

**a. Adviesaanvraag**

Vraagsteller	OCC
Datum van adviesaanvraag	27/01/2021
Onderwerp	Maatregelen
Vraag	- Kan een update gegeven worden over de adviezen m.b.t. de beheerstrategie om een mogelijke derde golf te voorkomen, meer bepaald plan A, B en C?
Reden	

**b. Adviesverstrekking t.a.v. het Overlegcomité**

Datum van adviesverstrekking	03/03/2021
Dit advies werd opgesteld en goedgekeurd door	De volgende leden van de expertgroep beheerstrategie: Isabelle Aujoulat, Philippe Beutels, Steven Callens, Bénédicte Delaere, Mathias Dewatripont, Lode Godderis, Niel Hens, Yves Kreins, Tinne Lernout, Romain Mahieu, Christelle Meuris, Geert Molenberghs, Karine Moykens, Céline Nieuwenhuys, Michel Thieren, Pierre Van Damme, Steven Van Gucht, Yves Van Laethem, Marc Van Ranst, Dimitri Van der Linden, Maarten Vansteenkiste, Erika Vlieghe, Dirk Wildemeersch
Key takeaways	<p>It is important that plan A , and the options of plan B, and C are known, <b>prepared and communicated early enough</b>. This will help <b>increase predictability</b> and allow all parties to get <b>properly organised</b>. The decision on whether or not to activate 'plan B' will have to be taken based on a quantitative and qualitative <b>review of the epidemiological data as suggested by the RAG</b>.</p> <p><b>1. Actions for Plan A: further reduce infections in actual situation</b></p> <ol style="list-style-type: none"><li>Start a weekly, pro-active and constructive communication session, jointly with politicians and experts</li><li>Further tighten compulsory telework</li><li>Improve safe working practices where telework is not possible</li><li>Further stimulate schools in implementing preventive measures</li><li>Further discourage business travel by setting quarantine as default situation (i.e. SAT=0) for all countries and increase controls on business and non-essential travels</li></ol>



- f. Continue strengthening the prerequisites ('randvoorwaarden'), including solutions for quarantine and isolation for vulnerable groups
- g. Avoid crowding in and around shopping streets, malls, parks, food stands,...
- h. Support people to have safe outdoor activities by providing the necessary conditions
- i. Start up initiatives to improve mental health
- j. Improve attempts to contain different variants

**2. Plan B: maximal efforts to keep schools open**

- a. Implement an earlier and streamlined curfew throughout the country from e.g. 8 PM to 5 AM
- b. Close large shopping malls and venues which attract large crowds if these cannot be controlled otherwise, allow strictly 'run' shopping. Incentivise and support shops to organise more as 'click and collect'.
- c. Close contact professions such as hairdressers, beauty salons, tattoo shops, etc.
- d. Close all leisure places including swimming pools, bed & breakfasts, holiday parks,...
- e. Suspend all organised extracurricular activities except afterschool childcare (opvang)
- f. Re-evaluate minimum age for mandatory mask wearing for children from ages >10 (including all indications for mask use i.e. indoor settings, shops, schools, public transport...)

**3. Plan C: complete lockdown**

- c. Mandatory work from home unless on site is unavoidable for the work, which should be an essential health, social care, or other essential service (as defined in [the Staatsblad on 18/03/2020](#))
- d. Organize all education 100% online
- e. Suspend all travel for professional activities if not part of an essential sector
- f. Limit or prohibit non-essential mobility within the country including closing of non essential shops



## UPDATE OF SUGGESTED MEASURES TO AVOID A THIRD WAVE OF COVID-19 IN BELGIUM

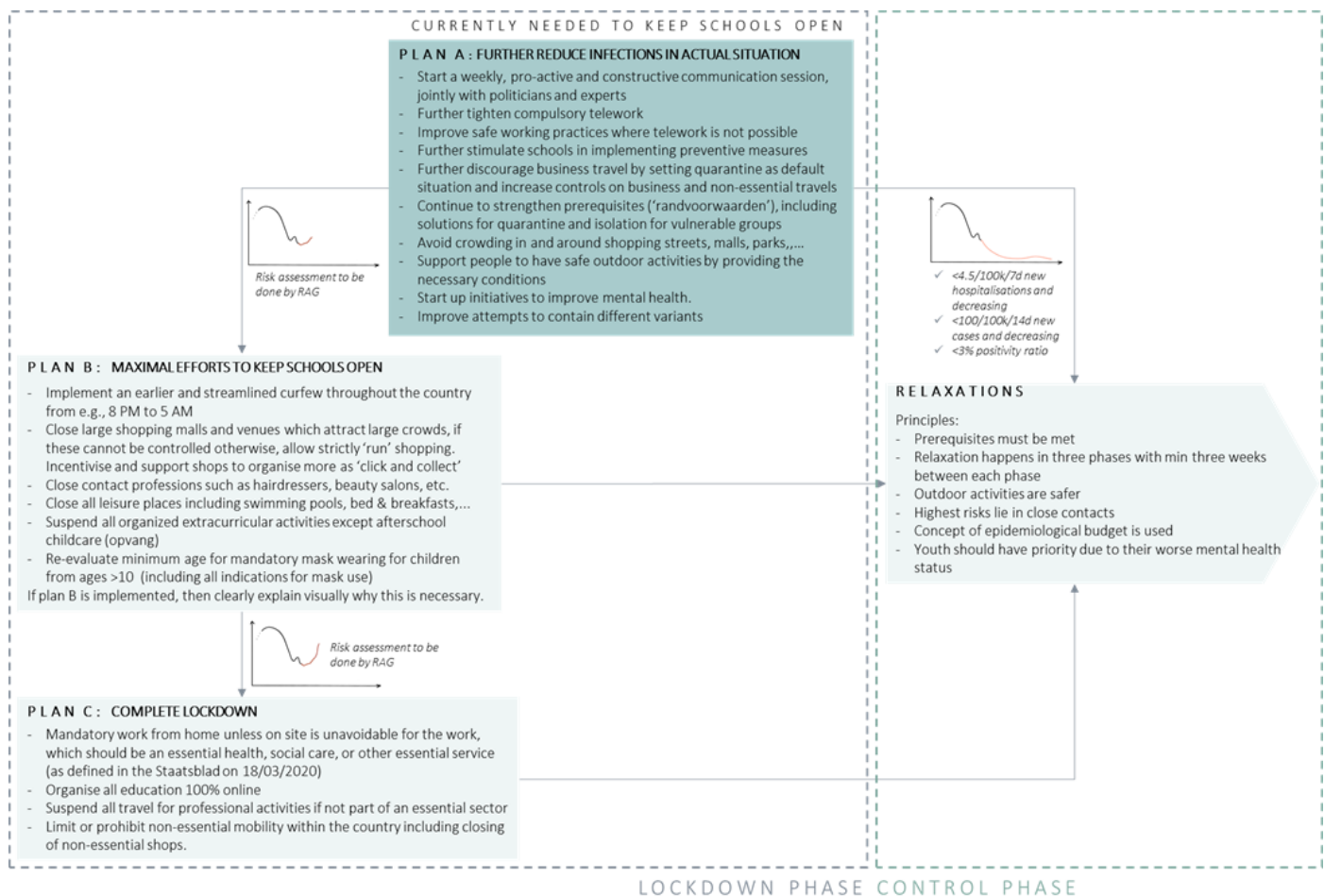
As outlined in our report dd. 05/01/2021, the GEMIS aims to give evidence-based and multidisciplinary advice on (non-pharmaceutical) interventions (i.e. societal and public health interventions besides vaccination and treatment) to be taken to further control the COVID-19 pandemic in Belgium.

The epidemiological situation may stabilise or further improve, which could allow certain relaxations (see: GEMIS note dd. 23/2/2021 on Relaxations), but the situation may also evolve unfavourably and require additional measures. This is why different plans (defined hereinafter as Plans A, B and C) are proposed in this advice:

- plan A (recommendations to further improve the actual epidemiological situation)
- plan B (recommendations to bring an early wave under control)
- plan C (recommendations to stop an already established wave, if plan B does not have sufficient impact)

The transition from one plan to the other will be based on a qualitative and quantitative assessment from the RAG epidemiology group, taking into account number of new cases, R-value, positivity rate, new hospitalisations, bed occupancy rate in ICU, etc. **More details are available in the RAG advice dd. 3/03/2021.**

In this advice, we would like to revisit the recommendations made for plan A, B, and C in light of the new developments in the epidemic.



### 1. Recommendations for plan A (improving the current situation)



The actual epidemiological situation is fluctuating around a high plateau of cases, with a recent increasing trend, also in hospitalisations and severe diseases. In order to regain control of this epidemiological evolution, the number of transmissions needs to be brought down significantly, by further strengthening measures in the settings and places where significant transmission takes place. Therefore, we would like to suggest the following strengthening of measures:

1. **Organise a weekly, pro-active and constructive communication session (with right balance between concern and hope), jointly with politicians and experts, within a larger communication campaign<sup>1</sup>, to bring forward the larger perspective, psychological milestones, reasoning behind measures.**
  - a. **Larger perspective** linking vaccination plan/progress epidemiological situation, and conceptual forecast of relaxation or strengthening of measures (no precise dates and details, but thresholds defined for relaxations linked to the current epidemiological situation).
  - b. **Milestones** as mental goals we collectively strive for, and to be 'celebrated' within society (e.g. all nursing homes vaccinated, all vulnerable persons vaccinated,...).
  - c. **Rationale behind measures** in order to foster risk awareness and subsequently motivation (effective measures are taken to keep the situation under control, these are the working mechanisms, this is how our behaviour plays a key role in achieving the targets). Measures should be put into perspective within the international context.
  - d. **Emphasise on the importance of adherence to the measures in place** to avoid having to install plan B/C (to keep schools open as long as the epidemiological situation allows it).
  - e. **Communication** should acknowledge the huge efforts made by the whole population in all age groups, and specifically address the youth as they are known to suffer a lot and to be particularly at risk of developing serious mental health problems.
2. **Further tighten compulsory telework** (see GEMS advice dd. 2/2 on telework for more concrete propositions).
  - a. **Foster professional coaching** to optimize teleworking (tools for improving wellbeing and to separate private life with professional life), seeking sustainable schedules of teleworking
3. **Improve safe working practices for the sectors/activities where telework is not possible**, including:
  - a. **Implement standard mask wearing** at the workplace as soon as a room is shared with > 1 person (including TV-studio's).
  - b. **Ensure proper ventilation in indoor settings<sup>2</sup>.**
  - c. **Foster the safe organisation of work activities and appoint 'covid'-ambassadors** in workplaces to remind employees of the existing measures. Share good and innovative examples of what is done to support understanding and implementation of measures by staff more explicitly.
  - d. **Stimulate to organise self-assessments** on covid-safe working conditions with checklists at company level (focus on ventilation, distance, mask wearing, safe breaks, safe transport,...)

<sup>1</sup> Campaign seeking 'buy in' from several groups in society (i.e. politicians, governors, employers, opinion leaders, journalists, academics, social partners, famous sports persons and artists, representatives of *middenveld*, but also important to involve citizens), where they can do a 'pledge' to do their level best to respect the measures. They could then be considered as 'ambassadors' for the joint plan to come out of lockdown, e.g. #ikgeefeenperspectief #jedonneuneperspective. (We could refer to the so-called 'prisoners' dilemma' and the essence of solidarity: only when we join forces, liberty is achieved faster.

<sup>2</sup> Norms and protocols for ventilation have been worked out in an advice given by the Commissariat in cooperation with other important parties, such as the superior health council.



- e. **Consider targeted and dedicated testing in high-risk sectors** (e.g. seasonal workers, contact professions,...)
- 4. **Further stimulate schools in implementing preventive measures**
  - a. **Foster the safe organisation of school activities** in a creative and fun way, to decrease mixing of different classes, and to decrease transmission in teacher meeting/coffee rooms, as these are high-risk places for viral transmission.
  - b. **Increase follow-up and reporting on adherence to measures in schools**, which could give very valuable insights if linked with clusters and outbreaks.
  - c. **Appoint ambassadors in school** to remind students, teachers, and parents of the existing measures. Share good and innovative examples of what they do to support understanding and implementation of measures by staff, pupils and teachers more explicitly.
  - d. Further encourage **low-threshold testing** at schools, both for suspect cases and high-risk contacts as well as regular screening of teachers (if the ongoing pilot project is successful). Testing protocols for school closures have been discussed in the RAG and agreed upon and should be communicated to all authorities and abided by.
- 5. **Further discourage business travel by setting quarantine as default situation (i.e. SAT=0) for all countries and increase controls on business and non-essential travels** (see GEMS advice dd. 23/2 for more information on the rationale for a strict international travel policy).
- 6. **Continue strengthening the prerequisites ('randvoorwaarden')**: broad access to testing, effective contact tracing, real-time cluster analysis and management, local outbreak management,...
- 7. **Avoid crowding<sup>3</sup> in and around shopping streets, malls, parks, food stands,...**
  - a. **Close shops** and other public places (e.g. crowded take away food and drink stands) **where crowding is repeatedly not controlled**.
- 8. **Support people to have safe outdoor activities by providing the right conditions.**
  - a. **Indicate** public toilets, sheltered places and benches to sit
  - b. **Provide a circulation plan and guidelines** on how to keep it safe outdoors (don't give hugs, keep distance...).
  - c. **Focus communication** on this on positive and motivating messages rather than repressing messages.
- 9. **Start up initiatives to improve mental health.** (see GEMS advice dd. 19/02 on Mental health of Belgian Population for more concrete propositions)
  - a. Given the number of school and social drop-outs in a number of adolescents, **support schools to develop mental health promotion activities** so that young people would be able to share their experiences and questions, develop personal coping skills (including stress reduction techniques), participate in meaningful activities that would enhance their sense of agency, control and connectedness. As schools are the only places where young people still get together,

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<sup>3</sup> Crowding could be defined as > 1 person per 4 m<sup>2</sup>. - [Two, four and eight square metre rules | Coronavirus Victoria](#)



it is important to make schools health promoting places, while reducing the pressure for academic performance. Schools could usefully collaborate with CLB/PSE, Maisons de jeunes, planning familiaux, and other organisations where educators, community nurses and psychologists in particular have expertise in empowering participative and creative methods around psychosocial health issues. Interventions directed at parents and teachers to share concerns and develop innovative strategies to support young people would also be recommended

b. **Consider a press-conference** fully dedicated to children and young people

10. **Improve attempts to contain different variants** (e.g. South-African variant in Ostend now, in Brugge also 1/3).

a. **Consider strong interventions** such as avoiding travel to that area, reduce TAT for variant detection, etc.

The table below gives an overview of the (1) the rationale and evidence, (2) the estimated epidemiological impact, (3) the possible societal impact, (4) the level at which these measures are useful to implement, and (5) the status of the implementation of these measures for each of these propositions. A last column is added as a working instrument for the policy makers to indicate how and by whom this proposition should be operationalised.



Proposition	Rationale and evidence	Possible societal impact	Status	Level	Attention points for operationalisation
<p><b>1. Organise a weekly, pro-active and constructive communication session (with right balance between concern and hope), jointly with politicians and experts, within a larger communication campaign<sup>4</sup>, to bring forward the larger perspective, psychological milestones, reasoning behind measures.</b></p> <ul style="list-style-type: none"> <li>• <b>Larger perspective</b> linking vaccination, epidemiological situation, and conceptual forecast of relaxation or strengthening of measures (no precise dates and details, but thresholds defined for relaxations linked to the current epidemiological situation).</li> <li>• <b>Psychological milestones</b> as goals we collectively strive for, and to be 'celebrated' within society.</li> <li>• <b>Reasoning behind measures</b> in order to foster risk awareness and subsequently motivation (effective measures are taken to keep the situation under control, these are the working mechanisms, this is how our behaviour plays a key role in achieving the targets). Measures put forward should be put into perspective within the international context.</li> <li>• <b>Emphasise on the importance of adherence to the measures in place</b> to avoid having to install plan B/C (to keep schools open as long as the epidemiological situation allows it).</li> <li>• <b>Communication</b> should acknowledge the huge efforts made by the whole population in all age groups, and specifically address the youth as they are known to suffer a lot and to be particularly at risk of developing serious mental health problems.</li> </ul>	<p>Motivation barometer<sup>5</sup> reveals loss of motivation and risk perception while anxiety about how the overall situation will evolve is increasing.</p> <p>Reasons:</p> <ul style="list-style-type: none"> <li>• Recent evolutions in epidemiology and planning of vaccination strategy cause confusion and lead to more controversy and fear.</li> <li>• Link between the epidemiological situation, roll out of vaccines, and emergence of new variants is not clear for many people yet , which again causes either lack of risk perception or disproportionate fear.</li> </ul> <p>More clarity on the situation and the mid-long-term perspective is needed, to enable people to regain trust and adhere more to the measures.</p> <p>If the risk perception and motivation of the population increases as well as transparency on the situation and the management of it, adherence to the measures will most probably increase<sup>6</sup>.</p>	<p>Very important initiative to increase perspective and improve mental health.</p>	<p>First successful session already carried out on Feb 22</p>	<p>National</p>	<p>Visual tool to show on television as during forecast just to show things are going in the right direction in terms of vaccinations, hospitalization number, motivation barometer etc... visual with clear achievement and celebration when reaching milestones.</p>

<sup>4</sup> Campaign seeking 'buy in' from several groups in society (i.e. politicians, governors, employers, opinion leaders, journalists, academics, social partners, famous sports persons and artists, representatives of *middenveld*, but also important to involve citizens), where they can do a 'pledge' to do their level best to respect the measures. They could then be considered as 'ambassadors' for the joint plan to come out of lockdown, e.g. #ikgeefeenperspectief #jedonneuneperspectief. (We could refer to the so-called 'prisoners' dilemma' and the essence of solidarity: only when we join forces, liberty is achieved faster).

<sup>5</sup> [Evoluties - Coronastudie: de motivatiebarometer \(motivationbarometer.com\)](https://evoluties-coronastudie.nl/motivatieberometer/)

<sup>6</sup> Haug, N., Geyrhofer, L., Londei, A. et al. Ranking the effectiveness of worldwide COVID-19 government interventions. *Nat Hum Behav* 4, 1303–1312 (2020). <https://doi.org/10.1038/s41562-020-01009-0>



<p><b>2. Further tighten compulsory telework</b> – <i>More concrete propositions can be found in the elaborated document on telework</i> (see GEMS advice dd. 2/2).</p> <ul style="list-style-type: none"> <li>● <b>Foster professional coaching</b> to optimise teleworking (tools for improving wellbeing and to separate private life with professional life)</li> </ul>	<p>Infections and outbreaks continue to occur at the workplace (as is clear from the weekly RAG Epidemiology Report and the weekly Sciensano report, cf. 24 Feb 2021<sup>7</sup>) (see annexes 1 and 2).</p> <p>Again increased mobility suggests, and number of infringements (12%-20% of compliance checks between 28/10/2020 and 28/01/2021) show, that telework is not sufficiently implemented anymore (see annex 3).</p> <p>It must be noted that absence of telework also means more traffic via public transport and that a part of the infections can happen there.</p>	<p>Teleworking might impact people's mental health negatively.</p>	<p>Telework is mandatory, but not sufficiently implemented. Cabinet Dermagne is working on implementing these proposed measures, consider more close dialogue with sector</p>	<p>National, provincial, local</p>	
<p><b>3. Improve safe working practices for those sectors/activities where telework is not possible, including</b></p> <ul style="list-style-type: none"> <li>● <b>Implement mask wearing</b> at the workplace as soon as a room is shared with &gt; 1 person.</li> <li>● <b>Ensure proper ventilation in indoor settings<sup>8</sup>.</b></li> <li>● Reinforce mask wearing in all workplaces where people meet, incl. TV studios.</li> <li>● <b>Foster the safe organisation of work activities and appoint 'covid'-ambassadors</b> in workplaces to remind employees of the existing measures. Share good and innovative examples of what is done to support understanding and implementation of measures by staff more explicitly.</li> <li>● <b>Stimulate to organise self-assessments</b> on covid-safe working conditions with checklists at company level (focus on ventilation, distance, mask wearing, safe breaks, safe transport,...)</li> </ul>	<p>As a lot of transmissions still happen at work (especially during breaks (more interaction, eating/drinking...) - pre and post work), taking the proper safety measures where possible is incredibly important in lowering transmission.</p>	<p>Safe working practices could be 'advertised' as a KPI and used for benchmarking (e.g. such as in hospitals)</p>		<p>National</p>	
<p><b>4. Further stimulate schools in implementing preventive measures</b></p> <ul style="list-style-type: none"> <li>● <b>Foster the safe organisation of school activities</b> in a creative and fun way, to decrease mixing of different classes, and to decrease transmission in teacher meeting/coffee rooms, as these are high-risk places for viral transmission.</li> </ul>	<p>Transmission still happens at schools Teacher meeting/coffee rooms are high-risk places for viral transmission. Increasing follow-up and reporting on adherence could give very valuable insights if linked with clusters and outbreaks.</p>			<p>National, provincial</p>	

<sup>7</sup> [RAG report 24/02/2021 - Epidemiological update](#)

<sup>8</sup> Norms and protocols for ventilation have been worked out in an advice given by the Commissariat in cooperation with other important parties, such as the superior health council.



<ul style="list-style-type: none"> <li>• Increase follow-up and reporting on adherence to measures in schools, which could give very valuable insights if linked with clusters and outbreaks.</li> <li>• <b>Appoint ambassadors in school</b> to remind students, teachers, and parents of the existing measures. Share good and innovative examples of what they do to support understanding and implementation of measures by staff, pupils and teachers more explicitly.</li> <li>• Further encourage <b>low-threshold testing</b> at schools, both for suspect cases and high-risk contacts as well as regular screening of teachers (if the ongoing pilot project is successful). Testing protocols for school closures have been discussed in the RAG and agreed upon and should be communicated to all authorities and abided by.</li> </ul>					
<b>5. Further discourage business travel by setting quarantine as default situation (i.e. SAT=0) for all countries, and increase controls on business and non-essential travels</b> – <i>For more information on the rationale for a strict international travel policy, please refer to the elaborated document on relaxations</i> (see GEMS advice dd. 23/2).	Travel is to be avoided to minimise import of cases and variants (Hodcroft et al. 2020 <sup>9</sup> ).			National	
<b>6. Continue strengthening the prerequisites ('randvoorwaarden'):</b> broad access to testing, effective contact tracing, real-time cluster analysis and management, local outbreak management,...	<p>Needed to ensure we keep a strong dyke for the virus.</p> <p>We would like to highlight cluster analysis to make sure we maximally understand where the highest risk is taking place in order to take proper measures swiftly.</p>		The Commissariat is preparing a particular proposition for real-time access to cluster data and is organizing a tabletop exercise on outbreak management	National	
<b>7. Avoid crowding in and around shopping streets, malls, parks, food stands,...</b> <ul style="list-style-type: none"> <li>• <b>Close shops</b> and other public places (e.g. crowded take away food and drink stands) <b>where crowding is repeatedly not controlled.</b></li> </ul>	People underestimate the current epidemiological situation by basing themselves on hospital numbers to see if they need to adhere to the measures. However, existing evidence supports the wide-held belief that risk			National, provincial	

<sup>9</sup> Hodcroft E., et al. (2020). Emergence and spread of a SARS-CoV-2 variant through Europe in the summer of 2020. <https://doi.org/10.1101/2020.10.25.20219063>



	of SARS-CoV-2 transmission is lower outdoors but there are significant gaps in our understanding of specific pathways <sup>10,11,12</sup> .				
<b>8. Support people to have safe outdoor activities by providing the right conditions</b> <ul style="list-style-type: none"> <li>● <b>Indicate</b> public toilets, sheltered places and benches to sit</li> <li>● <b>Provide a circulation plan and guidelines</b> on how to keep it safe outdoors (don't give hugs, keep distance...).</li> <li>● <b>Focus communication</b> on this on positive and motivating messages rather than repressing messages.</li> </ul>	Outdoor is the safest place for leisure activities and to meet and connect with a limited number of persons outside the personal bubble, but the conditions for people to enjoy these outside activities in a safe and comfortable way need to be there <sup>13,14,15</sup> . For instance, in the Great Corona Survey, it was found that for most people the main practical impediment to having activities outside is the lack of public toilets (as the bars are closed); this is particularly true for elderly persons.			National, provincial	
<b>9. Start up initiatives to improve mental health – For more information, please refer to see GEMS advice dd. 19/02 on Mental health of Belgian Population</b> <ul style="list-style-type: none"> <li>● Given the number of school and social drop-outs in a number of adolescents, <b>support schools to develop mental health promotion activities</b> so that young people would be able to share their experiences and questions, develop personal coping skills (including stress reduction techniques), participate in meaningful activities that would enhance their sense of agency, control and connectedness. As schools are the only places where young people still get together, it is important to make schools health promoting places, while reducing the pressure for academic</li> </ul>	Mental health services are getting saturated, and that respite services might be needed for people who are at risk of decompensating.	Risk of saturation of mental health services and call for more systematic monitoring of admission rates in relation to capacity		National	

<sup>10</sup> Bulfone T.C., et al. (2020), Outdoor Transmission of SARS-CoV-2 and Other Respiratory Viruses: A Systematic Review. *The Journal of Infectious Diseases*, Volume 223, Issue 4, 15 February 2021, Pages 550–561, <https://doi.org/10.1093/infdis/jiaa742>

<sup>11</sup> Weed M. and Foad (2020), A. Rapid Scoping Review of Evidence of Outdoor Transmission of COVID-19 <https://doi.org/10.1101/2020.09.04.20188417>

<sup>12</sup> Sun Y, et al. (2021). First Report on Smoking and Infection Control Behaviours at Outdoor Hotspots during the COVID-19 Pandemic: An Unobtrusive Observational Study. *International Journal of Environmental Research and Public Health*. 18(3):1031. <https://doi.org/10.3390/ijerph18031031>

<sup>13</sup> Bulfone T.C., et al. (2020), Outdoor Transmission of SARS-CoV-2 and Other Respiratory Viruses: A Systematic Review. *The Journal of Infectious Diseases*, Volume 223, Issue 4, 15 February 2021, Pages 550–561, <https://doi.org/10.1093/infdis/jiaa742>

<sup>14</sup> Weed M. and Foad (2020), A. Rapid Scoping Review of Evidence of Outdoor Transmission of COVID-19 <https://doi.org/10.1101/2020.09.04.20188417>

<sup>15</sup> Sun Y, et al. (2021). First Report on Smoking and Infection Control Behaviours at Outdoor Hotspots during the COVID-19 Pandemic: An Unobtrusive Observational Study. *International Journal of Environmental Research and Public Health*. 2021; 18(3):1031. <https://doi.org/10.3390/ijerph18031031>



<p>performance. Schools could usefully collaborate with CLB/PSE, Maisons de jeunes, planning familiaux, and other organisations where educators, community nurses and psychologists in particular have expertise in empowering participative and creative methods around psychosocial health issues. Interventions directed at parents and teachers to share concerns and develop innovative strategies to support young people would also be recommended</p> <ul style="list-style-type: none"><li>● Consider a press-conference fully dedicated to children and young people</li></ul>					
<p><b>10. Improve attempts to contain different variants</b></p> <ul style="list-style-type: none"><li>● Consider strong interventions such as avoiding travel to that area, reduce TAT for variant detection, etc.</li></ul>				National	



## 2. Recommendations on plan B

If the incidence would increase again, there should be a **swift reaction to avoid having to go into full lockdown**, moreover it is expected that the epidemiological situation can go more rapidly out of hand in the presence of the new variant B.1.1.7. In order to be still effective in avoiding a complete lockdown, suggested action for plan B should be taken promptly.

The main objective of “plan B” is to keep schools open as long as the epidemiological situation allows it. The decision on whether or not to activate ‘plan B’ will have to be taken based on a quantitative and qualitative **review of the epidemiological data as suggested by the RAG**.

It is important that the possibility of this ‘plan B’ be known, **prepared and communicated early enough**. This will help **increase predictability** and allow all parties to get **properly organised**. In case of worrisome epidemiological evolution, the following measures should be implemented as soon as possible. To the extent possible, these measures have been ranked from estimated as most epidemiologically impactful to least epidemiologically impactful.

1. Implement an **earlier and streamlined curfew throughout the country** from e.g. 8 PM to 5 AM.
2. **Close large shopping malls and venues which attract large crowds** if these cannot be controlled otherwise, allow strictly ‘run’ shopping. Incentivise and support shops to organise more as ‘click and collect’.
3. **Close contact professions** such as hairdressers, beauty salons, tattoo shops, etc. – *More information can be found in the elaborated document on contact professions (see GEMS advice dd. 15/12/2020).*
4. **Close all leisure places** including swimming pools, bed & breakfasts,...
5. **Suspend all organised extracurricular activities except childcare (opvang)** to limit mixing between bubbles of children for at least four weeks if the RAG assesses this as necessary due to a high number of and/or substantial increase in clusters in the age group 0-18. However, children and teenagers sharing the same bubble (e.g. from the same class) could still do extracurricular activities together.
6. **Re-evaluate minimum age for mandatory mask wearing** for children from ages >10 including all indications for mask use i.e. indoor settings, shops, schools, public transport, etc.

Furthermore, following elements should be considered :

1. If **local outbreaks** are observed, it might be considered to activate ‘plan B’ (i.e. a slow down period) on a provincial level in order to contain a larger outbreak (e.g. Antwerp versus situation in Hainaut). To be efficient, the decision has to be taken rapidly and under the conditions of a qualitative assessment of RAG.
2. **Further lower the existing barriers for testing** to make use of the existing test capacity: positive tests generate awareness, and will increase effective contact tracing and can inform targeted preventive action. This could be done e.g. by testing closer to the workplace, at school's etc.
3. **Mental health services are getting saturated**. Respite services might be needed for people who are at risk of decompensating because of the activation of Plan B.

The table below gives an overview of the (1) the rationale and evidence, (2) the estimated epidemiological impact, (3) the possible societal impact, (4) the level at which these measures are useful to implement, and (5) the status of the implementation of these measures for each of these propositions. A last column is added as a working instrument for the policy makers to indicate how and by whom this proposition should be operationalised.



Proposition	Rationale and evidence	Possible societal and economical impact	Current status	Level	Attention points for operationalisation
<b>1. Implement an earlier and streamlined curfew throughout the country</b> from e.g. 8 PM to 5 AM.	<p>An earlier timing helps the purpose of a curfew, namely reducing contacts in the private atmosphere. At first sight somewhat contradictory, several studies<sup>16,17,18</sup> rank curfew as one of the most effective non-pharmaceutical interventions to reduce the spread of COVID-19.</p> <p>Having a streamlined curfew increases coherence and logic, and ease of implementation.</p>	<p>Economic impact is expected to not be very large, as travel from and to work is still allowed past the curfew and most businesses are closed during the proposed timing.</p> <p>Might be perceived as limiting freedom, which is why clear communication about the reasoning behind the measure is necessary.</p>	<p>Curfew implemented but not streamlined throughout the country: F: 00:00-05:00 B: 22:00-06:00 W: 00:00-06:00</p>	National, provincial	
<b>2. Close large shopping malls and venues that attract large crowds</b> if these cannot be controlled otherwise, allow strictly 'run' shopping. Incentivise and support shops to organise more as 'click and collect'.	<p>People underestimate the current epidemiological situation by basing themselves on hospital numbers to see if they need to adhere to the measures. However, existing evidence supports the wide-held belief that risk of SARS-CoV-2 transmission is lower outdoors but there are significant gaps in our understanding of specific pathways<sup>19,20,21</sup>.</p>	<p>An economic impact is expected from closing shopping malls, which is why a click and collect alternative is advised.</p>		Local	
<b>3. Close contact professions</b> such as hairdressers, beauty salons, tattoo shops, etc - <i>More information can be</i>	<p>Non-medical contact professions include by definition professional activities which</p>	<p>The performed activities within the non-medical</p>			

<sup>16</sup> Khatatbeh M. (2020). Efficacy of Nationwide Curfew to Encounter Spread of COVID-19: A Case From Jordan. *Frontiers in public health*, 8, 394. <https://doi.org/10.3389/fpubh.2020.00394>

<sup>17</sup> Andronico, A., et al. (2020). Evaluating the impact of curfews and other measures on SARS-CoV-2 transmission in French Guiana. *MedRxiv*. <https://doi.org/10.1101/2020.10.07.20208314>

<sup>18</sup> Haug, N. et al. Ranking the effectiveness of worldwide COVID-19 government interventions. *Nat Hum Behav* 4, 1303–1312 (2020). <https://doi.org/10.1038/s41562-020-01009-0>

<sup>19</sup> Bulfone T.C., et al. (2020), Outdoor Transmission of SARS-CoV-2 and Other Respiratory Viruses: A Systematic Review. *The Journal of Infectious Diseases*, Volume 223, Issue 4, 15 February 2021, Pages 550–561, <https://doi.org/10.1093/infdis/jiaa742>

<sup>20</sup> Weed M. and Foad (2020), A. Rapid Scoping Review of Evidence of Outdoor Transmission of COVID-19 <https://doi.org/10.1101/2020.09.04.20188417>

<sup>21</sup> Sun Y, et al. (2021). First Report on Smoking and Infection Control Behaviours at Outdoor Hotspots during the COVID-19 Pandemic: An Unobtrusive Observational Study. *International Journal of Environmental Research and Public Health*. 18(3):1031. <https://doi.org/10.3390/ijerph18031031>



found in the elaborated document on contact professions (see GEMS advice dd. 15/12/2020).	require close physical contact with clients for aesthetic and wellbeing reasons. Mask wearing is sometimes not possible or done. <sup>22</sup>	contact professions are per definition high risk.			
<b>4. Close all leisure places</b> including swimming pools, bed & breakfasts,...	Leisure contacts bring several persons together, contact reduction should start first with least essential contacts and preserve more 'essential contacts' (household, school, work)			National	
<b>5. Suspend all organised extracurricular activities</b> to limit mixing between bubbles of children for at least four weeks if the RAG assesses this as necessary due to a high number of and/or substantial increase in clusters in the age group 0-18.	<p>Although extracurricular activities are important for the development of children for several reasons (social, physical...), and although stability in measures is perceived as very important for adherence and motivation, additional measures may be needed in an effort to keep schools open and to not have to go into full lockdown, and activities after school lead to a mix of children from different groups. An exception may be considered for the sectors who take care of children at risk of educational and social drop-out.</p> <p>This will not only reduce contact between children, but also between adults, as they often drop off their children, have a chat with other (grand)parents or even stay to watch.</p> <p>This might also impact public transport and subsequent crowding and transmission there.</p>	<p>Depending on the duration of this measure, this might have an additional negative impact on mental and physical health on children.</p> <p>This might also impact parent's lives and encourage them to work more remotely.</p> <p>Risk for grand-parents who have to look after their grand-children has to be cautiously taken into account in the balance</p>	Currently restriction on extracurricular activities	National, provincial, local	Plan B for parents with "essential" professions to avoid grand-parents to look after their grand-children
<b>6. Re-evaluate minimum age for mandatory mask wearing for children from ages &gt;10</b> including all indications for mask use i.e. indoor settings, shops, schools, public transport etc.	Although children are less important in the transmission of SARS-CoV-2, they still play a role and as the British variant is more transmissible, mask wearing from a younger age could reduce transmission <sup>23</sup> .		Assessed by RAG and RMG but no consensus	National	

<sup>22</sup> Magnusson K., Nygård K., Vold L., Telle K. (2021), Occupational risk of COVID-19 in the 1 st vs 2nd wave of infection, *Norwegian Institute of Health medRxiv preprint* doi: <https://doi.org/10.1101/2020.10.29.20220426>

<sup>23</sup> [Update of Guidance on prevention of SARS-Cov-2 in children in primary school age](#)



### 3. Recommendations on plan C

If the measures suggested in plan A and B are not sufficient to control the epidemic (and keep the numbers down), the country may require a new full lockdown to avoid a collapse of the healthcare system. That a risk for this happening is real, has been clearly demonstrated in the United Kingdom and Ireland, as well as in our neighbouring countries in the past months.

In concreto, we suggest implementing a full lockdown (like in March 2020). To the extent possible, these measures have been ranked from estimated as most epidemiologically impactful to least epidemiologically impactful.

1. **Mandatory work from home** unless on site is unavoidable for the work, which should be an essential health, social care, or other essential service (as defined in [the Staatsblad on 18/03/2020](#)<sup>24</sup>)
2. Organise all **education 100% online or on distance**.
3. **Suspend all travel for professional activities** if not part of an essential sector.
4. **Limit or prohibit non-essential mobility** within the country including closure of non-essential shops.

**The measures as suggested in plan A and, if needed, plan B, should be implemented meticulously and early enough, to avoid this final step at all cost.**

The table below gives an overview of the (1) the rationale and evidence, (2) the estimated epidemiological impact, (3) the possible societal impact, (4) the level at which these measures are useful to implement, and (5) the status of the implementation of these measures for each of these propositions. A last column is added as a working instrument for the policy makers to indicate how and by whom this proposition should be operationalised.

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<sup>24</sup> "Private and public businesses, enterprises and services that are necessary for the protection of the vital needs of the Nation and the needs of the population - belonging to the executive, legislative and judicial sectors, health, food, hospitality, education, security, transport, media, energy and waste collection and treatment services" - [Annex to the Ministerial Order of 18 March 2020: Businesses, companies and private and public services that are necessary to protect the vital needs of the Nation and the needs of the population](#)



Proposition	Rationale and evidence	Possible societal impact	Status	Level	Attention points for operationalisation
<b>1. Mandatory work from home</b> unless on site is unavoidable for the work, which should be an essential health, social care, or other essential service (as defined in <a href="#">the Staatsblad on 18/03/2020</a> )	A lot of transmissions still happen at work (9% vs. 38% unknown in the period 24-30 January). Furthermore, more than 25% of clusters happen in companies <sup>25</sup> .	This will have a very large impact on the economy as well as on people's personal financial situations.		National, provincial	
<b>2. Organise all education 100% online or on distance.</b>	<p>Most clusters still occur in schools and workplaces, next to the private context.</p> <p>This would reduce contacts in children and contacts between children and adults (teachers, educators) but also in other adults as they often drop off their children, have a chat with other (grand)parents.</p> <p>This will also impact public transport and subsequent crowding and transmission there. This will have a strong effect on teleworking.</p> <p>Risk for grand-parents who have to look after their grand-children has to be cautiously taken into account in the balance.</p>	<p>Negative impact on learning process. Negative impact on neurodevelopmental, social and physical dimensions. Documented increased risk of abuse and neglect. Long term impact increasing social imbalance and poverty. Barriers to implement distance learning (eg: limits in younger ages where education needs lots of sensorial activities. Lack of supervision by parent(s) who is (are) also teleworking), sharing IT material in poorest families, internet limits, lack of motivation, increased school dropout. Negative impact on most vulnerable families (eg monoparental families). Burden of mental health issues currently observed in teenagers that might even increase in case of full school closures. Potential risk for grand-parents who are looking after their grand-children.</p>		National, provincial, local	
<b>3. Suspend all travel for professional activities if not part of an essential sector.</b>	<p>It is often during travel for professional activities that people get in close contact with other people abroad.</p> <p>Would reduce further import of variants.</p>	Could have a limited impact on the economy.		National	
<b>4. Limit or prohibit non-essential mobility</b> within the country including closure of non-essential shops.	In this stage, it is necessary to avoid as many unnecessary contacts as possible. Mobility is closely associated with increased contacts between people.	Will probably be perceived as limiting freedom, which is why clear communication about the reasoning behind the measure is necessary.		National, provincial	

<sup>25</sup> [RAG Report 03/02/2021 - Epidemiological update](#)



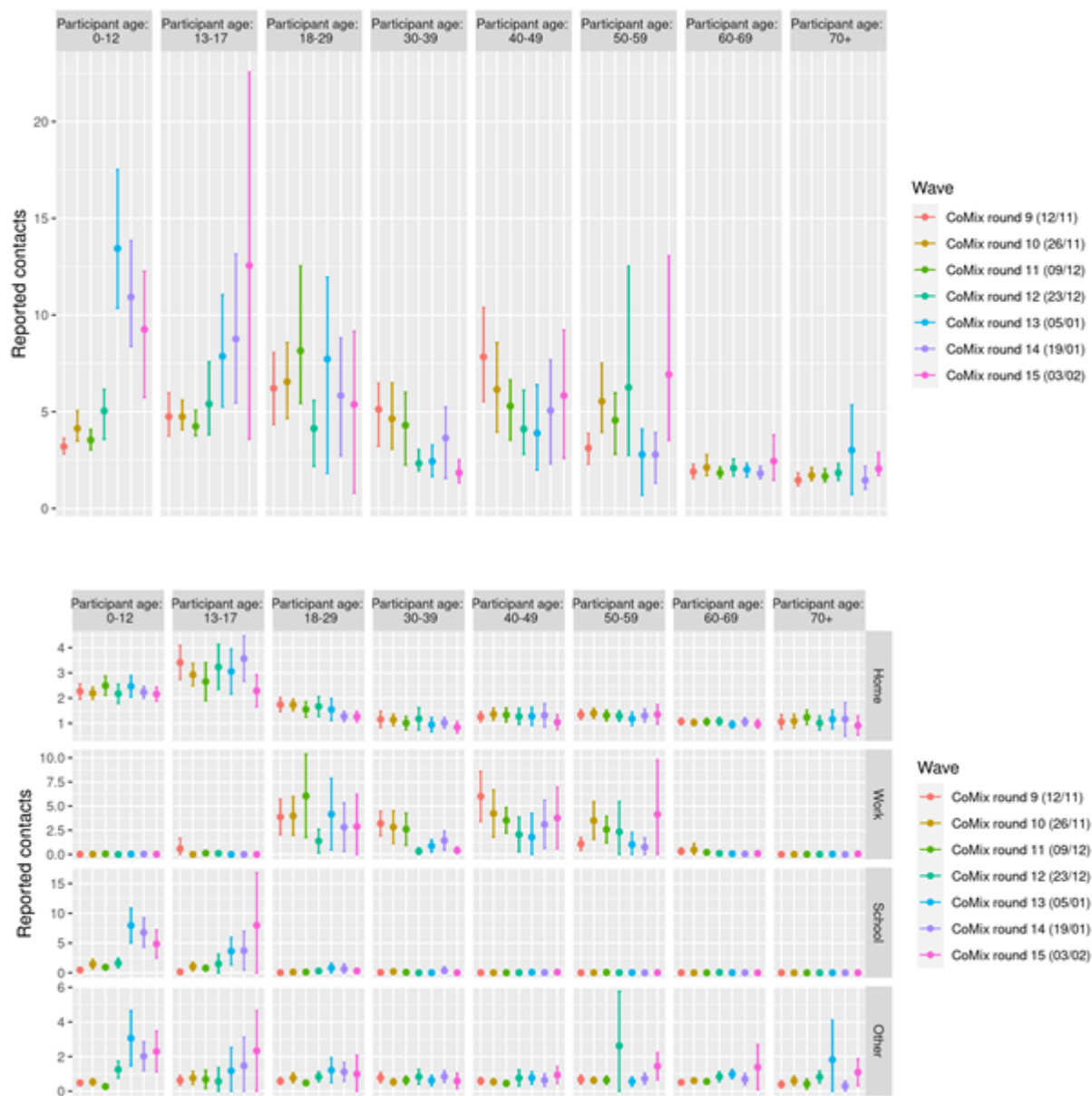
#### **4. Triggers to implement plan B and plan C**

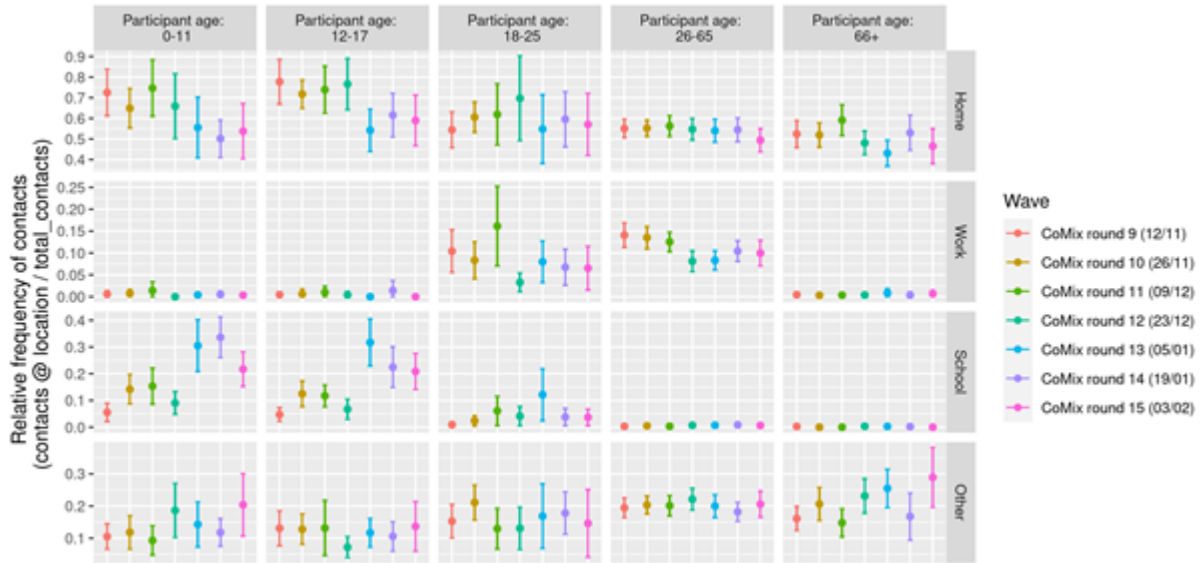
The transition from plan B to plan C will be based on a qualitative and quantitative assessment from the RAG epidemiology group during which the epidemiological trend will be taken into account (considering indicators such as number of new cases, positivity rate, new hospitalisations, bed occupancy rate in ICU, etc.). More details are available in the RAG advice dd. 3/03/2021.



g. Annex 1. Number of contacts in different situations and for different age groups

CoMix studie (UA-UH ism Sciensano) - Preliminary results requiring further analyses





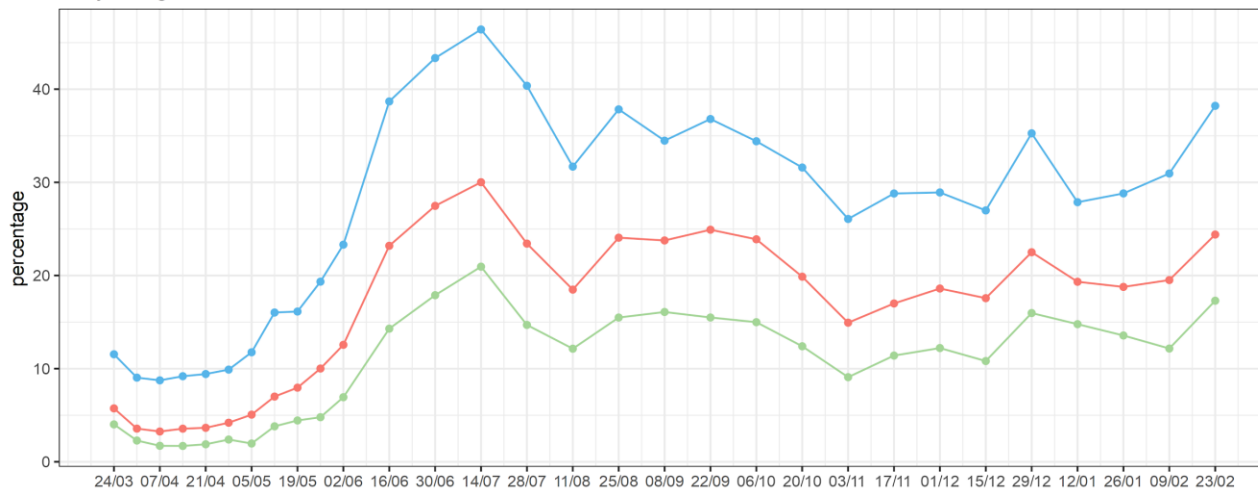


## h. Annex 2. Number of contacts by different age groups

### The Great Corona Study

Gewogen percentage deelnemers dat sinds de vorige bevraging een hand of zoen heeft gegeven aan iemand buiten hun gezin

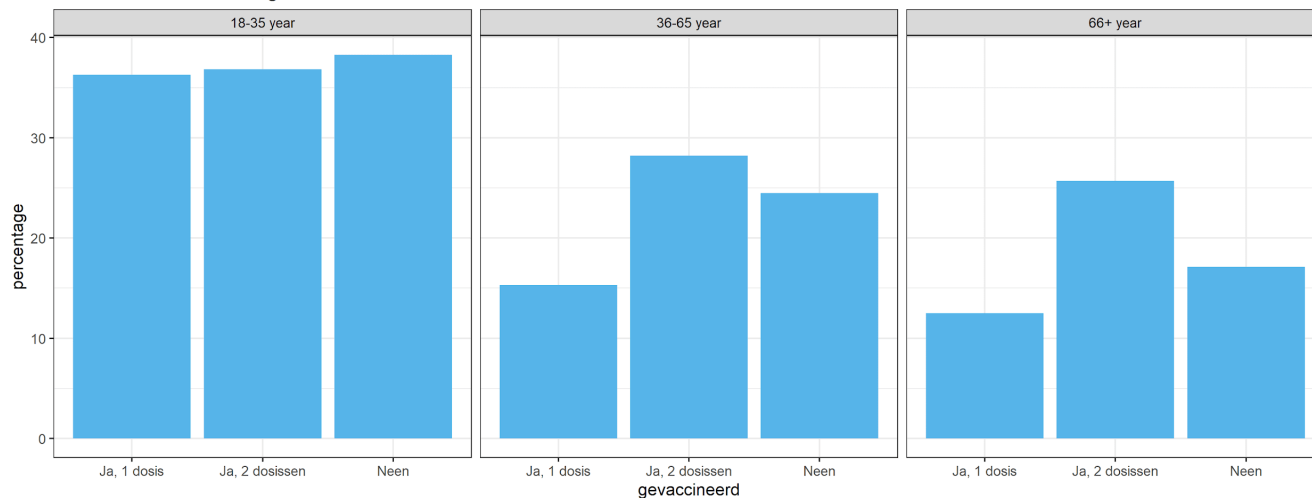
leeftijdscategorie: 18-35 jaar 36-65 jaar 66+ jaar



i.

De Grote Coronastudie 2020-2021 (UAntwerpen, UHasselt, KU Leuven) - Golven 2-31 - [www.corona-studie.be](http://www.corona-studie.be)

Gewogen percentage deelnemers dat sinds de vorige bevraging een hand of zoen heeft gegeven aan iemand buiten hun gezin



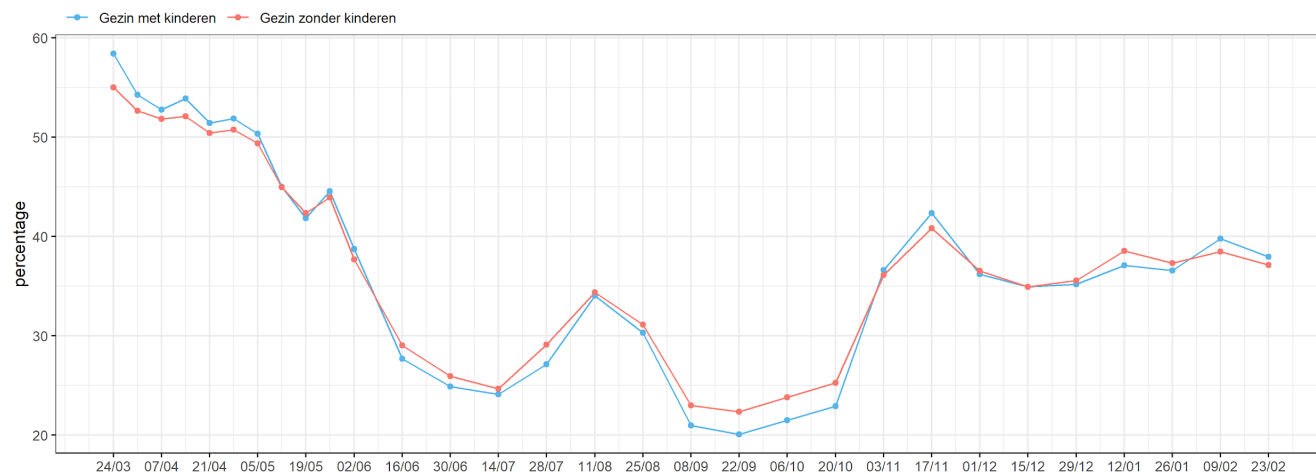
j.



## k. Annex 3. Number of working participants working from home

### The Great Corona Study

Gewogen percentage werkende deelnemers dat afgelopen week volledig van thuis uit gewerkt heeft.



I.

De Grote Coronastudie 2020-2021 (UAntwerpen, UHasselt, KU Leuven) - Golven 2-31 - [www.corona-studie.be](http://www.corona-studie.be)



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