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An tÚdarás Um Fhaisnéis
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Rapid review of public health guidance on protective measures for vulnerable groups in the context of COVID-19

Updated on: 12 August 2021

Version history

Version	Date	Specific updates
V1.0	23 March 2020	Date of first rapid review
V2.0	24 March 2020	Review updated: <ul style="list-style-type: none"> ▪ Updated guidance from Norway, Scotland, and Switzerland included ▪ 'Live' table of protective measures in each setting added.
V3.0	25 March 2020	Review updated to reflect change in guidance for vulnerable groups in: <ul style="list-style-type: none"> ▪ Australia ▪ New Zealand ▪ Switzerland.
V4.0	26 March 2020	Review updated to include new guidance for vulnerable groups in Singapore.
V5.0	02 April 2020	Review updated to include latest guidance for vulnerable groups from Ireland. Review updated to reflect change in the definition of high risk groups in: <ul style="list-style-type: none"> ▪ Australia ▪ Norway ▪ US.
V6.0	06 April 2020	Review updated to reflect change in the definition of high risk groups in: <ul style="list-style-type: none"> ▪ US ▪ Scotland. Additional measures/support: <ul style="list-style-type: none"> ▪ UK. Change in advice: <ul style="list-style-type: none"> ▪ Norway. Additional information on vulnerable social groups: <ul style="list-style-type: none"> ▪ Canada.
V7.0	09 April 2020	Minor text added: <ul style="list-style-type: none"> ▪ Canada. Review updated to reflect change in the definition of high risk groups in: <ul style="list-style-type: none"> ▪ CDC. Additional country profiles: <ul style="list-style-type: none"> ▪ Sweden ▪ Germany.
V8.0	16 April 2020	Additional detail added: <ul style="list-style-type: none"> ▪ New Zealand. Minor text added: <ul style="list-style-type: none"> ▪ Sweden.

		Minor layout changes: <ul style="list-style-type: none"> ▪ Germany
V9.0	20 April 2020	Minor editing in wording used: <ul style="list-style-type: none"> ▪ Australia ▪ Scotland. Reduced list of conditions for higher risk: <ul style="list-style-type: none"> ▪ Norway. Addition of advice for cohabitating with people at higher risk: <ul style="list-style-type: none"> ▪ Norway ▪ UK.
V10.0	23 April 2020	Minor layout changes: <ul style="list-style-type: none"> ▪ Australia ▪ Northern Ireland (criteria now listed separately from PHE).
V11.0	27 April 2020	Review updated to reflect change in the definition of high risk groups: <ul style="list-style-type: none"> ▪ Sweden. Minor additional advice: <ul style="list-style-type: none"> ▪ Norway ▪ New Zealand.
V12.0	30 April 2020	Review updated to include additional detail on conditions of high risk groups: <ul style="list-style-type: none"> ▪ Switzerland ▪ New Zealand.
V13.0	7 May 2020	Review updated to reflect change in the definition of high risk groups: <ul style="list-style-type: none"> ▪ UK ▪ Sweden. Updated Advice: <ul style="list-style-type: none"> ▪ New Zealand.
V14.0	11 May 2020	Review updated to include additional detail on conditions of high risk groups: <ul style="list-style-type: none"> ▪ Germany Additional information provided for: <ul style="list-style-type: none"> ▪ Finland ▪ Germany
V15.0	14 May 2020	Review updated to include additional detail on conditions of high risk groups: <ul style="list-style-type: none"> ▪ Scotland ▪ UK. Updated Advice: <ul style="list-style-type: none"> ▪ New Zealand. Additional advice: <ul style="list-style-type: none"> ▪ Switzerland.
V16.0	18 May 2020	Review updated to include additional detail on conditions of high risk groups:

		<ul style="list-style-type: none"> ▪ New Zealand. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Ireland.
V17.0	21 May 2020	<p>Review updated to include additional detail on conditions of high risk groups:</p> <ul style="list-style-type: none"> ▪ New Zealand ▪ Northern Ireland. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Finland.
V18.0	25 May 2020	<p>Review updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ Norway ▪ Switzerland. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Norway ▪ Scotland.
V19.0	2 June 2020	<p>Review updated to additionally include:</p> <ul style="list-style-type: none"> ▪ Wales. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England ▪ Singapore.
V20.0	8 June 2020	<p>Review updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ Northern Ireland ▪ Norway ▪ Singapore ▪ Sweden. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Northern Ireland ▪ Wales ▪ Ireland ▪ New Zealand.
V21.0	15 June 2020	<p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Northern Ireland ▪ Wales ▪ Sweden ▪ Switzerland.
V22.0	22 June 2020	<p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Scotland ▪ Canada.
V23.0	29 June 2020	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ US. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England ▪ Ireland ▪ Northern Ireland

		<ul style="list-style-type: none"> ▪ Switzerland ▪ US.
V24.0	6 July 2020	<p>Minor update in the wording in the definition of high risk:</p> <ul style="list-style-type: none"> ▪ Scotland. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England ▪ Scotland ▪ Northern Ireland ▪ Wales ▪ Finland.
V25.0	10 July 2020	<p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England ▪ Scotland ▪ Australia.
V26.0	17 July 2020	<p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Scotland ▪ Switzerland.
V27.0	24 July 2020	<p>Updated to reflect change in high risk groups:</p> <ul style="list-style-type: none"> ▪ US <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Wales ▪ Scotland
V28.0	29 July 2020	<p>Review will be updated every two weeks.</p> <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Scotland
V29.0	12 August 2020	<p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England ▪ Northern Ireland ▪ Scotland ▪ New Zealand
V30.0	26 August	<p>Minor change in text:</p> <ul style="list-style-type: none"> ▪ Scotland <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ New Zealand ▪ Wales
V31.0	9 September	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> • Ireland • New Zealand <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England ▪ Singapore ▪ Sweden
V32.0	24 September	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> • Canada

		<ul style="list-style-type: none"> • Germany • Sweden <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ New Zealand
V33.0	22 October	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ US <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England
V34.0	5 November	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ England ▪ Northern Ireland ▪ Scotland ▪ Switzerland ▪ US. ▪ Wales <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England.
V35.0	19 November	<p>Restructured report.</p> <p>Added:</p> <ul style="list-style-type: none"> ▪ Belgium ▪ Denmark. <p>Removed:</p> <ul style="list-style-type: none"> ▪ New Zealand ▪ Singapore.
V37.0	3 December	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ England ▪ Northern Ireland ▪ Wales ▪ Norway. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England.
V38.0	17 December	<p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England ▪ Wales ▪ Northern Ireland ▪ Scotland ▪ Switzerland ▪ Belgium.
V39.0	7 January 2021	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ Norway ▪ US. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England

		<ul style="list-style-type: none"> ▪ Wales ▪ Northern Ireland ▪ Scotland.
V40.0	21 January 2021	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ Germany. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Denmark ▪ Norway ▪ Scotland.
V41.0	4 February 2021	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ Germany ▪ Sweden. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Denmark ▪ England ▪ Northern Ireland ▪ Norway ▪ Wales.
V42.0	18 February 2021	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ Norway ▪ Scotland ▪ Sweden. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ Denmark ▪ England ▪ Germany ▪ Scotland. <p>Updated evidence summaries:</p> <ul style="list-style-type: none"> ▪ Belgium ▪ Denmark.
V43.0	4 March 2021	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ England ▪ Ireland (HSE) ▪ Scotland ▪ Sweden ▪ Switzerland. <p>Updated advice:</p> <ul style="list-style-type: none"> ▪ England <p>Updated evidence summaries:</p> <ul style="list-style-type: none"> ▪ Scotland (SIGN).
V44.0	18 March 2021	<p>Updated to reflect change in the definition of high risk groups:</p> <ul style="list-style-type: none"> ▪ Norway

		Updated advice: <ul style="list-style-type: none"> Germany
V45.0	1 April 2021	Updated to reflect change in the definition of high risk groups: <ul style="list-style-type: none"> Norway US Updated advice: <ul style="list-style-type: none"> Denmark England Scotland Switzerland Wales
V46.0	22 April 2021	Addition of a table of with details on exemptions relating to vaccination status Updated to reflect change in the definition of high risk groups: <ul style="list-style-type: none"> Switzerland Updated advice: <ul style="list-style-type: none"> Denmark CDC England Northern Ireland Scotland
V 47.0	5 May 2021	Updated to reflect change in the definition of high risk groups: <ul style="list-style-type: none"> Norway Updated advice: <ul style="list-style-type: none"> Norway Sweden Scotland US.
V48.0	21 May 2021	Updated to reflect updated evidence base used to inform high risk groups: <ul style="list-style-type: none"> Norway US.
V49.0	4 June 2021	Updated advice: <ul style="list-style-type: none"> Northern Ireland.
V50.0	25 June 2021	Updated to reflect change in the definition of high risk groups: <ul style="list-style-type: none"> Germany Updated advice: <ul style="list-style-type: none"> Norway Wales.
V51.0	9 July 2021	Updated advice: <ul style="list-style-type: none"> Denmark Finland.

V52.0	21 July 2021	Updated advice: <ul style="list-style-type: none">▪ England▪ Finland▪ Scotland▪ Switzerland▪ US.
V52.0	21 July 2021	Updated advice: <ul style="list-style-type: none">▪ England▪ Finland▪ Scotland▪ Switzerland.
V53.0	12 August 2021	Updated advice: <ul style="list-style-type: none">▪ England▪ Scotland▪ US.

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Key points

- A variety of protective measures are being taken to protect vulnerable groups who are at high risk of severe illness from COVID-19 in all countries included in this review. In general, people who are considered vulnerable to more severe illness are those that are of an older age, with chronic conditions if not well-managed or are in receipt of therapies that weaken the immune system.
- Belgium, Canada, Finland, Germany, Sweden, England, Switzerland, and Wales have a single grouping for vulnerable people. Australia, Northern Ireland, Norway and Scotland distinguish between those considered at 'highest risk' and those at 'increased risk'. Denmark stratifies according to age groups and the US stratifies according to the certainty in the evidence underpinning each risk group.
- Some countries have published additional factors that increase risk, although these do not always necessitate inclusion in the vulnerable group category. These risk factors include ethnicity, smoking, high BMI and pregnancy in conjunction with another condition. Germany includes people with psychiatric illnesses (for example, dementia) in their high-risk groups. Finland updated a detailed list of illnesses and conditions used for the vaccine prioritisation process with reference to related studies.
- Advice for vulnerable groups typically includes stay at home, practice hand hygiene, physical distancing and avoid contact with others. In Northern Ireland, England, Scotland and Wales those previously shielding are advised they can return to the workplace, if unable to work from home and attend educational institutions in-person. Since 21 July, physical distancing rules have been lifted in England. However, people in these risk groups are advised to continue to consider the risks of close contact with others, particularly if they are clinically extremely vulnerable or not yet fully vaccinated. In Scotland, key changes in guidance include lifting legal requirements to physically distance and legal limits on the size of social gatherings. Denmark advises that pregnant women and other fully vaccinated people at higher risk should not be treated or cared for in A&E, on a COVID-19 ward or similar.
- Advice in England, Northern Ireland, Scotland and Wales for those who are fully vaccinated is to continue to follow public health guidance. Ireland advises those who are fully vaccinated that they may visit indoors with other households who also have full protection.
- Denmark, Finland, Germany, Norway, Sweden and the US have published exemptions to public health measures for those fully vaccinated that relate to quarantining after close contact with a confirmed case, serial testing in the community and workplace, returning to work and maintaining a physical distancing between others. Recently due to the Delta variant in high circulation, the US recommends that fully vaccinated people wear a mask in public indoor settings in areas of substantial or high transmission. Norway and Sweden have also published exemptions that apply for those who received just one dose.

- Immunocompromised people are advised in Denmark, Ireland and the US to consult their healthcare provider about vaccine exception, even if fully vaccinated. Additionally, the US advised that encouragement should be given to close contacts of immunocompromised people to get vaccinated against COVID-19 to help protect these people.
- At the end of week 30 (week ending Sunday 1 August 2021), the overall COVID-19 case notification rate for the European Union and European Economic Area (EU/EEA) was 214.0 per 100 000 population (201.3 the previous week). This rate has been increasing for five weeks. Overall hospital admissions due to COVID-19 have been stable for nine weeks. The 14-day COVID-19 death rate (4.7 deaths per million population, compared with 3.6 deaths the previous week) has increased compared to previous

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Background

In Ireland, protective measures are being taken to protect vulnerable groups who may be at risk of severe illness from coronavirus disease (COVID-19), in particular extremely medically vulnerable groups. On 27 March 2020, the Health Protection Surveillance Centre (HPSC) issued guidance on 'cocooning' for these groups, which is a practice used to protect or shield those who may suffer the most from coming into contact with the virus.⁽¹⁾ The [very high risk groups](#) (extremely vulnerable), defined by the Health Service Executive (HSE) in Ireland, include:⁽²⁾

- are over 70 years of age - even if you are fit and well
- have Down syndrome
- have cancer and are being treated with chemotherapy or similar drugs other than hormone therapy
- have lung or head and neck cancer and are having radical surgery or radiotherapy
- are having radical radiotherapy for lung cancer or head and neck cancer
- are having certain complex cancer surgery, for example, surgery for lung cancer, head and neck cancer or oesophageal cancer
- have advanced cancer or cancer that has spread to another part of the body
- are on dialysis or have end-stage kidney disease and an eGFR less than 15
- have a condition affecting the brains or nerves that has significantly affected your ability to breathe, meaning you require non-invasive ventilation (such as motor neurone disease or spinal muscular atrophy)
- have unstable or severe cystic fibrosis, including people waiting for a transplant
- have severe respiratory conditions including Alpha-1 antitrypsin deficiency, severe asthma, pulmonary fibrosis, lung fibrosis, interstitial lung disease and severe COPD
- have uncontrolled diabetes
- have had an organ transplant or are waiting for a transplant
- have had a bone marrow or stem cell transplant in the last 12 months, or are waiting for a transplant
- have a rare condition that means you have a very high risk of getting infections (such as APECED or errors in the interferon pathway)
- sickle cell disease
- have been treated with drugs such as Rituximab, Cyclophosphamide, Alemtuzumab, Cladribine or Ocrelizumab in the last six months
- have certain inherited metabolic disorders (such as Maple Syrup Urine Disease)
- have obesity with a body mass index (BMI) greater than 40.

On 27 March 2020, the specific advice given to these groups was to stay at home at all times and avoid any face-to-face contact with others. Since April 2021, restrictions have been easing with advice changing so that those who have the full

protection of the COVID-19 vaccine may visit indoors or meet outdoors with others outside who are also fully protected from their household.^(3, 4) For older people and others at risk of severe disease on reducing risk of COVID-19 infection it is recommended to use a surgical mask rather than a cloth face covering when situations where a mask is required. In addition, it is [advised](#) that it is generally safe to attend work on site if this is essential when fully vaccinated.⁽⁵⁾ This also applies to going into shops and using public transport for essential purposes. However, even when fully vaccinated it is advised to continue to be very careful especially if you have a problem with your immune system.

Similar measures have been implemented in other settings to protect vulnerable groups. The ECDC recommends public health authorities implement strategies to protect persons at risk of severe COVID-19 disease.⁽⁶⁾ This includes helping them to avoid crowded places, both indoors and outdoors, and providing infection prevention and control support, logistic and mental support, access to testing for specific groups, support to enable them to telework, and so on.

We undertook a rapid review of the advice and recommendations that have been issued internationally to protect vulnerable groups in the context of COVID-19.

Methods

The review was first undertaken on 23 March 2020, in line with the 'Protocol for the identification and review of new and updated relevant COVID-19 public health guidance', available on www.hiqa.ie. The review is currently updated every two weeks. On 19 November 2020 the structure of the results section was reformatted. Two additional countries (i.e., Belgium and Denmark) were added to the review and two countries were removed due to no longer being relevant (i.e., New Zealand achieved zero COVID) and not clearly reported (i.e., unclear definition of criteria in Singapore with protective measures not sufficiently reported). A detailed account of the methods used in this review is provided in the protocol.

Results

A number of protective measures have been undertaken in different health care settings to protect vulnerable groups who may be at high risk of severe illness from COVID-19. Table 1 provides a 'live' overview of the protective measures that are being undertaken across different countries. A variety of names have been used to describe the measures which ultimately resemble 'cocooning' and involve strict isolation advice. These include 'shielding' and 'protective self-separation'. The specific measures that have been undertaken to protect vulnerable groups, as identified in this rapid review, are summarised separately per country under the following headings: organisation, high risk groups, cited evidence-base, current ECDC risk assessment, current protective measures and supports, and previous highest level of protective measures during the first wave. Table 2 provides sources for vaccine priority schedules for the included countries. Table 3 provides an

overview of exceptions to infection protection and control measures for fully vaccinated person.

The neighbouring countries of Ireland are presented first, including England, Northern Ireland, Scotland and Wales, followed by Australia, Belgium, Canada, Denmark, Finland, Germany, Norway, Sweden, Switzerland and the United States.

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England, Public Health England (PHE)

Background

On 21 March, PHE published guidance on 'shielding' and protecting people who are [clinically extremely vulnerable](#), including children.⁽⁷⁾ Additional guidance was also published by PHE on 16 March aimed at the general population which included specific advice to groups categorised as [clinically vulnerable](#), however, this is no longer in use.⁽⁸⁾

Criteria

[Clinically extremely vulnerable](#):⁽⁹⁾

- People who are solid organ recipients
- People with specific cancers:
 - People with cancer who are undergoing active chemotherapy
 - People with lung cancer who are undergoing radical radiotherapy
 - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - People having immunotherapy or other continuing antibody treatments for cancer
 - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD)
- People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell)
- People on immunosuppression therapies sufficient to significantly increase risk of infection
- Problems with your spleen, e.g. splenectomy (having your spleen removed)
- Adults with Down's syndrome.
- Adults on dialysis or with chronic kidney disease (stage 5)
- Women who are pregnant with significant heart disease, congenital or acquired
- Other people have also been classed as clinically extremely vulnerable, based on clinical judgment and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

For children

PHE states that the risk is lower in children; as such it is advised that children and young people up to the age of 18 consult their paediatric specialist or GP to determine the most appropriate care.⁽¹⁰⁾ Children with conditions including asthma, diabetes, epilepsy and kidney disease, as well as children who receive specialist care in hospitals, may still be considered clinically extremely vulnerable following a

consultation with their doctor.⁽⁹⁾ This includes those receiving cancer care or those at risk of severe infection due to an immunodeficiency.

For pregnancy

Women who are pregnant with significant heart disease, congenital or acquired are considered at highest risk while pregnant women in general are considered at high risk.⁽⁹⁾

Evidence-base

The clinically extremely vulnerable and the clinically vulnerable groups were initially based on a subset of the criteria for the UK annual flu vaccine for adults, defined by the Chief Medical Officer (CMO) on 16 March 2020 with input from expert doctors.⁽¹¹⁾ On 5 November, adults with Down's syndrome was added based on evidence arising from the development of the QCOVID prediction tool and a [study](#) using the same dataset –the Qresearch population-level primary care database.^(12, 13) Adults on dialysis or with chronic kidney disease (stage 5) were also added with no justification reported. The QCOVID tool estimates a person's risk of being admitted to hospital and of dying from COVID-19 based on information about the person such as their age, gender, ethnic group or whether they have long standing illnesses.⁽¹⁴⁾ On 2 December, those with problems related to splenectomy were added to the clinically extremely vulnerable group, with no justification reported for the change. On 16 February PHE announced that the University of Oxford's [QCovid® risk prediction model](#) is now also used to identify people who should be on the shielding list, as well as the criteria and individual clinical judgment, as listed above.⁽⁹⁾ The risk prediction tool combines a number of factors such as age, sex registered at birth, ethnicity, BMI and specific health conditions and ongoing treatments to estimate the risk of a person catching coronavirus and becoming seriously unwell.

ECDC country level risk assessment

No recent updates available. On 18 June 2021, PHE reported evidence of detections of B.1.617.2 carrying an additional K417N mutation (38 cases). The mutation has been suggested to be involved in immune escape and to affect binding of the spike protein to the ACE2 receptor.⁽¹⁵⁾ Previous reports highlighted the UK was experiencing a rapid increase in detection of lineage B.1.617.1 and, to a greater extent, the Delta variant, associated with travel to India and onward community transmission.⁽¹⁶⁾

Current protective measures and supports

Shielding was paused on 1 April 2021. England has [eased restrictions](#) to allow people to meet outdoors and indoors.⁽¹⁷⁾ Those who are clinically extremely vulnerable are no longer advised to shield and can attend work if unable to work from home. People who live with someone who is clinically extremely vulnerable can attend work in-person if unable to work from home. Since 21 July 2021, physical distancing rules (2 metres or 1 metre with additional mitigations) have been lifted.⁽⁹⁾ However,

people in these risk groups are advised to continue to consider the risks of close contact with others, particularly if they are clinically extremely vulnerable or not yet fully vaccinated.

Clinically extremely vulnerable pupils and students can return to their school or other educational settings. This includes early years provision, wraparound childcare and applicable out-of-school settings.⁽⁹⁾

Help in booking priority access to food delivery slots is available through local councils, and pharmacies provide for free medicines delivery. Support is available for the disability-related extra costs of working that are beyond standard reasonable adjustments an employer must provide. As shielding measures have been lifted, Statutory Sick Pay or Employment and Support Allowance are no longer available on the basis of being advised to shield.

Since 6 April, NHS Digital maintains the [Shielded Patient List](#) (SPL) - a list of people at 'high risk' of complications from COVID-19, who should be shielded. Patients are eligible based on the criteria for *extremely vulnerable people* (above).⁽¹⁸⁾ All people on this list were to be contacted by the NHS and extra supports in relation to coronavirus were being made available: SMS Shielding Service, assistance with food and or prescriptions, food and essential supplies deliveries (free). An [open data file](#) is now available which includes emergency admissions, mortality and positive COVID-19 tests for a subset of patients on the English SPL compared with an age-matched sample of the general population for analysis, modelling and planning to aid the response to the coronavirus pandemic.

Previous highest level of protective measures for the first wave

Shielding began on 22 March, where those at the highest risk were strongly advised to stay at home at all times and avoid any face-to-face contact, to not attend any gatherings or go out to go shopping, participate in leisure activities or travel.⁽⁷⁾ People living with someone shielding were advised to minimise the time spent in shared spaces, maintain physical distancing, sleep in a different bed and use separate bathroom and toilet where possible. Essential care from friends or family members could continue. The advice also applied to extremely vulnerable children in mainstream and special schools.

Northern Ireland, Public Health Agency (PHA)

Background

From 23 March, the PHA has [published](#) criteria⁽¹⁹⁾ and advice for clinically vulnerable and clinically extremely vulnerable which were identical to PHE.^(20, 21)

Criteria

Clinically extremely vulnerable:

- solid organ transplant recipients
- people with specific cancers:
 - people with cancer and are having chemotherapy
 - people with lung cancer and are having radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
- people with Motor Neurone Disease
- people with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- women who are pregnant with significant heart disease, congenital or acquired
- people who have had a splenectomy
- those undergoing renal dialysis
- adults with Down's Syndrome
- adult patient with kidney impairment (Stage 5 Chronic Kidney Disease).

Clinically vulnerable:

- age 70 or over
- chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy

- being seriously overweight (a body mass index (BMI) of 40 or above).

For children

A small number of children who would routinely be advised not to attend school due to the risk of infections other than COVID-19 are advised by their clinical team not to attend an educational setting.

Evidence-base

The PHA groups were initially based on the PHE groups.⁽⁹⁾ On 23 April, upon advice from Northern Ireland's CMO, two additional conditions were added to the *clinically extremely vulnerable* groups. This was the first instance where the PHA criteria differed from PHE. These included those undergoing renal dialysis and those with Motor Neurone Disease, with no evidence-base cited. On 15 May, people who have had a splenectomy were added to the *clinically extremely vulnerable* criteria, with no justification reported. On 6 June, people who have motor neurone disease and people who have problems with the spleen were removed from the *clinically vulnerable* person criteria, but remain on the *clinically extremely vulnerable* criteria, with no justification reported. At the end of November (date not reported), adults with Down's syndrome and adult patient with kidney impairment (Stage 5 Chronic Kidney Disease) were included in the 'at the highest risk' group (clinically extremely vulnerable), with no justification provided. However, this is in line with PHE guidance (see above).⁽⁹⁾

ECDC country level risk assessment

No recent updates available. On 18 June 2021, PHE reported evidence of detections of B.1.617.2 carrying an additional K417N mutation (38 cases). The mutation has been suggested to be involved in immune escape and to affect binding of the spike protein to the ACE2 receptor.⁽¹⁵⁾ Previous reports highlighted the UK was experiencing a rapid increase in detection of lineage B.1.617.1 and, to a greater extent, the Delta variant, associated with travel to India and onward community transmission.⁽¹⁶⁾

Current protective measures and supports

Shielding for clinically extremely vulnerable people has been paused since 31 July 2020.⁽²²⁾ From 30 April 2021, restrictions began easing across a range of settings including socialising in gardens, overnight stays in self-contained accommodation, retail, gyms and indoor leisure facilities, and hospitality. More recently, including mixing indoors in private dwellings; overnight stays in private dwellings; and the reopening of indoor hospitality, accommodation and visitor attractions.⁽²³⁾ Since 11 April 2021, those who are unable to work from home are advised to attend the workplace provided the employer has taken the proper measures to ensure social distancing in the place of work, and traveling to work can be done in a way which allows for social distancing measures. In addition, they are advised to avoid public transport as much as possible, walk or cycle if they can and avoid sharing a car with people outside of their immediate household or support bubble. Others living in a

household with someone who is clinically extremely vulnerable are advised to continue to stringently follow the guidance on physical distancing, face coverings and hand hygiene.

A small number of children who would routinely be advised not to attend school due to the risk of infections other than COVID-19 are advised by their clinical team not to attend an educational setting.⁽²³⁾ Pupils previously shielding or with a family member who was previously shielding due to being identified as 'clinically extremely vulnerable' can continue to attend school.

Previous highest level of protective measures for the first wave

In May, people in an extremely vulnerable group were advised to stay at home at all times and avoid all face-to-face contact for at least 12 weeks.⁽²¹⁾ People living with someone shielding were advised to minimise the time spent in shared spaces. Supports were provided, aimed at helping those shielding access food and medicine. Clinically extremely vulnerable children were asked to shield and not attend school or crèche. The advice to those identified as vulnerable was to strictly follow advice for the general public.⁽²⁰⁾

Scotland, Health Protection Scotland (HPS)

Background

From 23 March, Scotland was following PHE's guidance for people who are clinically extremely vulnerable and at the highest risk of severe illness. From 3 April, the Safer Communities Directorate began [publishing](#) its own criteria closely based on the PHE groups but with additional details that relate to the specific definition for each PHE risk group.⁽²⁴⁾

Criteria

- Solid organ transplant recipients - includes people who have had a transplant of kidney, liver, pancreas, islet cell, heart, lung, stomach or other part of intestine. This is because of the medication taken to stop rejection of the transplanted organ.
- People with specific cancers:
 - who are undergoing active chemotherapy or have had radical radiotherapy for lung cancer
 - of the blood or bone marrow who are at any stage of treatment including cancers such as leukaemia, lymphoma or myeloma
 - who are having immunotherapy or other continuing antibody treatments
 - who are having specialised, cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - who have had bone marrow or stem cell transplants in the last six months, or who are still taking immunosuppression drugs.
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD), severe bronchiectasis and pulmonary hypertension. People in this group include:
 - People with cystic fibrosis
 - People with lung conditions which require home oxygen
 - People with severe asthma requiring regular inhaler use and long-term steroid tablets to control your asthma. For example, Prednisolone or regular injections.
 - Severe non-cystic fibrosis bronchiectasis
 - Pulmonary hypertension
 - People with severe COPD. This usually means being on several different inhaler medications in the last year. As well as a steroid inhaler, this must include two long acting preventers. For example, Long Acting Beta Agonists and Long Acting Anti-Muscarinic Antagonists. Severe COPD means that:
 - too breathless to walk 100 yards
 - have two or more lung infections a year, or
 - require oxygen to help with breathing
- People with rare diseases including all forms of interstitial lung disease/sarcoidosis. This includes inborn errors of metabolism that significantly increase the risk of infections. For example, SCID, homozygous sickle cell disease.

- There are many conditions classed as a rare disease. Not everyone with a rare disease will be at a higher risk of severe illness from COVID-19. Treating clinician will add people to shielding list if appropriate.
- People on immunosuppression therapies that significantly increase risk of infection or who have had their spleens removed.
 - In some cases these treatments may put people into a shielding group people. Your clinician can tell you if your medications put you in this group:
 - on high dose corticosteroid treatment (equal to Prednisolone 20mg or more) for more than four weeks
 - on specific single therapies, for example Cyclophosphamide. These medications are usually prescribed by specialists in hospitals
 - on lower dose of corticosteroids for more than 4 weeks in combination with other disease modifying medication
 - on disease modifying medications who also have other chronic medical conditions.
 - who take some medication and are otherwise healthy may not need to be in the shielding groups. This includes single Disease Modifying medications (DMARD). It also includes Biologic medications such as Methotrexate, Azathioprine, Cyclosporin, Leflunomide plus others. This is to be discussed with a specialist or GP if unsure.
- People who are pregnant with significant heart disease, congenital or acquired
 - If you are being supported by a specialist heart clinic during your pregnancy then you fall within this group.
- People who are receiving and those starting renal dialysis treatment, and people who have chronic kidney disease stage 5, or liver cirrhosis (Child-Pugh class B and C). If you're planning to receive a liver or kidney transplant from a living donor, both you and your donor will be asked to isolate yourselves for 2 weeks before your transplant.

[Specific medical advice](#) is provided for those with specific medical conditions, including: cancer; diabetes; heart disease; IBD; chronic kidney and liver disease; dermatological; neurological; (specific) ophthalmic respiratory and rheumatic conditions; chronic pain, and rare diseases.⁽²⁵⁾

For children

Children are at much lower risk of severe illness from coronavirus than adults and are less likely to transmit the virus to other people.⁽²⁶⁾ However, some children and young people with pre-existing conditions or receiving treatments may be considered at highest risk. This should be assessed by GP or hospital team.

Evidence-base

Initially it was reported that the four CMOs of Scotland developed the criteria based on the evidence available, knowledge of other infectious respiratory diseases and taking a precautionary approach.⁽²⁷⁾ SIGN regularly updates a [rapid review](#) aimed to

inform primary care (review was assessed in July and the update made on 2 February 2021 is still current. Next review will take place in November 2021).⁽²⁸⁾ On 23 February 2021, people with liver cirrhosis (Child-Pugh class B and C) was added. Notably in this update, chronic liver disease was changed from 'evidence of association is unclear' to 'associated with severe disease', with the addition of a study published in September 2020.⁽²⁹⁾ Public Health Scotland published an [evaluation report on shielding](#) (updated 26 April 2021) during the first wave of coronavirus which looked at how well shielding worked, and how many people followed the shielding advice.⁽³⁰⁾

ECDC country level risk assessment

No recent updates available. On 18 June 2021, PHE reported evidence of detections of B.1.617.2 carrying an additional K417N mutation (38 cases). The mutation has been suggested to be involved in immune escape and to affect binding of the spike protein to the ACE2 receptor.⁽¹⁵⁾ Previous reports highlighted the UK was experiencing a rapid increase in detection of lineage B.1.617.1 and, to a greater extent, the Delta variant, associated with travel to India and onward community transmission.⁽¹⁶⁾

Current protective measures and supports

Scotland has been easing restrictions since 5 April 2021. Since 19 April, people at highest risk from COVID-19 (formally the shielding list) are to follow the same advice as the rest of the population unless their clinical team advise otherwise.⁽³¹⁾ This does not apply to those who live or work in an area that is in Level 4 (now or in the future). Guidance has since been updated to reflect the move beyond Level 0 from 9 August.⁽²⁴⁾ Key changes include lifting requirements to physically distance and limits on the size of social gatherings. However, people are advised to continue these measures- especially when indoors. That is, keeping some distance from people in other households and avoiding crowded places.

[Additional advice](#) based on local transmissions is provided if someone chooses to take it on board relating to work, schools, shopping and contact with others.⁽³²⁾ Regardless of vaccination status, people who are at highest risk are asked to strictly follow public health advice.⁽³¹⁾

The Chief Medical Officer has written to everyone who falls into the shielding category, this letter can be used as evidence for employers.⁽³³⁾ In the event of returning to the workplace, those at highest risk are advised to carry out an individual risk assessment with their employer including the use of the [COVID-Age tool](#) to calculate their individual risk from COVID-19. [Additional advice](#) is provide to ensure risk is minimised at the workplace.⁽³³⁾ This advice applies to those who are fully vaccinated.

People planning to receive or donate a liver or kidney transplant from a living donor are advised to shield for two weeks in advanced of the transplant.

Previous highest level of protective measures for the first wave

Those shielding [were asked](#) to stay at home and minimise non-essential contact with the other people in their household.⁽³⁴⁾ They were asked not to go out for exercise, to go shopping, or for leisure or travel. Other people in their household were not asked to shield. Essential carers and informal carers were allowed to continue to provide support in person to someone shielding. Up to 11 August, all children who had been shielding were advised not to attend formal childcare or school settings. Children over 11 living with someone who was shielding were advised to physically distance from other children.

Supports were provided including free food and essential supplies organised by an automated mobile text service or through a local authority helpline. Prescription delivery was also provided. On 28 April, there was an estimated 150,000 clinically vulnerable people shielding in Scotland ([link](#)).⁽³⁵⁾

Wales, Welsh Government

Background

Since 24 March, the Welsh government has published criteria identical to PHE's clinically extremely vulnerable groups with an additional risk group identified as children up to the age of 18 with significant heart disease, congenital or acquired.^(36, 37)

Criteria

- Solid organ transplant recipients
- People with specific cancers:
 - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - People having immunotherapy or other continuing antibody treatments for cancer
 - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - People who have had bone marrow or stem cell transplants in the last six months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD)
- People with severe single organ disease (e.g. Liver, Cardio, Renal, Neurological).
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Adults with Down's syndrome.
- Pregnant women with significant heart disease, congenital or acquired.

For children

It is stated that children and young people who were previously advised to shield were identified on a precautionary basis, at a stage when there was less data on the effects of coronavirus in children than is known now.⁽³⁷⁾ The great majority have now been advised they do not need to shield and that they should return to school.⁽³⁸⁾ The records of children on the Shielding Patient List are currently under review. Children will remain on the Shielding Patient List unless they are told they have been taken off it.

For pregnant women

People who are pregnant with significant heart disease, congenital or acquired are considered at highest risk, as listed above.

Evidence-base

No evidence base is reported, however the criteria appears to be based on PHE's highest risk groups. On 19 November adults with Down's syndrome were added, while children up to the age of 18 with significant heart disease, congenital or acquired was removed. No justification for these changes was reported.⁽³⁷⁾

Current ECDC risk assessment

No recent updates available. On 18 June 2021, PHE reported evidence of detections of B.1.617.2 carrying an additional K417N mutation (38 cases). The mutation has been suggested to be involved in immune escape and to affect binding of the spike protein to the ACE2 receptor.⁽¹⁵⁾ Previous reports highlighted the UK was experiencing a rapid increase in detection of lineage B.1.617.1 and, to a greater extent, the Delta variant, associated with travel to India and onward community transmission.⁽¹⁶⁾

Current protective measures and supports

Wales began easing restrictions on 27 March 2021 and the advice to follow shielding measures was paused on 31 March 2021.⁽³⁹⁾ Since 1 April 2021 those that are clinically extremely vulnerable are advised they can attend work or school in-person.⁽³⁷⁾ People who were on the shielding patient list are asked to follow the same rules as the rest of the population in Wales, but are advised to take extra precautions to keep themselves safe from coronavirus, such as, avoiding peak hour public transport and car sharing with people outside their household. People who are fully vaccinated must continue to follow the general public health rules and guidance.

Previous highest level of protective measures for the first wave

From 23 March, people of all ages who are clinically extremely vulnerable were advised to stay at home at all times and not to go shopping, exercise, attend school or crèche in person, or meet other households.⁽³⁶⁾ Gatherings were to be avoided. Essential and informal carers were allowed to continue essential care.

Australia, Department of Health

Background

Since 24 March, the Department of Health publishes criteria and protective measures for people at greater risk of more serious illness with COVID-19. These were initially aimed at people over the age of 60, and Aboriginal and Torres Strait Island people over the age of 50, including people in care facilities. This was later updated to a more [comprehensive criteria](#) which outlines specific conditions and treatments according to high risk or moderate risk of severe illness from COVID-19.⁽⁴⁰⁾

Criteria

High risk:

- aged 70 years and older
- have had an organ transplant and on immune suppressive therapy
- have had a bone marrow transplant in the past two years
- on immune suppressive therapy for graft versus host disease
- have had blood cancer, for example, leukaemia, lymphoma or myelodysplastic syndrome (diagnosed in the last five years)
- having chemotherapy or radiotherapy.

Moderate risk:

- chronic renal (kidney) failure
- heart disease (coronary heart disease or failure)
- chronic lung disease, excluding mild or moderate asthma
- a non-haematological cancer (diagnosed in the last 12 months)
- diabetes
- severe obesity with a body mass index of 40 kg/m² or more
- chronic liver disease
- some neurological conditions such as stroke or dementia
- some chronic inflammatory conditions and treatments
- other primary or acquired immunodeficiency
- poorly controlled hypertension (may increase risk).

Other factors might affect risk:

- having 2 or more conditions might increase your risk, regardless of your age. If your condition is severe or poorly controlled, this might also increase your risk of serious illness from COVID-19. Speak to your doctor about your risk.
- age - risk increases with age, even for those under 70
- being male
- poverty
- smoking.

For children

The DoH [advises](#) having two or more conditions (listed above) might increase risk of serious illness from COVID-19, regardless of age.⁽⁴⁰⁾ If a condition is severe or poorly controlled, this might also increase the risk.⁽⁴¹⁾ These people are advised to consult their doctor.

Evidence-base

No evidence-base reported. On the 23 April specific examples of hematologic neoplasm and additional details for disease-modifying anti-rheumatic drugs were included in the criteria for those at high risk. On 6 July, an updated criteria included a [two category risk system](#) that is current in use.⁽⁴²⁾

Current ECDC risk assessment

Not available.

Current protective measures and supports

Follow general advice which includes social distancing measures and hand hygiene.⁽⁴³⁾ Where there are cases of COVID-19 in the community, those at higher risk are advised to continue to stay at home, avoid contact with people from other households and continue to avoid non-essential travel. It is suggested that those at an increased risk may consider developing an [individual COVID-19 action plan](#) to help weigh up their risk relating to certain activities and places.⁽⁴⁴⁾ The plan lists potential actions to take when there is: no COVID-19 cases in the community; low numbers of COVID-19 cases in the community; or increasing numbers of COVID-19 cases in the community. It was [announced](#) at Ministry of Health press conference on 18 February that a ring vaccination strategy could be activated by the Australian Health Protection Principal Committee when a significant outbreak occurred in a particular part of a city, with no further detail available from official sources.⁽⁴⁵⁾ This was reported by the media to involve rerouting vaccine doses to protect vulnerable people at the centre of a coronavirus outbreak.⁽⁴⁶⁾ This strategy was outlined in a 2005 [infectious disease outbreak guideline](#).⁽⁴⁷⁾

Supports are available for people over 65 years, or over 50 years for Aboriginal and Torres Strait Islanders, which include home delivery of prepared meals, food staples and essential daily items. As well as priority grocery shopping by ordering via phone or online.⁽⁴⁸⁾

Previous highest level of protective measures for the first wave

Those at highest risk were advised to stay at home and avoid non-essential travel, contact with others and public gatherings.

Belgium, Federal Public Service (FPS) Health, Food Chain Safety and Environment

Background

The FPS has been [publishing](#) since 10 March criteria and advice on protective measures for people more at risk.⁽⁴⁹⁾

Criteria

- People over 65
- Diabetics (type 2), in combination with obesity and or problems with heart, lungs or kidneys
- People with heart, lung or kidney disease
- People with weakened immune system.

For children

According to the data presently available, children play a limited role in the transmission of the coronavirus and are less likely to develop serious illness.⁽⁵⁰⁾

For pregnant women

FPS state that in their view there is no scientific evidence that pregnant women are more vulnerable to this infection or to its consequences.⁽⁵⁰⁾ There is no evidence that an infection during pregnancy has a negative effect on the foetus or that the virus can be transmitted from mother to child during pregnancy.

Evidence-base

The Epidemiology of Infectious Diseases Unit of Sciensano, a subsidiary of the FPS, have produced an [evidence summary](#) which is regularly updated that may have been used to inform the Belgium high risk groups.⁽⁵¹⁾ These include summaries for risk groups (last updated 6 February 2021), children (last updated 14 December 2020), pregnant women (last updated 4 February 2021) and other special populations (last updated 6 February 2021).

Current ECDC risk assessment

For week 30 (week ending Sunday 1 August 2021), the epidemiological situation in the EU/EEA overall was categorised as of moderate concern (the same as the previous week) and for **Belgium** it was **moderate** with a 14-day case notification rate of 202.93 per 100,000 and 4.08 death notification rate per 1,000,000 inhabitants for the reporting period.^(52, 53) Ensemble model forecasts produced for each EU/EEA country on 2 August 2021 comparing this period to the current week (week 32), forecast for across the EU/EEA stable trends in COVID-19 cases and deaths, reaching 224.0 cases per 100,000 population and 6.9 deaths per million population, by the end of week 32, with increasing trends in cases forecasted for Belgium but not in death notifications.⁽⁵³⁾

Current protective measures and supports

Stay home as much as possible.⁽⁵⁰⁾ Avoid contact with others outside the family and follow all hygiene measures carefully. Family members (and presumably members of the household) are asked to consider avoiding contacts with other people. It is mandatory that everyone works from home.⁽⁵⁰⁾ Crèches and schools are open but no specific advice is provided for vulnerable children or children of households with a vulnerable person. There may be regional variant, for example Flanders or Wallonia Brussels.

Previous highest level of protective measures for the first wave

Similar to the current advice (above).⁽⁴⁹⁾

DRAFT

Canada, Public Health Agency of Canada

Background

Since 23 March, the Public Health Agency of Canada [publishes](#) criteria and advice for people who are at high risk for severe illness from COVID-19.⁽⁵⁴⁾

Criteria

- Older adults (increasing risk with each decade, especially over 60 years).
- People of any age with chronic medical conditions including:
 - lung disease
 - heart disease
 - hypertension (high blood pressure)
 - diabetes
 - kidney disease
 - liver disease
 - dementia
 - stroke.
- People of any age who are immunocompromised, including those:
 - with an underlying medical condition (for example, cancer)
 - taking medications that lower the immune system (for example, chemotherapy).
- People living with obesity (BMI of 40 or over).

For children

No specific reference to children although criteria says chronic conditions that increase risk relate to all ages.⁽⁵⁵⁾

Evidence-base

Not reported.

Current ECDC risk assessment

Not available.

Current protective measures and supports

If possible those at increased risk are [advised](#) to stay at home and only leave for essential medical appointments.⁽⁵⁵⁾ Avoid contact with others, especially those who have travelled or been exposed to the virus. If contact with others cannot be avoided keep interactions brief. Avoid crowds and large gatherings. Avoid cruises and non-essential travel outside of Canada. No specific supports reported.

Previous highest level of protective measures for the first wave

Same as current protect measures (see above).⁽⁵⁴⁾

Denmark, Danish Health Authority

Background

The Danish Health Authority publishes [criteria](#) and advice on protective measures for people who are at higher risk of severe illness from COVID-19.⁽⁵⁶⁾

Criteria

Age^(57, 58)

- 80 years or older
It is well documented that you are at higher risk, regardless of whether you are healthy and fit or suffer from diseases and other conditions
- 65-79 years old
Many fit and healthy people in this age group are not at higher risk. However, chronic diseases or mental and physical illnesses may cause you to be at higher risk
- Under 65 years old
Very few are at higher risk. However, people in this age group with certain chronic diseases, a BMI of 35 or over,^(59, 60) and/or with impaired immune systems are regarded as being at higher risk.⁽⁶¹⁻⁶³⁾

Residents in nursing homes/assisted living facilities^(64, 65)

- Residents in nursing homes, etc. are at higher risk of severe illness from COVID-19 as they are often elderly and have chronic diseases, functional decline and fragile health.

Pregnant women^(64, 66-68)

- Based on a precautionary principle, pregnant women and their unborn children are considered to be at higher risk.

For children

Some children and adolescents with chronic diseases may be at higher risk, these are typically those who had to take special precautions even before the COVID-19 epidemic - for example, at school or daycare.⁽⁵⁶⁾ Such children are usually in the care of specialists and will be given individual guidance.

For pregnant women

Based on a precautionary principle, pregnant women and their unborn children are considered to be at higher risk.^(56, 64, 66-68) As a rule, women should not be reassigned and or sent home from week 28 of a pregnancy if fully vaccinated.⁽⁶⁹⁾ However, based on a precautionary principle, if a woman is pregnant, treatment or care should not be performed in A&E, on a COVID-19 ward or similar.

Evidence-base

On 4 May 2020, the National Board of Health commissioned a [rapid review \(translation\)](#) about conditions and diseases that entail an increased risk of a long-term or serious course of disease of COVID-19 (last updated 12 March 2021).⁽⁷⁰⁾ An

update on 12 March 2021 included details on the increased risk for adults with Down syndrome.

Current ECDC risk assessment

For week 30 (week ending Sunday 1 August 2021), the epidemiological situation in the EU/EEA overall was categorised as of moderate concern (the same as the previous week). For Denmark it was **very low** with a 14-day case notification rate of 213.46 per 100,000 and 1.55 death notification rate per 1,000,000 inhabitants for the reporting period.^(52, 53) Ensemble model forecasts produced for each EU/EEA country on 2 August 2021 comparing this period to the current week (week 32), forecast for Denmark increasing trends in cases but no increase in death notifications.⁽⁵³⁾

Current protective measures and supports

Since after the update on 9 July, Denmark no longer provides specific advice to those at highest risk of illness from COVID-19.

Previous advice included:

People at higher risk are [advised](#) to follow general advice including attending work, participating in leisure activities and caring for grandchildren.⁽⁵⁶⁾ For those who are at higher risk of an infection (non-COVID-19), such as those with a weakened immune system, precautions similar to the previous wave are recommended. People at higher risk who are fully vaccinated can have physical contact with close friends and family, participate in activities with several people and use public transport outside of off-peak times.⁽⁷¹⁾

Housemates, relatives, friends and colleagues can engage with one another in social settings but are advised to maintain physical distancing with those at higher risk who are not fully vaccinated. Those that live with someone at higher risk are advised they can go to work and attend school or crèche. People who are employed in healthcare, elderly care or the social services and also live with someone who is high risk, are advised to not participate in the care or treatment or have close contact with persons with either suspected or confirmed COVID-19, and should be reassigned to another task or function, regardless of vaccination status.⁽⁷²⁾ For all other occupations it is advised to resume work as before. Relatives of someone at higher risk do not have to be reassigned to other less risk related tasks – if either the person at higher risk or the relative has been fully vaccinated.⁽⁷¹⁾

Treatment or care for people at higher risk should not be provided in A&E, on a COVID-19 ward or similar which includes fully vaccinated people at higher risk.⁽⁶⁹⁾

Selected relatives of persons at significantly increased risk of severe illness from COVID-19 or relatives who are indispensable as carers are included in the [vaccine priority list](#).

Previous highest level of protective measures for the first wave

People in these groups were previously advised to stay at home and avoid close contact with others, as much as possible.⁽⁷³⁾ To avoid larger gatherings and public transportation, especially during rush hour, and to consider using gloves when going out.

DRAFT

Finland, Finish Institute of Health and Wellness (THL)

Background

Since 16 March 2020, the THL has [published](#) criteria and protective measures aimed at people more susceptible to severe coronavirus infections.⁽⁷⁴⁾

Criteria

- Persons over 70 years of age
- Severe heart disease
- Lung disease that is not clinically stabilised
- Diabetes that involves organ damage
- Chronic liver or kidney failure
- Diseases that weaken the immune system, such as leukaemia or lymphoma that is currently undergoing cytostatic treatment (not maintenance therapy)
- Medication which significantly weakens the immune system (for example, high-dosage cortisone therapy).

Other factors that generally impair lung functioning and may increase the health risk of a coronavirus infection include morbid obesity (BMI over 40) and daily smoking.

Hereditary or acquired susceptibility to occlusion (blocked or closing blood vessels or organs) does not increase the risk of developing a serious coronavirus infection. However, a coronavirus infection involves a greater risk of venous thrombosis than other respiratory infections, as the coronavirus infection activates the coagulation system. Conditions that increase the risk of occlusion are [provided](#).⁽⁷⁵⁾

A more detailed [list of illnesses and conditions](#) with references to studies is available and is used for the vaccine prioritisation process (last updated 2 July 2021).⁽⁷⁶⁾

For children

It is stated that severe cases are extremely rare in children.⁽⁷⁴⁾ The risk of severe coronavirus disease is low in children and adolescents whose underlying disease, such as asthma or heart disease, is in balance, and for those who suffer from diabetes without significant additional diseases.⁽⁷⁷⁾ The risk of developing the disease is generally not increased in children who need immunosuppressive medication. Instead, it is advised that, stopping the medication can be dangerous. It is advised that if a child or adolescent in need of such medication develops symptoms consistent with a coronavirus infection, the caregiver should contact the specialist care unit where the child or adolescent is being monitored for their underlying disease.

Evidence-base

Based on monitoring statistics of the THL and extensive documentation of the European Centre for Disease Prevention and Control (ECDC), age is a significant risk factor for a severe case of COVID-19.

Current ECDC risk assessment

For week 30 (week ending Sunday 1 August 2021), the epidemiological situation in the EU/EEA overall was categorised as of moderate concern (the same as the previous week). For Finland it was **moderate** with a 14-day case notification rate of 167.14 per 100,000 and 1.99 death notification rate per 1,000,000 inhabitants for the reporting period.^(52, 53) Ensemble model forecasts produced for each EU/EEA country on 2 August 2021 comparing this period to the current week (week 32), for Finland increasing trends in cases are forecasted but no increase in death notifications.⁽⁵³⁾

Current protective measures and supports

The [current advice](#) is to follow the general guidelines.⁽⁷⁸⁾ Supports listed include help with getting food and visiting the pharmacy by the local municipality and authorising someone else to collect a prescription.

Fully vaccinated grandparents are advised they can meet their own unvaccinated children and grandchildren if the children and grandchildren are healthy and do not belong to an at-risk group for severe coronavirus disease.⁽⁷⁹⁾

Previous highest level of protective measures for the first wave

From 19 March 2020, the Finish Government [imposed an obligation](#) on those over 70 years of age to avoid close contact and movement outside their homes.⁽⁸⁰⁾ Non-essential visits to anyone over 70 and in other risk groups were also to be avoided. On 16 June, the THL published a [press release](#) relating to risk groups and the health hazards of hot weather. People within this group were advised to avoid using a fan in common areas with more than one person present or confined spaces with poor ventilation.⁽⁸¹⁾ No other protective measures were reported.

Germany, Robert Koch Institute (RKI)

Background

Since 6 March, the RKI has published [risk groups](#) for severe illness from COVID-19 in German only.⁽⁸²⁾ The Federal Ministry of Health publishes [advice](#) for these risk groups.⁽⁸³⁾

Criteria

- Older people (with a steadily increasing risk of severe course from around 50 to 60 years; 86% of those who died from COVID-19 in Germany were 70 years old or older [median age: 82 years])
- Male gender^(84, 85)
- Smokers⁽⁸⁶⁻⁸⁸⁾ (weak evidence)
- Obese (BMI > 30) and very obese people (BMI > 35)^(85, 89)
- People with Down syndrome (trisomy 21)^(12, 90)
- People with certain pre-existing medical conditions, no ranking:⁽⁹¹⁻⁹³⁾
 - The cardiovascular system (for example, coronary heart disease and high blood pressure)
 - Chronic lung diseases (for example, COPD)
 - Chronic kidney and liver diseases
 - Psychiatric illnesses (for example dementia)
 - Patients with diabetes mellitus
 - Patients with cancer
 - Patients with a weakened immune system (for example, due to a disease that is associated with an immune deficiency or due to regular use of medication that can influence and reduce the immune system, such as cortisone).

For children

RKI [states](#) in German that according to limited evidence prevalence appears to be lower in children and young people, and they appear less susceptible than adults.^(94, 95) The Standing Committee on Vaccination recommended on 24 June 2021 to include children and adolescents aged 12-17 years with a chronic lung disease, in their vaccination advice, as they are considered to be particularly at risk if the chronic lung disease with persistent impairment of lung function is below the 5th percentile, defined as a z-score value < -1.64 for the forced one-second capacity (FEV1) or vital capacity (FVC).⁽⁹⁶⁾ Well-controlled bronchial asthma is not an indication for vaccination.

For pregnant women

RKI state that a high fever during the first trimester of pregnancy can increase the risk of complications and malformations.⁽⁹⁴⁾ The Federal Ministry of Health states that findings do not show pregnant women as being either at a higher risk of infection or at a higher risk of a severe progression.

On 7 May, a summary of current evidence on pregnancy and associated risk was published by the RKI. This is presented below with references to relevant studies where cited:

For pregnant women:

Acquisition of infection - There is currently no data on susceptibility to SARS-CoV-2 infection in pregnant women. Due to the physiological adaptation and immunological changes during pregnancy, an increased susceptibility to infections by SARS-CoV-2 cannot be excluded.

Clinical presentation- Pregnant patients seem to develop symptoms less frequently, corresponding to a low manifestation index. In a screening study of 215 women in the third trimester, 33 women (15%) tested positive, but only 4 (12%) of the 33 women tested positive had symptoms.⁽⁹⁷⁾ Another study showed that pregnant women had fewer fevers than the control group. The indication for examination for SARS-COV-2 can therefore be made generously in pregnant patients.

Severity of the course of the disease in pregnant women - There are only a few studies to date, in which pregnant women with COVID-19 were examined.⁽⁹⁷⁻¹⁰⁰⁾ These available studies and the results of the report of the "WHO-China Joint Mission on Coronavirus Disease 2019"⁽¹⁰¹⁾ provide no indication of a more severe course of COVID-19 in pregnant women compared to non-pregnant women. Deaths seem to occur very rarely, individual cases have so far been reported.⁽¹⁰²⁾ It is possible that an increased risk of a severe course can only be reliably examined in population-based studies.

Since COVID-19 can be associated with hypercoagulability and there is also physiological hypercoagulability during pregnancy, the indication for thromboprophylaxis should be carefully examined.⁽¹⁰³⁾

For unborn children:

There is little data on this question, especially no long-term data, so no valid statements can be made about this question. Basically, high fever during the first trimester of pregnancy can increase the risk of complications and malformations.

Evidence-base

References to supporting evidence evaluated by RKI are provided for groups (see above). On 11 May 2020, people who are very obese were added to the high-risk groups. People who are obese were added on the 8 January 2021, this is in addition to the existing very obese category, with no further evidence cited. People with Down's syndrome were also added with two cited studies, one conducted in the UK the other in the US.^(12, 90) People with psychiatric illnesses (for example dementia) was added to on 17 June 2021, with no justification provided.

Current ECDC risk assessment

For week 30 (week ending Sunday 1 August 2021), the epidemiological situation in the EU/EEA overall was categorised as of moderate concern (the same as the previous week). For Germany it was **low** with a 14-day case notification rate of 42.20 per 100,000 and 3.09 death notification rate per 1,000,000 inhabitants for the reporting period.^(52, 53) Ensemble model forecasts produced for each EU/EEA country on 2 August 2021 comparing this period to the current week (week 32), forecast for across the EU/EEA stable trends in COVID-19 cases and deaths, reaching 224.0 cases per 100,000 population and 6.9 deaths per million population, by the end of week 32. However, for Germany increasing trends in cases are forecasted but no increase in death notifications.⁽⁵³⁾

Current protective measures and supports

The current [advice](#) from the federal and state governments calls for personal contacts to be reduced to an absolute minimum.^(83, 104) These groups should reduce the number of contacts to the bare minimum and only receive a small number of visitors at home and, if possible, always meet with the same people, while maintaining a 1.5 metre physical distance and wear a face mask (FFP2 or KN95 / N95 standards) when this is difficult to achieve, especially in local transport and when shopping.⁽¹⁰⁴⁾ It is advised to limit the length of visits and meet outside where possible. If meetings occur indoors, ensure rooms have good air circulation. The federal and state governments advise visits to grandparents to be avoided if unnecessary.⁽⁸³⁾ If they do meet, adults should wear a FFP2 or KN95/N95 mask and children and adolescents between the ages of six and 16 should wear a medical mask when visiting their grandparents.

The German Government provides FFP2 masks to those with certain pre-existing conditions and also provides FFP2 masks to people aged 60 years and older.⁽¹⁰⁴⁾ Three free masks per person were made available through pharmacies in December. Since January, those entitled received 12 masks each from their health insurance companies or private health insurers with additional masks available at a discounted price or free for people who receive unemployment benefit.

Previous highest level of protective measures for the first wave

No specific measure or advice was identified relating to high risk groups.

Norway, Norwegian Institute of Public Health (NIPH)

Background

The NIPH first published information about groups at higher risk of serious illness from COVID-19.⁽¹⁰⁵⁾ Since 21 May, [information for risk groups](#) is provided based on two tiers of risk groups; those at slightly increased risk and those at moderate to high risk.⁽¹⁰⁶⁾ Protect measures are further stratified by rate of transmission in the respective community.

Criteria

People at moderate/high risk include:

- Residents of nursing homes
- Over 70 years of age^a
- Severe health condition, regardless of age*:
 - solid organ transplant
 - immunodeficiency
 - hematologic (blood) cancer in the last 5 years
 - people with active cancer, ongoing or recently discontinued treatment for cancer (especially immunosuppressive therapy, radiation therapy to the lungs or chemotherapy).
 - neurological or muscular disease with impaired coughing strength or lung function (for example, ALS, cerebral palsy)
 - Down's syndrome
 - chronic kidney disease and renal failure

a There is an exponential increase in risk from 70 years and over. Age is the most important independent risk factor.

**Other serious and or chronic diseases that are not mentioned may also increase the risk of serious illness and death from COVID-19. This is assessed individually by a doctor.*

** Some serious health conditions are included in this list as a precautionary principle, even though there are no current studies indicating a higher risk of severe progression for the diseases.*

People at slightly/moderately increased risk include those:

- Aged 65 to 69 years
- Aged 50 to 64 years with one of the following chronic diseases:
 - chronic liver disease
 - immunosuppressive therapy with autoimmune diseases
 - diabetes
 - chronic lung disease, including severe asthma that has required the use of high dosage inhalation steroids or steroid tablets during the last year
 - obesity (BMI \geq 35)
 - dementia
 - cardiovascular disease (except high blood pressure)

- stroke

People under 50 years of age have a lower risk of developing severe COVID-19 disease. However, some people with poorly-regulated chronic conditions or a combination of several chronic diseases might be at increased risk.

Additional [information](#) is provided on specific risk groups.

For children

[According](#) to the NIPH children with chronic diseases have a very low risk of severe COVID-19 disease.⁽¹⁰⁷⁾ Adolescents with severe and complex neurological diseases or congenital syndromes or with any of the following disease or conditions are currently being offered vaccination: organ transplant; immunodeficiency; hematologic (blood) cancer in the last five years; other active cancer; ongoing or recently finished treatment for cancer (especially immunosuppressive therapy, radiation therapy to the lungs or chemotherapy); Down Syndrome; or have a neurological or muscular disease with impaired coughing strength or lung function (for example, ALS and cerebral palsy).⁽¹⁰⁸⁾

Evidence-base

Earlier assessment is reported to be based on evidence from China including a [systematic review](#) (25 March 2020) examining risk groups in older patients hospitalised from 17 January to 12 February 2020 with nosocomial infection accounting for over 40% of the sample of 393.⁽¹⁰⁹⁾ On 17 April 2020, the NIPH amended its [high-risk groups](#),⁽¹⁰⁶⁾ moving the majority of conditions into a category for 'those that may be at risk of severe COVID-19 disease'. These groups included those aged over 65 years, cardiovascular disease (including high blood pressure), and diabetes. This was based on a rapid review examining risk factors for hospital admission, severe disease and death conducted by NIPH. The [fourth update](#) was published 19 May 2021.⁽¹¹⁰⁾ Only peer-reviewed population-based studies with more than 5,000 laboratory test positive cases were included. On 1 December, the heading 'moderate and high risk' was changed to 'high risk', and several groups from this category were moved to the category 'slightly increased risk'. Dementia and stroke were also added to the list of slightly increased risk.

On 23 December 2020, chronic kidney disease and renal failure was moved from slightly/moderately increased risk to high risk and a new definition of asthma as a chronic disease was inserted. A note was added highlighting a UK study which suggests that Down syndrome increases risk of severe COVID-19 among people over 18 years of age, although it was also noted that the risk probably varies considerably within the group.⁽¹²⁾ Down syndrome was subsequently added to the highest risk group which now includes a clarification that this applies to adults only (>18 years) on 1 February 2021. On 29 April 2021, Down syndrome was changed to a separate group under 'Groups with moderate or high risk'. On 13 January 2021 a definition for asthma was included. On 10 March 2021, cerebral palsy was added, and cystic

fibrosis was removed as an example under chronic lung diseases from the groups associated with a slightly or moderately increased risk.

Current ECDC risk assessment

For week 30 (week ending Sunday 1 August 2021), the epidemiological situation in the EU/EEA overall was categorised as of moderate concern (the same as the previous week). For Norway it was **low** with a 14-day case notification rate of 167.14 per 100,000 and 1.99 death notification rate per 1,000,000 inhabitants for the reporting period.^(52, 53) Ensemble model forecasts produced for each EU/EEA country on 2 August 2021 comparing this period to the current week (week 32), forecast for across the EU/EEA stable trends in COVID-19 cases and deaths, reaching 224.0 cases per 100,000 population and 6.9 deaths per million population, by the end of week 32. However, for Finland, increasing trends in cases are forecasted but no increase in death notifications.⁽⁵³⁾

Current protective measures and supports

Since 17 April 2021, Norway has begun easing restriction in some regions of the country.⁽¹¹¹⁾ However, following advice from the Norwegian Directorate of Health and NIPH on 5 July, the government decided to postpone the introduction of stage 4 in the reopening plan.⁽¹¹²⁾ Since 2 August reopening has resumed.⁽¹¹¹⁾

Protective measures are detailed specifically for those at higher risk according to transmission in society and on the [two risk categories](#).⁽¹⁰⁶⁾ Only during periods of widespread community transmission or during outbreaks in society is shielding advised for moderate to high risk groups.⁽¹⁰⁶⁾ In some [situations](#), workplace adjustment should be considered for employees who are at high risk. With widespread transmission in the community, this will also apply to people at moderate or slight increased risk. With widespread transmission, sick leave should be considered for people at moderate or higher risk if workplace adjustment or remote working is not possible. Young people and adults were advised in November, if they have been unable to maintain physical distance from each other, that they must ensure they keep a distance of two meters from people in the risk groups.⁽¹¹³⁾ Municipalities have been allowed to adopt stricter recommendations or orders.

[Vaccine priority groups](#) have been published with details relating to specific diseases and conditions.⁽¹⁰⁸⁾ Those at high risk who have been vaccinated are advised to follow the general advice. GPs are obliged to identify people on their own practice list who will be offered vaccines, carry out vaccinations and collaborate with the home nursing service to offer vaccines to their own list residents.⁽¹¹⁴⁾ People who are fully vaccinated are advised they can live in a less secluded way, however, they must continue to follow the general infection control rules.⁽¹⁰⁶⁾ Out among people (in public, including public transport) the advice and rules are unchanged. A person who is considered protected may have close social contact with an unprotected person

and a person at high risk of severe illness from COVID-19 if they too are protected. A person is considered protected when they have recovered from infection in the last six months or it has been three to 15 weeks since they received their first dose of an approved vaccine or they have received all doses.⁽¹¹⁵⁾

Previous highest level of protective measures for the first wave

People in these groups were advised to avoid unnecessary contact with people with respiratory symptoms, unnecessary travel and large events with many participants.⁽¹¹⁶⁾ They should continue to attend planned check-ups and appointments unless directly requested not to and advised to work, go outside or to other places while maintaining physical distance with others. Where possible, were to work or continue education remotely from home. They should avoid looking after small children and if someone in the household is feeling unwell it was advised to stay and sleep in a different room and use a different bathroom and toilet. When there was reported local transmission the advice was updated to stay at home as much as possible. These are in addition to general physical distancing measures. NIPH had [recommended](#) healthcare workers who are not in a risk group to take samples and treat potentially infected patients, where possible.⁽¹⁰⁵⁾

Sweden, Public Health Agency of Swedish (FoHM)

Background

The National Board of Health and Welfare is responsible for identifying risk groups, aged 18 to 67 that are at the greatest risk of becoming seriously ill from COVID-19.⁽¹¹⁷⁾ The FoHM publishes [criteria](#) aimed at help individuals understand their risk of becoming seriously ill.⁽¹¹⁸⁾

Criteria

The risk of becoming seriously ill gradually increases with increasing age:

- Those who are 60 to 70 years old have twice as high a risk of becoming seriously ill, compared with someone who is 50 to 60 years old. New Swedish data show that it is mainly after the age of 65 that the risk begins to increase significantly, this is why the age group of older people who are given priority for vaccination in February 2021 was lowered from 70 to 65 years.⁽¹¹⁹⁾
- Those who are 70 to 80 years old have a six times higher risk of becoming seriously ill, compared with those who are 50 to 60 years old.
- The risk is greatest for those over 80 years of age, with the risk of becoming seriously ill 20 times higher than for a person who is 50 to 60 years old.

Other risk factors:

- organ transplantation
- blood cancer diseases, existing and past
- neurological diseases that affect respiratory functions
- obesity (increased risk with increased levels of obesity)
- diabetes (reduced risk if well managed)
- ongoing cancer treatment
- chronic lung disease
- stroke or dementia
- other immunosuppressive disease or treatment
- liver disease
- impaired renal function
- cardiovascular disease including hypertension
- Down syndrome.

Asthma only gives a small increase in risk if it is difficult to treat and unstable.

For children

Children are not considered to be at risk of serious illness even those who have any of the conditions or illnesses listed above.

For pregnant women

An analysis made by the National Board of Health and Welfare shows that women in pregnancy week 22-36 who get a covid-19 infection have a higher risk of giving birth prematurely.⁽¹²⁰⁾ While the data also suggests there is nothing to suggest that covid-19 during early pregnancy increases the risk of premature birth or other

complications. As there is up to a two-week incubation period from infection to illness, the National Board of Health and Welfare recommends to not be exposed to infection from week 20 of pregnancy. This is because a respiratory infection during late stages of pregnancy can pose a risk for the woman. Pregnant women with risk factors such as high blood pressure, diabetes, and obesity should be extra careful, consult with the midwife or physician, and limit close contact with people outside the household.

Evidence-base

A comprehensive list of risk groups is updated based on the recommendations by expert panel informed by Swedish National Board of Health and Welfare data including the patient registry, ICU registry, data come from results published in scientific journals as well as assessments and recommendations published by a number of foreign authorities and international organizations. New groups included obesity, neurological disorders (for example, MS, Parkinson's, Myasthenia gravis) and immunodeficiency diseases, additional detail was relating to cardiovascular disease. On 7 May a decision to not include pregnancy was reported but extra caution should be taken especially in the end of the pregnancy and prior to giving birth.⁽¹²⁰⁾ On 22 September high blood pressure and asthma were removed based a new large British study (Williams et al.) on COVID-19 which also informed an update in the age groups.⁽⁹²⁾ On 21 January 2021, MS, Parkinson's and myasthenia were removed as examples of a neurological disease risk factor, instead neurological diseases that affect respiratory functions was listed. On 18 February, a report was published which examined factors that are associated with mortality among laboratory-confirmed covid-19 cases in Sweden aged 50-69 years. The analysis demonstrated that age and gender were the variables most strongly associated with mortality.⁽¹¹⁹⁾ On 4 March, Down Syndrome was added.

Current ECDC risk assessment

For week 30 (week ending Sunday 1 August 2021), the epidemiological situation in the EU/EEA overall was categorised as of moderate concern (the same as the previous week). For Sweden, it was **low** with a 14-day case notification rate of 167.14 per 100,000 and 1.99 death notification rate per 1,000,000 inhabitants for the reporting period.^(52, 53) Ensemble model forecasts produced for each EU/EEA country on 2 August 2021 comparing this period to the current week (week 32), forecast for across the EU/EEA stable trends in COVID-19 cases and deaths, reaching 224.0 cases per 100,000 population and 6.9 deaths per million population, by the end of week 32. However, for Sweden increasing trends in cases are forecasted but no increase in death notifications.⁽⁵³⁾

Current protective measures and supports

Since 23 October, people who are aged 70 years or older, or belong to a risk group, have been asked to follow general advice.⁽¹²¹⁾ This was reportedly due to a reduction in transmission levels in Sweden, the capacity for testing and contact tracing and the

findings of a [report](#) (translated from Swedish) examining the harms and benefits for protective measures specific for people 70 years and older.⁽¹²²⁾ Nonetheless, the FoHM does provide recommendations for vulnerable groups,⁽¹¹⁸⁾ which includes maintaining a physical distance with people from other households, socialising outdoors rather than indoors, avoiding places where many people tend to gather, and avoiding public transport.

Previous highest level of protective measures for the first wave

People 70 years of age and over were advised to limit close contact with other people, stay at home as much as possible and avoid places where people tend to gather.⁽¹²³⁾

DRAFT

Switzerland, Federal Office of Public Health (FOPH)

Background

Since 17 March, FOPH [publishes](#) criteria and protective measures for people who are at high risk of become seriously ill from COVID-19.^(124, 125) Additionally, it regularly updates a [detailed list of conditions](#) (see Table 1), last updated on 10 May 2021.⁽¹²⁶⁾

Criteria

- Older people (The risk that people will contract a severe case of coronavirus disease increases as they get older. The risk of being hospitalised also increases from the age of 50. Pre-existing (underlying) conditions increase the risk even further.)
- Pregnant women
- Adults with Trisomy 21
- Adults who have one of the following conditions:
 - high blood pressure.
 - cardiovascular disease
 - diabetes
 - Pulmonary and respiratory diseases
 - conditions and therapies that weaken the immune system
 - obesity (BMI greater than or equal to 35 kg/m²)
 - liver cirrhosis
 - chronic kidney disease.

For children

It is stated that the risk of children developing a severe case of COVID-19 is considered low. According to current evidence, children are not considered to be an at risk group requiring additional protective measures. However, evaluations are made on a case-by-case basis by the attending doctor.⁽¹²⁷⁾ In addition to the general rules on hygiene and physical distancing, children with underlying medical conditions are advised they must continue to adhere to the recommended therapies and protective measures that applied to their condition prior to the coronavirus outbreak.

For pregnant women

On the basis of the evidence currently available, the FOPH together with the Swiss Association for Gynaecology and Obstetrics [consider](#) pregnant women among the people at especially high risk.⁽¹²⁸⁾ According to recent studies, pregnant women who have become seriously ill from COVID-19 have mostly been overweight, of an advanced age or had other illnesses. However, no evidence base was cited. On 1 March, FOPH added chronic pulmonary disease, liver cirrhosis, chronic kidney disease and reduced the BMI threshold from 40 to 35 and above.

Evidence-base

The Swiss National Task Force conducts evidence reviews which included a [review of risk factors](#) for severe illness from COVID-19 which was last conducted on 19

November 2020.⁽¹²⁹⁾ Adults with Trisomy 21 was added on 7 April 2021 and cancer was removed.⁽¹²⁵⁾

Current ECDC risk assessment

No recent updates available. Based on the estimated transmission advantage of the Delta variant, 70% of new SARS-CoV-2 infections are projected to be due to this variant in the EU/EEA by early August and 90% of infections by the end of August.⁽¹⁵⁾ The overall risk of SARS-CoV-2 infection related to the expected increase in circulation of the Delta variant for vulnerable population is considered to be **low-to-moderate** for fully vaccinated sub-populations and very **high** for partially or unvaccinated sub-populations.

Current protective measures and supports

People who are at high risk are no longer being [advised](#) to stay at home.⁽¹²⁵⁾ But places frequented by large numbers of people should be avoided, such as railway stations, public transport or shopping centres during peak times. Physical distancing with people outside the household is also advised. Those at high risk and have the full protection of the vaccine are advised that their employer is no longer obliged to take steps to provide additional protection in the workplace. However, the general precautionary measures in the workplace still apply.

If a child suffers from a chronic illness (for example, serious heart disease or severe immune deficiency), the parents should talk to their paediatrician or a specialist to discuss how to proceed in this specific case.⁽¹³⁰⁾ Grandparents are advised to maintain physical distancing with parents when grandchildren visit.⁽¹³¹⁾ With grandchildren aged 12 or over, physical distance and face masks are advised if possible. [Additional guidance](#) is provided for those caring for someone at highest risk, which includes reducing unnecessary contacts, avoiding peak hour public transport and maintaining physical distancing when with others.⁽¹³²⁾ If they live with a high risk person then they are advised to open all windows in the dwelling three to five times a day for 5 to 10 minutes each.

It should be noted that although the Federal Council determines the measures that apply throughout Switzerland, compared to spring of 2020, the cantons now have a greater say in matters. The cantons also adopt additional measures if the case numbers in their territory increase or threaten to increase.⁽¹³³⁾ Therefore, the measures can differ from one canton to the next.

Previous highest level of protective measures for the first wave

People at especially high risk were advised by FOPH to stay at home unless visiting a doctor and not to attend work if able to work from home.⁽¹³⁴⁾ The FOPH advised that adults should only visit their parents if they need assistance that they cannot get elsewhere. Grandparents over the age of 65 or with an underlying medical condition

were instructed not to look after their grandchildren. Children who share a home with someone at especially high risk were advised not to attend school in person. Persons at high risk may not be involved in providing services at childcare, schools, higher education institutions and other education and training institutions.⁽¹³⁴⁾

DRAFT

US, Centers for Disease Control and Prevention (CDC)

Background

Since, 18 March, the CDC has [published](#) criteria and advice on protective measures for people who are at higher risk from severe illness from COVID-19, defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death.⁽¹³⁵⁾ On 25 June, the CDC updated their guidance to provide more details on how [age](#) and [underlying conditions](#) contribute to the risk of severe illness from COVID-19.⁽¹³⁶⁾ Underlying conditions are listed in two risk groups - increased risk *or* might be at increased risk, depending on the certainty of the evidence available.⁽¹³⁷⁾

Criteria

People of any age with the following conditions are at increased risk of severe illness from COVID-19:⁽¹³⁸⁾

Can make you more likely to get severe ill from COVID-19:

- Cancer
- Chronic kidney disease
- Chronic lung diseases, including COPD (chronic obstructive pulmonary disease including emphysema and chronic bronchitis), asthma (moderate-to-severe), interstitial lung disease (including idiopathic pulmonary fibrosis), cystic fibrosis (with or without lung or other solid organ transplant), and pulmonary hypertension (high blood pressure in the lungs)
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Down syndrome
- Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Overweight and obesity (BMI > 25 kg/m²)
- Pregnant people **are more likely** to get severely ill from COVID-19 compared with non-pregnant people.
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders.

For children

Children with the following conditions might be at increased risk for severe illness: obesity, medical complexity, severe genetic disorders, severe neurologic disorders, inherited metabolic disorders, sickle cell disease, congenital (since birth) heart disease, diabetes, chronic kidney disease, asthma and other chronic lung disease,

and immunosuppression due to malignancy or immune-weakening medications.⁽¹³⁸⁾ The CDC states that it is not yet known who is at increased risk for developing the rare but serious complication associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C), nor know what causes MIS-C.

For pregnant women

Based on current understanding, CDC considers [pregnant people](#) to be at an increased risk for severe illness from COVID-19 compared to non-pregnant people. Additionally, there might be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19.

Evidence-base

Revisions were made on 23 December to reflect recent data supporting increased risk of severe illness among persons with Down syndrome from the virus that causes COVID-19.⁽¹³⁸⁾ However, no source was cited or added to the [evidence tables](#).⁽¹³⁷⁾ Updates to the list of underlying medical conditions list above were based on published reports, articles in press, pre-prints, and internal data available between December 1, 2019 and October 16, 2020, available in the format of [evidence tables](#) on the CDC website.⁽¹³⁷⁾ Qualifiers to previously listed conditions were added or removed if there was strong evidence to support that the condition be expanded. Conditions previously listed were removed if there was strong and consistent evidence demonstrating no association with severe outcomes. The most recent update 2 November 2020, pregnancy was moved from 'mixed evidence' to 'strong evidence' to reflect [US surveillance data](#) supporting increased risk of severe illness during pregnancy.⁽¹³⁹⁾ This was in contrast with the removal of pregnancy from the high risk groups on 7 April which was reported to be based on available information: 'we do not currently know if pregnant people have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result'. Smoking was also moved up in certainty of evidence. An update on 2 April included conditions associated with being immunocompromised. On 5 May, additional information was provided for people with chronic liver disease, including hepatitis B and hepatitis C. On 29 March the certainty of the evidence increased for HIV infection and stroke or cerebrovascular diseases which affect blood flow to the brain. Substance abuse was added. While cancer and pulmonary fibrosis having damaged or scarred lung tissues were removed.

Current ECDC risk assessment

Not available.

Current protective measures and supports

[Advice](#) for those at increased risk is to limit interactions with other people as much as possible and to take precautions to prevent getting COVID-19 when interacting with others.⁽¹³⁸⁾ This includes wearing a mask when it is difficult to stay at least six

feet apart from others outside their household, and avoiding others who are not wearing a mask or asking those in close proximity to wear a mask.

It is recommended that fully vaccinated people wear a mask in public indoor settings in areas of substantial or high transmission.⁽¹⁴⁰⁾ In other settings, masks could be considered, especially for people who are immunocompromised or at increased risk for severe disease from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated.

Close contacts of immunocompromised people should also be encouraged to get vaccinated against COVID-19 to help protect these people.

Fully vaccinated people who live in a household with someone who is immunosuppressed, at increased risk of severe disease, or unvaccinated (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test result. Fully vaccinated residents of non-healthcare congregate settings (for example, correctional and detention facilities, group homes) should continue to quarantine for 14 days and be tested for SARS-CoV-2 following an exposure to someone with suspected or confirmed COVID-19.

A [breakdown](#) in terms of risk level for different types of events is provided to assist those at increased risk when considering attending an event or gathering.⁽¹³⁸⁾ This is as follows:

- Lowest risk: Virtual-only activities, events, and gatherings.
- More risk: Smaller outdoor and in-person gatherings in which individuals from different households remain spaced at least 6 feet apart, wear cloth face coverings, do not share objects, and come from the same local area (e.g., community, town, city, or county).
- Higher risk: Medium-sized in-person gatherings that are adapted to allow individuals to remain spaced at least six feet apart and with attendees coming from outside the local area.
- Highest risk: Large in-person gatherings where it is difficult for individuals to remain spaced at least six feet apart and attendees travel from outside the local area.

Previous highest level of protective measures for the first wave

These people were asked to stay at home as much as possible and maintain physical distancing when outside the home (six feet).⁽¹⁴¹⁾ Wear a cloth face cover when out in public and avoid crowded places and mass gatherings.⁽¹⁴²⁾

Conclusion

A variety of protective measures are being taken internationally to protect vulnerable groups who are at high risk of severe illness from COVID-19. These broadly involve physical distancing and protective self-separation. However, highly protective measures are also being taken to shield, or cocoon, those who are considered extremely medically vulnerable to severe illness from COVID-19, as evidenced to date in Ireland and the UK.^(1, 9)

All 14 countries included in the review have published vulnerable groups for identifying people at increased risk of severe illness from COVID-19. Australia, Belgium, Canada, Finland, Germany, Sweden, Switzerland and Wales have a single grouping. England, Northern Ireland, Scotland and Norway distinguish between those considered at 'high risk' and those at 'increased risk'. Denmark stratifies by age and the US has two categories based on the certainty of the evidence used to inform the groups.

In general, people who are considered vulnerable to more severe illness are those that are of an older age, with chronic conditions if not well-managed or are in receipt of therapies that weaken the immune system. Some countries have published additional risk factors that may increase risk, although these are not always included in the vulnerable group category. These risk factors include ethnicity, gender, smoking, high BMI and pregnancy in conjunction with another condition.

Germany added people with psychiatric illnesses (for example dementia) to their high risk groups with no justification provided. Additionally, the German Standing Committee on Vaccination (STIKO) only recommend vaccination in younger people (12-17 years) with a chronic lung disease. While the Institute of public Health in Norway has recommended vaccination for adolescents with severe and complex neurological diseases or congenital syndromes or with any of the following disease or conditions: organ transplant; immunodeficiency; hematologic (blood) cancer in the last five years; other active cancer; ongoing or recently finished treatment for cancer (especially immunosuppressive therapy, radiation therapy to the lungs or chemotherapy); Down Syndrome; or have a neurological or muscular disease with impaired coughing strength or lung function. Finland updated a detailed list of illnesses and conditions used for the vaccine prioritisation process with reference to related studies.

Specific advice is provided by all countries for people who are vulnerable. This typically includes advice to stay at home, practice hand hygiene, physically distance and avoid contact with others. For the countries that distinguished high risk from highest risk, proportionate advice is given. This usually means those at highest risk are advised not to leave the house, while those that are high risk could leave the house but are strongly advised to practice physical distancing and not to meet

others. For Norway, the advice is further stratified according to local transmission levels, with higher restrictions in place where community case numbers are high.

In Northern Ireland, England, Scotland and Wales the advice to people on the shielding list includes returning to work (if unable to work from home) and education in person. With the only exception being for those who have been advised otherwise by their clinical team. Since 21 July 2021, physical distancing rules (2 metres or 1 metre with additional mitigations) have been lifted in England. However, people in these risk groups are advised to continue to consider the risks of close contact with others, particularly if they are clinically extremely vulnerable or not yet fully vaccinated. In Scotland, key changes in guidance include lifting requirements to physically distance and limits on the size of social gatherings.

Although meeting grandparents is not currently advised in Germany, adults should wear a FFP2 mask and children and adolescents between the ages of six and 16 should wear a medical mask during the visit. Recently, Denmark issued advice relating to people at high risk, stating, as a rule, women should not be reassigned and or sent home from week 28 of a pregnancy if fully vaccinated. However, based on a precautionary principle, if a woman is pregnant, treatment or care should not be provided in A&E, on a COVID-19 ward or similar; the same applies to other fully vaccinated people at higher risk.

England, Northern Ireland, Scotland and Wales advise those who are fully vaccinated to continue to follow public health guidance. Ireland advises those who are fully vaccinated that they may visit others who are fully vaccinated indoors and outdoors. Denmark, Finland, Germany, Norway, Sweden and the US have published exemptions to public health measures including quarantining after close contact with a confirmed case, serial testing in the community and workplace, returning to work and maintaining a physical distance and mask wearing with others outside of their household. Immunocompromised persons are advised in Denmark, Ireland and the US to consult their medical care team about vaccine exemptions, even if fully vaccinated. Additionally, the US advise that close contacts of immunocompromised people should be encouraged to be vaccinated against COVID-19 to help protect these people. More recently due to the circulation of the Delta variant, the US recommends that fully vaccinated people wear a mask in public indoor settings in areas of substantial or high transmission. In other settings, masks could be considered, especially for people who are immunocompromised or at increased risk for severe disease from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated. Additionally, fully vaccinated people who live in a household with someone who is immunosuppressed, at increased risk of severe disease, or unvaccinated (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test result.

Definitions of immunity protection vary slightly between countries with most countries defining fully protected as two weeks after final dose of an approved

vaccine or recovered from a previous infection in the last six months. While Norway and Sweden has also published exemptions that apply for those who received just one dose. These exemptions are similar to a recently published report by the ECDC which included additional countries outside the scope of this review.⁽¹⁴³⁾

Although at present the ECDC acknowledges the difficulties in assessing the risk at country level due to significant variations of detection capacity and testing strategies among countries, it has however [assessed](#) the overall risk of SARS-CoV-2 infection related to the expected increase in circulation of the Delta variant for the vulnerable population as low-to-moderate for fully vaccinated sub-populations and very high for partially or unvaccinated sub-populations. Based on the estimated transmission advantage of the Delta variant, 70% of new SARS-CoV-2 infections are projected to be due to this variant in the EU and EEA by early August and 90% of infections by the end of August. It has recommended, that in order to achieve maximum protection in the shortest time possible, individuals at highest risk of severe outcomes for SARS-CoV-2 receive a second vaccine dose in the shortest possible interval following the administration of the first dose.

The findings from this rapid review were accurate as of 12 August 2021 12.00 GMT; however, it is important to note that the protective measures identified above may change as the situation and response to COVID-19 evolves. Protective measures for vulnerable groups may also be in place in other settings that were not identified in this rapid review.

Table 1 Overview of protective measures for vulnerable groups from COVID-19 [UPDATED 12.08.21 12.00 GMT]

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
Australia Guidance provided by: Department of Health	Protective self-separation	<p>People at higher risk include:</p> <ul style="list-style-type: none"> ▪ people aged ≥ 70 years ▪ people aged ≥ 65 years with chronic medical conditions ▪ people with compromised immune systems (e.g. cancer) ▪ Aboriginal and Torres Strait Islander people aged ≥ 50 years with one or more medical conditions. <p>Having 2 or more conditions increases risk, regardless of age. If the condition is severe or poorly controlled, it might also increase the risk of serious illness from COVID-19.</p> <p>Considered high risk if:</p> <ul style="list-style-type: none"> ▪ had an organ transplant and are on immune suppressive therapy ▪ had a bone marrow transplant in the past 2 years ▪ on immune suppressive therapy for graft versus host disease ▪ had blood cancer, in the past 5 years, including leukaemia, lymphoma or myelodysplastic syndrome ▪ having chemotherapy or radiotherapy. <p>Considered moderate risk if had:</p> <ul style="list-style-type: none"> ▪ chronic kidney (renal) failure ▪ heart disease (coronary heart disease or failure) ▪ chronic lung disease, excluding mild or moderate asthma ▪ a non-haematological cancer (diagnosed in the last 12 months) ▪ diabetes ▪ severe obesity with a body mass index of 40 kg/m² or more ▪ chronic liver disease ▪ some neurological conditions such as stroke or dementia ▪ some chronic inflammatory conditions and treatments ▪ other primary or acquired immunodeficiency ▪ poorly controlled hypertension (may increase risk) 	<p>People with chronic conditions are advised to:</p> <ul style="list-style-type: none"> ▪ maintain good hygiene ▪ practise physical distancing ▪ avoid large public gatherings ▪ stay home and get tested if sick ▪ stay away from other people who are sick or in isolation. <p>Older people are advised to continue to stay at home:</p> <ul style="list-style-type: none"> ▪ stay 1.5 metres away — 2 arm’s length from other people ▪ continue to stay at home and avoid contact with others ▪ continue to avoid non-essential travel.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<p>Other factors might also increase the risk of moderate or severe illness if COVID-19 is contracted include:</p> <ul style="list-style-type: none"> ▪ age - risk increases with age, even for those under 70 ▪ being male ▪ poverty ▪ smoking 	
<p>Belgium</p> <p>Guidance provided by Federal Public Service Health, Food Chain Safety and Environment</p>		<p>People more at risk:</p> <ul style="list-style-type: none"> ▪ People over 65 ▪ Diabetics (type 2), in combination with obesity and/or problems with heart, lungs or kidneys ▪ People with heart, lung or kidney disease ▪ People with weakened immune system. 	<ul style="list-style-type: none"> ▪ It is mandatory that everyone works from home. No further advice.
<p>Canada</p> <p>Guidance provided by: Government of Canada</p>	<p>Protective self-separation</p>	<ul style="list-style-type: none"> ▪ Older adults (increasing risk with each decade, especially over 60 years). ▪ People of any age with chronic medical conditions including: <ul style="list-style-type: none"> ○ lung disease ○ heart disease ○ hypertension (high blood pressure) ○ diabetes ○ kidney disease ○ liver disease ○ dementia ○ stroke ▪ People of any age who are immunocompromised, including those: <ul style="list-style-type: none"> ○ with an underlying medical condition (e.g., cancer) ○ taking medications that lower the immune system (e.g., chemotherapy) ▪ People living with obesity (BMI ≥ 40). 	<ul style="list-style-type: none"> ▪ If possible, only leave your home for medically necessary appointments ▪ Stay away from people who are sick ▪ Avoid contact with others, especially those who have travelled or been exposed to the virus ▪ If contact cannot be avoided, take the following precautions: <ul style="list-style-type: none"> ○ keep at least 2 m between yourself and the other people ○ give a friendly wave instead of a handshake, kiss or hug ○ keep interactions brief. ▪ Remind others who are sick, or may have been exposed to the virus, to stay away ▪ Avoid crowds and large gatherings <ul style="list-style-type: none"> ▪ Avoid cruises and non-essential travel outside of Canada.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<p>Social groups that may be vulnerable including anyone who has:</p> <ul style="list-style-type: none"> ▪ Difficulty reading, speaking, understanding or communicating ▪ Difficulty accessing medical care or health advice ▪ Difficulty doing preventive activities, like frequent hand washing and covering coughs and sneezes ▪ Ongoing specialized medical care or needs specific medical supplies ▪ Ongoing supervision needs or support for maintaining independence ▪ Difficulty accessing transportation ▪ Economic barriers ▪ Unstable employment or inflexible working conditions ▪ Social or geographic isolation, like in remote and isolated communities ▪ Insecure, inadequate, or non-existent housing conditions. 	
<p>Denmark</p> <p>Guidance by: Danish Health Authority</p>		<p>Clinically extremely vulnerable:</p> <p>Age</p> <ul style="list-style-type: none"> ▪ 80 years or older. It is well documented that they are at higher risk. ▪ 65-79 years old. Many fit and healthy people in this age group are not at higher risk. However, chronic diseases or mental and physical illnesses may cause you to be at higher risk. ▪ Under 65 years old. Very few are at higher risk. You are, for example, not at higher risk if you are only slightly overweight, has well-treated high blood pressure, arthritis, or mild asthma/COPD. <p>Overweight^(59, 60) It is well documented that the following are at higher risk:</p> <ul style="list-style-type: none"> ▪ People with a BMI over 35. 	<ul style="list-style-type: none"> ▪ Follow general advice including attending work, participating in leisure activities and caring for grandchildren. ▪ Those who are at higher risk of an infection, for example if you have a weakened immune system, precautions similar to previous wave are recommended. ▪ Housemates, relatives, friends and colleagues can engage with one another in social settings but are advised to maintain physical distancing with those at higher risk. ▪ As a rule, women should not be reassigned and or sent home from week 28 of a pregnancy if fully vaccinated. However, based on a precautionary principle, if a woman is pregnant, treatment or care should not be provided in A&E, on a COVID-19 ward or similar; the same applies to other fully vaccinated people at higher risk.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> ▪ People with a BMI over 30 and one or more chronic diseases. <p>Residents in nursing homes/assisted living facilities</p> <ul style="list-style-type: none"> ▪ It is well documented that residents in nursing homes are at higher risk of severe illness from COVID-19 as they are often elderly and have chronic diseases, functional decline and fragile health. <p>People with certain chronic diseases and people with weakened immune systems</p> <ul style="list-style-type: none"> ▪ Based on the available knowledge about other diseases, particularly influenza, people with certain chronic diseases are assumed to be at increased risk of severe illness from COVID-19 – at least if these chronic conditions are not well-regulated. This also applies to certain children with chronic diseases. <p>People with no fixed abode</p> <ul style="list-style-type: none"> ▪ People without a permanent residence are presumed to be at higher risk as they often have fragile health and chronic diseases, and are often not able or willing to take advantage of the health services. <p>Pregnant women</p> <ul style="list-style-type: none"> ▪ Based on a precautionary principle, pregnant women and their unborn children are considered to be at higher risk. 	
<p>England</p> <p>Guidance provided by: PHE</p>	<p>Shielding</p>	<p>Extremely clinically vulnerable</p> <ul style="list-style-type: none"> ▪ Solid organ transplant recipients. ▪ People with specific cancers: <ul style="list-style-type: none"> ○ who are undergoing active chemotherapy ○ with lung cancer who are undergoing radical radiotherapy ○ cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment 	<p>Clinically extremely vulnerable people are advised to follow the same guidance as everyone else.</p>

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> ○ having immunotherapy or other continuing antibody treatments for cancer ○ having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors ○ who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs. ▪ People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD ▪ People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell) ▪ People on immunosuppression therapies sufficient to significantly increase risk of infection ▪ Problems with your spleen, e.g. splenectomy (having your spleen removed) ▪ Adults with Down’s syndrome ▪ Adults on dialysis or with chronic kidney disease (stage 5) ▪ Women who are pregnant with significant heart disease, congenital or acquired. <p>All children and young people currently identified as clinically extremely vulnerable, and advised to shield, should continue to do so until 31 July, when the government will pause shielding for everyone. It is acknowledged that the risk is lower in children so it is advised that children and young people up to the age of 18, consult their paediatric specialist or GP to determine the most appropriate care. Children with conditions including asthma, diabetes, epilepsy and kidney disease, as well as children who receive specialist care in hospitals may still be considered clinically extremely vulnerable following a consultation with their doctor. This includes those receiving cancer care or those at risk of severe infection due to an immunodeficiency.</p>	

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
<p>Finland</p> <p>Guidance provided by: Finish Institute for Health and Welfare</p>		<ul style="list-style-type: none"> ▪ Persons over 70 years of age. ▪ The risk of severe coronavirus infection may be increased by those underlying diseases that significantly impair lung or heart function or the body's resistance, such as: <ul style="list-style-type: none"> ○ Severe heart disease ○ Lung disease that is not clinically stabilised ▪ Diabetes that involves organ damage ▪ Chronic liver or kidney failure ▪ Diseases that weaken the immune system, such as leukaemia or lymphoma that is currently undergoing cytostatic treatment (not maintenance therapy) ▪ Medication which significantly weakens the immune system (e.g. high-dosage cortisone therapy). <p>Other factors that generally impair lung functioning and may increase the health risk of a coronavirus infection include morbid obesity (BMI over 40) and daily smoking.</p>	<ul style="list-style-type: none"> ▪ Avoid close contact with other people as far as possible. This means that they can go out, provided they practice social distancing. Shopping is permitted if crowds can be avoided. ▪ If a visit to someone in this risk group is essential, handshakes, hugging and other close contact should be avoided unless essential for care or treatment reasons. It is important that all visitors use a scarf or other protection for their nose and mouth. People close to those over 70 and in risk groups urged to consider the potential risk of infection via their other contacts. Risk groups should protect themselves from the health hazards of hot weather: <ul style="list-style-type: none"> ▪ Consider installing a portable air conditioner or air source heat pump. ▪ Avoid using a fan in common areas where more than one person is present. It is particularly important to avoid using a fan in confined spaces with poor ventilation. If using a fan, it is a good idea to make sure that the ventilation in the space works efficiently and set the fan so that it does not blow air from one person to another. <p>For older people and in particular those over 70, advice is to follow the general guidelines to reduce the risk of infection, keep in touch with family and friends but avoid contact with others and when shopping to avoid peak hours and do not spend more time in stores than necessary.</p>
<p>Germany</p> <p>Guidance provided by:</p>		<ul style="list-style-type: none"> ▪ Older people (with a steadily increasing risk of severe course from around 50 to 60 years; 86% of those who died from COVID-19 in Germany were 70 years old or older [median age: 82 years]) ▪ Male gender 	<ul style="list-style-type: none"> ▪ Stay at home wherever possible ▪ Reduce personal contacts to an absolute minimum ▪ Limit the length of visits and meet outside where possible

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
Robert Koch Institut and the Federal Ministry of Health		<ul style="list-style-type: none"> ▪ Smokers ▪ Obese (BMI> 30) and very obese people (BMI> 35) ▪ People with Down’s syndrome^{(12, 90)(12, 90)(12, 90)(12, 90)(12, 91)(12, 91)(12, 90)(12, 89)(12, 89)(12, 88)(12, 88)(12, 88)(12, 88)(12, 88)(12, 88)(12, 88)(12, 88)(12, 88)(12, 88)(12, 88)(12, 87)(12, 90)(12, 90)(12, 89)(12, 89)(12, 88)(11, 87)(11, 87)} (trisomy 21) ▪ People with certain medical conditions, no ranking: <ul style="list-style-type: none"> ○ the cardiovascular system (e.g. coronary heart disease and high blood pressure) ○ chronic lung diseases (e.g. COPD) ○ Patients with chronic kidney and liver disease ○ Psychiatric illnesses (e.g. dementia) ○ Patients with diabetes mellitus ○ Patients with cancer. ○ Patients with a weakened immune system (e.g. due to a disease that is associated with an immune deficiency or due to regular use of medication that can influence and reduce the immune system, such as cortisone). 	<ul style="list-style-type: none"> ▪ Have family or neighbours take care of supplies ▪ Families can visit their grandparents and other family members ▪ It is also recommended to wear a mask in public spaces. ▪ FFP2 masks are provided without charge to those with certain pre-existing conditions and to people aged 60 years and older.
Ireland Guidance provided by: Health Service Executive		Those most at risk from COVID-19 are people who: <ul style="list-style-type: none"> ▪ Are over 70 years of age - even if you're fit and well ▪ Have Down Syndrome ▪ Have cancer and are <ul style="list-style-type: none"> (a) being treated with chemotherapy or similar drugs other than hormone therapy (b) have lung or head and neck cancer and are having radical surgery or radiotherapy (c) having radical radiotherapy for lung cancer or head and neck cancer (d) having certain complex cancer surgery, for example surgery for lung cancer, head and neck cancer or oesophageal cancer (e) have advanced cancer or cancer that has spread to another part of the body ▪ Are on dialysis or have end stage kidney disease and an eGFR less than 15 	Work from home where possible. If you are not able to work from home, get advice from your occupational health service and your healthcare team.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> ▪ Have a condition affecting the brains or nerves that has significantly affected your ability to breathe, meaning you require non-invasive ventilation (such as motor neurone disease or spinal muscular atrophy) ▪ Have unstable or severe cystic fibrosis, including people waiting for a transplant ▪ Have severe respiratory conditions including Alpha-1 antitrypsin deficiency, severe asthma, pulmonary fibrosis, lung fibrosis, interstitial lung disease and severe COPD ▪ Have uncontrolled diabetes ▪ Have had an organ transplant or are waiting for a transplant ▪ Have had a bone marrow or stem cell transplant in the last 12 months, or are waiting for a transplant ▪ Have a rare condition that means you have a very high risk of getting infections (such as APECED or errors in the interferon pathway) ▪ Have sickle cell disease ▪ Have been treated with drugs such as Rituximab, Cyclophosphamide, Alemtuzumab, Cladribine or Ocrelizumab in the last 6 months ▪ Have certain inherited metabolic disorders (such as Maple Syrup Urine Disease) ▪ Have obesity with a body mass index (BMI) greater than 40. 	
<p>Northern Ireland</p> <p>Guidance provided by: Public Health Agency and Government of Northern Ireland (NI Direct)</p>	Shielding	<p>Clinically extremely vulnerable people:</p> <ul style="list-style-type: none"> ▪ Solid organ transplant recipients ▪ People with specific cancers: <ul style="list-style-type: none"> ○ who are having chemotherapy ○ with lung cancer and are having radical radiotherapy ○ cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment ○ having immunotherapy or other continuing antibody treatments for cancer 	Shielding paused. Following general advice. Clinically extremely vulnerable people who are working and are unable to do so from home are advised not to attend the workplace. It is stated that this is advice only.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> ○ having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors ○ who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs. ▪ People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD ▪ People with Motor Neurone Disease ▪ People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell) ▪ People on immunosuppression therapies sufficient to significantly increase risk of infection ▪ Women who are pregnant with significant heart disease, congenital or acquired ▪ People undergoing renal dialysis ▪ People who have had a splenectomy ▪ Adults with Down’s Syndrome ▪ Adult patient with kidney impairment (Stage 5 Chronic Kidney Disease). <p>Other relevant conditions:</p> <ul style="list-style-type: none"> ▪ A person’s immunity remains compromised for some time after finishing chemotherapy. If you have completed chemotherapy in the last 3 months, please contact your care team to discuss your circumstances. ▪ People with metastatic cancer in the lungs could also be more vulnerable and therefore at highest clinical risk from COVID-19. ▪ Those who are currently on targeted therapies for lung cancer are also classed as the highest clinical risk. 	
Northern Ireland	Self-isolate	<p>Clinically vulnerable groups</p> <ul style="list-style-type: none"> ▪ Over the age of 70 ▪ Pregnant 	<ul style="list-style-type: none"> ▪ No specific advice.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
Guidance provided by: Public Health Agency and Government of Northern Ireland (NI Direct)		<ul style="list-style-type: none"> ▪ Under 70 with an underlying health condition listed below (i.e. for adults this usually is anyone instructed to get a flu jab as an adult each year on medical grounds): <ul style="list-style-type: none"> ○ Chronic (long-term) respiratory diseases, such as asthma, COPD, emphysema or bronchitis ○ Chronic heart disease, such as heart failure ○ Chronic kidney disease ○ Chronic liver disease, such as hepatitis ○ Chronic neurological conditions, such as Parkinson’s disease, MS, a learning disability or cerebral palsy ○ Diabetes ○ A weakened immune system as the result of conditions such as HIV and AIDS or medicines such as steroid tablets or chemotherapy ○ Being seriously overweight (BMI ≥ 40). 	
Norway Guidance provided by: Norwegian Institute of Public Health	Protective self-separation	<p>People at moderate/high risk (clinically extremely vulnerable):</p> <ul style="list-style-type: none"> ▪ Over 70 years of age^a ▪ Residents of nursing homes ▪ Severe health condition, regardless of age*: <ul style="list-style-type: none"> ○ Solid organ transplant ○ immunodeficiency ○ hematologic (blood) cancer in the last 5 years ○ people with active cancer, ongoing or recently discontinued treatment for cancer (especially immunosuppressive therapy, radiation therapy to the lungs or chemotherapy). ○ neurological or muscular disease with impaired coughing strength or lung function (e.g. ALS, cerebral palsy, Down’s Syndrome) ○ chronic kidney disease and renal failure <p><i>a There is an exponential increase in risk from 70 years and over. Age is the most important independent risk factor.</i></p>	<p>Stricter restrictions have been introduced to the general population and an update for high risk groups is expected.</p> <p>Young people and adults are advised if they have been unable to maintain physical distance to ensure to keep a distance of 2 m from people in the risk groups</p> <p>Currently the advice for people in this group outlined below based on whether transmission is low or widespread in their communities.</p> <p>Low-level spread (current situation):</p> <p><i>Increase social distancing</i></p> <p>You can be with your closest circle as normal, and travel and socialise with others as long as:</p> <ul style="list-style-type: none"> ▪ You and your closest circle are particularly careful to follow general advice, keeping a safe

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<p><i>*Other serious and or chronic diseases that are not mentioned may also increase the risk of serious illness and death from COVID-19. This is assessed individually by a doctor.</i></p> <p><i>*Some serious health conditions in this list based on a precautionary principle, although at present there are no studies indicating a higher risk of severe progression for the diseases.</i></p>	<p>distance and follow good hand hygiene and cough etiquette.</p> <ul style="list-style-type: none"> ▪ You limit your number of close contacts. ▪ You avoid crowded places (e.g. public transport, shopping malls) or only go to such places when they are less busy. ▪ Workplace planning and adjustment may be appropriate. <p>Widespread transmission or outbreaks in your community:</p> <p><i>Social shielding</i></p> <p>To avoid infection, you should withdraw during this period. You can go outside and maintain normal contact with your closest circle as long if you follow the advice above and in addition:</p> <ul style="list-style-type: none"> ▪ Keep a greater distance from others (preferably 2m) than your closest circle. ▪ Ask others to help you with necessary purchases. ▪ Your closest circle should also limit their social contact. If not, you should keep a safe distance to them. If this is not possible, it might be necessary to consider other temporary housing arrangements. <p>If workplace adjustment or remote working is impossible, sick leave should be considered.</p>
<p>Norway</p> <p>Guidance provided by: Norwegian Institute of Public Health</p>	<p>Protective self-separation</p>	<p>People at slightly/moderate increased risk:</p> <ul style="list-style-type: none"> ▪ age 65–69 ▪ age 50–65 years with one of the following chronic diseases: <ul style="list-style-type: none"> ○ cardiovascular disease (other than well-regulated high blood pressure) ○ stroke ○ morbid obesity (BMI ≥ 30 kg/m²) in combination with weight-related diseases or BMI ≥ 40 kg/m²) 	<p>Advice for people in this group depends on whether transmission is low or widespread in their communities.</p> <p>Low-level spread :</p> <p><i>Live like others</i></p>

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> ○ diabetes ○ chronic lung disease, including severe asthma that has required the use of high dosage inhalation steroids or steroid tablets during the last year ○ chronic liver disease ○ in immunosuppressive therapy such as chemotherapy, radiation therapy and immunosuppressive therapy in autoimmune diseases. <p>People under 50 years of age have a lower risk of developing severe COVID-19 disease. However, some people with poorly-regulated chronic conditions or a combination of several chronic diseases might be at increased risk.</p>	<p>You can generally live like the rest of the population, travel, work and attend events, but be particularly careful to follow the general advice:</p> <ul style="list-style-type: none"> ▪ Keep the recommended distance to people, apart from your closest family and friends ▪ Remember hand hygiene and cough etiquette ▪ Stay home when you are ill ▪ Avoid being with people who are sick. <p>Consider whether you will be able to follow these measures before travelling or participating in social activities.</p> <p>Widespread transmission or outbreaks in your community:</p> <p><i>Increase social distancing</i></p> <p>You can be in normal contact with your closest circle, and travel and socialise with others as long as:</p> <ul style="list-style-type: none"> ▪ You and your closest circle are particularly careful to follow general advice, keeping a safe distance and follow good hand hygiene and cough etiquette. ▪ You limit your number of close contacts ▪ You avoid crowded places (e.g. public transport, shopping malls) or only go to such places when they are less busy. <p>Workplace planning and adjustment may be appropriate.</p>
Scotland Guidance provided by:	'Shielding'	<p>Highest risk group:</p> <ul style="list-style-type: none"> ▪ Solid organ transplant recipients - includes people who have had a transplant of kidney, liver, pancreas, islet cell, heart, lung, stomach or other part of intestine. This is because of the medication taken to stop rejection of the transplanted organ. 	<ul style="list-style-type: none"> ▪ Follow general advice according to a 4 tier system based on the COVID protection levels in the location of residency, work or travel.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
Health Protection Scotland and Scottish Government		<ul style="list-style-type: none"> ▪ People with specific cancers: <ul style="list-style-type: none"> ○ who are undergoing active chemotherapy or have had radical radiotherapy for lung cancer ○ of the blood or bone marrow who are at any stage of treatment including cancers such as leukaemia, lymphoma or myeloma ○ who are having immunotherapy or other continuing antibody treatments ○ who are having specialised, cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors ○ who have had bone marrow or stem cell transplants in the last six months, or who are still taking immunosuppression drugs. ▪ People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD), severe bronchiectasis and pulmonary hypertension. People in this group include: <ul style="list-style-type: none"> ○ People with cystic fibrosis ○ People with lung conditions which require home oxygen ○ People with severe asthma requiring regular inhaler use and long-term steroid tablets to control your asthma. For example, Prednisolone or regular injections. ○ Severe non-cystic fibrosis bronchiectasis ○ Pulmonary hypertension ○ People with severe COPD. Usually means being on several different inhaler medications in the last year. As well as a steroid inhaler, this must include 2 long acting preventers. For example, Long Acting Beta Agonists and Long Acting Anti-Muscarinic Antagonists. Severe COPD means that: <ul style="list-style-type: none"> ▪ too breathless to walk 100 yards ▪ have 2 or more lung infections a year, or ▪ require oxygen to help with breathing ▪ People with rare diseases including all forms of interstitial lung disease/sarcoidosis. This includes inborn errors of metabolism 	<ul style="list-style-type: none"> ▪ Currently, those who are shielding and who cannot work from home are now advised not to work. ▪ At level 4 (highest), children on the shielding list should not attend school or formal crèche in person.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<p>that significantly increase the risk of infections. For example, SCID, homozygous sickle cell disease.</p> <ul style="list-style-type: none"> ○ There are many conditions classed as a rare disease. Not everyone with a rare disease will be at a higher risk of severe illness from COVID-19. Treating clinician will add people to shielding list if appropriate. ▪ People on immunosuppression therapies that significantly increase risk of infection or who have had their spleens removed. <ul style="list-style-type: none"> ○ In some cases these treatments may put people into a shielding group: <ul style="list-style-type: none"> ▪ people on high dose corticosteroid treatment (equal to Prednisolone 20mg or more) for more than four weeks ▪ people on specific single therapies, for example Cyclophosphamide. These medications are usually prescribed by specialists in hospitals ▪ people on lower dose of corticosteroids for more than 4 weeks in combination with other disease modifying medication ▪ people on disease modifying medications who also have other chronic medical conditions. ▪ people who take some medication and are otherwise healthy may not need to be in the shielding groups. This includes single Disease Modifying medications (DMARD). It also includes Biologic medications such as Methotrexate, Azathioprine, Cyclosporin, Leflunomide plus others. This is to be discussed with a specialist or GP if unsure. ▪ People who are pregnant with significant heart disease, congenital or acquired <ul style="list-style-type: none"> ○ If you are being supported by a specialist heart clinic during your pregnancy then you fall within this group. 	

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> ▪ People who are receiving renal dialysis treatment, and people who have chronic kidney disease stage 5, or liver cirrhosis (Child-Pugh class B and C). 	
<p>Scotland</p> <p>Guidance provided by: Health Protection Scotland and Scottish Government</p>	<p>Social distancing</p>	<p>High risk group:</p> <p>People over the age of 70 are considered vulnerable, even if they do not have an underlying health condition. This also applies to those who are pregnant.</p> <p>Others considered vulnerable include people who have:</p> <ul style="list-style-type: none"> ▪ Chronic (long-term) respiratory diseases, such as asthma, COPD, emphysema or bronchitis ▪ Chronic heart disease, such as heart failure ▪ Chronic kidney disease ▪ Chronic liver disease, such as hepatitis ▪ Chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, MS, a learning disability or cerebral palsy ▪ Diabetes ▪ Problems with your spleen – for example, sickle cell disease or if you have had your spleen removed ▪ A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy ▪ Being seriously overweight (BMI of 40 or above) 	<ul style="list-style-type: none"> ▪ Follow general advice based on the COVID protection levels in the location of residency, work or travel.
<p>Sweden</p> <p>Guidance provided by: The Public Health Agency of Sweden</p>	<p>Social distancing</p>	<p>The risk of becoming seriously ill gradually increases with increasing age:</p> <ul style="list-style-type: none"> ▪ Those who are 60-70 years old have twice as high a risk of becoming seriously ill, compared with those aged 50-60 years old. New Swedish data show that it is mainly after the age of 65 that the risk begins to increase significantly, this is why the age group of older people who are given priority for vaccination in February 2021 was lowered from 70 to 65 years. 	<ul style="list-style-type: none"> ▪ maintain physical distance from other people unless you live with them ▪ socialise outdoors, but remember to maintain a safe distance from others ▪ avoid places like shops and cafés where many people gather ▪ avoid travelling on public transport such as buses, trams and the Metro. Travel by car or means of transport that allow you to book seats

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> ▪ Those who are 70–80 years old have a 5 times higher risk of becoming seriously ill, compared with those who are 50–60 years old. ▪ The risk is greatest for those over 80 years of age, with the risk of becoming seriously ill 12 times higher than for a person who is 50-60 years old. <p>Other risk factors:</p> <ul style="list-style-type: none"> ▪ organ transplantation ▪ blood cancer diseases, existing and past ▪ neurological diseases ▪ obesity (increased risk with increased levels of obesity) ▪ diabetes (reduced risk if well managed) ▪ ongoing cancer treatment ▪ stroke / dementia ▪ other immunosuppressive disease or treatment ▪ liver disease ▪ impaired kidney function ▪ cardiovascular disease including hypertension ▪ Down syndrome. <p>Asthma only gives a small increase in risk if it is difficult to treat and unstable.</p>	<ul style="list-style-type: none"> ▪ ask for help to buy food, collect prescriptions and run other errands that may involve close contact with other people ▪ wash your hands with soap and water regularly and for at least 20 seconds.
<p>Switzerland</p> <p>Guidance provided by: Federal Office of Public Health</p>	<p>Social distancing</p>	<ul style="list-style-type: none"> ▪ Older people (The risk that people will contract a severe case of coronavirus disease increases with age. The risk of being hospitalised also increases from the age of 50. Pre-existing conditions increase the risk even further). ▪ Pregnant ▪ Adults with Trisomy 21 ▪ Those who have one of the following conditions in particular: <ul style="list-style-type: none"> ○ High blood pressure ○ Diabetes ○ Cardiovascular disease 	<ul style="list-style-type: none"> ▪ Wash your hands thoroughly and regularly with soap and water. ▪ Keep your distance from other people (at least 1.5 m). ▪ Observe the requirement to wear a face mask on public transport. ▪ Follow the rules on hygiene and social distancing, even when meeting friends or family, e.g. not using the same cutlery to serve food and not drinking from the same glass, etc.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> ○ Pulmonary and respiratory diseases ○ Conditions and therapies that weaken the immune system. ▪ Obesity (BMI greater than or equal to 35 kg/m²) ▪ Liver cirrhosis ▪ Chronic kidney disease. <p>A continually updated list (10 May 2021) is also provided:</p> <ol style="list-style-type: none"> 1. Adults with Trisomy 21 <ol style="list-style-type: none"> 1.1 Adults with the following underlying medical conditions: <ol style="list-style-type: none"> 1. High blood pressure (hypertension) <ul style="list-style-type: none"> – Arterial hypertension with end-organ damage – Therapy-resistant arterial hypertension 2. Cardio-vascular diseases <ol style="list-style-type: none"> 2.1 General criteria <ul style="list-style-type: none"> – Patients with dyspnea of functional class NYHA II–IV and NT per BNP > 125 pg/ml – Patients with at least 2 cardio-vascular risk factors (one of which is diabetes or arterial hypertension) – Prior stroke and/or symptomatic vasculopathy – Chronic renal insufficiency (Stage 3, GFR <60ml/min) 2.2 Other criteria <ol style="list-style-type: none"> 2.2.1 Coronary heart disease <ul style="list-style-type: none"> – Myocardial infarction (STEMI and NSTEMI) in the past 12 months – Symptomatic chronic coronary syndrome despite medical treatment (irrespective of any prior revascularisation) 2.2.2 Disease of the heart valves <ul style="list-style-type: none"> – Moderate or serious stenosis and/or regurgitation in addition to meeting at least one general criterion – Any surgical or percutaneous valve replacement in addition to meeting at least one general criterion 	<ul style="list-style-type: none"> ▪ Avoid places frequented by large numbers of people (e.g. railway stations, public transport) and peak times (e.g. shopping on Saturdays, commuting). If you do find yourself in places frequented by large numbers of people and are unable to keep the necessary distance, we recommend you wear a face mask.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<p>2.2.3 Cardiac insufficiency</p> <ul style="list-style-type: none"> – Patients with dyspnea of functional class NYHA II–IV or NT-Per BNP > 125pg/ml despite medical treatment for any LVEF (HFpEF, HFmrEF, HFrEF) – Cardiomyopathy with any cause – Pulmonary arterial hypertension <p>2.2.4 Arrhythmia</p> <ul style="list-style-type: none"> – Auricular fibrillation with a CHA2DS2-VASc score of at least 2 points – Prior implant of pacemaker (incl. ICD and/or CRT implantation) in addition to meeting one general criterion <p>2.2.5 Adults with congenital heart disease</p> <ul style="list-style-type: none"> – Congenital heart disease according to the individual assessment of the attending cardiologist <p>3. Diabetes</p> <ul style="list-style-type: none"> – Diabetes mellitus, with long-term complications or a HbA1c of $\geq 8\%$ <p>4. Chronic pulmonary and respiratory diseases</p> <ul style="list-style-type: none"> – Chronic obstructive lung diseases GOLD Grade II-IV – Pulmonary emphysema – Uncontrolled asthma, in particular serious bronchial asthma – Interstitial lung diseases / pulmonary fibrosis – Active lung cancer – Pulmonary arterial hypertension – Pulmonary vascular disease – Active sarcoidosis – Cystic fibrosis – Chronic lung infections (atypical mycobacteriosis, bronchiectasis, etc.) 	

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> – Ventilated patients – Diseases with severely reduced lung capacity 5. Diseases/Therapies that weaken the immune system <ul style="list-style-type: none"> – Serious immunosuppression (e.g. HIV-infection with a CD4+ T cell number of < 200/μl) – Neutropenia (<1'000 neutrophils/μl) for ≥1 week – Lymphocytopenia (<200 lymphocytes/μl) – Hereditary immunodeficiencies – Use of medication that suppresses the immune defences (such as long-term use of glucocorticoids (prednisolone equivalent > 20 mg/day), monoclonal antibodies, cytostatics, biologics etc.) – Aggressive lymphomas (all entities) – Acute lymphatic leukaemia – Acute myeloid leukaemia – Acute promyelocytic leukaemia – T-cell prolymphocytic leukaemia – Primary lymphomas of the central nervous system – Stem cell transplantation – Amyloidosis (light-chain (AL) amyloidosis) – Chronic lymphatic leukaemia – Multiple myeloma – Sickle-cell disease – Bone marrow transplant – Solid organ transplant – Individuals on a transplant waiting list 6. Cancer <ul style="list-style-type: none"> – Cancer undergoing medical treatment 	

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
<p>United States</p> <p>Guidance provided by: Center for Disease Control</p>	<p>Protective self-separation</p>	<p>Can make you more likely to get severe ill from COVID-19:</p> <ul style="list-style-type: none"> ▪ Cancer ▪ Chronic kidney disease ▪ Chronic lung diseases, including COPD (chronic obstructive pulmonary disease including emphysema and chronic bronchitis), asthma (moderate-to-severe), interstitial lung disease (including idiopathic pulmonary fibrosis), cystic fibrosis (with or without lung or other solid organ transplant), and pulmonary hypertension (high blood pressure in the lungs) ▪ Dementia or other neurological conditions ▪ Diabetes (type 1 or type 2) ▪ Down syndrome ▪ Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension) ▪ HIV infection ▪ Immunocompromised state (weakened immune system) ▪ Liver disease ▪ Overweight and obesity (BMI > 25 kg/m²) ▪ Pregnant people are more likely to get severely ill from COVID-19 compared with non-pregnant people. ▪ Sickle cell disease or thalassemia ▪ Smoking, current or former ▪ Solid organ or blood stem cell transplant ▪ Stroke or cerebrovascular disease, which affects blood flow to the brain ▪ Substance use disorders 	<ul style="list-style-type: none"> ▪ Those at increased risk are advised to stay home if possible. ▪ Limit interactions with other people as much as possible and to take precautions to prevent getting COVID-19 when interacting with others. ▪ This includes wearing a mask when it is difficult to stay at least 6 feet apart from others outside their household, and avoiding others who are not wearing a mask or asking those in close proximity to wear a mask. <p>No specific advice is given for those that might be at an increased risk.</p>
<p>Wales</p> <p>Guidance provided by: the Welsh Government</p>	<p>Shielding</p>	<ul style="list-style-type: none"> ▪ solid organ transplant recipients ▪ people with specific cancers: <ul style="list-style-type: none"> ○ People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer ○ People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment 	<p>Follow general advice. Wales is currently under national lockdown.</p> <ul style="list-style-type: none"> ▪ Currently at alert level 4 and everyone must stay at home as much as possible. ▪ Clinically extremely vulnerable are advised to no longer attend work or school outside the home.

Country / setting	Protective measure	Vulnerable/high-risk groups	Specific advice
		<ul style="list-style-type: none"> ○ People having immunotherapy or other continuing antibody treatments for cancer ○ People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors ○ People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs. ▪ People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD) ▪ People with severe single organ disease (e.g. Liver, Cardio, Renal, Neurological) ▪ People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell) ▪ People on immunosuppression therapies sufficient to significantly increase risk of infection ▪ Pregnant women with significant heart disease, congenital or acquired. ▪ Children up to the age of 18 with significant heart disease, congenital or acquired. 	<ul style="list-style-type: none"> ▪ Members of a household with someone that is clinically extremely vulnerable should continue to attend work if they are unable to work from home. ▪ Children and young people in the household who are not clinically extremely vulnerable should continue to attend school. Children and young people whose parents or carers are clinically extremely vulnerable should also continue to go to school.

Table 2 National vaccination priority lists [Updated 12.08.2021]

Country Last updated	Title	Notes
Australia	Who will get the vaccines	The Department of Health has compiled a list of at-risk population groups for COVID-19 for risk communication in public messaging; prioritisation of these groups for vaccination would need to be informed by evidence on relative risk of severe outcomes, and information on vaccine efficacy and safety, as available more details
Belgium	Belgians debate COVID-19 vaccination	Sciensano organized a citizen participation project in which 103 Belgians, with the help of experts, deliberated on the Belgian COVID -19 vaccination policy.
Canada	Groups that will get the vaccine first	Provinces and territories have developed more detailed vaccination rollout plans for their residents based on national government strategy.
Denmark	About the target groups for vaccination	Relatives are offered vaccination if they are permanently involved in specific care tasks or act as an indispensable caregiver to someone who is at extraordinarily high risk of severe illness from COVID-19. In addition, relatives can be offered vaccination if they are the relatives of someone who is at particularly high risk - and this person either cannot be vaccinated or if insufficient efficacy of the vaccine is anticipated.
Finland	Vaccination order and at-risk groups for COVID-19	Age is the most important risk factor for serious coronavirus disease. For that reason, the vaccine is recommended for the elderly. Highly predisposing conditions for severe COVID-19 disease include, for example, severe chronic kidney disease, severe immunosuppressive condition (organ transplant, acute cancer treatment) and severe chronic pulmonary disease. Predisposing conditions for severe COVID-19 disease include, for example, coronary artery disease and cirrhosis of the liver.
Germany	STIKO recommendations for COVID-19 vaccination	The vaccination should initially be offered to people over 80 years of age and residents in old people's and nursing homes.
Norway	Who will get the coronavirus vaccine?	Organised as two lists: one priority list for COVID-19 vaccination and one for medical risk groups.
Sweden	New recommendations on who is prioritized for vaccination against covid-19	Everyone over the age of 65 must be given priority in the second phase of vaccination work. The third includes people from the age of 60, as well as younger people with certain diseases or conditions.
Switzerland	Who is to be vaccinated?	Variation exists in priorities between cantons. If you are among those at especially high risk, you can be among the first to be vaccinated.

United States	CDC's COVID-19 Vaccine Rollout Recommendations	While CDC makes recommendations for who should be offered COVID-19 vaccine first, each state has its own plan for deciding who will be vaccinated first and how they can receive vaccines.
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Table 3 Vaccination status and infection protection and control measures [Updated 21.07.2021]

Country	Setting	Date implemented	Specification	Target population
Ireland	RCF	8 July 2021	No requirement for transmission-based precautions or restricted movement.	Residents
Ireland	RCF	8 July 2021	When residents are vaccinated and disease incidence is low, the requirement to restrict group activities to pods of 4 to 6 can be relaxed in stages to move towards more normal social interaction in the RCF.	Residents
Ireland	Workplace	6 April 2021	It is generally safe to return to work for fully vaccinated people who are high risk, if it is essential, for example for certain healthcare workers. However, this may not apply if the person has problems with their immune system.	At-risk groups
Ireland	Community	30 March 2021	Two fully vaccinated people from different households can meet up indoors without wearing masks or staying 2 metres apart.	General public
Ireland	Community	6 April 2021	Although there is an increased risk, it is advised that it is generally safe when fully vaccinated to go into shops and use public transport if essential, and precautionary measures are maintained.	At-risk groups
Ireland	Community	6 April 2021	It is advised that it is generally safe to meet up with one other household outdoors if you are fully vaccinated although you should keep a safe distance and avoid contact.	At-risk groups

Ireland	RCFs	19 April 2021	Two vaccinated residents can meet in their own room, while wearing masks and maintaining a physical distance from each other where possible.	Residents
Ireland	RCFs	19 April 2021	If tolerated, residents should be encouraged to wear a mask in busy areas of the RCF or during transport to and from the facility unless fully vaccinated.	Residents
Ireland	RCFs	12 March 2021	Derogation from restrictive movements after close contact for vaccinated HCWs, in preference over non vaccinated HCWs.	HCWs
Ireland	RCFs	22 March 2021	Greater flexibility in relation to duration of visits is appropriate if the resident and visitor are both vaccinated.	Residents, Visitors
Ireland	RCFs	22 March 2021	Frequency of visits by one person on compassionate grounds can increase to 2 per week for RCFs with a high level of vaccination in HCWs and residents* – at Level 3, 4 and 5.	Residents, Visitors
Ireland	RCFs	22 March 2021	Vaccinated residents will not be advised against individual outings for a social drive with a visitor.	Residents, Visitors
Ireland	RCFs	22 March 2021	Number of visitors received at once increases to 2 for RCFs with a high level of vaccination in HCWs and residents* – at Level 2	Residents, Visitors
Ireland	RCFs	22 March 2021	Exempt from isolation requirements when returning after >12 hours to RCF with a high level of vaccination in HCWs and residents*	Resident
Ireland	RCFs	19 April 2021	Subject to individual assessment, HCWs who are fully vaccinated and who are	HCWs

			asymptomatic generally do not need to stay out of work or are subject to testing if they are identified as contacts unless specifically advised to do so in particular circumstances.	
Canada	Community	16 July 2021	Fully vaccinated can consider getting close to others without wearing a mask, taking into account the risk level of others and the setting.	General public
Canada	Community	16 July 2021	Fully vaccinated do not need to quarantine after being exposed to a person with COVID-19.	General public
Finland	Community	9 July 2021	Fully vaccinated grandparents can meet their own unvaccinated children and grandchildren if the children and grandchildren are healthy and do not belong to an at-risk group for severe coronavirus disease.	At-risk, children
Finland	Community, health and social care	19 May 2021	Quarantining following exposure is not required for those fully vaccinated or recovered.	General public, Patients, Residents, HCWs
Norway	Community	24 March 2021	Fully vaccinated people do not need to quarantine after having been in close contact with an infected person. This applies from 1 week after the last dose and lasts 6 months. If the person has only received the first vaccine dose between 3 and 12 weeks ago, quarantine is not required after a negative test result taken between 3 and 7 days after close contact with an infected person. While members of that household do not have to quarantine.	Close contacts

			If the person has only received the first vaccine dose between 3 and 12 weeks ago, quarantine is not required if a member of the same household is quarantining.	
Norway	Community	24 March 2021	For a person who is considered protected it is recommended that they may have close social contact with unprotected people and a person at high risk of severe illness from COVID-19 if they too are protected. Protection is considered when a person has recovered from infection <6 months or 3 to 15 weeks since they received at least one dose or fully vaccinated.	General public, At-risk groups
Ontario	RCF	9 June 2021	Fully immunised visitors and residents may have close physical contact, such as hand-holding.	Resident, Visitors
Sweden	Workplace	19 April 2021	For a person who has received one dose of vaccine and at least 3 weeks has passed it is recommended they do not need to self-isolate if a person they share a house with is infected.	General public
Sweden	Workplace	19 April 2021	For a person who has received one vaccine dose and at least 3 weeks has passed it is recommended they can return to the workplace.	At-risk groups
Sweden	Community	19 April 2021	For a person who has received one vaccine dose and at least 3 weeks has elapsed it is recommended they can meet healthy people from a few different households and even indoors. This relates to meeting people who	General public, At-risk groups

			are at high risk of severe COVID-19 and people who are unvaccinated.	
Switzerland	Private	18 May 2021	People who are vaccinated do not need to physical distance or wear a mask in private with others who are vaccinated.	General public
Switzerland	Workplace	7 April 2021	People who are fully vaccinated, or have had a confirmed COVID-19 infection (PCR or antigen test) and also received at least 1 dose of a vaccine and 14 days have elapsed, are not required to quarantine after close contact with someone who has tested positive.	Close contacts
Switzerland	Workplace	7 April 2021	People who are at high risk and are fully vaccinated are advised that their employer is no longer obliged to take steps to provide additional protection in the workplace. However, the general precautionary measures in the workplace still apply	Employer, Worker
Germany	Community	7 April 2021	People who have been fully vaccinated are exempt from quarantine measures after exposure to a confirmed SARS-CoV-2 case.	General public
Norway	Community	1 July 2021	Protected people may have close social contact with unprotected people who are not in a risk group.	General public, At-risk groups
Norway	Community	1 July 2021	Protected people can be treated as household members and do not need to be counted as visitors.	General public, At-risk groups
Norway	Community	1 July 2021	In private homes and cars, protected people can have close social contact (less than 1	General public, At-risk groups

			metre) with other protected people, even if they are in a risk group.	
Norway	Community	1 July 2021	Protected people are no longer advised against making unnecessary journeys in Norway.	Travel
Denmark	Workplace	20 April 2021	Relatives of someone at higher risk no longer need to be reassigned to other tasks (with less risk of infection) – if either the person at higher risk or the relative has been fully vaccinated.	At-risk groups, Worker
Denmark	Community	20 April 2021	Fully vaccinated people can socialise with family and close friends who are not fully vaccinated people without keeping their distance or wearing a face mask. However, this does not apply if the person they are with has not been fully vaccinated and is at higher risk of severe illness from COVID-19	General public
Denmark	Community	20 April 2021	Fully vaccinated people can socialise with other fully vaccinated people without keeping their distance or wearing a face mask.	General public
Denmark	Community	20 April 2021	Fully vaccinated people are exempt from regular testing. But not testing as a result of close contact with an infected person.	General public
Denmark	Community	20 April 2021	Fully vaccinated people who are symptom free are exempt from self-isolation as a result of close contact of someone who is infected. However, you must still get tested as a result of close contact.	Close contacts
Denmark	Community	1 April 2021	People at higher risk who are fully vaccinated can have physical contact with close friends	At-risk groups

			and family, participate in activities with several people, go inside shops and use public transport outside of off-peak times.	
Denmark	Healthcare	6 May 2021	There is no requirement for testing at admissions to public or private hospitals or for special examinations and procedures (upper scopies, anaesthesia, tracheal aspiration, lung function examination, etc.) in specialist practice, general practice and dental clinic or in outpatient procedures in hospital for vaccinated or recovered. However, people with weakened immune systems to a severe degree, e.g. people in long-term immunosuppressive treatment, including organ transplants, will continue to be tested.	Patients, outpatients
CDC	Workplace	27 April 2021	Fully vaccinated workers no longer need to be restricted from work following an exposure as long as they are asymptomatic.	Close contacts
CDC	Community	27 April 2021	Immunocompromised people need to consult their healthcare provider about vaccine exemption recommendations, even if fully vaccinated	At-risk groups
CDC	Community	1 April 2021	Fully vaccinated grandparents can visit indoors with their unvaccinated family without wearing masks or physical distancing, provided none of the unvaccinated family members are at risk of severe COVID-19.	At-risk groups

CDC	Community	16 March 2021	Visit with other fully vaccinated people indoors without wearing masks or physical distancing. Visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing. Refrain from quarantine and testing following a known exposure if asymptomatic.	General public Close contacts
CDC	Wide range of settings (undefined)	13 May 2021	Fully vaccinated people can refrain from testing following a known exposure unless they are residents or employees of a correctional or detention facility or a homeless shelter	General public (not people in high risk settings)
CDC	Domestic and international travel	2 April 2021	Fully vaccinated people can resume domestic travel and do not need to get tested before or after travel or self-quarantine after travel. Fully vaccinated people do not need to get tested before leaving the United States (unless required by the destination) or self-quarantine after arriving back in the United States.	Travellers
CDC	Non-healthcare congregate settings	27 April 2021	Fully vaccinated residents of non-healthcare congregate settings no longer need to quarantine following a known exposure.	Residents
CDC	Health and social care	10 March 2021	Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have not had prolonged close contact	Residents

			with someone with SARS-CoV-2 infection in the prior 14 days.	
CDC	Health and social care	10 March 2021	Asymptomatic HCPs who are fully vaccinated and have a higher-risk exposure (including aerosol generating procedures) as described in the CDC guidance do not need to be restricted from work; possible exceptions	HCWs
CDC	RCFs and other healthcare settings	27 April 2021	Fully vaccinated patients/residents can participate in communal dining without use of source control or physical distancing. If unvaccinated patients/residents are dining in a communal area (e.g., dining room) all patients/residents should use source control when not eating and unvaccinated patients/residents should continue to remain at least 6 feet from others.	Residents, Patients
CDC	RCFs	10 March 2021	If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control.	Residents, Visitors
CDC	RCF	10 March 2021	Limit indoor visiting for unvaccinated residents if the RCF COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated	Residents, Visitors
CDC	RCFs	29 March 2021	Exempt from isolation for new admissions and readmissions if fully vaccinated or previous infection (<3 months)	Residents

Wales	Community	7 August 2021	Fully vaccinated adults, under 18s and vaccine trial participants will not need to self-isolate if they are a close contact of someone with coronavirus	General public
Prince Edward Island, Canada	RCF	31 March 2021	If resident vaccination rates < 85% then: Designated visitors must visit in designated areas. Residents can only leave in the company of the Partners in Care. Residents cannot attend public places unless to perform essential services (e.g., banking).	Residents, Visitors
Neutral				
Norway	Travel	20 May 2021	Being fully vaccinated or having received the first vaccine dose does not give an exemption from the travel quarantine or quarantine hotel.	Inbound travellers
Scotland	Community	14 May 2021	People who are fully vaccinated must continue to follow the general advice.	At-risk groups
Wales	Community	1 April 2021	People who are fully vaccinated must continue to follow the general advice.	At-risk groups
England	Community	16 April 2021	Anyone who has the full protection of the vaccine is advised to continue to follow full guidance.	At-risk groups
Canada	RCF	28 June 2021	There are currently no recommended changes to IPC practices regardless of vaccination status.	Resident, Visitors
British Columbia	RCF	5 May 2021	People who are fully vaccinated must continue to follow the general advice.	Everyone
Scotland	RCF	19 April 2021	Residents who have not been vaccinated should still be able to receive indoor visitors.	Residents, Visitors

Scotland	RCF	17 February 2021	The lateral flow testing programme, and ongoing need for other IPC and PPE measures, applies to staff who are participating in the vaccination programme.	HCWs
England	RCF	12 April 2021	Visiting a RCF is not subject to the vaccination status of the visitor or the resident.	Residents, Visitors
England	RCF	16 April 2021	No change in PPE recommendations for personal care for HCWs who have tested positive for COVID-19 or if they have had the vaccine.	HCWs

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