

**Adviesaanvraag**

Vraagsteller	Regeringscommissariaat Corona
Datum van adviesaanvraag	28/02/2022
Onderwerp	Considerations and recommendations

Adviesverstrekking t.a.v. het Overlegcomité

Datum van adviesverstrekking	28/02/2022
Dit advies werd opgesteld met dank aan input van	De volgende leden van de expertgroep beheerstrategie: Isabelle Aujoulat, Mathias Dewatripont, Geert Molenberghs, Dimitri Van der Linden, Steven Van Gucht, Yves Van Laethem, Marc Van Ranst, Dirk Wildemeersch

- **Executive summary**

- a. Epidemiology situation**

- i. In a large number of European countries, COVID-related indicators are decreasing. Nevertheless, Denmark remains at a high level: its incidence has risen to about 11,000 at peak and has now reached a level below 10,000. In the United Kingdom, at the omicron peak, about 190,000 cases per day were confirmed; this has now fallen to just above 30,000.

The Belgian incidence has reached about 5500 at peak but is now below 1000; this corresponds to a peak of 75,000 cases per day that has now shrunk to about 6500 per day. There are about 140 hospitalizations per day, the total hospital load is 2319. ICU occupancy is 240 and the number of deaths per day is also declining; its current value is 24 per day.

- ii. The number of hospitalisations with and for COVID as well as hospital and ICU load follow the trends as forecasted by the SIMID reference model (calibration 8 Feb). It is too early to evaluate the impact of the change to code orange on 18 February 2022. This will only become clear in the next few days.

- iii. Incidences at work (version 28 of RSZ-IDEWE report). The mean 14-day incidence in the working population (n=1701 per 100,000) decreased by two-thirds compared to the period 25 January – 07 February (n=5120 per 100,000) . The incidence in the working population remains 10% higher compared to the general population (n= 1534).

The sectors with the highest 14-day incidence are day care centers, higher and secondary education, and health care (hospitals and residential care centers). In particular, sectors working with children and the elderly have relatively higher rates of infection: Kindergarten and day care centers, Secondary education, Integrated youth work with housing, Homes, Mental health care, Youth work associations, Public social welfare centers, Hospitals, Activities related to family and elderly care at home, and Nursing activities.

- b. Barometer:**

- i. The GEMS recommends keeping the barometer instrument as a stable tool, also when the epidemiological situation is better and in case it is needed to reinstate measures; such a need might arise in autumn or winter. Depending on the nature of a future resurgence (e.g., the same or similar variant, versus a novel variant with different characteristics), the need might arise to adapt the barometer accordingly.
- ii. For the indicator 'hospitalizations per day' the color code threshold (<65 hospitalizations per day) for yellow has not yet been reached. The threshold could be reached in 2-3 weeks. For the indicator 'ICU load' the threshold for code yellow has been reached (ICU load <300) on 22 February 2022, i.e., about one week ago. Note that RAG Epidemiology advises a 2-3 week after crossing a threshold before changing levels.
- iii. In code yellow the focus of the barometer is on ventilation and CO2 measurement (with the corresponding protocols and risk analyses) and FFP2 masks are recommended for medically vulnerable people. In particular, masks are no longer mandatory in education. It should be noted that some people may choose to wear a mask in certain situations. Communication should emphasize that a coexistence of people wearing and not wearing

masks is perfectly normal in this phase. Indeed, communication should normalize wearing masks, especially when upper respiratory tract symptoms are present.

- iv. It is recommended to retain masks in public transport, until the time that the formal thresholds for code yellow will both have been reached.

c. Benchmark:

In what follows, our recommendations can be placed against the background of the approaches taken in various other European countries. To this end, we have summarized information on the current situation of the restrictions in each country. These are only the most recent steps taken. This allows us to highlight the areas in Europe where the covid restrictions are being lifted and places where this is not the case.

One should keep in mind that adherence to the measures by the various populations may differ between countries.

In the Appendix, an overview of the epidemiological situation in various countries is given. Of note, a number of key characteristics in countries that the majority of measures, are still high, such as, for example, hospitalizations and mortality in Denmark.

Country	Change in regulations
UK	All restrictions have been dropped.
Denmark	All restrictions have been dropped.
Iceland	All restrictions have been lifted on 25 February 2022.
Norway	All restrictions have been dropped.
Sweden	All restrictions have been dropped.
Finland	Mandatory masks on public transport in large cities. Additional restrictions are region-dependent.
Ireland	The measures regarding travel are still in place, but mask mandates have been lifted since 28 February 2022. The NPHE is being disbanded.
Portugal	Government is deliberating to end the mask mandate towards 3 April 2022.
Polen	Since 1 March 2022, there is no maximum capacity in shops, restaurants, cultural locations, meetings, events, or public transport. Clubs and bars are being reopened. Telework is not recommended anymore. Masks are still mandatory in closed areas. Isolation rules stay in place. Quarantine rules become slightly less strict.
Lithuania	Masks are still in general use, along with ventilation. Most other restrictions have been dropped.
Italy	End of the emergency situation is nearing (31 March 2022). Together

	with the end, more measures will be dropped. At this time, a relatively stringent set of measures is still in place.
Germany	Masks indoors are mandatory and the 3G-rule along with variants is in use.
France	Since 28 February 2022, the mask mandates have loosened slightly, in coordination with the current use of the vaccination pass (pass sanitaire).
The Netherlands	Mandatory masks in public transport. Isolation and quarantine measures in place for positive tests or when showing symptoms. A negative test result is needed for large events.

d. Masks

- i. Public transport: masks should remain mandatory until both formal thresholds for code yellow have been reached (<65 hospitalizations per day; <300 ICU occupancy).
- ii. Health care sector: mandatory; [GEMS advice 33](#)
- iii. Work place: At the work place, we recommend following the guidelines and measure of the generic guide (generieke gids) and sector protocols

(<https://werk.belgie.be/nl/themas/coronavirus/generieke-gids-en-sectorgidsen-veilig-aan-het-werk-tijdens-de-coronacrisis>).

It includes measures to control the spread of the infectious agent within the work place and includes the basic level of protection. The employer, after consultation with the occupational physician, the prevention advisor and the Committee (if there is no Committee, through the trade union delegation or with the workers themselves), may decide what particular measures to apply in the ensuing period.

- iv. In other circumstances,
 1. masks are advisable for certain groups (in particular medically vulnerable groups). For vulnerable populations, FFP2 is advisable.
 2. People have the right to use face masks (recommendation), but it is not mandatory anymore.

e. Vaccination:

- i. Currently, there is no more sense of urgency to get vaccinated. In order to optimally protect the population for the Fall/Winter season, it could be good to aim for a vaccination campaign towards September 2022, especially for the vulnerable population such as the elderly population, transplant patients and people otherwise immunocompromised, etc.
- ii. In addition to the primary target of vulnerable groups, vaccination should be offered for the people who choose to be vaccinated.
- iii. The Task Force vaccination will focus the coming months in how to adapt the vaccination strategy for the current virus variants.

f. CST:

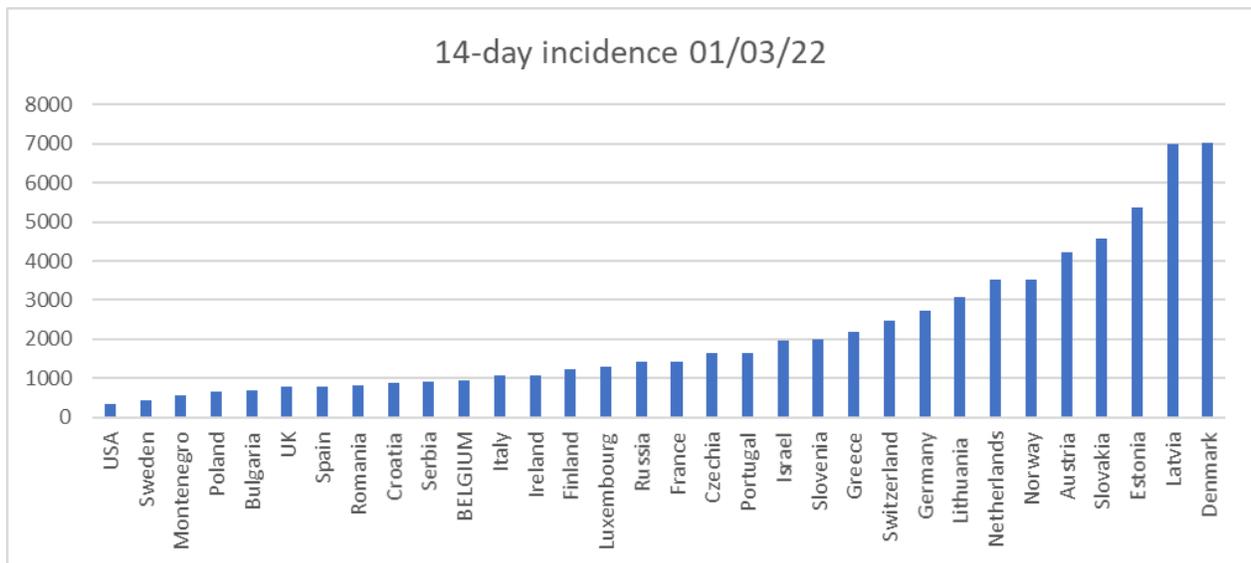
At this time, and in agreement with the barometer, the GEMS is not in favor of using the CST in code yellow, although it has to be reinstated, should the epidemiological situation require passing to code orange again.

g. Communication:

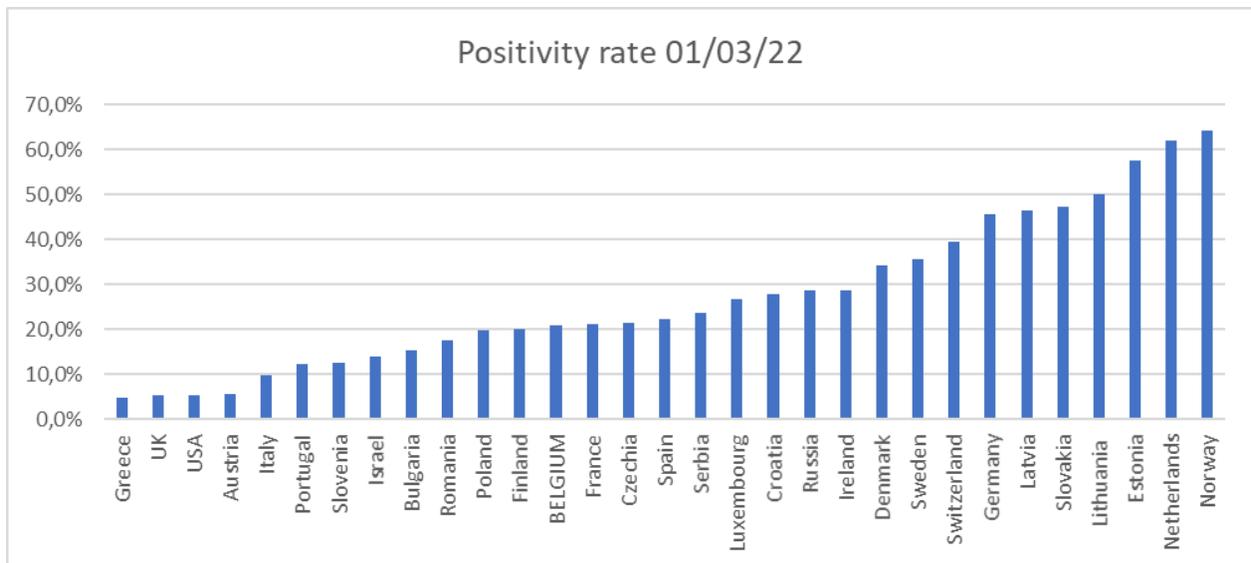
- i. Communicate to the population that we are still living in a COVID-19 pandemic and that the measures could be reactivated if needed. Regular reminders/campaigns towards basic sanitary measures (ventilation, masks in those circumstances still needed, staying at home when ill, good hand hygiene,...) should be maintained.
- ii. Communication towards the positive influence that ventilation has on public health should be considered. This implies the need for continual incentivization towards the implementation of effective vaccination and air quality control measures.
- iii. Maintain communication about the importance of vaccination even if not a priority anymore right now, and acknowledge the efforts made by the population to get vaccinated. Keep stressing vaccination as an important factor that has contributed to the improved situation and that therefore it remains wise to get vaccinated if not already done so. In particular, prepare people to stay ready for a new vaccination or booster dose when time comes.
- iv. Communicate that mask wearing becomes a personal choice and responsibility towards self and others even if not mandatory (in case of symptoms, or crowded places, etc.), and that people should feel free to wear it, and be respected in their choice.
- v. Communication should stress this liberty and the accompanying peaceful coexistence.

APPENDIX: Benchmarking of European and selected other countries.

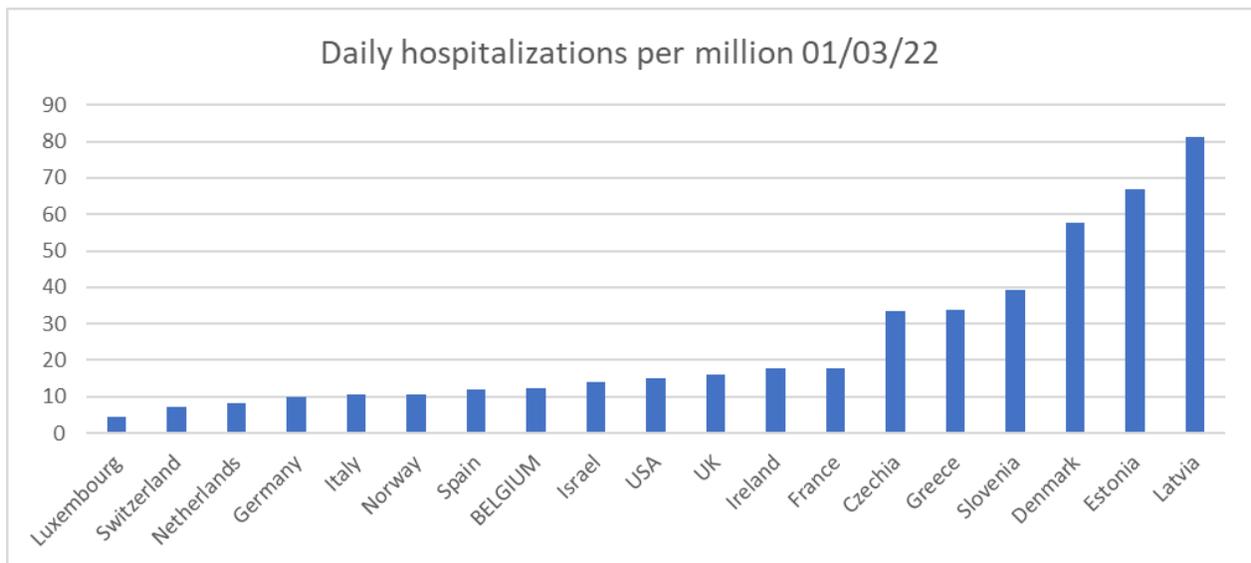
The 14-day incidence plot shows that Belgium is among the countries with lower incidences. Note that all our neighboring countries have higher incidences, and that the highest incidences are seen in Denmark, and other Eastern European and Scandinavian countries.



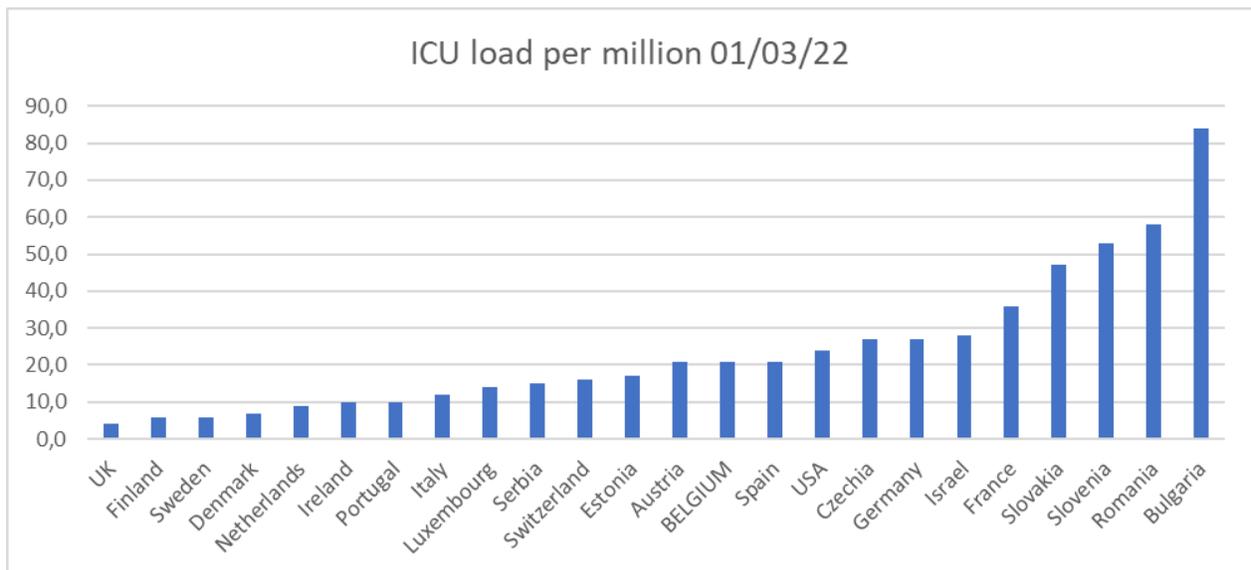
The positivity rates are shown next. Belgium is somewhat left of the middle. After the omicron peak, the positivity has come down to about 20%, with in several countries still very high rates, even above 60% in the Netherlands and Norway.



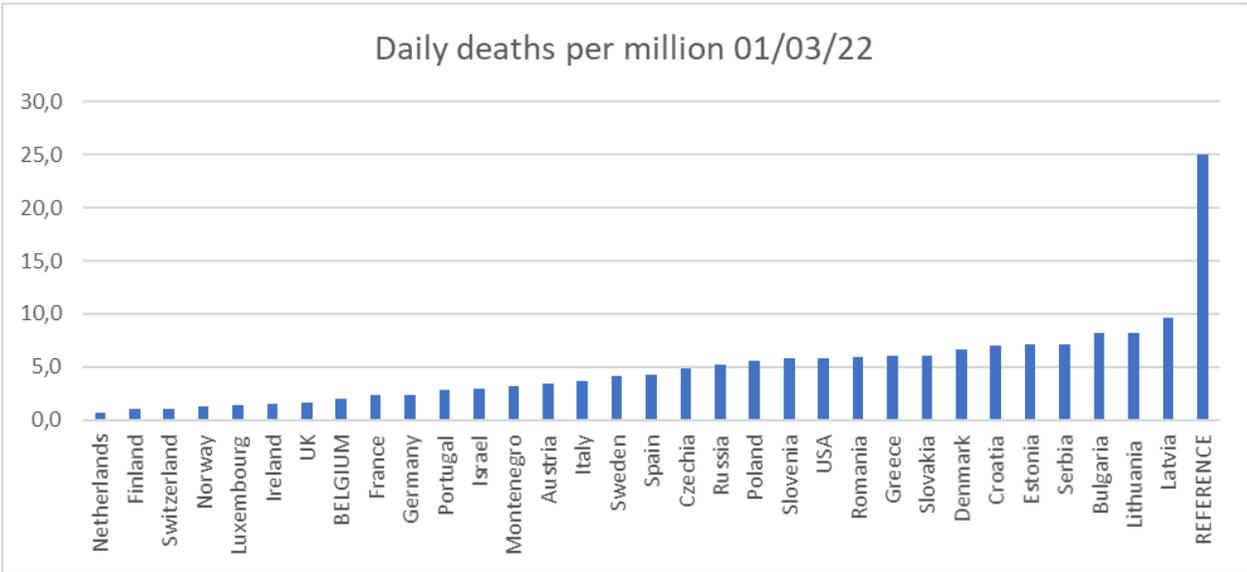
For hospitalizations, Belgium is just above 10 per day per million. Note that the UK is a little higher, but that Denmark and some Eastern European countries range from 50 to 80.



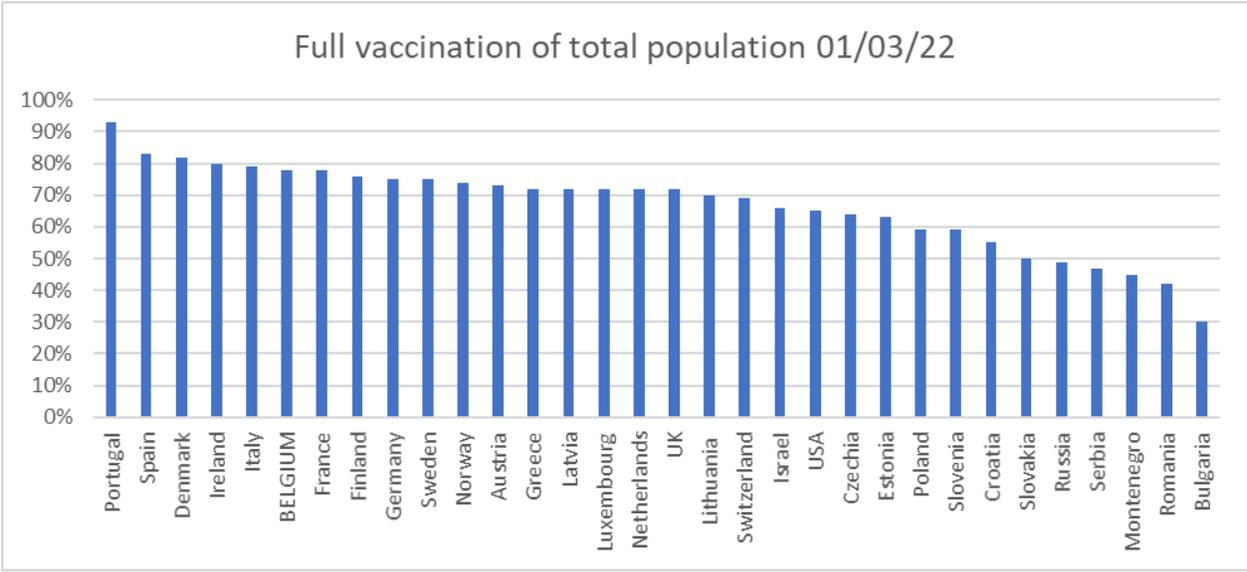
For ICU occupancy, Belgium holds a middle position, with a load of about 20. The countries with the lower loads are UK, and several Scandinavian countries. Relatively high loads are observed in Eastern European countries, where vaccination rates are relatively low. Also France and Germany have relatively high loads.



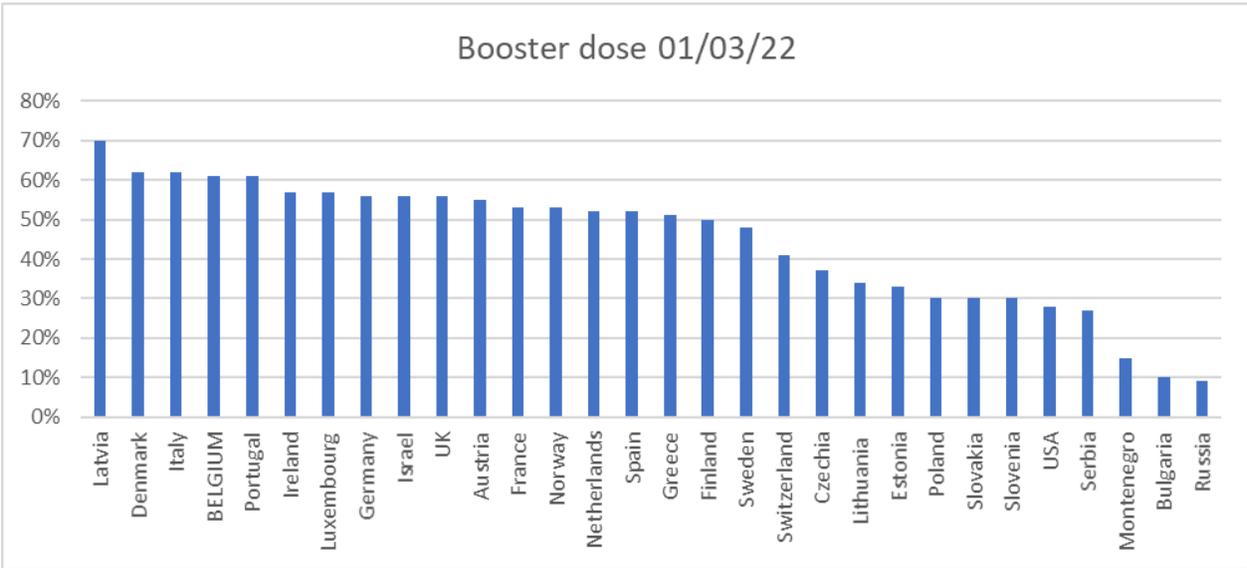
For daily deaths per million, Belgium is in the lower third, close to France and Germany, and the UK. The Netherlands is seemingly better, but throughout the pandemic covid death reported in the Netherlands has been relatively restricted. Also for mortality, countries with low vaccination rates have relative high death rates. Of note, the death toll in Denmark is still relatively high. The reference refers to the average number of death per day and per million in Belgium, in the pre-pandemic era.



Full vaccination rates are displayed in the next graph. Belgium is among the better countries in this respect.



As for the booster dose, Belgium's position is even slightly better, with only Latvia, Denmark, and Italy at higher levels.



Finally, the stringency index shows considerable variability at this time, with the highest value still for Italy, and the lowest for the Scandinavian countries and Portugal. Belgium is taking a middle position.

