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## **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**

Passed 28.05.2021 No. 212  
RT III, 29.05.2021, 1  
Entry into force 01.06.2021

Amended by the following acts

Passed	Published	Entry into force
01.06.2021	RT III, 01.06.2021, 8	02.06.2021
15.07.2021	RT III, 16.07.2021, 2	19.07.2021
23.08.2021	RT III, 23.08.2021, 1	26.08.2021

Under § 27 (3) of the Communicable Diseases Prevention and Control Act and considering the provisions of § 27 (1) 1) and 2) and § 28 (8) of the same, requirements for quarantine for the purpose of avoiding and preventing the coronavirus SARS-CoV-2 causing COVID-19 from spreading outside the focus of the disease are imposed as follows:

[RT III, 01.06.2021, 8 - entry into force 02.06.2021]

**1.** Persons who have been diagnosed with COVID-19 or whose SARS-CoV-2 RT-PCR or SARS-CoV-2 antigen RTD test by a health care provider has come back positive (hereinafter *infected person*) are prohibited from leaving their place of residence or permanent place of stay from the time they were diagnosed or received their test results until their recovery. A place of residence or a permanent place of stay also means places where shelter services and safe house services are provided. Whether a person has made a recovery is decided by a physician.

**2.** The restriction set out in clause 1 does not apply when an infected person is given an order by a health care professional, a police officer or an official of the rescue service to leave their place of residence or permanent place of stay, or when a health care professional refers them to receive health services, or in the event of an emergency that puts their life or health at risk.

**3.** A person who is living with or permanently staying in the same place of stay as an infected person or who has otherwise had close contact with an infected person (hereinafter *close contact*) is prohibited from leaving their place of residence or permanent place of stay during a period of 10 calendar days. For a person who is living with or permanently staying in the same place of stay as an infected person the 10-calendar-day period starts from the onset of the infected person's symptoms or, if the infected person exhibits no symptoms, from the day the infected person took the positive test for SARS-CoV-2 referred to in clause 1. For a person who has otherwise had contact with an infected person the 10-calendar-day period starts from last close contact with the infected person.

**4.** The restriction set out in clause 3 does not apply if the close contact is showing no symptoms of COVID-19 and the following circumstances occur:

- 1) the close contact is given an order by a health care professional, a police officer or an official of the rescue service to leave their place of residence or permanent place of stay;
- 2) the close contact leaves their place of residence or permanent place of stay when a health care professional refers them to receive health services or in the event of an emergency that puts their life or health at risk;
- 3) the close contact is a health care professional who is performing urgent duties by a decision of their employer;
- 4) the close contact is a person who is performing urgent duties by a decision of their employer and with advice from the Health Board and without whom the performance of a task of a state or local authority would be impossible or highly complicated;
- 5) if the person referred to in sub-clause 4) is a person ensuring the continuity of a vital service, they may perform urgent duties only by a decision of their employer and on the latter's proposal justified in writing and with the

approval of an authority or local authority referred to in § 36 of the Emergency Act and with advice from the Health Board;

6) the close contact is getting the everyday essentials near their place of residence or place of stay because it is otherwise impossible;

7) any and all contact between the close contact and an infected person who is living in the same place of residence or staying in the same place of stay is excluded;

8) the close contact is outdoors and completely avoids any contact with other persons.

5. The provisions of clauses 3 and 4 do not apply to a close contact who:

1) has suffered from COVID-19 and no more than 180 days have passed since the SARS-CoV-2 test confirming the diagnosis was carried out or since the date of confirmation of the diagnosis (hereinafter *recovered person*); [RT III, 16.07.2021, 2 – entry into force 19.07.2021]

2) has completed their vaccination series for COVID-19, has developed full protection after the last dose of vaccine and no more than one year has passed since the last dose of vaccine (hereinafter *vaccinated person*); [RT III, 23.08.2021, 1 – entry into force 26.08.2021]

3) is considered equal to a vaccinated person (hereinafter *person considered equal to a vaccinated person*).

A person considered equal to a vaccinated person is deemed to be a person who has been given one dose of vaccine after recovering from COVID-19 and has developed full protection after the dose of vaccine and no more than one year has passed since the last dose of vaccine, or who, after the first dose of vaccine, has contracted COVID-19 and has recovered from COVID-19 and no more than one year has passed since the SARS-CoV-2 test confirming the diagnosis was taken or since the date of confirmation of the diagnosis. If a person contracts COVID-19 within 14 calendar days after the first dose of vaccine, the person will be subject to the provisions of sub-clause 1) applicable to recovered persons.

[RT III, 23.08.2021, 1 – entry into force 26.08.2021]

6. The time when the full protection referred to in clause 5 is developed is, according to the manufacturers, 7 calendar days after the second dose of vaccine for Pfizer/BioNTech Vaccine Comirnaty, 14 calendar days after the second dose of vaccine for AstraZeneca Vaccine Vaxzevria and Moderna COVID-19 Vaccine, and 14 calendar days after one dose of vaccine for Janssen COVID-19 Vaccine. For other COVID-19 vaccines not mentioned in this clause, the specific manufacturer's instructions for full protection shall be followed. Full protection for recovered persons vaccinated with one dose is deemed to have been developed at the times stated in this clause. [RT III, 23.08.2021, 1 – entry into force 26.08.2021]

7. [Repealed – RT III, 01.06.2021, 8 – entry into force 02.06.2021]

8. The rights and obligations provided for in this Order also apply to persons who are close contacts at the time this Order takes effect or who have recovered from COVID-19 or have been vaccinated before the entry into force of this Order.

9. The time of development of full protection for persons vaccinated before the entry into force of this Order or persons considered equal to vaccinated persons is calculated according to clauses 5 and 6.

10. In the events described in sub-clause 3) of clause 5 before the entry into force of this Order a person is deemed to be a person considered equal to a vaccinated person for the purposes of this Order.

11. Supervision over the requirements imposed by this Order is exercised by the Health Board, involving the Police and Border Guard Board by way of professional assistance or in another manner provided by law, where necessary.

12. The restrictions and measures established by this Order shall apply until the dates specified in this Order or until this Order is changed or repealed under § 53 (1) 4) and (2) 3) and § 66 (2) 1) of the Administrative Procedure Act.

13. This Order takes effect on 1 June 2021 and remains in effect through 31 December 2021.

14. This Order shall be published in the official gazette Riigi Teataja and on the website kriis.ee.

For the protection of the life and health of people and overriding public interest, this Order imposes quarantine requirements for preventing the spread of the coronavirus SARS-CoV-2 causing COVID-19.

Quarantine has been applied since the emergency situation from 26 March 2020. After the end of the emergency situation the Government of the Republic imposed a quarantine on persons diagnosed with COVID-19 and on persons close to them from 18 May 2020 until 1 July 2020. Government of the Republic Order No. 257 "Imposition of quarantine on persons diagnosed with the COVID-19 disease caused by the coronavirus SARS-CoV-2 and on persons living with or permanently staying in the same place of residence as them and on persons who have otherwise had close contact with a person diagnosed with the disease" of 16 July 2020 was in effect from 16 July 2020 through 30 September 2020. Government of the Republic Order No. 336 "Imposition of quarantine on persons diagnosed with the COVID-19 disease caused by the coronavirus SARS-CoV-2 and on persons living with or permanently staying in the same place of residence as them and on persons who have otherwise had close contact with a person diagnosed with the disease" of 29 September 2020 was in effect from 1 October 2020 through 31 December 2020. Government of the Republic Order No. 455 "Imposition of quarantine on persons diagnosed with the COVID-19 disease caused by the coronavirus SARS-CoV-2 and on

persons living with or permanently staying in the same place of residence as them and on persons who have otherwise had close contact with a person diagnosed with the disease” of 17 December 2020 was in effect from 1 January 2021 through 1 February 2021. Government of the Republic Order No. 47 “Imposition of quarantine on persons diagnosed with the COVID-19 disease caused by the coronavirus SARS-CoV-2 and on persons living with or permanently staying in the same place of residence as them and on persons who have otherwise had close contact with a person diagnosed with the disease” of 30 January 2021 is in effect from 1 February 2021 through 31 May 2021.

This Order extends the requirements for quarantine and imposes restrictions and measures for another period of time starting from 1 June 2021.

Under § 27 (5) of the Communicable Diseases Prevention and Control Act, quarantine shall be terminated after the spread of the communicable disease has been prevented, the requirements for the control of the communicable disease have been fulfilled and the focus of the disease has been rendered harmless. As the virus is highly contagious the Science Council advising the Government of the Republic has recommended permanently imposing the quarantine requirement on persons suffering from the disease and on persons who have had close contact with them for the purpose of preventing the spread of the infection. Therefore the Government of the Republic has sought to keep the quarantine requirements in effect. Considering the number of persons infected, the rate at which the disease spreads, the possible serious nature of the disease and the fact that as of 17 May 2021 vaccination against COVID-19 has been available to the entire population of Estonia but providing vaccines for all still depends on the quantities of vaccines arriving in Estonia and there is still no disease-specific effective treatment, it is necessary to extend the restrictions. On 25 May 2021, 160 new tests came back positive in 24 hours. According to the population register the most new positive tests were recorded in Harju County and Ida-Viru County where 81 and 30 persons, respectively, were diagnosed with the coronavirus (the morbidity rate per 100,000 inhabitants is 207.3 and 550.4, respectively). The Estonian morbidity rate per 100,000 inhabitants for the past 14 days is 236.1. 189 people have been hospitalised, 25 of them are in intensive care and 13 of the latter are on mechanical ventilation. 3138 infected persons were recorded within the past 14 days. Although the infection rates and the workload of hospitals has somewhat decreased, the spread of the infection has not been stopped and not applying restrictions may result in increased spread of the infection and higher workload of hospitals.

Under § 34 of the Constitution of the Republic of Estonia (hereinafter the *Constitution*), everyone whose presence in Estonian territory is lawful has the right to move freely in that territory and to choose freely where to reside. The right to freedom of movement may be circumscribed in the cases and pursuant to a procedure which is provided by law to protect the rights and freedoms of others, in the interests of national defence, in the case of a natural disaster or a catastrophe, to prevent the spread of an infectious disease, to protect the natural environment, to ensure that a minor or a person of unsound mind does not remain unsupervised, or to ensure the proper conduct of a criminal case. Under § 27 (3) of the Communicable Diseases Prevention and Control Act, if the establishment of quarantine is accompanied with a significant effect on the society or economy, the quarantine shall be established by an order of the Government of the Republic. The purpose of the quarantine imposed by this Order is to prevent and stop the further spread of COVID-19 caused by the coronavirus SARS-CoV-2.

Under § 2 (2) of the Communicable Diseases Prevention and Control Act, COVID-19 corresponds to the signs of a dangerous novel communicable disease because COVID-19 is a disease with a high level of infectiousness which spreads rapidly and extensively and which may be serious or life threatening and currently there is also no effective treatment for COVID-19 and explosive intensification of the spread of the disease may result in a situation where the number of patients who need to be hospitalised exceeds the hospital treatment capacity. The quarantine is necessary for the protection of the life and health of people and overriding public interest in order to prevent and stop the spread of the virus causing COVID-19. The quarantine imposed by this Order is necessary for containing disease clusters and for slowing the spread of the disease down.

Quarantine is imposed on persons diagnosed with COVID-19 and on persons living with or permanently staying in the same place of residence or place of stay as diagnosed persons and on persons who have otherwise had close contact with a person suffering from the disease. As a new requirement, a person tested with a SARS-CoV-2 RT-PCR or SARS-CoV-2 antigen RTD test by a health care provider, if the test results are positive, is also required to be quarantined. This quarantine requirement is justified because the virus spreads fast and may cause great damage to health and without effective application of the restrictions the slightest focus of the disease may lead to extensive spread of the disease and weigh heavily on the healthcare system. Exceptions are made for asymptomatic persons in quarantine and in justified cases they may leave home. Exceptions may be made for close contacts provided they carefully monitor their health, comply with measures imposed by the Government of the Republic or the Health Board for preventing the possible spread of the communicable disease and take all possible measures for preventing the spread of the communicable disease. So the freedom of movement of asymptomatic persons is not excessively restricted.

Although studies on post-vaccination immunity are still on-going and any data is preliminary, the Expert Committee on Immunoprophylactics at the Ministry of Social Affairs has, by relying on available information, found that there is no reason to believe that post-vaccination immunity would be reduced during at least 6 to 8 months after the completion of the vaccination series<sup>1</sup>, and it will presumably last even longer. The precise

duration of post-vaccination immunity and the precise time when re-vaccination becomes necessary due to reduced immunity is not known because the studies are still on-going and more and more data becomes available. It must also be considered that currently there is also not enough information about how effective the protection provided by COVID-19 vaccines that hold a marketing authorisation in the European Union currently is against new strains of the virus, but there are studies being conducted. When new strains emerge it may turn out that vaccines that have been granted a marketing authorisation in the European Union do not provide sufficient protection against them and even those who have already completed their vaccination series must be re-vaccinated. As new data becomes available, release from quarantine and the appropriateness thereof shall be reviewed.

Clause 5 of the Order sets out that close contacts who have recovered from the disease or who have been vaccinated or who are considered equal to vaccinated persons are subject to release from quarantine during the period of time provided by the Order.

According to available data, post-recovery immunity lasts for at least 6 months<sup>2,3,4,5</sup>. However, according to the Expert Committee on Immunoprophylactics and available information, this may depend on the severity of COVID-19. For ensuring subsequent adequate protection, the Expert Committee on Immunoprophylactics recommends vaccinating recovered persons with one dose at six months after recovery. According to the European Centre for Disease Prevention and Control (ECDC)<sup>6</sup>, preliminary information shows that naturally developed immunity reduces over time and may not last long. However, available data shows that contracting the disease again within six months after recovery happens in rare cases. But having recovered from the disease may not protect against new strains.

This Order sets out release from quarantine for one year for persons who have completed their vaccination series for COVID-19, have developed full protection after their last dose of vaccine and no more than one year has passed since that time. A person is deemed to have completed their vaccination series: 1) after the administration of the second dose of vaccine for two-dose vaccines; 2) after the administration of one dose of vaccine for one-dose vaccines. Release from quarantine does not arise immediately after completion of the vaccination series but after the passing of the time required for the development of full protection. Full protection is developed after different periods of time for different vaccines.

One year is estimated to be an optimum period of time during which data about the duration of immunity and need for re-vaccination, including against new strains, should become available. Since it is impossible to predict the precise time when such data will become available and when possible new strains will emerge, there is a chance that the one-year release from quarantine must be either prolonged or shortened at some point. Consequently, the Order contains a clause 12 that allows the conditions of the Order to be changed if justified by the epidemiological situation.

Vaccination against COVID-19 in Estonia started on 27 December 2020 using the Pfizer/BioNTech Vaccine Comirnaty (as per week 21 of 2021, Estonia has received 470,340 doses). As per week 21 of 2021, Estonia has received 82,800 doses of the Moderna COVID-19 Vaccine, 252,000 doses of the AstraZeneca Vaccine Vaxzevria and 19,600 doses of the Janssen COVID-19 Vaccine. On 25 May 2021, there were 442,089 persons in Estonia who had had at least one dose of vaccine and 226,105 persons had completed their vaccination series.

A person considered equal to a vaccinated person is deemed to be a person who has been given one dose of vaccine after recovering from COVID-19, has developed full protection after the last dose of vaccine and no more than one year has passed since the development of full protection after the dose of vaccine, or who has contracted COVID-19 after the first dose of vaccine and no more than one year has passed since the person was declared healthy by a physician. Should a person be infected within 14 calendar days after the first dose of vaccine, they will be regarded as recovered and they will be subject to the provisions concerning recovered persons.

Information about the vaccine used, the date of administration of the last dose of vaccine and so on is entered on immunisation certificate but the latter does not reflect the time when full protection is reached, which is calculated from the day of completion of the vaccination series and the duration of which depends on the time specified in the summary of product characteristics of the specific vaccine.

Despite the specifications set out in the Order it is necessary for close contacts to carefully monitor their health, comply with measures imposed by the Government of the Republic and the Health Board for preventing the possible spread of the communicable disease and take all other possible measures for preventing the spread of the communicable disease. It is as important for close contacts to wear a protective mask or otherwise cover their nose and mouth indoors (for example, in public indoor spaces, at work, in administrative agencies or educational institutions, and sports and leisure facilities and so on) where they come into contact with people with whom they do not share a place of residence, for the purpose of preventing the potential spread of the virus (except in the special cases referred to in the Order). Therefore, for 10 calendar days, close contacts who are released from the restriction are still required to wear a mask or other protective equipment in places specified in the Order. Said requirement does not apply to children under 12 years of age and in cases when wearing a mask is not possible for health reasons, due to the nature of work or other activities or for other significant reasons.

The implementing provision of the Order is necessary to specify how the provisions of the Order are applied to persons who are close contacts at the time this Order takes effect or who have recovered from COVID-19 or have been vaccinated before the entry into force of this Order.

Imposing quarantine on infected persons and persons suspected of having been infected ensures the protection of the health of persons in risk groups, including persons suffering from chronic diseases, persons with a weak immune system and the elderly. According to §§ 16 and 28 of the Constitution, the state shall ensure the protection of the life and health of people but people themselves also play an important role – they must look out for the health of their family and colleagues as well as the weaker groups of society and the public as a whole.

Since § 27 (3) of the Communicable Diseases Prevention and Control Act requires that in the event of a quarantine the term of quarantine shall be set out and a quarantine cannot be established without a term, it was planned upon the issue of this Order that the Order will remain in effect through 31 December 2021. The date was chosen due to the fact that by 31 December 2021 more or less a year will have passed since the beginning of vaccination in Estonia and by that time enough reliable studies will presumably have been published to clarify the need for re-vaccination and the duration of immunity after vaccination and recovery as well as the efficacy against new strains.

Failure to duly comply with measures for preventing the spread of the communicable disease will prompt the application of the administrative coercive measures set out in § 28 (2) or (3) of the Law Enforcement Act. According to § 23 (4) of the Law Enforcement Act, the amount of penalty payment is 9600 euros. This penalty payment, which serves the purpose of enforcing the requirements, measures and restrictions imposed by this Order and preventing the spread of a communicable disease, may be imposed repeatedly.

This Order can be appealed against by filing a challenge with the Government of the Republic pursuant to the procedure provided by the Administrative Procedure Act within 30 days as of the day the relevant person became or should have become aware of the Order. This Order can also be appealed against by filing an action with the administrative court pursuant to the procedure provided for in the Code of Administrative Court Procedure within 30 days as of the day of announcement of this Order.

The explanatory memorandum to the Order is available on the website [kriis.ee](http://kriis.ee).

<sup>1</sup> <https://www.njml.org/doi/full/10.1056/NEJMc2103916>

<sup>2</sup> <https://science.sciencemag.org/content/371/6529/eabf4063>

<sup>3</sup> [https://www.gavi.org/vaccineswork/natural-immunity-covid-19-may-be-long-lasting?gclid=EA1aIQobChMI0MaQ7uGR8AIVBHYYCh1mDAihEAAYAiAAEgJFYPD\\_BwE](https://www.gavi.org/vaccineswork/natural-immunity-covid-19-may-be-long-lasting?gclid=EA1aIQobChMI0MaQ7uGR8AIVBHYYCh1mDAihEAAYAiAAEgJFYPD_BwE)

<sup>4</sup> <https://science.sciencemag.org/content/371/6529/eabf4063>

<sup>5</sup> [https://www.cell.com/immunity/fulltext/S1074-7613\(20\)30445-3](https://www.cell.com/immunity/fulltext/S1074-7613(20)30445-3)

<sup>6</sup> European Centre for Disease Prevention and Control

### **Reasons for the amendments made by the Government of the Republic Order No. 305 of 23 August 2021**

For the protection of the life and health of people and overriding public interest, including for the protection of the continuity of the state, this Order imposes indispensable measures and restrictions for preventing the spread of the coronavirus SARS-CoV-2 causing COVID-19.

§ 28 (1) of the Constitution of the Republic of Estonia (hereinafter the *Constitution*) provides for everyone's right to protection of his or her health. In this case the fundamental right protects different values. Firstly, the scope of protection includes people's right to protection of their health by having the state do everything in its power to stop the spread of the virus. Also covered by the scope of protection is public interest in avoiding increased spread of the virus and mass infections as well as overload of the health care system. In a situation where contact with other people poses a great risk of the virus spreading the state has an obligation to minimise the risk of infection, which also means that, for the purpose of achieving this objective, contact between people may be restricted in an appropriate manner.

The Constitution provides for rights and freedoms that the state is also required to ensure. The state may circumscribe the rights and freedoms set out in the Constitution considering the nature of the right or freedom in question and the conditions arising from the Constitution itself. For instance, under § 34 of the Constitution everyone whose presence in Estonian territory is lawful has the right to move freely in that territory and to choose freely where to reside. The right to move freely may be circumscribed in cases and pursuant to the procedure provided by law for the purpose of protecting the rights and freedoms of others and preventing the spread of a communicable disease, among others.

It is justified to apply certain restrictions for preventing the spread of the virus causing COVID-19. Setting restrictions on rights and freedoms requires a fair balance between the objective sought by the restriction and the scope and effect of the restriction. Whereas, it is important to consider how can people, in the long run, exercise their other fundamental rights, such as right to liberty of movement and to engage in enterprise, if the virus that causes COVID-19 is not contained in Estonia and health care institutions are overloaded and

healthworkers are overworked. Proportional restrictions necessary for stopping the virus are justified by the above compelling objectives.

Under § 28 (2), (5) and (6) of the Communicable Diseases Prevention and Control Act and considering § 28 (8) thereof, the Government of the Republic may take measures for preventing communicable diseases when the application of measures and restrictions for the prevention of an epidemic spread of communicable diseases has a significant effect on society or economy. The following preconditions must be met: it is an extremely dangerous communicable disease or a dangerous novel communicable disease; the Health Board has given the Government of the Republic information and a recommendation on a measure (obligation or restriction) on the basis of epidemiological, laboratory and clinical information; the measure is absolutely necessary for preventing the spread of the virus or in other words the requirement must be proportional and rational; the measure is temporary or in other words limited in time and it brings about a significant social or economic effect.

This Order imposes measures and restrictions for preventing and stopping the spread of COVID-19 caused by the coronavirus SARS-CoV-2, which serve the purpose of reducing contact between people and preventing the spread of the virus.

This Order introduces the following fundamental changes compared to the measures and restrictions in force thus far:

According to the Order, as of 26 August 2021 the requirement to wear a mask will extend to all public indoor spaces where COVID-19 certificates are not checked. A mask will have to be worn in trade and provision of services, for instance at the bank, post office or hairdresser's or upon the provision of services related to telecommunications. Likewise, a mask will have to be worn when getting takeaway at a food establishment.

Moreover, in public spaces where people need to prove their COVID-19 safety, the provision of a COVID-19 certificate will have to be required of all customers or participants regardless of the number of people. The Order sets out exceptions as to people who need not present a COVID-19 certificate, such as children under 18 years of age. This means that a COVID-19 certificate must be presented when engaging in sports, training, youth work, hobby activities and hobby education, refresher training; at sports competitions and sports and exercise events; at saunas, spas, water parks and swimming pools; at public meetings and events, including theatre, film screenings, concerts, conferences; at museums and exhibition facilities; for entertainment services; and when having a meal or a drink at the premises of a food establishment.

COVID-19 certificates need not be checked at outdoor events where the territory is not confined.

COVID-19 certificates need not be produced at shopping centres or stores. Also, people need not prove that they are not infectious when getting takeaway at a restaurant or a café. However, as mentioned above, a mask will have to be worn at said places or in said cases.

Establishment of the restrictions by the Order is based on the fact that COVID-19 caused by SARS-CoV-2 is an infectious disease that spreads from one person to another by way of droplet infection, primarily upon close contact with an infectious person. The virus can be contracted when in close contact with an infected person, by inhaling particles of the virus<sup>1</sup>, or through contaminated surfaces or, for example, contaminated hands.

The virus can spread in poorly ventilated and/or crowded indoor settings, where people tend to spend longer periods of time. The risk of becoming infected with SARS-CoV-2 is also present outdoors where close contact with a lot of people takes place.

Compared to previous weeks the spread of the coronavirus has significantly increased and the Delta variant has assumed the position of the dominant variant. The Delta variant spreads 60% more effectively than the Alpha variant, this means easier secondary and tertiary transmissions and the latent period is also shorter. Current data has shown that the level of immunity developed after a single dose of vaccine (for 2-dose vaccines) is about 17% less effective against the Delta variant compared to the Alpha variant dominant thus far<sup>2</sup>. However, in respect to immunity developed after completion of the vaccination series the efficiency of the vaccine is about 10% lower.

There has been no noticeable reduction of responsiveness as to immunity developed after completion of the vaccination series. Considering that as per 19 August 2021 45.57% of the population have completed their vaccination series, the effect of vaccination is not yet sufficient to prevent possible increased morbidity caused by the Delta variant.

This Order has been drawn up considering the fact that the intensity of morbidity is high throughout Estonia. On 19 August 2021, the ratio of positive tests from the last 14 days to 100,000 inhabitants was 278.41 and the average rate of positive tests from the last 7 days was 277.

On 23 July 2021, the ratio of positive tests from the last 14 days to 100,000 inhabitants was 65.46 and the average rate of positive tests from the last 7 days was 75. On 7 July 2021 said figures were 31.83 and 32; on 21 June 2021 49.81 and 40; and on 16 June 2021 64.11 and 49. Therefore, 14-day morbidity per 100,000 population is high in Estonia and the growth rate of new cases is still on the rise. Figures concerning hospital capacity and the health care system are moderate and stable.

The Order is imposed in consideration of the Estonian level of vaccination for COVID-19<sup>3</sup> and its planned progress in the coming weeks. As per 19 August 2021, 70.07% of people 60 years of age and older are covered by vaccination. 605,586 people (45.57% of the population) have completed their vaccination series.

14-day morbidity per 100,000 population is high in Estonia and the growth rate of new cases is on the rise. Figures concerning hospital capacity and the health care system are moderate. When changing the restrictions and measures the risk of infection must be assessed as high, which makes it justified to continue with all the current restrictions and measures and to impose additional restrictions compared to the current restrictions and measures.

The Delta mutation of the coronavirus has been the dominant one in Estonia as of week 26 (percentage: 33% in week 25, 67% in week 26, 92% in week 28 and 95% in week 29, 94% in week 30 and 98% in week 32).

During week 32, a total of 1942 new cases were registered. Compared to week 31, the number of new cases was 31.9% higher. During week 32, a total of 39,715 tests were analysed (2993 tests per 100,000 population), which is 35.4% more than in week 31. Out of all the tests 4.9% produced a positive result (5.0% in week 31).

The highest percentage of positive tests can be seen in Jõgeva County (11.0%), Põlva County (11.0%), Valga County (10.4%) and Võru County (10.2%). According to the genotyping data from week 32 the percentage of the Delta variant is 98%. In addition, in week 32 sequencing identified two people infected with the Gamma variant and two with the Alpha variant. In both cases one identified case had been imported. In Estonia, the Delta variant is spreading persistently within the country.

20,281 people who filled in the traveller's questionnaire arrived in Estonia in week 32 (19,266 in week 31): From Latvia – 3196 people (2695 in week 31), from Russia – 2400 people (1660 in week 31), from Germany – 1713 people (2012 in week 31), from Italy – 1256 people (1279 in week 31), from Turkey – 1214 people (1395 in week 31). Imported cases recorded in week 32 amounted to 130, accounting for 6.7% of the total number of cases and 7.1% of cases for which information about the location of contracting the infection is available. The imported cases of week 32 are related to travelling in 24 countries. The majority of cases are related to travelling to Turkey, Finland and Russia.

The infection coefficient is 1.2 across Estonia (last week 1.2); it has remained on the same level compared to week 31. Compared to the status on 9 August 2021 the infection coefficient has significantly increased in the eastern region (1.1 → 1.35) because the number of cases has increased by 43% against the background of low number of infected people. The southern region's infection coefficient has not changed (R=1.3).

14-day morbidity has grown higher in all counties except for Ida-Viru County where it has slightly fallen. The highest growth can be seen in Valga County (139.4%), Jõgeva County (136.8%) and Saare County (90.9%). The regions with the highest infection rates are Võru County (477.2/100,000 population), Põlva County (446.3/100,000 population), Pärnu County (385.2/100,000 population), Tartu County (341.8/100,000 population), Jõgeva County (316.4/100,000 population) and Rapla County (303.5/100,000 population). The age group becoming infected has shifted from young adults to middle-aged and older people and the infection has mostly spread within family (36%). Considering the present level of the infection coefficient the Health Board estimates about 20% increase in the number of infected people in week 33, meaning about 2300 infected people a week and 300 to 400 infected people a day.

Considering the increase in the spread of the coronavirus SARS-CoV-2 across Estonia at the time this Order is issued, application of restrictions and measures in an altered form and continuation with other restrictions and measures that are not changed by this Order are an efficient and proportional measure for the protection of the life and health of people and for ensuring public health and the continuity of the health care system.

Under § 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 § 11 of the Constitution, according to which circumscription of rights and freedoms must be necessary in a democratic society. In this instance, the imposition of the restrictions and measures is in public interests and the restrictions and measures are imposed throughout the state. According to § 31 of the Constitution, Estonian citizens have the right to engage in enterprise and to form for-profit undertakings and organisations. Conditions and procedures for the exercise of this right may be provided by a law. The scope of protection of the freedom of enterprise as right to liberty is infringed when the public authority adversely affects this freedom.

The second sentence of § 31 of the Constitution gives the legislator authority to restrict the freedom of enterprise by the Communicable Diseases Prevention and Control Act. Any reasonable justification is sufficient for restricting the freedom of enterprise. This justification must be based on public interest or the need to protect the rights and freedoms of others, it must carry weight and it must naturally be lawful. Considering that the basis for restricting this freedom arises from the law and there is a legitimate and justified situation arising from public interest and the need to protect the rights and freedoms of others, the imposition of the restrictions and measures provided for in this Order is lawful.

The restrictions and measures imposed by the Order serve the purpose of limiting the spread of the coronavirus and the number of people getting infected and ensuring the continuity of the vital functions of the state. The restrictions and measures provided for in the Order have been carefully considered and it has been decided in favour of those that are more efficient than their alternatives in the context of the current spread of the infection based on currently available information. It has also been assessed that said measures and restrictions are fair and proportional in interaction of various fundamental rights and freedoms (e.g. §§ 12, 16, 19, 28, 31, 34, 37, 40 and 47 of the Constitution). This means that the measures and restrictions as a whole affect all people for the purpose of public interest (protection of the life and health of people, continuity of the state).

Continuity involves a risk where a large number of people, e.g. medical staff, police officers, rescue workers, social workers, judges, teachers, state officials and members of the parliament falling ill has a perceivable effect on the availability of public services and the legal order of the state. When restrictions and measures are imposed, it is weighed for each area what is the fair balance between the protection of life, health and continuity of the state and the rights and freedoms circumscribed.

For instance, according to § 47 of the Constitution, everyone has the right to assemble peacefully and to conduct meetings without prior permission. This right may be circumscribed in the cases and pursuant to a procedure provided by law to safeguard national security, maintain public order, uphold public morality, ensure the safety of traffic and the safety of participants of the meeting, or to prevent the spread of an infectious disease. So, the right provided for in § 47 of the Constitution is also not an absolute right. The reason why § 47 of the Constitution specifically refers to the prevention of the spread of an infectious disease is that infectious diseases spread among people when people get together. Therefore, one of the most important and main measures of preventing the spread of infectious diseases in stopping the spread of an infection is to restrict interaction between people.

The reasons for the measures and restrictions are set out in the Order and the explanatory memorandum to the Order.

Under § 44 (1) of the Communicable Diseases Prevention and Control Act, supervision over the requirements imposed by this Order is exercised by the Health Board. Failure to duly comply with measures for preventing the spread of the virus will prompt the application of the administrative coercive measures set out in § 28 (2) or (3) of the Law Enforcement Act. The maximum amount of penalty payment is 9600 euros. This penalty payment, which serves the purpose of enforcing the requirements, measures and restrictions imposed by this Order and preventing the spread of the virus, may be imposed repeatedly.

This Order can be appealed against by filing a challenge with the Government of the Republic pursuant to the procedure provided by the Administrative Procedure Act within 30 days as of the day the relevant person became or should have become aware of the Order. This Order can also be appealed against by filing an action with the administrative court pursuant to the procedure provided for in the Code of Administrative Court Procedure within 30 days as of the day of announcement of this Order.

The explanatory memorandum to the Order is available on the website [kriis.ee](http://kriis.ee).

<sup>1</sup> <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-how-is-it-transmitted>

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/993879/Variants\\_of\\_Concern\\_VOC\\_Technical\\_Briefing\\_15.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993879/Variants_of_Concern_VOC_Technical_Briefing_15.pdf)

<sup>3</sup> Estonia considers the recommended level of vaccination against COVID-19 to be 70% of the population. Should new strains of the virus that spread faster or are resistant to vaccines emerge, said required percentage may prove higher. <https://www.terviseamet.ee/et/koroonaviirus/koroonakaart>.