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About coronavirus/COVID-19

Frequently asked questions and answers from the Danish Health Authority about coronavirus/COVID-19.

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The Danish Health Authority's website

Read about the phases of the controlled reopening of Danish society

ABOUT NOVEL CORONAVIRUS AND COVID-19

1 What are novel coronavirus and COVID-19?

Coronavirus is a family of viruses that can cause symptoms of a common cold but can also cause more severe respiratory infections.

Severe cases were seen due to infections with the SARS-coronavirus (Severe Acute Respiratory Syndrome), which caused a large disease outbreak in 2003, and the MERS-coronavirus (Middle East Respiratory Syndrome), which has been the cause of severe pulmonary infections on the Arabian peninsula since 2012.

The outbreak with novel coronavirus started in China in December 2019, and spread quickly to neighbouring countries and subsequently to the rest of the world, including Denmark. WHO declared the situation to be a pandemic on 11 March 2020, meaning an epidemic on several continents.

WHO named the disease caused by the novel coronavirus COVID-19 (Corona Virus Disease 2019). The number of new global cases is continuously updated and can be seen on the [European Center for Disease Prevention and Control's pages dedicated to the outbreak](#). You can follow the development in the number of confirmed COVID-19 cases in Denmark here on the [Danish Health Authority's](#) or on [Statens Serum Institut's](#) websites.

How serious is COVID-19?

Most people have only a small risk of becoming seriously ill if they become infected with novel coronavirus, and particularly children and adolescents seem to be less affected and have mild cases of the disease.

Statistics show that approx. 80% have mild symptoms, approx. 15% become seriously ill and require hospitalisation, while approx. 5% require treatment in an intensive care unit. The mortality rate (Case Fatality Rate) in Denmark is approx. 5%. However, the real mortality rate is probably much lower if all infected (Case Infection Rate) are included, i.e. those who are not tested because they have no or mild symptoms.

The vast majority of serious cases are elderly people, especially those over 80 years old, and people with chronic diseases and infirmities. However, it is important to bear in mind that most people recover – including those who suffer from illnesses or conditions that supposedly should put them at higher risk of severe illness from COVID-19.

3 How does novel coronavirus spread and can I be contagious without symptoms?

The novel coronavirus is transmitted through droplet and contact spread:

- **Droplet spread**

The virus spreads from person to person through droplets from the respiratory tract coughed or sneezed out by an infected person. As droplets from the respiratory tract fall to the ground within 1-2 metres droplet spread is prevented by keeping your distance.

- **Contact spread**

Transmission through an infected surface that is touched by an uninfected person, who then touches their nose, eyes or mouth. The risk of contact spread is reduced by maintaining proper hand hygiene, contact-free solutions and thorough cleaning of contact points such as door handles, etc.

Watch our video on how novel coronavirus spreads (in Danish)

The incubation period, i.e. the time between catching the virus and beginning to have symptoms of the disease, is between 1 and 14 days. Those infected can spread the novel coronavirus for several days before their own symptoms start (also known as presymptomatic transmission).

However, the greatest virus contamination seems to occur during the first days with symptoms and the greatest risk of transmission is believed to come from symptomatic people who cough, sneeze, etc.

Since people with no respiratory symptoms only occasionally cough or sneeze, contact spread is the major source of contamination from asymptomatic carriers of COVID-19. During normal conversation, the drop spread from asymptomatic carriers is negligible, but the risk of drop spread is increased when people sing, talk loudly, shout, or sneeze or cough uncontrollably, etc.

4 Can I become infected with novel coronavirus more than once, and can you tell if I've had COVID-19 before?

Tests have been developed that can detect antibodies to novel coronavirus in the blood of people who have previously been infected with COVID-19. The test cannot predict whether you have become immune to COVID-19 since we do not yet know to what extent the antibodies protect you. Research is currently ongoing in this field.

It is also essential to know that the reliability of the test depends on several factors, including how much time has elapsed from becoming ill until you take the test.

There are various antibody tests for novel coronavirus on the market, including:

- tests that require a prick on the finger. The result is ready after 10-15 minutes, e.g. a pregnancy test
- tests that require a 'proper' blood test. The test requires specialised equipment, trained laboratory staff and is usually time-consuming. However, they are more sensitive and specific than tests that require a finger prick.

Due to extremely high demand, manufacturers develop these tests rapidly, and the quality may, therefore, vary quite a lot. The regions and Statens Serum Institut cooperate closely to ensure that the tests we use in Denmark meet our general quality standards.

The tests are currently not available except for research and government monitoring.

Can the novel coronavirus be transmitted via surfaces and food?

The survival time of novel coronavirus on surfaces is still unknown, but for practical purposes, we anticipate a survival time of 48 hours, which may, however, be longer depending on the level of virus, type of surface, temperature, humidity, etc.

However, it is important to bear in mind, that you can't be infected merely by touching objects with virus on them. Infection requires that the virus comes into contact with the mucous membranes in your mouth, nose or eyes.

Therefore, you shouldn't be afraid to touch things, if you maintain proper hand hygiene and are aware of your hands. We recommend that you wash your hands frequently and thoroughly, including when you come home from outside and avoid touching your face when your hands are not clean. Learn more in [Wash your hands often or use hand sanitiser](#).

Handling money can be compared with touching other points of contact in public – like doorknobs, elevator buttons, etc. – which are associated with a risk of contaminating your hands. You should avoid points of contact and consider using contact-free payment wherever possible. The most important thing is to make sure that you maintain proper hand hygiene.

See the Danish Food Administration's questions and answers about novel coronavirus and food here (The site is in Danish).

6 Diagnosis, treatment and vaccination

Novel coronavirus can be detected in a mucous sample collected from the lower respiratory tract if the individual has signs of pneumonia, or by a test taken with a special swab from the throat if the person has upper respiratory symptoms or is asymptomatic. Typically, novel coronaviruses can be detected in the respiratory tract 1-2 days before symptoms develop, sometimes earlier.

Properly performed at the right time during the disease (i.e. in patients with clear upper respiratory symptoms within 5-7 days after the onset of symptoms), it is estimated that 5-10% of the tests will show false negative results – i.e. that the test is negative even though the individual actually has COVID-19. The sensitivity of the test is more uncertain in people with mild symptoms. Below 1% will be false positive results – i.e. the test is positive even though the individual does not have COVID-19.

At this time, we can only treat symptoms of COVID-19, and not the disease itself, and there is no available vaccine to protect against COVID-19.

Pharmaceutical authorities all over the world support clinical research and pharmaceutical companies in their efforts to produce medicine and a vaccine to protect against COVID-19. The Danish Medicines Agency is prepared to approve new treatment or a vaccine as quickly as possible without compromising safety.

The Danish Medicines Authority follows this development closely and continuously updates their list of studies and research about medication for treatment of and vaccines against COVID-19 happening on a global level.

Read more about the development of medicine for COVID-19 on the Danish Medicines Authority's website.
(In Danish)

ABOUT THE OUTBREAK IN DENMARK

What is the status of the outbreak in Denmark?

The first case of COVID-19 in Denmark was detected on 27 February 2020. Immediately thereafter, the pressure of infection increased, but closing down the country resulted in markedly decreasing infection pressure and the epidemic curve deflected.

Based on this positive development, the Government announced on 6 April 2020 that it would commence a controlled reopening in phases of selected sectors in Denmark. You can read more on the reopening on the joint website for the Danish authorities.

Denmark is in the third phase of the controlled reopening and we are slowly moving towards a more normal life. The epidemic is not yet over, but the number of people who are ill has decreased as has the number of people, who are tested positive for new coronavirus. However, we must expect COVID-19 to be a disease that will remain with us in Denmark and other countries for the foreseeable future.

Right now, the infection pressure is low, the number of new cases is low, and the number of patients admitted with COVID-19 is steadily declining. We are in control of the epidemic, and we want this to continue. So far, only a small part of the population has been infected, and we must continue to work to prevent a steep epidemic growth curve at a later date.

Statens Serum Institut monitors the situation, including the infection pressure in Denmark, and frequently publishes status reports as well as reports highlighting selected topics.

The Danish Health Authority frequently publishes status reports on the situation. The latest is [COVID-19 Status i Danmark - Status på 11. Epidemiuge](#) (in Danish).

Furthermore, you can follow the number of confirmed cases in Denmark on the website of [The Danish Health Authority](#) which is updated daily.

2 How is the spread of infection monitored in the Danish population?

Statens Serum Institut collects large amounts of data to monitor the Danish COVID-19 epidemic. Both active and passive surveillance techniques are used.

Passive surveillance includes data on the number of tests, the number of confirmed cases, the geographical and demographic distribution of cases – gender and age distribution, etc. – as well as the number of hospitalised patients, and in intensive care.

Active surveillance includes e.g. so-called "sentinel testing", where several general practitioners throughout the nation are chosen to test on a weekly basis a few patients with mild respiratory symptoms as well as a few patients without respiratory symptoms. This method is recognized and is commonly used for monitoring the flu in Denmark.

The Ministry of Health has launched an internet-based monitoring system: "COVIDmeter" that allows citizens to report weekly whether they have any symptoms. The collected data will assist Statens Serum Institut in keeping tabs on how widespread COVID-19 and other serious, infectious diseases are in Denmark. All citizens can help by reporting to COVIDmeter. You can learn more about COVIDmeter and sign up here (the website is in Danish).

Research on how many people have been infected in the population is carried out by e.g. testing the blood of blood donors for antibodies to COVID-19 as well as sample-focused research studies.

Furthermore, efforts are made to strengthen the monitoring of outbreaks at institutions with particularly vulnerable citizens, such as nursing homes and hostels/shelters.

Data is also collected on the behaviour of the Danes, including the population's knowledge of COVID-19 as well as telecommunication data, transport data, etc., which can say something about the activity in society and how it is affected by the various initiatives.

So far, the number of new admissions to the hospital has been the best indicator of the development of the epidemic. However, on average, approx. 10 - 14 days go by from the time someone is infected, to that person is possibly hospitalised. Therefore, the effect of a gradually controlled reopening of the community will not be seen until a few weeks later. As a consequence, we need for intensified monitoring of the evolution of the epidemic in society, so we can be at the forefront of any changes in the spread of infection.

What are the Danish Health Authority's goals, strategies and responses?

The management of COVID-19 is constantly changing and adjusting, and all health authorities around the world are working at full speed to prevent the spread of infection in the community and to cope with the disease. As the epidemic progresses, we become more aware of the virus and the nature of the disease - and that knowledge must be translated

into recommendations to the population and guidance on how to deal with COVID-19. The effort must be adapted to fit the Danish society, healthcare system and cultural circumstances, and be based on our current knowledge of the disease.

The Danish Health Authority monitors the situation closely and adapts its strategy, recommendations and efforts accordingly.

We must endeavour to limit the infection in our country. We do this by general infection prevention measures and by having a keen focus on detecting, isolating and preventing the disease from spreading to those among us who at higher risk of becoming severely ill from COVID-19.

We hope we can keep the development of the disease under control with the fewest possible consequences for society until such a time when effective treatments and vaccines become a reality.

This is an ongoing process and balancing act in relation to not shutting down society too much, as this in itself can have a number of serious societal consequences, or opening up too much or too quickly so that the spread of infection gets out of control.

You can read more about status and our strategy in the publication: [COVID-19 Status i Danmark – Status på 11. Epidemiuge](#) (in Danish).

4 What is the health authorities' prognosis for the epidemic?

Statens Serum Institut has, in collaboration with a team of experts, developed mathematical models for the COVID-19 epidemic. Based on specific scenarios, these mathematical models can predict the course of the spread of infection in Denmark and the strain on the healthcare system – with and without intervention measures by national authorities, (such as the call to maintain social distancing, etc.).

Based on these predictions, as well as ongoing estimations and risk assessments, it is decided, in close dialogue with regions, municipalities, professionals and other stakeholders, what measures to take.

When you reopen sections of society, there will be an increased risk of the spread of infection, and we will probably see a rise in the number of cases of people infected with the novel coronavirus. Therefore, we must continue to focus on avoiding the spread of infection and preventing too many people from getting sick at the same time. Consequently, we will continue to have an increased focus on maintaining our general advice on self-isolation during illness, proper hygiene and cleaning and on maintaining social distancing in public.

During the controlled reopening of the community, we must monitor the epidemic so that we are at the forefront of the epidemic's development and that we can quickly detect and act as the epidemic develops. The epidemiological surveillance by Statens Serum Institut is therefore absolutely crucial to the prompt response by the authorities, decision-makers and the healthcare system to the epidemic's development. Statens Serum Institut is continuously expanding its monitoring systems as the pandemic progresses and includes both disease surveillance, virus surveillance and monitoring of sickness absence data and contact patterns.

THE DANISH HEALTH AUTHORITY'S FIVE GENERAL PIECES OF ADVICE TO PREVENT THE SPREAD OF INFECTION

What is the best way to prevent the spread of infection?

The most important thing about preventing the spread of infection with COVID-19 is that people with symptoms self-isolate in their homes or are isolated in a hospital. Then, in order of priority, comes hygiene - i.e. coughing into your sleeve, washing your hands or using hand sanitisers, avoiding touching contact points, and cleaning. And in third place keeping physical distance in public spaces, avoiding crowds and using physical barriers when close contact is inevitable.

In order of priority, the key elements in preventing the spread of infection are:

1. isolation of people with symptoms, e.g. in their own home or hospital
2. hygiene, focusing on cough etiquette, hand hygiene and contact points
3. limiting contact, focusing on distance, frequency, duration and physical barriers.

You can learn more about how the infection spreads under 'How does novel coronavirus spread and can I be contagious without symptoms?'

Once we know how novel coronavirus spread, we know how best to protect ourselves and each other against infection.

Watch our video on how novel coronavirus spreads. (In Danish)

The best way you can help prevent the spread of infection is by following our five general recommendations and incorporating them into everything you do, both at home, in public school and in the workplace. Adults should assist children, so they are able to follow the recommendation as closely as possible.

You can read more about our five general recommendations below as well as in Danish in [COVID-19: Forebyggelse af smittespredning](#).

Advice no. 1: Wash your hands often or use hand sanitiser

Proper hand hygiene is the most effective way to prevent contact spread and consequently the spread of disease in society.

Hand washing and hand sanitisers are equally effective. However, hand washing is always recommended if your hands are visibly dirty, wet, after you've gone to the toilet, changed nappies, and before you handle food. The reason behind this is that hand sanitisers only work properly when your hands are dry and not visibly dirty.

If you do not have access to soap and water or hand sanitiser, you can use wet wipes as an alternative, for example in connection with travel. The wet wipes must contain glycerol and have an alcohol concentration of between 70-85% and should be able to keep your skin moist for at least 30 seconds. It is important to moisturise your hands with e.g. hand cream to keep your skin from cracking, prevent dry skin and the development of eczema.

How to wash your hands (the whole process should take about 60 seconds):

- remove any finger rings, bracelets and watches
- wet your hands and wrist before applying soap (preferably in lukewarm, not too hot water) - if you use soap on dry hands it can irritate the skin
- lather your hands and wrists thoroughly with soap
- scrub your hands thoroughly for at least 15 seconds, and lather your fingertips, thumbs, between your fingers, the backs of your hands, your palms and wrists
- rinse off the soap thoroughly
- pat your hands completely dry using a towel/paper towel. We recommend using your own towel or disposable wipes/paper towels
- moisturise your hands with hand cream to prevent your hands drying out due to frequent handwashing.

You can watch a video on how to wash your hands properly [here](#).

Remember to help your children maintain good hand hygiene – in particular how to wash and moisturise their hands properly. Parents and adults should pay particularly close attention to how the individual child reacts to frequent handwashing. Approximately 15-20% of all children have particularly sensitive skin and for some children, hand eczema can develop into a chronic condition. Children should use hand cream after each handwash or as often as possible. We recommend using an unscented, rich moisturising cream (40-70%).

You can watch a video on how children should wash their hands properly [here](#).

How to use hand sanitiser:

- your hands should be dry and not visibly dirty
- apply the sanitiser to the palm of one hand in an amount that can keep your skin moist for approximately 30 seconds

- rub the sanitiser over all the surfaces of your hands, including your fingertips, thumbs, the space between your fingers, the backs of your hands, your palms and wrists
- keep rubbing with sanitiser until your hands are dry.

Antiseptic hand sanitiser products should be ethanol-based with a content of 70-85% alcohol, and 1-3% glycerol to prevent drying of the skin. We advise against making your own hand sanitiser. Homemade sanitisers can be unhealthy to breathe in, can irritate the skin and eyes, is dangerous if swallowed (e.g. by children in the home) and can be flammable. Go to the [Danish Environmental Protection Agency's website](#) to learn more about hand sanitisers and products.

It is safe for children to use hand sanitiser products, but keep them out of reach and only use them when there is an adult on hand to assist/help the child.

Proper hand hygiene is particularly important in the following situations:

- after going to the bathroom
- before cooking
- before eating
- after blowing your nose
- after changing your baby's diaper
- when you come home from work, shopping, etc.

We recommend that you avoid touching your face to prevent the virus from entering your eyes, nose or mouth. And never touch your face with dirty hands. You can read about how the virus spreads under 'How does novel coronavirus spread and can I be contagious without symptoms?'

3 Advice no. 2: Cough or sneeze into your sleeve

Proper cough etiquette prevents droplet spread as well as stops the virus being transmitted from your hands to surfaces and contact points that are touched frequently and by many different people. When the virus lands on a surface, others may touch the site, thus picking up the infection and spreading the disease widely in society.

Thus, we recommend that you:

- cough into a disposable tissue and wash or disinfect your hands afterwards. Or cough into your sleeve
- if you cough into the palm of your hands, you must wash or disinfect your hands afterwards.

You can learn more in Danish in [COVID-19: Forebyggelse af smittespredning](#)

4 Advice no. 4: Avoid handshakes kisses on the cheek and hugs

COVID-19 is transmitted through droplet or contact spread. Droplet spread where tiny droplets from the respiratory tract spread via coughs or sneezes, or contact spread where virus-infected saliva or snot is left on surfaces that are then touched by someone else who then touches their face.

As people without respiratory tract infections only occasionally cough or sneeze, contact spread is the major source of infection from asymptomatic individuals. The same applies to close contact with other people. This is of the reasons why we recommend that you limit physical contact with others – e.g. handshakes, hugs and cuddles – and that you maintain social distancing, even when you have no symptoms.

5 Advice no. 4: Clean thoroughly – at home and in the workplace

The risk of contact spread increases dramatically when you touch contact point and surfaces that are touched by many people – such as door handles, bannisters, light switches, pushbuttons, keyboards, armrests, table edges, toys, tools, utensils, taps, toilets, etc.

It is therefore vital that you clean contact point frequently and thoroughly. Ordinary cleaning – using ordinary methods and cleaning products – is generally sufficient. However, if you wish to be extra careful, you can disinfect surfaces etc. when you've cleaned them.

We generally consider the risk of infection via textiles/clothing to be limited and advice you to follow the washing instructions on the garment. In households where someone is ill from COVID-19, you should wash towels, bed linen and underwear at a minimum of 60 degrees.

You can learn more in Danish in [COVID-19: Forebyggelse af smittespredning](#).

6 Advice no. 5: Keep your distance and ask others to be considerate

Infection via coughs, sneezes, singing, etc. can occur by the spread of droplets in your immediate surroundings. However, the vast majority of these droplets fall to the ground within 1-2 meters, which has formed the basis for our recommendations concerning distance. There is no clear evidence of a specific distance requirement in the public space, and current recommendations vary among international authorities.

Based on an overall assessment of current documentation, international recommendations and experiences, etc. the Danish Health Authority and Statens Serum Institut recommend the following:

- keep at least a 1-metre distance between people in the public space
- however, keep at least a 2-metres distance in situations where there might be an increased risk of droplet spread or where there are special considerations, e.g.:
 - if you are anxious about your own or someone else's respiratory symptoms, e.g. if you are on your way home from work and feel unwell or if you think someone else looks like they have a cold etc.
 - when visiting nursing homes, hospitals, persons at higher risk, etc.
 - during activities involving heavy exhalation where droplets are formed and scattered further away from the person than during normal speech, such as singing, shouting, lectures, plays, physical exertion, etc.
 - during activities in motion e.g. roller coasters
 - when staying in confined spaces with limited room, poor ventilation, etc. – such as basements, shafts, etc.

You can learn more in Danish in [COVID-19: Forebyggelse af smittespredning](#)

7 The reasoning behind the Danish Health Authority's general advice

The Danish Health Authority has continuously updated its advice on the prevention of the spread of infection as new knowledge of COVID-19 has emerged and international recommendations have been updated. Further, we have continuously sought to adapt our recommendations to the advice and risk assessment we have received from experts as well as national and international experience with which initiatives work best and have the most impact.

We consider and assess which measures have the greatest effect on infection prevention, and whether there is a reasonable relationship (proportionality) between the anticipated effect, possible detrimental effects and resource consumption or whether alternative measures may be more appropriate. We also assess whether the proposed recommendations and requirements are sustainable - i.e. whether the measures can be sustained over a long period without adverse costs or effects.

You can learn more in Danish in [COVID-19: Forebyggelse af smittespredning](#).

ON BEING ILL WITH COVID-19 AND ON BEING TESTED

1 How does the disease typically progress?

Symptoms develop between 1 and 14 days from the time of exposure, where the majority develop symptoms after 5-7 days.

Typical symptoms in the beginning, and in mild cases, resemble those of the flu and other upper respiratory tract infections with a fever, dry cough and fatigue. Other early, but less common symptoms, include, e.g. headache, muscle pain, a sore throat, nausea, loss of taste and smell, etc.

In many cases, you will not be able to distinguish mild symptoms of COVID-19 from those caused by the common cold or the flu, which are not caused by COVID-19 but by other viruses. The majority of people with mild symptoms get better within 3 to 7 days and do not need medical attention. Symptoms vary from individual to individual, and experiencing symptoms such as fever is not in itself indicative of whether you have contracted COVID-19 or not. A stuffy or runny nose, with no other symptoms, is not typical of COVID-19.

Gradually, and during the course of a few days – typically 4 to 7 days – some people develop symptoms of pneumonia. Their cough gets worse, their fever rises, and they are experiencing shortness of breath, which may become so severe that they require hospitalisation. However, the majority are released from the hospital after only a few days, but a few need further intensive care and perhaps also ventilator treatment.

Most children with COVID-19 get only mild or no symptoms, which usually go away without causing permanent injury. However, in rare cases, their illness can become more serious. Following reports from abroad about a possible link between COVID-19 infection in children and an increasing number of cases of inflammation (so-called Kawasaki disease and toxic shock syndrome), the Danish Health Authority, Statens Serum Institut and paediatricians in Denmark have launched investigations into whether there is a link. You can read more, including what symptoms to pay attention to, in this Danish news item.

If you have symptoms of COVID-19 learn more under "What should I do if I have symptoms of COVID-19 and should I be tested?"

What should I do if I have symptoms of COVID-19 and should I be tested?

If you have symptoms of COVID-19, you should immediately go into isolation. Stay well away from other members of your household if you remain at home. If you are at work or out and about when you become ill, go home immediately.

Contact your GP for an assessment of whether your symptoms warrant further examination or whether you should be referred directly for testing. Do not show up at the doctor's office or emergency department/A&E but call ahead for an appointment.

You can learn more in Danish in our pamphlet [Til dig, der skal testes for ny coronavirus](#).

If you have symptoms but are in doubt as to whether you are "really" sick, we recommend that you consider yourself sick. If you have mild symptoms and choose not to be tested, we recommend that you behave as if you have COVID-19 and follow the advice in the section below.

If your child has symptoms of COVID-19, even mild symptoms, you should also keep the child at home until 48 hours after the symptoms are gone. You can contact your child's GP to have the child assessed and if necessary, tested. You should also ask your GP if you have any doubts about whether your child's symptoms are consistent with COVID-19 and require you to keep the child at home.

3 What should I do while I wait for the results of my test?

While you wait to hear the results of your test you should stay at home in self-isolation and you should:

- Isolate yourself from the other members of your household as much as you possibly can. This is particularly important if you live with someone who is at higher risk of severe illness from COVID-19
- Avoid physical contact, such as kissing and hugging
- If possible, avoid sleeping in the same bed and spending time together in the same room. Use separate bathrooms if you can, but if you only have one bathroom, you should clean the surfaces yourself – e.g. disinfect the toilet seat, sink and taps – before other members of your household use the facilities.

If someone in your family is infected with novel coronavirus and the other family members are close contacts, it can be challenging to limit the contact. The most crucial point to remember is to limit contact with the infected person and maintain a distance of at least 2 metres. Other members of the household should also limit contact and keep away from each other as much as possible. Pay extra attention to maintaining proper and thorough hygiene and cleaning.

You can learn more under General advice during self-isolation.

If you live with a child, it is, of course, essential to be aware that children need care and attention – including hugs and comfort. This consideration far outweighs the importance of keeping your distance if nobody else is present to care for your child. Continue to care for your child as you usually do, but pay particular attention to proper hygiene and look out for any signs that your child is developing symptoms.

What should I do if I am tested positive for novel coronavirus?

Regardless of whether you have been referred for testing because you have symptoms or whether you are asymptomatic but have been referred for testing for any other reason, e.g. as part of an infection prevention measure, you should do the following:

If you have symptoms

Continue your self-isolation until 48 hours after you are symptom-free. However, you can eliminate your isolation if a loss of taste and smell are the only remaining symptoms as they can linger for a long time, and you are no longer regarded as being infected when they are the only lingering symptoms.

If you have no symptoms

Isolate yourself until 7 days after taking the test. If you experience symptoms during the 7 days, stay home for up to 48 hours after you are symptom-free (except the loss of taste and smell).

Self-isolation entails

- Staying at home
You have to stay home, i.e. within the confines of your own home or property so that you do not risk getting in close physical contact with others. Do not go to work and do not go out shopping, for example. Get others to assist you with shopping, walking the dog and any other chores, so you do not have to go out. If you get goods delivered, have them dropped off at the door. Cancel all visits and talk with people over the phone or via video call instead. In particular, avoid all contact with persons at higher risk of severe illness from COVID-19.
In many areas, there are local initiatives where you can apply for support. Check if there are any in your local area.

You can also contact the Danish Red Cross Corona Support Network on tel. 35 29 96 60 or on their website.

- Limiting contact with those you live with

You should avoid close physical contact with people in your household. It is especially important if you live with someone who is at high risk of severe illness from COVID-19. You must avoid close physical contacts such as kisses and hugs and keep a distance of at least 2 metres. Avoid sleeping in the same bed and spending extended time together in the same room. If possible, stay in your own room. Use separate bathrooms if you can, but if you only have one bathroom, you should clean the surfaces yourself – e.g. disinfect the toilet seat, sink and taps – before other members of your household use the facilities.

In principle, children should follow the same advice as adults, and this includes keeping the child at home. We still recommended limiting physical contact as much as possible; however, you must, of course, provide the care the child needs – including physical proximity and hugs.

If, for any reason, you are unable to comply with the recommendations on self-isolation described above, please contact your GP. Your own doctor can tell you how your municipality can help you with out-of-home isolation if needed.

If you or your child have tested positive for novel coronavirus, it is essential to inform anyone you or your child may have infected, so that they can be tested too. Please see under On contact tracking and close contacts.

5 General advice during self-isolation

If you have tested positive for COVID-19, and while you wait for the results of your test, we recommend that you:

- Focus on proper hygiene

Wash your hands with soap and water frequently, or use hand sanitiser. Soap and water and hand sanitisers are equally effective. However, hand washing is always recommended if your hands are visibly dirty, wet, after you have gone to the toilet, changed nappies, and before you handle food. Hand hygiene is particularly after going to the toilet, before preparing food, and after you have blown your nose. It is essential to moisturise your hands with, e.g. hand cream to keep your skin from cracking, prevent dry skin and the development of eczema.

Avoid touching your face as much as possible. Cough and sneeze into a disposable tissue or your sleeve. Dispose of used tissues in a sealed garbage bag and drop it into the bin yourself.

Do not share towels with others.

- Focus on cleaning

Clean the room(s) you are in daily during your illness. Use regular cleaning products. Regularly clean points of shared points of contact that are touched by the members of the household – door handles, bannisters, light switches, keyboards, mouse, computer, armrest, table edges, toys, tools, taps, toilets, etc. are particularly important. Regular cleaning products are generally sufficient. However, if you wish to be extra careful, you can disinfect surfaces etc. when you have cleaned them.

To avoid infecting others, we recommend that you do the cleaning yourself, including contact points after you have touched them.

Wash towels, bed linen and underwear at a minimum of 60°C.

If you or your child have tested positive for novel coronavirus it is crucial to inform the people whom you or your child might have infected so that they can be tested too – learn more under 'On contact tracking and close contacts'.

It can be difficult to be isolated from the rest of the world, and some people become quite anxious. Read more in Danish in our pamphlet [Til dig, der er testet positiv for ny coronavirus](#).

How should those I live with behave when I am ill at home?

Avoid close contact as much as possible and focus on maintaining a high standard of hygiene in the home – as described above under General advice during self-isolation.

The other members of your household are regarded as being close contacts, and they must, therefore, remain at home and contact their GP immediately to be referred for testing. Learn more about close contacts under the section 'On contact tracking'.

Particularly regarding children

Children from a household where someone is infected with novel coronavirus must not go school/daycare, etc.

If the child is tested because it is regarded as a close contact, he/she must remain at home until the first negative test result comes back. If the child is not tested, it should remain at home until 7 days after the infected person has begun self-isolation. If the child develops symptoms, you should contact your GP and keep the child at home until 48 hours after he/she is symptom-free.

You can learn more about tests and isolation of close contacts in Danish in our pamphlet [Til dig, der er en nær kontakt til en person, der er smittet med ny coronavirus](#).

7 What can I myself do when I am ill?

There is as yet no cure for COVID-19, but there are several things you can do to alleviate your symptoms.

- drink plenty of fluids, particularly if you have a high fever
- muscle aches, headaches and fever can be relieved with paracetamol (i.e. Panodil). For mild aches and pains, including symptoms from viral respiratory tract infections, we recommend that you use paracetamol instead of pain medication like NSAID (i.e. Ibuprofen, also known as Ipren). In the case of fever, paracetamol should be taken regularly to avoid unpleasant fluctuations in temperature. Use medicine for the shortest time possible, in the lowest possible dose, and never take more than the recommended dose. The amount in an over-the-counter package is often enough to see you through an illness
- a sore throat can be soothed by sucking on a throat lozenge or a piece of hard candy
- we don't recommend over-the-counter medicine for dry cough, as it usually has a very limited effect.

If you have symptoms of COVID-19, you can learn more under 'What should I do if I have symptoms of COVID-19 and should I be tested?' in this section.

You should contact your GP if your symptoms worsen, for example, if you develop a high fever, difficulty breathing, pain or discomfort, if the symptoms worsen quickly or over several days, or if the symptoms last for several days without improvement.

It's important to remember that you can always contact your GP as you usually would if you are concerned that you might have symptoms of COVID-19 or other illness. You should telephone your GP if you have symptoms of COVID-19, and you should not show up at the surgery without an appointment.

8 When am I no longer contagious?

You are no longer contagious 48 hours after you are symptoms-free. You must, therefore, stay home until then. You should be completely symptom-free – a loss of smell and taste are exempt as these symptoms may linger for a long time – and you are no longer considered contagious when these are the only remaining symptoms.

Rather stay home a day too much than a day too little. You don't need to be tested again to be given a clean bill of health. It is the absence of symptoms for 48 hours that determines whether you can consider yourself contagious or not.

Can I take a test even though I have no symptoms or am not a close contact of someone who is infected with COVID-19?

You may choose to take a test even though you have no symptoms or are not a close contact of someone infected with novel coronavirus. You can schedule a test online at coronaprover.dk, where you will find everything you need to know in Danish about booking a test, the test itself, test results and what you should do if your test is positive. You may also be

called in for testing as part of government monitoring.

If you have symptoms of COVID-19 or have to be tested because you are a close contact of someone who is ill from novel coronavirus, always consult your GP before you make an appointment for testing. Your GP will refer you for testing, and you can then schedule an appointment at coronaprover.dk.

You can read more in Danish about the Ministry of Health's test strategy on the joint website for the Danish authorities.

ON CONTACT TRACKING AND CLOSE CONTACTS

1 Who needs to know that I am infected and what should I tell them?

When you have tested positive for novel coronavirus, all the people you might have infected must be informed so that they can be tested. It is known as contact tracking, and it aims to reduce the spread of the virus. Your close contacts are at a higher risk of being infected, so they must be tested.

When you get a positive test result at sundhed.dk, you can begin informing your close contacts. If you call your GP for the test results, your GP can also tell you about contact tracking.

If you need or want help to carry out the contact tracking, you – or a relative/loved one – can call the authorities' joint hotline on phone number +45 70 20 02 33. You can also give your doctor consent to contact the authorities' hotline on your behalf. A hotline employee will then call you or your relative/loved one and offer contact tracking assistance.

You can read more in Danish our pamphlet [Til dig, der er testet positiv for ny coronavirus](#).

Who are considered my close contacts?

The following persons are considered your close contacts if you have been in contact during the period during which you were able to infect them (see below):

- People you live with
- People you have had direct physical contact with (e.g. hug)
- People who have had unprotected and direct contact with infectious secretions from you (for example, if you have accidentally coughed or sneezed at them, or if they have touched your used handkerchief, etc.)
- People you have had close "face-to-face" contact with within 1 metre for more than 15 minutes (for example, during a conversation)
- Healthcare professionals and others who have participated in your care and have not used the recommended protective equipment.

If you have adhered to the National Board of Health's general advice on, hygiene, cough etiquette and physical distance, there will be very few people with whom you have been in close contact. Close contacts will be those you live with and with whom you share a bedroom, sofa, hug, etc. on a daily basis. The list will also include those few colleagues and friends with whom you have not been able to adhere to the advice to keep your distance. For example, you may have been in a situation where you have had to be very close to a colleague for a long time. You may also have huddled up a little too close during a nice dinner with your friends.

In most work situations, one would not come into such close physical contact that they would be considered close contacts. The colleagues you work with – in a department, hospital, nursing home or an office – and whom you have not been nearer to than 1 metre for a continuous period of more than 15 minutes, are not considered close contacts.

We do not anticipate that you contact people you do not know, e.g. fellow commuters on the bus, train, etc.

If you live or work in a nursing home, supported residential facility, shelter or another institution and have tested positive for novel coronavirus, we refer you to the Danish Health Authority's guideline [Vejledning om forebyggelse af smitte med COVID-19 på plejecentre, bosteder og andre institutioner](#) (in Danish).

If you work at a school or daycare centre and have tested positive for COVID-19, we are currently preparing guidelines in Danish.

3 During which period should the close contact have taken place?

You must inform the close contacts you have been with from 48 hours before your symptoms started and until 48 hours after your symptoms have ceased.

If you have no symptoms and are tested positive, contact the close contacts you have been with from 48 hours before you did the test to 7 days after you took the test. If you develop COVID-19 symptoms along the way, the period mentioned above applies.

4 What do my close contacts need to know?

Tell your close contacts that you are infected and that they can help reduce the spread of infection by:

- Staying at home and cancelling all visits
- Being especially diligent in complying with the Danish Health Authority's general advice on proper hand hygiene and cough etiquette, limiting physical contact, focusing on cleaning, maintaining social distancing and showing careful consideration to people at higher risk of severe illness from COVID-19
- Paying particular attention to whether they develop symptoms of COVID-19
- Getting in touch with their GP or emergency doctor service/1813 as soon as possible, even if they have no symptoms so they can be referred for testing.

If your close contacts have any doubts about how to act, please refer them to the authorities' joint hotline on telephone number 70 20 02 33.

You might also refer them to the Danish Health Authority's pamphlet [Til dig, der er en nær kontakt til en person, der er smittet med ny coronavirus](#) (in Danish).

Why should close contacts be tested even if they have no symptoms

You typically develop symptoms between 2 and 12 days after you have been infected with novel coronavirus, and most people develop symptoms after 5-7 days. Especially in the days leading up to symptoms, there is an increased risk of infecting others without even being aware of it, which is why we recommend self-isolation and testing from day 4 onwards after you have been exposed to infection. This provides the best possible prevention of the spread of disease. The test helps to determine if your close contacts have been infected and should continue self-isolation.

Read more in Danish about how you should act as a close contact in the pamphlet [Til dig, der er en nær kontakt til en person, der er smittet med ny coronavirus](#).

6 Particularly about children

If your child is tested positive for COVID-19, it is also vital that you inform the child's close contacts so they can be tested too. Close contacts will most often be people in your household. However, it may also be children or employees at childcare/daycare, school, after-school clubs, sports clubs and the like, who have had direct physical contact with your child or played a lot with your child within a metre's distance. With your consent, the management at the childcare/daycare or school can help locate those who have been in close contact with your child and inform them and their parents. Therefore, we recommended that you let the school/daycare/childcare know that your child has tested positive. You can read more in Danish in [Informationsmateriale til forældre](#) and in [Information om forholdsregler ved tilfælde af COVID-19 i skoler, dagtilbud og andre tilbud til børn og unge](#).

You can choose not to test asymptomatic children under the age of 12, as the test may be quite uncomfortable for them. Alternatively, the child may be referred for testing by their GP, the same as adults who are close contacts.

If a child, who is a close contact, is not tested, the child should remain in isolation at home until 7 days after the last close contact occurred. If the child does not develop symptoms of COVID-19 within those 7 days, he/she may return to the school/daycare, etc. Contact your GP if your child develops symptoms and keep the child at home for 48 hours after he/she becomes symptom-free.

PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

1 What is behind the assessment of who is at higher risk

For some diseases and conditions, it is well documented that there is a significantly increased risk of severe illness from COVID-19. For others, it is well documented that there is an increased risk of other types of infections, while there is not as much documentation specific to COVID-19.

For these diseases and conditions, it is believed that they may also entail an increased risk of severe illness from COVID-19. Finally, there are situations where there is no evidence of an increased risk of COVID-19, but where, based on a precautionary principle, it is assumed that there may be an increased risk. Thus, the precautionary principle applied to pregnant women out of consideration for the unborn child.

You can read more in Danish about the basis for the Danish Health Authority's assessment in the publication [Personer med øget risiko ved COVID-19 – Fagligt grundlag](#).

Who is at higher risk of severe illness?

In general, it is important to bear in mind that it is always an individual assessment whether you are at higher risk of severe illness from COVID-19 and that your entire situation has to be taken into account. For example, someone at extreme old age, who concomitantly suffers from multiple and severe chronic diseases, is at higher risk than someone with only mild effects from a chronic disease. There may also be social circumstances that put you at a higher overall risk, such as poor housing etc.

Please talk to your GP or the doctor in charge of your treatment if you are anxious and would like to have your overall risk assessed based on your individual circumstances.

Below is a brief outline of those we deem to be at higher risk of severe illness from COVID-19:

- very elderly people

The risk for the elderly can not be based entirely on age, as it depends largely on how fit and healthy you are and whether you have any chronic diseases. A healthy 75-year-old with no chronic diseases, for example, is less likely to become severely ill than a 62-year-old with cardiovascular disease and diabetes. If you are elderly and in doubt, it is important that you talk to your general practitioner and together make a specific and individual assessment of your situation. It is well documented that the following – which must, however, be considered in the context of the above – are at higher risk of severe illness from COVID-19:

- people over 70 years old and in particular those over 80 years

- people over 65 years old who is also suffering from one or more chronic diseases.

- residents in nursing homes, etc.

Residents in nursing homes/assisted living/residential care are more likely to be at higher risk of becoming seriously ill from COVID-19 due to a combination of advanced years, typically one or more chronic diseases as well as reduced function and activity levels

- overweight people

The risk for obese people should be seen in connection with any other concomitant chronic diseases – such as diabetes or cardiovascular diseases. It is well documented that the following people are at a higher risk of becoming seriously ill from COVID-19:

- severely obese people with a BMI of over 35
- severely obese people with a BMI of over 30 and concomitant chronic disease(s)

- people who suffer from certain illnesses or conditions as well as children with chronic diseases.

[You can see the entire list of people at higher risk in Danish here.](#)

- some children with chronic diseases

Some children with chronic diseases or special conditions may be at higher risk of severe illness from COVID-19. This typically applies to children who were also particularly well cared for, and who had special arrangements with the school or daycare centre, before the COVID-19 epidemic. These children are monitored in the hospital and receive individual assessment and counselling there.

- people of no fixed abode

People of no fixed abode have little or no access to e.g. frequent handwashing and struggle to maintain proper hygiene and have difficulty in keeping physical distance in e.g. shelters for the homeless. The combination of increased risk of infection and chronic diseases in people of no fixed abode put homeless people at a higher risk of severe illness from COVID-19 if they become infected.

- Pregnant women

Pregnant women may be more susceptible to infections. However, when we look at COVID-19, it seems that pregnant women have the same disease pattern as the rest of the population, and pregnant women do not seem to be at higher risk of severe illness from COVID-19. Similarly, there is no evidence to suggest that the unborn child is at a higher risk, nor that there is an increased risk of miscarriage, congenital malformations or any other illness in the unborn child. Some studies have found that some women admitted to hospital with COVID-19 in the third trimester have had to undergo an unplanned caesarean section prematurely, and that their baby was therefore born before term with the usual risks associated with premature birth. Therefore, based on consideration for the unborn child, but also for the pregnant woman, the Danish Health Authority regards pregnant women as a risk group in relation to COVID-19.

For more information on being at higher risk, please see the sections below and the website of [The Danish Health Authority](#).

Some people are so familiar with their illness or condition that they can determine whether they are at higher risk based on the Danish Health Authority's professional assessment. Others may need to discuss with their GP or treating physician if they are at increased risk. In such cases, the doctor can provide a concrete and individual assessment of the individual and their overall situation as to whether the individual is at higher risk.

What should I do if I am at higher risk of severe illness?

Novel coronavirus is a new virus, but COVID-19 is not fundamentally different from many other infectious diseases that cause respiratory infections. Therefore, if you are at a higher risk of severe illness, you should take the usual precautions against infections, and follow any advice from your physician. This means that whatever you could do before the COVID-19 epidemic – e.g. go to work or look after your grandchildren – you can also to a large extent do now if you follow the precautionary advice below.

If, before the COVID-19 epidemic, you took special precautions on the advice of your physician, e.g. in certain circumstances when your immune system was reduced or in diseases such as cystic fibrosis, please continue to follow your physician's advice.

There will be a few people at higher risk, who, based on an individual assessment by their physician, will need to take more far-reaching precautions. [Learn more in Danish in Håndtering af COVID-19: Anbefalinger til personer i øget risiko ved COVID-19.](#)

Our recommendations for people at higher risk are:

Prevent contact spread – maintain a high level of hygiene

- be particularly vigilant with hand hygiene when you have touched typical contact points in the public space such as door handles, elevator buttons, Dankort terminals, ATMs/cash machines, handles in busses, armrests on chairs in restaurants and cafés, etc.
- avoid touching your nose, mouth and eyes if your hands are not clean, as the virus typically spreads from your hands to the mucous membranes of your nose, mouth and eyes – but not through your skin
- be particularly vigilant with hygiene and cleaning in your home. Use regular methods and cleaning products, but clean often and thoroughly
- speak candidly to your loved ones about their friends and the circles they move in, so you can assess whether it is safe for you to give them a hug.
- you can hug your loved ones – e.g. partner, children and grandchildren, but avoid handshakes, kisses on the cheek and hugs to anyone else but your nearest and dearest.

Prevent droplet spread – keep your distance

- try to keep your distance – consider going to places where you know there will not be too many people or during times when there are fewer people about
- ask others to show consideration by keeping their distance
- avoid particularly long-lasting face-to-face contact for more than 15 minutes or frequent, short face-to-face contacts.

Limit situations where you might be exposed to infection

- avoid social interaction with people who have symptoms that might be caused by COVID-19, this includes children and grandchildren
- avoid crowded places where many people are gathered, e.g. public transport during rush hour. Do your shopping where and when there are fewest people in the shops
- weigh the pros and cons of participating in social events and leisure activities carefully against the risk of infection. Ask for the activity/event to be carried out in the most responsible way (see the next section).

These recommendations are targeted anyone who are at higher risk of severe illness from COVID-19, including people whose risk is based solely on the principle of precaution. The older you are and/or the more or severe chronic diseases you have, the more aware you should be of adhering to the recommendations.

If you are unsure of how you should act in your particular situation, please contact your GP or the physician who usually treats you.

Below you can read about how you should handle social events, work, etc. if you are someone at higher risk of severe illness from COVID-19.

I am at higher risk of severe illness – can I see my friends and participate in social events?

Social interaction with family, friends, colleagues and neighbours are of great importance to our mental health and quality of life. As a rule, persons at higher risk of severe illness with COVID-19 can participate in social events at e.g. work if everyone adheres to the general advice from the Danish Health Authority, and the person at risk follows this advice on increased social distancing and hygiene:

Extra good hygiene

- provide easy access to a wash basin with water and liquid soap, and hand sanitisers, if required, as well as access to disposable towels.

- maintain proper hand hygiene - wash your hands upon arrival and before you go home, and possibly several times during the day depending on the activity
- make sure your environment is cleaned daily and regularly, and that surfaces such as tables and chair are disinfected if possible, including contact points such as toilets, door handles, and light switches
- avoid buffets or the like where you all use the same serving spoon, etc. If you buy food in a cafeteria, your best option is to buy portioned and/or wrapped food or to bring a packed lunch from home
- use your own tools and appliances, e.g. phone and tablet, water bottle - clean them often and do not share with others
- change your clothes and wash them when you get home if you have been in contact with many people. Follow the washing instructions on the label..

Limit possible exposure to infection

- do not interact with people who have symptoms that could be COVID-19
- choose a small circle of people you can see privately – one or a few people at a time – and familiarise yourself with their contact patterns and make an assessment as to whether this poses a risk to you. Maintain proper hand hygiene and distance between you when you are together
- organise activities and social events outside. This reduces the risk of infection and makes it easier to keep your distance
- avoid places with many people, e.g. public transport during rush hour
- if the event is held indoors, make sure the layout of the room allows you to keep the recommended distance and reduce the number of common contact points.

Physical barriers

In situations where face-to-face contact within 2 metres cannot be avoided, you can use physical barriers to protect against drop spread. Learn more in Danish in [Håndtering af COVID-19: Anbefalinger til personer i øget risiko](#).

5 I am a person at higher risk – can I go to work?

The Danish Health Authority assesses that people at higher risk of serious illness from COVID-19 do not, as a rule, need to be relocated or work from home, even if they come into contact with a lot of people on a daily basis. The vast majority of people at higher risk can participate in social events and go to work if they adhere to the special precautions, including increased hygiene and distance, as described above.

The employer is responsible for ensuring that the working environment is safe, including that employees are informed about possible sources of infection, e.g. contact points, and that it is possible at the workplace to take significant measures to reduce the risk of disease. In work situations where the Danish Health Authority recommends the use of protective equipment, the employer must make these available.

Individuals at higher risk, possibly determined by their GP or by a treating physician in hospital following a specific, individual assessment, may need special measures at their workplace. Learn more in Danish in the Danish Health Authority's publication [Håndtering af COVID-19: Anbefalinger til personer i øget risiko](#).

People at higher risk employed in the healthcare, eldercare or social sectors should not perform tasks or functions where they participate in the care or treatment of and have close contact with citizens or patients - either suspected of being infected with COVID-19 based on typical and characteristic symptoms or with confirmed cases of COVID-19. In such cases, the employee at higher risk should be reassigned to another task or function. Any hindrances to relocating the employee to another job or function must be solved locally and must not constitute an obstacle to the reassignment of the employee.

Based on an extended precautionary principle focusing on the unborn child, pregnant employees who work in the healthcare, eldercare or social sectors, or with children aged 0-6 years, and who come into close contact with patients, citizens or children while treating or caring for them must from week 28 onwards be reassigned to work away from the public. If it is not possible to reassign the employee to work away from the public – e.g. with telephone consultations, etc. – and working from home is not a viable option, then the pregnant employee must be granted a leave of absence.

Learn more in Danish in the Danish Health Authority's publication [Håndtering af COVID-19: Anbefalinger til personer i øget risiko](#).

I am a person at higher risk and have become ill – what should I do?

If you have a pre-existing disease or condition that might cause you to become severely ill from COVID-19 and have developed symptoms of an upper respiratory tract infection – such as a sore throat, general malaise, muscle pains, cough and/or fever– you should call your GP for an assessment and referral for a COVID-19 test. You should call even if you only have mild symptoms.

See also under What should I do if I have symptoms of COVID-19 and should I be tested?

7 I am at higher risk – how anxious should I be and to what extent should I limit my activities?

Most people with COVID-19 experience only transient and mild respiratory symptoms. This is true even of people whose diseases and conditions place them in the categories we consider to be at higher risk of severe illness from COVID-19. In general, it is important to bear in mind that it is always an individual assessment whether you are at higher risk of severe illness from COVID-19 or not and that your entire situation has to be taken into account. For example, someone at extreme old age who concomitantly suffers from multiple and severe chronic diseases is at higher risk than someone with only mild effects from a chronic disease. There may also be social circumstances that put you at a higher overall risk, such as poor housing etc.

If they adhere to our guidelines in the previous sections to minimise the risk of infection, the vast majority of people at higher risk can continue doing the same activities as they did before the epidemic. Above anything else, it is important to balance one's quality of life against the limitations to one's life imposed by the protective measures.

For example, people at higher risk, who are in the latter part of their lives, often want to make the most of the time they have left with their relatives/loved ones. In this case, quality of life might far outweigh the risk of infection.

One of my relatives/loved ones is at higher risk - how should I conduct myself?

As a relative/loved one of someone at higher risk of severe illness from COVID-19, it is perfectly natural to be worried.

But keep in mind that the risk of infecting others is quite small if you are asymptomatic and that the virus primarily spreads through contact spread – e.g. by touching contact points such as door handles, etc. In general, we recommend that you take extra care in complying with our general advice on limiting the spread of infection and that you:

- maintain proper hand hygiene and e.g. wash your hands thoroughly when you come home (from work, shopping, etc.)
- make sure your relative/loved one is also particularly vigilant with maintaining proper hand hygiene
- pay particular attention to hygiene and cleaning in the home
- if your work involves close physical contact with other people, and you are at risk of having secretions from sneezing or coughing on your clothing, we recommend that you change your clothes and wash them as soon as you get home – even before you greet your relative/loved one
- children can also spread the infection and we recommend that you assist your children in following the general advice on hygiene to limit the spread of infection
- Keep a close eye out for symptoms that could be indicative of COVID-19

If you develop symptoms of upper respiratory infection, you should isolate yourself from your relatives/loved ones and call your GP for assessment and referral for a COVID-19 test. The same also applies to only mild symptoms. Bear in mind that the risk of infecting others is quite small if you are asymptomatic and that the virus primarily spreads through touching e.g. contact points such as door handles, etc.

If you live with someone who is at higher risk of severe illness from COVID-19, you can interact socially with other people, e.g. go to work or attend school/daycare/childcare. The same applies if you work in the healthcare, eldercare or social sectors or in other sectors where you might come into close physical contact with other people.

The Danish Health Authority is of the opinion that employees in the healthcare, eldercare or social sectors who live with someone at higher risk of severe illness – e.g. a partner or a child – should not perform tasks or functions in which they participate in the care or treatment of – and have close contact with – a citizen or patient suspected of being infected with COVID-19, based on typical and characteristic symptoms, or with confirmed COVID-19-cases. If the work situation in this

context cannot be assured in a satisfactory way, for example by avoiding close contact, nursing, care or treatment tasks, the employee must be reassigned to another job or function.

You can read more in Danish in [Håndtering af COVID-19: Anbefalinger til personer i øget risiko](#).

SPECIAL INFORMATION FOR PREGNANT WOMEN AND NEWBORNS

1 Am I at risk of severe illness?

Currently, there is nothing to suggest that pregnant women are particularly at risk of severe illness from COVID-19, that there is a risk of spreading the infection from mother to foetus, or that foetuses are particularly vulnerable. However, it has been documented that some women admitted to hospital with COVID-19 in the third trimester have had to undergo an unplanned caesarean section prematurely, and that their baby was therefore born before term with the usual risks associated with premature birth. The Danish Health Authority is following the situation closely with the relevant experts.

Novel coronavirus is a new virus, which is why pregnant women are regarded as a risk group, based on a principle of caution. This is because we know that pregnant women may be more susceptible to infections that cause upper respiratory infections, like the flu. Therefore, we recommend the same precautions as described above in the section People at higher risk of severe illness from COVID-19.

Based on an extended precautionary principle focusing on the unborn child, pregnant employees who work in the healthcare, eldercare or social sectors, or with children aged 0-6 years, and who come into close contact with patients, citizens or children while treating or caring for them must from week 28 onwards be reassigned to work away from the public – e.g. with telephone consultations, etc. – and working from home is not a viable option, then the pregnant employee must be granted a leave of absence. Learn more in Danish in [Håndtering af COVID-19: Anbefalinger til personer i øget risiko](#).

At the present time, there is nothing to suggest that babies are at risk for severe illness, and babies are not considered to be at risk unless the newborn is sick and requires admission to a neonatal ward.

You can also read more in the Danish Health Authority's [collected material for pregnant women here](#). (In Danish). And find facts and figures on COVID-19 in pregnant women in this report by [Statens Serum Institut](#) (in Danish):

The Danish Health Authority has also written a note about pregnant and birthing women as well as their partners and newborns for health professionals (In Danish)

What if I get sick?

You can read about symptoms, how to react if you get sick, as well as other general advice in the section 'On being ill with COVID-19 and on being tested'. You can be referred for testing by your GP even if you only have mild symptoms of a respiratory tract infection.

There is no evidence to suggest that COVID-19 affects unborn children if the mother is infected during pregnancy.

You can read more about the consequences for check-ups, labour and delivery, and breastfeeding below.

3 What about my check-ups and screenings?

It is recommended that all pregnancy check-ups and consultations are carried out as usual.

You may experience that your birthing place or your doctor have changed some procedures to minimize the spread of infection, so that some consultations may be done by video or over the telephone, if your healthcare provider finds it justifiable.

You should consider attending consultations without relatives. Remember that loved ones/relatives with symptoms must not come to the hospital or doctor's office.

If you as a pregnant woman have symptoms of COVID-19, your visit should, if possible, be postponed until 48 hours after the symptoms have gone away. You should inform your healthcare provider so they can evaluate whether or not your visit can be postponed.

During the COVID-19 epidemic, health visitors will continue visiting you at home after the birth of your child.

4 What about labour and delivery?

If you, your partner, or anyone else in the household have symptoms that could be caused by COVID-19, call the maternity ward and ask them what you should do.

For pregnant women without symptoms, delivery can proceed as usual. However, all women in labour must be tested upon being admitted to the hospital to guard against the spread of infection in the hospital – among staff as well as hospitalised patients. The procedure is that all women in labour will be tested upon arrival in the maternity ward so the staff can take the necessary infection prevention measures during the delivery.

If your asymptomatic partner or a relative/loved is to attend the birth, he/she will not be tested. If your partner or relative/loved one is a suspected or confirmed case of COVID-19, he/she must remain at home until at least 48 hours after becoming symptom-free. Instead, you can bring another healthy relative. If your partner or relative/loved one has mild symptoms but is tested negative, he/she will be allowed to be present at the birth of your child.

It is not recommended that the mother and baby are separated, even if the mother has COVID-19 unless the newborn is sick and needs to be admitted to a neonatal department. This is because, even though the mother can infect the newborn through droplets, separation can have many negative effects on the newborn, and it doesn't appear that newborns are at special risk for severe illness.

Mothers with COVID-19 will receive information and advice from healthcare personnel about special rules for nursing, etc. We recommend that families with newborns where the mother or other family members have COVID-19 are particularly aware of symptoms in the newborn. Families have access to direct telephone contact to the labour and delivery ward the first 3 weeks after being discharged, after which contact should be directed to the general practitioner.

The Danish Health Authority has issued a guideline for healthcare professionals on pregnant and birthing women as well as partner and the newborn child. [Follow the link](#) to learn more in Danish.

May I give birth at home if I have symptoms of COVID-19?

Home births should not take place in homes where either the pregnant women or members of the household are suspected or confirmed COVID-19 cases.

6 May I breastfeed if I have COVID-19?

Novel coronavirus has not been found in the breastmilk of women with COVID-19 at the time of birth, and it is therefore recommended that mothers breastfeed their babies if they are able to and wish to do so.

It is recommended that nursing mothers follow our general hygiene advice in order to limit the risk of spreading COVID-19. If the mother has COVID-19, we recommend the following additional measures:

- wash your hands with water and soap before you touch your baby, breast pump or bottles
- wash your breast with water and soap before nursing
- use a mouth mask when you are in close contact with your baby, including while nursing
- if you use a machine for pumping, you should follow the recommendations for cleaning the pump after every use

7 Can people visit me at home after the baby is born if everyone is healthy?

There is no indication that healthy newborns are at a higher risk of becoming seriously ill if they are infected with COVID-19. Therefore, if no one in the household has COVID-19, it is not necessary for the family to self-isolate after the birth of their child to prevent infection.

You can find more advice on visitors to your visits under the section The Danish Health Authority's five general pieces of advice to prevent the spread of infection.

FOR PERSONNEL IN THE HEALTHCARE, ELDERCARE AND SOCIAL SECTORS

1 How should we handle COVID-19 in the healthcare, eldercare and social sector?

You can read about the handling of COVID-19 in the Danish Health Authority's guidelines "[Retningslinjer for håndtering af COVID-19 i sundhedsvæsenet](#)" (in Danish).

The Danish Health Authority has also published several documents, pamphlets, guidelines, etc. for employees in the healthcare, eldercare and social sectors. [Read them in Danish here.](#)

Statens Serum Institut has prepared [detailed infectious hygiene guidelines in Danish for parts of the health and care sector as well as a collection of frequently asked questions regarding the prevention of COVID-19](#) (in Danish).

Please call the [Danish Patient Safety Authority's hotline](#) if you have any questions on dealing with infected or suspected infected persons, on what to do if staff or citizens show symptoms of having contracted COVID-19, or if you are a GP and need information on how to assist positive COVID-19-cases with close contact tracking, etc. Please note that the hotline is only for professional personnel in the healthcare, eldercare and social services.

If you have any questions relating to how the health authorities' recommendations for novel coronavirus are executed in the social sector, please go to the [National Board of Social Services' website](#) or [call their hotline](#).

I have symptoms that could be COVID-19 - how should I conduct myself?

As an employee in the healthcare, eldercare and social sectors, you have to be particularly vigilant, pay special attention to symptoms, and go home if you develop symptoms that might suggest COVID-19. Employers also have a special obligation to send any employee home who shows signs of having contracted COVID-19.

You can return to work when you have been symptom-free for 48 hours.

Employees in the healthcare, eldercare or in the social sector who work with particularly vulnerable social groups, and who have mild respiratory symptoms compatible with COVID-19, can go directly for testing in a regional COVID-19 clinic if they have cleared it with their immediate manager or his/her supervisor. If the test is negative, the employee can return to work. If the test is positive, the employee should follow the guidelines for those who are ill – including self-isolation at home until 48 hours after the person is symptom-free. Learn more in Danish in the guidelines of the Danish Health Authority's publication [Håndtering af COVID-19 i sundhedsvæsenet](#).

Learn more on the testing of staff at the regions' websites:

Capital Region of Denmark

Central Denmark Region

North Denmark Region

Region Zealand

Region of Southern Denmark

We do not recommend that you use the results of a test taken after the symptoms have ceased as the basis for notification of fitness to resume work, as a test show a positive result for a long time after the symptoms have ceased, without the person being contagious.

3 I am a person at higher risk of severe illness – what should I do?

The Danish Health Authority does not deem it necessary for people at higher risk to be automatically reassigned to other functions or allowed to work from home, even though they come into contact with many people during the workday. You can learn more in the section People at higher risk of severe illness from COVID-19.

People at higher risk employed in the healthcare, eldercare or social sectors should not perform tasks or functions where they participate in the care or treatment of and have close contact with citizens or patients - either suspected of being infected with COVID-19 based on typical and characteristic symptoms or with confirmed cases of COVID-19. In such cases, the employee at higher risk should be reassigned to another task or function. Any hindrances to relocating the employee to another job or function must be solved locally and must not constitute an obstacle to the reassignment of the employee.

Based on an extended precautionary principle focusing on the unborn child, pregnant employees who work in the healthcare, eldercare or social sectors, or with children aged 0-6 years, and who come into close contact with patients, citizens or children while treating or caring for them must from week 28 onwards be reassigned to work away from the public. If it is not possible to reassign the employee to work away from the public – e.g. with telephone consultations, etc. – and working from home is not a viable option, then the pregnant employee must be granted a leave of absence.

Learn more in Danish in [Håndtering af COVID-19: Anbefalinger til personer i øget risiko](#).

FOR PERSONNEL IN OTHER SECTORS

On the Danish Health Authority's recommendations to other sectors

As part of the gradual and controlled reopening of the Danish society, we reopen daycare, schools, liberal professions, retail, restaurants, cafés, etc. at various stages.

Read more about the reopening and the different phases

A gradual reopening of society requires an increased awareness of - and demands for - local infection prevention measures.

The Danish Health Authority cannot provide comprehensive and detailed instructions for all sections, sectors and professions, but by using several examples, we have tried to make the general recommendations actionable. Recommendations should be adapted to your particular situation and risk assessment, including special circumstances where the precautionary principle should be followed.

You can read more in Danish in [COVID-19: Forebyggelse af smittespredning](#).

The Danish Patient Safety Authority, the Ministry of Industry, Business and Financial Affairs, and the Ministry of Employment have joined forces to draw up guidelines for e.g. retail, liberal services, restaurants and cafés, which you can access in Danish on the Ministry of Employment's website.

Furthermore, The Danish Patient Safety Authority and the Danish Working Environment Authority have published guidelines for e.g. liberal service professions on the prevention of the spread of COVID-19, which you can find in Danish on the Danish Working Environment Authority's website.

The Ministry of Children and Education has also prepared numerous guidelines on the reopening of child/daycare, schools, efterskoler (i.e. independent residential schools for students between 14 and 18 years old), etc., which you can find in Danish on their website. The Ministry of Culture has also prepared a number of guidelines for cultural institutions, sports clubs and associations, etc. which you can find on their website in Danish.

2 I am an employer – are there any special precautions I should take concerning my employees?

We recommend that you comply with the Danish Health Authority's five general pieces of advice to prevent the spread of infection – e.g. hand hygiene, cleaning, and social distancing – and incorporate them into everything you do, including in the workplace. Learn more in Danish in [COVID-19: Forebyggelse af smittespredning](#).

If you have symptoms of illness, stay home and follow the advice in the section On being ill with COVID-19 and on being tested.

It is the employer's responsibility to ensure that the working environment is safe. Among other things, the employer must provide easy access to hand hygiene, design the workplace to limit the risk of infection, e.g. by ensuring that employees can maintain proper distancing during meetings, and consider putting up physical barriers in situations where close contact cannot be avoided, for example when serving customers.

You can learn more in On the Danish Health Authority's recommendations to other sectors above and in Danish in [COVID-19: Forebyggelse af smittespredning](#).

Individuals at higher risk, possibly determined by their GP or by a treating physician in hospital following a specific, individual assessment, may need special measures at their workplace. Learn more in Danish in [Håndtering af COVID-19: Anbefalinger til personer i øget risiko](#).

Furthermore, you can see [The Danish Health Authority's collected material to personnel in other sectors in Danish](#) here.

OTHER QUESTIONS

1 What should I do if I am travelling to or from Denmark?

For information on what you should do if you travel to or from Denmark, please go to the [Danish Foreign Ministry's website](#) and the page [If you are travelling to or from Denmark](#) before you decide to travel.

Questions and answers on travelling to and from Denmark

Advice about mental health

It can be a challenge for many people, that much of the framework in our society is changed during the COVID-19 epidemic. This can affect our quality of life and how well we thrive.

The Danish Health Authority has written a collection of good advice about what you can do to maintain and strengthen

your mental health and well-being:

- maintain your usual daily rhythm and get enough sleep
The less sleep you get, the more likely you will be to worry and be anxious
- eat a healthy, varied diet
This will ensure that you have the energy for daily challenges
- keep physically active
Physical activity can be many things, including gardening or gymnastics in your living room. Make it a priority to get outside, be active and get fresh air every day. Daylight also lifts your spirit
- keep mentally active
keep your brain active by doing different kinds of activities. Read, play a game, write in a journal, listen to music or do something creative
- create structure to your day
Make a plan or schedule with activities for the day or week, and establish routines. If you are working at home, try to work during the same time period you usually do
- remember that you are making a difference
Hold on to the thought that by maintaining social distancing, you are actively contributing to the effort to look out for vulnerable citizens and ensuring that Denmark can more quickly get the epidemic under control. Be aware of how you can support and help others in your daily life.
- keep in touch with the outside world – do something together at a distance
Call your family and friends, talk over video and use social media
- accept that this crisis can be a burden for your loved ones
This unexpected situation can put pressure on your relationships with those you are together with more than usual. Be understanding with yourself and others, if you sometimes lose patience
- relax and take a break from your worries
Limit the amount of news you watch or read. Chose reliable sources for news
- don't blame yourself or others for being infected with COVID-19
Remember that the disease is caused by a virus, not by people
- take care of yourself

Try to avoid habits like irregular sleep, too much alcohol or smoking. Make it a priority to do good things for yourself. When you take care of yourself, you are better able to take care of others.

Read more about mental health in the Danish Health Authority's pamphlet (In Danish)

If you need to talk to somebody, you can contact [Psykiatrifonden](#). Contacts and inquiries made to Psykiatrifonden come both from people who experience general worries and anxiety about infection and spreading infection, and from people who experience that isolation and a limited social life affect their mental health. Some contacts come from people who have a mental illness or other forms of vulnerability, and experience that treatment, home visits, etc. have been changed, where the consequence is a worsening of their symptoms. See also below in "Advice for those who are psychologically vulnerable or is a relative/loved one of someone who is psychologically vulnerable".

It is only natural that the COVID-19 epidemic gives rise to concern that either you or someone else can become infected and possibly seriously ill. But for some, worrying can take hold and turn into such overwhelming anxiety that it affects their wellbeing. This condition is known as health anxiety, and you can learn more about it [here](#) (in Danish).

Particularly regarding children

Children can have many questions about novel coronavirus, especially with the wide media coverage and the sudden changes to everyday life.

If children don't have things put into perspective and talk about any fears they may have, they can end up carrying many

worries with them.

The Danish Health Authority and Børns Vilkår have produced two videos for parents and children that can help children find answers to their questions as well as help prepare parents to talk to their children about it. The first film is aimed at school children ages 6-15 and answers questions about novel coronavirus. The second film is aimed at adults and gives good advice about how to talk to children about novel coronavirus, including:

- listening to the children's concerns
- talking to the children about what the facts are
- talking to the children about what they see on the news
- asking the children if they feel they got their questions answered

Watch the films for children and parents here (both are in Danish)

The organization Børn, Unge og Sorg has also founded a hotline for children, youths and parents, who may need to talk to a psychologist. It can be a good idea to talk with a psychologist if a child or youth is vulnerable, for instance has anxiety or has a family with difficulties, perhaps because of serious illness, and therefore particularly worried about the current situation. You can read more [on their website](#) (The site is in Danish).

3 Advice for those who are psychologically vulnerable or is a relative/loved one of someone who is psychologically vulnerable

The containment measures taken by Denmark to reduce the spread of COVID-19 have a profound impact on our daily life. But for those who are psychologically vulnerable, and are already struggling with feelings such as trauma, sadness and worries, this is a particularly difficult time and some may experience a worsening of their symptoms.

The precautionary measures to prevent the spread of novel coronavirus may mean that relatives/loved ones are prevented from coming to see you. And the help and support you are used to getting have perhaps been put on hold or changed to contact over the phone or internet. It can be a difficult situation if you are mentally vulnerable or the relative/loved one of someone who is psychologically vulnerable.

We recommend that you do not hold back from contacting the psychiatric emergency services if you are in need of psychiatric help.

And bear in mind that you can always call your doctor for help and advice. Your doctor knows you and can determine if your condition requires further assessment.

If you are psychologically vulnerable, a relative/loved one of someone who is psychologically vulnerable, or if you are a professional working in this field, you can get further information and advice [by reading this publication](#) in Danish.

[This pamphlet](#) contains advice in Danish for families with children and adolescents who are exhibiting psychological vulnerability during the COVID-19 epidemic.

If you are in crisis, have thoughts of suicide and need urgent, psychiatric help, please call the psychiatric emergency department in your region. Contact information can be found by clicking on the map on this website.

If you need to talk to someone about your suicidal thoughts, you can contact Livslinens (the Lifeline's) counsellors by:

- calling the helpline on tel. 70 201 201, open daily from 11 a.m. – 4 a.m.
- sending an email via skrivdet.dk You can expect a reply within 1-3 days
- chatting to a counsellor, the chat is open Mondays and Thursdays from 5 p.m. to 9 p.m. and Saturdays from 1 p.m. to 5 p.m.

Furthermore, the regional suicide prevention centres offer individual psychological counselling if you have not previously been diagnosed with a psychiatric disorder or is not currently undergoing treatment for a mental disorder. Your own doctor can refer you, but some regions will allow you to contact them without a referral from your doctor. You can find your regional suicide prevention centres and clinics [here](#) (In Danish).

Should I be wearing a mouth or a face mask in public if I am healthy?

The Danish Health Authority does not encourage healthy individuals who go about their daily business to wear mouth or face masks as is uncertain that they have any effect on virus transmission.

In Denmark, the infection pressure is low, and we are good at following the general advice about staying home at signs of illness, and maintaining proper hand hygiene and social distancing, which are the best ways to prevent the spread of infection. People who are out in public will, therefore, not generally find themselves in situations where there is a risk of drop spread, i.e. be exposed to sick people who cough and release large drops from the respiratory tract that hit other people's mucous membranes in the mouth, nose and eyes.

Furthermore, mouth or face masks can cause more harm than good. For one thing, you have to know how to use a mask correctly and how to dispose of it responsibly. Incorrect use of a mouth or face mask can increase the risk of your hands being contaminated with the virus when you, e.g. remove or correct the mouth/face mask, thereby increasing the risk of contact spread. To be effective, it has to cover your mouth and your nose, and you have to dispose of it properly. If you use ordinary, simple paper masks, and do not change the mask frequently, you run the risk of the mask becoming too wet, rendering it ineffective. Wearing a mask may, therefore, lull you into a false sense of security. We also do not recommend that you attempt to either sew or fabricate your own mask.

People who wear mouth or face masks may also be more tempted to disregard the guidelines by, e.g. leaving their homes even if they have symptoms or be less aware of maintaining the proper distancing. Wearing a mouth or face mask can thus lull you into a false sense of security. We also do not recommend that you attempt to sew or fabricate your own mask. At best, fabric mouth or face mask protect you far less than a surgical mask, and will at worst increase the risk of infection.

Your best course of action to avoid being infected is to follow our general advice to the public, which you can read in the section The Danish Health Authority's five general pieces to prevent the spread of infection.

We are continuously adjusting our recommendations to align with the latest knowledge in this area and with the development of the epidemic. During a transitional period with increased infection pressure, and based on the precautionary principle, you might consider using a mouth or face mask in certain situations, such as prolonged or frequent close face-to-face contacts with customers/clients, etc.

You might also consider using a mouth or face mask if you are a person at higher risk of severe illness from COVID-19 and cannot avoid situations where you get very close to others, for example, if you have to take public transport during rush hour.

To achieve a beneficial effect from wearing mouth or face masks in public, it is imperative that you:

- use it correctly
- that you adhere to all other recommendations on the prevention of the spread of infection – including maintaining proper hand hygiene, keep your distance, and that you stay home if you have any symptoms.

[Our poster explains how to use mouth or face masks correctly](#) (in Danish).

You can read more in Danish about using mouth or face masks or other barriers in [Forebyggelse af smittespredning](#) and in [Anbefalinger til personer i øget risiko](#).

5 What about sex. Should I take special precautions during the COVID-19 epidemic?

Having sex is a basic human need that can be good for your mental health in difficult times. 

You can enjoy sex during the COVID-19 epidemic as long as you remember to look after yourself and others. Novel coronavirus infects via droplets and secretions from the respiratory tract, which are transmitted by close contact, such as kisses. There are no indications that novel coronavirus is transmitted via semen or blood, but the virus has been detected in faeces.

You can protect yourself and others by following these tips:

- have sex with your regular partner, or with as few partners as possible
- only have sex if both parties are healthy
- maintain proper hygiene and remember to wash your hands (and any sex toys) with soap and water, before and after sex and masturbation
- avoid kissing and hugging someone outside your immediate circle
- adhere to our general advice.

How can I tell whether my symptoms are due to pollen allergies/hay fever or COVID-19?

Both COVID-19 and pollen allergy can cause mild cold symptoms, and if you have hay fever, it may be difficult to assess whether the symptoms are caused by allergies or the onset of mild COVID-19 symptoms.

We recommend that you stay at home if you experience mild symptoms such as a stuffy nose, coughing or a sore throat. Be vigilant with your hay fever treatment and take your medication as prescribed. If your symptoms do not worsen, the medication helps, and your symptoms are consistent with your usual symptoms, then your symptoms are most likely due to allergies and you do not need to stay home. If new symptoms occur that you do not normally experience with your allergy, or if you have a fever, you should stay home until 48 hours after you have recovered. You can also contact your general practitioner if you want to be tested for COVID-19.

However, bear in mind that you may be affected by hay fever and COVID-19 at the same time. Stay home if you are in

doubt, and consult your doctor if you are anxious.

7 Can novel coronavirus be transmitted through bath water and swimming pools?

See [the Danish Environmental Protection Agency's website for precautionary measures related to COVID-19 in connection with drinking water supply, wastewater treatment, bath water and swimming pools.](#)

8 On children and playdates

On 20 March, the Danish Health Authority issued guidelines for how children should play. Based on the precautionary principle, these guidelines were rather far-reaching. Such rigorous guidelines are no longer required, as we have gained more control over the COVID-19 epidemic. But even though we seem to be on top of the outbreak, it is still essential that everyone continued to adhere to our general advice on how to prevent the spread of infection.

When children play together, it will be somewhat impossible to comply with the distance recommendation of 1 metre. Instead, you should focus on the things you can control, such as:

- not allowing children with symptoms of illness to play with other children
- making sure the children wash their hands or use hand sanitisers frequently
- seeing to it that the children play outside and with as few new children as possible.

In addition, you must be aware of the authorities' requirements on the size of assemblies, and generally avoid places where people are standing close to each other.