1. Adviesaanvraag

Vraagsteller	Ostbelgien, Vlaanderen, Wallonië
Datum van adviesaanvraag	03/02/2021
Onderwerp	Woonzorgcentra
Vraag	- Wat is de impact van de vaccinatie op de maatregelen en richtlijnen voor de residenten binnen de woonzorgcentra op individuele en collectieve basis? - Welke activiteiten zijn mogelijk voor het leidinggevend personeel van woonzorgcentra?
Reden	

2. Adviesverstrekking

Datum van adviesverstrekking	16/02/2021
Dit advies werd opgesteld en goedgekeurd door	De volgende leden van de expertgroep beheerstrategie: Isabelle Aujoulat, Philippe Beutels, Steven Callens, Bénédicte Delaere, Mathias Dewatripont, Frédéric Frippiat, 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

RECOMMENDATIONS ON MEASURES IN NURSING HOMES AFTER VACCINATION

The question has been raised whether certain relaxations in daily life within nursing homes can be foreseen once a sufficient level of immunisation has been reached within the nursing homes.

1. Considerations to be made

A sufficient level of vaccination in nursing homes has to be defined as:

- at least 90% of nursing home residents and at least 70% of staff have been fully vaccinated (with, in larger nursing homes, certain homogeneity across the departments)
- immunity acquired after vaccination is conservatively considered from at least 10 days after the second vaccination dose
- residents in service flats that are linked to nursing homes and already had the opportunity to get vaccinated are subject to the same rules
- the effect of vaccination in nursing homes should continue to be closely monitored through the incidence of reported cases, clusters and hospitalisations of nursing home residents over the upcoming weeks and months

Under the above mentioned conditions, certain relaxations within the nursing homes could be allowed. In this respect, the following principles apply:

1. The **general measures that apply in society**, e.g. taking a walk outside with up to four people, should also be applicable to nursing homes. When **relaxations** for society are implemented, these will **also apply for the nursing homes**. Likewise, if regional measures tighten up because of worsening in the local epidemiological situation this has to be also the case in the nursing home as a part of the lco-regional community
2. Additional measures can be taken **within the nursing home** as a relatively closed community, but we do not recommend a largely increased interaction with the rest of society at this stage (see stepwise approach below).
3. Less restrictive measures are important to improve quality of life of the residents, but it is still important to **remain careful, given remaining uncertainties on unforeseen events such as the spread of new variants**.
4. The new measures are to be **applied collectively** within a nursing home as to **not isolate** the residents nor the employees who did not receive a vaccine as well as for ethical, privacy, and organisational reasons.
5. Nursing home **staff**, be it healthcare or management staff, **are not entitled to any privileges outside** of the nursing homes because of their vaccination, as there is still too much uncertainty about vaccination effectiveness in the prevention of transmission events, in particular with the circulating new variants. Also, the creation of a 'dual society' with different rights for those who are vaccinated and those who are not, is to be avoided.
6. Reaching sufficient levels of immunisation within nursing homes is an **important psychological milestone** for the entire society, but care should be taken in **communication** as to **not set a precedent** for not adhering to measures once one has received a vaccine (this applies to the individual and the entire collectivity).

Obtaining sufficiently high **vaccination coverage rates among staff is essential** as they are important contributors to transmission dynamics in nursing homes and are a bridge between nursing homes and the broader society. Immunity from a previous COVID-19 infection is believed to not offer adequate protection for a sufficient amount of time, which is why vaccine-induced immunity is preferred[1]. To make sure sufficient vaccination in staff is reached, an extensive and repeated **communication campaign specifically targeted** to them has to be set up, taking into account the concerns many staff members have[2].

It is important to involve the sector to discuss the different options to increase vaccination coverage. Additional incentives may need to be considered or stepwise implemented to ensure a sufficient coverage rate among nursing home staff[3,4]. For inspiration on different options, we refer to https://www.sciencedirect.com/science/article/pii/S0264410X18305395?via%3Dihub and to the report https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/2016-4-griepvacc_motivatie.C.Bral_.pdf). In addition, discussion can start up among social partners to include corona vaccination in annex VII.1-6 of the codex Well Being at work. If these initiatives are not sufficient to reach a vaccination-induced immunity of at least 70% amongst staff members, it could be considered to make vaccination of healthcare workers compulsory for all staff members without genuine medical contra-indications (as is the case e.g. for hepatitis B-vaccination), although we are aware there are arguments pro and contra to be weighed in this decision:

Compulsory vaccination of nursing home staff: arguments pro	**Compulsory vaccination of nursing home staff: arguments contra**
A high vaccination coverage can be achieved and maintained in a short time frame	It is ethically difficult to make a rare good compulsory. COVID-19 vaccines are not yet available for all in our society; an obligation for one group versus non-access to others may cause significant tensions.
Other vaccines protecting the staff member's health have been made compulsory (e.g. HBV vaccination), whereas COVID-19-vaccination protects individual and public health without major issues. Compulsory vaccination could be considered in a second time, with more real live experience and data available.	Surveys show that people are less willing to get vaccinated if they feel pressured to do so.
Sustained reduction of restrictions in all nursing homes, because relaxations and quality of life of residents is not dependent on the willingness of the staff to be vaccinated	If large numbers of staff members refuse a vaccine for its compulsory nature and would not be allowed to continue their work, this may worsen the already existing shortage of nursing home staff

[1] Myths and Facts about COVID-19 Vaccines | CDC

[2] One of the reasons some staff members do not want to get the vaccine is because they would like to get pregnant in the near future. However, there is currently no evidence that antibodies formed from COVID-19 vaccination cause any problems with getting pregnant nor with fertility. These types of concerns need to be addressed. - Myths and Facts about COVID-19 Vaccines | CDC

[3] Lise Boey, Charlotte Bral, Mathieu Roelants, Antoon De Schryver, Lode Godderis, Karel Hoppenbrouwers, Corinne Vandermeulen. (2018). Attitudes, believes, determinants and organisational barriers behind the low seasonal influenza vaccination uptake in healthcare workers – A cross-sectional survey. Vaccine, 36, 23, 3351-3358.

[4] De motivatie van gezondheidspersoneel voor seizoensgriepvaccinatie in Vlaanderen. (2016). Charlotte Bral, Mathieu Roelants, Lode Godderis, Antoon De Schryver, Jan de Hoon, Marc Van Ranst, Karel Hoppenbrouwers, Corinne Vandermeulen. Vlaams Infectieziektebulletin 2016-4.

Improve working conditions for nursing home staff	Compulsory vaccination may have a negative side-effect on trust among citizens who are hesitant or refuse to get vaccinated, as it may elicit reactance and worry that a similar strategy would be used in the broader society - which is in contrast with the actual set policy ("Free choice vaccination"). Such a change may possibly further reduce trust and negatively influence adherence to measures.

Anyhow, priority should be given to clear, in depth and adjusted communication about the vaccination levels that are reached in the nursing homes as it can encourage the general population to get vaccinated as well. The more being vaccinated is perceived as the emerging norm, the more this motivates others to align themselves with this norm (see also https://www.nejm.org/doi/full/10.1056/NEJMms2101220?query=featured_home

Escaping Catch-22 — Overcoming Covid Vaccine Hesitancy).

2. Step-by-step relaxations

Awaiting local, 'real live' vaccine efficacy data in our nursing home residents (which hopefully confirm the 95% protection as observed in the original mRNA-vaccine trials) and because there are close interactions with the broader society via staff, relatives (often aged 65+), and other external visitors (GP, physiotherapist, animators…), the GEMS advises that relaxations in nursing homes should be considered initially in careful steps.

With increasing vaccination coverage in and outside care facilities, as well as with evolving scientific insights, more relaxations can be made possible progressively . As mentioned above, it is important to monitor and follow up on 'real-life' data on the incidence of hospitalisations, new cases, and clusters of severe diseases in 'fully'-vaccinated nursing homes. Specific relaxations can differ and should be adapted to specific rules and guidelines present in each region.

The following step-by-step approach is proposed:

Step 1: Focus on relaxations regarding interactions between nursing home residents and their social activities within the care facility (when at least 90% of residents have been vaccinated) while remaining careful and applying the general measures in society.

For example,

- There should be no more restriction for the residents' mobility
- Mask wearing by residents could be released during contacts with their regular table partners
- Hairdressers and other contact professions can be active in nursing homes following general measures (i.e. currently allowed in the broader society). However, in a first step we would advise them to work in a designated area and preferably after testing (Ag test if only once, weekly PCR on saliva if repeated visits).
- Meals at the restaurant are allowed if residents have a fixed place or if other measures are taken to avoid close (high risk) contacts.
- External aid with eating is allowed by the cuddle contact (*mantelzorger*) and restricted to the resident's room.

Step 2: Allow more relaxations regarding interactions between nursing home staff and residents (when at least 90% of residents and at least 70% of staff members have been vaccinated) while remaining careful and applying the general measures in society.

For example, staff members may consider not to wear masks inside the facility (awaiting RAG advice planned on 23/02).

Step 3: Allow more relaxations regarding interactions between residents and external visitors (as a function of the overall epidemic evolution and progress in vaccination of vulnerable groups).

For example, increase the number of visits/visitors/week and prolong the duration of each visit, in line with the general measures in society. More specifically the rules for singles in general society could be followed here.

During all of these relaxations, it is important to keep **monitoring** the situation and to follow up if any measures could have influenced this epidemiological situation. Linked to this, **current procedures concerning testing, quarantine of high risk contacts, and mask wearing should remain in place**.

The conditions for relaxing resident interactions with visitors depend on, on the one hand, the outbreak figures and the level of morbidity within the nursing homes, the epidemiological curves of hospital admissions and mortality and, on the other hand, the compliance with the vaccination campaign in the age brackets of frequent visitors (which typically includes 65+ and vulnerable persons).

Also, very stringent follow-up on maintaining a > 90% coverage rate of vaccination among new residents is essential.