means of guidance, legislative drafting and funding preparation.

The National Institute for Health and Welfare is the national expert institution in the prevention of infectious diseases; with its expertise, it supports the Ministry of Social Affairs and Health and the Regional State Administrative Agencies, maintains national epidemiological monitoring systems serving the prevention of infectious diseases, and steers and supports the prevention of infectious diseases in municipalities, joint municipal authorities for hospital districts, and social welfare and health care units. In accordance with this task, the National Institute for Health and Welfare is responsible, based on its expertise, for assessing the risk of an infectious disease and for supporting and guiding the activities of other health authorities in measures required by these risks. The National Institute for Health and Welfare must produce information on the severity and nature of the risks and assess the needs for measures required to prevent them in accordance with the Communicable Diseases Act, as well as the criteria for medical consideration used in the situation-specific consideration of these measures. The statutory measures are based on voluntary testing, possibly mandatory testing, tracing of detected transmission chains,

quarantine, isolation and some restrictions on the use of facilities and the organisation of events. The measures are partly guidelines and are based on, for example, self-isolation recommendations and other recommendations to prevent the spread of infections. For each measure, the National Institute for Health and Welfare must establish evaluation criteria for the type of cases in which the measure is used. Other health authorities, i.e., regional state administrative agencies, hospital districts and other joint municipal authorities, as well as municipalities, apply this guidance and these recommendations in activities within their competence.

The Regional State Administrative Agencies coordinate and monitor the prevention of infectious diseases in their respective areas. The Regional State Administrative Agency controls that the joint municipal authorities for hospital districts are prepared for health care disturbances on a regional scale. The Regional State Administrative Agency oversees that prevention work is carried out in accordance with the provisions, and supervises the implementation of national plans and decisions of the Ministry of Social Affairs and Health. The Regional State Administrative Agency must have a physician in charge of infectious diseases in public service employment relationship. In addition, it is within the power of the agency to make certain decisions. Under section 15 of the act, a regional state administrative agency may order a health examination to be organised for persons in a specific locality or workplace, institution, vehicle or other such location within its operating area, if such an examination is necessary to prevent the spread of a generally hazardous infectious disease. Further, under section 16 of the act, a regional state administrative agency may order that it is compulsory to participate in a health examination if necessary to prevent the spread of a generally hazardous infectious disease or a disease that is justifiably suspected of being generally hazardous. The agency also makes decisions on restricting the use of certain premises (educational institutions, social welfare and healthcare units) or the organisation of events in accordance with section 58 of the act, when the need for them exceeds municipal boundaries. The main task of a regional state administrative agency is to ensure that hospital districts, other joint municipal authorities and municipalities comply with their obligations under the Communicable Diseases Act. The agency itself is not an authority that substantially steers the prevention of communicable diseases. However, the supervisory task includes an obligation to guide the supervised parties in relation to what is required by legislation, case law and the content guidance of the National Institute for Health and Welfare. This also applies to the content of other applicable social welfare and healthcare legislation.

The National Supervisory Authority for Welfare and Health steers the Regional State Administrative Agencies' operation in the implementation, coordination and harmonisation of the monitoring and related guidance. In addition, the National Supervisory Authority for Welfare and Health monitors the legality of the prevention work on infectious diseases and provides relevant guidance in certain nationwide situations.

The joint municipal authorities for hospital districts guide and support municipalities and social welfare and health care units with their medical expertise in the prevention of infectious diseases, work regionally to develop the diagnostics and treatment of infectious diseases, and investigate epidemics in collaboration with municipalities. The hospital district must prepare to combat and treat unusual epidemics, and ensure that the prevention of treatment-related infections is developed further in the social welfare and health care units in its area. The joint municipal authority for hospital district must have a physician in charge of infectious diseases in public service employment relationship. The hospital district is responsible for clarifying the picture of the epidemiological situation in the area and drawing conclusions based on it and on the information and instructions of the National Institute for Health and Welfare. Accordingly, the hospital district must provide more detailed instructions to the municipalities in its area on the content of the measures and implement them with the division of labour agreed with the municipalities. The hospital district must also ensure, in accordance with its expertise, that the measures taken to combat infectious diseases in its area are mutually compatible. The responsibility for organising and carrying out concrete measures at a border crossing point rests with the municipality of the area in accordance with the legislation and the content guidance provided by the National Institute for Health and Welfare in accordance with it and the municipal discretion under the law. Possible cooperation and coordination of activities must be agreed with the hospital district. The hospital district may participate, as agreed, in the implementation of the measures described below.

The Regional State Administrative Agency and the joint municipal authorities for hospital districts within the agency's operating area must collaborate in the prevention of infectious diseases. The regional state administrative agency makes the administrative decisions laid down in the Communicable Diseases Act using the expertise of the joint municipal authority for hospital district, the specific catchment area, and the National Institute for Health and Welfare. Regional preparedness and contingency planning for the prevention of infectious diseases are implemented in accordance with section 38 of the Health Care Act (1326/2010), taking into account the operation of occupational health care and private health care services.

Municipalities are responsible for organising the combat of infectious diseases referred to in the Communicable Diseases Act within their area as part of public health work, as laid down in the Primary Health Care Act (66/1972), the Health Care Act (1326/2010) and the Communicable Diseases Act. A municipality must have a physician responsible for infectious diseases in public service employment relationship. The physician in charge of infectious diseases at a health centre must explore the quality of a suspected or diagnosed infectious disease and its extent, as well as undertake necessary measures to prevent the spread of the disease. In this Act, the actions to combat infectious diseases encompass the prevention, early detection and monitoring of infectious diseases, measures needed

to investigate or prevent an epidemic, and the examination, treatment and medical rehabilitation of persons who have an infectious disease or are suspected of having an infectious disease, as well as the prevention of treatment-related infections.

Under section 9 of the Communicable Diseases Act, the municipality has the main responsibility for the prevention of communicable diseases. This task includes providing general information guidance to the population in the area and providing more detailed content guidance to the population and other actors when applying the measures laid down in the act. This task also includes producing and sharing information, including recommendations. Key recommendations include recommendations on avoiding high infection risk activities and restricting the use of public spaces used in them, telecommuting, general hygiene, the use of protective gear and private events. As an infectious disease authority, the municipality also has a duty to guide its own activities, for example, in the use of public spaces, organising operations and implementing hygiene practices.

A municipal body or a healthcare professional appointed by it may decide to arrange tests for COVID-19 in a municipality (health examination) for persons arriving in Finland under section 14 of the Communicable Diseases Act. This applies to voluntary testing. In addition, the municipality must arrange any inspections ordered by the regional state administrative agency in accordance with section 15 of the act and carry out any inspections ordered by the agency under section 16 of the Act.

Under section 23 of the Communicable Diseases Act, the physician in charge of infectious diseases in a municipality investigates local epidemics and tracks infections. The physician in charge of infectious diseases in a joint municipal authority for hospital district steers the investigations on epidemics and the tracking of infections within the hospital district's area, and collaborates with municipalities to investigate widespread epidemics.

If there is an obvious risk of the spread of a generally hazardous infectious disease or a disease that is justifiably suspected of being generally hazardous, and the spread of the disease cannot be prevented by other means, the physician in charge of infectious diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may, pursuant to section 60 of the Communicable Diseases Act, order a person into quarantine for a maximum of one month. The decision on quarantine can be made for a person who has been found to have been exposed, or is justifiably suspected of having been exposed, to a generally hazardous infectious disease or an infectious disease that is justifiably suspected to be generally hazardous. Each person must be given an individual decision on quarantine and appeal instructions.

The physician in charge of infectious diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may order a person, who has or is justifiably suspected of having a generally hazardous infectious disease or a disease that is justifiably suspected of being generally hazardous, to be isolated in a health care unit for a maximum of two months, if there is an obvious risk of the spread of the disease and it cannot be prevented by other means. The physician deciding on the isolation must provide the isolated person and the attending personnel with instructions necessary to prevent the spread of the infection.

The municipality also makes decisions on restrictions on the use of certain facilities (educational institutions, social welfare and healthcare units) and the organisation of events in its own area in accordance with section 58 of the Communicable Diseases Act.

The police, the rescue authorities and the defence forces have the possibility to provide executive assistance to a municipality or hospital district in implementing the measures in accordance with section 89 of the Communicable Diseases Act. The Border Guard may provide executive assistance to the state authority.

Authority in regional decision-making is based on the current Communicable Diseases Act and the agreed division of labour between the municipality or joint municipal authority and the hospital district.

Making a proactive assessment of the situation and conclusions on the need for measures is the task of regional and local infectious disease authorities, i.e., hospital districts and municipalities or joint municipal authorities. Regional state administrative authorities and other necessary authorities will be consulted as experts in the assessment.

In connection with its supervisory task, a regional state administrative agency may coordinate the activities of different authorities. In addition, the agency has the possibility and responsibility to make certain administrative decisions. These decisions include the necessary decisions on the organisation and participation of targeted health examinations, as well as restrictions on public events and the use of certain public spaces, if they are needed in several municipalities.

Hospital districts, municipalities and regional state administrative agencies must rely on the regional epidemiological situational picture and assessment produced by the National Institute for Health and Welfare as well as recommendations on the types of measures needed in different situations and their content and criteria. Decision-making in accordance with the principles of the action plan must be based on a weekly update of the epidemiological situation, an epidemiological phase estimate and other expert information obtained from the area.

With respect to workplaces, the employer is responsible for the occupational safety of the workplace and employees under the Occupational Safety and Health Act. The employer must take the necessary measures to limit the risk of exposure. The measures at workplaces are based on the assessment of work hazards in accordance with the Occupational Safety and Health Act. The assessment can be supported by occupational safety and health experts, and the assessment must be updated taking into account the COVID-19 situation. Based on the evaluation, the instructions and procedures of the workplace are supplemented and the necessary measures are decided on.

With regard to occupational safety, the Finnish Institute of Occupational Health acts as an expert institution, and the occupational safety and health divisions of regional state administrative agencies act as competent occupational safety and health authorities. The Finnish Institute of Occupational Health and the OSH divisions provide advice and guidance to workplaces. OSH divisions supervise workplaces as OSH authorities.

Figure 4. Overview of the authorities' powers.

The current Communicable Diseases Act contains provisions on cooperation between regional and national authorities in the prevention of communicable diseases:

> Section 7: The National Institute for Health and Welfare is the national expert institution in the prevention of infectious diseases; with its expertise, it supports the Ministry of Social Affairs and Health and the Regional State Administrative Agencies, maintains national epidemiological monitoring systems serving the prevention of infectious diseases, and steers and supports the prevention of infectious diseases in municipalities, joint municipal authorities for hospital districts, and social welfare and health care units.

Section 8: The Regional State Administrative Agencies coordinate and monitor the prevention of infectious diseases in their respective areas. The Regional State Administrative Agency controls that the joint municipal authorities for hospital districts are prepared for health care disturbances on a regional scale. The joint municipal authorities for hospital districts guide and support municipalities and social welfare and health care units with their medical expertise in the prevention of infectious diseases, work regionally to develop the diagnostics and treatment of infectious diseases, and investigate epidemics in collaboration with municipalities. The Regional State Administrative Agency and the joint municipal authorities for hospital districts within the agency's operating area must collaborate in the prevention of infectious diseases. The Regional State Administrative Agency makes the administrative decisions laid down in this Act utilising the expertise of the joint municipal authority for hospital district, the specific catchment area, and the National Institute for Health and Welfare.

9 Regional recommendations and restrictions

The regional coronavirus coordination groups report weekly to the National Institute for Health and Welfare on the epidemiological situation they consider to exist in their region and the measures they have taken to control the spread of the epidemic. The groups assess and justify the effectiveness of their measures and their impacts on society more extensively, for example from the perspective of social, economic and fundamental rights. In order to ensure that the perspective of businesses is sufficiently taken into account in the overall consideration of the authorities, representatives of the centres for economic development, transport and the environment have also been invited to the groups. The groups have also been able to hear experts from different sectors at their meetings.

The work of the groups is based on the epidemiological phase description described above and on the recommendations and restrictive measures associated with it as examples in the action plan (Appendix 2). In order to support regional activities, the government also issued a resolution on 23 October 2020 describing the key measures recommended by the ministries for use in different situations. The recommendations support the implementation of the tasks referred to in the Communicable Diseases Act of various actors. The recommendations issued by the ministries are not legally binding. The objective is that the activities of different authorities form a coherent whole so that adverse effects of the COVID-19 epidemic on people and society can be prevented.

The aim is to focus regional restrictive measures and recommendations proactively and effectively on what is most effective and proportionate, according to the regional situation and general and regional expert information on the sources and risk of infection. Measures that significantly restrict activities but are more limited, precise and temporary may be justified in the event of rapid worsening of the epidemic. When considering restrictions, it should be considered that they are in line with other decisions and recommendations made for the area and with measures that are based on testing, tracing, isolation and management, and that they reinforce each other.

The epidemic situation in the autumn has been characterised by rapidly fluctuating changes in regional situations. At the same time, it has been found that regional, timely and sufficiently comprehensive measures, as well as effective testing and infection tracing, have been able to mitigate the spread of the epidemic.

The work to combat the COVID-19 pandemic is supported nationally by the Ministry of Social Affairs and Health's standards steering, information steering, resource steering and interaction steering. The National Institute for Health and Welfare produces up-to-date epidemiological information both nationally and regionally and regularly participates in the work of regional coronavirus coordination groups. As necessary, it also provides epidemiological grounds to support the meeting restrictions issued by regional state administrative agencies. The regional state administrative agencies ensure that the areas comply with the ministry's general guidance and the content guidance of the National Institute for Health and Welfare. They also participate in the work of the COVID-19 coordination groups. The Ministry of Social Affairs and Health, the National Institute for Health and Welfare, the regional state administrative agencies and the National Supervisory Authority for Welfare and Health also have regular interaction with the COVID-19 coordination groups in the regions for the joint processing of topical issues.

Guidelines for local and regional communicable disease authorities

A **rapid and proactive** response to the deterioration of the epidemiological situation is needed through the introduction of effective and epidemiologically appropriate measures. Regional prevention and control measures are key to preventing the spread of infections in order to stop the deterioration of the situation. When assessing the situation of a region, it is also important to take account of the infection situation in the surrounding areas and to the national epidemic situation.

Regional, timely and sufficiently comprehensive measures, as well as effective testing and infection tracing, can mitigate the spread of the epidemic. The effects of the recommendations and restrictions on the epidemic situation and, in particular, on the need for hospital and intensive care will only be visible with a few weeks' delay.

The restrictive measures must also not be lifted prematurely; instead, the recommendations and restrictions must be relaxed with care so as to prevent the emergence of new infections.

At the **baseline** level of the epidemic, it is essential that the practices related to hand and respiratory hygiene, use of masks, social distancing and consideration for others adopted during the epidemic will continue also on public premises and other premises open to the public. The number of people in public events is limited to a maximum of 50 people. Public events of more than 50 persons in indoors and regionally restricted outdoor spaces (such as amusement parks, zoos, summer theatres) can be organised provided that safety can be ensured in them, following the instructions issued by the Ministry of Education and Culture and the National Institute for Health and Welfare on 21 September 2020. In addition, guidelines for organising health-safe events are being prepared.

Provinces at risk of the acceleration phase of the epidemic must additionally and proactively introduce acceleration phase restrictions and recommendations to curb the epidemic.

During the **acceleration phase** of the epidemic, the number of people in public events and public meetings will be limited to a maximum of 20. However, public events and public meetings may be organised indoors and in outdoor areas with more than 20 participants, provided that safety can be ensured in them in accordance with the instructions issued by the Ministry of Education and Culture and the National Institute for Health and Welfare on 21 September 2020. In addition, guidelines for organising health-safe events are being prepared. Arrangers of private events are recommended not to organise events for more than 20 people.

The number of users of facilities managed and controlled by municipalities and joint municipal authorities is limited to half of the normal number permitted under other legislation. The measures must not restrict the right to statutory services, to have one's case handled by a competent authority or to prevent officials from performing their official duties.

The recommendation is for group activities indoors by adults to be suspended and, if possible, implemented remotely in case of high-risk situations and forms of activity.

Higher education institutions shift to distance education, but taking into account the needs of the necessary contact teaching.

In the accelerating phase of the epidemic, it is necessary to issue a telecommuting recommendation to the area, unless one has already been issued at the national level.

Provinces at risk of the community transmission phase of the epidemic must proactively introduce community transmission phase restrictions and recommendations to curb the epidemic.

During the **community transmission phase** of the epidemic, all public events and public meetings held indoors and outdoors are prohibited. However, public events and public meetings may be organised indoors and in outdoor areas with at most 10 participants, provided that safety can be ensured in them in accordance with the instructions issued by the Ministry of Education and Culture and the National Institute for Health and Welfare on 21 September 2020.

The use of high-risk public spaces that are managed and controlled by municipalities and joint municipal authorities is temporarily suspended. The suspension of the use of the facilities must not restrict people's right to statutory services or to have their case handled by a competent authority, or prevent officials from performing their official duties. In addition, entrepreneurs are recommended to consider temporarily suspending the use of high-risk public facilities under their management and control.

During the community transmission phase of the epidemic, it is absolutely essential for the population to comply with the up-to-date recommendation of the National Institute for Health and Welfare on facial masks for community transmission phase. It is also recommended that private events of more than ten (10) persons not be organised or attended. The population and arrangers of events are recommended to not organise or attend public events of more than ten (10) persons.

Group activities and participation in them are temporarily suspended and, as far as possible, only implemented remotely. However, special consideration should be given to hobbies for children and young people.

For public and private social welfare and healthcare service providers, it is recommended that they take enhanced protection measures in their own activities to ensure that high-risk groups are protected from coronavirus infection. The measures call for compliance with the valid instructions issued by the National Institute for Health and Welfare in services provided at home and in the operating units of long-term treatment and care. The population is also advised to refrain from close contacts or risk of them in social welfare and healthcare units intended for high-risk groups.

For public and private education providers, it is recommended that higher education institutions and secondary education (universities, universities of applied sciences, general upper secondary education, vocational education and training, basic education for adults, free adult education and basic education for adults) fully transition to distance education. The recommendation does not apply to necessary contact teaching. The arrangements for distance learning will be implemented so that their negative impacts on the progress of studies can be minimised.

Employers and employees are advised to follow the national telecommuting recommendation in all tasks where this is possible, even on a temporary basis. The employer's duty to require the use of personal protective equipment and other protective equipment and to otherwise protect employees is laid down in the Occupational Safety and Health Act.

Taking the national epidemic situation into account in regional measures

In a situation where the incidence **is elevated at the national level** and an increasing number of regions have stated that they are either in the acceleration phase or even the community transmission phase, the National Institute for Health and Welfare can assess that in order to protect human health and ensure the capacity of the healthcare system, it is necessary to adopt more measures to reduce physical contacts between people throughout Finland. This aims not only to prevent the escalation of the epidemic situation in more and more regions above the baseline, but also to turn the incidence downward in those regions that have already entered the acceleration and community transmission phases. On the basis of the above criteria, the National Institute for Health and Welfare may, for example, recommend that regional state administrative agencies introduce the following threshold values for public meetings.

At the **baseline** level, a maximum of 50 people are allowed to meet in public events and public meetings outdoors and indoors. Meetings with fewer than 50 persons must follow the recommendations of the Ministry of Education and Culture and the National Institute for Health and Welfare on safety distances and on precautions to prevent infection.

In the **acceleration phase**, a maximum of 20 people are allowed to meet in public events and public meetings outdoors and indoors. Meetings with fewer than 20 persons must follow the recommendations of the Ministry of Education and Culture and the National Institute for Health and Welfare on safety distances and on precautions to prevent infection.

In the **community transmission** phase, a maximum of 10 people are allowed to meet in public events and public meetings outdoors and indoors. Meetings with fewer than 10 persons must follow the recommendations of the Ministry of Education and Culture and the National Institute for Health and Welfare on safety distances and on precautions to prevent infection.

The National Institute for Health and Welfare may also recommend, among other things, that the restrictions on the number of persons and precautions for public meetings be applied in private meetings in all areas.

10 Ensuring consistency of measures

The functioning and effectiveness of the hybrid strategy will be examined at the government level as a whole, as well as the existence of the framework and prerequisites for regional action. Effective prevention of the epidemic, safeguarding human health and equality require that the Communicable Diseases Act be interpreted and applied consistently throughout the country, based on the regional situation. This emphasises the role of the National Institute for Health and Welfare and the regional state administrative agencies in ensuring these principles and requires that hospital districts and municipalities recognise this in their roles and management.

The Ministry of Social Affairs and Health has appointed a core team to ensure the implementation of the recommendations and restrictions in accordance with the hybrid strategy, with the focus on the monitoring of decision-making and the appropriate steering of the service system. The core team monitors regional decision-making and, in accordance with its powers, guides the authorities if necessary. Guidance consists of information guidance and interaction guidance. The COVID-19 coordination group will continue to monitor and evaluate the epidemic situation of national measures.

11 Analysis of the service system

Epidemiological information alone does not indicate how the service system can respond to the population's needs for care, treatment and services. During the spring 2020 restrictions, significant care deficits were incurred in both basic and special level services. The feeling of loneliness and insecurity grew, as did the experience of mental unease. (https://www.julkari.fi/handle/10024/140661)

During the epidemic, the knowledge base on the status of healthcare and, in particular, specialised medical care has improved, and the knowledge base needed for assessing the status of basic social welfare and healthcare services is being supplemented. The Ministry of Social Affairs and Health and the National Institute for Health and Welfare monitor the availability of basic services and the adequacy of personnel with key questions addressed to social and health management.

12 Communication

As the coronavirus epidemic extends, long-term, motivating communication to citizens is needed in order for the population to bother to comply with the recommendations. In addition to traditional communication, this requires campaign-type communication with ensured visibility.

National communication work with the communications departments of municipalities and hospital districts was launched in 2020. Joint operating methods have been developed under the leadership of the Ministry of Social Affairs and Health to support regional communication measures in the communication of measures to limit coronavirus epidemics in regions. Joint meetings between the administrative branch of the Ministry of Social Affairs and Health and regional communicators compile a situational picture, map the needs for forms of communicative cooperation and share good practices and information between different regions. Generic communication material will be produced to support the implementation of unified communication and regional communications, taking the needs of different language groups into account. The needs of Swedish and Sámi speakers to obtain information in their mother tongue and the needs of other different language groups are taken into account when producing materials.

In supporting mental resilience to the crisis, the Ministry of Social Affairs and Health and the National Institute for Health and Welfare cooperate closely with the Prime Minister's Office. The *Suomi toimii* campaign is used to implement materials and campaign highlights in key themes of the administrative branch of the Ministry of Social Affairs and Health.

In spring 2021, the administrative branch of the Ministry of Social Affairs and Health will place special emphasis on implementing communications related to the COVID-19 vaccination strategy and vaccines. The Ministry of Social Affairs and Health has coordinated the implementation of the COVID-19 vaccine communication guidelines, and the expertise of the National Institute for Health and Welfare, the Finnish Medicines Agency and the Prime Minister's Office has been used in the planning of these guidelines. The administrative branch of the Ministry of Social Affairs and Health supports the communication on COVID-19 vaccines in the service system, municipalities and hospital districts in accordance with its tasks.

PART IV Appendices

APPENDIX 1. Phases of the epidemic

Baseline level – the epidemic does not grow

Low incidence, transmission chains are manageable, individual new cases or new cases among those already quarantined

Measures as per the hybrid strategy

Hygiene measures, keeping the safety distance

Breaking the transmission chain according to the test, trace, treat and isolate strategy:

- Increasing testing capacity and streamlining the process
- Deploying the Koronavilkku app
- Risk-based communication, testing and quarantine decisions (cf. airports)
- Face mask recommendation to citizens (level 1) based on official discretion for regions with infections for at least two consecutive weeks
- Targeted national and regional information campaigns (e.g., Koronavilkku)
- Travel restrictions
- Preparation in terms of materials (procurements)
- Official measures under the Communicable Diseases Act

Acceleration phase – the growth of the epidemic starts accelerating

The regional incidence of cases is elevated, several local and regional transmission chains

Criteria that can be used for assessing the epidemic situation:

- 7-day case total 10–15/100,000 residents or 14-day case total does not exceed 25/100,000 residents
- Proportion of positive samples is >1%
- Mass exposures occur
- Sources of infection can mostly be determined and the transmission chains can be broken
- The need for hospital treatment can be met without special measures

Additional measures as per the hybrid strategy:

- Increasing testing capacity to identify index cases and asymptomatic people with infection
- Increasing resources for contact tracing
- Regional telecommuting recommendation and face mask recommendation
- Local and regional information campaigns
- Proactive and sufficiently broad local and regional restrictive measures, testing without delay, high-speed tracing and, if necessary, targeting high-risk exposure events, and quarantine measures required by mass expo-sures play a key role.

Community transmission phase – the growth of the epidemic continues to accelerate

The growth of the epidemic continues to accelerate, cases are spread in the population regionally or more extensively, tracing becomes more difficult

Criteria that can be used for assessing the epidemic situation:

- 7-day case total >15/100,000 residents or 14-day case total >25–50/100,000 residents during two consecutive weeks
- Proportion of positive samples is >2%
- Less than half of the sources of infection can be determined
- The need for hospital treatment increases and the number of new intensive care periods is expected to rise

Additional measures as per the hybrid strategy:

- Maximal regional recommendations and restrictions immediately in effect
- Telecommuting and face mask recommendation (extensive)

If the situation expands and/or cannot be contained with regional measures:

- Nationwide restrictions and recommendations; information campaigns; releasing supply stocks; preparing for increasing the treatment capacity in the entire country; exceptional circumstances and Emergency Powers Act as the last resort

APPENDIX 2. Available recommendations and restrictions 18 December 2020

For each measure, the table shows its legal basis, competent authority and regional feasibility, and the assessment by the situational picture and modelling group for the COVID-19 epidemic of the epidemiological impact of the measure in relation to adverse societal effects.

Recommendation/ restriction	Basis in legislation	Competent authority/actor	Effectiveness	Adverse societal effects	Regional feasibility	Considerations
Recommending telecommuting	Sections 6, 7 and 9 of the Communicable Diseases Act (1227/2016), section 8 of the Occupational Safety and Health Act	Ministry of Social Affairs and Health, Ministry of Finance (state employers), National Institute for Health and Welfare, municipalities/joint municipal authorities; employers in their own activities	++	-	In all areas where there is a threat of acceleration or community transmission of the epidemic.	Consistency in the commuting area; not possible in all tasks.
Face mask recommendation	Sections 6, 7 and 9 of the Communicable Diseases Act Section 8 of the Occupational Safety and Health Act	Ministry of Social Affairs and Health, National Institute for Health and Welfare, municipalities/ joint municipal authorities; employers in their own activities	++ Depends on epidemiological situation	-	In all areas where there is a threat of acceleration or community transmission of the epidemic.	Ensuring equal access, users' expenses, the recommendation can be extended. Use of actual personal protective equipment at work separately in accordance with the Occupational Safety and Health Act.
Recommendation to enhance the protection of older people and vulnerable groups and on the safety of visits	Section 17 of the Communicable Diseases Act	Head of unit for healthcare and social welfare, municipality or joint municipal authority	+++	-	In all areas where the epidemic is accelerating or spreading.	People are separated from their loved ones, which significantly undermines the quality of life and is difficult for many to understand. Efforts must be made to arrange communication and meetings in other safe ways.

Recommendation/ restriction	Basis in legislation	Competent authority/actor	Effectiveness	Adverse societal effects	Regional feasibility	Considerations
Transition to exceptional teaching arrangements in basic education and other teaching	In basic education, section 20a of the Basic Education Act (628/1998) (valid until 31 December 2020); related to the application of section 58 of the Communicable Diseases Act Basic legislation on the activities in question in other teaching (own activities)	Education provider, i.e., municipality, state, registered entity or foundation	+	---	Especially in the acceleration and community transmission phase of the epidemic	In basic education, a decision made by a local or regional communicable disease authority is required on the partial or total closure of the facilities used for teaching. Long-term disadvantages for well-being and learning.
Restricting the opening hours, alcohol-serving hours and the number of customer places at restaurants	Section 58a of the Communicable Diseases Act and government decree 728/2020 (both valid until 28 February 2020)	Government; regional state administrative agency supervises (section 58 b of the Communicable Diseases Act (valid until 28 February 2021))	++	-	Yes, as defined in government decree	The impact assessment may change if more cases of exposure become known. Regional restrictions may lead to restaurant tourism. The threat of bankruptcies in business activities.
Recommendations on restricting the use of public spaces and voluntary restrictions	Sections 6 and 9 of the Communicable Diseases Act, sectoral legislation on operations	Municipality/joint municipal authority (recommendations and own activities), other authorities in their own activities	++		Especially in the acceleration and community transmission phase of the epidemic	Extensive, social and economic impacts are significant.
Restricting the use of healthcare and social welfare units, educational institutions, day-care centres, housing and similar facilities	Section 58 of the Communicable Diseases Act	Municipality in its area and regional state administrative centre across municipal boundaries	Case by case		Especially in the acceleration and community transmission phase of the epidemic	Extensive, social and economic impacts are significant.

Recommendation/ restriction	Basis in legislation	Competent authority/actor	Effectiveness	Adverse societal effects	Regional feasibility	Considerations
Management of health safety in cross-border travel	Closure in accordance with section 15 (resuming border control at internal borders) and 16 (closure of external border crossing points) of the Border Guard Act, EU Schengen regulations; Section 14 (testing), sections 60 and 63 (quarantine and isolation) of the Communicable Diseases Act	Border authorities; municipality/joint municipal authority/ physician responsible for communicable diseases	++ Depends on the epidemiological situation in the countries and cases related to tourism	--	Possible for border communities.	International pressure to lift restrictions, threat of bankruptcies in businesses.
Prohibition and restriction of public events	Section 58 of the Communicable Diseases Act	Municipality in its area and regional state administrative centre across municipal boundaries	++	--	Especially in the acceleration and community transmission phase of the epidemic	Significant impact on the economy of the industries concerned.
Ordering quarantine and isolation	Sections 60 and 63 of the Communicable Diseases Act	Municipality's or joint municipal authority's physician responsible for communicable diseases	+++	--	Yes	Impacts on business activities.
Recommendations for restricting private events in the region	Sections 6 and 9 of the Communicable Diseases Act	Municipality/joint municipal authority	++	--	Especially in the acceleration and community transmission phase of the epidemic	Social impacts
Other recommendations for refraining from activities that enable close contact and risk of infection, including group activities	Sections 6, 7 and 9 of the Communicable Diseases Act	THL, municipality/joint municipal authority	++	-	Especially in the acceleration and community transmission phase of the epidemic	Social impacts and impacts on an individual's functional capacity

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