

Explanatory memorandum to the order of the Government of the Republic ‘Measures and restrictions necessary for preventing the spread of COVID-19’

1. Introduction

The order establishes measures and restrictions in the form of a new consolidated text to prevent the spread of the SARS-CoV-2 coronavirus, which causes the COVID-19 disease, to protect human life and health and the overriding public interest, including the protection of the continuity of the state.

The draft order and explanatory memorandum have been prepared by officials of the Health Board, ministries, and the Government Office.

2. Content of the order

The order is established on the basis of subsection 27 (3) of the Communicable Diseases Prevention and Control Act, having regard to the provisions of clauses 27 (1) 1) and 2) and on the basis of clauses 28 (2) 1)–3) and 5) and subsections 3, 5, and 6 thereof, and having regard to subsection (8) of the same section and subsection 45² (1), and on the basis of clause 17 (1) 1) of the State Borders Act and subsection 3 (2) and (3) of Regulation No. 54 of 27 May 2021 of the Government of the Republic ‘Conditions and procedure for the involvement of law enforcement bodies in the performance of the functions of the Health Board’.

This order establishes a new consolidated text instead of the previous order No. 282 of the Government of the Republic, changes the structure and wording of the text, and divides the sectoral restrictions into separate parts. The full text of the order also contains the cabinet decisions of the Government of the Republic of 19 August 2021, which amend the procedure for using the COVID-19 certificate when participating in activities and establish the obligation to wear a mask in public indoor spaces.

This order divides the sectoral restrictions into different parts. The first part sets out the requirements for testing and self-isolation related to crossing the state border. No fundamental changes are made to these requirements. Thus, the current practice and previous interpretation of these norms remain valid.

The second part imposes national restrictions and measures if certificates are not checked. For example, it is possible to attend a public service and visit trade institutions without having to present a COVID-19 certificate. The third part lays down the rules relating to the activities where the certificate is required and the fourth part lays down the implementing provisions for the entry into force of this order.

Significant substantive changes concern public events and organised activities in all areas – new requirements and conditions for participation are established and the arrangements for COVID-19 testing and the use of the COVID-19 certificate are specified.

For the most part, the presentation of the COVID-19 certificate or a negative test result will become mandatory from the first person. This is an important change compared to the regulation that entered into force on 9 August 2021, pursuant to which up to 50 persons could be allowed to participate in indoor activities and up to 100 persons in outdoor activities without presenting proof of infection safety. Pursuant to this order, the presentation of COVID-19

certificates is required in most areas, with a few exceptions set out in clause 10.

However, there are certain areas where the requirement to prove infection safety does not apply. As an exception, COVID-19 certificates do not need to be presented in trade institutions, for the provision of services, or for the conduct of public church services and religious services. In addition, there is an exception for unrestricted outdoor areas, for example for the organisation of public meetings, for which no certificate or other requirements apply. This particularly applies, for example, to public meetings held in an outdoor public spaces. It is also allowed to hold public meetings indoors under limited conditions without the need to present the COVID-19 certificate. A public meeting is when people are together in a public place with the common goal of shaping or expressing their views.

On 26 August 2021, new restrictions on indoor and outdoor events and activities will take effect. From that date onwards, participation in indoor and outdoor events and activities is permitted only if the requirements set out in Part III of this order are met, taking into account the additional conditions set out in clause 10.

The spread of the coronavirus has increased compared to previous weeks and the delta strain is dominant in Estonia. The delta strain spreads 60% faster than the so-called original alpha strain¹, its secondary cases are more likely to infect third cases, and the latency of the virus is shorter. The mean incubation period is about 4 days for the delta strain and about 5–6 days for the alpha strain of SARS-CoV-2.

Data to date has shown that the delta strain is approximately 17% less sensitive to the level of immunity achieved with an ongoing vaccination course than the alpha strain. There was no significant decrease in sensitivity after a completed vaccination course. Considering that as at 19 August 2021, 45.57% of the population has completed the vaccination course, the effect of vaccination is not yet sufficient to prevent a possible increase in the disease caused by the delta strain.

The continued application of measures and restrictions is an effective and proportionate way to ensure human life and health and the continuity of public health and the health care system. On August 2021, an emergency was established by the order of the Health Board. The emergency is caused by the COVID-19 epidemic and the disruption in the continuity of the health care providers. Considering the current spread of COVID-19 in Estonia and the projected upward trend in the spread of the infection, the number of COVID-19 cases affects the ability of health care providers to provide regular medical care. It is necessary to ensure the ability of patients with COVID-19 to be hospitalised. The situation of the spread of the virus does not allow for the relaxation of existing measures and restrictions and the implementation of new measures is necessary to ensure the capacity of health care providers.

The changes take into account the level of COVID-19 vaccination in Estonia and its planned progress in the coming weeks. As at 19 August 2021, the coverage of vaccination in the age group of 60 years and older is 70.20%. 608,751 people (45.81% of the population) have completed their vaccination course.

The number of cases per 100,000 people in Estonia in the last 14 days is at a high level and the increase in new cases is on the rise. Hospital occupancy and other indicators of the health care system are at an average level. When changing restrictions and measures, the risk of infection

¹ https://www.ecdc.europa.eu/sites/default/files/documents/Implications-for-the-EU-EEA-on-the-spread-of-SARS-CoV-2-Delta-VOC-23-June-2021_2.pdf

must be assessed as high, which is why it is justified to maintain all existing restrictions and measures and to introduce additional restrictions. The delta variant of the coronavirus has been dominant in Estonia since week 26 (33% in week 25, 67% in week 26, 92% in week 28, 95% in week 29, 94% in week 30, and 98% in week 32).

In week 32, 1,942 cases were discovered. Compared to week 31, the number of new cases increased by 31.9%. In week 32, 39,715 tests were taken (2,993 tests per 100,000 people), which is 35.4% more than in week 31. 4.9% of the tests were positive (5.0% in week 31). The highest share of positive tests is in Jõgeva County (11.0%), Põlva County (11.0%), Valga County (10.4%), and Võru County (10.2%).

Pursuant to genotyping data of week 32, the proportion of the delta strain is 98%. In addition, two gamma- and two alpha-variant infections were identified by sequencing in week 32. In both cases, one person had caught it abroad. There is a permanent domestic spread of the delta virus strain in Estonia.

In week 32, 20,281 people arrived in Estonia (in week 31, 19,266) who filled in the cross-border traveller's declaration: 3,196 people from Latvia (2,695 in week 31), 2,400 people from Russia (1,660 in week 31), 1,713 people from Germany (2,012 in week 31), 1,256 people from Italy (1,279 in week 31), and 1,214 people from Turkey (1,395 in week 31). In week 32, 130 people had gotten infected abroad, accounting for 6.7% of the total number of cases and 7.1% of cases for which data on the location of contracting the infection were available. The cases reported in week 32 are related to travel in 24 countries.

Most cases are related to travel to Turkey, Finland, and Russia.

The infection rate is 1.2 all over Estonia (1.2 in the previous week), meaning that it has remained at the same level compared to week 31. Compared to 9 August 2021, the infection rate in the eastern region has significantly increased (1.1 → 1.35), because against the background of a low number of infections, the number of cases has increased by 43%. The infection rate in the southern region has remained at the same level ($R = 1.3$).

The number of cases in the last 14 days increased in all counties except Ida-Viru County, where it decreased slightly. The highest increase is in Valga County (139.4%), Jõgeva County (136.8%), and Saare County (90.9%). The regions with the highest number of cases are Võru County (477.2 per 100,000 inhabitants), Põlva County (446.3 per 100,000 inhabitants), Pärnu County (385.2 per 100,000 inhabitants), Tartu County (341.8 per 100,000 inhabitants), Jõgeva County (316.4 per 100,000 inhabitants), and Rapla County (303.5 per 100,000 inhabitants). The cases have shifted from the younger adult population to the middle-aged and older, and the virus is mainly contracted from family members (36%). Considering the current level of the infection rate, the Health Board estimates that an increase of about 20% in the number of cases can be expected in week 33, i.e. about 2,300 cases per week and 300–400 cases per day.

Based on the data analysed in week 32, the location of contracting the infection was unknown in 32% of cases (35% in week 31). Since week 49 of 2020, 30–36% of the total number of people have been infected at an unknown location; since week 26 of 2021, the share of cases with an unknown location of contracting the infection has decreased and amounts to 22–28%. In week 32, 7.1% were infected abroad, 36.6% contracted the virus from family members, 5.4% at work, 8% from acquaintances, 4% at entertainment and other events, 0.4% in the Defence Forces, 2% in health care institutions and nursing homes, 1.4% in religious camps and church

events, and 6% elsewhere. Infection increased among family members (26% → 36.6%) and in health care and social welfare institutions (0.8% → 2%). Infection decreased at entertainment and other events (10.7% → 4%), in the Defence Forces (2% → 0.4%), and among acquaintances (9% → 8%). The proportion of those infected at work and abroad did not change. The proportion of those infected at an unknown location in the last 14 days (weeks 31–32) has increased and accounted for 33.7% of all cases (28.7% in weeks 30–31).

When preparing the order, it has been kept in mind that the number of cases in 14 days per 100,000 people is high in Estonia. On 19 August 2021, the ratio of positive tests per 100,000 inhabitants in the last 14 days was 278.41 and the ratio of positive tests per 100,000 inhabitants in the last 7 days was 277.

However, on 29 July 2021, the ratio of positive tests per 100,000 inhabitants in the last 14 days was 107.83 and the ratio of positive tests per 100,000 inhabitants in the last 7 days was 133. On 23 July 2021, the ratio of positive tests per 100,000 inhabitants in the last 14 days was 65.46 and the ratio of positive tests per 100,000 inhabitants in the last 7 days was 75.

On 7 July 2021, these figures were 31.83 and 32; on 21 June 2021, 49.81 and 40; on 16 June 2021, 64.11 and 49; on 9 June 2021, 97.59 and 72; on 31 May 2021, 176.15 and 125; on 26 May 2021, 222.1 and 94.7; and on 12 May 2021, 343.57 and 312. As at 28 April 2021, the ratio of positive tests per 100,000 inhabitants in the last 14 days was 422.2. On 30 March 2021, this indicator was 1,364.21. On 28 April 2021, there were 396 positive tests, which accounted for 8.3% of the total number of tests. On 12 May 2021, there were 371 positive tests, which accounted for 7.87% of the total number of tests.

Distribution of confirmed cases by counties as at 19 August 2021	
County	7-day ratio per 100,000 inhabitants
Võru County	372.72
Põlva County	316.47
Valga County	294.28
Saare County	229.73
Jõgeva County	210.96
Järva County	202.16
Tartu County	194.37
Pärnu County	174.04
Viljandi County	129.98
Rapla County	117.18
Harju County	115.70
Lääne-Viru County	88.34
Lääne County	83.15
Hiiu County	75.15
Ida-Viru County	55.12

The total COVID resource of hospital beds was 204 beds on 21 August 2021, of which COVID-19 patients occupied 48.5% (99 beds). The total intensive care resource for COVID was 22 beds, of which 59% (13 beds) were occupied by COVID-19 patients. The total general care resource for COVID was 156 beds, of which 53% (82 beds) were occupied by COVID-19 patients.

On 16 August 2021, 91 COVID-19 patients were hospitalised, 10 of them in intensive care and eight needing a ventilator. The number of patients requiring hospital treatment is increasing. In week 32, 69 people were hospitalised (an increase of 30% compared to week 31). Of those cases involving people over 60 years of age in week 32, 14.8% required hospitalisation (13.8% at week 31). As at 16 August 2021, the average age of patients in hospital is 64 years (on 9 August 2021, it was 61.8 years) and the share of persons aged 60 and older is 60.4% (on 9 August 2021, it was 59%). Unlike in the previous period, the proportion of 40–59-year-olds among those hospitalised increased in week 32. The proportion of hospitalised people over the age of 70 has decreased significantly.

As at 9 August 2021, a total of 1,584 people (1.7%) of all fully vaccinated people have contracted COVID-19. Of these, 54 were hospitalised for symptomatic COVID-19. In week 32, COVID-19 cases involving unvaccinated people accounted for 0.23% of all unvaccinated people, cases involving people with an ongoing vaccination course accounted for 0.10% of all people with an ongoing vaccination course, and cases involving fully vaccinated people accounted for 0.06% of all fully vaccinated people.

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The Government of the Republic imposes additional restrictions and measures compared to the current order, which are proportionate to the spread of the infection in the current situation and the purpose of which is to reduce the risk of an increase in the spread of the infection. The basis for imposing restrictions and measures is that COVID-19 caused by SARS-CoV-2 is an infectious disease that spreads from person to person with droplets, mainly through close contact with an infectious person.

The virus can be contracted by close contact with an infected person, by inhalation of virus particles², or through contaminated surfaces or hands. The virus spreads better in poorly ventilated and crowded indoor areas where people stay for long periods of time. It must be taken into account that aerosols (virus particles) can remain in the air for a long time and move more than 1 metre. The closer people are to each other, the more likely the virus is to spread. There is also a risk of becoming infected with the SARS-CoV-2 virus outdoors if many people are in close contact. The risk of airborne transmission is lower than indoors³.

² <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-how-is-it-transmitted>

³ <https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html>

The likelihood of infection is also affected by the duration of the activity or event, i.e. the longer people are together, the more chances there are of droplets of saliva being sprayed into the air, aerosols containing coronavirus particles accumulating in the air and, as a result, people inhaling a high enough dose to become infected. Scientific literature has shown that maintaining a distance of 1 to 2 metres reduces the risk of transmission of the infection fivefold and that each additional metre doubles the protective effect⁴. Wearing a face mask also significantly impedes the spread of virus particles. In order to limit the spread of the virus indoors, it is important to ensure dispersion and distance between people and to avoid overcrowding.

The measures and restrictions established by this order have been established on the basis of the assessment of the Health Board. In its assessment, the Health Board took into account the predicted level of infection at the end of August, the vaccination coverage of the population and the number of people who have recovered from the coronavirus, and the fact that the share of the delta strain in Estonia is over 90% and its infectivity is 60% higher than the alpha strain. The fact that the infection rate is lower in outdoor activities due to good ventilation, wind, humidity, UV radiation, and the possibility to better ensure dispersion between people is also considered. If the event takes place indoors, there are 8–9 secondary infections. If it takes place outdoors, there are 3–4.

The most effective way to prevent the spread of coronavirus is through vaccination, followed by restrictions and measures. Major events promote the spread of the virus the most. For example, during the matches of the UEFA Euro 2020 championship in St. Petersburg, Russia, nearly 500 spectators from Finland became infected, and infections related to participation in this event were also registered in Estonia.

People have caught the virus at several sports and entertainment events in Estonia. For example, in week 32, there were a total of 50 outbreaks, of which 29 are related to entertainment events, camps, excursions, weddings, birthdays, reunions, festivals, and so on. After the event, the spread will continue in the area, but the virus will also spread to other counties, where the level of infection may still be low. Thus, stricter limits on the number of participants in public events and publicly organised activities and on the conditions for participation are justified to curb the increase in the number of COVID-19 cases and the associated burden on hospitals.

This order restores the obligation to wear a mask or to cover the mouth and nose in public indoor spaces. This applies in particular to places where infection safety does not need to be proved under this order. These places are, for example, trade and service institutions. People must still wear a mask or cover their mouth and nose on public transport and at public church services or other religious services.

Public indoor events and organised activities are still subject to the requirement of ensuring dispersal. In addition, the organisers must ensure the availability of disinfectants and compliance with disinfection requirements in accordance with the instructions of the Health Board.

⁴ [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31142-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31142-9.pdf)

Part I

Measures and Restrictions Pertaining to Crossing the State Border

Clause 1 of the order establishes the principle pursuant to which a person who has crossed the state border for the purpose of entering Estonia must stay in their place of residence or permanent place of stay for 10 calendar days after their arrival in Estonia.

No substantive changes are made in this clause compared to the current order.

Similar to the current regulation, the order provides for the application of the restriction on freedom of movement for 10 calendar days, which means that after crossing the state border, a person is prohibited from leaving their place of residence or permanent place of stay. It also means that, for example, an alien who is temporarily staying in an accommodation establishment is obliged to stay in that accommodation establishment for a specified period of time.

According to the Health Board, symptoms appear within the first seven days in 96% of the cases and within six days in 94% of the cases where the person has crossed the border.

Based on current knowledge, the SARS-CoV-2 virus can be detected in the nasopharynx about 2 days before the onset of symptoms (so-called pre-symptomatic individuals). Thus, a test taken on day 6 or 7 also makes it possible to identify those individuals whose symptoms will appear on days 7–8 or 8–9. Different countries have implemented an obligation to self-isolate for up to 14 days after crossing the border. Considering that this is a restriction on freedom of movement and in accordance with the current data, the virus incubation period is shorter, the self-isolation period in Estonia is 10 days. This period may be shortened in accordance with the procedure laid down in this order.

Clause 2 of the order sets out the rules for shortening the period of self-isolation.

The order retains the additional possibility to shorten the period of self-isolation through COVID-19 testing. The procedure and principles for testing are provided in clause 2 and no substantive changes are made to this order in comparison with the current Government of the Republic Order No. 282.

In summary, a person has 3 ways to shorten the period of self-isolation by testing:

1. the person has taken the RT-PCR test for the coronavirus SARS-CoV-2 that causes COVID-19 up to 72 hours before arrival in Estonia or the SARS-CoV-2 antigen RDT test (hereinafter *SARS-CoV-2 test*) up to 48 hours before arrival in Estonia. The result of this test must be negative and a SARS-CoV-2 RT-PCR test must be taken after arrival in Estonia, but not earlier than on the sixth day after the first test. The result of this test must also be negative. The doctor may also decide on the infection safety of the person. The doctor decides on infection safety because the COVID-19 test can give a positive result after the person has recovered from it even though the person is no longer infectious. It is important to point out that this assessment must be made by an Estonian doctor and after the person has arrived in the country. Until the negative test result is known, the person must remain at their place of residence or permanent place of stay. The order generally takes into account SARS-CoV-2 testing performed by a health care provider.

2. If the test has not been taken before arrival in the country, it can be taken immediately upon

arrival in Estonia and the result of this test must be negative. ‘Immediately upon arrival in Estonia’ does not mean that the person has to take the test on the same day if it is not possible (e.g. there are no free testing times, arrives in the country at a time when the test can no longer be taken, etc.) – they can also take the test the next day. The next SARS-CoV-2 RT-PCR test must be taken no earlier than on the sixth day after the first test. The result of this must also be negative or a doctor must declare the person to not be infectious. Until the negative test result is known, the person must remain at their place of residence or permanent place of stay.

3. If a person arrives from a third country whose data is not on the green list of the European Union and the person is tested for SARS-CoV-2 by a health care provider immediately upon arrival in Estonia and the result is negative and another SARS-CoV-2 RT-PCR test is not taken earlier than on the sixth day after the first test and the result is also negative or a doctor declares that the person is not infectious. Until the negative test result is known, the person must remain at their place of residence or permanent place of stay.

Shortening the period of self-isolation takes into account the SARS-CoV-2 RT-PCR test performed by a health care provider or the SARS-CoV-2 antigen RDT test approved by the European Union Health Security Committee.

If a health care provider performs a SARS-CoV-2 antigen RDT test and the result of it is positive but the person immediately takes the SARS-CoV-2 RT-PCR test and the result of it is negative, the result of the SARS-CoV-2 RT-PCR test will be taken into account.

The test taken on the sixth day to shorten the period of self-isolation must also be a SARS-CoV-2 RT-PCR test. The test result can be proved by the EU digital certificate or an extract from the test result, which is in Latin or Cyrillic script, in Estonian, Russian, or English, and indicates the place and time of the test, the person who performed the test and their details, the test methodology, and the test result. To register for the second test, border crossers can contact the public testing call centre.

In addition, in order to cross the state border, the requirements established in order No. 169 of 16 May 2020 ‘Temporary restriction of border crossing to prevent a new outbreak of the coronavirus SARS-CoV-2 causing the COVID-19 disease’ must be taken into account.

Clause 3 of the order sets out the conditions under which a person specified in clauses 1 and 2 may leave their place of residence or permanent place of stay if they take the measures established by the Government of the Republic or the Health Board and all other possible measures to prevent the spread of the disease and if the following circumstances specified in clause 3 occur.

No substantive changes are made in this clause compared to the current order.

Clause 3 of the order establishes a list of cases in which a person may conditionally leave their place of residence or place of stay. When leaving the place of residence or place of stay, a person must follow the measures established by the Government of the Republic or the Health Board to prevent the possible spread of the communicable disease and to take all measures to prevent the spread of the virus.

If these conditions are met, the person is allowed to leave their place of residence or place of stay to receive health services (e.g. an unavoidable visit to the dentist), at the order of a health care professional or a police officer, and in the event of an emergency endangering their life or

health. They may also leave their place of residence or place of stay to procure everyday essentials in the vicinity of the place of residence or place of stay if this is not possible in any other way, and stay outdoors if they completely avoid contact with other people.

They may also, exceptionally, go to the store to procure essentials (medicinal products, convenience goods), unless this can be arranged in some other way. To do this, they need to choose the most suitable store and time (the nearest location and at a time when there are not a lot of people). When visiting the store, they must keep a distance from other people, disinfect their hands, wear a mask, and also take all other measures to prevent the spread of the virus.

The right to leave the place of residence or place of stay extends to persons who, at the decision of the employer, perform tasks which are strictly necessary. The employer must consider in each individual case whether, for example, a person arriving from a country at risk must be physically present at work to perform their duties or whether it is possible to reorganise work in such a way that the person can be at home for 10 calendar days. When admitting the person to work, the employer must assess the possible risk of the team becoming ill and take all measures to prevent this.

In addition, both the employer and the employee must take all measures to prevent the possible spread of the virus, including, for example, minimising contact with other persons or using personal protective equipment. The employer must bear in mind that in these cases, the rights and obligations of the employer arising from the Occupational Health and Safety Act extend to the employer, including the obligation to ensure occupational safety and organise health examinations.

The performance of duties also includes athletes who participate in competitions and training if they do so at a professional or semi-professional level. In the case of athletes, the confirmation of the professional association, club, coach, etc. must be considered as the confirmation of the employer which proves that the person must definitely participate in the said training or competition or in activities directly related to the latter.

A person may also participate in an unavoidable family event if they have taken a SARS-CoV-2 RT-PCR test with a health care provider up to 72 hours before arrival in the country, a SARS-CoV-2 antigen RDT test up to 48 hours before arrival in the country, at least one SARS-CoV-2 test with a negative result upon arrival in the country, or the doctor has declared them not to be infectious.

If a person arrives from a third country that is not on the green list of the European Union, they must take a SARS-CoV-2 test immediately upon arrival in Estonia and the result of this test must be negative. Until the negative test result is known, the person must remain at their place of residence or permanent place of stay.

Such an extraordinary and unavoidable family event may be, for example, a funeral, a serious illness of a family member, and the like. The test does not necessarily have to be taken immediately upon arrival in the country – if the person self-isolates and an unavoidable need arises to perform their duties or participate in a family event, the test may be taken later during the self-isolation period.

The person must ensure that the risk of the virus spreading is minimised during both the performance of unavoidable duties and participation in an unavoidable family event. For

example, while participating in an unavoidable event, it is possible to avoid close contact with a large number of people, keep a distance from people who are not from the household of the person who arrived from the foreign county, carry out activities outdoors as much as possible, and only come into contact with the members of the household.

Clause 4 of the order sets out a list of exceptions pursuant to which the requirements set out in clauses 1 to 3 of the order do not apply.

As this is a list of exceptions which has been supplemented during the Government of the Republic Order No. 282, a corresponding justification can be found for the establishment of each exception on how and under what conditions the exceptions can be applied. No substantive changes are made in this clause compared to the current order. Relevant information is also available on the website of the Ministry of Foreign Affairs and on the website kriis.ee.

Clause 5 of the order stipulates to whom the 10-calendar-day obligation to stay at the place of residence or permanent place of stay and the requirements for testing for SARS-CoV-2 do not apply.

The list is harmonised with the current order and no substantive changes are made to this list by this order.

At the same time, changes have been made in clauses 5 and 6 to harmonise the Estonian rules with those agreed between the European Union countries.

At present, the wording of the order is based on the date of achieving maximum protection of the vaccination and is valid for 1 year from achieving maximum protection. This also applies if the person has recovered from COVID-19 and then received one dose of the vaccine.

The EU digital COVID immunisation certificate contains the date of the last vaccine dose, from which the certificate is valid for one year. Accordingly, the current wording of the order is not in line with EU regulations and therefore not verifiable by the EU digital COVID certificate. For the order to comply with the EU regulations, the one year must be taken into account from the date of the last dose of the vaccine, and the corresponding clarifications have been made in clause 5 of the order.

The EU guidelines and the general EU digital COVID certificate verification agreements unequivocally agree that a person is considered to have been vaccinated 14 days after the completion of the vaccination course.

There is a difference in the order of the Government of the Republic of Estonia – it stipulates that in order for the certificate to be valid, the person must achieve maximum protection, which varies from vaccine to vaccine (7 days for Comirnaty, 15 days for Vaxzevria, 14 days for the others). The difference with Vaxzevria from EU guidelines and general certificate checking agreements is confusing for people as well as those checking certificates. It also creates confusion when crossing borders and checking the certificate in other countries. Pursuant to the EU common guidelines, clause 6 of the order harmonises the time to achieve maximum protection with Vaxzevria by reducing it from 15 days to 14 days.

Clause 6 of the order provides the terms of achieving maximum protection with the various vaccines, the amendments to which are further explained in clause 5.

Although studies on the duration of post-vaccination immunity are still ongoing and data are preliminary, an expert committee on immunoprophylaxis set up at the Ministry of Social Affairs has found that there is no reason to believe that post-vaccination immunity will decrease within 12 months after completing the vaccination course.

The exact duration of post-vaccination immunity and when revaccination would be required due to reduced immunity is unknown, as studies are ongoing and new data is constantly available. It should also be borne in mind that there is currently insufficient information on the adequacy of the protection of COVID-19 vaccines currently on the market against new strains of the virus, but research is also underway in this regard. With the emergence of new strains, it may become apparent that vaccines already on the market do not provide adequate protection against them, and even those who have already completed their vaccination course will need to be re-vaccinated. Self-isolation exemptions and their appropriateness should also be reviewed as new data becomes available.

Vaccinated people are exempt from the self-isolation requirement for one year, which is estimated to be the optimal time to receive additional information on the duration of immunity and the need for revaccination, including against new strains.

The duration of immunity after recovery is at least 6 months based on available data. However, according to the expert committee on immunoprophylaxis and based on available data, this may depend on the severity of the COVID-19 disease. The expert committee on immunoprophylaxis recommends that people who have recovered from COVID-19 be vaccinated with a single booster dose to ensure further adequate protection.

The European Centre for Disease Prevention and Control estimates that preliminary data suggest that naturally achieved immunity diminishes over time and may not last long. However, based on available data, contracting the virus again is rare for at least six months after recovery. However, having recovered from COVID-19 may not provide protection for new strains. In addition to those who have been vaccinated and recovered from COVID-19, the self-isolation exemption is also intended for persons considered equal to a vaccinated person.

Part II

National Measures and Restrictions

Clause 7 of the order establishes the principle of dispersal.

In public indoor spaces, persons can be and move around together if their dispersal is ensured. The restriction does not apply to families and in cases where these requirements cannot reasonably be guaranteed. In order to prevent an increase in the spread of the infection, the requirement to maintain a safe distance and to ensure the dispersal of people in public indoor areas to avoid large numbers of people being together in one place remains in place. Ensuring dispersal means ensuring that individuals or groups thereof are not too close to each other and in direct contact. Direct contact between people who do not normally come into contact with each other increases the risk of the infection spreading and does not ensure infection safety.

The increase in the number of cases in Estonia is influenced by crowded events because there, people who participated in them come into contact with other people. To avoid possible infection through close contacts, it is sufficient to maintain a safe distance between people and

groups who do not come into contact every day.

For the purposes of this order, a public indoor space is a space which has been provided for use for an unspecified number of persons or is used by an unspecified number of persons or may be used by an unspecified number of persons, including a public transport vehicle.

The definition of public indoor space is based on the definition of a public place given in section 54 of the Law Enforcement Act. A public place is a territory, building, room, or a part thereof given to an unspecified number of persons for use or used by an unspecified number of persons, and also a public transport vehicle. The definition of public transport is based on the Public Transport Act. Public transport is the carriage of passengers for a charge, by way of regular services, occasional services, or taxi services, as well as the carriage of a vehicle and its trailer for a charge on ship, pleasure craft, and ferry routes.

In the context of the order, public indoor spaces can be located in, for example, state and local government institutions, hospitals, family health centres, shops, pharmacies, markets, as well as public transport and vehicles providing ride-sharing services, bus or train stations, places of worship, and other rooms used for religious activities, etc. At the same time, outdoor places must follow the rules laid down for them, meaning that there is no obligation to wear a mask, for example, in an outdoor market. The obligations set out in clauses 7 to 9 extend to public indoor spaces.

A public indoor space is a space intended for public use that can be entered by anyone, regardless of, for example, the pre-registration requirement; it is a place with a lot of people who do not come into contact with each other on a daily basis. Social welfare institutions, including special care institutions, as well as kindergartens, childcare institutions, and educational institutions cannot be considered public places, because it is not possible for everyone to enter them. However, it should be noted that if, for example, a fair is held in a school building that is open to everyone, then the rules for organising an event in a public indoor space set out in the order must be followed.

Clause 8 of the order stipulates the requirement to wear a mask in public indoor spaces.

People in public indoor areas must wear a protective mask or cover their mouth and nose (hereinafter *mask*). This restriction does not apply to persons under the age of 12 or in cases when wearing a protective mask or covering the mouth and nose is not reasonable for health reasons or other valid reasons. The restriction is also not applied if compliance with the requirements set out in Part III, i.e. proof of infection safety, is ensured.

Pursuant to this order, wearing a mask or covering the mouth and nose is mandatory in trade institutions, for the provision of services (for example, hairdressers, banking, post offices, etc.), and for the conduct of public church services and other religious services. Even if the COVID-19 certificate is checked, it is still advisable to wear a mask if these activities involve many people.

Therefore, the obligation to wear a mask or to cover the mouth and nose does not apply to persons under 12 years of age and if wearing a mask is not possible for health reasons (e.g. breathing difficulties, certain mental disorders, allergies) or other valid reasons, such as special needs or a disability. At the same time, the person should consider whether, for example, all ways to cover their mouth and nose are excluded for health reasons, or whether it would still be

possible to reduce the risk of infection with some suitable alternative (e.g. wearing a visor).

If 12–18-year-olds participate in activities where the COVID-19 certificate is required but they do not have to prove infection safety, they will not be subject to the obligation to wear a mask, as this is not required of other participants. However, in public indoor areas where the COVID-19 certificate is not required and the obligation to wear a mask applies, young people aged 12 to 18 must also wear a mask or cover their nose and mouth.

The obligation to wear a mask does not apply to people with special needs, e.g. due to a mental disorder or physical disability, it is not possible for the person to wear the mask properly or to put on the mask on and take it off. A person accompanying a person who is hard of hearing or a person who is communicating with a person who has to read from their lips or see their facial expressions, etc. does not have to wear a mask if wearing a mask makes understanding them difficult for the person who is hard of hearing.

Pursuant to the order, people do not have to prove a medical indication or other special need, including the fact that the mask cannot be worn, with a separate certificate. Statements by individuals that they have contraindications to wearing a mask are considered sufficient. In addition, the obligation to wear a mask does not extend to situations where the mask is mandatory but dispersion from other people is ensured at all times, such as public transport drivers who are separated from the rest of the vehicle with a glass or if there are no other people in the public transport, etc. Dispersion in a public transport vehicle is ensured, for example, if up to a quarter of the bus is occupied and all passengers maintain a distance of at least two metres with other passengers or the driver.

Masks include personal protective equipment (including visors), medical masks, as well as consumer face masks (including reusable masks purchased in a store or self-made masks). In their absence, it is also allowed to cover the mouth and nose simultaneously with something else, provided that the person can use it as a face mask without using their hands, such as tube scarves. It is important that the mask is used and maintained in accordance with the instructions for use.

The wearing of masks as an additional measure to prevent the spread of the coronavirus SARS-CoV-2 is also supported by research⁵. For example, it has been concluded that the risk of virus transmission is reduced on average by a factor of five when wearing medical masks and N95 respirators. According to several recent studies, non-medical face masks (cotton, synthetic materials, etc.) may have advantageous filtering properties comparable to medical face masks, depending on the material, number of layers, composition, and shape.

Various scientific articles have shown that mandatory mask wearing has a significant effect on the number of cases and mortality. For example, a study in the United States found that the obligation to wear a mask applied in the work environment reduced the increase in the number of new cases and deaths by at least 10% per week. It was also found on the basis of data from Canada that the mask requirement reduces the number of cases per week by 20–22%⁶.

The European Centre for Disease Prevention and Control recommends enhancing the use of non-pharmaceutical measures in the context of the spread of the delta strain, such as keeping

⁵ European Centre for Disease prevention and Control. Technical report. 'Using face masks in the community: first update Effectiveness in reducing transmission of COVID-19.'

⁶ <https://www.nature.com/articles/d41586-021-01394-0>

sufficient distance and wearing masks in indoor places and at indoor gatherings where both minors and younger adults come into contact⁷.

It is therefore important to use different measures at the same time to prevent the virus from spreading. According to the international scientific literature, Estonian researchers, and the Health Board, there are many people who do not know that they are carriers of the virus (so-called asymptomatic or people with minimal symptoms). Therefore, a mask is necessary and appropriate to control the spread of infection in general. In addition, the carrier of the virus may be infectious 1–2 days before the onset of symptoms.

If a person has not yet developed symptoms or is asymptomatic, they will spread the virus without knowing it, including simply speaking. When a person is talking, saliva droplets and aerosols can be carried through their mouth into the air, which increases the spread of the virus more than just breathing.

Wearing a mask reduces the risk of spreading the infection both in cases where an infected person wears a mask and in cases where a healthy person wears a mask, as the amount of virus particles that can be inhaled is reduced. Wearing a mask also reduces the amount of virus particles that can be transmitted from contact surfaces as the mask protects the person if they touch their nose and mouth with contaminated hands. In a public transport vehicle, such surfaces may be, for example, handrails, door handles, and other surfaces.

The obligation to wear a mask is established by the regulation set out in the Communicable Diseases Prevention and Control Act to prevent the epidemic spread of communicable diseases and protect human life and health, taking into account the principle of proportionality.

The obligation to wear a mask or to cover the mouth and nose in public indoor areas has a short-term effect for the person for the most part. Exceptions are provided for all cases if the mask cannot be worn or the mouth and nose cannot be covered for health reasons or other valid reasons. There is also no obligation to wear a mask to participate in activities and events where the COVID-19 certificate is required.

The obligation to wear a mask is not absolute – it gives a person in a public indoor space the choice of how to cover their nose and mouth or not to cover their nose and mouth if this is not reasonable for health reasons or other valid reasons.

Clause 9 of the order stipulates the condition that the availability of disinfectants and compliance with disinfection requirements must be ensured in public indoor spaces in accordance with the instructions of the Health Board.

The instructions of the Health Board must be followed, inter alia, with regard to the requirements for disinfectants. Non-compliant disinfectants have been identified during monitoring. A product with a disinfectant or antiseptic effect is a biocide that protects human health from viruses and other micro-organisms by reducing the number of harmful micro-organisms without endangering humans. According to studies evaluating the environmental stability of coronaviruses, the virus can persist on various surfaces for up to 3 days.

Disinfectants are regulated by the Biocidal Products Act and the Biocidal Products Regulation

⁷ Threat Assessment Brief: Implications for the EU/EEA on the spread of the SARS-CoV-2 Delta (B.1.617.2) variant of concern. 23 June 2021

((EU) No. 528/2012). In Estonia, disinfectants are allowed to be made available and used if they have obtained the relevant authorisation or registration certificate in accordance with the Biocidal Products Act or the Biocidal Products Regulation (subsection 8 (3) of the Biocidal Products Act) issued by the Health Board (section 6 of the Biocidal Products Act). Unregistered and unchecked disinfectants may not have actual disinfectant properties and therefore may not protect the user.

Disinfectants must be labelled, packaged, and classified in accordance with the requirements of the Chemicals Act and legislation established on the basis thereof or Regulation (EC) No. 1272/2008 of the European Parliament and of the Council and the Biocidal Products Act.

The label of the disinfectant contains instructions for use: where (on hands, surfaces, etc.), how, and for which organisms (e.g. viruses, bacteria) it should be used. The label must be in Estonian and must not contain information that would mislead the user or direct them to use the device for other purposes.

The packaging must not be in any shape or design which could attract the attention of children or mislead the consumer. All disinfection stations and posts where the disinfectant has been made available to the public must also be properly labelled.

Clause 10 of the order sets out the substantive conditions for carrying out activities in various fields of activity.

This order harmonises the restrictions applicable to the fields – henceforth, the same rules apply to activities both indoors and outdoors. The measures taken provide for exceptions in individual cases, such as public services or internal and defence activities. In addition, the limit for participants in activities valid until now – up to 50 people indoors and up to 100 people outdoors – is generally not applied.

From now on, organising sports, training, youth work, hobby education, continuing education and refresher courses, sports competitions and sports and fitness events, public meetings and events, including conferences, theatre performances, cinema screenings, entertainment services, as well as visiting public spas and swimming pools, museums, and exhibition halls is allowed if compliance with the requirements set out in Part III of the order is ensured. In addition, there is an obligation to ensure dispersal and compliance with disinfection requirements in accordance with the instructions of the Health Board. This means that before participating in the activity, participants must prove their infection safety by presenting their COVID-19 certificate for proof of vaccination, recovery, or a previous negative test result. There may also be another exception set out in clause 14, such as a person under the age of 18. Individual exceptions are listed in clause 10.

The organisers are obliged to verify the authenticity of the COVID-19 certificate and the data presented in it. In case of reasonable doubt, the person responsible for the activity is obliged to establish the identity of the person presenting the certificate.

Pursuant to subsection 2 (1) of the Identity Documents Act, an identity document is compliance a document issued by a state authority in which the name, date of birth or personal identification code, a photograph or facial image, and the signature or image of the signature of the holder are entered, unless otherwise provided by law or legislation established on the basis thereof.

The following are considered identity documents:

- 1) an identity card;
- 2) a digital identity card;
- 3) a residence permit card;
- 4) an Estonian citizen's passport;
- 5) a diplomatic passport;
- 6) a seafarer's discharge book;
- 7) an alien's passport;
- 8) a temporary travel document;
- 9) a travel document for a refugee;
- 10) a certificate of record of service on ships;
- 11) a certificate of return;
- 12) a permit of return;
- 13) a European travel document for return within the meaning of Regulation (EU) 2016/1953 of the European Parliament and of the Council on the establishment of a European travel document for the return of illegally staying third-country nationals, and repealing the Council Recommendation of 30 November 1994 (OJ L 311, 17 November 2016, p. 13–19).

Pursuant to section 4 of the same Act, an Estonian citizen or an alien may also prove their identity with a valid document not specified in the Act if the name, photograph or facial image, signature or image of the signature, and date of birth or personal identification code of the holder are entered therein. The photograph or facial image of an Estonian citizen and alien under the age of four does not have to be included in the document. The signature or image of the signature of an Estonian citizen and alien under the age of 15 does not have to be included in the document.

Part III sets out the rules for the verification of the COVID-19 certificate, exceptions, and other relevant circumstances, such as the principles relating to data processing. Clause 10 sets out the areas where the requirements of Part III are mandatory. If the obligation to comply with Part III is not laid down in clause 10, the activity may be carried out in accordance with the procedure laid down in clause 10, taking into account, for example, the obligation to wear a mask.

People may participate in outdoor activities, provided that the requirements for presenting the COVID-19 certificate or testing in Part III are met. In the case of indoor activities, in addition to presenting the COVID-19 certificate or testing, dispersal and compliance with disinfection requirements in accordance with the instructions of the Health Board must be ensured. If the person responsible for the activity requires participants to prove their infection safety, 6,000 persons may participate in the events and activities indoors and 12,000 persons outdoors in accordance with this procedure.

Considering the current situation of the spread of the coronavirus and the level of vaccination in Estonia, the organisation of various activities and events where the COVID-19 certificate is required gives the state the possibility to keep society open. The conduct of events where the COVID-19 certificate is required gives everyone the opportunity to participate, as infection safety can be proven by vaccination, recovery, and a previous negative test.

The measures to be introduced are uniform across sectors, making it easier for both organisers and people to understand the measures in place. Therefore, exceptions are provided for only in very justified cases and they must take into account the principle of equal treatment.

In the case of a public event with unrestricted outdoor conditions, there is no limit to the number of participants, nor is there an obligation to prove infection safety. This applies, for example, to the organisation of public events that take place in a single urban region or in an entire settlement unit where people are constantly moving and it is not possible to define an event or activity with a specific location and participants. The exemption also allows for public meetings to be held outdoors in a public space for public use.

If an event or activity is divided between several territories, one part of which takes place in an undefined territory, i.e. in an unrestricted area (e.g. on city streets, in nature, in a forest, on a beach, or all over Estonia), then restrictions do not apply. However, if one part of the event takes place in an unrestricted area and another part of the same event takes place in a specific location, i.e. a restricted area, where tickets are checked, catering is offered, or the concert, gathering, or other similar activity takes place, participants must present their COVID-19 certificates.

Thus, if the activity takes place in a large area which does not differ from the rest of the normal social space, the obligation to present the COVID-19 certificate does not apply. The same principles must be applied to outdoor sports competitions and events. However, the area of the start corridor, the area where competitors are registered before entering the start corridor, and the area where they are given their numbers, etc. must be considered as a restricted area. This means that even if the competition takes place, for example, in an unrestricted area – in the forest or on city streets –, the organisers must ensure that the competitors prove their infection safety before the start.

People eating on site in restaurants, cafés, and other public catering establishments are subject to the obligation to present proof of infection safety. The requirement does not apply to people ordering take-away food, the provision of a courier service, on a domestic ferry carrying passengers, or during a funeral service. However, in this case, as the COVID-19 certificate is not required, customers or couriers are obliged to wear a mask indoors. Dispersion and compliance with disinfection requirements must also be ensured indoors in accordance with the instructions of the Health Board.

Therefore, eating on site is only permitted if customers are required to present their COVID-19 certificate first. If the customer orders take-away food, they can stay in the catering establishment only until the food has been handed over to them. Customers cannot eat their take-away food on site unless they have presented their COVID-19 certificate.

The requirement to present a COVID-19 certificate does not apply in shops, including grocery stores and other convenience stores, pharmacies, for the provision of telecommunications services or mobile repair service providers, and the provision of banking services, etc. However, both in shops and in various places where services are provided (e.g. banks, post offices, beauty salons), the dispersion requirement must be followed or the possibility of hand disinfection must be ensured. Customers must wear a mask.

If there are services provided in a shopping centre which require checking COVID-19 certificates, such as cinemas, sports clubs, or restaurants, the certificate must be presented at these places. The requirement for wearing a mask must be observed when moving in the public area of shopping centres.

The requirements imposed on public church services and other public religious services remain

in force. These activities are not further restricted compared to the current order. Indoor public church services and other public religious services are allowed, provided that the total number of participants does not exceed 50 or that the 50% occupancy limit is not exceeded and that the requirements for dispersal, disinfection, and wearing a mask are met. Outdoor public services and other public religious services are allowed if the number of participants does not exceed 100. If the number of participants exceeds these limits, participants must prove their infection safety. It must also be ensured that COVID-19 certificates are checked if another public event, such as a concert, takes place in a place of worship.

The requirement to check COVID-19 certificates extends to continuing education, hobby education, and hobby activities. Pursuant to subsection 1 (4) of the Adult Education Act, continuing education means the provision of purposeful and organised studies on the basis of a curriculum outside the formal education. Continuing education also includes all labour market training that is conducted only as individual activities or training. Hobby education and hobby activities do not include the independent gathering of people, for example for singing outside a hobby school or as a craft circle in a local community centre. As the place where the activity takes place is a public indoor space, the rules established for public indoor spaces in the order must be followed there.

This order does not establish additional restrictions for other stages of study because the aim of the Government of the Republic is to keep the education system open and its restriction would have long-term and negative effects. The Government of the Republic of Estonia therefore approved an order to simplify the quarantine requirement for students up to the age of 18 and students who turn 19 during the current school year who come into close contact with a person who has tested positive for COVID-19.

The aim of the amendment is to disrupt the normal schooling of children and young people as little as possible and to ensure the infection safety of students who have been exposed to COVID-19 and monitoring thereof. From 1 September, vaccinated students in general education or vocational schools will not be required to remain in quarantine after having been in close contact with a person diagnosed with COVID-19. To avoid quarantine, unvaccinated students must be tested at school, which is done in the most child-friendly way and generally in a school setting.

As people use the same indoor and outdoor changing rooms and toilets in spas or water parks, the same requirements apply to indoor and outdoor spas, water parks, and swimming pools, as well as to other activities. The requirement to check COVID-19 certificates does not apply, for example, to a sauna service organised by a local authority in accordance with clause 11, which is offered to people who do not have access to washing at home. This service ensures basic hygiene conditions, so no additional requirements can be imposed on this. In addition, the requirement to present a COVID-19 certificate does not apply, for example, to a social rehabilitation service when it is organised in a public swimming pool.

These principles do not apply to trade and the provision of other services, including the provision of accommodation. However, it is important to note that if the accommodation provider also operates as a spa, water park, or swimming pool, these measures only apply to the spa, water park, and swimming pool, where safety infection must be proven in advance. In addition, if the hotel or holiday centre provides facilities for conferences, seminars, and entertainment, a COVID-19 certificate must be presented before attending these events.

As an exception, the obligation to prove infection safety does not apply to sports, training, continuing education, and refresher courses related to the military defence and internal security of the country. In these areas, existing measures and restrictions are taken into account on a daily basis, but there may be obstacles to implementing the measures, for example in the context of international cooperation.

The obligation to present a COVID-19 certificate does not extend to the activities of persons with disabilities in the areas listed. The definition of disability is based on the definition given in clause 2 (1) of the Social Benefits for Disabled Persons Act. Participants are not required to have an established degree of disability. This means that, for example, when conducting training or sports competitions for people with disabilities, COVID-19 certificates do not need to be checked in advance. The exception also concerns, for example, the activities of the Astangu Vocational Rehabilitation Centre.

Although the proportion of vaccinated people among people with disabilities is also increasing and testing opportunities are available, setting conditions for participation in activities can be a barrier for many and cause them to not participate in these activities.

Presenting the COVID-19 certificate is not required at a catering establishment on board a ferry used for domestic passenger transport. The ferry is public transport where the catering area is indistinguishable from other areas intended for passengers. However, a mask must be worn in these areas and dispersal between people must be ensured.

The full list of exceptions is set out in a separate sub-clause and only includes activities and persons for whom it is justified. Therefore, supplementing the list of exceptions is not justified in a situation where the presentation of COVID-19 certificates is difficult or people do not want to present it for other reasons.

Clause 11 of the order sets out the basic starting points that must be taken into account when complying with the requirements set out in clause 10 or established in this order.

The restrictions and measures set out in clause 10 apply to persons carrying out activities and to the location of their permanent economic activity. This means that if a catering establishment has a permanent place of economic activity where normal catering takes place, the presentation of COVID-19 certificates is obligatory at that place, regardless of the purpose.

Pursuant to section 16 of the General Part of the Civil Code Act, the place of business of a person is the place where the permanent and continuous economic or professional activity of the person is carried out. For the purposes of this order, a permanent place of business is deemed to be a place where unspecified persons have public access to the economic activity.

However, if the service is provided to a natural person in their home, it is possible, for example, to celebrate a birthday or other anniversary in their personal residence and to order a caterer or other entertainment service provider there. If a public event is organised to which unspecified persons have access, the requirements established for the organiser of the public event apply.

For example, if there is a Christmas show for a company in one hall of the theatre and a public Christmas show is performed in another hall, then a COVID-19 certificate must be presented to participate in either event. If the company invites the theatre group to the workplace to give a performance, then there is no obligation to prove infection safety.

If the event is held in a conference room in a hotel, the participants must present COVID-19 certificates first. The infection safety of the participants must also be proven in advance when the concert takes place in an establishment or catering establishment used as a concert hall. If a natural person organises a concert in their home yard and does not ask for a ticket, it is a private event and they do not have to check the COVID-19 certificates of the participants.

It also means that when an economic activity is carried out inside a building in a restricted area, such as a room, the requirements apply to the premises or location of the whole activity where the specific economic activity is carried out. For example, several economic activities are carried out in a shopping centre, so the rules set out in clause 10 apply to each economic activity.

The principles apply to the permanent location of the economic activity or the permanent location of the activities economic activity of other activities, even if there are several rooms (e.g. several theatre halls).

Where the economic activity involves several activities, the relevant requirements set out in clause 10 must be applied. This means that presenting a COVID-19 certificate is not required in a grocery store, but is mandatory in a catering establishment, cinema, theatre, entertainment establishment, including a billiard room or casino, or a children's playroom.

In addition to the activities listed, entertainment services include raft saunas, party buses, and other leisure and entertainment activities. While requirements on entertainment services partially include measures and requirements set for cinemas, music events, and theatres, then gambling, amusement parks, and arcades are also considered entertainment services.

If a public event takes place in a shopping centre, the rules applicable to the public event must be applied at the place of activity.

The order also specifies the organisation of private parties in various catering establishments or other locations where restrictions have been established. From now on, if a private party is held in a catering establishment, the presentation of COVID-19 certificates will be mandatory at the permanent location of the catering establishment. This means that if a catering company provides catering or brings food to the office, for example, it is not obligatory to present the COVID-19 certificate. If, for any reason, employees or persons are at the permanent place of economic activity of a catering establishment, they must present their COVID-19 certificate. Thus, if a catering establishment is booked for a private event, the catering establishment must check the COVID-19 certificates. The same principles apply for renting a theatre or cinema hall or conference rooms for private events.

Checking COVID-19 certificates is not required if an individual celebrates their personal anniversary at their place of residence and orders food or other entertainment there.

In addition, the principle is established that restrictions and measures do not generally apply to the activities of natural persons where the activities are directed at specified persons and the activities are not related to the earning a profit. These specified persons are close relatives, friends, or acquaintances of the natural person, meaning that random persons do not participate in this activity. This means, for example, that the sports provided for in sub-clause 10 (1) may be carried out with family members or a specified group of persons. The restrictions do not apply to a family whose members train independently together outdoors.

Thus, sports and training alone or with companions is still allowed, if it is not, for example, an activity organised by a club or other organisation which also involves economic profit. If the activity involves earning a profit, the restrictions set out in clause 10 must be applied, as this may involve individuals who do not come into contact with each other on a daily basis and therefore increase the risk of the coronavirus spreading.

In addition, the principle is established in accordance with which the restrictions and measures established in this order apply only in the performance of a public task in the areas specified in clause 10 in the performance of an obligation prescribed by law, international agreement, or directly applicable legislation of the Council of the European Union or the European Commission, except for social services provided by the state or local government. This does not preclude the introduction of additional safety measures to prevent the spread of the coronavirus in the provision of social services.

This means that if the legislation imposes an obligation to provide a service, there is an obligation to comply with the requirements set out in clause 10 (for example, continuing education provided by the Unemployment Insurance Fund). However, the restrictions do not apply, for example, to a sauna service organised by a local government unit, which is necessary to ensure personal hygiene. This is a matter of basic hygiene.

However, it excludes the application of restrictions and measures to other public services not listed in clause 10. This means, in particular, that where operational processes and procedures are established by law, for example, state agencies may impose additional restrictions to reduce the risk of infection while ensuring the service of all persons and the availability of public services in accordance with the procedure provided for in legislation.

In terms of administrative procedures, it must be ensured that all persons are served in the service hall of the agency. However, this provision is without prejudice to the establishment by the agency of additional safety requirements to prevent the spread of coronavirus.

Clause 12 provides that the Government of the Republic may grant special permission for organising activities on conditions different from those provided for in this order.

The application is processed on the proposal of the relevant ministry.

The Health Board has the right to determine the conditions necessary for the activities to take place, taking into account the epidemiological situation on the basis of the Communicable Diseases Prevention and Control Act. These include, for example, more specific testing requirements, self-isolation requirements, and other measures. The Government of the Republic will not issue a special permit without the approval of the Health Board.

The person responsible for the activity must submit to the Health Board a risk management plan prepared to prevent the spread of COVID-19 in good time before the event.

In order to allow the Health Board sufficient and reasonable time to examine the risk assessment and mitigation plan and give an opinion, it is recommended to submit it to the Health Board at least 30 days before the planned event. It must also be taken into account that the Government of the Republic may take additional time to process the application.

In addition, the event presupposes the position of the local government where the event takes place, which takes into account all the conditions for organising a public event, including the measures necessary to prevent the possible spread of infection. The involvement of the local government in whose administrative territory the respective event takes place is necessary pursuant to subsection 18 (6) of the Communicable Diseases Prevention and Control Act, pursuant to which the Health Board shall co-operate with local authorities for the prevention and surveillance of communicable diseases and to prevent and control the spread of communicable diseases.

The Government of the Republic will not grant special permits for the organisation of such events where COVID-19 certificates are not required unless there is a very compelling reason to do so. The complexity of checking the certificates is not such a justification. In the case of an important and compelling justification, a special permit will only be granted if the number of participants is exceeded, i.e. if there are more than 6,000 people indoors and more than 12,000 people outdoors or where, in justified cases, it is necessary to apply special self-isolation measures to foreign guests attending events.

Part III

Restrictions and Measures Pertaining to the Organisation of Controlled Activities

Clauses 13–17 of the order re-phrase the clauses 20¹⁶–20²⁰ of the current order, which provide for the organisation of activities which require proving infection safety if it is desired to apply the limit of 6,000 persons indoors and 12,000 persons outdoors.

This order does not make the fundamental changes that have been in force in order No. 282.

However, the list of exceptions on who that can participate in activities without proving their infection safety has been supplemented compared to the current order.

The organisation of events with a larger number of participants by requiring the participants to prove their infection safety has been possible with different limits from 14 June 2021.

Until now, various activities and events have been subject to a high limit of participants, which is why most organisers have not had to check the certificates. Compared to the time of the introduction of the previous order, the level of vaccination of the population is much higher, and the vaccination is also available to all adults and young people from the age of 12. In addition, vaccination is still free. Thus, the proportion of people who can prove their infection safety by presenting a vaccination certificate is increasing.

The purpose of the restriction is to enable such activities to be organised and carried out that are as safe and secure as possible for all participants. Checking the infection safety of participants, including the increase in the number of vaccinated people and those who have recovered from COVID-19, will make it possible to keep society as open as possible and to continue economic activity.

The requirement to prove infection safety at events and in catering establishments is used in many Member States of the European Union. As at 27 July 2021, based on public sources and European Union data,

13 Member States implemented the obligation to prove infection safety in restaurants and bars.

10 Member States have introduced the obligation to provide proof of infection safety when entering a cultural institution, including a theatre, cinema, or museum. Only individual countries do not require the COVID-19 certificate.

By July, Estonia and other EU member states completed three COVID certificates in accordance with the common standards of the European Union: the EU digital immunisation certificate, the EU digital negative PCR test certificate, and the COVID-19 recovery certificate. The QR code on the certificates can be read with the corresponding application.

In addition, the EU digital certificate can be presented both from the device (e.g. telephone) and printed out. Other certificates equivalent to the digital certificate (e.g. paper-based immunisation passport, certificate issued abroad) can also be presented to participate in the activity and to visit a catering establishment to prove that you have been vaccinated, recovered from COVID-19, or tested negative.

The person responsible for the activity must not use unreliable applications to verify the certificate which may store and transmit the data themselves, and preference should be given to the kontroll.digilugu.ee application created by the state.

This means that the data is processed only for verifying the certificate and the person responsible for the activity does not have the right to retain the data at any time, unless the person consents to this in accordance with the procedure set out in the General Data Protection Regulation or there is another legal basis for the retention of data in accordance with the General Data Protection Regulation.

The controller is obliged to comply with all the requirements of the General Data Protection Regulation when processing data. If the requirements for the processing of personal data are violated, the corresponding supervision will be exercised by the Data Protection Inspectorate. The processor responsible for the activity also has a possible civil liability for violating the data processing requirements.

The person participating in the activity must prove their infection safety. The organiser is not obliged to provide participants with the possibility of rapid antigen testing before the start of the event or activity, unless they do so voluntarily, following the instructions of the Health Board.

However, if the organiser offers the opportunity to take a test, for example, before a theatre performance or when entering a restaurant, they must follow the relevant instructions of the Health Board. The cost of the test is covered by the person who wishes to participate in the event or activity, unless the organiser of the activity voluntarily offers the possibility of testing and covers this cost.

The person responsible for the activity has the obligation to check for the presence of a negative test or other certificate. Therefore, the person responsible for the activity must check that the test result is negative and meets the following conditions:

- 1) the SARS-CoV-2 antigen RDT test for the coronavirus that causes COVID-19 must be taken up to 48 hours before participation;
- 2) the SARS-CoV-2 RT-PCR test for the coronavirus that causes COVID-19 must be taken up to 72 hours before participation.

If the person participating in the activity has not complied with the requirements, the person

responsible for the activity may arrange for testing with the SARS-CoV-2 antigen-RDT test at the place of activity in accordance with the instructions of the Health Board. In order to participate in the activity, the result of this test must be negative. The requirements are also met if the person has taken a SARS-CoV-2 antigen-RDT test for self-testing at a holder of an activity licence of a general pharmacy in accordance with the instructions of the Health Board. The result of the test must be negative and it must be taken up to 48 hours before participation.

It is reasonable to allow testing in pharmacies because a pharmacy is both a health and an economic company, where both the health and well-being of the person in need are a priority in organising the service. In addition, the pharmacy service is available to patients. A more detailed order will be developed as instructions by the Health Board or the instructions of the Health Board on self-testing will be supplemented.

The person responsible for the activity is considered to be the person who is responsible for the economic activity and daily organisation and management of the activity. The person responsible for the activity is a natural or legal person who is acting for purposes which are related to their economic or professional activity. The person responsible for the activity and the natural person participating in the activity are required to comply with the requirements provided for in this order and the corresponding supervision is exercised by the Health Board. The person responsible for the activity is also considered to be, for example, the organiser of a public event. A person participating in an activity is considered to be, in particular, a visitor, spectator, participant, or customer.

The certificate for COVID-19 vaccination, recovery, or PCR or rapid antigen testing must be checked with all persons taking part in the activity. This means that if a ten-member party comes to a restaurant, the infection safety of all 10 people must be checked. If a person does not prove their infection safety, they do not have the right to participate in the activity if they wish to consume food or drink on site.

Clause 14 of the order contains a list of those who have the right to participate in events where the COVID-19 certificate is required. In addition to people who have been vaccinated, have recovered from COVID-19, or present a negative test, the order provides for exemptions for people who do not have to prove infection safety. If the right to participate of person arises, for example, from the fact that they are under the age of 18, the person responsible for the activity must verify their age.

Thus, a person under the age of 18 does not have to prove infection safety before attending an event or activity or going to a restaurant. This means that they do not have to provide proof of a negative COVID-19 test, nor are they required to provide proof of vaccination or recovery from COVID-19. If vaccination coverage among those under the age of 18 increases and young people have had the opportunity to receive a second dose of the vaccine, the age limit will be reviewed and, if necessary, adjusted.

In the work environment, infection safety is ensured by appropriate measures to mitigate the risks identified in the work environment assessment and risk analysis. The corresponding measures are prescribed by the employer or the person organising the work on the basis of the Occupational Health and Safety Act. The risks must also be managed by self-employed persons and service providers.

Persons with special needs for whom testing is not reasonable due to their state of health may

take part in activities where the COVID-19 certificate is required. This is not an absolute condition that persons with special needs do not have to prove their infection safety. However, in a situation where vaccination is not recommended due to, for example, the state of health of the person and testing is not safe due to the special needs of the person, the exception may be applied.

The person taking part in the activity is responsible for meeting the requirements of the COVID-19 certificate or testing, unless the testing is organised by the person responsible for the activity.

Public events, sports competitions, and sports and fitness events, the requirements of which differ from those laid down and which are of overriding national or public interest, are subject to clause 12 of the order. The latter concerns, for example, the number of persons allowed to take part in the activity. However, the threshold of 6,000 participants indoors and 12,000 outdoors is high enough and does not hinder the organisation of most events. The organisation of events exceeding the limits must be justified in the conditions of increased risk of infection.

The limits of 6,000 and 12,000 people are set per calendar day per one event, because even for multi-day and multi-location activities, such as festivals, it is important that the number of people who come into contact with each other is uniformly limited.

‘Per calendar day’ means that these requirements can only be applied on one calendar day. If the event or activity or the provision of the service lasts for several days, the certificates must be checked each day or the participants must be marked (e.g. with a wristband) in such a way that the longer validity of the certificate can be otherwise identified.

The regulation does not apply to events that are scattered between different locations, such as events taking place in an urban space, such as Old Town Days, i.e. events where people move from one site to another.

The measures put in place to prevent the spread of the virus must be seen as a whole, bearing in mind that the restrictions are the same for people and do not depend on the content of the service provided. It is based on the principle that if people consume cultural, sports, entertainment, and other similar services for an unlimited period of time, the possibility of using several services and staying in different places of service provision, which may be located in different regions of Estonia, increases. The latter increases the number of people who come into contact with each other and the chances of the infection spreading. As an additional risk, night entertainment, for example, can be associated with excessive alcohol consumption. The foci of previous outbreaks and the number of close contacts caused by them have been taken into account, as well as the fact that the implementation of safety measures may decrease after a long stay indoors and drinking alcohol.

The limits of 6,000 and 12,000 persons infringes the protection of the right to freedom to conduct a business, but is necessary, proportionate, and in accordance with the Constitution of the Republic of Estonia (hereinafter the Constitution), taking into account the current situation. When establishing the limits, the need to balance the economic as well as social interests, constitutional values (including the protection of human health, ensuring public order and security), and the constitutional rights of persons has been analysed.

Pursuant to section 11 of the Constitution, rights and freedoms may only be circumscribed in accordance with the Constitution. Such circumscription must be necessary in a democratic

society and may not distort the nature of the rights and freedoms circumscribed. The principle of proportionality arises from the second sentence of section 11 of the Constitution, pursuant to which circumscriptions on rights and freedoms must be necessary in a democratic society. In the present case, the imposition of restrictions is in the public interest.

Pursuant to section 31 of the Constitution, citizens of Estonia have the right to engage in entrepreneurial activity and to form commercial associations and federations. The law may provide conditions and procedures that circumscribe the exercise of this right. The protection of the freedom to conduct a business is infringed if the public authority adversely affects that freedom. Every reasonable reason is sufficient to restrict the freedom to conduct a business. This reason must be in the public interest or the need to protect the rights and freedoms of others. In addition, the reason must be compelling and legitimate.

However, the more intensive the interference with the freedom to conduct a business, the more compelling the reasons justifying the interference must be (Supreme Court judgment No. 3-4-1-3-02 of 10 May 2002, item 14; Supreme Court judgment No. 3-4-1-3-12 of 6 July 2012, item 51). Given that the restriction of this freedom has a legal basis and a legitimate and justified situation arising from the public interest and the need to protect the rights and freedoms of others, the limit of 6,000 persons indoors and 12,000 outdoors is lawful and proportionate. In accordance with the same principles, the obligation to check tests and certificates is justified.

Section 12 of the Constitution provides for the general fundamental right to equality and the prohibition of discrimination. This means that individuals must not be treated differently without reasonable and appropriate justification. Comparable groups must be treated equally. In this case, the comparable groups are, on the one hand, persons who have been vaccinated against COVID-19 or are considered equivalent to vaccinated persons, persons who have recovered from COVID-19, and persons who have taken a PCR test with a negative result up to 72 hours before participating in the activity or a rapid test with a negative result up to 48 hours before participating in the activity or there is another circumstance specified in the list of exceptions, and, on the other hand, persons who do not meet any of the above criteria, bearing in mind, inter alia, that organisers of activities must ensure that persons have the opportunity to participate in the activity even if, due to the age of the participant or other objective reasons, vaccination, recovery, or testing is not proven or reasonable. For example, in situations where, due to the special needs of the person, taking the test causes them discomfort or because of a mental disorder, it is not possible to ensure safe testing.

The use of certificates will allow those who have tested negative for COVID-19, who have recovered from it, or who have been vaccinated against it or are considered equivalent to vaccinated persons to be treated differently from others who do not have the above certificates or who do not wish to confirm the facts themselves.

The conditions of a person who has recovered from the disease, has undergone a course of vaccination, or has been vaccinated are provided in the order. A person is considered to have recovered from the disease and have completed the vaccination course if they:

- 1) have recovered from COVID-19 and no more than 180 days have elapsed since the SARS-CoV-2 test confirming the diagnosis or the date of confirmation of the diagnosis;
- 2) have completed the course of vaccination against COVID-19, have reached maximum protection after the last dose of vaccine, and no more than one year has passed;
- 3) have received a single dose of the vaccine after recovering from COVID-19, have reached maximum protection after the last dose of vaccine, and no more than one year has passed, or

have contracted COVID-19 after receiving the first dose of the vaccine, have recovered from COVID-19, and no more than one year has elapsed since the SARS-CoV-2 test confirming the diagnosis or the date of confirmation of the diagnosis. If a person becomes ill with COVID-19 within two weeks of receiving the first dose of the vaccine, the provisions of clause 1 on persons who have recovered from COVID-19 will apply.

The time of achieving maximum protection is, in accordance with the instructions of the manufacturer, 7 calendar days after the second dose of the Pfizer/BioNTech Comirnaty vaccine, 15 calendar days after the second dose of the AstraZeneca Vaxzevria vaccine, 14 calendar days after the second dose of the Moderna COVID-19 vaccine, and 14 calendar days after the single dose of the Janssen COVID-19 vaccine. When new COVID-19 vaccines are introduced to the market, the instructions of the specific manufacturer must be followed for achieving maximum protection. If a person has recovered from COVID-19 and has been vaccinated with a single dose, the above deadlines will apply for achieving maximum protection.

In other words, there are two groups, one of which is less likely to become infected with COVID-19 and to spread it based on known objective parameters than the other group.

At the same time, the different treatment of the group of people who are less likely to spread COVID-19 (and the relevant alleviation of restrictions on their fundamental rights) is a legitimate aim as limiting the number of people aims to reduce the risk of COVID-19 transmission, i.e. to protect human health.

The aim is also to continue the organisation of social life without additional restrictions and not to restrict the economic activities of companies, taking into account the epidemiological situation. Thus, it can be said that the two groups of persons are not comparable because the risks they pose to others and the risks they are exposed to in regards to COVID-19 are so different that they do not need to be treated in the same way. Similar requirements have been established by several legal acts, in accordance with which, for example, before starting work, a person must prove their infection safety to other persons. The right of individuals to self-realisation is not unlimited, but must be based on the public interest and the epidemiological situation. The same practice is applied in several foreign countries.

Differences in treatment based on certificates and test results are reasonable and proportionate as they allow for an up-to-date and objective reduction in the risk of COVID-19 infection, while providing the cultural and tourism sector with the necessary relief in the form of more people.

For example, after crossing the border, more favourable conditions are applied to those persons who have entered Estonia who have taken COVID-19 tests with negative results or whose infection safety has been established by a doctor. COVID-19 vaccination and COVID-19 testing and certificate use are available to all.

Those vaccinated in Estonia can generate a digital immunisation certificate for themselves on the patient portal (www.digilugu.ee), which can be shown on a device or printed out if necessary.

The immunisation certificate includes details of the vaccine used, the time of the last dose of the vaccine, etc. However, it does not reflect the time of achieving maximum protection, which is calculated from the date of completion of the vaccine course and the duration of which depends on the time specified in the SPC for the particular vaccine.

It is also possible for a person to prove vaccination with an immunisation passport, which can be requested from the health care provider on paper. People who have been vaccinated abroad can prove their vaccination by presenting an immunisation passport, a copy of it, or a corresponding certificate (including the EU-compliant COVID-19 digital vaccination certificate), which includes in Latin or Cyrillic script and in Estonian, Russian, or English, inter alia, the personal data of the person immunised, the disease against which the person was immunised, the date of immunisation, the immune preparation used, the number of doses administered to the person, details of the issuer of the certificate, etc.

A printout of an officially certified database of another country can also be used as a certificate.

Persons who have recovered from COVID-19 in Estonia can access their data on the digilugu.ee portal and generate a digital certificate. Those who have recovered from COVID-19 outside Estonia can prove their recovery by presenting a certificate of recovery issued by a doctor in another country which reflects, in Latin or Cyrillic script and in Estonian, Russian, or English, the personal data of the person (e.g. time of recovery, clinical basis of declaring the person healthy, in case of testing, the methodology of the analysis, the result thereof, the place, time, and performer of the test, and the data of the latter). A printout of an officially certified database of another country can also be used as a certificate.

Taking a COVID-19 test, including a rapid antigen test, may result in an increase in the cost of attending an event or using a service. Given the public health interests and the mitigation of the risk of participating in the event or using the service, such additional costs are justified. In conclusion, an increase in the number of persons allowed on the basis of certificates at events and places of service does not constitute a breach of the general fundamental right to equality.

A negative antigen test does not completely rule out the possibility of infection and in some cases, the result must be confirmed by repeated tests. Antigen tests are simpler than PCR tests because they do not require specially trained laboratory staff or a dedicated laboratory. Antigen tests are fast and most tests give a result in 10–30 minutes. The Health Security Committee⁸ (23 July 2021) has drawn up a list of tests for professional use that have been recognised in at least three Member States. The list can be found at https://ec.europa.eu/health/sites/default/files/preparedness_response/docs/covid-19_rat_common-list_en.pdf.

Persons who have recovered from COVID-19 in Estonia can access their data on the digilugu.ee portal by means of the referral answer or an appropriate summary (personal data of the person, analysis methodology, result, place, time, and performer of the analysis, and the data of the latter). The Estonian Communicable Diseases Register managed by the Health Board contains information on laboratory-confirmed cases of COVID-19 in Estonia.

If testing has taken place or another certificate has been issued in a foreign country, the person may prove the said circumstances with a certificate of recovery, testing, or vaccination issued by a foreign health care provider. The certificate must reflect the personal data of the person in Latin or Cyrillic script and in Estonian, Russian, or English (e.g. time of recovery, clinical basis for declaring the person healthy, in case of testing, the analysis methodology, its result, place, time, performer of the test, and the data of the latter). A printout of an officially certified

⁸ https://ec.europa.eu/health/sites/default/files/preparedness_response/docs/covid-19_rat_common-list_en.pdf

database of another country can also be used as a certificate.

Part IV Implementing Provisions

Clause 18 sets out the principles for the implementation of supervision.

The Health Board supervises the requirements provided for in the order, involving, if necessary, another law enforcement body by way of professional assistance or in another manner provided by law. The supervision obligation arises from the Communicable Diseases Prevention and Control Act.

The Communicable Diseases Prevention and Control Act which entered into force on 1 June 2021 enables the involvement of, for example, the Police and Border Guard Board in the tasks of the Health Board. The respective involvement order entered into force on 13 August 2021.

The Police and Border Guard Board can also react to threats if the Health Board cannot prevent a significant or increased immediate threat or eliminate the threat or cannot do so in a timely manner. In such a case, the Police and Border Guard Board can apply urgent measures on the basis of the Law Enforcement Act.

The Police and Border Guard Board will have additional competence and authority to check, for example, compliance with the quarantine or self-isolation obligation, as well as other restrictions established by the Government of the Republic. In essence, the previous practice is continued, where the Police and Border Guard Board participates as an inclusive administrative body in the performance of the tasks related to the state supervision of the Health Board. The deadline for involvement is currently set at the end of the financial year, i.e. 31 December 2021, and the involvement of the Police and Border Guard Board also ends when the emergency has ended.

As the obligation to exercise supervision over the measures imposed by the order is extensive, all relevant authorities must work closely together.

In the event of non-compliance with the measures to prevent the spread of the virus, the administrative coercive measures specified in subsection 28 (2) or (3) of the Law Enforcement Act will be applied. Pursuant to subsection 23 (4) of the Law Enforcement Act, the upper limit of the non-compliance levy is 9,600 euros. The non-compliance levy, the purpose of which is to oblige to comply with the requirements, measures, and restrictions established in the order and to prevent the spread of the virus, may be imposed repeatedly.

Clause 19 sets out the validity of restrictions and measures. No significant fundamental changes will be made compared to the current order. The need for measures and restrictions is assessed every two weeks. To this end, the current situation and the appropriateness and purposefulness of the measures put in place will be reviewed and a decision will be made as to whether any changes to the order are necessary.

Clauses 20, 21, and 22 make technical amendments to Order No. 212 of the Government of the Republic of 28 May 2021 ‘Imposition of quarantine on persons who have been diagnosed with or have tested positive for COVID-19 and on persons who have had close contact with them’ and Order No. 169 of the Government of the Republic of 16 May 2020 ‘Imposition of temporary restrictions on crossing the state border in order to prevent a new outbreak of the

coronavirus SARS-CoV-2 causing the COVID-19 disease'. The changes are justified in clause 5 of this order.

Order No. 294 of the Government of the Republic of 13 August 2021 'Involvement of the Police and Border Guard Board in the performance of the tasks of the Health Board related to the prevention of the epidemic spread of the infectious disease COVID-19' is also amended, which makes technical amendments to the correct legislation.

Clause 23 repeals Order No. 282 of the Government of the Republic of 19 August 2020 'Measures and Restrictions Necessary for Preventing the Spread of COVID-19'.

Clause 24 sets out the date of entry into force of the order. The order enters into force on 26 August 2021.

The order can be contested by submitting a challenge to the Government of the Republic pursuant to the procedure prescribed in the Administrative Procedure Act within 30 days as of the day on which the order became known or should have become known. The order can also be contested by submitting an appeal to an administrative court pursuant to the procedure prescribed in the Code of Administrative Court Procedure within 30 days as of the publication of the order.

Pursuant to clause 25, the order is published in *Riigi Teataja* and on the website kriis.ee.

Taimar Peterkop
Secretary of State

23 August 2021