Adviesaanvraag

Vraagsteller	GEMS initiative
Datum van adviesaanvraag	13/04/2021
Onderwerp	Relaxations - OCC 14/04/2021
Vraag	/

Adviesverstrekking t.a.v. het Overlegcomité

Datum van adviesverstrekking	13/04/2021
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	1. The epidemiological situation is still very worrisome. The positivity rate has increased to 9.4%. Although part of this increase can be explained due to a lower number of registered tests (probably, due to the holidays), a considerable portion of this increase is not yet explained. 2. The international situation shows us that countries are tackling the epidemic in different ways. Lessons learned from foreign countries should feed the political discussion to avoid a rebound effect due to excessive relaxations. 3. The motivation barometer shows that a. Only half of the population is still motivated to follow the measures b. The number of people that don't believe the current policy will solve the crisis has increased over the past few weeks. c. The number of close contacts continues to increase. 4. Start with safe relaxations/activities, as stated and categorised in the GEMS' advice on relaxations dd. 23/02/2021, similar to the ones from the initial "Buitenplan - Plan Plein Air" taking into account a. Schools wish to reopen for 100% in a couple of weeks, which will require some of the epidemiological budget. b. Based on RSZ/ONSS report, the need for increased telework and preventive action within organisations c. Testing and protocols for organised activities with audience is being discussed within the Commissariat in conversation with experts and representatives of the sectors.

	5. Motivational and behavioral hurdles can be tackled by communicating clearly why certain measures/relaxations are taken and, most importantly, what the overall picture looks like (including the broader calendar of relaxations); where are we in the epidemic, why are we taking some measures and not others etc. a. Emphasis should be put on the fact that only 50% of patients admitted to the hospital show at least two comorbidities. b. Refer also to the framework in the making on 'meaning of being vaccinated' c. Proactive communication on safe activities to do outside and considerations to make these activities safe (see annexes 4 and 5 with basic principles).

1. Epidemiological situation is still worrisome in Belgium

The epidemiological situation in Belgium is still worrisome, with a 7-day average of 3,485 new cases per day. Although the number of cases is decreasing, the positivity rate has increased to 9.4%. Although part of this increase can be explained due to a lower number of registered tests (probably, due to the holidays), the Great Corona Survey indicates that there has been a rise in physically close contact behaviour (see annex 6), and a considerable portion of this increase is not yet explained. Hospital admissions are slowly decreasing with a 7-day average of 253 hospitalisations per day resulting in currently 3,214 patients admitted to a hospital for COVID-19 and 919 patients in ICU.

For a prediction of these numbers based on different possible decisions, we refer to the models of Abrams et al. already communicated to the Commissariat. These models show that if we can postpone relaxations with high epidemiological impact to the summer, the vaccination coverage might be high enough to avoid another surge in ICU-load.

2. International situation

The international situation shows us that **countries are tackling the epidemic in three ways**:

- Some **surrender** to the epidemic and relax measures even when the epidemiological situation does not per se allow it (e.g. India, Andorra, Hungary, Cyprus, Bulgaria, Lithuania);
- Some **wait** to see how the epidemic evolves and focus mainly on damage control (e.g. Turkey, Croatia, Slovakia, Sweden, Ukraine);
- Some **take measures proactively** and define a **coherent** strategy linking measures to the epidemiological situation and adhere to this storyline until they reach their goal (e.g. Portugal, Serbia, France, Macedonia, Bosnia, Herzegovina, Australia, Ireland).

Currently, 10 WHO European Region countries are in **full lockdown** (incl. France, Greece, Lithuania, Estonia, Czech Republic), 10 WHO European Region countries are in **partial lockdown** (incl. Austria, Belgium, Cyprus, Germany, Italy, Norway, Poland, Portugal, Romania, Spain), 22 WHO European Region countries have a **national curfew**, and within the past two weeks, 19 countries have **strengthened their measures**. Please refer to annex 1 for a more extensive view on the international situation.

The COVID-19 pandemic in Europe is dominated by **three leading trends**:

- Increasing caseload;
- Low vaccination coverage and low collective immunity;
- Hard political decision over stringent measures.

Premature political/policy decisions on relaxation of stringent measures have always resulted in negative epidemiological outcomes. Moreover, the time of epidemiological recovery from premature moves has always been disproportionately long compared to the time lost in prolonging mandates until epidemiologically opportune. In Belgium, a ‘grand opening’ took place at the end of the first lockdown but

was not reversed in September when figures were passing alerting thresholds. Corrective measures were delayed by about three weeks and were taken concomitantly with a sharply increase in caseload and mortality. These measures were eventually maintained but at a level of stringency below epidemiological requirement, especially during the Christmas period. The epidemiology has never fully recovered from such moves as shown in Figure 1.

Fig.1: Epidemiological Cost of Political Decision:
Premature Relaxation in Belgium 09/20 - Now

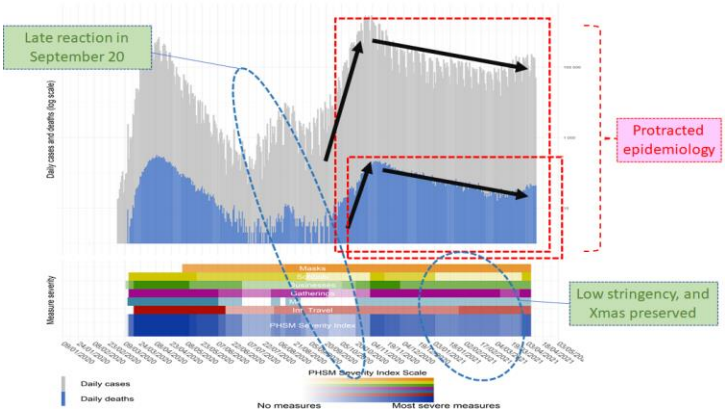
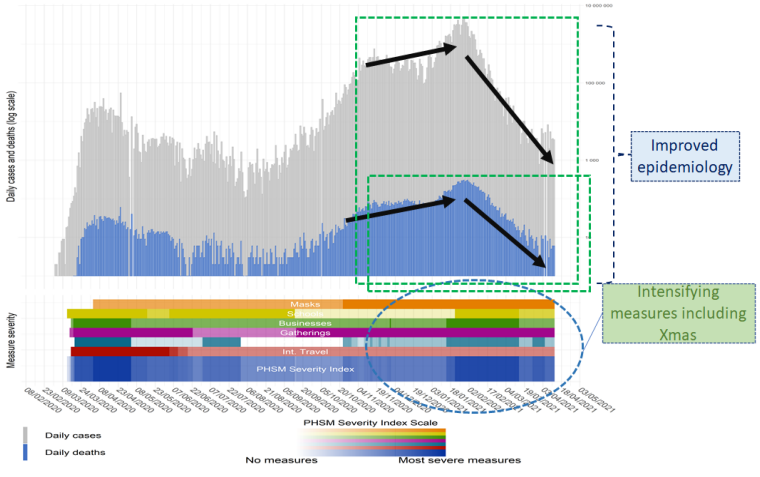


Fig.2: Epidemiological Cost of Political Decision:
Delayed Relaxation in Portugal 11/20 - Now

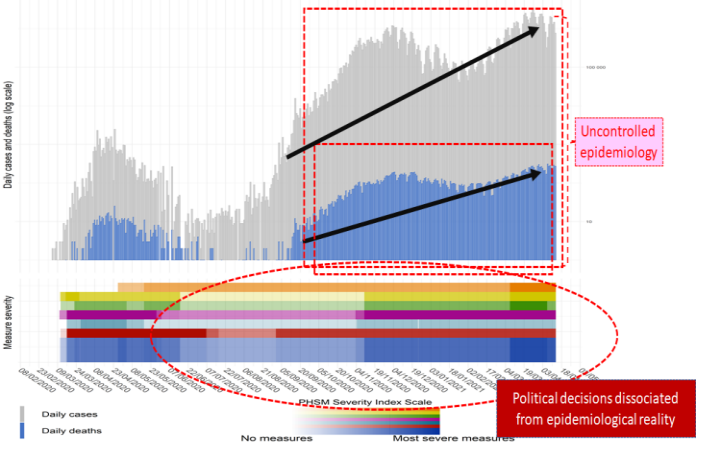


By comparison, Portugal (Figure 2) took political decisions to extend their mandates over December almost until now even after a relative improvement in caseload and mortality in November. The hard political decision to impose mandates during Christmas was extremely difficult, but the epidemiology has now fully recovered, allowing Portugal to relax much more serenely their measures than in many other countries.

Figure 3 shows the case of Hungary with a complete dissociation between political decision and the epidemiological curve, and the dramatic result observed today.

This comparison could be extended to many other countries in the EU and stems for political courage in delicate times. It is now well established that political precipitation quickly becomes politically corrosive. Countries that have maintained pressure over the virus all along, overcoming politically difficult moments have resulted in a much more stable transmission, with more moments of epidemiological tranquility.

Fig.3: Epidemiological Cost of Political Decision:
Complete Politico-Epidemiological dissociation in Hungary 08/20 - Now



The three elements listed above, especially the still prevailing low collective immunity calls for extreme political prudence. The upcoming accelerated roll-out of vaccines is an element of both epidemiological and political hope; and a path toward an end of the crisis.

3. Motivation

The motivation barometer (see annex 2) shows that only half of the population is still motivated to follow the measures and that the number of people that don't believe the current policy will solve the crisis has increased over the past few weeks. Also, the number of close contacts has continued to increase (see annex 6). These motivational and behavioral hurdles can be tackled by communicating clearly why certain measures are taken and, most importantly, what the overall picture looks like; where are we in the epidemic, why are we taking some measures and not others etc.

Measures balancing the epidemiological risk to the mental health and motivation of people need to be implemented as soon as there is some room to increase the contact budget (see advice GEMS_012 dd 23/02/2021 on relaxations).

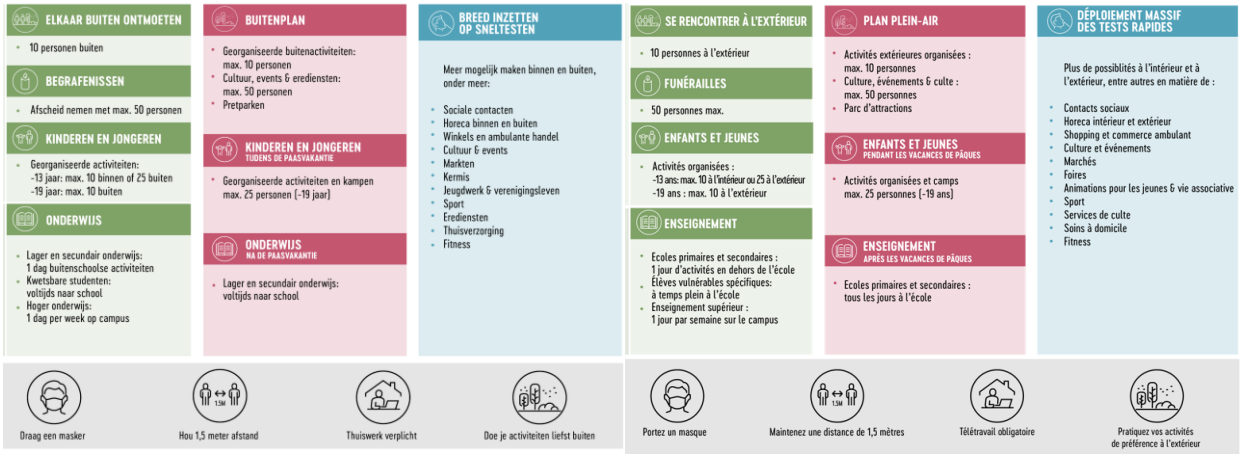
This again underlines the importance of using specific thresholds as a guideline for taking measures, on the one hand to ensure the situation is considered safe enough to avoid resurgence and on the other hand to increase motivation of the population to adhere to the measures. Thresholds can give policy makers and the population an indication of how far away we are from being able to relax and may help increase risk awareness (which is a driver for motivation) as it gives an indication of what is perceived as 'high risk' and 'lower risk'.

Good examples of meaningful and tangible thresholds can be ICU occupancy level for covid < 500 beds (which seems to be feasible within the models around mid May), combined with a clear declining trend in hospitalisations and proceedings as planned in the vaccination of at risk groups.

When communicating about future relaxations to the public, **timelines could be used based on projections of the models, but only if it is clearly explained that these timelines are only provisional and that if the thresholds are not reached by that date, the date might move.** This reasoning was used in the UK and it resonated quite well with the public and motivated them to adhere to the measures until they could safely reopen.

4. Safe activities to start with

Once we can start relaxing, we need to start with the safest activities, as stated and categorised in the GEMS' advice on relaxations dd. 23/02/2021. Concretely, first relaxations should be similar to the initial **"Buitenplan - Plan Plein Air" as well as enlarging outdoor groups of 10** (instead of 4), as communicated during the OCC of 06/03/202.



However, this plan needs to take into account the fact that there is also an important societal wish (and political priority given to this) for **schools to reopen at 100%** as soon as the epidemiological situation improves, which takes quite some of the epidemiological budget. Care should thus be taken when deciding on what the packages look like and when they will be implemented.

Furthermore, we would like to iterate the need for **maintained/increased telework and targeted, maintained preventive action within organisations and companies.** Since March 2021, the 14-day incidence is increasing in most sectors, in accordance with what is observed in the general population, with a staggering increase between 13 March and 5 April. The contact tracing shows that the increase is distributed over the entire country and that high-risk contacts have progressively increased over time since the second wave in most regions and most sectors.

Testing and protocols for organised activities with audience is being discussed in due time within the Commissariat in conversation with experts and representatives of the sectors.

5. Communication

The GEMS would like to reiterate the importance of strong, repeated and coherent communication bringing forward the larger perspective and reasoning behind taking first careful relaxations part of a broader calendar of relaxations (GEMS_009 advice dd. 3/03; GEMS_014 advice dd. 17/03).

Furthermore, reminders should also be given to the population on:

- the fact the situation may worsen temporarily while the vaccination coverage is still increasing (as was observed in Israel in spite of a rapid campaign, and currently in various EU countries, as a consequence of too soon assuming that risks have decreased). Emphasis should be put on the fact that only 50% of patients admitted to the hospital show at least two comorbidities (see annex 3) and so that **a lot of middle aged and young seniors are truly at high risk** of becoming very ill (e.g. grandparents and grandchildren)
- Refer also to the framework in the making on 'meaning of being vaccinated'
- Proactive communication should also highlight **safe activities to do outside** and considerations to make these activities safe in private and organised settings (see annexes 4 and 5 with basic principles).
- A particular message for those who are reluctant to go back to telework: '*Please do this out of solidarity for those who have lost their jobs and can't wait to restart activities right now'.* Please refer to annex 7 for concrete actions to increase telework.

Annex 1. International situation

Some two-week incidences per country; in parenthesis, the stringency (from Our World in Data)

Belgium and neighbouring countries		Vaccine champions		Countries in Europe with high incidences		Countries in Europe with a good situation	
Belgium	507 (76)	Israel	56 (51)	Czech Republic	689 (81)	Spain	191 (increasing again) (69)
the Netherlands	604 (75)	UK	73 (76)	Sweden	749 (66)	Portugal	63 (still decreasing) (66)
France	726 (79)	US	279 (59)	Estonia	908 (61)	Denmark	157 (still decreasing) (65)
Germany	265 (75)	Chili	506 (79)	Serbia	908 (58)		
Luxembourg	467 (54)			Poland	917 (79)		
				Hungary	1000 (70)		

Stringency is a coarse summary of non-pharmaceutical interventions taken. However, it is clear that low stringency (65 or lower) is a risk when incidence is moderately high to high in countries with low vaccination coverage. Luxembourg is in that situation, as is Estonia and Serbia. Figures for the US are difficult to interpret, and ideally should be studied at state level.

Overview:

- **10 WHO European Region countries are in full lockdown,** including France, Greece, Lithuania, Estonia, Czech Republic.
- **10 WHO European Region countries are in partial lockdown**, including Austria, Belgium, Cypru, Germany, Italy, Norway, Poland, Portugal, Romania, Spain
- **22 WHO European Region countries have a national curfew.**
- **Countries taking measures against their epidemiology (relaxation when numbers are increasing):** Andorra, Hungary, Cyprus, Bulgaria, Lithuania.
- **Countries with high incidences but who do not act on it**: Turkey, Croatia, Slovakia, Sweden, Ukraine.
- **Countries with coherence between epidemiological situation and measures:** Serbia, France, Macedonia, Bosnia, Herzegovina.
- **Within the past two weeks, 19 countries have strengthened their measures.**

United Kingdom. An earlier set calendar of relaxations is being executed, supported by extensive vaccine coverage and very low incidence.
Denmark. They consider a turning point the time at which the 50+ population is vaccinated. They give an important place to 'coronapass' for those vaccinated. A calendar of relaxations is proposed:

- 6 April: schools reopen at 50% presence, 20% for higher education; contact professions open
- 13 April: large shopping centers reopen;
- 21 April: horeca outside and museum open, with coronapass; sports under 18 opens without coronapass;
- 6 May: all with coronapass, the following open: horeca inside, conferences, cinema, theater, culture, sports above 18;

Hungary. The plan of reopening is based on a national consultation on reopening. This is executed when 2.5 million people will be vaccinated, regardless of other epidemiological parameters.

Czech Republic. For a long time, the situation has been difficult, including overwhelmed healthcare and patient transfer to neighbouring countries. At the same time, adherence to measures is very low. This is not a desirable situation. Finally, incidence is improving.

Ireland. People entering from countries at high risk and/or with variants of concern, are subjected to hotel quarantine. This includes, among others, the Emirates. The selection of EU countries that are part of this group is somewhat controversial.

Spain. Overall, Spain has fairly strict national measures. This includes prohibition to travel between regions. But: international travel is allowed. Also, in the Madrid Region the measures are relatively lax (horeca open, including discotheques). This leads to a specific stream of tourists, in particular from France. The EU has requested proof from Spain about the coherence of their measures.

Chile. While the vaccination campaign is going well, the epidemic picks up strength. Intensive case is nearly saturated. One element may be their use of SINOVAC: Chilean research points to reasonable effectiveness in avoiding severe covid, but that its preventive effect on infection is modest. Regional spread of new variants (e.g. Brazilian variant) ay also play a role

France. The lockdown includes: distance learning at all levels, with startup after Easter at 50%; non-essential shops closed; systematic telework; perimeter of 10 km around the house; no movement between Regions; curfew starting at 19 h.

Germany. The country qualifies several of its neighbors as “high risk area,” including the Netherlands, but not Belgium. This implies the following.

Men moet zich vanuit een hoogincidentiegebied reeds voor binnenkomst in Duitsland laten testen en een negatieve test kunnen voorleggen. Wie dat niet doet, wordt bij controle beboet en doorgestuurd naar een testcentrum. Het federale niveau voorziet standaard enkele uitzonderingen op de testplicht (kinderen jonger dan 6, professioneel goederenverkeer minder dan 72u in hoogincidentiegebied). Andere uitzonderingen bepalen de deelstaten. Deze post heeft actief de totstandkoming van een algemeen besluit van Noordrijn-Westfalen geobserveerd waarin bijkomende uitzonderingen op de verstrengde testplicht geformuleerd werden. De volgende uitzonderingen gelden vooralsnog enkel voor het Duits-Nederlands grensverkeer in Noordrijn-Westfalen:

- *Voor grenspendelaars (in brede zin: werknemers, studenten) volstaat een testcertificaat dat maximaal 72 uur oud is (vanaf test). Op die manier zijn slechts 2 tests per werkweek nodig en niet een test per dag/grensovergang. De test mag op de werkvloer afgelegd worden (antigeen).*
- *Voor grenspendelaars is er geen verplichting om een testcertificaat bij zich te dragen, als bewezen kan worden dat een test meteen na aankomst bij de werkgever kan worden afgelegd.*

- *Voor personen die wekelijks de grens oversteken om verwanten in de eerste graad te bezoeken (bv. echtgenoten, levenspartners of situaties inzake bezoekrecht), volstaat ook een testcertificaat dat maximaal 72u oud is. Indien een dagelijks bezoek nodig is, kan een individuele uitzondering aan het gezondheidsambt gevraagd worden.*
- *Veiligheidsdiensten hoeven geen testcertificaat/bewijs van getest worden voor te leggen.*
- *Personen die minderjarige grenspendelaars (studenten met stage, kinderen die over de grens school lopen) met de auto brengen, worden als in transit beschouwd en krijgen een uitzondering op de testplicht.*

Netherlands. Every three weeks RIVM (Rijksinstituut voor Volksgezondheid en Milieu) surveys the adherence to and support for measures. The results of 10 March include:

- best adherence: face mask in public transport (97%, declining); curfew (89%; declining), face mask in public space (82%; stable);
- least adherence: staying home with symptoms (46%, declining); testing when symptoms (44%, increasing); regularly handwashing (34%, increasing);
- the least support for measures: maximum number to be received at home (38%, declining); curfew (65%, declining). For all other measures, support is 80% or more.

Annex 2. Is the population still motivated?

Actual status

On March 24th, the government introduced a package of stricter measures to keep the number of hospitalizations and patients in intensive care under control. Since the beginning of the Eastern break, as many as 3979 individuals participated in the motivation barometer (69% female; 57% Dutch-speaking participants)[1]. Among the various motivational and well-being indicators that are collected, the following key findings need to be highlighted:

- We typically see an increase in commitment (i.e., identified motivation) to adhere to the measures when the corona situation deteriorates and risk perception increases. This did not happen this time: risk perception did increase among Flemish participants, but there was no concomitant increase in motivation for the measures (see figure 1). As indicated in figure 2, expressed as a percentage, 29% of Belgian participants are still very highly motivated and 21% highly motivated, with the remaining 50% reporting low (23%) or very low (27%) motivation. French-speaking participants are less motivated than Dutch-speaking participants.
- We observe an increase in discouragement since mid-March (see figure 1). When analyzed in detail, this overall sense of discouragement manifests itself in the disbelief that the strategy adopted to contain the covid-situation is effective. As indicated in figure 3, up to 41% of Belgian participants indicates the overall strategy is not (at all) effective.
- In terms of adherence, especially the social measures (i.e., limiting close contacts, keeping physical distance) are less adhered to, with the number of self-reported close contacts being clearly above the recommended threshold (i.e., 3.78 in the Dutch-speaking area, 4.83 in the French-speaking area; see figure 4).
- The uncertainty about the evolution of the overall situation remains high (as has been the case throughout the crisis; see figure 5).
- The basic psychological need for autonomy was the least fulfilled, with participants reporting more frustration than satisfaction of this need since mid-January (see figure 6).
- Compared to identical infection and hospitalization rates in the past, current population risk is estimated lower. This suggests some kind of habituation to the risk or may signal that people increasingly turn away from COVID-19 news (although the increasing number of vaccinated respondents may influence risk perception, feeding the belief that the situation is safe).

As a set, these indicators suggest a general sense of exhaustion and despair in the population. **Besides the long duration of the constraints, this sense is most likely due to absence of an explicit strategy, on both the short and longer term, that is laid-out and communicated in such a way that the population experiences it as principled, coherent, proportionate, consequent, step-wise, and goal-directed.**

Recommendations

The situation is currently in transition and therefore (understandably) unclear. Many factors are changing: an increasing number of vaccinated people, the availability of self/fast tests, and the stabilizing if not improving corona situation. This lack of clarity forestalls people's motivation and the belief that the situation is well-managed and under control. In order to keep the population "on board" as much as possible, it is more important than ever to provide perspective on the short term.

- Coherence: To foster commitment and create a buffer against increasing discouragement, it is critical to highlight the necessity and the benefit of the entire package of protection measures such that they are experienced as a coherent whole.
- Consequent: Stick to the chosen narrative in a consequent way. To illustrate, while outside activities were initially allowed and promoted, it is hard for the population to understand why some of these have been reduced (i.e., from 4 to 10 to 4 persons in outside bubbles). Because of their limited risks, exploit outside activities as much as possible, especially with improving weather conditions that provide people with an increasing number of behavioral options.
- Proportionate: Gradually adopt a more fine-grained approach, with measures no longer being applied at a sectoral level but rather at a case-to-case level. As several stakeholders and organizations within sectors are now better capable of taking preventive safety measures, a sectorial prohibition to organize corona-proof activities is perceived as disproportionate and demotivating (e.g., tennis clubs with a big, well-ventilated hall may perceive an overall prohibition as disproportionate). Framing the gradual re-opening of activities as a fair deal activates stakeholders' sense of responsibility and autonomy . Specifically, in exchange for an investment of energy and commitment to implement and adhere to a set of prescribed preventive measures, stakeholders are offered more freedom to return to regular life (e.g., a poorly ventilated restaurant/theater cannot re-open as quickly as a well-ventilated restaurant/theater). Use self- and fast tests as a complimentary strategy to foster risk awareness and promote greater commitment and responsibility.
- Collective focus: The vote of confidence given to the population to come up with responsible corona-proof solutions fosters the notion that the way to handle the pandemic is not necessarily a categorical approach, involving either strict measures or no measures. Instead, it suggests that one can go about real life as a collective while adhering the sanitary measures in a conscientious manner. Capitalizing on corona-proof settings allows keeping very salient the notion of risk (an important positive driver of motivation) while showing that one needs to take care of it. It also stresses the key idea that vaccination does not prevent from the adoption of sanitary measures. Finally, it allows the various sectors to understand that one does not sacrifice one sector or chunk of the population at the expense of another (a key factor for the feeling of inclusion) as long as one does the necessary efforts to function in a corona-proof way.
- Goal-directed: Offer a goal- instead of time-based perspective because such a perspective better highlights the conditional and fragile character of the situation (thereby fostering risk awareness and commitment), allows one to better emphasize the causal role of our behavior in making progress (thereby fostering confidence), allows for greater predictability (thereby reducing uncertainty over the situation), and prevents one from having to disappoint the population through breaking one's promises (thereby avoiding discouragement).

Figure 1

Evolution of different types of motivation across the pandemic in Flanders

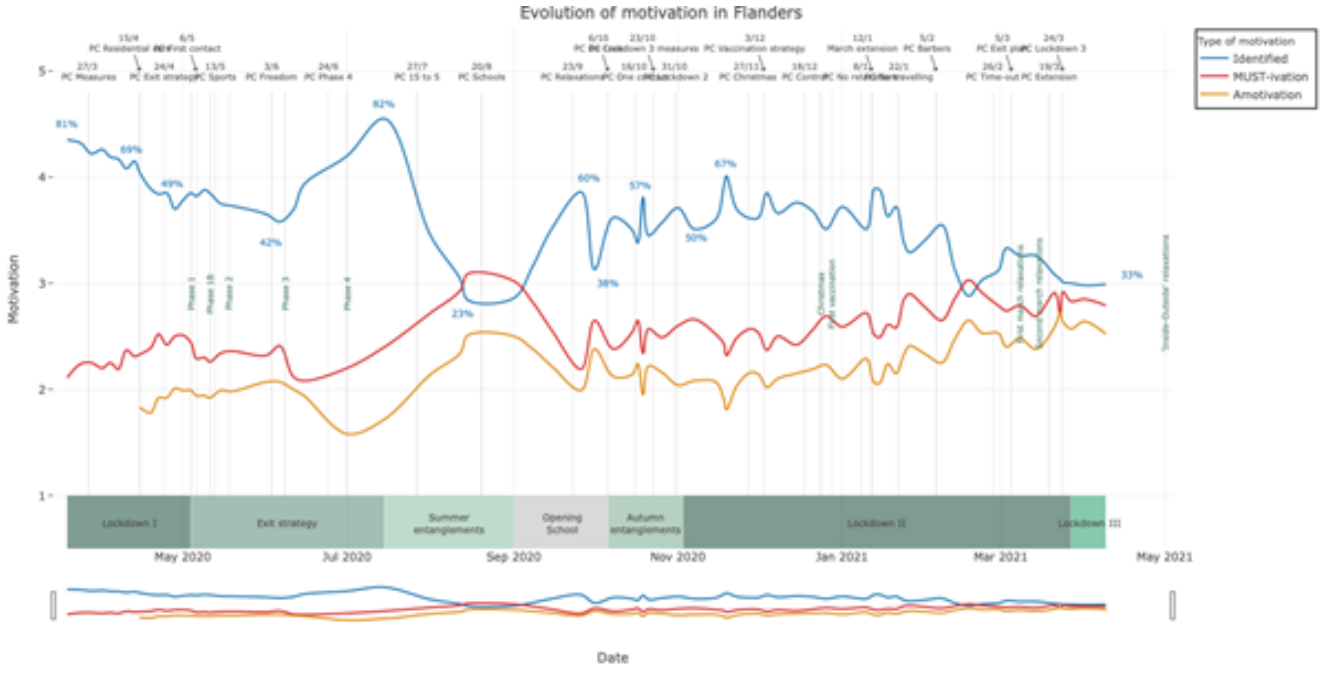


Figure 2

Percentage distribution of identified motivation in Belgium

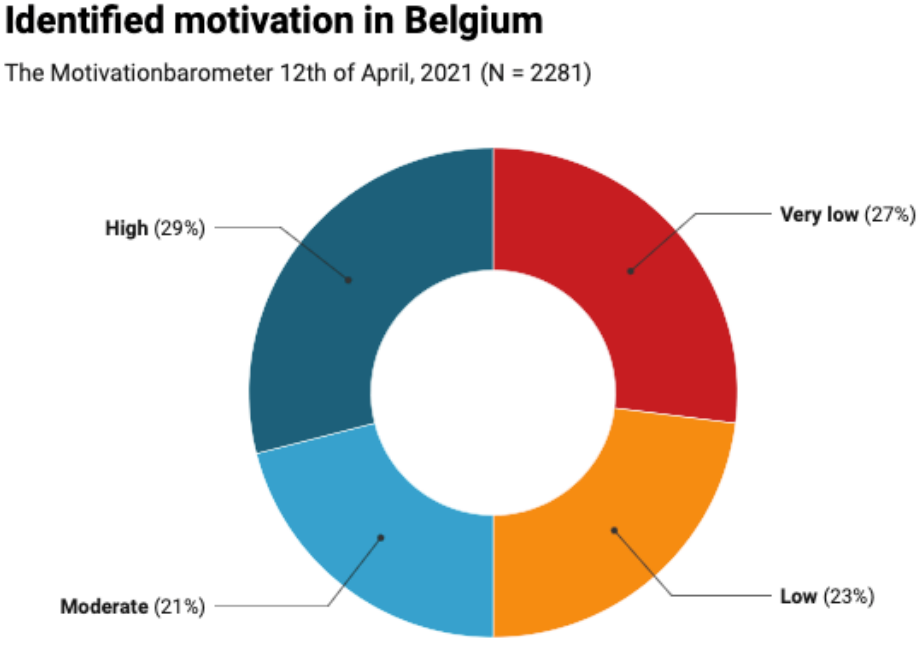


Figure 3

Percentage distribution of disbelief in effectiveness of followed strategy

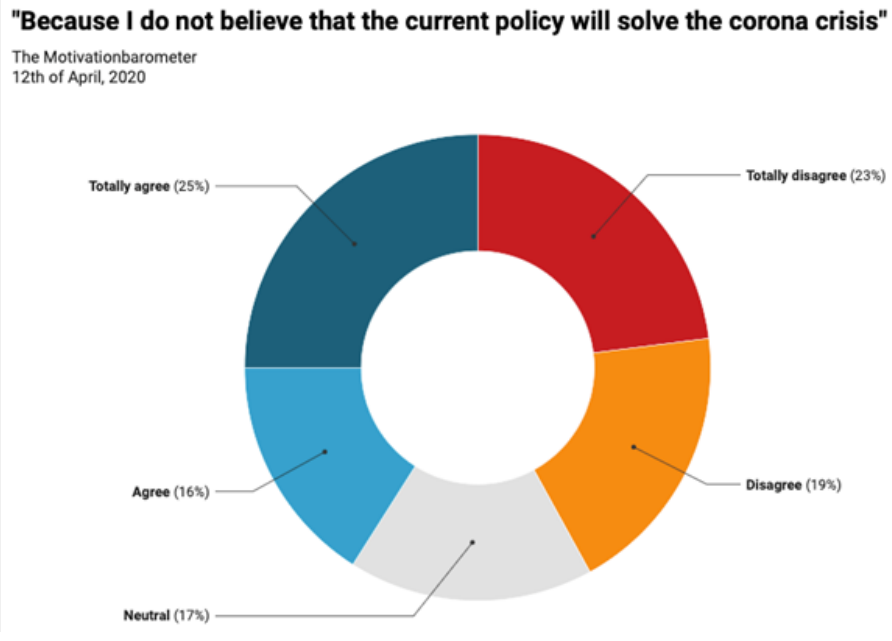


Figure 4

Number of close contacts by region

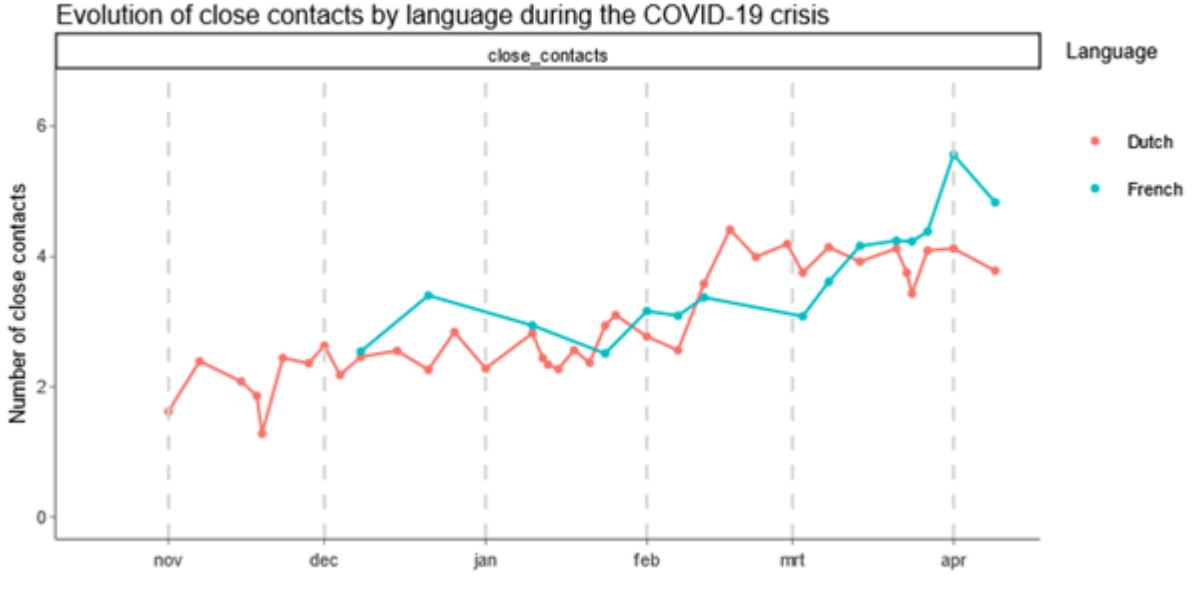


Figure 5

Evolution in different sources of uncertainty during the pandemic

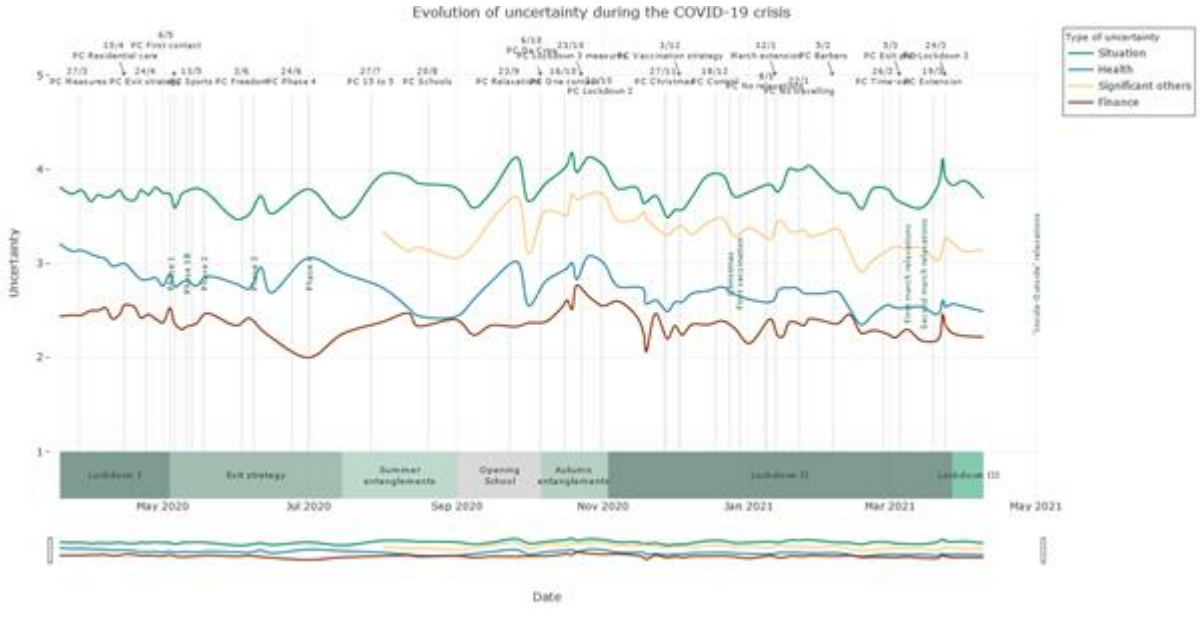
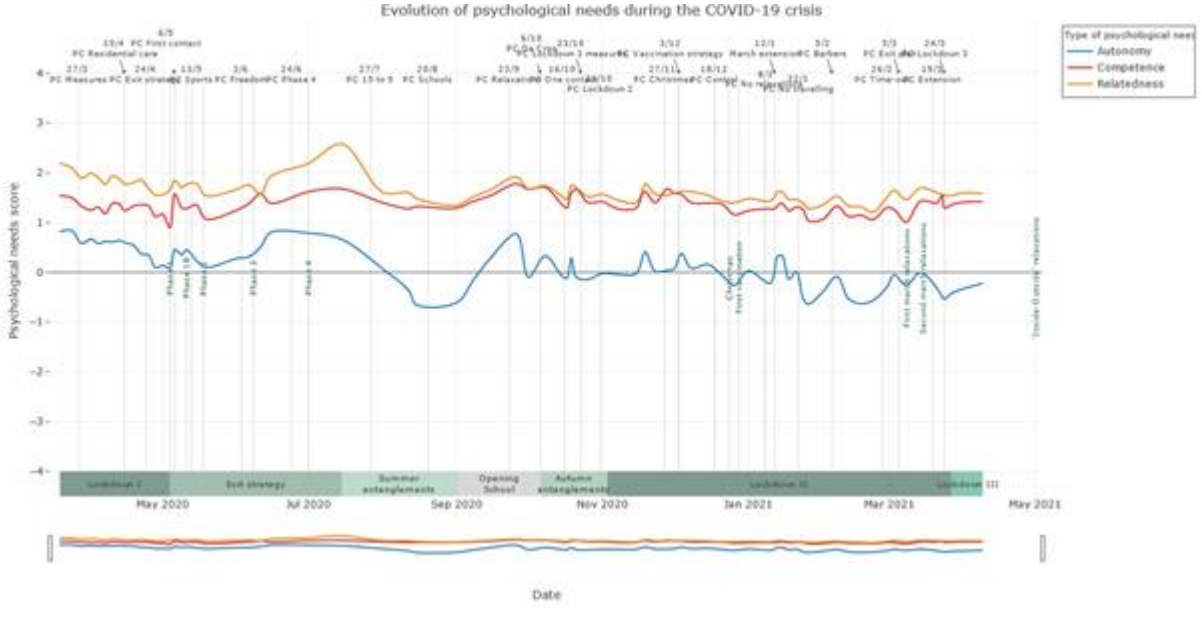


Figure 6

Evolution in the satisfaction of psychological needs across the pandemic



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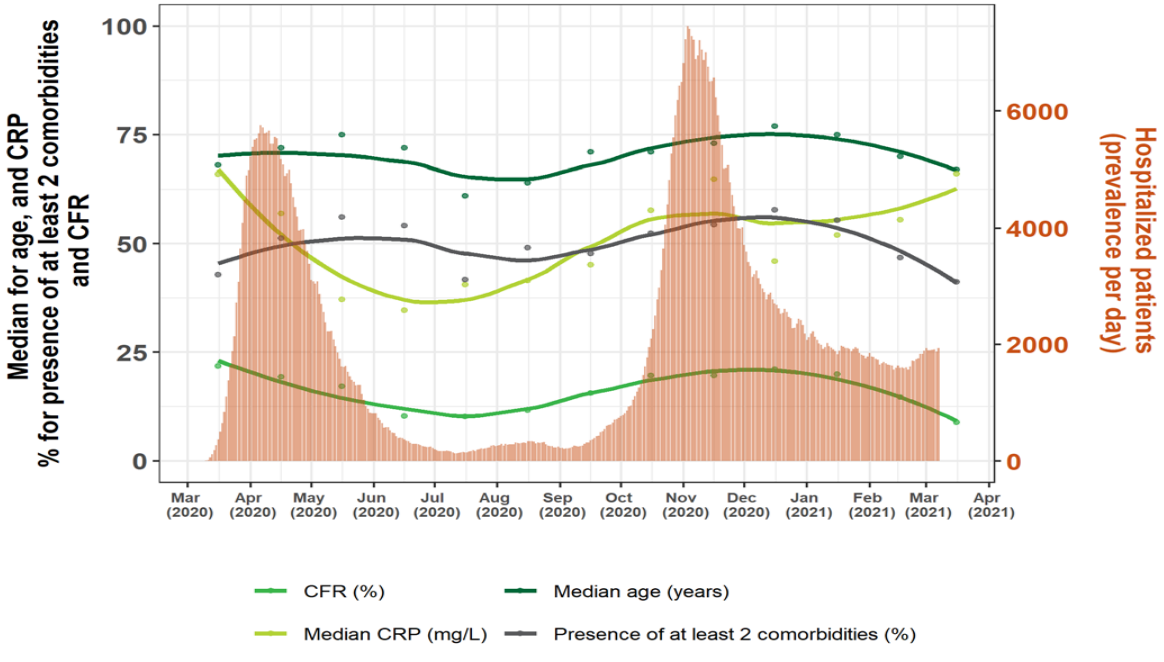
[1] To correct for the non-representative nature of the collected data, the findings are weighted for gender, region, age, and educational level.

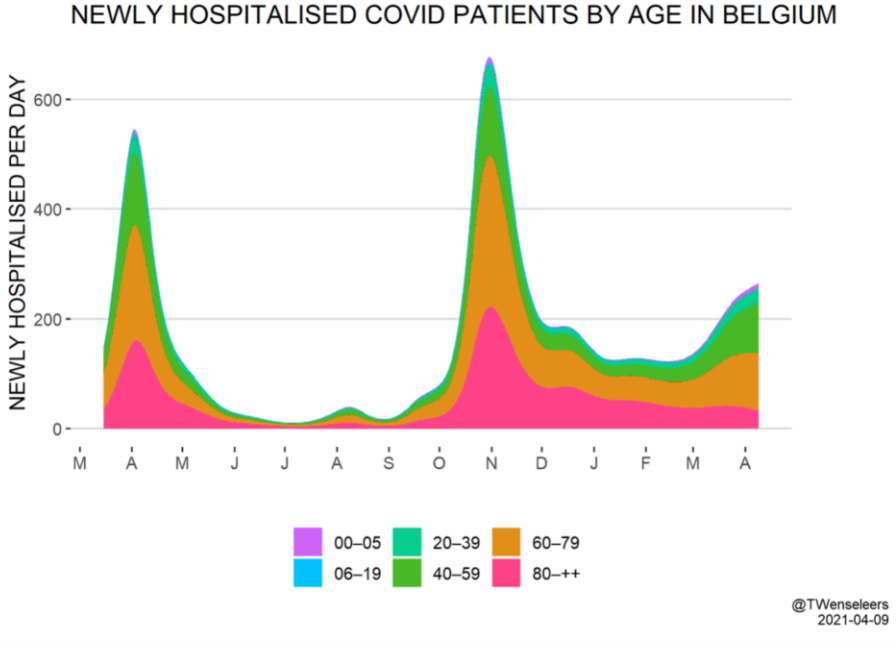
Annex 3. COVID-19 Clinical hospital surveillance report

Figure 2: Hospital at a glance (Sciensano)

This 'At a glance' figure provides an overview of the crude case fatality rate and its relation to specific markers over time:

- Hospital occupancy in Belgium
- Median age of patients at hospital admission
- Serum C-reactive protein (CRP) at admission as a marker of inflammation
- Proportion of admitted patients with at least 2 comorbidities at admission





Annex 4. Met 10 buiten: hoe doe je dat veilig?

Onderstaande punten geven een oplijsting van hoe de bevolking men elkaar buiten veilig kan ontmoeten. Het is belangrijk om dit op een constructieve manier te **communiceren** die zo goed mogelijk **uitlegt** wat meer of minder veilig is en waarom, **zonder paternalistisch** te willen zijn. Idealiter wordt dit aan de hand van (animatie)**filmpjes** uitgelegd, des te meer omdat **visuele** communicatie beter blijft hangen en de aandacht trekt.

1. **Buiten = buiten**. Weersta aan de verleiding ook meer mensen binnen te zien. De risico's op infectie zijn vele malen hoger. Even binnen naar toilet gaan moet kunnen, maar hou je verder aan de buitenregel.
2. Buiten is het alleen veilig als je elkaar **op veilige afstand (>1,5 m) ziet**. Dus geen kussen en knuffels… Om gemakkelijker te kunnen inschatten hoeveel afstand 1,5 m effectief is, is het goed om referentieobjecten te gebruiken (bv. een bezemsteel).
3. **Altijd draag een masker** als je die afstand niet steeds kunt bewaren.
4. **Maximum 10 personen = maximum 10 personen (dus geen 12, of 20)**. Minder mag ook ;-) Hoe groter de groep, hoe moeilijker het is om afstand te blijven houden en hoe groter de impact kan zijn indien iemand binnen de groep besmet is. Kleinere groepen zijn makkelijker voor jezelf om veilig te houden, en op een beperkte ruimte (bv. een park of plein) ook makkelijker voor de anderen rondom jou.
5. Voorbeelden van **veilige activiteiten zijn**: samen wandelen, praten, sporten,… op veilige afstand
6. Voorbeelden van **meer risicovolle activiteiten zijn**: samen eten en drinken (bv. receptie, picknick, barbeque, camping…). De afstand wordt minder gerespecteerd, zeker als je samen aan tafel zit en wat alcohol gedronken hebt. Denk twee keer na en bereid dit goed voor:
    a. Vaste plaatsen;
    b. Individuele porties;
    c. Tafels per huishouden;
    d. Indien men binnen moet om naar de tuin of het toilet te gaan, masker dragen en slecht één persoon tegelijk binnen;
    e. Iemand die op ludieke manier waakt over de afstand ('Bob').
7. Dezelfde regels gelden voor **gevaccineerde en nog-niet-gevaccineerde personen**!
8. Besmettingen kunnen nog steeds ontstaan bij ontmoetingen buiten, dus wees klaar om je 'buiten' vrienden of familieleden te contacteren als iemand positief test.

Annex 5. à 10 à l'extérieur: comment faire ça en toute sécurité ?

Les points ci-dessous fournissent une liste de moyens permettant aux gens de se rencontrer en toute sécurité à l'extérieur. Il est important de **communiquer d'une manière constructive** en **expliquant** aussi bien que possible ce qui est plus ou moins sûr et pourquoi, sans pour autant utiliser un ton paternaliste. L'idéal serait de l'expliquer à l'aide de **films** (d'animation), d'autant plus que la communication **visuelle** est plus durable et attire davantage l'attention.

Dehors = Dehors. Résistez à la tentation de voir plus de monde à l'intérieur. Les risques d'infection sont plusieurs fois plus élevés. Il devrait être possible d'aller aux toilettes à l'intérieur, mais respectez la règle de l'extérieur
Vous êtes en sécurité à l'extérieur que lorsque vous vous voyez **à une distance de sécurité (>1,5m)**. Donc pas de bisous ni de câlins … Pour faciliter l'estimation de la distance effective de 1,5m, il est bon d'utiliser des objets de référence.
Portez un masque si vous ne pouvez pas maintenir une distance de sécurité (1,5m) tout le temps.
Un maximum 10 personnes = un maximum 10 personnes (donc pas 12 ou 20). Moins de personnes est également permis ;-) Plus le groupe est grand, plus il est difficile de garder ses distances et l'impact peut être plus grand si un membre du groupe est infecté. Les petits groupes sont plus faciles à garder en sécurité pour vous-même, et dans un espace limité (par exemple un parc ou une place) aussi plus faciles pour les autres autour de vous.
Des exemples d'**activités peu risquées** sont: se balader en petit groupe, parler, faire du sport,… à une distance de sécurité
Exemples d'**activités plus risquées**: manger et boire ensemble (ex: réception, pique-nique, barbecue, camping…). Les distances de sécurité sont moins faciles à respecter quand vous êtes assis à table ensemble et que vous avez bu de l'alcool. Préparez bien vos événements en extérieur:

a. Définissez des places fixes;
b. Donnez des portions individuelles;
c. Définissez une table par ménage;
d. Si vous devez entrer pour aller au jardin ou aux toilettes, portez un masque et n'entrez qu'une personne à la fois;
e. Choisissez un/des "Bob" qui veille.nt de loin à ce que les règles sanitaires soient suivies.

Les mêmes règles s'appliquent **aux personnes vaccinées et pas encore vaccinées**!

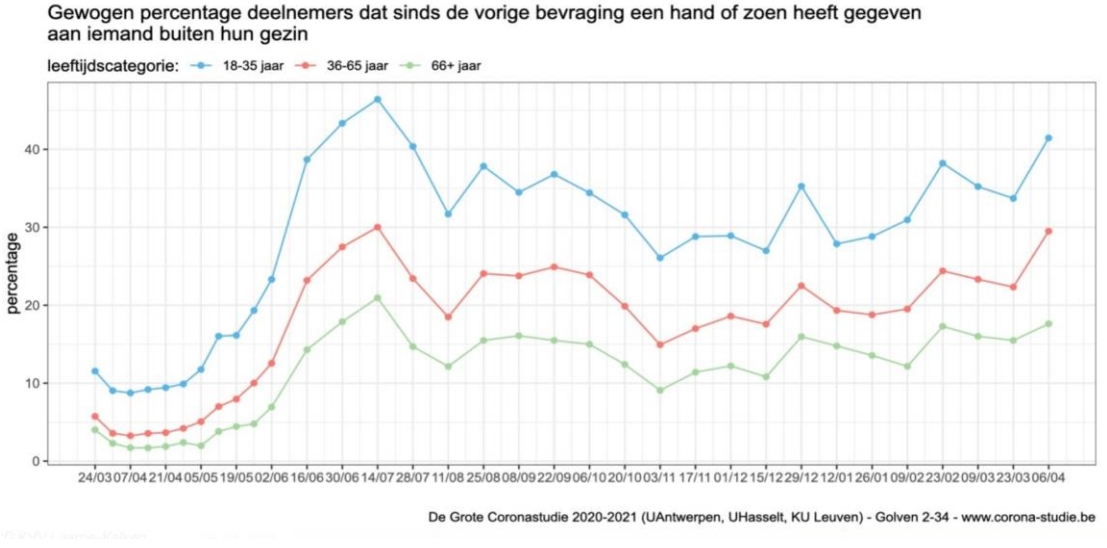
Les infections peuvent encore se développer à la suite de rencontres extérieures, alors soyez prêt à contacter vos amis ou membres de votre famille hors de votre bulle si une personne est testée positive.

Annex 6. Evolution of physical distancing observed in the Great Corona Study

(n=21850; most relevant for Flanders given underrepresentation from French, English and German version completed surveys (in Wave 34: respectively 650, 150 and 30))

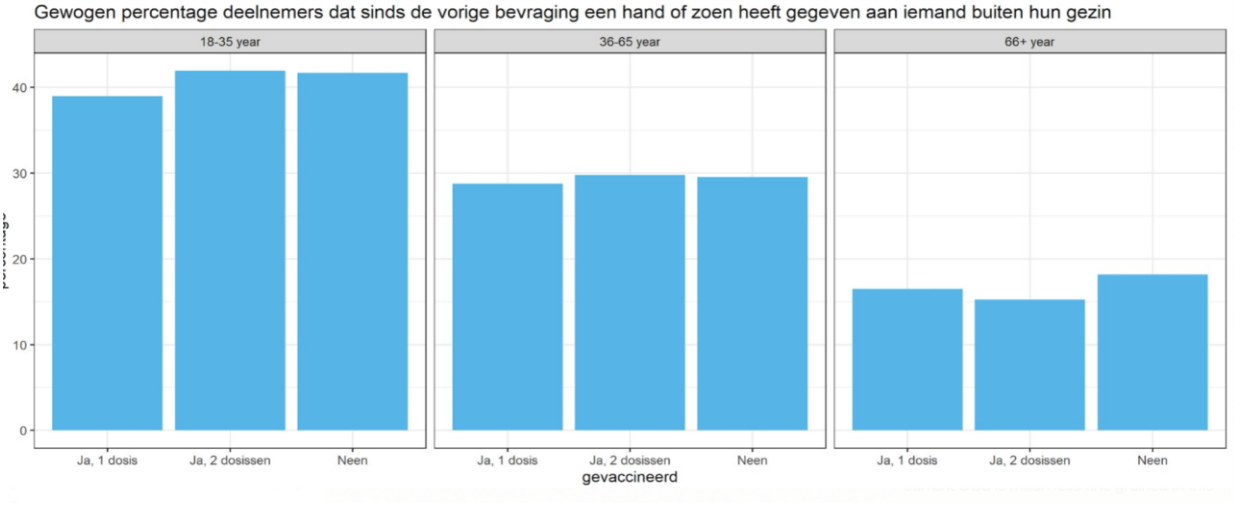
The below figure from the Great Corona Study (GCS) indicates that there has been a rise in physically close contact behaviour, especially in younger age groups. Note that these proportions were re-adjusted by weighting for their representativeness of the Belgian population, in terms of age, gender, education and province of residence.

Weighted participants in the GCS that touched someone outside their household (handshake or kiss) since the previous survey wave (one or two weeks earlier)



The related figure below, also from the GCS, indicates that these changes in contact behaviour cannot be attributed only to vaccinated persons. The rise we observed in the last wave on 6th April is in both vaccinated and unvaccinated persons.

Weighted participants in the GCS that touched someone outside their household (handshake or kiss) over the twee weeks preceding 6th April 2021, as a function of the number of vaccine doses they received.



Annex 7. Concrete actions to support telework

1. Motivate, stimulate and inspire
    - Thank the enterprises and workers that already have implemented teleworking. Give good examples and acknowledge the effort made, recognizing that is not always evident.
    - Social partners should bring out a common statement and ask employers and employees to work from home.
    - Sector representatives should communicate about the importance of telework and how this can be done in their sector.
    - The authorities, public services of this country, etc should give a good example.
    - Motivation campaign including a targeted communication to those companies that do not comply.
    - Website with good practices, video's and testimonials.
2. Stimulate innovation and finance innovation in this perspective e.g. through *werkbaarheidcheques*.
3. Involve and address committees for prevention and protection at work
    - Stimulate prevention at work (telework is a powerful preventive measure, which should be explained) through the involvement of existing prevention structures at the enterprise (committees for prevention and protection at work), stimulate social dialogue and involve actively internal and external services for prevention and protection at work. They can be key especially for the many SMEs in our country. Prevention-advisors can develop risk analysis and also develop specific measures and protocols for safe working if telework cannot be implemented.
    - Communicate with these structures and have them involved, e.g. in the development of sector protocols, which will facilitate the later implementation.
4. Monitor and follow-up
    - Increase and intensify controls, also in a supportive way. However, if there are clear infringements raise the fines and eventually consider closing the company.
    - All complaints regarding non-compliance with the telework obligation can be reported to the single contact point: www.meldpunteerlijkeconcurrentie.be. A separate form is provided for reporting complaints about telework.