

**Adviesaanvraag**

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Onderwerp	Proposed measures to reduce transmissions

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Adviesverstrekking t.a.v. het Overlegcomité

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1. Scope of problem and rationale for a broader package of measures at this moment

a. The current epidemiological situation is worsening further, with extremely high incidences in primary education

- 14-day incidences are currently very high all over the country and still increasing: Belgium overall 2,068, Flanders 2,410, Wallonia 1,543, Brussels 1,235. The incidences are the highest in children between 7-12 years old.
- RSZ-data: Certain sectors show an incidence that is well above the incidence in the general public, e.g. 4,656 in primary education in Flanders. The highest incidences (>2,500) are mainly in sectors with frequent high-risk contacts and contacts with young people, such as childcare, education, health and care, but also in public transport, police, defence, beauty salons, sports activities and cafes and bars. Furthermore, contact tracing shows that the number of high-risk contacts in the workplace has never been this high. In Flanders, 87% of the schools has notified clusters (see: RAG report 1/12/21).
- These very high to extremely high incidences are increasingly threatening the business continuity in many sectors, and are causing a collapse of service delivery in specific sectors (e.g. education, child care, elderly care, health care system, public transport,...). Given the very high figures and massive staff downtime due to quarantine and illness, it is crucial to stop the pandemic and also to ensure business continuity, to strictly implement the recommendations of the generic guide in all companies. Although certain measures (such as compulsory working from home) may weigh on productivity for some companies, especially in the long term, a corona pandemic that is not brought under control is a major economic blow. Companies therefore have a strong interest in bringing the pandemic under control, and it is important that, together with the social partners, an unambiguous motivating message is sent out to all companies, institutions and governments to take the measures and to do everything possible together to turn the tide.
- International position: compared with other northwestern-European countries (France, Luxemburg, Netherlands, Germany, UK, Ireland), Belgium has among the highest 14-d incidences. In some countries, such as the Czech Republic, Austria and Slovenia, incidence is comparable or equal. Note that Austria is already confronted with triage in its hospitals. The European CDC issues a rapid risk assessment of the EU-member states (NITAG meeting 30/11/21) and advised also member states with high vaccination coverage to strengthen/reinforce non-pharmaceutical interventions (NPIs), and avoid social mixing
- This prolonged situation of very high viral transmission has resulted in an ongoing increase of COVID-related hospitalisations, and an ICU-occupancy level of nearly 800 beds. This further evolution has a drastic further impact on the healthcare sector particularly in Flanders (and the situation is degrading as well in Wallonia and Brussels), with further delay of all kinds of regular care to a level which was only seen during the first wave in 2020 and a high level of absenteeism in healthcare workers due to COVID-19 and other (psychosocial) health issues.
- Additionally, as highlighted in [previous advice](#), the test and contact tracing system is completely overloaded resulting in a loss of one of the important defense lines.
- The emerging circulation of the new omicron-variant within Europe is highly worrisome, and is associated with numerous uncertainties in terms of possible impact (epidemiologically, vaccine effectiveness). However, the current dramatic epidemiological situation in Belgium is fully caused by the delta-variant and requires effective action to bring down viral circulation to less impactful and more manageable levels for that matter. The speed of spread of this



new variant in Belgium will clearly be influenced by the current viral circulation (besides the already installed travel restrictions).

- b. **Recent prior GEMS-recommendations** (see [GEMS 027 dd. 22/10/2021](#), [GEMS 028 dd. 14/11/2021](#), [GEMS 029 dd. 25/11/2021](#)) **were only partially accepted in a delayed timing, often not effectively implemented and/or not retained at all.** This is particularly true for the field of education, where the situation has been degrading rapidly over the past weeks and where the field actors have been asking repeatedly for clear interventions and a decision line. But also in other sectors (e.g. work, leisure, sports, horeca/nightlife), too many exceptions and lack of clear communication lines have unfortunately led to inconsistent situations which do not contribute to the needed sense of urgency and understanding of measures. In earlier recommendations, we developed an integrated package of measures in different domains (work, school, leisure and private life).
- c. **Communication and motivation.** We regret that our earlier advice regarding (visual, consistent, repeated) communication and simplicity of rules has not been followed. In addition to the communication campaigns addressed to the general population, targeted outreach community actions through trusted intermediaries remain extremely important to increase accessibility of the health messages and make the communication as inclusive as possible of the diversity in the Belgian population.
- d. Taken together, even though measures were taken earlier this week and hence it is too soon to see their exact effect on the epidemiological situation, the GEMS believes that the population incidence and case load in hospitals have reached dangerously high levels. The previously proposed measures might not be sufficient anymore to bring the incidence, the hospitalisations, and the ICU-load back to a more manageable number in a short time period. There is a clear need to aim for a fast stabilisation and decrease of the numbers. Allowing the numbers to increase further implies also that the way back will be longer, which requires persistent efforts from the population and may impact their motivation and well-being, especially if the decreasing numbers begin to stabilise. So, quickly intervening seems also logical from a psychological standpoint. This is why the GEMS is proposing a new set of measures that is more stringent than in previous advice, but nevertheless in line with earlier recommendations.

2. Suggested package of measures

As stated in earlier advice, a collective effort across all sectors including private life is needed to bring down viral circulation rapidly. A consistent and logical package, aiming to intervene where viral circulation is highest, is needed to stabilise the situation and decrease the daily number of infections.

We propose therefore:

An **acute cooling down period for schools of 10 days** and a **longer duration package that starts at the same time but should be maintained at least until beyond the Christmas/New Year period.** While calling for a set of more stringent measures, exceptions should still be made for activities directed to the most socially vulnerable people.



a. Acute cooling down period for schools

- Rationale: it is absolutely necessary to intervene acutely in the sector where incidences are highest in society and where service continuity (education) is actually stopping spontaneously in an erratic way because of numerous infections among staff and pupils. Interventions are most needed in primary education, but given incidences increase as well in secondary education, interventions are needed there as well. On the other hand, school closures and the organisation of distance learning for young children are impactful for children, their families and the entire society. Therefore the suggested period is the minimal epidemiologically 'meaningful' period (i.e. 10 days (in line with the average incubation period), after which the restart of on site education should be considered provided strict preventive measures are in place and provided there is minimal stabilisation of the epidemiological situation. In addition, strong interventions in extracurricular activities and other sectors should take place as well, and socially flanking measures should be foreseen to make the combination of homeschooling + (tele)work possible for all parents.
- Primary schools + kindergarten: closure/home schooling of at least 10 days, then restart (provided minimal stabilisation of the epidemiological situation) + perform self-testing¹ (RAT) before coming back to school + application of stringent additional measures (i.e. masks (adapted for children) from age 6 y + restore testing, contact tracing and quarantine measures as in September 1st 2021 + apply strict measures to optimise ventilation in classes)
- Secondary schools: implement at least hybrid teaching until the exams applying similar rules as the higher education. Give the possibility to the most vulnerable students to have access to distance learning on premises of the school (access to computers).
- Exceptions for special needs schools should apply
- Higher education: install formally code orange (see [earlier advice](#)). This should imply for large groups maximum occupation rates 1/5, for small groups maximum occupation rates 1/2 and for practical sessions 1/1, all WITH maintained mask wearing and optimized ventilation.
- Plans to offer vaccination of children < 12 y of age should be given priority, as this may represent the long term perspective on 'cooling down' the epidemiological challenges in the education sector.
- Stress the importance of vaccination and booster vaccination in all staff members working in education and child care
- Flanking measures needed:
 - For the mental health of families (including more than 20% of single parents in Belgium), we stress the importance of effective solutions during this cool down period, so that parents do not have to combine childcare and work/telework, especially for parents of children under 12. This should include e.g. solutions like temporary unemployment (easily accessible, timely remunerated,...) and clear messages on flexibility from employers,...
 - Masks for children should be made available for those in need
 - The current availability of affordable self-tests should be promoted among parents

¹ See also [example in Quebec](#).



b. **Additional acute measures to be maintained until beyond Christmas/New Year period:**

- Genuine and extensive implementation of measures at the workplace presented in the generic guide and of telework in all private and public functions which can telework, as agreed upon earlier
- All horeca activities should close at 8pm and take measures to avoid crowding at all times
- All large scale (> 200 people) leisure, cultural, religious or sportive **events indoor and in crowded outdoor settings** should be suspended (this includes football and other sports competition, Christmas markets unless very strict organisation avoiding crowding such as regular markets)
 - except small scale performances seated (limited density allowing safe distance with a max of 200 persons e.g. cinema, concert, theatre play) with CST + distance, mask, optimal ventilation and no catering. Museums can remain open.
- All **indoor and all crowded outdoor extracurricular activities**, both for children and adults, should be suspended at least as long as the schools are in the “cooling down period”. **This also includes indoor non-professional sports activities. Professional sports can continue without audience.**
 - Exceptions could be made for mental health and health promotion activities (Eg. activities with PSE, youth associations, etc.), provided these activities respect the above mentioned measures for small scale seated activities.
- All **indoor group activities** (e.g. associations, hobbies, club meetings...) should be suspended
 - Exception should be made for small scale socially vulnerable groups (e.g. AA) upon the discretion of local authorities
- Measures should be taken to avoid crowding in shops, shopping with as few people as possible
- Contact professions can continue provided strict application of mask use, optimal ventilation
- Private life: reinstall a small stable group as much as possible (‘bubble’, private circle, ‘the people who you want to spend year-end celebrations with’). As a rule of thumb, we would suggest limiting the number of people to meet together at a given moment in private life to 5 people. Try to keep the same contacts over the coming weeks as much as possible and always perform self-tests before getting together. Good communication is needed to let people really understand the risks of meeting with a larger group in this severe phase of the wave.