



Adviesaanvraag

Vraagsteller	Vice-eersteminister en Minister van Sociale Zaken en Volksgezondheid Frank Vandenbroucke
Datum van adviesaanvraag	27/12/2020
Onderwerp	Nieuwe variant van COVID-19
Vraag	- Welke additionele maatregelen zou het land kunnen nemen om (verdere) verspreiding van deze variant tegen te gaan?
Reden	- Aanhoudende verontrustende situatie in UK en andere buurlanden

Adviesverstrekking t.a.v. het Minister Frank Vandenbroucke

Datum van adviesverstrekking	29/12/2020
Dit advies werd opgesteld en goedgekeurd door	<p>De volgende leden van de expertgroep beheerstrategie (GEMS): Philippe Beutels, Steven Callens, Bénédicte Delaere, Mathias Dewatripont, Lode Godderis, Niel Hens, Yves Kreins, Tinne Lernout, Romain Mahieu, Geert Molenberghs, Michel Thieren, Maarten Vansteenkiste, Pierre Van Damme, Dimitri Van der Linden, Steven Van Gucht, Yves Van Laethem, Marc Van Ranst, Erika Vlieghe, Dirk Wildemeersch</p> <p>Met dank aan de medewerking van: Barend Cochez, Herman Goossens, Koen Magnus, Paul Pardon, Carole Schirvel, Greet Van Kersschaever</p>



1. International data and recent decisions

- An updated assessment of the epidemiological situation concerning the new strain can be found in the RAG report dd. 28/12/2020.
- In a response to the situation with regards to the UK and the new variant (B.1.1.7), the European Commission (EC) issued a set of recommendations dd. 22/12/2020: (https://ec.europa.eu/info/sites/info/files/commission-recommendation-coordinated-approach-travel-transport_en.pdf), executive summary underneath:
 - i. *discourage all non-essential travel to and from the United Kingdom until further notice.*
 - ii. *the following groups should be exempted from further temporary restriction, provided that they undergo a RT-PCR test or, alternatively, a rapid antigen test within 72 hours prior to departure, or respect 10 days of quarantine and undergo a RT-PCR test on day 10 with a negative result:*
 1. *EU or UK-citizens traveling to their own country*
 2. *Citizens from third countries who live long term in a member state*
 3. *Family members of the above*
 - iii. *Travellers with an essential function or need as defined in point 19 of Council Recommendation 2020/1475, with the exception of transport workers, should be required to undergo a RT-PCR test, or, alternatively, a rapid antigen test within 72 hours prior to departure, but should not be required to undergo quarantine while exercising this essential function.*
 - iv. *Transport staff including truck and train drivers, inland waterways crews and aircrew should be exempted from any travel ban across any border.*
 - v. *Any new measures taken by the Member States in view of the United Kingdom should state explicitly that they expire at the end of the transition period, i.e. on 31 December 2020*
 - vi. *(...)*
 - vii. *Member States and Schengen Associated Countries should take all measures in a coordinated and coherent manner and inform the Commission and the other Member States of any measures they have taken as soon as possible.*

2. Situation in Belgium

- As shown in the recent RAG-reports, the overall epidemiological situation is relatively positive, as compared to neighbouring countries, with R values < 1 and gradually declining incidences. However, any new flare-up will postpone the possibility for societal relaxation with several weeks.
- Over the past weeks, four cases of the new variant in Belgium have been found, not related to travel to the UK, possibly to the southern part of the Netherlands – this highlights the importance of more general restrictions for international travel, and not focusing only on travellers from the UK.
- We estimate that at least 100 000 Belgians are currently abroad and will return within the next few days/weeks. This is worrisome, given the recent history of the COVID-19 epidemic in our country, and the vital role of international travel.
- Recent decisions on travel-related measures in Belgium are not yet in line with the EC-recommendations dd. 22/12/2020



3. Our recommendations

Due to the disconcerting messages from the UK and the rapidly worsening situation in several of our neighbouring countries, we advise to act quickly, especially since many people will be returning from holidays abroad, where viral transmission and exchange may have taken place.

3.1. On communication and raising risk awareness

As stated in in several previous documents provided by the GEMS, raising risk awareness and providing perspective to the population is of vital importance for adherence to the measures. Today, only 25 % of returning travellers who are requested to take a test actually do it, which shows that there is urgent need to tackle this issue and call for more sense of responsibility and citizenship, at the same time facilitating and enforcing the measures. The following actions could help this cause:

For returning travellers:

1. It is critical to provide clear and personalised information to travellers ('what'-component). All incoming travellers into Belgium should receive a message from a telephone operator that highlights the risks of COVID-19 and international travel and that clearly states what they should do upon arrival in Belgium.
2. Provide a clear explanation to incoming travellers why adhering to the measures is critical ('why'-component). Specifically highlight the declining trend in incidence in Belgium, as opposed to the worrying situation in many other countries in Europe. Illustrate concretely how transgressing the specific measures put into place (concerning testing and quarantine or isolation) may cause a resurgence of infections in their personal network, thereby raising risk awareness.
3. Because the reasons for not adhering to the measures (concerning testing, quarantine or isolation) are diverse, a systematic study of these barriers is needed in order to develop necessary measures to remove identified obstacles (i.e. 'how'-component; e.g. lack of social support, financial barriers, lack of practical support etc.). It is critical to increase enforcement of the measures as to avoid demotivating citizens who do not travel. Therefore, the consequences for not adhering to the measures need to be made very clear.

For Belgian citizens hesitating to travel abroad:

4. Clearly explain to Belgian citizens why travelling is discouraged at this point. There is a double motivation not to travel, i.e. that we do not only want to preserve our declining trend and reach the thresholds to start relaxations, but we also want to keep the more transmissible SARS-CoV-2 variants (such as the one identified in the UK) as much as possible outside the country (or at least slow down its spread, awaiting the vaccine roll-out). Ideally, non-essential travel abroad should be forbidden

3.2. On international travel

We confirm our recommendations of 20/12/2020, i.e.

1. No measures for the UK only: slowing down the spread of this variant and others requires more general rules for all international travel awaiting herd immunity through vaccination. However, if resources and time are limited, priority should be given to organise measures for travellers returning from the UK. In addition, countries with high incidence or hospitalisation



growth should be of special attention. However, the final aim should remain to organise stricter travel rules for all incoming travellers

2. It is important to organise this as soon as possible given many people are traveling in this period and will return within the upcoming weeks.
3. Organise strict measures for ALL incoming travellers from abroad (returning citizens, non-Belgian expats, and visiting non-Belgians alike), i.e. require ALL travellers after a travel of > 48 h abroad (for UK: all travellers) to have a PCR-test done either up to 72 h before or upon arrival.
4. Screening for positivity through sniffing dogs, as soon as available and validated, should be considered helpful in scaling up.
5. Connecting immigration and testing/quarantine databases will be necessary to organise this (see example from Israel in Appendix 3).
6. Regardless of the result of the test, ALL incoming travellers should respect quarantine measures for at least 7 days. This should be supervised and/or controlled by the local authorities. Examples from other countries are given in Appendix 3.
7. Temporarily suspend the self-assessment tool given the current epidemiological situation and to make sure it is properly used when it returns to use at some point in time.
8. Focus first on arrivals through international airports, seaports, railways, and bus stations but add sample checks at incoming roads as well (given many people might come back from ski-resorts over land)

3.3. For non-travellers

Quarantine for high-risk contacts and isolation for positive cases should be supported financially (no loss of salary) and logistically (temporary housing in empty hotels) where needed.

3.4. For schools

Testing, contact tracing, and follow-up of cases and clusters in schools should be intensified, also in primary schools.

3.5. For long-term shedders

More clear guidance for patients who have difficulties to clear the virus (i.e. long-term shedders) should be considered (i.e. on isolation measures at home and in health care institutions; sequencing on follow-up samples, treatment...).

4. Caveat:

- EC-recommendation describes either test < 72 hours OR quarantine of 10 days (with test on day 10), whereas we advise BOTH combined (albeit some alternations) since there might be a considerable number of false negatives due to the incubation period, hence the necessity of quarantine plus a second test after 7 days.
- Recommended duration of quarantine: 7 days if test on day 7 is negative, otherwise 10 days (as opposed to 10-day quarantine and test on day 10 recommended by the EC).
- Trans-border traffic with our neighbouring countries needs to be addressed as well (i.e. Netherlands, Luxemburg, France...), especially for transborder workers and transborder students.



5. Urgent operational requirements

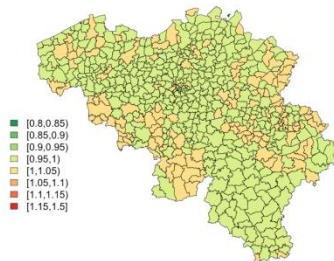
1. Repeated information and discouragement for international travel for upcoming months and explain WHY (perspective of relaxations, vaccination, re-opening schools...).
2. Organise clear communication on new travel-related rules, especially towards all those returning now.
3. Foresee test capacity at all international airports, harbours, international train stations, and bus stations for international travel. Give priority on UK-related ports of entry, which should be logistically possible.
4. Arrange legal framework on enforcement of quarantine.
5. Ideally have a joint decision taken at EU-level, together with other EU-members states or at least neighbouring countries.
6. Facilitate quarantine by the establishment of quarantine hotels or other locations made available by the authorities, as is the case in several countries and states.



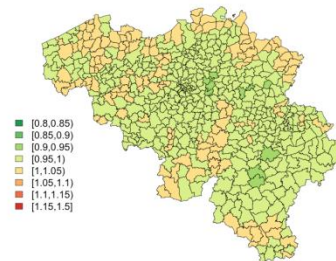
APPENDIX 1. Growth of positivity and growth of incidence

The growth rates in positivity are improving, except in the border regions of Limburg and Namur.

GR Positiv Ratio 2020-12-24

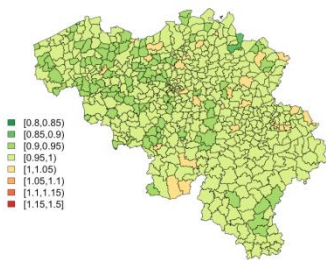


GR Positiv Ratio 2020-12-16

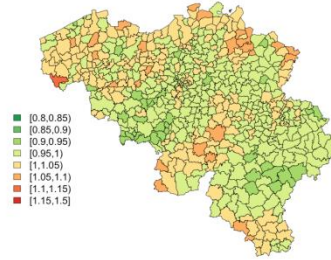


Also the growth rates in incidence are markedly better than 8 days earlier.

GR Incidence 2020-12-24



GR Incidence 2020-12-16





APPENDIX 2. Neighbouring countries

Incidences in some border provinces and the foreign adjacent provinces/regions:

Province	Incidence (8/12 → 15/12 → 20/12 → 28/12)	Neighbouring province/region	Incidence (8/12 → 15/12 → 22/12 → 29/12)
Oost-Vlaanderen	303 → 346 → 313 → 349	Zeeland (NL)	268 → 354 → 510 → 542
West-Vlaanderen	319 → 398 → 353 → 394		
Antwerpen	248 → 266 → 298 → 309	Noord-Brabant (NL)	474 → 605 → 823 → 838
Limburg	228 → 234 → 254 → 266	Limburg (NL)	422 → 655 → 988 → 1024
Luxembourg	400 → 392 → 369 → 311	Luxembourg (LUX)	1182 → 1197 → 1206 → 1037
Namur	291 → 268 → 305 → 316	Dept. des Ardennes (FR)	419 → 527 → 639 → ?

The foreign incidences are coming from the Working Group on colour codes (Tuesday, December 8, 15, 22, and 29, 2020). The Belgian incidences come from three Sciensano daily reports, on December 8, 15, 20, and 28, 2020.

Note that in the Dutch provinces of Noord-Brabant (NL) and Limburg (NL), the incidences have been increasing rapidly and are well above the Belgian level. In Zeeland, the increase is also rapid, so as to now match that of the Belgian provinces Oost-Vlaanderen and West-Vlaanderen. The most recent Dutch figures show a slowing. This is also observed by RIVM in the Netherlands; this institute ascribes it to the impact of the stringent measures.

The largest discrepancy, and hence threat, comes from the provinces in yellow.

Indeed, Dutch Limburg has incidence four times that of Belgian Limburg (roughly 1000 versus roughly 250) & these two provinces have *a lot* of contact (Noord-Brabant three times the incidence of Antwerp).

Grand-Duché de Luxembourg remains of concern (incidence around 1000), but the epi situation in our Province Luxembourg is clearing up.

Namur remains somewhat problematic, likely due in part to Departement des Ardennes.

The national epidemic situation in France seems to be deteriorating again, after a period of stability and figures that were slightly better than ours. For example, $R_t=1.16$ in France (significantly > 1 for the first time in long). In really many regions in France, the incidence is deteriorating.

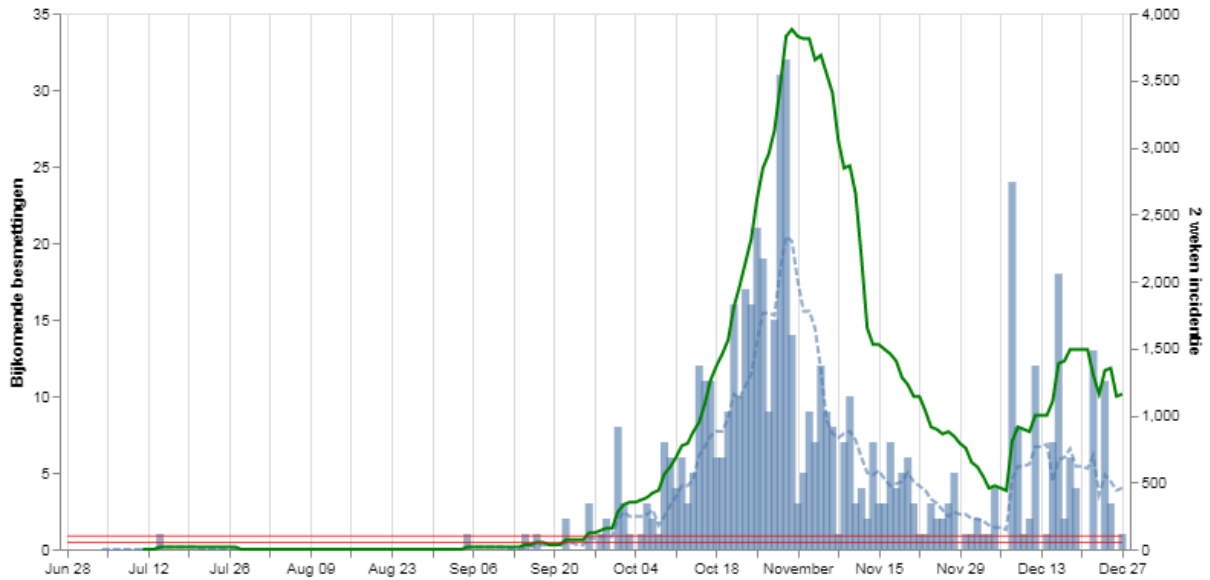
Conclusion: Contact with neighbouring countries should be restricted to the minimum. We are aware that a good number of people in border regions live their lives at both sides of the border. So, avoiding all contact is unrealistic. But a great awareness is needed, and people should follow very



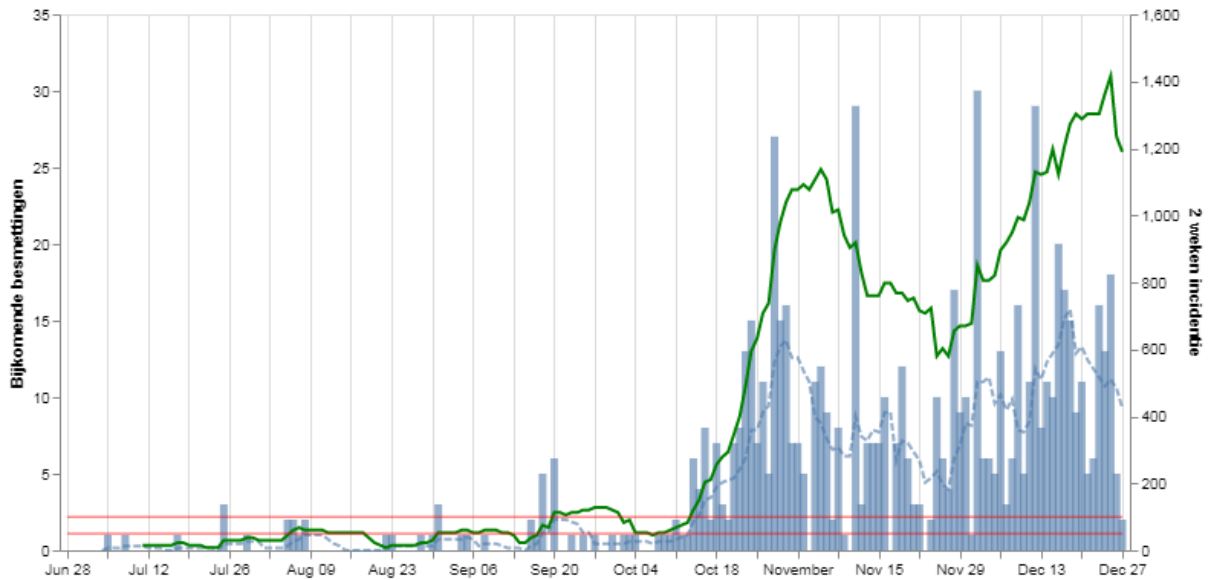
strict rules when having contact with people from neighbouring countries – at least as strict as the rules in place in our own country.

Some selected towns with high incidences

Celles

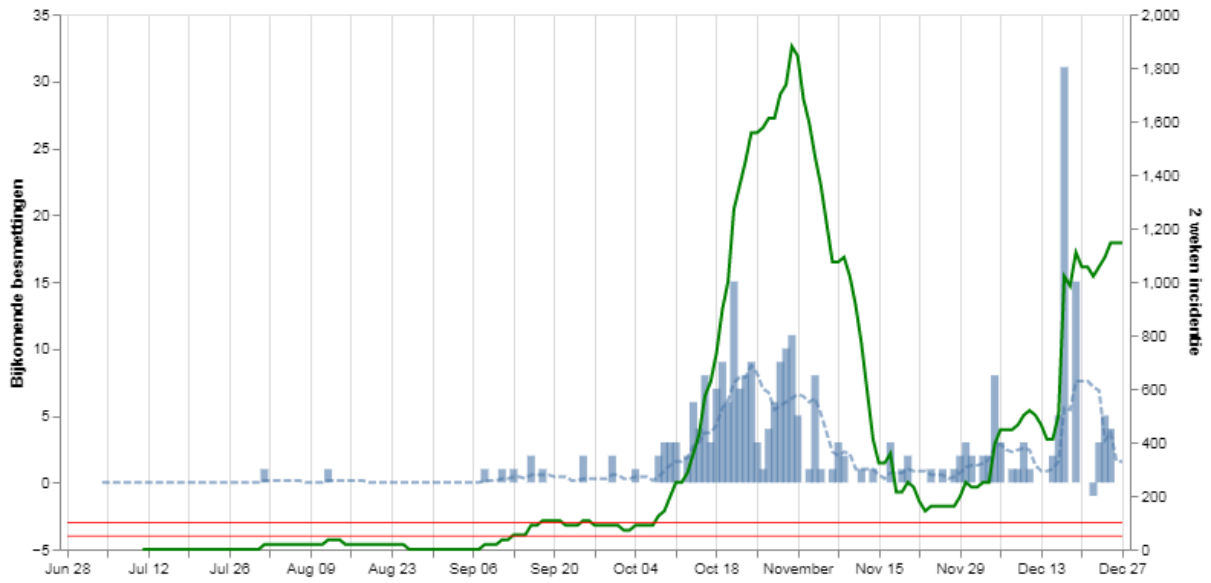


Arendonk

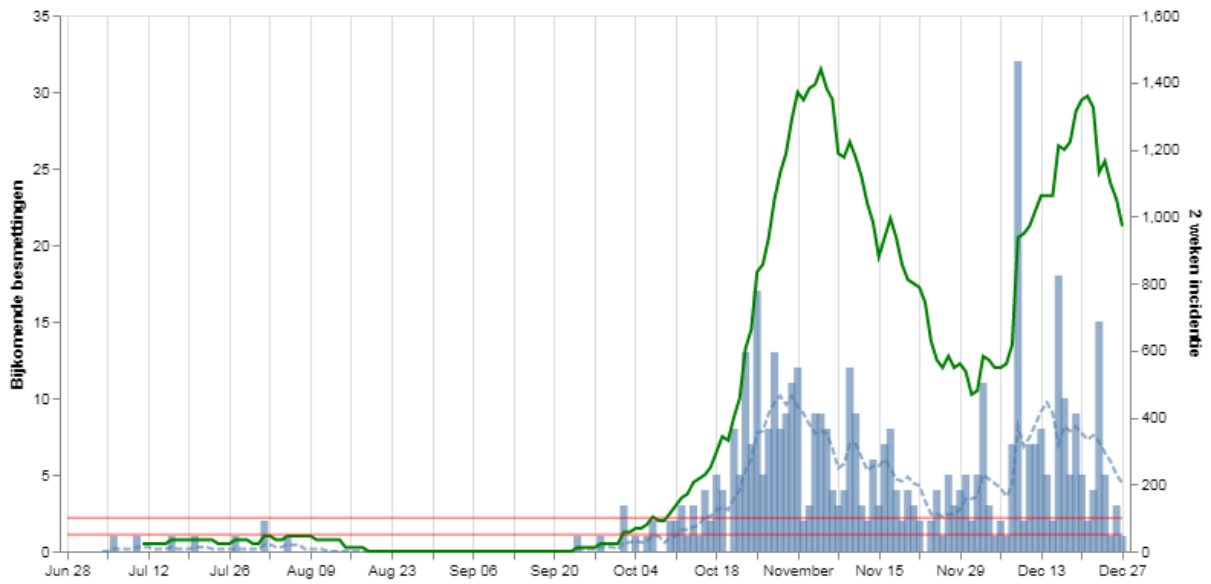




Florenville

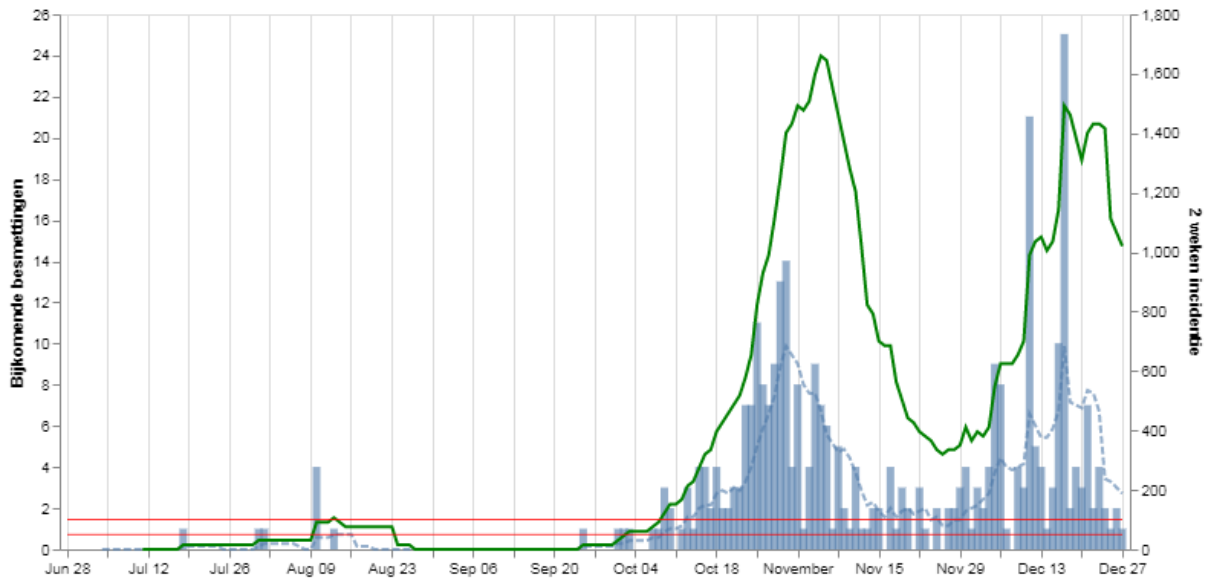


Koekelare

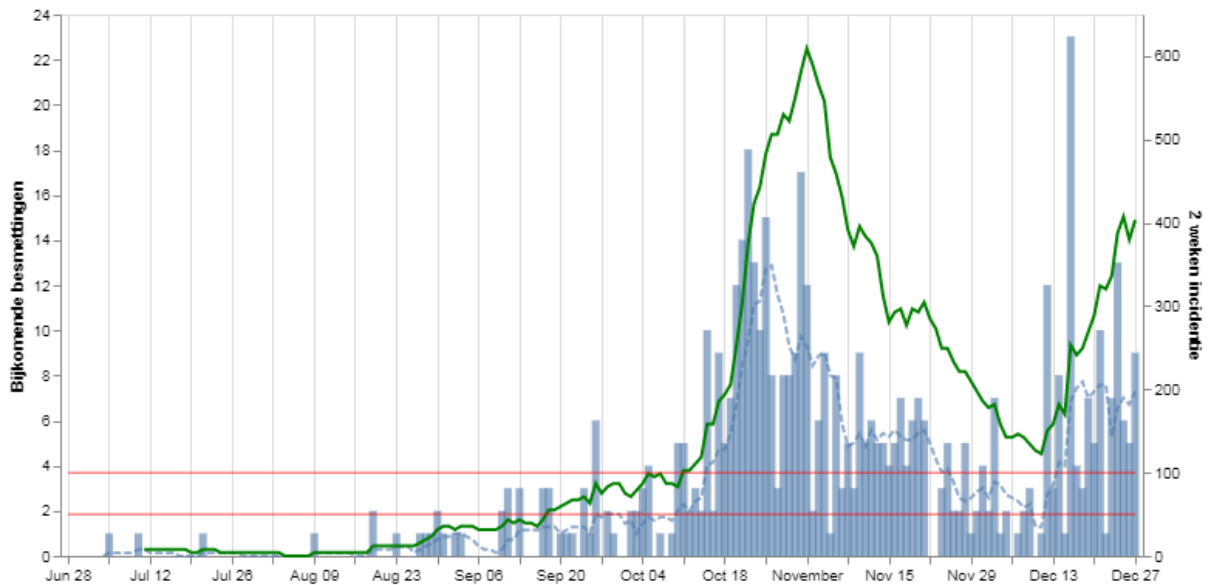




Kluisbergen



Maaseik





APPENDIX 3. International examples of travel restrictions and supervised quarantine

Norway

In Norway, incoming travellers are quarantined in a hotel if they do not have a place of residence in the country. The full cost is carried by the traveller. A person coming from a “red” country, must present proof of a negative test (< 72 hours before arrival) or will be denied entry to Norway. The requirement does not apply to Norwegians, residents in Norway, people in transit or people who frequently cross the border into Norway from Sweden and Finland to work.¹

New York and New Jersey^{2,3}

Travelers entering New York or New Jersey from states with high COVID-19 infection rates should quarantine for 14 days. This also applies to international visitors, except from countries with very low circulation (a small group of countries, including China). Regarding states, this rule currently applies to all but the contiguous states (i.e., Connecticut and Pennsylvania for New York). New York and New Jersey handle the travel restrictions in unison, governed by the Port Authority of New York and New Jersey.

Testing out of the quarantine (New York State)

Governor Andrew M. Cuomo has announced new guidelines allowing travellers to New York to “test out” of the mandatory 14-day quarantine. Travelers from states that are contiguous with New York are exempt from the travel advisory; however covered travellers must continue to fill out the Traveller Health Form. Essential workers will continue to be exempt as well. The guidance also applies to international travellers coming from any CDC Level 2 or Level 3 Health Notice country. The new protocol is effective Wednesday, November 4.

For any traveller to New York State from a non-contiguous state, US territory or CDC level 2 or level 3 country, the new guidelines for travellers to test-out of the mandatory 14-day quarantine are below:

- For travellers who were out-of-state for more than 24 hours:
 - o Travelers must obtain a test within three days of departure, prior to arrival in New York.
 - o The traveller must, upon arrival in New York, quarantine for three days.
 - o On day 4 of their quarantine, the traveller must obtain another COVID-19 test. If both tests come back negative, the traveller may exit quarantine early upon receipt of the second negative diagnostic test.
- For travellers who were out-of-state for less than 24 hours:
 - o The traveller does not need a test prior to their departure from the other state and does not need to quarantine upon arrival in New York State.
 - o However, the traveller must fill out the traveller form upon entry into New York State, and take a COVID-19 diagnostic test 4 days after their arrival in New York.

¹ <https://www.visitnorway.com/plan-your-trip/coronavirus-and-travelling-to-norway/>

² <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

³ <https://www.nychealthandhospitals.org/test-and-trace/take-care/>



Local health departments will validate tests, if necessary, and if a test comes back positive, will issue isolation orders and initiate contact tracing. The local health department must make contact with the state the traveller came from, to ensure contact tracing proceeds there as well. All travellers must continue to fill out our traveller form upon arrival into New York State to contribute to New York State's robust contact tracing program.

The travel guidelines require all New Yorkers, as well as those visiting from out-of-state, to take personal responsibility for compliance in the best interest of public health and safety.

Description of the quarantine requirements for visitors entering New York State (similar in New Jersey)

The individual must not be in public or otherwise leave the quarters that they have identified as suitable.

- Separate quarters with separate bathroom facilities for each individual or family group. Access to a sink with soap and water, and paper towels is needed.
- The contact must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room. There must be a door that separates it from the rest of the living area and has its own bathroom. Given that an exposed individual might become ill while sleeping, the exposed individual must sleep in a separate bedroom from household members.
- Cleaning supplies, e.g. household cleaning wipes, must be provided in any shared bathroom.
- If an individual sharing a bathroom becomes symptomatic, all others sharing the bathroom will be considered exposed persons until the symptomatic individual is appropriately evaluated and cleared.
- Food must be delivered to the individual's quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage must be bagged and left outside by the door of each of the quarters for routine pick up. Special handling is not required.
- Individuals should self-monitor for fever and other symptoms of COVID-19 daily throughout the duration of the quarantine period.

Take Care Hotels

New York state was able to keep the curve low for five months because they facilitate and follow up quarantine, which made them reach 90-95 % adherence. When a person must go into quarantine or isolation, the state will facilitate this, e.g. by providing free hotel rooms (Take Care Hotels), pet care...

Israel

Non-Israeli citizens and non-residents are not allowed to enter Israel, unless specifically authorised by the ministry of Foreign Affairs. For all passengers, the 14-day quarantine applies either in a private residence or in a government-led isolation family (hotel). No proof of negative test is required and no systematic testing upon arrival is performed – the no-test policy is a legal constrain the State of Israel is currently discussing. Rather, each passenger must fill up an Israeli Entry Report covering the 24 hours prior to departure and a PLF for quarantine. Daily checks are conducted for quarantine verification at the indicated address. A support system for food home delivery is



available. Implementation of the regulation is conditioned by the merging of airport, immigration, police and other relevant data bases. Anyone registered as quarantined person found outside the designated address is fined. Travel regulations are strictly monitored and enforced. The travel policy is part of an arsenal of measures and capacities in place to keep as much as possible asymptomatic, presumed, and mild cases under control.