

Disclaimer: We kindly ask to acknowledge that due to the diverse and heterogeneous nature of the questions and the dynamic pandemic situation some of the information might be incomplete or only correct for the time being. Thus, please consider the date and date of the last update with the below information. All available information was provided by a country representative from the PHIRI network during or in connection to the respective meeting.

Date: 18.01.2021 Last update: 27.01.2021

Country	Risk classification or traffic light systems	Measures taken before Winter/Christmas	Additional information
Austria	<p>A committee decides on traffic light setting per district once a week. They use an algorithm incorporating several indicators but the setting is not determined automatically by the algorithm but is eventually a majority-decision of the committee. (E.g.: In last week's assessment it was decided to keep all of Austria in high risk without applying the algorithm setting because the situation is unpredictable due to the new variants of the virus.)</p> <p><u>Traffic light settings:</u></p> <ul style="list-style-type: none"> - Low (green) - Medium (yellow) - High (orange) - Very high (red) <p><u>Three levels of assessment</u> using various indicators:</p> <p>1. Raw 7-day incidence per 100.000:</p> <ul style="list-style-type: none"> - ≤25 low risk - >25 to ≤50 and at least 10 cases: medium risk - >50 to ≤100: high risk - >100: very high risk <p>2. Risk-adjusted 7-day incidence:</p> <ul style="list-style-type: none"> - age group of cases - source identification (sporadic cases, community transmission, cluster, travel-associated) - symptomatic vs. asymptomatic cases - testing rate in district <p>3. ICU capacities:</p> <ul style="list-style-type: none"> - ≤10%: low risk 	<p>As far as we know there have been no such efforts (strengthening healthcare infrastructure, ICU beds, and personnel) specifically during Winter/Christmas period. Hospitals are organised rather independently or by regional governance, so maybe there were efforts we are not aware of. During December there was a strong focus on preparing mass testing and vaccination strategy and strengthening contact tracing capacities</p>	<p>Detailed information available here:</p> <p>https://corona-ampel.gv.at/corona-kommission/bewertungskriterien/ (in German)</p>



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

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	<ul style="list-style-type: none"> - >10% and ≤25%: medium risk - >25% and ≤33%: high risk - >33%: very high risk <p>“Downgrading” to a lower risk setting (only one at a time) at the earliest after 20 days (2x incubation time)</p>																																										
Croatia	-	<p>Croatia has banned the work of cafes, restaurants, night clubs etc. prior to the Christmas as well as implemented a restriction to traveling between counties within the country, as well as re-instating requirement to have a negative PCR test prior to arrival to Croatia for all new arrivals in Croatia, in case there is no PCR test or proof of immunity, person would be quarantined.</p> <p>The restriction to travel between counties within the country was, however, cancelled after an 6.4 earthquake hit Croatia 29.12.2020 and has not yet been reinstated. The rest of the measures taken are still active.</p>																																									
Czech Republic	<p><u>Traffic light system with 5 different colours</u> for regions and the whole Republic; currently in the highest grade</p> <p>it is based on a value of some kind of indicator between 0 and 100; it stays for 7 days in the same grade;</p> <p>1st indicator: 14 day incidence in general population</p> <p>2nd indicator: 14 day incidence in population group 65+</p> <p>3rd indicator: reproduction number</p> <p>4rd indicator: share of hospitalized persons not previously tested positive (e.g. detected in community and tested positive in hospital)</p>	<p>CZ is slightly behind the peak of 3rd wave and numbers started to decrease; no special measures observed;</p>																																									
Estonia	<table border="1"> <thead> <tr> <th>Indicators</th> <th>Low risk</th> <th>Average risk</th> <th>High risk</th> <th>Very high risk</th> </tr> </thead> <tbody> <tr> <td>14-day incidence per 100 000 people</td> <td><60</td> <td>61-99</td> <td>100-199</td> <td>>200</td> </tr> <tr> <td>7-day total number of infected in the age group 65+</td> <td><200</td> <td>201-350</td> <td>351-600</td> <td>>600</td> </tr> <tr> <td>7-day number of tests per 100 000 people</td> <td><2500</td> <td>2500</td> <td>1000-2500</td> <td>>2500</td> </tr> <tr> <td>7-day positive test rate (%)</td> <td><3</td> <td>3-4</td> <td>4,1-5</td> <td>>5</td> </tr> <tr> <td>Number of COVID-19 patients under assisted ventilation</td> <td><30</td> <td>30-75</td> <td>76-130</td> <td>>130</td> </tr> <tr> <td>Number of COVID-19 patients in hospitals</td> <td><50</td> <td>50-100</td> <td>101-130</td> <td>>130</td> </tr> <tr> <td>Proportion of those infected with an undetected 14-day route of infection out of all those infected (%)</td> <td><25</td> <td>25-35</td> <td>36-50</td> <td>>50</td> </tr> </tbody> </table>	Indicators	Low risk	Average risk	High risk	Very high risk	14-day incidence per 100 000 people	<60	61-99	100-199	>200	7-day total number of infected in the age group 65+	<200	201-350	351-600	>600	7-day number of tests per 100 000 people	<2500	2500	1000-2500	>2500	7-day positive test rate (%)	<3	3-4	4,1-5	>5	Number of COVID-19 patients under assisted ventilation	<30	30-75	76-130	>130	Number of COVID-19 patients in hospitals	<50	50-100	101-130	>130	Proportion of those infected with an undetected 14-day route of infection out of all those infected (%)	<25	25-35	36-50	>50	<p>Estonia is still in 2nd wave, some regional hospitals have made room for COVID-19 beds; at high peak medical students were hired to support with COVID-19 patients</p>	
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Finland	<p><u>Defined 3 phases</u>; 1st baseline: incidences are low, infections are traceable and the spread of infections is not significant; 2nd acceleration phase: 7-day incidence 10- 15 cases/100.0000, 14-day incidence max 25/100.000, 1-2% of tests are positive, sources of infections are traceable; 3rd community transmission phase: 7-day incidence >15 cases/100.000, >25-50 cases/100.000, more than 2% of tests are positive, less than half of sources of infections are traceable;</p>	<p>No specific measures; hospitals are monitoring needs for ICU; if needed, there is a backup strategy to get more beds on ICU</p>	
Italy	<p>The monitoring of Regions will include 21 indicators grouped in blocks of indicators:</p> <ol style="list-style-type: none"> 1. Process indicators on monitoring capacity 2. Process indicators on the capacity of diagnostic assessment, investigation and management of contacts 3. Outcome indicators related to transmission stability and the resilience of health services <p>See detailed response attached to the minutes</p>	<p>No specific measures, in prevision of the 3rd wave; nevertheless, in the last spring, in some regions, new Intensive Care wards were built including new beds and calls for nursing and medical personnel were implemented. After first wave (spring time) ICU were enforced, they are about 50% more beds (ICU) that before; regional management, personnel was increased, but not everywhere</p>	
Malta	<p>Malta will revise their risk classification system; since summer there is a higher level of incidences and most activities have been classified in terms of risk; risk classification might shift and be based on the level of reported incidences;</p>	<p>Since summer they are creating a grid based on occupancy on ICU; 3 levels (e.g. if the number of beds are exceeded, there is a shutdown of elective services and emergency beds prepared; if there is a spike on incidents, there is a 1 week / 2 week gap until it reaches ICU (within a week of rush they start to prepare beds)</p>	
Netherlands	<p>They use 'alert values'. Colours indicate when a risk level changes. There are four risk levels: caution, concern, serious and severe.</p> <p><u>INDICATORS:</u></p> <p><u>Infections:</u></p> <ul style="list-style-type: none"> - Confirmed cases (Number of confirmed cases) - Infectious people (Number of infectious people) - Reproduction number (Most recent reproduction number) - Deaths (Daily reported deaths from COVID-19) <p><u>Hospitals:</u></p> <ul style="list-style-type: none"> - Hospital admissions (Number of hospital admissions reported on one day. Alert value: 40 admissions per day.) 	<p>Lockdown as of December 15th. Preparation health care is building on preparations done in Springtime last year. Vaccination health care workers in acute care (decision makers did not follow up advice from health council to first vaccinate the most vulnerable).</p>	<p>The information on risk classification can be found in the dashboard: https://coronadas_hboard.government.nl/over</p> <p>More information on risk levels: https://coronadas_hboard.government.nl/over</p>



	<p>- Intensive care units admissions (Average number of intensive care admissions in 3 days. Alert value: 10 admissions per day.)</p> <p><u>Vulnerable groups:</u></p> <ul style="list-style-type: none"> - Nursing homes (Number of confirmed cases per day) - Disability care (Daily number of disability care home residents who were reported as testing positive for COVID-19) - People over 70 living at home (Confirmed cases) - Early indicators (Sewage water examination. Average number of coronavirus particles per 100.000 people) - Symptoms at general practitioners (Estimated number of patients with symptoms that could indicate COVID-19) <p><u>Behaviour:</u></p> <ul style="list-style-type: none"> - Compliance and support (Percentage of people that agree with the measures and the percentage that also adheres to them.) <p>Information is displayed nationally, by safety region or by municipality.</p>		<p>nt.nl/over-risiconiveaus</p>
<p>Norway</p>	<p>There are <u>general risk levels for municipalities and regions</u> according to the following model:</p> <p>In the weekly regional reports, the evaluation of the epidemiological situation is based on the following factors:</p> <ul style="list-style-type: none"> - Level and development of the ongoing infection - Test activity - Division by groups divided by sex, age, birth land, a place of infections (abroad or outside municipality) - Whether the infection channels are known for the majority of cases - Cases are a part of a known outbreak. <p><u>Evaluation of the potential for spreading</u></p> <ul style="list-style-type: none"> - Incidence and proportion with unknown infection exposure - Proportion of positive and proportion of admissions total can indicate the extent of dark numbers - Appropriations for R - The danger of mass infection events - The risk of spreading to other municipalities and into nursing homes or other 	<p>Second wave strategies to keep the control in November and December 2020:</p> <ul style="list-style-type: none"> - Reduce social contact - Stricter border control measures - Avoid travel - More WGS to detect mutations - Intensified contact tracing and quarantine (TISK) - Reduced sports and culture events - Place schools in red-zone (open in cohorts) - Accelerate vaccination. 	<p>More information on risk levels for municipalities and regions:</p> <p>https://www.fhi.no/nettpub/overvakning-vurdering-og-handtering-av-covid-19-epidemien-i-kommunen/tirinn2/4.-risikovurdering/</p> <p>Traffic lights systems for schools and kindergartens:</p>



	<p>health services</p> <ul style="list-style-type: none"> - Possibly overload of the testing or infection tracking capacity swallowed by not all infected can be followed that in time. <p>RISK LEVELS WITH DESCRIPTIONS:</p> <ul style="list-style-type: none"> - <u>Level 1</u> (Control): No or few proven cases, but possibility of flare-up. - <u>Level 2</u> (Control with clusters): Local and regional outbreaks that are controlled. The incidence is often somewhat variable as a result of outbreaks. The cases may be limited to certain groups, and only a small proportion (less than 10%) have an unknown infection situation. Testing and infection tracking are handled well. - <u>Level 3</u> (increasing spreading): Increasing incidence other than limited outbreaks and risk of rapid acceleration in incidence. The cases are partly sporadic and partly clusters in different environments. Around 10 - 20% have an unknown infection situation. Capacity for infection tracking and testing is under pressure. - <u>Level 4</u> (Widespread spread): High and rapidly increasing incidence outside limited outbreaks. Pressure on hospital capacity. Increasing incidence or more outbreaks in vulnerable groups. Around 20-30% have an unknown infection situation. Increasing incidence of hospitalizations and deaths. Capacity for infection tracking and testing is overloaded. - <u>Level 5</u> (Uncontrolled spreading): Uncontrolled spread in society and the danger of exceeding the hospitals' capacity. Accelerating incidence outside known outbreaks. More than 30% have an unknown infection situation. Infection tracing is not feasible for many cases due to lack of capacity. 		<p>https://www.fhi.no/nyheter/2020/nye-veiledere-for-barnehager-og-skoler/</p> <p>(in Norwegian)</p>
Portugal	<p>Classification of <u>3 risk levels</u>; 1st low risk: < 240/100.000; 2nd moderate risk: 240 - 480/100.000; 3rd high risk: >480/100.000; at a high risk it is forbidden to leave home in Portugal; currently hospitals are at their limit</p>	<p>ICU capacities and staff levels were increased; since May 2020 there is a shortage in HC personnel due to e.g. retirements</p>	
Slovenia	<p>Slovenia uses 7-days average of new cases (daily number, calculated as average of the last 7 days) and number of hospitalized patients.</p>	<p>Before and during Christmas holidays Slovenia communicated the importance of bubbles, safe holidays and larger availability of RAT for people (to eliminate positive cases as soon as possible). On the other hand, better connections between Slovenian hospitals were ensured to serve the most damaged regions better.</p>	



<p>Spain</p>	<p>Risk assessment is based on two sets of indicators:</p> <p>SET 1: LEVEL OF TRANSMISSION ASSESSMENT:</p> <ul style="list-style-type: none"> • 7-day cumulative number of COVID-19 cases per 100 000 inhabitants (or 14-day cumulative number of COVID-19 cases per 100 000 inhabitants, if there is delay in the notification) • 7-day cumulative number of COVID-19 cases over 64 years per 100 000 inhabitants over 64 years (or 14-day cumulative number of COVID-19 cases over 64 years per 100 000 inhabitants over 64 years , if there is delay in the notification) • Weekly positivity of diagnostic tests • Weekly number of cases that were contacts of a confirmed case <p>SET 2. HEALTHCARE CAPACITY:</p> <ul style="list-style-type: none"> • Hospital beds occupancy • ICU beds occupancy <p>Combining indicators of both sets and depending on their values a <u>5-alert level system</u> is used to characterize the situation as <u>normal, low-risk, high-risk, very-high risk and extreme-risk.</u></p>	<p>Not aware of specific hiring for the 3rd wave. Nevertheless, since May 2020, regions should have (or be able to increase in 5 days) 1.5-2 ICU beds per 10,000 inhabitants and 37-40 hospitalization beds per 10,000 inhabitants. Furthermore, in case of high increase in the number of cases, autonomous communities can set up additional resources and reorganise patients flows.</p>	<p>Detailed information in Table 1 and page 7 on the document (in Spanish): https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Actuaciones_repuesta_COVID_22.10.2020.pdf</p>
<p>United Kingdom</p>	<p>UK do have a risk classification system; thresholds are 25/100.000 and 50/100.000; now everything is above those thresholds</p>	<p>No specific measures, however no additional beds and there is a shortage of nurses and doctors</p>	

