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## COVID-19 pandemic in Sweden - Wikipedia

Response from the authorities

155-168 minutes

### COVID-19 pandemic in Sweden

Map of confirmed cases in Sweden (per 100,000 residents)<sup>[1]</sup>

Map of confirmed cases in Sweden (absolute numbers)<sup>[2]</sup>

- [Sahlgrenska University Hospital](#) in [Mölndal](#)
- Signs on the floor at the checkout in [Coop, Årstad](#) to facilitate [social distancing](#)
- People queuing with 1.5-meter distance outside [Systembolaget](#)
- [State epidemiologist Anders Tegnell](#)
- An empty [Drottninggatan](#), a usually busy pedestrian street in [Stockholm](#)

Disease	<a href="#">COVID-19</a>
Virus strain	<a href="#">SARS-CoV-2</a>
Location	Sweden
First outbreak	<a href="#">Wuhan</a> , Hubei, China
Index case	<a href="#">Jönköping</a>
Arrival date	24 January 2020 (5 months, 3 weeks and 2 days)
Date	17 July CEST
Confirmed cases	77,281 <sup>[3]</sup>
Severe cases	2,490 <a href="#">ICU</a> hospitalisations (total) <sup>[3]</sup>
Deaths	5,619 <sup>[3]</sup> <a href="#">[link 3]</a>
Government website	
<a href="#">Swedish Public Health Agency Covid-19</a> (in Swedish)	

The **COVID-19 pandemic in Sweden** is part of the [pandemic of coronavirus disease 2019](#) (COVID-19) caused by [severe acute respiratory syndrome coronavirus 2](#) (SARS-CoV-2). The virus was confirmed to have reached [Sweden](#) on 31 January 2020, when a woman returning from [Wuhan](#) tested positive. On 26 February, following outbreaks [in Italy](#) and [in Iran](#), multiple travel-related clusters appeared in Sweden. [Community transmission](#) was confirmed on 9 March in the [Stockholm region](#). Since then, individuals in every [än](#) ([county](#)) have tested positive for COVID-19. The first death was reported on 11 March in [Stockholm](#), a case of community transmission. However, it's believed that the virus could have reached Sweden as early as December 2019, when several individuals sought care for respiratory illness in [Falun](#) after contact with an individual with recent travel history to Wuhan.

Sweden has not imposed a [lockdown](#), unlike many other countries, and kept large parts of its society open. The [Swedish Constitution](#) legally protects the freedom of movement for the people, thus preventing a lockdown in peace time. The Swedish public is expected to follow a series of non-voluntary recommendations<sup>[\[link 4\]](#)</sup> from the government agency responsible for this area, in this case the [Public Health Agency of Sweden](#) ([Folkhälsomyndigheten](#)). The [Swedish Constitution](#) prohibits [ministerial rule](#) – politicians overruling the advice from its agencies is extremely unusual in Sweden – and mandates that the relevant government body, in this case an expert agency – the Public Health Agency – must initiate all actions to prevent the virus in accordance with Swedish law, rendering [state epidemiologist Anders Tegnell](#) a central figure in the crisis. Having an expert agency almost completely in control of the country's COVID-19 response without the involvement of politicians set Sweden apart from other countries.

Following agency advice, the government has passed legislation limiting [freedom of assembly](#) by temporarily banning gatherings of over 50 individuals, banning people from visiting nursing homes, and physically closing secondary schools and universities. Primary schools have remained open, in part to avoid healthcare workers staying home with their children.

The Public Health Agency issued recommendations to: if possible, work from home; avoid unnecessary travel within the country; engage in [social distancing](#); and for people above 70 to stay at home, as much as possible. Those with even minimal symptoms that could be caused by COVID-19 are recommended to stay home. The [sarensdag](#), or initial day without paid [sick leave](#), has been removed by the government and the length of time one can stay home with pay without a doctor's note has been raised from 7 to 21 days.

The pandemic has put the Swedish healthcare system under severe strain, with tens of thousands of operations having been postponed. Initially, Swedish hospitals and other facilities reported a shortage of personal protective equipment. At the start of the pandemic, concerns were made that Swedish hospitals wouldn't have enough capacity to treat all who could become ill with the disease, especially in regard to those needing [intensive care](#).

Swedish hospitals were eventually able to double the number of intensive care beds in a few weeks, and the maximum capacity was never exceeded.

Sweden began [testing for the virus](#) in January, and as of 17 May 2020, approximately 276,000 samples had been analysed. As of 24 June 2020, there have been 62,324 confirmed cases, of which 2,387 have received intensive care, and 5,209 confirmed deaths<sup>[*book*]</sup> related to COVID-19 in Sweden, with [Stockholm County](#) being the most affected.<sup>[*1*]</sup> As of early June, the number of deaths with confirmed COVID-19 has been significantly higher in Sweden compared to most of Europe, including other Scandinavian countries. Similar to other European countries,<sup>[*2*]</sup> close to half of those who died had been living at [nursing homes](#).<sup>[*3*]</sup>

Many outside Sweden considered the Swedish response to the pandemic to be strikingly different to that of other countries. This resulted in an unprecedented increase of international news coverage on Sweden.

## Background[*edit*]

### Outbreak of a novel coronavirus disease[*edit*]

On 12 January, the [World Health Organization](#) (WHO) confirmed that a [novel coronavirus](#) (nCoV) was the cause of a [respiratory illness](#) in a cluster of people in [Wuhan](#), in [Hubei](#), China, who had initially come to the WHO's attention on 31 December 2019. This cluster was initially linked to the [Huanan Seafood Wholesale Market](#) in Wuhan City.<sup>[*1*]</sup><sup>[*2*]</sup> A few days later, on 16 January, the [Swedish Public Health Agency](#) issued a press release highlighting the discovery of the novel coronavirus, and the agency monitoring the situation. The risk of spread to Sweden was described as "very low" as there was yet no evidence that the virus [could spread between humans](#), but they recommended that individuals developing cough or fever after visiting Wuhan should seek medical care, and asked for healthcare professionals to be observant.<sup>[*3*]</sup>

After the World Health Organization classified the novel Coronavirus as a [Public Health Emergency of International Concern](#), on 30 January and demanded that all member states should cooperate to prevent further spread of the virus, the Agency requested for the Swedish government to classify the novel disease as a [notifiable infectious disease](#) in the [Swedish Communicable Diseases Act](#) as both [dangerous to public health](#) (*allmänfarlig*) and [dangerous to society](#) (*samhällefarlig*), where [controlling](#) is required.<sup>[*1*]</sup><sup>[*2*]</sup><sup>[*3*]</sup> giving the disease the same legislative status as [Ebola](#), [SARS](#) and [SARS-CoV-2](#).<sup>[*4*]</sup> The agency also announced that they have [analysis methods](#) that can diagnose a case of the novel disease "within hours" after testing, and that such tests had already been carried out, but that all had turned out negative.<sup>[*5*]</sup>

### Planning[*edit*]

Following the [2005 outbreak](#) of the [H5N1 avian flu](#), Sweden drafted their first national [pandemic](#) plan which since then had undergone several revisions. Since a 2008 revision to prepare for the [2009 swine flu pandemic](#), the plan includes the formation of a National Pandemic Group (NPG) in the event of a possible pandemic. The group involves several Swedish government agencies and defines each agency's role.<sup>[*1*]</sup><sup>[*2*]</sup><sup>[*3*]</sup>



The plan states that the [Public Health Agency of Sweden](#) will be the expert [agency](#) responsible for [monitoring](#) diseases with a pandemic potential, and with the mandate to assemble the National Pandemic Group to coordinate pandemic preparations and strategies on a national level between the relevant agencies. The pandemic group includes four additional [Swedish Government Agencies](#): the [Swedish Civil Contingencies Agency](#), the [Swedish Medical Products Agency](#), the [Swedish National Board of Health and Welfare](#) and the [Swedish Work Environment Authority](#), as well as the [county administrative boards of Sweden](#) and the [employer's organisation](#) Swedish Association of Local Authorities and Regions.<sup>[*4*]</sup><sup>[*5*]</sup>

Swedish [crisis management](#) is built on a principle of responsibility which means that the organisation who is responsible for an area of activity under normal circumstances is also responsible for that area of activity during a crisis. As the [Public Health Agency of Sweden](#), headed by [director general](#) Johan Carlsson, is the agency responsible of monitoring and preventing the spread of infectious diseases, the agency had a central role in the Swedish response to the pandemic. The Public Health Agency also tasked with having a coordinating role for the national response to a pandemic according to the National Pandemic Plan, together with the Swedish Civil Contingencies Agency headed by [Dan Eliasson](#) and the Swedish National Board of Health and Welfare headed by Olivia Wigzell.<sup>[*6*]</sup><sup>[*7*]</sup>

### Preparedness[*edit*]

In [risk](#) and [impact assessments](#) by the [Swedish Civil Contingencies Agency](#), the Swedish expert agency on [crisis management](#), the risk of Sweden in the future being affected by a severe pandemic was assessed as "high" with a "catastrophic" impact on human health and economics. They believed that a future pandemic would be inevitable within 5–50 years.<sup>[*1*]</sup><sup>[*2*]</sup>

In the [2019 Global Health Security Index](#) of the "most prepared" countries in the world for an epidemic or a pandemic published by the [Johns Hopkins Center for Health Security](#), Sweden was ranked 7th overall. Sweden received high rankings regarding prevention of the emergence of a new [pathogen](#), early detection and reporting of an epidemic of international concern and having a low risk environment. However, the [Swedish healthcare system](#) received a lower score, questioning if it was sufficient and robust enough to treat the sick and protect health workers.<sup>[*3*]</sup><sup>[*4*]</sup> In 2013, the Swedish Civil Contingencies Agency investigated Sweden's ability to cope with a pandemic through a simulation where a severe [avian influenza](#) infects a third of the population, out of which 190,000 gets severely ill, and up to 10,000 die from the disease. They concluded that Sweden was generally well prepared, with pandemic plans on both national and regional level, but that the health-care system would be the weak link. They noted that Swedish hospitals were already under heavy burden, and wouldn't have the capacity to treat everyone who become sick, even when alternative facilities (like schools and sports centres) were used as hospitals. They also pointed out that issues concerning prioritising, including [triage](#), would become central during the crisis, and that they believed this subject needed to be addressed.<sup>[*5*]</sup><sup>[*6*]</sup> Before the outbreak of the new coronavirus, Sweden had a relatively low [number of hospital beds per capita](#), with 2.2 beds per 1000 people (2017),<sup>[*7*]</sup> and [intensive care unit \(ICU\) beds per capita](#) of 5.8 per 100,000 people (2012).<sup>[*8*]</sup> Both numbers were lower than most countries' in the EU. The total number of ICU beds in Swedish hospitals was 526.<sup>[*9*]</sup>

By the time of the [Fall of the Berlin Wall](#), the [Swedish Defence Forces](#) was equipped with a total of 35 [field hospitals](#), with what some considered to be the most modern [battlefield medicine](#) in the world, with the [Swedish Navy](#) having an additional 15 hospitals. The field hospitals had a combined capacity of treating 10,000 patients and performing 1000 surgeries every 24 hours, as well as stockpiles with drugs, medical supplies and personal protective equipment to treat 150,000 war casualties. Additionally, the Swedish state had several preparedness hospitals and Swedish schools were constructed to be converted into hospital units in case of a military conflict and with a total capacity of treating 125,000 patients, supported by a network of preparedness storages containing medicine and medical equipment. From 1990 and onwards, the system was gradually dismantled to eventually disappear altogether, with the equipment, including more than 600 new ventilators, being either given away or disposed of. At the start

**Timeline**[\[edit\]](#)

**Early cases (January–February)**[\[edit\]](#)

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<sup>[*sources*]</sup> of unknown cause. Subsequent <sup>[*whole genome sequencing*]</sup> studies carried out by the Public Health Agency proved that disease control measures including <sup>[*isolation*]</sup> and contact tracing had been largely successful in preventing the infection to spread from Italy. The studies also revealed that early assumptions that Swedes returning from Northern Italy and Tyrol were the main drivers of the outbreak in Sweden was incorrect, as the virus had likely been brought to Sweden by "hundreds" of different people from a range of countries, as the outbreak by that time had "gone under the radar" in many other parts of the world and that other countries already had a large spread.<sup>[*59*][*61*][*60*]</sup> Analyses of early Swedish cases suggested that several early cases had carried the virus from the United Kingdom and the United States, and also from France and the <sup>[*Netherlands*]</sup>.<sup>[*60*][*61*]</sup> From the start of the outbreak in Sweden, <sup>[*Stockholm County*]</sup> saw a significantly higher number of cases in the Stockholm region compared to other <sup>[*regions*]</sup>.<sup>[*Source*]</sup>, including the densely populated regions <sup>[*Skåne*]</sup> and <sup>[*Västra Götaland*]</sup>. According to Johan Carlsson, <sup>[*director-general*]</sup> at the Public Health Agency, one reason was believed to be that the Stockholm spring break in took place later than in other regions.<sup>[*60*]</sup>

On 27 February, <sup>[*Jönköping County*]</sup> confirmed its first case in a woman with a travel history to Germany, where she had met with an Italian colleague, and had been admitted to <sup>[*Jönköping University Hospital*]</sup><sup>[*60*]</sup> after seeking medical attention with flu-like symptoms.

<sup>[*edit*]</sup>

This came as the first cases of community transmission was confirmed among two patients who had sought care at <sup>[*S:1 Göringe Hospital*]</sup>, Stockholm, on 6 March.<sup>[*61*]</sup> They were assumed to have been infected through community transmission.<sup>[*Source*][*see*][*61*]</sup> The following day, <sup>[*Jämtland*]</sup> and <sup>[*Västernorrland*]</sup> also confirmed initial cases.<sup>[*61*][*62*]</sup>

Responding to indications of local transmission in the Stockholm area and Västra Götaland, the Public Health Agency on 10 March raised the risk assessment of community spread from moderate to very high, which is the highest level.<sup>[*62*][*64*][*69*]</sup> The first death was reported on 11 March, the same day as the COVID-19 outbreak was declared a pandemic by the WHO, when a person in their 70s from the Stockholm region died in the intensive care unit of <sup>[*Karolinska University Hospital*]</sup>. The person was reported to have acquired the virus through community transmission, believed to have occurred about one week before death. The person also belonged to a risk group.<sup>[*61*][*65*]</sup> After the first case in <sup>[*Västmanland County*]</sup> was confirmed on 13 March, the disease had reached all of the 21 regions in Sweden.<sup>[*61*]</sup>

The Public Health Agency of Sweden declared on 13 March that stopping the spread of COVID-19 has entered a "tuss-åttor" which requires "other efforts". The continued focus is now to delay spread among the population and to protect the elderly and most vulnerable against the disease.<sup>[*66*]</sup> <sup>[*Contact tracing*]</sup> would no longer be part of the strategy, and testing would instead focus on people already in hospital or those considered to belong to be of <sup>[*a higher risk*]</sup> of a more severe disease.<sup>[*66*][*61*]</sup>

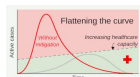
The health agency believed that 5–10% of the population in Stockholm County were carrying the virus on 9 April.<sup>[*66*]</sup> In mid-April, it was reported that out of the approximately 1,300 people who had died after having caught the virus, one third had been living at <sup>[*nursing homes*]</sup>. The figure differed between the regions. In Stockholm, the city most affected by the pandemic, half of the deaths had been residents in one of its many nursing homes.<sup>[*66*]</sup> The situation led to the <sup>[*Health and Social Care Inspectorate*]</sup> to begin carrying out controls at the homes.<sup>[*66*]</sup>

According to estimations by the Health Agency in early May, the <sup>[*R value*]</sup> had dropped below 1.0 for the first time on 21 April.<sup>[*64*]</sup> In June, the Health Agency declared that several regions had entered a "late pandemic phase" with a decrease in the number of new cases, and called for those regions to return to the strategy of stopping the disease through increased testing and detailed contact tracing.<sup>[*67*][*68*]</sup>

<sup>[*edit*]</sup>

The <sup>[*Swedish government*]</sup> considered its overall objective in the Swedish response to the pandemic was to limit the spread of infection in the country to not exceed the capacity of the Swedish health system. They also aimed to ensure that the municipalities and regions responsible for the health care would have the necessary resources to handle the pandemic.<sup>[*67*]</sup> The government has tried to focus efforts on encouraging the right behaviour and creating social norms rather than mandatory restrictions. Government officials including Swedish prime minister <sup>[*Stefan Löfven*]</sup> has encouraged each individual to take responsibility for their own health and the health of others, and to follow the recommendations from the <sup>[*Public Health Agency of Sweden*]</sup>,<sup>[*68*]</sup> as the agency responsible for monitoring a pandemic and coordinating the response. The <sup>[*Swedish Constitution*]</sup> mandates that government agencies should work independently from the government and that the relevant expert agencies must issue advice prior to any government actions within the agency's area, in this case aiming to prevent the spread of the virus, with a strong mandate that the expert agencies should initiate actions, avoiding <sup>[*advice by ministers*]</sup>.<sup>[*69*]</sup> Having its public health agency almost completely controlling the strategy without the involvement of politicians set Sweden apart from most, perhaps all, other countries.<sup>[*70*]</sup> However, the agencies do not have the power to pass laws. Instead, they give out recommendations on how someone can or should act to meet a binding regulation within the agency's area of activity (in this case The Swedish Communicable Diseases Act). Although there is no legal framework for a governmental agency to impose sanctions on someone for going against its recommendations, it isn't optional as the recommendations work as guidelines on how to act to follow a regulation (in this case an obligation to help halting the spread of an infectious disease).<sup>[*71*][*72*]</sup> The independence of Swedish agencies and the choice of "recommendations" instead of legislation has received much coverage in international media.<sup>[*73*]</sup> Swedish foreign minister, <sup>[*Ann Linde*]</sup> described Sweden as having "rather small ministries, but rather big authorities" (with the Public Health Agency being one such authority), and this going back 300–400 years, and Sweden being characterised by a very high level of trust in its authorities from both the people and the politicians, and that Swedes had a very strong urge to following recommendations from authorities, thus making legislation largely unnecessary. When asked if Sweden would consider tougher restrictions, Löfven and Linde both made clear that the Swedish government wouldn't hesitate to do so if deemed necessary and on advice from the expert agencies, but that such measures needed to be taken at the right time, and they believe it's hard to make people adhere to <sup>[*lockdowns*]</sup> for an extended period. <sup>[*Deputy Prime Minister of Sweden*]</sup> <sup>[*Isabella Lövin*]</sup> referred to the pandemic being "not a sprint, but a marathon"<sup>[*74*][*75*][*76*]</sup>

**Strategy**<sup>[*edit*]</sup>



According to the <sup>[*Swedish Public Health Agency*]</sup>, the Swedish strategy aimed to protect its senior and/or vulnerable citizens, and to <sup>[*slow down the spread*]</sup> of the virus, to keep <sup>[*the healthcare system*]</sup> from getting overwhelmed.<sup>[*77*][*78*][*79*]</sup> They are also mandated by law to make their response based on <sup>[*scientific evidence*]</sup>.<sup>[*80*]</sup> The Swedish <sup>[*virologist*]</sup> <sup>[*Anders Tenell*]</sup> has questioned the scientific basis of some of the "stricter" measures taken by other governments, including <sup>[*lockdowns*]</sup> and border closures.<sup>[*80*]</sup>

"Closedown, lockdown, closing borders – nothing has a historical scientific basis, in my view. We have looked at a number of

European Union countries to see whether they have published any analysis of the effects of these measures before they were started and we saw almost none."

<sup>[</sup><sup>*Anders Tegnell*</sup><sup>]</sup> *current state epidemiologist of Sweden, in a*

<sup>[</sup><sup>*State*</sup><sup>]</sup> *interview, April 2020*

While many countries imposed nationwide lockdowns and curfews, such measures were prohibited by the *Swedish constitution* as it's considered to be a violation of *freedom of movement*<sup>[11]</sup> and the Swedish laws on communicable diseases (*Smittskyddslagen*) only allows for *quarantining* individuals and small areas such as buildings, not for entire geographical areas. Instead, it's mostly based around the individual responsibility.<sup>[11][12]</sup> Although the government were later granted more authority for imposing restrictions on transport following a temporary amendment in April,<sup>[13]</sup> the Swedish authorities considered lockdowns to be unnecessary, as they believed that voluntary measures could be just as effective as bans.<sup>[13]</sup> Although many considered this to be a 'relaxed' approach, it was defended by the authorities as well as government officials, among them Prime Minister *Solbe*<sup>[14][15]</sup>, to be more sustainable, as unlike lockdowns, it could be in place for "months, even years" as it wasn't assumed to be likely that the disease could be stopped until a *vaccine* was produced.<sup>[11][12][16]</sup> Therefore, the Swedish response only included measures where an *exit strategy* wasn't needed.<sup>[11]</sup>

Unlike many European countries, including neighbouring *Denmark* and *Norway*, Sweden did not close its *schools* or *elementary schools* as a preventive measure. This was met with criticism within Sweden.<sup>[17][18][19]</sup> According to the Health Agency, the main reasons for not closing schools was that as a *preventive measure* it lacked support by research or scientific literature, and because of its negative effects on society. They argued that many parents, including healthcare professionals, would have no choice but to stay home from work to care for their children if schools were closed. There was also concern for a situation where elderly people babysit their grandchildren, as they are of bigger risk of severe symptoms in case of infection. According to the agency's estimations, closures of elementary schools and preschool could result in an absence of up to 43,000 *healthcare professionals*, including doctors, Nurses and *nurse's assistants*, equalling 10 per cent of the total workforce in the sector.<sup>[20][21]</sup> Additionally, there was concern of school closures having negative consequences for disadvantaged and vulnerable children,<sup>[21]</sup> and according to the agency yet no evidence of children playing a major role in the spread of the virus, nor of a high infection rate among children or preschool teachers, and that children who become infected showed mild symptoms.<sup>[21]</sup> In May, Tegnell said that the decision was right, as the healthcare system would not have managed the situation the past months if Swedish authorities had chosen to close elementary schools.<sup>[22]</sup> He later said that the decision to close secondary schools might have been unnecessary, because it possibly had little effect in slowing the spread of the disease.<sup>[12]</sup>

After the *Danish government* went against the advice of the *Danish Health Authority* and closed their national borders in March, Tegnell remarked that there were currently no scientific studies supporting border closures to be an effective measure against a pandemic, and that "history has proven it to be completely meaningless measure", and argued that it could, at best, delay the outbreak for one week, and also pointed out that border closures went against the recommendations from the *WHO*. He later said closures would be "ridiculous" in a situation where the disease had spread across all of Europe, saying that movements within the country were of more concern.<sup>[23][24][25]</sup>



Representatives of the *Swedish government*, as well as its agencies, have repeatedly denied that pursuing *herd immunity* is part of the Swedish strategy, as claimed by foreign press and scientists in and outside Sweden.<sup>[1][26][27][28]</sup> According to state epidemiologist Anders Tegnell, herd immunity had not been calculated in the strategy, and if it had been the goal, "we would have done nothing and let coronavirus run rampant". But he believed, in April 2020, that Sweden would benefit from herd immunity in the long run,<sup>[29]</sup> and reasoned that all countries would eventually have to achieve it to beat the virus.<sup>[30]</sup> In May 2020 he said that he believed it was unlikely that Sweden, or any other country, would ever reach full herd immunity, and also that it would be a mistake to base a strategy on a hypothetical vaccine, as it would likely be years until there is a vaccine that can be distributed to an entire population. Instead, he believed COVID-19 was something "we're going to have to live with for a very long time".<sup>[31]</sup>

As the strategy was built by the health experts at the Public Health Agency without any influence from the government, it was built solely on a public health perspective, without any political considerations to the economy. The agency did however regard the economy as part of its broader public health considerations, due to unemployment and a weakening economy typically leading to a poorer public health.<sup>[32]</sup>

Although Sweden was regarded to have succeeded with making sure the hospitals would keep at pace, it admitted to have failed with protecting its elderly, as three-fourths of its deaths had occurred among *nursing home* residents or those receiving home care.<sup>[33]</sup> The Health Agency saw the spread at the homes as their biggest concern, but "not as a failure of our overall strategy, but as a failure of our way to protect the elderly".<sup>[34][35][36]</sup> In an interview with *Sveriges Radio* in early June, Tegnell was asked if he would have done things differently if he could 'back the tape', to which he replied that Sweden should have done more earlier during the outbreak. This received extensive coverage in national as well as international media and was interpreted as he was distancing himself from the Swedish strategy. Tegnell however denied this being the case, and said they still believed the strategy being good, but that "you can always improve things, especially in hindsight". When asked to give examples, he said that it would have been much better if they had been more prepared at nursing homes, and that it would have been better if the testing capacity had been increased earlier on during the outbreak.<sup>[36][37][38]</sup> He also said that the closure of secondary schools might have been unnecessary.<sup>[39]</sup>

#### Measures<sup>[edit]</sup>

On 10 March 2020, responding to indications of *community* *transmission*, the *Public Health Agency* advised everyone with respiratory infections, even mild cases, to refrain from social contacts where there is a risk of spreading the virus, in private as well as working life. They also ask health care staff working with risk groups, including *assisted homes*, not work if they have any symptoms of respiratory infection. Relatives of elderly should also avoid unnecessary visits at hospitals and in facilities for elderly, and never visit if there are any respiratory symptoms.<sup>[40][41][42]</sup>

<sup>[</sup><sup>*edit*</sup><sup>]</sup>

On 16 March 2020, the agency recommended that people over 70 should limit close contact with other people, and avoid crowded areas such as stores, public transport and public spaces.<sup>[43][44]</sup> At the end of March, 93% of those older than 70 said that they were following the recommendations from the health service to some extent, with the majority having decreased their contacts with friends and family.<sup>[45]</sup> In May, the agency looked at easing the recommendations for the 'young elderly' of good health, but

ultimately decided against it. They did however encourage those over 70 not to isolate completely in their homes, but to go outside for walks while still following the recommendations.<sup>[144]</sup> On 16 March 2020, they also recommended that employers should recommend their employees work from home.<sup>[145]</sup> One month later, statistics showed that roughly half the Swedish workforce was working from home.<sup>[146]</sup> The following day, the agency recommended that secondary schools and universities use distance learning,<sup>[148]</sup> with schools following suit all over the country.<sup>[148]</sup> The decision to recommend *distance education* for secondary and tertiary education, but not for elementary schools, was that studies at secondary schools and universities to a higher extent require commuting and travelling, and that students would not depend on parental care while not in schools, and school closings therefore did not risk interrupting society.<sup>[147][148]</sup> In May, it was announced that the Health Agency were to lift the recommendations on 15 June, and thereby allowing secondary schools and universities to open up as normal after the summer holidays.<sup>[149]</sup>

In April, many of the organisations running the public transport systems for the Swedish *counties* had reported a 50% drop in public transport usage, including Kålnar Länstrafik in *Örebro County*, *Stokstrafiken* in *Östman County*, *Stockholm Public Transport* in *Stockholm County*, and *Västtrafik* in *Västra Götaland County*.<sup>[148][149][148][149]</sup> In Stockholm, the streets grew increasingly emptier, with a 30% drop in the number of cars,<sup>[149]</sup> and 70% fewer pedestrians.<sup>[148]</sup>

In mid-May, and on the request of the Public Health Agency, the *Swedish Transport Agency* temporarily suspended the regulations that allowed for passenger transport on *buses* or *trains* pulled by *tractors*, trucks or *engineered vehicles* at graduations and carnivals. The new rules were to be in place between 15 May and 31 December.<sup>[148][149]</sup>

These social distancing recommendations have been effective in part because Swedes tend to have a "disposition to social distancing anyway."<sup>[149]</sup>

#### Ban on gatherings<sup>[edit]</sup>

The same day as the first Swedish death to COVID-19, 11 March, the Swedish government passed a new law at the request of the Public Health Agency, limiting *freedom of assembly* by banning all gatherings larger than 500 people, with threat of fine and prison.<sup>[144]</sup> The ban would apply until further notice.<sup>[148]</sup> According to the Health Agency, the reasoning behind drawing the line at 500 was to limit long-distance travel within the nation's borders, as bigger events are more likely to attract visitors from all over the country.<sup>[148]</sup> Although freedom of assembly is protected by the *Swedish constitution* in the *Fundamental Law on Freedom of Expression*, the constitution allows for a government to restrict the freedom, if needed to limit the spread of an epidemic.<sup>[148][149]</sup> On 27 March the government announced that the ban on public gatherings would be lowered to include all gatherings of more than 50 people, to further decrease the spread of the infection, again at the request of the Public Health Agency.<sup>[148][149]</sup> The ban would apply to arts and entertainment events including theatre, cinema and concerts, *religious meetings*, *demonstrations*, lectures, *concertive events*, amusement parks, *fairs* and *markets*. The ban did not include gatherings in schools, workplaces, public transport, *grocery stores* or shopping malls, *health clubs* or private events.<sup>[148][149]</sup> The agency also recommended that plans for events and gatherings of fewer than 50 people should be preceded by a risk assessment and, if necessary, followed by *mitigation* measures. Additionally, they recommend that *digital meetings* should be considered.<sup>[148]</sup> The ban on large gatherings had no end-date, and as of late April, the Health Agency was reported as having no plans for when the ban should be lifted.<sup>[149]</sup>

#### Travel<sup>[edit]</sup>

On 18 March, the Health Agency recommended that everyone should avoid travelling within the country. This came after signs of ongoing community transmission in parts of the country, due to concern that a rapid spread over the country would make redistribution of healthcare resources more difficult. They also called for the public to reconsider any planned holidays during the upcoming Easter weekend.<sup>[148][149]</sup> The calls to avoid travelling and social interactions during the Easter weekend were repeated several times by agency and government officials, among them Prime Minister *Stefan Löfven* and *King Carl XVI Gustaf*.<sup>[148][149][149]</sup> *Telia*, a Swedish multinational *mobile network operator*, did an analysis of mobile network data during the week of Easter, and found that most Swedes had followed the agency's recommendations to avoid unnecessary travels during the Easter holidays. Overall, travel from the Stockholm region had decreased by 80–90%, and the number of citizens of *Stockholm* travelling to popular holiday destinations like *Göteborg* and the ski resorts in *Åre* had fallen with more than 90%. Travel between other regions in Sweden had fallen as well.<sup>[148][149]</sup> Ferry-line operator *Destination Gotland*, who previously had called on their customers to rethink their planned trips for Easter, reported that 85% of all bookings had been rescheduled.<sup>[148]</sup>

The restrictions on domestic travel were somewhat softened on 13 May, allowing for travels equalling one to two hours from home by car would be allowed under some circumstances to which Löfven referred to as "common sense", such as not risking to burden healthcare in other regions, keeping contact with others low and not travelling to visit new social contacts, the elderly or those at risk of severe disease.<sup>[148]</sup> On 4 June, the government announced that the restrictions on domestic travel were to be lifted on 13 June, allowing everyone to freely travel in the country if they were without symptoms and rules on social distancing were followed. However, they cautioned that new restrictions could be introduced if the situation were to worsen, and that the *County administrative boards of Sweden* were tasked to monitor the situation.<sup>[148][149]</sup>

#### Communication and information<sup>[edit]</sup>



Beginning in March, press conferences were held daily to at 14:00 local time, with representatives from the three *government agencies* responsible for coordinating Sweden's response to the pandemic: the Public Health Agency, usually represented by state epidemiologist Tegnell or deputy state epidemiologist *Anders Wallsten*, the *National Board of Health and Welfare* and the *Swedish Civil Contingencies Agency*.<sup>[148]</sup> According to the latter, close to one million people followed each press conference on the TV or the radio. The ratings excluded other types of media.<sup>[148][149]</sup>



In response to COVID-19, the *Public Health Agency of Sweden* issued a series of infographics in different languages describing how to protect oneself and others from infection. For official information on the disease and the situation in Sweden, the authorities referred the public to the website *krisinformation.se*, which compiles official emergency information from Swedish authorities. The website is operated by the Civil Contingencies

Agency, as the agency responsible for emergency information to the public during emergencies.<sup>[152]</sup> The agency reported a big increase in the number of people visiting the website during the beginning of the pandemic, with 4.5 million views between January and April 2020, compared to 200,000 during the same period in 2019.<sup>[150][151]</sup>

In March, the Civil Contingencies Agency received 75 million *SEK* from the government for *public service announcements* to inform the public about the virus, and how to *reduce the spread* of the disease to slow down the spread of the virus.<sup>[153]</sup>

#### Legislation<sup>[edit]</sup>

On 16 April, the Riksdag passed a bill on a temporary amendment on the Swedish law on infectious diseases (2004:169). The new law granted the Swedish government more authority, by allowing it to make decisions without a preceding vote in the Swedish parliament, the *Riksdag*. The purpose of the law was to enable the government to make speedy decisions on measures against an ongoing pandemic.<sup>[154]</sup> The bill had initially been criticised by the parties in opposition and the *Council on Legislation* for being too vague,<sup>[155][156]</sup> but was accepted by the riksdag following a revision defining the measures, and an amendment stating that all measures needed to be reviewed by the parliament, which came after negotiations between the government and the opposition. Thus, the Riksdag would be able to revoke any imposed measures after they had come into effect.<sup>[157]</sup> The law would only apply for measures linked to the ongoing pandemic, and it would apply for a limited time only. The law came into effect on 18 April, and would last until 20 June.<sup>[158]</sup> The bill would allow the government to quickly and independently impose measures such as restrictions on transport and closures of bus station and train stations, ferries and ports, businesses such as restaurants, *health clubs* or malls, *libraries* and museums, or schools. The law would also allow the government to make decisions on redistribution of medicine and other healthcare equipment, such as *personal protective equipment* between different healthcare providers, including privately owned companies.<sup>[159][160]</sup> The new law would not allow for the government to impose measures to that of would restrict people's ability to go outside, similar to the *curfews* in other countries, as it would limit people's constitutional right to free movement.<sup>[161][162]</sup>

The *karensdag*, the unpaid first day of sick leave, was temporarily discontinued on 11 March in an effort to encourage people to stay home if they were experiencing symptoms consistent with COVID-19.<sup>[163]</sup> On 13 March, the government decided to temporarily abolish the demand of a doctor's certificate for 14 days for people staying home from work due to illness (i.e. sick pay period). Previously a doctor's certificate was needed after seven days.<sup>[167]</sup>

On 24 March 2020, the government introduced new restrictions to bars and restaurants requiring all service to be table service only. Restaurants were also recommended increase the space between the tables. Venues that do not adhere to the new restrictions could be shut down.<sup>[168][169]</sup> Several bars and restaurants were later ordered to close by municipal health inspectors.<sup>[165]</sup> Initially, the infectious disease control medical officers had the responsibility and mandate to close down establishments not adhering to the restrictions through the *Swedish Law on Communicable Diseases*, while the *municipalities* had been given the responsibility for the supervision. This changed when a new temporary legislation came into effect on 1 July, making them the sole regulatory body in the same way as in the Swedish Alcohol Act and the Swedish Food Act. The law were to stay in effect until the end of the year.<sup>[168][167]</sup> Beginning on 1 April, all private visits to nursing homes was outlawed by the government. Many *municipalities* had already forbidden such visits. The national ban was however general, and those in charge of the facilities would be able to make exceptions under special circumstances, provided that the risk of spread of the virus was low.<sup>[168]</sup>

Following reports of people hoarding medication and concerns of drug shortages, the *Medical Products Agency* requested for the Swedish government to impose restrictions on purchases. This resulted in a new regulation limiting the amount of drugs purchased at the same occasion to three months worth of consumption, down from a previous limit of one year. The new regulations came to effect on 1 April and would be in place until further notice, and included to both *prescription* and *over-the-counter drugs*.<sup>[169][170]</sup>

#### Advice against travel abroad<sup>[edit]</sup>

The government has issued progressively stricter advisories against travel. Beginning on 17 February, the *Swedish Ministry of Foreign Affairs* advised against all trips to *Kuwait*, China, as well as non-essential travel to the rest of China apart from Hong Kong and Macao.<sup>[171][172]</sup> On 2 March the Ministry for Foreign Affairs advised against trips to *Iran*, due to the uncontrolled spread of the COVID-19 in the country.<sup>[173]</sup> The *Swedish Transport Agency* also revoked *Sas* Air's permit for Iranian flights to land in Sweden from the same date.<sup>[174][175]</sup> According to the foreign ministry, there were several thousand Swedish citizens in Iran at the time of the ban, many of them with difficulties getting back to Sweden.<sup>[176]</sup> On 6 March, the Ministry for Foreign Affairs advised against all non-necessary trips to northern Italy, specifically the regions of *Piemonte*, *Liguria*, *Lombardia*, *Emilia-Romagna*, *Trentino-Alto Adige*, *Valle d'Aosta*, Veneto, *Friuli Venezia Giulia*, Marche and *Toscana*.<sup>[177]</sup> Turin, Milan, *Venice*, *Veneto*, *Trieste* and *Florence* are large cities in these regions. The *Public Health Agency of Sweden*, who initiated the recommendation for the Ministry for Foreign Affairs, stated that the decision was based solely on the strain of the Italian health care system.<sup>[178]</sup> On similar grounds, the foreign affairs ministry also advised against all non-necessary travel to the city of *Daejeon* and the province of *Gyeongbuk* in South Korea.<sup>[179]</sup> The advice regarding travel to Italy was extended 10 March to include all of its regions.<sup>[180]</sup> Finally, all international travel was discouraged on 14 March. The advice was to be in place for one month, after which it would be up for review.<sup>[181][182]</sup> Travel from non-EU<sup>[183]</sup> member states was stopped on 17 March.<sup>[183]</sup> and unnecessary travel within Sweden was advised against on 19 March.<sup>[184][185]</sup>

The foreign ministry estimated that between 40,000 and 60,000 Swedes were stranded abroad in late March. According to Swedish policy, Swedes traveling abroad have their own responsibility to arrange for any return travels, without assistance from Swedish *diplomats, consulates*, and travellers trying to travel home are referred to airlines, travel agencies or insurance companies. Some of those were critical of the foreign ministry, and were asking for help from the Swedish authorities.<sup>[183][186]</sup> The foreign ministry were initially reluctant to depart from the policy.<sup>[187]</sup> However, as a growing number of countries closed their airports and many Swedes found themselves stranded in a foreign country unable to arrange travels themselves, the foreign ministry began work on evacuating Swedish citizens.<sup>[189][188]</sup> In early May, the Ministry of Foreign Affairs reported that the only location from which stranded Swedish citizens hadn't been evacuated was *The Gambia*.<sup>[189]</sup>

On 7 April, the foreign ministry extended the advice against all non-essential travel abroad until 15 June, when it would again be reconsidered.<sup>[190]</sup> On 9 May, Swedish foreign minister *Ann Linde* said that although a decision about an extension was yet to be made, she made clear that travel wouldn't return to normal after 15 June.<sup>[188]</sup> On 13 May, the Foreign Ministry again extended the advice for non-necessary foreign travel to 15 July.<sup>[191]</sup> From 30 June, the advice against non-essential travel were lifted for 10 EU countries, namely *Belgium*, *France*, *Greece*, *Iceland*, *Italy*, *Croatia*, *Luxembourg*, *Poland*, *Sweden* and *Spain*, as well as for *Monaco*, *San Marino* and the *Vatican City*. The advice against travel to other countries within the EU, EEA and the *Schengen Area* would remain in effect until 15 July, while advice were extended until 31 August for countries outside those areas.<sup>[192][193]</sup>

Monitoring and modelling[edit]

In early March, the Health Agency expanded the [sentinel surveillance](#) system in use for [monitoring the influenza season](#), so that samples from patients with [flu-like symptoms](#) would also be tested for SARS-CoV-2 along with the [influenza viruses](#).<sup>[126]</sup> In early May, approximately 1500 samples had been analysed within the sentinel system.<sup>[127]</sup>

Between 27 March and 3 April, the health agency tested approximately 800 randomly selected individuals in [Stockholm County](#), to seek knowledge of the then current infection rate.<sup>[128]</sup> As it was estimated that Stockholm County by then had the highest infection rate in Sweden, the agency choose to focus on that region.<sup>[127]</sup> According to the results, 2.5% of the local population were carrying the virus in the upper respiratory tract during the surveyed period.<sup>[126]</sup> Based on the study and a [doubling time](#) of 6–7 days, the agency concluded that 5–10% of the population in the region were carrying the virus on 9 April.<sup>[62]</sup> This was followed by a similar study on national level. In the study, approximately 4000 people would be tested for an active infection.<sup>[126]</sup> It was followed by a second national study on 4000 individuals in late April,<sup>[128]</sup> and a similar national study where "thousands" would be tested for antibodies.<sup>[129]</sup>

In an April study by researchers at the [KTH Royal Institute of Technology](#) and the [Science for Life Laboratory](#), home sample kits were mailed to 1,000 randomly selected individuals in [Stockholm](#) to be tested for the [presence of antibodies](#) against the [SARS-CoV-2](#) virus which causes the COVID-19 disease. After analysing 440 out of the 550 blood samples returned, the scientists concluded that 10% of the donors were infected during or prior to late March. A follow-up study was carried out later that month with an additional 1,000 tests to determine how much the spread has increased during the weeks between the two studies.<sup>[241][242]</sup> The same month, a study was carried out by researchers at the KTH Royal Institute of Technology and [Danderyd Hospital](#) where staff at the hospitals were tested for antibodies. After analysing 527 samples, the researchers reported that approximately 20% of the staff had developed antibodies against the virus. The researchers intended to continue testing the entire staff, and to carry out several follow-up tests during the following 12 months to learn how long the antibodies will stay in the body.<sup>[243][244]</sup> In late April, approximately 11,000 out of the staff at [Karolinska University Hospital](#) were tested for the virus in either [PCR-based](#) or serological tests. The tested individuals included both those with clinical medical and non-clinical [medical jobs](#), as well as staff with non-medical jobs. When 5,500 PCR tests and 3,200 serological tests had been analysed, a total of 15% samples came back positive (7% of PCR tests, 10% of serology tests, with 2% being positive in both tests). Only people without symptoms were tested.<sup>[245][246]</sup>

Response from the public healthcare system[edit]

Testing[edit]

Number of analyzed samples per week				
Week	Date	Tests <sup>[248]</sup>	Positive <sup>[248]</sup>	Positive % <sup>[248]</sup>
4–8	25 January – 23 February	180	1	0.6%
9	24 February – 1 March	752	13	1.7%
10	2–8 March	4,302	211	4.9%
11	9–15 March	8,990	835	9.3%
12	16–22 March	10,404	911	8.8%
13	23–29 March	12,349	1,943	15.7%
14	30 March – 5 April	17,776	3,211	18.1%
15	6–12 April	19,880	3,711	18.7%
16	13–19 April	20,233	3,741	18.5%
17	20–26 April	24,560	4,181	17.0%
18	27 April – 3 May	28,802	3,908	13.6%
19	4–10 May	29,129	4,215	14.5%
20	11–17 May	33,003	4,004	12.1%
21	18–24 May	28,986	3,713	12.8%
22	25–31 May	36,466	4,300	11.8%
23	1–7 June	49,162	6,060	12.3%
24	8–14 June	59,861	7,229	12.1%
25	15–21 June	61,803	7,462	12.1%
26	22–28 June	75,171	7,645	10.2%
27	29 June - 5 July	77,642	4,935	6.4%
Total	—	597,813	72,758	12.2%

**Note:** Data updated weekly. Latest data from 26 June 2020.

The first tests were carried out in January, and according to the [Swedish Public Health Agency](#), "around twenty tests" had already been carried out before the first positive case was confirmed on 30 January.<sup>[12]</sup> The agency considered that all individuals who developed any symptoms of disease in the respiratory tract after visiting [Wuhan](#) should be tested, even those with less severe symptoms.<sup>[123]</sup> The Public Health Agency expanded testing for [COVID-19](#) on 4 March beyond only those who have been in risk areas abroad, to also test cases of pneumonia without known cause.<sup>[144]</sup> Initially, all tests were carried out at the agency's [public outpatient laboratories](#) in [Solna](#). But in mid-February, to increase testing capacity and allow for faster test results, testing also began at the [clinical medical laboratories](#) in [Göteborg](#), [Hälsjunde](#), [Lund](#), [Skövde](#), [Stockholm](#), [Umeå](#), and [Uppsala](#).<sup>[248]</sup> The Public Health agency considered testing and contact tracing to be more important in the early and late [pandemic phases](#), to stop the spread of the disease and find every case, as "it isn't possible to test millions of individuals in the country" during the pandemic phase.<sup>[62]</sup>

At the end of March, the number of tests carried out each week numbered 10,000.<sup>[62]</sup> In mid-April, the number of weekly tests had doubled to approximately 20,000.<sup>[124]</sup> In early April, the government instructed for the testing capacity to be vastly increased to be able to analyse 100,000 samples every week. This was mainly to make it possible to test people with jobs considered crucial to society, for instance policemen and those working in rescue service or with electric power supply, while still having enough capacity to handle all tests needed for the health-care sector.<sup>[249][250]</sup> In mid-May, the number of tests carried out were still far from the goal, with approximately 30,000 tests carried out weekly, and according to a representative for Swedish municipalities and regions it would likely be "weeks" until goals were met.<sup>[249][250]</sup> On 4 June, the government announced that due to several regions in Sweden having entered a late phase of the pandemic, coronavirus testing and [contact tracing](#) were to be broadened so that everyone with suspected COVID-19 symptoms could be tested free of cost.<sup>[251]</sup> On 31 May, a total of 275,819 samples had been tested since the start of the Swedish outbreak.<sup>[249]</sup>

Capacity[edit]

The [Stockholm International Fair](#), [Stockholmsmässan](#), are being converted into a field hospital with the help of the [Swedish Defence Force](#). The field hospital will be able to house 600 seriously and critically sick patients.<sup>[242]</sup> The Swedish Defence Forces will provide equipment for 30 of the 600 beds and the [Stockholm Regional Council](#) will provide the remaining 570.<sup>[242]</sup> The facilities were initially used for testing less severe cases, as opposed to those needing intensive care.<sup>[248]</sup> In late April, it was reported that



the Defence Force had provided 50 intensive care beds as part of the two field hospitals.<sup>[22]</sup> Field hospitals were also erected in [Gothenburg](#)<sup>[22][23]</sup> and [Helsingborg](#).<sup>[22]</sup> The field hospital in [Älvåra](#) were never needed to be taken into use, and were dismantled in early June.<sup>[24]</sup> The Gothenburg hospital was used for intensive care during a short time span, but was soon taken out of use following massive criticism from health-care workers who voiced concern for patient safety, increased risks of infection and working conditions.<sup>[22][25]</sup>



Medical tent set up outside [Västra](#) Hospital, 14 March 2020.



Medical tent set up outside [Läcköping](#) Hospital



Streetsigns outside Sahlgrenska hospital from late February telling those with potential symptoms of COVID-19 to wait outside the hospital.

The increasing number of cases in March resulted in the cancellation or postponement of close to 50% of planned surgeries, including cancer-related surgeries, in all of Sweden, and up to 90% in large areas such as Stockholm and Uppsala.<sup>[26]</sup> By May, 44,000 planned [surgeries](#) had been postponed in Sweden, increasing the total number of Swedes in line for a surgery to over 150,000.<sup>[22]</sup> Several regions also chose to cancel many, or all, planned non-acute [surgery](#) as a measure to redistribute healthcare equipment like disposable gloves and masks.<sup>[26]</sup>

Before the pandemic, the Swedish healthcare system had the capacity to treat approximately 500 persons in [intensive Care Units](#) (ICU). The relatively low number of beds had stayed a source of concern as the crisis evolved, and even though the number had increased to 800 at the beginning of April, healthcare professionals continued to express worry that their hospitals would eventually run out of beds. According to the calculations of the Swedish health agency, up to 1300 ICU beds would be needed when Sweden reached the top of the pandemic.<sup>[22][23]</sup> Sweden was eventually able to double the number of intensive care beds in a few weeks,<sup>[23]</sup> and on 13 April, the [National Board of Health and Welfare](#) reported that the total number of ICU beds had risen to 1039, with an occupancy of 80%.<sup>[23][23]</sup>

#### Equipment<sup>[en]</sup>

On 13 March, media reported that there is a shortage in [personal protective equipment](#) (PPE) for health care staff, and hospitals in Stockholm have been forced to reuse disposable PPEs after sanitation. The regional Health Care Director warned about this scenario in early March and government agencies have temporarily waived the public procurement law to hastily procure more supplies.<sup>[22]</sup> The [National Board of Health and Welfare](#) ("Socialstyrelsen") confirmed that there is no preparedness storage and nothing to distribute to the health care sector.<sup>[22][22]</sup> In early April, several countries expressed concern that they might run out of some vital [drugs](#) used in intensive care.<sup>[22][23]</sup> Later that month, [Stockholm County](#) reported of an acute shortage of the [anesthetic](#) [propofol](#).<sup>[22]</sup>

As one of the main tasks of the Swedish Defence Force is to support the civil community in case of disasters, their resources were used to lessen equipment shortages in the health-care system. The material supplied by the military included crucial medical equipment, [X-ray generators](#), [electrocardiographs](#), [machines](#), 154 [ventilators](#) and 154 intensive care [couches](#). The military also supplied personal protective equipment, including 60,000 [gas masks](#) and 40,000 [protective suits](#).<sup>[23]</sup>

#### Staffing<sup>[en]</sup>

On 25 March 2020, Björn Eriksson, the Director of Healthcare in Stockholm, appealed to anyone in the [Stockholm region](#) who had experience in healthcare to volunteer. As of the 26 March 2020, 5100 people with healthcare experience had registered as volunteers.<sup>[22]</sup>

The increasing number of cases in large areas such as Stockholm and Uppsala has resulted in the cancellation or postponement of up to 90% of planned surgeries, including cancer related surgeries.<sup>[26]</sup>

When it became clear that the civil society would face difficulties managing the emergent crisis, the Swedish Defence Force were called in to assist the civilian society with manpower, equipment, and logistics. The preparations began in February and the first servicemen were deployed in March. By early April the total military deployed in civilian society numbered 400 servicemen, among them a number of officers to support the [National Board of Health and Welfare](#) with crisis management and [laboratory technicians](#) to support the [Public Health Agency of Sweden](#). Tasks for the military personnel also including collecting and transporting samples. A number of military ambulances were also taken in use within the civilian health system.<sup>[23][26]</sup>

#### Impact on society<sup>[en]</sup>

##### Finance and the economy<sup>[en]</sup>

In March, Swedish [Minister for Finance Magdalena Andersson](#), said that the [government](#) believed that the [Swedish economy](#) would be hardly hit by the pandemic, with a 4% downturn in gross domestic product (GDP), similar to the levels seen following the [2008 financial crisis](#). Andersson also warned that they also expected unemployment to increase up to 9% during the year.<sup>[24]</sup> In a forecast by the [Swedish National Institute of Economic Research](#) published in late April, the Swedish GDP was expected to fall with 7% during 2020 due to the impact of the ongoing pandemic. The [European Commission](#) predicted that the Swedish economy would contract -6.1%, a level similar to that of the [eurozone](#) (-7.7%). In June, the Swedish [central bank Sveriges Riksbank](#) forecasted a fall of 10%. This was mainly due to the Swedish economy being heavily reliant on exports (which attributes to around half of the Swedish GDP) with the [worldwide global economy](#) being predicted to decrease international demand of Swedish goods and services. The Economy were also affected by problems with global supply lines, which had forced some of the biggest manufacturing companies in Sweden, including [Scania](#) and [Volvo Cars](#), to halt their production in March, as well as a decrease in [tourism](#).<sup>[25][25]</sup> The National Institute of Economic Research also expected that unemployment in Sweden would rise to 11% during 2020, and the [Swedish Pensions Agency](#) calculated a 1.5% drop in pensions for 2021, as Swedish pensions are attached to GDP and income.<sup>[24][24]</sup> While some predicted a rebound already in the second half of 2020, Magdalena Andersson warned that things "could get worse before they get better".<sup>[25]</sup> In mid-June, Andersson said it was possible that Sweden had reached the bottom of the downturn, as the government had revised their forecast to a -6% GDP downturn in GDP and an unemployment level of 9.3% (down from -7% and 11% respectively in their previous forecast) although they expected unemployment to further

increase in 2021 to 10.3%. However, she cautioned that there was still a big uncertainty regarding the numbers. Similarly, the National Institute of Economic Research also revised their forecast downwards, to a -5.5% fall in GDP and for unemployment to increase to 8.5% during 2020, with a further increase up to 10% in 2021.<sup>[244]</sup>

In mid-March, the government proposed a 300 billion SEK (€27bn) emergency package to reduce the economic impact of the crisis. The proposal included a system with a reduction in *work hours* where the government will pay half to salary, aiming to help businesses stay afloat without having to do layoffs. Further, the government would pay the employer's expenses for any *sick leaves*, which is normally shared between the employer and the state.<sup>[245]</sup> The normal costs of employer contributions have also been temporarily discontinued for small business owners. This will save small businesses approximately 5000 SEK per employee each month but will result in a loss of tax revenue of 33 billion SEK.<sup>[246]</sup> The budget emergency package proposed by the government in mid-March to lessen the economic impact of the crisis was supported across the political spectrum, including all parties in opposition in the *Riksdag*. It was also welcomed by trade unions as well as the private and business sectors. However, some union representatives stressed that 'it won't be enough', a view shared by the biggest *employer's organisation*, the *Confederation of Swedish Enterprise*.<sup>[247]</sup>

On 2 April, the *Financial Supervisory Authority* (*Finansinspektionen*) decided that Swedish banks temporarily can allow exemptions for housing mortgage lenders regarding amortising of loans.<sup>[248]</sup>

#### Transportation[edit]

Air transportation in Sweden is primarily run by public and private companies – principally *Scandinavian Airlines* System (SAS) and *Norwegian Air Shuttle* – and has been severely impacted by the pandemic and greatly reduced. Like airlines around the world, Sweden's carriers have reduced the frequency of their flights, reduced their work force and asked the local government for financial assistance. On 15 March, SAS announced that they would temporarily reduce their workforce by 10,000 people, which constitutes about 90% of their workforce.<sup>[249]</sup> Soon almost all domestic flights were cancelled. Swedish authorities advised against all non-essential travel inside and out of Sweden. *SAS Group* decided to fly only four domestic departures and four domestic arrivals from Arlanda from 6 April 2020, plus some international flights,<sup>[250]</sup> while Norwegian cancelled all domestic flights in Sweden.<sup>[251]</sup> Several airports closed temporarily.<sup>[252a]</sup><sup>[252b]</sup>

*Rail transport in Sweden*, which is principally run by the public operator *SJ AB*, has continued to operate throughout the pandemic, albeit with a slightly reduced schedule so that additional carriages can be added to trains, which in conjunction with fewer tickets being made available for sale, aims to ensure *social distancing* of those passengers that continue to travel.<sup>[253]</sup> The decrease in travel had a big impact on the public transport sector due to a loss of revenue in ticket sales, which led to *trade association* Swedish Public Transport Association (*Svensk Kollektivtrafik*) asking the government for financial aid.<sup>[253]</sup>

#### Politics[edit]

In mid-March, the *parliamentary leadership* from the parties in the *Riksdag* agreed on using *rotation* for the upcoming weeks, to make it possible to decrease the number of *members of parliament* present during voting sessions, from the usual 349 to 55. This decision was taken both as a measure to lower the risk of spread of the infection (*social distancing*), and to make sure the daily work in the parliament could proceed even if a big number of MPs would become sick.<sup>[254a]</sup><sup>[254b]</sup> Similar decisions were taken in many of Swedish *municipal councils*.<sup>[255a]</sup><sup>[255b]</sup> Several *political parties* also decreased the number of politicians present each session, including *Västerbotten County* who did it as a measure to decrease long-distance travelling, and *Skåne County*.<sup>[256a]</sup><sup>[256b]</sup>

On 25 March, The *Swedish Social Democratic Party* together with the *Swedish Trade Union Confederation* decided to cancel their traditional May Day demonstrations. They will instead hold an event on a digital platform, which will include speeches by the Swedish prime minister and leader of the Social Democrats, *Stefan Löfven*, as well as union confederation leader *Karl-Peter Thorenberg*.<sup>[257]</sup> The *Left Party* also cancelled their nationwide demonstrations, and announced that there would instead be a digital celebration, including a speech by party leader *Johan Sjöstedt*.<sup>[258]</sup> The *Almedalen Week*, considered to be the biggest and most important forum in Sweden for seminars, debates and political speeches on current social issues, held in *Växjö* every summer,<sup>[259]</sup> was cancelled as a result of the ban on large gatherings. The decision was taken on 1 April by the *organising* after consultation with the major political parties.<sup>[260]</sup> Prime Minister Stefan Löfven had already announced that he had cancelled his planned participation in the upcoming event.<sup>[261]</sup> A similar event in Stockholm, "Järnaveckan", was also cancelled, and won't be held until 2021.<sup>[262]</sup> The annual *LGBT festival* *West Pride* in *Göteborg* was also cancelled as a result of the pandemic. Instead, the organisers proclaimed 25 May to 7 June a "flag period", encouraging organisations and individuals to hoist the *rainbow flag*.<sup>[263]</sup>

#### Royal family[edit]

Following the recommendation from the Swedish authorities that those over the age of 70 should self-isolate, the Swedish *King* and *Queen*, *Carl XVI Gustaf* and *Queen Silvia*, aged 74 and 76, both chose to leave the palace to work from distance in the estate *Stenhammar* in *Skåne*.<sup>[264a]</sup><sup>[264b]</sup>

On 5 April, at the first day of the *holy week*, King Carl XVI Gustaf addressed the nation in a televised speech. In his speech, he stressed that all Swedes had an obligation to the country to "act responsibly and selflessly". He also stressed that many who otherwise would travel, spend time with friends and family or go to church would need to make sacrifices during the upcoming Easter holiday. In his speech, he specifically addressed those working or volunteering in the health-care sector, saying "This is a huge task. It requires courage. And it will require endurance. To all of you involved in this vital work, I offer my heartfelt thanks", as well as other people doing vital work in society, to ensure Swedes "can buy food, that public transport continues to operate, and everything else we so easily take for granted – my warmest thanks to you all". He finished saying that all would embrace the message "The journey is long and arduous. But in the end, light triumphs over darkness, and we will be able to feel hope again", ending his speech wishing everyone a happy Easter.<sup>[265a]</sup><sup>[265b]</sup>

#### Education[edit]

On 13 March 2020, the spring *Swedish Scholastic Aptitude Test* (*Högskoleprovet*) was cancelled affecting approximately 70,000 prospective students who had registered themselves. This was the first time the Swedish Scholastic Aptitude Test has been cancelled since it was established in 1977.<sup>[267]</sup> On 23 March 2020 the *Swedish National Agency for Education* (*Skoolverket*), cancelled the *national tests* to give teachers in Sweden more time to prepare for the possibility of distance education.<sup>[222]</sup>

#### Defence[edit]

The *Swedish Armed Forces* cancelled the international *military exercise* Aurora 20 which was scheduled to be held between May and June. *Australia* and *Canada* had previously announced their cancellation of their planned participation.<sup>[268]</sup>

#### Arts and entertainment[edit]

The ban of public gatherings with more than 500 people, later revised down to 50, led to concerts and other events being

cancelled or postponed. Concerts cancelled due to the ban on large crowds included four sold-out concerts with [Håkan Hellström](#) at the [Nya Ullevi](#) Arena, [Gothenburg](#), scheduled for June and August. As the total number of tickets sold to the concerts numbered 300,000, [Göteborg](#) it was believed to be a significant blow to Gothenburg's tourism industry, with a potential loss of 900 million [SEK](#) (684 million) if all concerts scheduled at the arena were to be cancelled. [The](#) [organiser](#) of the music festival [Summerburst](#) had previously announced cancelling their scheduled event at Nya Ullevi. [The](#) [rock festival](#) [Sweden Rock](#), held every year since 1992 in [Björneborg](#) and scheduled for June, was cancelled due to the ongoing pandemic. [Theatre](#) and opera were affected, with major venues such as [Gothenburg opera house](#), [Malmö Opera](#), [Royal Dramatic Theatre](#) and [Royal Swedish Opera](#) all closing their venues and cancel upcoming events. [Cinema](#) were affected as well, and Sweden's largest cinema chain, [Frimatador](#), decided to close all their cinemas on 17 March until further notice. [In](#) [April](#), the Swedish amusement parks [Göta Luag](#) in Stockholm and [Liseberg](#) in Gothenburg announced that they were to cancel or reschedule all concerts scheduled before midsummer. [The](#) [former](#) had already postponed the season opening indefinitely, while the latter were still hoping to open the park as planned in mid-May. As the amusement parks mostly rely on seasonal workers, closures would result in thousands of cancelled employment contracts. [Starting](#) [30](#) [March](#) [2020](#) the public library in Gävle will start with a book delivery service for people aged 70 or older. The library will also start a take-away service where you can pre-loan books and pick them in a take-away bag. [Television](#)

On 6 March, Swedish National Broadcaster [SVT](#) held a crisis meeting to consider broadcasting the live finals of [Icehockeyboxen 2020](#) on 7 March without an audience, as a response to the growing outbreak. The Danish equivalent had recently decided to broadcast [Istid](#) [versus](#) of the finals without an audience. Ultimately, SVT decided to allow the audience to enter the arena, although they advised people who felt sick to stay at home. [The](#) [popular](#) [TV](#) [show](#) [Antikvarden](#), broadcast by [public broadcaster](#) [SVT](#), where a number of [antiques](#) [acquires](#) visits different locations in Sweden to appraise antiques brought there by local people, cancelled their planned tour for the recording of the 2020 winter season. According to the producers, they were instead working on an 'alternative' show. [The](#) [sing-along](#) [show](#) [Lotta på Liseberg](#), which is televised live by [TV4](#) from the [amusement park](#) [Liseberg](#) in [Gothenburg](#), announced that the 2020 season wouldn't be cancelled, but would be recorded without an audience due to the ban of gatherings. [SVT](#) had previously announced similar plans for their live sing-along show [Åstaden på Skansen](#), which is broadcast live from the amusement park [Skansen](#) in Stockholm. [Sports](#)

In [athletics](#), all [2020](#) [Diamond League](#) events scheduled to be held in May were postponed, which included the meet in [Stockholm](#). [The](#) [world's](#) [largest](#) [half marathon](#) in Gothenburg, [Göteborgsvarvet](#), was postponed until later in 2020 and then cancelled completely on 27 March. [The](#) [annual](#) [recreational](#) [bicycle race](#) [Västmanlandsloppet](#), scheduled to be held in June, was also cancelled as a result of the pandemic. The organisers made the decision public on 2 April. [The](#) [professional](#) [bicycle race](#) [Postnord UCI WWT Värmland West Sweden](#), part of the [UCI Women's World Tour](#) and scheduled for August, was also cancelled. [On](#) [19](#) [March](#), [the](#) [governing body](#) [for](#) [association football](#) [in Sweden](#) formally announced that the premiere of the 2020 season for the first and second division leagues, men's [Allsvenskan](#) and [Superettan](#) as well as women's [Damallsvenskan](#) and [Elitettan](#), will be postponed to late May or early June. The decision will not affect the leagues below the second level. [Two](#) [days](#) [later](#) it was announced that the 2020 edition of the association football award ceremony [Lobbotävlingen](#) was cancelled. [Many](#) [of](#) [the](#) [professional](#) [teams](#) in the highest division warned that the loss of income following the postponement of the season would have a severe impact on their economy. [After](#) [consultations](#) [with](#) [the](#) [Public Health Agency](#), the organisation behind youth [football tournament](#) [Götta Cup](#), in [Gothenburg](#), decided to cancel the 2020 event. According to the organisers, the tournament will return in 2021. [The](#) [youth](#) [handball](#) [tournament](#) [Partille Cup](#) was also cancelled. [Professional](#) [handball](#) was affected as well, with the last rounds and the finals in the highest men's and women's leagues, [Handbollsligan](#) and [Svensk handbollsseri](#), being cancelled. [Similarly](#), the [Swedish Basketball Federation](#) choose to stop all games until May, effectively stopping the highest divisions [SBL](#) and [SBL Dam](#) mid-season. [In](#) [Sveavägen](#), the start of [Elitettan](#), the highest league in [the](#) [Swedish women's football](#), was rescheduled to 2 June. To manage a tighter schedule, the [sport's](#) [governing body](#), Swedish Motorcycle and Snowmobile Federation also decided to cancel the quarterfinals. [Swedish](#) [Minister](#) [for](#) [Sports](#) [Amanda Lind](#) announced on 29 May that some recommendations were to be lifted starting from 14 June, when sports events would be allowed under the condition that they're practised outdoors. And as the ban on crowds and the recommendations against travel were still in place, all games had to be played on initially empty arenas and athletes would not be allowed to travel longer than two miles to participate in sports events. However, professional athletes would be exempt from the recommendations, and allowed to travel nationwide if needed for competitive events. [Debate and criticism](#)

The Swedish response to the pandemic has been debated within Sweden, though surveys show a wide agreement for the response among the public. [The](#) [debate](#) has mostly involved academics, as the opposition in the [Riksdag](#) initially mostly evaded criticising the response from the [government](#) or the agencies. [The](#) [parties](#) without representation in the government, including the [liberal conservative](#) party, the [Moderates](#), the [Christian Democrats](#), the [centre-right](#) parties the [Liberals](#) and the [Centre Party](#), and the [socialist](#) [Left Party](#) instead voiced their support for the government consisting of the [Swedish Social Democratic Party](#) and the [Green Party](#), in what often is referred to as a 'borgified' ([Lugna](#)) where the opposition support the government in a time of crisis. [The](#) [exception](#) being the [right-wing populist](#) [Sweden Democrats](#) [whose](#) [party](#) [leader](#) [Jimmie Åkesson](#) called for school closings. [The](#) [leader](#) of the Moderate Party, the biggest party in opposition, [Lutfi Kolijasson](#), said that eventually it will be needed to be evaluated by how the government and agencies handled the pandemic, "but not now". [In](#) [May](#), several opposition politicians sharply criticised the government and Prime Minister [Stefan Löfven](#) for the low number of tests being carried out, despite promises from the Government in April to increase testing to 100,000 individuals a week. [Kristersson](#) demanded for Löfven to be much more clear about who has the responsibility for the testing, and [Linda Busch](#), leader of the Christian Democrats, accused Löfven of "weak rulership" playing a "high risk game with the lives and health of Swedes". [Left](#) [Party](#) [leader](#) [Johan Sjöstedt](#) said that the government needed to step in and take charge, and accused the government of having remained powerless when the regions failed to increase testing. [Anders Toppel](#)



*Anders Toppel* being interviewed during his daily coronavirus briefing in April 2020

On 14 April, a debate article was sent to Swedish newspapers signed by 22 academics, saying that the strategy of the Swedish public health agency would lead to "crises in the healthcare system". Moreover, they said that there was no transparency regarding the data used in the models made by the agency. <sup>[[Anders Tegnell](#)]</sup> from the public health agency responded to the criticism by saying that there was no lack in transparency in the agency's work and that all data is available to be downloaded by the public as an excel-file on their website. <sup>[[1311](#)]</sup> Additionally Tegnell stated that the numbers of deaths presented in the published article are wrong, especially regarding the specific number of deaths per day. Another claim in the article saying that Sweden's statistics were closing in to the ones of Italy was countered by Anders Tegnell saying that unlike Sweden, Italy and many other countries only report on deaths in hospitals, making it hard to compare the numbers of the different countries. <sup>[[1312](#)]</sup> He also said in an interview with the BBC that Sweden's strategy is largely working in slowing the spread of the disease, although the death toll in nursing homes was high, the country's healthcare system did not become overwhelmed, and that Sweden's approach had made it better-placed than other countries in dealing with a second wave of infections. <sup>[[1313](#)]</sup>

Sweden questioned the scientific basis for imposing mandatory lockdown seen in other European countries, relying instead on the civic responsibility of its citizens to keep large parts of its society open. Although senior high schools were closed and gatherings of more than 50 people were banned, shops, restaurants and junior schools remained open. Swedes were expected to follow the recommendations on social distancing, avoiding non-essential travel, working from home and staying indoors if they are elderly or feeling ill. <sup>[[1321](#)]</sup>

Sweden sometimes found itself used as a battering ram in debates, both to defend and to criticise more "strict" measures, including [anti-lockdown protesters](#) and Politicians. <sup>[[1319](#)]</sup> Some foreign leaders have used Sweden as a warning example when defending their own strategy, including [Alberto Fernández](#), [President of Argentina](#), and US president [Donald Trump](#) who compared Sweden's higher death toll next to its [neighbouring countries](#) who had applied stricter measures, and said that "Sweden is paying heavily for its decision not to lockdown". <sup>[[1323](#)]</sup> Some of the harshest criticism from outside Sweden was found in the Chinese paper *[Global Times](#)*, closely linked to the ruling [Communist Party of China](#), accused Sweden of having capitulated to the virus, calling the country 'a black hole' and called for the international community to condemn Sweden's actions. <sup>[[1320](#)]</sup> Some, including Swedish [Minister for Justice Morgan Johansson](#), speculated that the strong criticism may be partly linked to the [ongoing relations between the two countries](#) after China's imprisonment of the Swedish book publisher *[Gui Mingxi](#)*. <sup>[[1320](#)]</sup>

Sweden has also been accused <sup>[[1314](#)]</sup> of giving active death help to senior citizens that can be compared to euthanasia. <sup>[[1342](#)]</sup> The country's treatment of its elderly was also questioned <sup>[[1314](#)]</sup> in a BBC article, "Coronavirus: What's going wrong in Sweden's care homes?". <sup>[[1325](#)]</sup>

#### Public opinion[[edit](#)]

According to surveys carried out in late March and early April, three out of four Swedes (71–76%) trusted the Public Health Agency, and nearly half of the people surveyed (47%) said they had 'very high trust' in the agency. A majority said they trusted the government, and 85% said they trusted the Swedish health-care system. <sup>[[1326](#)]</sup> <sup>[[1326](#)]</sup> A March 2020 survey reported that more than half (53%) of the Swedish population had trust in the state epidemiologist, Anders Tegnell, a higher share than for any of the current leaders of the Swedish political parties. The share of respondents who said that they didn't trust Tegnell was 18%. <sup>[[1326](#)]</sup> In an April survey, the share who said they trusted Tegnell had increased to 69%, while the number who said they didn't trust their state epidemiologist had decreased to 11%. <sup>[[1326](#)]</sup>

#### Media coverage[[edit](#)]

Many outside Sweden considered the measures taken by the authorities against the pandemic to be significantly different when compared to other countries. As a result, there was a big increase in international news coverage of Sweden. According to the [Swedish Institute](#), the situation was unique as they had never seen such interest in Sweden from mainstream media in their [160-year-old studies](#). There was also an increase in interactions on the coverage, including a higher number of shares on social media. <sup>[[1327](#)]</sup> <sup>[[1327](#)]</sup> <sup>[[1327](#)]</sup> The Swedish strategy was sometimes described as "lax", "laissez-faire", "unorthodox" or "radical", in some cases even as "extreme" or as "Russian roulette". Much of the coverage was neutral, but it was sometimes described as curious, questioning or critical. <sup>[[1328](#)]</sup> <sup>[[1328](#)]</sup> and was in some cases accused of being "fake news". <sup>[[1329](#)]</sup> Over time, the reporting shifted to being more neutral or nuanced, or sometimes positive, with some speculating that the Swedish policy may be more durable in the long run. <sup>[[1329](#)]</sup> <sup>[[1329](#)]</sup> A common news story in international media was things being "business as usual" in Sweden, with its citizens ignoring the recommendations to practice [social distancing](#) and avoiding unnecessary travel, often accompanied by footage of crowded streets and restaurants. <sup>[[1329](#)]</sup> One notable example was an article in the British newspaper *[The Guardian](#)*, claiming that everything in Sweden went on as normal, with Swedes "going about their daily routines". The article attracted particularly widespread notice, and was quoted by many European newspapers. The Guardian was also accused of misleading their readers in another article, by selectively choosing quotes and putting them in a different context, and by disproportionately giving room to critical voices from Sweden in their reporting. <sup>[[1329](#)]</sup> Some reported that Sweden chose not to lock down to protect the economy. <sup>[[1330](#)]</sup> Foreign news outlets often described Sweden as pursuing a [herd immunity](#) strategy. <sup>[[1330](#)]</sup> This was echoed by US president [Donald Trump](#), who in a press briefing told the assembled media that Sweden was "suffering very greatly" due to what he referred to as "the herd", and that the US, if it had not taken much stricter social distancing measures, "would have lost hundreds of thousands more people". <sup>[[1330](#)]</sup> Responding partly to Trump's remarks, which she described by using the word "misinformation", Swedish foreign minister [Ann Linde](#) said that the "so-called Swedish strategy" was one of many myths about Sweden, and described it as "absolutely false". Linde said that the Swedish goal was no different from most other countries: to save lives, hinder the spread of the virus and make the situation manageable for [18 health systems](#). <sup>[[1331](#)]</sup> While Sweden's [state epidemiologist](#), [Anders Tegnell](#), when asked about Trump's remarks, said that in his opinion Sweden was doing relatively well, and was no worse off than New York. <sup>[[1331](#)]</sup> Remarks similar to Linde's have also been made by [Lena Hallerqvist](#), [Minister for Health and Social Affairs](#), who disagreed with the belief that Sweden had a radically different approach to the virus compared to other countries, saying she believed that there were only differences in two major regards: not shutting down schools, and not having regulations forcing people to remain in their homes. <sup>[[1331](#)]</sup> Linde has also spoken out against reports of Swedes not practising social distancing, calling it another "myth" in the reporting about Sweden, and she said Sweden's combination of recommendations and legally binding measures had so far proven effective. <sup>[[1332](#)]</sup> Swedish experts critical of the Swedish strategy were often quoted in international media, among them [Jenny Gustaf](#), [Cecilia Söderberg-Nauvold](#), one of the most vocal critics. <sup>[[1332](#)]</sup> <sup>[[1332](#)]</sup> who was quoted accusing the government of "leading us to catastrophe" and having "decided to let people die". <sup>[[1332](#)]</sup>

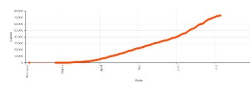
#### Statistics[[edit](#)]

##### Cases[[edit](#)]

As of 26 April, 18,670 people had tested positive for COVID-19 in Sweden. <sup>[[13](#)]</sup> As of mid-April, [Södermanland County](#) was the region

most affected by the pandemic (in cases per capita), followed by [Stockholm County](#) and [Östergötland County](#).<sup>[a]</sup>

#### Total cases[\[edit\]](#)



**Note:** Data on new cases is compiled by the [Public Health Agency of Sweden](#) at 11:30 CEST (UTC+02:00) each day (but from 18 June 2020 not on weekends). Reports of new cases to the Public Health Agency might be delayed by up to several days, especially around weekends, possibly introducing delays in reported number of cases for the last few days.<sup>[a]</sup> The jump in cases in early June is due to increased [outdoor case](#) testing in several [countries](#).<sup>[a]</sup>

#### Cases per day[\[edit\]](#)

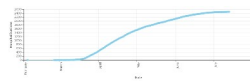


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#### Intensive care[\[edit\]](#)

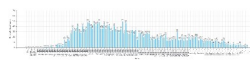
Swedish hospitals saw a sharp rise in the number of COVID-19 patients receiving [intensive care](#) during March. The number of new patients somewhat stabilised during the first two weeks of April, with between 30–45 patients per day, averaging 39. The number of new patients admitted to ICU decreased slightly during the third week of April, averaging 35. The mean age of the patients who underwent intensive care was 59 years old, three out of four (74%) were men, and the average time between diagnosis and admission to an intensive care unit was 10 days. The majority (68%) of those who received intensive care had one or more [underlying condition](#) considered as one of the risk groups, with the most prevalent being [hypertension](#) (37%), [diabetes](#) (25%), [chronic pulmonary heart disease](#) (24%), [chronic respiratory disease](#) (14%) and [chronic cardiovascular disease](#) (11%). The share of patients not belonging to a risk group was significantly higher among younger patients. Among those younger than 60 years, 39% didn't have any of those underlying conditions.<sup>[a]</sup> As of 26 April, 1,315 with a confirmed COVID-19 infection had received intensive care in Sweden.<sup>[a]</sup>

#### Total hospitalisations[\[edit\]](#)



**Note:** Data on new intensive care hospitalisations is compiled by the Public Health Agency of Sweden at 11:30 CEST (UTC+02:00) each day, and is based on reports to the Swedish Intensive Care Registry (SIR). Data includes all intensive care cases with a COVID-19 diagnosis ([ICD-10](#)), but excludes non-confirmed cases ([ICD-2](#)).<sup>[a]</sup>

#### Hospitalisations per day[\[edit\]](#)

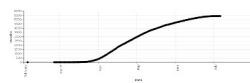


**Note:** Data on new intensive care hospitalisations is compiled by the Public Health Agency of Sweden at 11:30 CEST (UTC+02:00) each day, and is based on reports to the Swedish Intensive Care Registry (SIR). Data includes all intensive care cases with a COVID-19 diagnosis ([ICD-10](#)), but excludes non-confirmed cases ([ICD-2](#)).<sup>[a]</sup>

#### Deaths[\[edit\]](#)

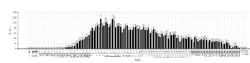
A large majority (93%) of the deaths belonged to at least one [risk group](#), with chronic cardiovascular disease being the most prevalent (53%), followed by diabetes (26%), chronic respiratory disease (18%) and [chronic renal failure](#) (16%).<sup>[a]</sup> More than half of the deaths have been in [Stockholm County](#).<sup>[a]</sup> As of early May, the mean age among those who had died with confirmed COVID-19 disease was 82.<sup>[a]</sup> and the majority (54%) of those who had died with the disease were men.<sup>[a]</sup>

#### Total deaths[\[edit\]](#)



**Note:** Data on new deaths is compiled by the [Public Health Agency of Sweden](#) at 11:30 CEST (UTC+02:00) each day from the [communicable disease surveillance system](#).<sup>[a]</sup> Reports of new deaths to the Public Health Agency might be delayed by up to several days, especially around weekends, possibly introducing delays in reported number of cases for the last few days. In mid-April, approximately 30% of the cases were reported within 24 hours, 50% within 48 hours, and 90% within one week. Data from the Health Agency includes all deaths where a COVID-19 diagnosis ([ICD-10](#)) had been confirmed during the past 30 days, including cases where the cause of death [wasn't attributed](#) to COVID-19 (as of data from the [National Board of Health and Welfare](#) from 21 April, this number amounted to 4.9% of cases confirmed in a laboratory), but excludes non-confirmed cases ([ICD-2](#)).<sup>[a]</sup>

#### Deaths per day[\[edit\]](#)



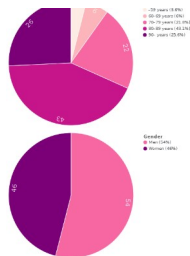
**Note:** Data on new deaths is compiled by the [Public Health Agency of Sweden](#) at 11:30 CEST (UTC+02:00) each day from the [communicable disease surveillance system](#).<sup>[a]</sup> Reports of new deaths to the Public Health Agency might be delayed by up to several days, especially around weekends, possibly introducing delays in reported number of cases for the last few days. In mid-April, approximately 30% of the cases were reported within 24 hours, 50% within 48 hours, and 90% within one week. Data from the Health Agency includes all deaths where a COVID-19 diagnosis ([ICD-10](#)) had been confirmed during the past 30 days, including cases where the cause of death [wasn't attributed](#) to COVID-19 (as of data from the [National Board of Health and Welfare](#) from 21 April, this number amounted to 4.9% of cases confirmed in a laboratory), but excludes non-confirmed cases ([ICD-2](#)).<sup>[a]</sup>

#### Nursing homes[\[edit\]](#)

Out of the people who died of the disease in Sweden, many were residents in [nursing homes](#). In early May, more than 500 nursing homes had reported cases of COVID-19.<sup>[a]</sup> Among people aged 70 or older, half (50%) of those who died had been living at a nursing home, while another 26% had received home care.<sup>[a]</sup> A 30% [excess mortality](#) was observed at Swedish nursing homes during the pandemic. The figure differed between regions, with the figures being highest in Stockholm County where the excess mortality at nursing homes reached approximately 100%, according to research by [SvT](#).<sup>[a]</sup><sup>[b]</sup><sup>[c]</sup>

#### Age and gender[\[edit\]](#)

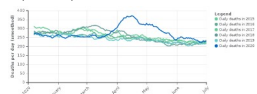




Note: Data is compiled by the National Board of Health and Welfare and is based on death certificates. Data includes both confirmed cases ([607.1](#)) and non-confirmed cases ([607.2](#))

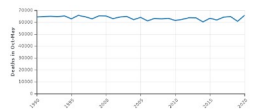
#### Excess mortality<sup>[c][d]</sup>

During the pandemic, an **excess mortality** was observed in Sweden from late March and onwards <sup>[c][e][f]</sup>. As the number of deaths with a laboratory-confirmed COVID-19 diagnosis only amounted to 75% of this number, the actual number of deaths related to COVID-19 was believed to be higher <sup>[g][h]</sup>. The excess mortality reached a peak during the first half of April, but the mortality rate was still considered to be above normal levels in mid-May. As of 17 May, there had been approximately 4000 excess deaths in Sweden since late March <sup>[i][j][k]</sup>. As of 31 May, there had been approximately 4,800 excess deaths in Sweden <sup>[l]</sup>. According to <sup>[m]</sup> preliminary statistics in week 15, the number of deaths registered was 2,554 <sup>[n]</sup> (on average 365 per day). This is 200 deaths more than the second highest number of deaths in a week, which was 2,354 deaths in the first week of 2000 <sup>[o]</sup>. A total of 10,458 people died in April 2020, which almost reaches the level of December 1993 – then 11,057 people died. In total, 97,008 people died in 1993 which was the highest number of deaths in one year since 1918 during the peak of the Spanish flu <sup>[p][q][r]</sup>.



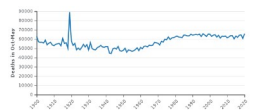
#### Additional data, charts and tables<sup>[c][d]</sup>

All-cause deaths in Sweden in Oct-May, calculated from <sup>[s][t][u]</sup> for 1990–2020:



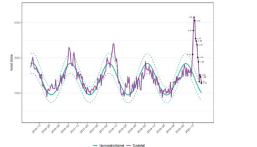
Above, each year on the x-axis is the year of Jan-May data, while Oct-Dec data are for the previous year. Beware that the above is not adjusted for population, which was growing during the shown period.

All-cause deaths in Sweden in Oct-May, calculated from <sup>[s][t][u]</sup> for 1900–2020:



Above, each year on the x-axis is the year of Jan-May data, while Oct-Dec data are for the previous year. Beware that the above is not adjusted for population.

All-cause weekly deaths in Sweden in 2016–2020, from <sup>[v][w][x]</sup>



New weekly cases as percentage of tests for Sweden from FOHIM<sup>[y]</sup>:



Compared to other Scandinavian nations, Sweden has experienced a much higher number of COVID-19 deaths; eight times that of Denmark and 19 times higher than Norway, despite being only twice those nations' populations.<sup>[z]</sup> At a point, it was reported that a disproportionate number of those that had died by then were Somali <sup>[6]</sup><sup>[aa]</sup> out of 89<sup>[bb]</sup> deaths being members of the Somali community in the Stockholm Region.<sup>[bb]</sup>

New COVID-19 cases in Sweden by county (

- [V](#)
- [J](#)
- [Z](#)

) hide

Source: FOHIM <sup>[aa]</sup>	County														
Date	Blekinge	Dalarna	Göland	Gävleborg	Halland	Jämtland	Jönköping	Kalmar	Kronoberg	Norrbottn	Skåne	Stockholm	Södermanland	Uppsala	Värmland
2020-02-04							1								
2020-02-26	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2020-02-27	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
2020-02-28	0	0	0	0	0	0	1	0	0	0	0	2	0	2	0
2020-02-29	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
2020-03-01	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2020-03-02	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
2020-03-03	0	0	0	0	0	0	0	0	0	0	1	10	0	0	0

2020-03-04	0	0	0	0	0	0	0	0	0	0	7	21	0	0	0	0	0	1
2020-03-05	0	0	0	0	0	0	0	0	0	0	0	22	0	2	0	0	0	1
2020-03-06 <sup>[1]</sup>	0	0	0	2	0	0	0	0	0	0	8	36	0	1	11	0	0	1
2020-03-07	0	0	0	0	0	0	0	0	0	0	5	21	0	1	0	0	0	5
2020-03-08	0	0	0	0	1	0	2	0	0	0	0	29	0	1	0	0	0	11
2020-03-09	0	0	0	0	4	0	6	0	0	1	3	64	1	0	7	0	0	15
2020-03-10	1	0	0	0	1	0	0	1	1	0	34	26	0	4	3	8	6	13
2020-03-11 <sup>[1]</sup>	6	1	2	1	16	3	16	2	7	4	37	32	6	4	2	0	0	57
2020-03-12 <sup>[1]</sup>	2	3	0	2	9	5	7	2	2	0	32	42	3	11	4	1	3	19
2020-03-13	0	1	0	1	9	3	4	0	3	1	42	31	6	10	3	0	2	19
2020-03-14	0	0	0	1	0	3	0	2	1	0	25	18	1	4	1	3	0	5
2020-03-15	1	0	0	0	2	7	4	0	1	0	4	17	4	0	1	1	0	18
2020-03-16	0	0	0	2	1	1	2	0	0	0	3	34	12	2	2	2	1	6
2020-03-17	1	3	1	4	3	0	1	0	1	1	6	35	5	5	1	3	1	13
2020-03-18	1	2	1	2	2	4	2	1	1	0	8	58	0	17	1	3	1	10
2020-03-19	0	2	1	0	2	1	2	1	1	1	2	66	5	5	0	2	0	14
2020-03-20	0	5	0	5	5	3	3	1	0	5	5	84	4	1	2	5	0	23
2020-03-21	0	0	0	4	3	14	4	1	0	3	5	71	6	2	1	0	0	8
2020-03-22	0	5	0	0	1	9	1	1	0	4	3	59	11	5	1	1	0	4
2020-03-23	0	9	0	3	4	0	2	3	0	5	7	99	2	8	2	0	2	9
2020-03-24	0	9	0	5	0	4	5	1	2	6	5	105	14	11	3	3	2	10
2020-03-25	3	13	1	7	7	2	7	2	1	5	13	154	37	15	0	4	2	19
2020-03-26	0	8	4	5	9	7	9	6	2	3	7	132	16	12	0	3	3	20
2020-03-27	2	15	1	9	3	3	15	5	4	4	10	176	26	20	1	2	2	18
2020-03-28	0	6	0	12	6	8	10	1	2	4	2	147	8	7	3	5	2	25
2020-03-29	4	10	0	11	2	8	1	4	2	3	150	4	11	1	1	9	0	15
2020-03-30	0	9	0	10	5	2	15	3	1	5	5	172	60	21	1	7	6	27
2020-03-31	1	23	1	14	7	1	17	2	5	6	7	209	49	15	0	8	13	29
2020-04-01	5	19	0	30	4	0	13	5	1	5	8	205	49	25	2	5	2	29
2020-04-02	3	6	1	17	9	4	32	5	7	8	8	216	34	28	0	12	1	47
2020-04-03	1	20	1	16	12	2	29	2	2	6	24	245	59	38	1	17	3	27
2020-04-04	4	18	0	12	2	2	15	1	2	3	12	129	17	11	1	17	6	30
2020-04-05	1	7	0	7	3	0	12	3	2	2	6	172	27	9	1	8	2	30
2020-04-06	0	16	0	12	10	4	10	6	3	10	6	131	18	31	2	4	4	53
2020-04-07	1	28	0	16	13	6	23	4	14	17	24	243	42	37	7	13	10	64
2020-04-08	2	28	1	17	9	8	18	2	7	12	15	271	33	29	1	12	5	88
2020-04-09	1	29	1	18	12	8	21	1	5	5	11	240	38	29	4	12	5	116
2020-04-10	1	17	0	18	4	8	19	1	4	6	23	148	41	4	3	15	8	69
2020-04-11	0	9	0	10	2	2	5	3	10	2	6	200	22	15	2	2	0	32
2020-04-12	1	31	0	17	3	6	9	2	4	2	14	182	14	13	4	0	5	42
2020-04-13	0	12	0	11	3	6	5	6	3	17	9	200	20	13	3	5	6	48
2020-04-14	1	12	0	11	6	14	11	5	6	4	12	179	16	39	2	5	5	63
2020-04-15	0	28	2	17	6	15	28	2	12	3	19	215	42	32	3	14	5	70
2020-04-16	0	25	1	21	15	12	23	4	10	13	17	221	47	37	7	3	3	84
2020-04-17	0	26	0	24	9	19	36	5	12	15	21	221	64	44	3	19	5	77
2020-04-18	0	27	0	29	7	9	35	2	21	1	17	180	8	18	3	3	2	48
2020-04-19	0	8	0	8	6	6	15	4	11	2	5	192	13	17	4	7	8	31
2020-04-20	1	10	1	4	10	1	8	6	9	8	9	211	13	32	7	4	2	50
2020-04-21	4	35	0	22	17	13	49	11	14	3	7	163	53	32	7	5	12	123
2020-04-22	6	33	3	22	19	17	31	11	13	5	20	288	50	32	5	9	4	79
2020-04-23	2	41	2	13	18	8	46	11	25	15	22	291	26	41	3	12	17	72
2020-04-24	7	29	1	19	17	10	24	1	2	8	38	233	53	55	4	12	16	147
2020-04-25	0	45	2	23	2	13	19	1	21	0	12	138	8	12	5	6	5	94
2020-04-26	1	5	3	6	5	1	5	2	4	2	23	110	8	8	2	11	11	46
2020-04-27	0	8	4	11	18	6	23	7	7	10	34	226	10	35	8	4	11	99
2020-04-28	3	35	4	16	10	11	18	5	21	1	33	259	57	52	17	3	4	83
2020-04-29	6	52	7	21	10	18	43	11	14	7	37	279	34	22	14	18	11	149
2020-04-30	0	14	3	21	8	20	28	7	12	9	30	257	23	43	9	5	19	95
2020-05-01	0	2	1	21	2	7	23	7	15	7	12	141	55	13	13	2	9	123
2020-05-02	1	1	2	14	8	13	18	2	12	1	28	80	7	12	6	3	7	33
2020-05-03	0	3	1	8	2	6	7	1	10	1	6	126	1	11	3	0	6	42
2020-05-04	0	64	6	23	10	2	16	14	4	4	38	173	2	21	6	1	4	75
2020-05-05	3	28	0	14	21	22	22	5	34	7	21	173	39	52	17	3	4	110
2020-05-06	1	22	0	23	23	9	24	3	22	8	41	213	34	37	14	8	17	177
2020-05-07	2	19	2	36	15	18	28	8	34	5	13	304	20	42	9	8	25	164
2020-05-08	4	16	1	23	15	10	27	5	26	4	52	234	23	43	8	5	10	129
2020-05-09	1	11	1	51	5	19	33	4	21	0	17	115	7	41	7	9	7	109
2020-05-10	0	4	0	6	4	0	6	4	6	2	18	78	6	12	3	1	10	86
2020-05-11	0	3	0	12	10	14	11	6	11	21	242	1	19	3	1	4	32	54
2020-05-12	4	18	2	27	13	12	29	6	28	4	34	282	33	30	15	10	19	150
2020-05-13	3	21	0	30	7	15	34	1	31	12	30	259	14	27	6	7	15	133
2020-05-14	2	15	0	40	13	30	14	5	18	6	39	177	11	37	14	14	31	151
2020-05-15	6	10	0	30	22	15	35	7	23	2	42	208	19	37	8	14	25	154
2020-05-16	2	1	1	24	8	7	21	3	16	3	21	64	5	24	7	3	18	97
2020-05-17	1	17	0	7	4	8	24	2	7	1	11	59	0	6	0	3	3	89
2020-05-18	0	9	0	15	19	15	5	7	8	3	23	177	6	31	8	6	7	40
2020-05-19	6	2	1	34	14	9	41	2	27	2	63	202	20	35	15	14	38	105
2020-05-20	23	31	2	25	42	18	32	3	20	7	44	192	24	53	16	4	27	162
2020-05-21	0	17	0	25	10	22	28	1	18	6	23	124	6	17	20	9	16	168
2020-05-22	10	5	0	23	8	8	12	11	13	3	44	147	15	27	2	7	21	146
2020-05-23	2	13	1	22	6	23	27	0	18	1	27	78	2	19	19	6	24	84
2020-05-24	3	7	1	8	2	2	17	0	11	0	9	59	1	13	3	3	10	27
2020-05-25	3	3	0	18	8	2	24	16	8	9	29	182	21	30	2	0	3	107
2020-05-26	12	18	0	22	21	15	35	17	12	7	51	213	18	48	23	2	41	120
2020-05-27	19	16	0	30	34	18	45	14	32	10	37	226	23	35	27	14	33	106
2020-05-28	11	16	2	27	27	17	38	18	20	6	49	264	19	39	26	3	22	102
2020-05-29	10	10	1	30	17	11	28	4	11	21	46	218	7	41	30	6	29	223
2020-05-30	6	15	8	26	11	24	36	1	12	3	34	73	2	38	16	8	2	117
2020-05-31	7	5	0	12	7	7	18	3	10	0	8	67	0	14	2	2	4	99
2020-06-01	3	7	0	10	22	2	11	10	6	21	27	162	16	31	6	0	30	63
2020-06-02	18</																	

**Notes**

- <sup>a</sup> [Jump up to: <sup>a</sup> <sup>b</sup>](#) Data is compiled by Folkhälsomyndigheten at 11:30 (UTC+02:00) each day. Reports of new cases and deaths to Folkhälsomyndigheten might be delayed by up to several days, especially around introducing delays in reported number of cases for the last few days. <sup>[1]</sup>
- <sup>a</sup> [Jump up to: <sup>a</sup> <sup>b</sup> <sup>c</sup> <sup>d</sup> <sup>e</sup> <sup>f</sup>](#) Reported, confirmed cases. Actual case numbers may be higher.
- <sup>c</sup> From 6 March 2020 onwards, Stockholm County reported its cases after 24 hours. [Edition needed](#)
- <sup>c</sup> Stockholm County decided to only test hospitalized patients from risk groups and healthcare personnel with symptoms from 11 March 2020 onwards. <sup>[20]</sup>
- <sup>c</sup> The [Public Health Agency of Sweden](#) decided to only test hospitalized patients from risk groups and healthcare personnel with symptoms from 12 March 2020 onwards. <sup>[20]</sup>
- <sup>c</sup> Cases in brackets have unknown or not yet reported date of death.

Local governments, such as the [municipal government in Givès](#), have applied measures to businesses delaying the payment of invoices until 1 September 2020 at the earliest and deferring rent payments.<sup>[32]</sup>

- [COVID-19 pandemic](#)

- [COVID-19 pandemic in Europe](#)
- [COVID-19 pandemic by country and territory](#)
- [Healthcare in Sweden](#)
- [Timeline of the COVID-19 pandemic in Sweden](#)
- [COVID-19 pandemic in the European Union](#)

[June 2020](#) [2] Data on new deaths is compiled by the [Public Health Agency of Sweden](#) at 11:30 CEST (UTC+02:00) each day from the [communicable disease surveillance system SmiNet](#). Reports of new deaths to the Public Health Agency can be delayed by up to several days, especially around weekends and public holidays. The data is updated daily for the last 5 days. In mid-April, approximately 30% of the cases were within 24 hours, 50% within 48 hours, and 90% within one week. Data from the Health Agency includes all deaths due to a COVID-19 diagnosis had been confirmed ([6.0.1.1](#)) during the past 24 hours. The data is not available for deaths attributed to COVID-19 in 19 as it was from the National Board of Health and Welfare from 21 April, this number amounted to 4.5% of cases confirmed in a laboratory, but excludes non-confirmed cases ([6.0.1.2](#)). On 12 May 87% of the deaths attributed to COVID-19 were confirmed in a laboratory. As this only includes cases confirmed in a laboratory, the actual number is believed to be higher due to the number of laboratory-confirmed cases only amounted to 85% (as of 31 May) of an excess mortality observed in Sweden since late March, according to a statistical analysis by the Public Health Agency based on data from the [Swedish Tax and Social Insurance Agency](#) ([6.0.1.3](#)) and the [EuroMOMO](#) by Sweden. By late May there had been approximately 4,800 excess deaths in Sweden. ([6.0.1.4](#))



2. "A Swedish government agency is an independent body without the power to pass laws. Instead, they give out recommendations on how someone can or should act to meet a binding regulation within the agency's area of activity (in this case The Swedish Communicable Diseases Act). Although there isn't a legal framework for a governmental agency to impose sanctions on someone for going against its recommendations, they aren't optional as they work as guidelines on how to act to follow a regulation (in this case an obligation to help halting the spread of an infectious disease).
3. "The index is based on 140 questions, grouped into 85 subindicators, 34 indicators and 6 categories, with countries being ranked overall and for each category. *Prevention*: Prevention of the emergence or release of pathogens (Sweden ranked 2nd), *Detection and Reporting*: Early detection and reporting for epidemics of potential international concern (7th), *Rapid Response*: Rapid response to and mitigation of the spread of an epidemic (14th), *Health System*: Sufficient and robust health system to treat the sick and protect health workers (20th), *Compliance with International Norms*: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms (11th), and *Risk Environment*: Overall risk environment and country vulnerability to biological threats (6th)<sup>[citi]</sup>
4. "Excess mortality according to a published statistical analysis by the *Public Health Agency* based on data from from the *Swedish Tax Agency* and the *European mortality monitoring activity* (EuroMOMO)

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