In the beginning of 2020, a new viral outbreak originating from China established itself as one of the world’s biggest threats. In December 2019 a viral pneumonia of unknown aetiology was identified in Wuhan, Hubei, China (H. Lu et al., 2020). Later, on the 7th of January, the Chinese Centre for Disease Control and Prevention identified the causative agent of these viral pneumonias as a new strain of coronavirus, which was subsequently named by the World Health Organization (WHO) SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) (World Health Organization, 11 February 2020). The WHO has also named the disease caused by SARS-CoV-2 COVID-19. SARS-CoV-2 is a betacoronavirus belonging to the *Coronavirinae* subfamily, part of the Coronaviridae family (Sohrabi et al., 2020). Its genome presents 8 conserved SARS-CoV amino acids responsible for interaction with human angiotensin-converting enzyme 2 (Fehr & Perlman, 2015). SARS-CoV is a previously identified coronavirus strain which caused the 2003 SARS outbreak (R. Lu et al., 2020). COVID-19 is an acute resolved respiratory disease that can lead to death, with a reported 2 % fatality rate (Bassetti et al., 2020; Chan et al., 2020; Huang et al., 2020). Symptoms present themselves usually after an incubation period of approximately 5.2 days (Rothan & Byrareddy, 2020). The person-to-person transmission of COVID-19 occurs through direct contact or through droplets derived from coughing or sneezing of infected patients (Rothan & Byrareddy, 2020).

On the 30th of January 2020 the WHO declared COVID-19 a Public Health Emergency of International Concern (Sohrabi et al., 2020; World Health Organization, 11 February 2020). After cases in multiple countries such as Italy, France, Germany, Spain, South Korea, Iran, USA, and evidence of local person-to-person transmission of the disease, on the 13th of March 2020 the WHO declared COVID-19 a pandemic (World Health Organization, 13 March 2020). The classification of COVID-19 as a pandemic resulted in the implementation of multiple mitigation measures by the affected countries, in order to control the outbreak. This is especially important in the first phases of the outbreak as SARS-CoV-2 has a reported average R0 of 3.28 (Liu et al., 2020). Usually as the epidemic progresses the reproductive number of a virus declines steadily until it reaches a value lower than 1 and decays (Anderson et al., 2020). This is due to lack of susceptible individuals or because of the effect of implementation of multiple mitigation measures. This is supported by simulation studies on COVID-19 transmission using SEIR models (Fang et al., 2020). The main objectives of mitigation measures are minimising morbidity and mortality, avoiding or shifting in time epidemic peaks to avoid overwhelming the health-care system and to flatten the epidemic curve (Anderson et al., 2020).

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