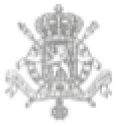

GEMS

Adviesaanvraag

Vraagsteller	Regeringscommissariaat Corona
Datum van adviesaanvraag	22/11/2021
Onderwerp	Proposed measures to reduce transmissions
Vraag	/

Adviesverstrekking t.a.v. het Overlegcomité

Datum van adviesverstrekking	25/11/2021
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Overall principle

Given the current epidemiological situation, the Belgian population should limit, stabilize (i.e. limit non-repetitive contacts) and protect their contacts to their daily usual family and friends / inner circle to reduce the transmission. More detailed recommendations based on this principle are stated below.

Current situation

1. **Epidemiological update:**
    a. The current epidemiological situation continues to deteriorate in Belgium (less so in areas where NPIs were maintained), with an overwhelmed healthcare system (both first and second line) as a result. The current hospitalisation and ICU occupancy are both worrying. The trend is evolving towards an ICU occupancy of 800-1,200. Furthermore, the reproduction number (Rt) is still growing.
    b. Aspects of why the situation is worsening rapidly:
        i. We are in the steeper part of the exponential rise, as there was insufficient precaution in place during the long run-in period towards the current steep part of the exponential rise ("the virus is everywhere"). Policy allowed Rt>1 from September onwards. Contact frequency needs to decrease much more to stop the deterioration.
        ii. Subvariant AY.43 (40% - see NRC report) with some transmission advantage (actual impact for Belgium unknown right now)
        iii. Seasonality
        iv. Increased number and riskiness (e.g. indoor) of contacts with Rt>1 over a long time period (CoMix Belgium with November as latest datapoint)
        v. Contact tracing is overwhelmed (see below)
        vi. Relaxing quarantine etc. (at schools, for vaccinated people...) creates a surge in infections
        vii. Waning immunity, especially against transmission and milder forms of COVID (older age groups)
    c. The first cases of influenza are being observed, please refer to our earlier advice on the risk of double burden COVID-19 + influenza.
    d. Neighbouring countries: We are still in a very unstable situation worldwide. A majority of West-European countries are facing a wave at this time, including Portugal who has a high level of vaccination. Other worrying countries with a rapid increase of confirmed cases are: Austria, Ireland, Slovenia, and Greece. The United Kingdom has been on a plateau since mid-July 2022, and currently experiences rising case numbers once again. On the other hand, the worrying situation in The Baltics, Bulgaria and Romania is gently improving.
    e. Workplace: The upward trend continues at a strong pace. Details can be found in version 19 of the 2-weekly report: COVID-19 infections per sector. Two weeks ago we reported 791 cases in the general population versus 862 in the working population (per 100,000). Now we not only see an increase in the general population (1,086) and working population (1,372), but the increase is proportionally stronger in the working population, as predicted. The virus now appears to be spreading more rapidly among adults.
    The main sectors affected remain those where there is close contact between adults and young people: such as the health sector (hospitals and residential care, social work...), education (with a notable increase in secondary education), police services (e.g. police), nurseries... The fact that a growing number of other sectors are also on the rise and are already above the incidences of the general working population is worrisome. These include fitness and sports centers, football clubs, and beauty salons. In addition to these sectors with high incidences in the previous waves, we also see that other sectors such as banks, lead, zinc and tin production, show incidences above those of the general population.

2. **Uncontrollable management strategy**
   a. The **test and contact tracing** system is completely overloaded resulting in a loss of one of the important defense lines:
      i. Workplace: With the evolving cases it is no longer possible to continue proper tracing of the employees. E.g. notifications sent currently by contact tracing centres arrive two days after the onset. Against the background of the current curve, it is impossible to optimise the contact tracing process without changing the preventive measures to decrease the transmission. Beside this, contaminated people are less respecting the quarantine/isolation measures. This is an additional reason to focus on telework.
      ii. The turnaround time (TAT, (time between test and result) is too long to have an effective contact tracing process.
      iii. Since the logistical and human capacities cannot speed up as fast as the rise in cases during an exponential phase, there is a need to reduce transmission, in order to allow contact tracing to become manageable again. Therefore, the focus should be on
         - Reducing contacts
         - Protecting vulnerable people (results in less hospitalised cases)
         - Alleviating the workload for GPs

         Taking these objectives into account and in order to use the available capacity to ensure the highest impact, a prioritisation within the testing strategy might need to be considered (e.g. firms, schools, symptomatics…).
      iv. Self-test issues: There might be more people who are positive than reported, because people with positive self-test might not get a PCR to confirm. Sick people or people who do not know the added value of getting a PCR test to confirm their positiveness will not be reported. While underreporting has always been a feature of the case numbers, these issues may have an impact on the monitoring potential of the curves, on testing and contact tracing and consequently on quarantine and measures. On the other hand, rapid tests and vaccination status provide a false sense of security among the population.
   b. Education. Outbreaks in classes and entire schools are more and more common (on 23/11/2021, 17 primary schools and 6 secondary schools in Flanders were closed). In some cases schools are switching to online instruction to stabilise the situation and to ensure the exams can be organised.
      A modeling study performed by Torneri *et al*. has shown that a 30% increase in attack rate is to be expected following the change in testing and quarantine rules in primary schools in Flanders at the beginning of October.
      i. Primary schools play the role of an engine: infections in (primary) schools over the last week have doubled in Flanders (source: CLB). Since the beginning of the school year, incidences in the primary school system have been roughly double that of the general population, whereas incidences are about half the general population's in both kindergarten and secondary schools. However, it is important to note that primary schools are not the only engine and that infections arise across the whole society.
      ii. It is proposed to implement measures defined in the previous advice. Given the epidemiological situation, it is crucial to take measures very seriously.
   c. General practitioners' situation is critical (e.g., communication by Domus Medica). Also occupational physicians, youth physicians, and the mental health sector and social services are overloaded. Long term damage in the health sector must be taken into account.

d. **ICU.** While the number of beds taken by COVID-19 patients is increasing, the pool of available beds is decreasing, because of unavailability among personnel. This decreases the number of beds for non-COVID care even further. As such, the current wave cannot be compared to the previous ones. Hospitals are reducing by 30 to 50% their surgical capacity, some even have to close surgical theaters completely. The delays are becoming longer and people might not go to the hospital for non-COVID care.
e. **Event industry / culture**, the event sector is struggling with the amount of cancellations and the unclear measures (mask wearing, testing). As a consequence, event organisers are making their own rules.

3. **Measures are often not clear/known/understood, and enforcement is needed** (please refer to previous advice):
    a. **Masks:** Allowing people to take off their mask when sitting reduces its effectiveness during events, cultural activities and in schools. Masks should be worn at all times in all indoor settings and crowded outdoors, except in horeca when seated, because of the nature of the activity (eating and drinking).
    b. **Covid Safe Ticket:** The use of the CST alone creates a false sense of security. This measure should not be used anymore on its own at this point in the pandemic, but always in combination with other lines of defense, including mask wearing, negative test, and ventilation.
    c. **Ventilation:** The ventilation measures are not (always) respected in offices, horeca, schools... in spite of the fact that many have gone through important efforts to comply with the measures in this respect. Moreover, the penalties for not respecting these measures are not known by the public. As written in the previous advice, "it implies the assessment of CO2-levels as a proxy in all places where people convene (including all workplaces, classes, sports and leisure infrastructure) as well as effective action to reduce CO2-levels or interrupting activities where applicable."
    d. **Telework:** Both public and private employers should minimise the physical presence on site. It is advised to retain telework at ⅘ until the end of December (switching to ⅗ will reduce the impact of the measure too much). Work/business events should be prohibited for the time being. Please refer to previous advice for additional and more detailed considerations. Additionally, employers should implement the updated version of the generic guide to ensure a safe workplace. These rules to be followed at the workplace deserve a clear communication supported by all social partners.
    e. **Vaccination:** The health sector and the vulnerable population (+65 and patients with comorbidities) are receiving their 3rd dose. The message that we try to protect our healthcare workers and therefore patients visiting the hospital could be better communicated to the population (including via formal campaigns, …).
    f. **High-risk activities:** As written in the previous advice, the number of contacts in private and public activities must be reduced, by suspending the higher-risk activities (where preventive measures cannot be followed).
        i. A financial compensation should be taken into account for the most vulnerable sectors (event sector, nightlife, horeca...).
        ii. A closing hour is an effective way to reduce the total amount and riskiness of contacts and contaminations. In the Netherlands, they chose 8 pm as closing hour. This can be a starting point for a political discussion. The analysis of infections at the workplace (RSZ/ONSS data) does not show a worrying trend for horeca personnel. However, nightlife in clubs and bars is creating a very high number of high-risk contacts. In that sense, installing a closing time reduces the number of contacts drastically, without impacting all social activities.

    iii. Physical meetings should be avoided (whether work-related or for other reasons). Exceptions can be made for weddings and funerals. In such cases, antigen self-testing could help.

g. **Culture:** Can still be organised if seated and wearing a mask + CST

h. **Education:**
    i. **Primary and secondary schools:** we recommend applying as quickly as possible the proposed measures in the previous advice[1]. Additionally, we would like to propose the following measures:
        - Reinstall all preventive measures in place beginning of 2021 in schools
        - Facilitate hybrid and online teaching to ensure access to and continuity of education for all children (provide necessary equipment), also for preventive reasons
        - Hold off organised school trips (e.g. classe de neige)

    ii. **Higher education** should move to the already existing ‘code orange’ and all extracurricular activities should be cancelled. This should imply for large groups maximum occupation rates ⅕, for small groups maximum occupation rates ½ and for practical sessions 1/1, all WITH maintained mask wearing and optimized ventilation

    iii. **Indoor extracurricular activities** organised by schools and universities should be cancelled. Extracurricular activities do not include childcare (opvang).

i. **Fans/public at sport events:**
    i. **Indoor:** no spectators allowed
    ii. **Outdoor:** limiting audience with cap on maximum capacity for large sports events
    iii. **Amateur competitions to be suspended**

j. **Private life:** The population needs clarity from the politicians on what is still considered as safe and allowed. The Belgian population should **“limit/stabilise/protect”** their contacts to their daily usual family and friends / inner circle to reduce the transmission. This advice should be part of a clear communication campaign that acknowledges and supports the efforts done by the population, and does not patronise them with predefined norms that may not be applicable in all circumstances.

4. Motivation / communication

a. The vaccinated and non-vaccinated population need **clear communication** to stay motivated. The mid-term communication must be clear and hopeful for everyone. Using a table with criteria and adequate measures for clarifying the activation and deactivation guidelines could help people better understand and accept the measure. There is a **need for perspective:**
    i. Do not wait to intervene as it will only become more complicated and it will be less well perceived. Please refer to the thresholds defined by the RAG in July 2021 to explain measures.
    ii. How will we confront the next wave? What should we do in the interim to avoid/minimise it?
    iii. Crisis communication needed
    iv. What about Christmas, New Year, etc. ?

b. **Communication is crucial** for the acceptance of the measures that might be taken in the near future.

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[1] The recommendation on mask wearing in primary schools in the classrooms has been debated extensively but agreed upon by the vast majority of the GEMS, given the severe epidemiological context in and outside the schools. In addition, adapted masks efficiently worn for a limited time is of importance when the child is in close contact with vulnerable people (both vaccinated and unvaccinated)

c. **Communication / information about vaccine:**
    i. Explain to the population how vaccines are working.
    ii. Vaccines offer good protection against hospitalisation, ICU admission, and mortality.
    iii. Communicate that the current wave is not only one of unvaccinated people. Vaccines provide 50% protection against transmission, but vaccinated people have (2x) more (close) contacts. Vaccinated people should also reduce their amount of (close) contacts.

d. **Plead for consistency both between measures and between regions**

e. **Motivation is lacking to adhere to measures**:
    i. Make vaccinated people aware of the remaining risk of getting infection and, as a consequence (severely) ill. People underestimate the risk of getting serious forms of COVID-19 because they place excessive faith in vaccines. When compared to previous periods (fall 2020) with similar numbers, risk perception (to be hospitalised) was much higher.
    ii. Increase risk perception with clear communication highlighting realistic estimates of what the risks are, for example by communicating the profile of the hospitalised people. In addition, the role of first line prevention and health promoting services should not be underestimated. These should remain accessible to unvaccinated and vaccinated, and outreach activities should be reinforced, to create spaces where people meet safely and have debates about what matters to them, as discussions around vaccination[2].
    iii. To increase predictability and adherence to measures, refer to the thresholds defined by the RAG in July 2021.
    iv. Keep the psychological effects of (not) taking measures in mind (also on a longer term).

5. Additional considerations :

a. Antiviral medication will not put a halt to the fourth wave and will not be discussed as part of this advice, together with vaccines.

b. Stock of FFP2: Suggest to the government to buy more FFP2 for vulnerable people because FFP2 would be preferred in high risk settings. However, this should not endanger the supply of FFP2 masks for the healthcare system.

[2] In such ‘community action spaces’, reflection and awareness generation can take place, especially among populations where general communication campaigns fail to meet their target. In particular socially vulnerable groups need to feel recognised and addressed in what matters to them, and not exclusively and/or only about vaccination