



### Adviesaanvraag

Vraagsteller	OCC
Datum van adviesaanvraag	11/12/2020
Onderwerp	Epidemiologische situatie
Vraag	<ul style="list-style-type: none"><li>- Kan er aanvullend aan het RAG-rapport een analyse van de epidemiologische situatie komen?</li><li>- Kan o.b.v. hiervan een aantal voorstellen worden gegeven om deze situatie zo goed als mogelijk aan te pakken?</li></ul>
Reden	De epidemiologische situatie stagneert en dreigt de verkeerde kant op te gaan.

### Adviesverstrekking t.a.v. het Overlegcomité van 18 december 2020

Datum van adviesverstrekking	15/12/2020
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 Fripiat, Lode Godderis, Niel Hens, Yves Kreins, Tinne Lernout, Romain Mahieu, Christelle Meuris, Geert Molenberghs, 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



## ASSESSMENT OF THE ACTUAL EPIDEMIOLOGICAL SITUATION AND SUGGESTED ADDITIONAL INTERVENTIONS

### 1. Conclusion and proposed interventions

- (1) The current epidemiological situation is highly worrisome, and may deteriorate over a brief period of time, given the exponential growth of cases in several communes. The evolution is worse in neighbouring countries, where now more strict measures are being taken. The current situation requires an appropriate follow up on a daily basis, in particular given high risk for spill-over effects in transmission and behaviour (e.g. shopping).
- (2) We have a baseline set of recommendations which are urgent, not 'optional' but essential to regain control over the epidemiological situation. In addition, an escalation scenario should be prepared if the situation would further deteriorate over the upcoming days:
  - a. Given the presence of already strict societal measures in Belgium and given the eroding motivational base, we think the main emphasis needs to be placed on refinement, improvement and strengthening of already existing measures, with motivational communication and enforcement in such a way that it keeps those who are compliant motivated. Information and communication should be adapted to specific target groups (age, culture...) In all measures, enforcement should be the last step, after investment in motivational and logistic measures (e.g. making quarantine logistically possible before fining people for not following the rules)
  - b. Nevertheless, we believe the situation is serious, and an escalation scenario should already now be prepared if the epidemiological situation further worsens (see below). Given the risk of fast acceleration of case numbers, we recommend the OCC to explicitly evaluate next week the desirability of closing shops before Christmas if the situation does not improve, especially given the intense shopping end-of-year activity and the risk of a hard-to-control rush to Belgian shops by customers from neighbouring countries who have just closed their own shops should be prepared so that it can be rolled out without time delay when the epidemiological situation further worsens (e.g. with an already prepared MB). The holiday season will hopefully lead to reduced mobility and hence contacts, and a beneficial evolution of the epidemiological curve. But day-to-day monitoring is of the essence, as well as the possibility to act without delay.
- (3) Baseline set of recommendations:

#### 1. Strengthen public motivation

An elaborate strategic advice has been written to address the topic of behaviour and motivation. It is important that this document is read with care as it addresses these issues in more detail and gives more in-depth advice and suggestions.

- Give tangible and visible perspective on what the upcoming months will look like (= make the corona barometer 2.0 visible, including some tangible substeps on how to reach the goal of < 75 hospitalisations/day).
- Decrease negative and purely enforcement messages in the media, place more emphasis on socially connecting actions and promote more what is going well in society and good practices. A controlling approach results in decreasing compliance. We only focus on the 10-20% of the population who are not adhering, not enough on the 80% who are. An interactive and attractive website ('inspiratiegids/guide d'inspiration'), showing best practices and original, safe examples should be made available as soon as possible



- Increase the risk awareness as it is now as low as mid-August, by visualising the high level of viral circulation and the deleterious effect of e.g. St-Nicholas parties in NH, but also Christmas parties at workplaces etc.
- Provide structure where people are also allowed to think for themselves. If it only comes down to a complicated set of rules (e.g. who can go to the toilet in your house), then people won't understand and support the rule. Send a sign of trust to the population as well.

## **2. Increase safety and enforce respect for the rules at the workplace**

- Mobility needs to be maximally reduced. Teleworking for all sectors and jobs where this is possible should be enforced. Sectors and companies where this works well should be showcased as good examples. Several sectors, including financial sector, civil service, but also professional sports... require attention.
- If telework is not possible, working conditions should become safe: close contact with co-workers should be avoided, and masks should be worn at all times.
- All physical meetings/gatherings/parties in the workplace should be avoided, in particular end-of-year parties for personnel. In an era where people cannot invite their families at home, parties at the workplace are unacceptable.
- Gatherings around coffee and lunch breaks together with other persons should be regarded as most risky – usually a well-deserved “off” moment, but the virus does not have off moments.
- Enforce and control proper ventilation in all workplaces.
- Committees for Protection and prevention at the workplace should play their role to communicate, enable and enforce this.

## **3. Strengthen, support and enforce testing & quarantine**

- Create settings where and how people can undergo their quarantine (e.g. empty hotels, food service...)
- Ensure continuation of income during quarantine and maintenance of employment after quarantine.
- Communicate clearly what it means to be in quarantine on websites, leaflets...

## **4. Avoid mass importation of new infections from abroad**

- Explicitly discourage international travel from and to Belgium over the next 2 months, to be associated with clear messages regarding measures to take when deciding to travel despite being discouraged to do so
- Returning travellers for leisure purposes but especially when visiting friends and relatives and students are of major concern, especially when returning from home countries with worsening epidemiological situation (EU: Lithuania, Croatia, Slovenia, Hungary, Bulgaria, Czech Republic, Romania, etc.; Non-EU: Serbia, etc.).
- The required quarantine for all those returning from ‘red zones’ should be made logistically possible (see above) and then be enforced and a proof of recent negative test should be available before entering the country



- Use current tools available (demona - employed, limosa - subcontractors) to make sure foreign workers are tested and quarantined as necessary, as they provide information on dates of comeback
- Regarding the stringent measures and worsening situation in our neighbouring countries: closing borders would make sense from an epidemiological point of view to help control the situation, although we are well aware this is not legally possible in Europe due to the right of free movement. As the shops are closed in the neighbouring countries, many people from abroad might come shop in Belgium and we might have even more unmanageable crowding (see below).

#### **5. Avoid at all price crowding and unsafe situations in the shopping streets**

- Maximise crowd control, especially in view of the shop closure in our neighbouring countries. Particular attention for border communalities and cities.
- Prohibit take away stands with drinks and snacks in busy shopping streets, as they attract crowds and generate a pseudo-Christmas market effect
- If crowds cannot be managed in a safe way for the upcoming days, re-closure of the shop may become necessary in the escalation scenario.
- Consider delaying the sales until the epidemiological situation is back under control
- Given the risk of fast acceleration of case numbers, we recommend the OCC to explicitly evaluate next week the desirability of closing shops before Christmas if the situation does not improve, especially given the intense shopping end-of-year activity and the risk of a hard-to-control rush to Belgian shops by customers from neighbouring countries who have just closed their own shops.

#### **6. Maintain the actual way of working in the educational system to ensure it can remain functioning**

- Maintain 50/50 hybrid format for secondary schools until at least January 15, 2021.
- Avoid gatherings around schools (this requires additional efforts and enforcement of local authorities)
- Avoid crowding on public transportation even further.
- Bring accessible testing in schools up to speed to detect outbreaks in time
- Extension of Christmas holidays, may need to be considered in an escalation plan if the situation would worsen over the upcoming week as last resort possibility
- Higher education: continuation of 'code red'

#### **7. Limit at risk contacts in family and personal life**

- Extend the already existing curfew at 22 h in Brussels and Wallonia to Flanders, as this may help to reduce encounters between people.
- Children should try to reduce contacts with other families after school as much as possible:
  - Discourage sleepovers, in particular long and close contacts between children and grandparents are to be discouraged



- When a child visits somewhere, adults have to wear masks
- When driving a child outside of your family, a mask should be worn
- Improve communication on the need for parents and children to follow isolation and quarantine rules. These can become complicated in families with young children (up 17 days - 7 days transmission possibility through parents and then 10 days quarantine). Communicate that even if the risk is lower, children can be sick and transmit the virus too.

#### **8. Improve conditions in Nursing homes to avoid outbreaks**

- Avoid at all cost meeting/gatherings/parties in NH
- Vigorous testing policy in NH, for residents and staff, to bridge period until and beyond vaccination
- Consider low-threshold testing for residents and staff as soon as one case is identified (cf. ECDC guidelines 12 October 2020), a clear cohortage/decohortage/testing strategy should be present in every NH
- Ensure sufficient staffing at all times and all places to prevent further outbreaks or the need for hospitals taking over care; active care needs to be taken of the mental and physical wellbeing of the residents and staff.
- Avoid gatherings around coffee and lunch breaks – usually a well-deserved “off” moment, but the virus does not have off moments
- Consider lowering the threshold for screening/testing in nursing homes, considering the recommendation of ECDC.

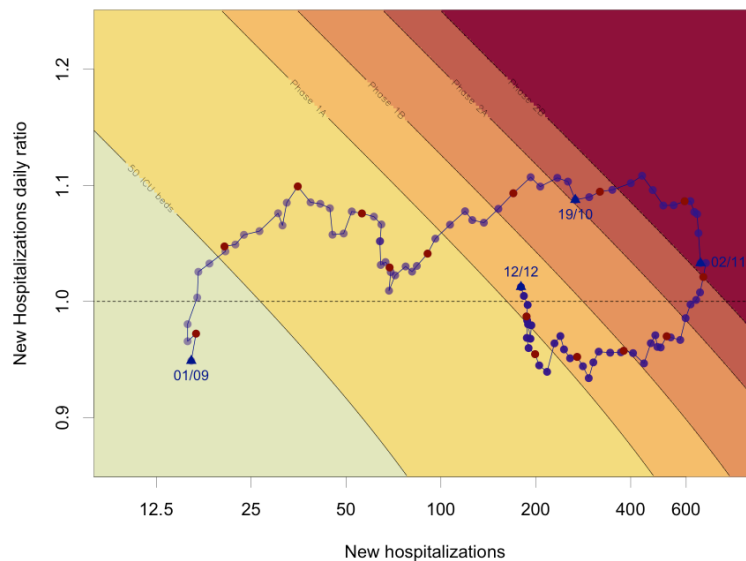
## 2. RAG Epidemiological Report dd. 09/12/2020 (headed by Tinne Lernout)

The most important aspects of the current epidemiological situation are described in the RAG Epidemiology report, pp. 1-8. Over the period 29 November – 5 December, a clear slowing and even plateau phase in the various indicators is observed (new confirmed cases, positivity ratio, new hospitalisations, hospital occupancy, new cases in nursing homes (NH)). This trend has continued in the days since and in several provinces, we now observe an increase in the number of cases (all the Flemish provinces, except Vlaams-Brabant, as well as Hainaut and Namur).

There are various elements that can help explain this stabilisation and tendency for increase, at least in part: (a) resumption of testing of high risk contacts (but limited impact on the total number of tests); (c) increased mobility in the population (likely by fewer people teleworking all of the time); (b) increase in the number of confirmed cases among children, induced by school reopening and a more extensive testing than during the Autumn holiday period; ; (d) transnational mobility (i.e., in our border regions) with the epidemiological situation being less good in all neighbouring countries, except France; (e) decreased compliance with the measures.

## 3. Hospitalisations

The staggering hospitalisations and remaining high ICU occupancy are both worrying trends. For hospitalisations, this is visualised in the following graph ('safe zone' = grey area in left lower corner).

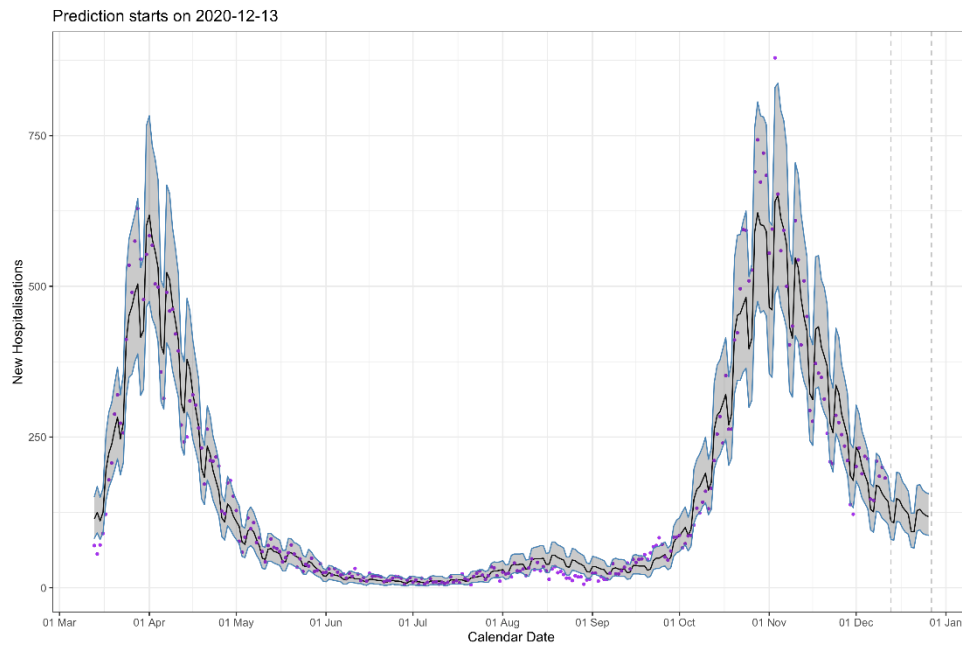


The decreasing trend in hospitalisations, initiated in early November, has halted over the past week. This brings the risk of an evolution away from the control phase. For new hospitalisations, there is an increase among NH residents: from 7% in weeks 42-45 to 17% in weeks 47-49. Several outbreaks in NH across the country were recently mentioned.

We observe the stabilisation in hospitalisations also in the evolution of the corresponding reproduction numbers (Source: Sciensano report and website):

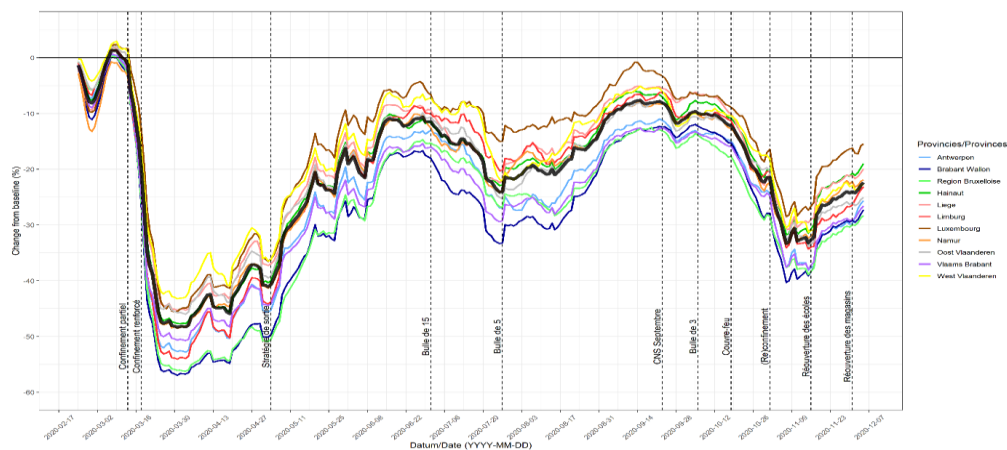
- 15 November: 0.716 (95% CI: [0.716;0.779])
- 6 December: 0.868 (95% CI: [0.822;0.916])
- 12 December: 0.951 (95% CI: [0.900;1.004])

According to the short-term prediction model (C. Faes UHasselt, figure shown below), we will not reach the 'safe zone' of < 75 hospitalisations/day before the end of the year 2020.

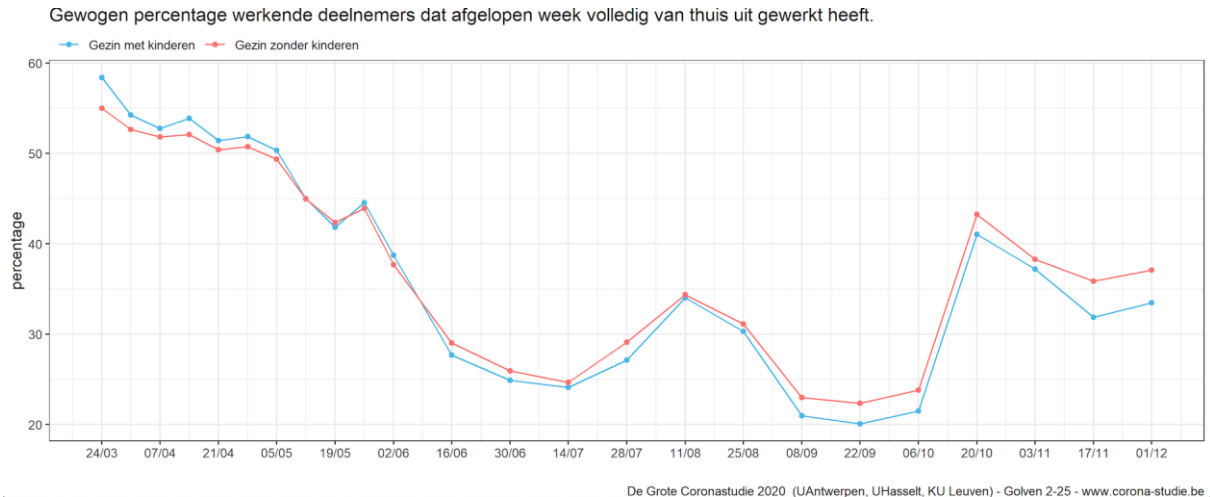


#### 4. Mobility, Telework

In the RAG Epidemiology report (9 December 2020), we observe a continued increase in mobility (schools open, less telework, shops open).



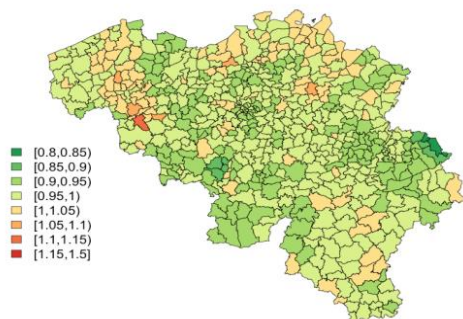
In the 'Great corona survey' (<https://www.uantwerpen.be/nl/projecten/coronastudie/resultaten/>) a general decrease in teleworking is observed over the last 3 waves, especially in families with children.



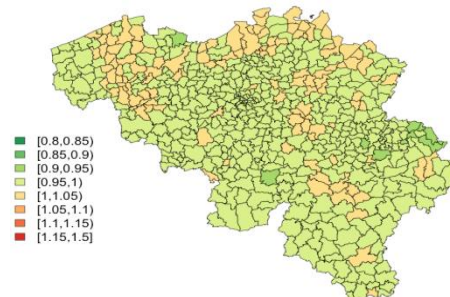
## 5. Figures and tendencies at town level

**Growth in both incidence and positivity rate** per town, as computed by Christel Faes, shows growth, among others in the border region with the Netherlands (Antwerpen and partially Limburg), in parts of West-Vlaanderen, and Luxembourg. 125 among the 581 towns exhibit a growth rate above 1 (7 December 2020). At this time point, growth is significantly larger than 1 in 7 towns (Scherpenheuvel-Zichem, Ardooie, Celles, Ronse, Hannut, Zwevegem, Brugge).

GR Incidence 2020-12-07



GR Positiv Ratio 2020-12-07

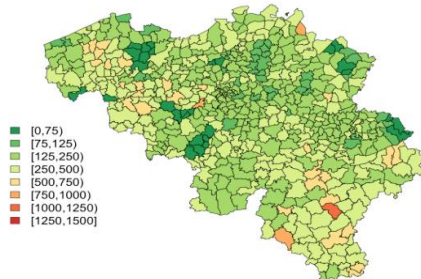


**The level of incidence and positivity** is still higher in French-speaking Belgium. This is a consequence of the much higher peak reached in early November (see figures).

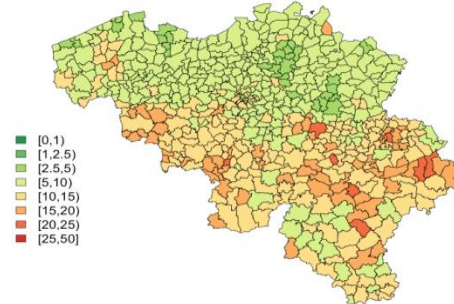
The RAG Epidemiology routinely examines potential explanations for the high and/or increasing trends in certain towns. Among them, there are relatively many NH outbreaks. An increase in incidence in at least 6 towns in Province Antwerpen, 6 towns in Oost-Vlaanderen, 9 towns in West-Vlaanderen, 6 towns in Vlaams-Brabant, and 1 town in Limburg, can be linked to NH outbreaks, encompassing more than 1800 infections.

We also draw attention to the risk of severe understaffing in NH over the holiday period, implying (i) an increased risk of hospitalisations and (ii) increased risk for covid-19 transmission in both NH and hospitals (Source: Winne Haenen, Federal Health Inspection).

**Incidence 2020-12-07**



**Positivity Ratio 2020-12-07**



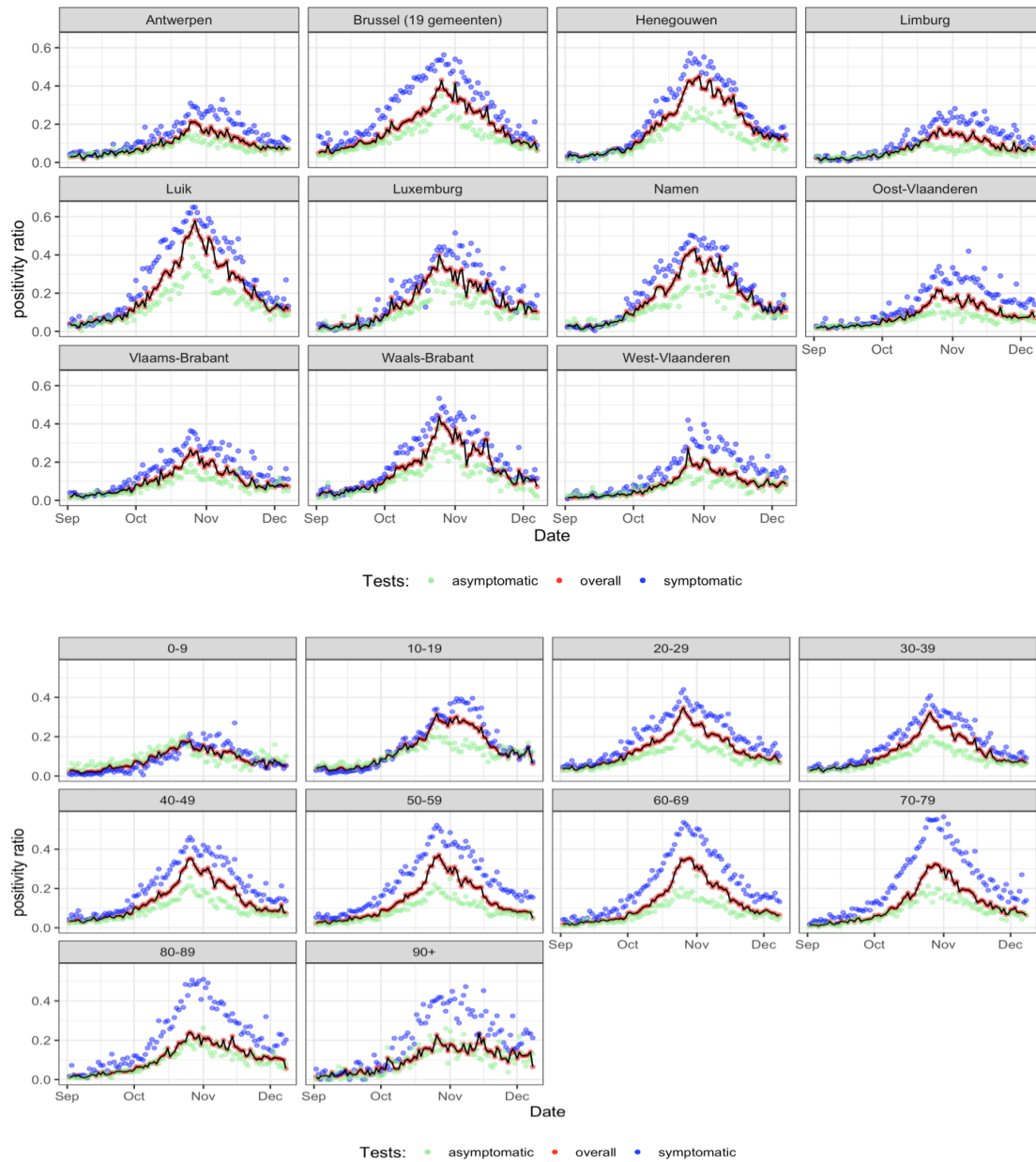
In recent days, the number of infections show a worrying trend in regions, provinces, and towns. An Appendix gives a number of examples.

## 6. Change in testing policy

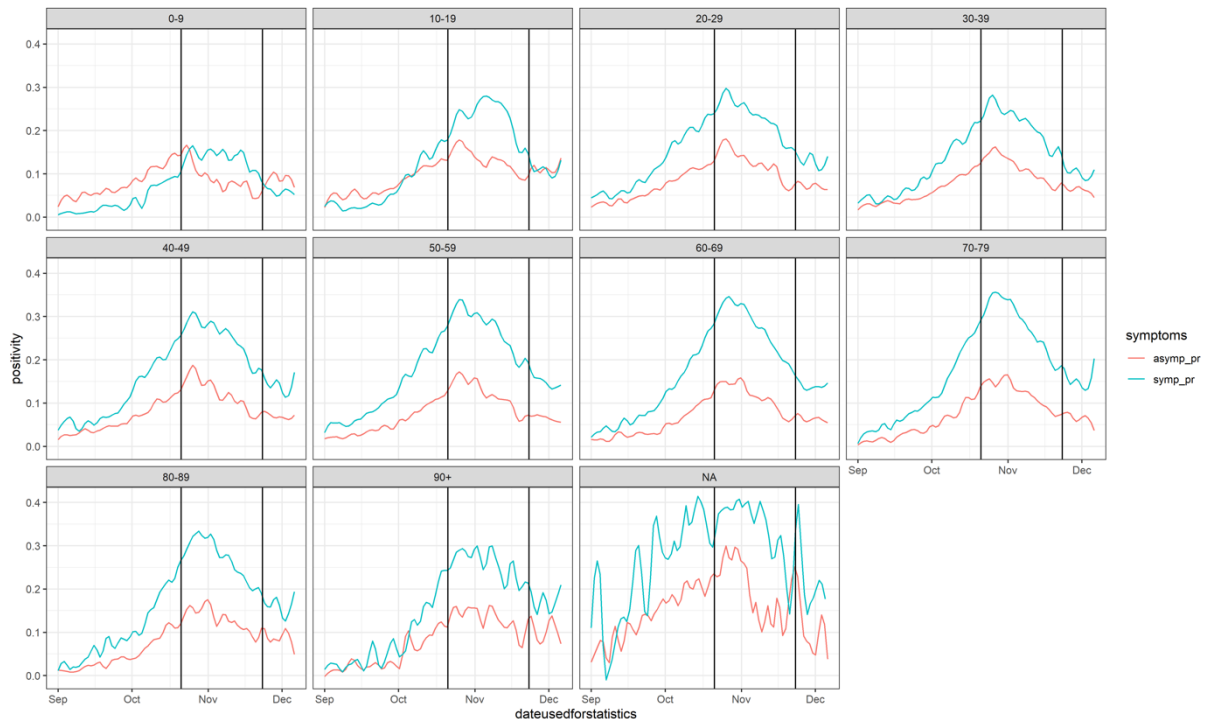
In the context of a collaboration between researchers of Sciensano (Pierre Hubin, Adrien Lejot, Bram Bloemen) and Universiteit Hasselt (Geert Molenberghs, Steven Abrams, Christel Faes), the effect of changing testing policy is examined. At the onset of the period (immediately after 21 October 2020), the fraction of missed cases was estimated at 18-19%. This could be estimated relatively precisely because both the number of tests as well as the number of positive tests is highly correlated among the various categories (symptomatic, asymptomatic, HRC...).

Because we turned a blind eye to at least part of the epidemic during a month, pockets of community transmission could take place undetected. This complicates the study at the end of the period.

Christel Faes constructed graphs of the positivity ratio, per testing category and per age category, for each province.



A further perspective on the positivity per age category (figure Bram Bloemen, Sciensano):



We draw attention to the following trends:

- The positivity increases among children 10-19 in both fractions.
- In a number of age groups, the symptomatic fraction increases (20-29, 30-39, 40-49, 70-79, 80-89, 90+). Especially among the older age groups, this is bad news.

### Anecdotal evidence

- In the ELZ (first line zone) Noorderkempen, the number of tests at operational testing points increases (Brasschaat, Kalmthout) (Source: Cathy Berx).
- The positivity among patients tested pre-operatively in the regional hospitals increases (Source: Cathy Berx).
- Mobile testing in schools by UZA, per request of CLB, increases. There is an increasing call upon support, especially from primary schools (Source: Erika Vlieghe).
- Community transmission translates in higher number of cases presenting at emergency departments in Malle, Turnhout, Mol (Source: Erika Vlieghe).
- ICU capacity in Province Antwerpen is decreasing (Source: Erika Vlieghe).
- Outbreaks in several hospitals (often underreported) (source: Erika Vlieghe)
- Sinterklaasfeest in NH Mol: this case shows how dangerous superspreading is in a NH context. This event should not have taken place. But we should remain vigilant around caregivers (and visitors). Caregivers experience the professional need to come close to residents. When there is undetected community transmission, the risk for spreading is high.
- GPs and pharmacists indicate that some people are hesitant to be tested with mild symptoms, to avoid isolation and Q.
- Many disabled people living in collectivities (such as in Province de Hainaut) are French and it is planned that they will return to their families for Christmas. Because such a visit will take less than 48 hours, directors of institutes do not plan on testing them or putting them on Q when they will be return back to Belgium. Evidently, this is very problematic.



## **7. Reopening of schools**

The CLB figures (Flemish education) indicate that, among pupils, there are 897 (14-day incidence about 70) infections over 9-22 November and 1492 (incidence about 120) over 23 November – 6 December. Among staff, the figures are roughly twice as high. These figures are relatively low, when compared to the general population. For the Federation Wallo-Brux in week 43, 467 cases /100,000 in. were found in primary schools.

The figures are in broad agreement with those observed over the Second half of September.

In the first period after the Autumn break, about 10% could be traced back to school contacts; this figure is 13% in the ensuing period.

In the first period: 34% primary school; in secondary school: 17%, 14%, 20%, for first, second, and third grade, respectively.

In the second period: 27% in primary education; in secondary school: 16%, 15%, 26%, for first, second, and third grade, respectively. (The remaining small percentages correspond to other school types and grades.)

Figures are not entirely unequivocal. The most recent CLB figures indicate an increase in primary schools and a levelling off in secondary schools.

These figures suggest great attention to transmission in and around schools and suggest the need for a careful continuation of the 50/50 hybrid format in second and third grade of secondary school, after the end-of-year holiday and until a safer situation is reached, along societal measures to decrease overall viral transmission.

Like for all other activities, it is important to pay attention to the activities surrounding the core. With the class activities being the core, we refer to time spent prior to and after school (e.g., crowding on transportation, groups of pupils in the street, crowding near food stands and in shopping areas, etc.). Multiple interventions with communication and education in schools with experts and influencers to insist on respecting the measures over and over again will remain essential.

It is essential to insist on measures taken around safe contact with staff and with parents. In a recent Lancet study in the UK, data show that most transmission came from staff members in schools. ([https://doi.org/10.1016/S1473-3099\(20\)30882-3](https://doi.org/10.1016/S1473-3099(20)30882-3))

From a recent WHO briefing, the following can be learned. Children are followers of infection trends in society, rather than drivers. Mitigation measures in schools are important, but currently there is a certain lack of evidence on which measures are most effective. Adolescents play a larger role than primary school children. In terms of wellbeing, due attention should be given to vulnerable groups. Gains are to be considered in society as a whole; for example, telework decreases and reopening of schools implies more contacts for adults.

## **8. Data from workplaces (RSZ Data)**

The RSZ data offer a perspective on infections among employees (no other categories). Over 10-16 November, we find the following level 4 sectors as having a weak incidence of 500 or more (i.e. per 100,000 population). Some sectors are relatively small, which is why those with at least 1000 employees are highlighted. Evidently, in some sectors, telework is more difficult if not impossible.

The media reported that 20 to 25% of workplaces are not fully compliant with measures for safe activities in the workplace.



Vervaardiging van artikelen van bont
Vervaardiging van gebreide en gehaakte kousen en sokken
Telecommunicatie via satelliet
Vervaardiging van andere kranen en dergelijke artikelen
<b>Instellingen met huisvesting voor ouderen en voor personen met een lichamelijke handicap</b>
Pensioenfondsen
Vervaardiging van muziekinstrumenten
Groothandel in huiden, vellen en leer
<b>Sportclubs</b>
<b>Verpleeginstellingen met huisvesting</b>
Vervaardiging van sanitair aardewerk
Kleuteronderwijs
Vervaardiging van koord, bindgaren, touw en netten
Reparatie en onderhoud van andere transportmiddelen
Herverzekeringen
Gieten van andere non-ferrometalen
Vervaardiging van andere artikelen van hout; vervaardiging van artikelen van kurk, riet of vlechtwerk
Vervaardiging van stalen vaten en dergelijke
Handelsbemiddeling in voedings- en genotmiddelen
<b>Vervaardiging van andere elektrische en elektronische kabels</b>
Reparatie van huishoudapparaten en van werktuigen voor gebruik in huis en tuin
Bewerking van splijt- en kweekstoffen
Ondersteunende activiteiten in verband met de veeteelt
Incasso- en kredietbureaus
Sloop van wrakken
Krantendrukkerijen
Reparatie van andere apparatuur
Reparatie van andere consumentenartikelen
<b>Ziekenhuizen</b>
Gieten van staal
<b>Instellingen met huisvesting voor personen met een mentale handicap of psychiatrische problemen en voor drugs- en alcoholverslaafden</b>
Koudwalsen van bandstaal
<b>Zagen en schaven van hout</b>
<b>Andere vormen van arbeidsbemiddeling</b>
Vervaardiging van kleurstoffen en pigmenten
Markt- en straathandel in andere artikelen
Vervaardiging van kabels van optische vezels
<b>Vervaardiging van glasvezels</b>
<b>Groothandel in vlees en vleesproducten</b>
<b>Vervaardiging van andere elektrische apparatuur</b>
<b>Groothandel in granen, ruwe tabak, zaden en veevoeders</b>
Vervaardiging van synthetische en kunstmatige vezels
<b>Overige menselijke gezondheidszorg</b>
<b>Bouw van andere civieltechnische werken, n.e.g.</b>



Verwerking en verwijdering van gevaarlijk afval
Bouw van civieltechnische werken voor vloeistoffen
Vervaardiging van bouten, schroeven en moeren
Vervaardiging van holglas
Bewerken van edelstenen en vervaardiging van sieraden
Gieten van ijzer
Vervaardiging van kruit en springstoffen
Vervaardiging van kalk en gips
Distributie van gasvormige brandstoffen via leidingen
Vervaardiging van borstelwaren
Vervaardiging van andere tanks, reservoirs en bergingsmiddelen, van metaal
Vervaardiging van wapens en munitie
Handelsbemiddeling in hout en bouwmaterialen
Overige telecommunicatie
Overige maatschappelijke dienstverlening met huisvesting
Veterinaire diensten
Vervaardiging van ander technisch aardewerk
Verhuur en lease van vrachtwagens en overige motorvoertuigen (groter dan 3,5 ton)
Openbare orde en civiele veiligheid
Kinderopvang
Religieuze organisaties
Openbaar bestuur op het gebied van gezondheidszorg, onderwijs, cultuur en andere sociale dienstverlening, exclusief sociale verzekeringen
Oppervlaktebehandeling van metalen
Verwerking en conservering van vlees, exclusief vlees van gevogelte
Brandweer

Attention needs to be paid to:

- professional sports (non-compliant behaviour broadcasted...)
- insurance and finance (a sector that could quite easily telework)
- the government as an employer (public servants could easily telework on a broad but evidently not entire scale).
- In view of recent decisions, it is noteworthy that religious organisations show up.

## 9. International measures

Several European countries have tightened measures or are in the process of doing so, including the Netherlands, Luxembourg, and Germany. In most cases, measures are tightened towards the Belgian measures, and recently surpassing them. Examples: Italy does not allow contacts at Christmas (but, of course, our *knuffelcontact* is well established); the Netherlands is entering a hard lock down with also shops closed, and also the entire school system moving online; Germany is taking hard lock down measures as well.

**Luxembourg:** Measures taken on 23 November were in place until 15 December. The decision has been taken to maintain them until 15 January.



#### Netherlands:

- The situation is rapidly deteriorating.
- The total number of infections has increased with 46%, relative to last week.
- Also the number of hospitalisations increases (currently at 131.3 per day - alarm level 40).
- ICU admissions is increasing (25 per day - alarm level: 10).
- The reproduction number stabilises around 1.
- The number of nursing homes with infections, as well as the number of residents with infections, increase.
- ***The Netherlands is entering a hard lockdown as of December 15, midnight, including shop and school closure, cultural sector, etc.***

#### Germany:

- Figures in Germany increase further. The plateau reached after the second wave is being left behind and figures go up at an exponential rate, according to our own diplomatic post in Berlin.
- The reproduction number is above 1 (about 1.12).
- Federal and Lander governments have agreed on 13 December, to enter a lockdown as of 16 December; until 10 January.
- Relaxations, foreseen for the end-of-year period, are reduced.

#### Luxembourg:

- The Luxembourg government is surprised that the measures taken have little or no effect, and that the very high incidence shows tendencies to increase further, despite the fact that the global population (including border workers) is tested every 14 days in Lux on a voluntary principle..

### 10. Data from motivational research

It has become clear that we have to make it through this winter together as a society, giving ourselves and the entire society a perspective with the combination of rolling out large scale vaccination programmes, broad testing strategy, improving weather conditions, and observations of gently relaxing measures as months go by. This theme is developed in a separate Note.

At present, we face a number of psychosocial challenges that deserve immediate attention. With respect to the pillar **motivation, adherence, and communication**, we note a decreasing risk awareness, decreasing adherence to social restrictions, and a lack of perspective as motivational threats at the short term. The following actions are required:

- Promote risk awareness by presenting expected evolutions in case of massive transgression of the rules (if-then scenario's), personalised stories of health care workers, and concrete situations (e.g., Sint Nicolas event). Present these elements in an informational way, thereby avoiding to induce anxiety, guilt, or shame.
- Highlight common key values (education, health care, well-being, and economy), while also personalising them with authentic examples.
- Provide direction by highlighting the added value of the common and unifying goal (i.e., control phase) and provide an estimate of the time frame and intermediate goals towards this goal (i.e., trajectory).
- Invest in communication using diverse means and content, including the use of infographics and a visualised phased system (e.g., barometer).



- Emphasise the essence of measures instead of reducing them to a set of rules which prompts discussions on rather irrelevant details (e.g., prohibition to go to the toilet; prohibition for individuals to pass through one's house to get access to the garden).

With respect to the pillar **social connection, mutual care, and solidarity**, we note that many controlling messages have been voiced (e.g., zero tolerance, drones, threats) which can create opposition and need to be balanced through more supportive actions:

- Co-create with the population an inspiration guide with customised and creative social alternatives for the Christmas break and winter months.
- Financially support the development of socially mobilising projects with playful and humoristic elements (cf. the warmest week should be turned into the warmest winter), thereby involving the cultural and event sectors.
- Foresee restorative actions for non-adherent citizens brought to court that foster their risk awareness and a solidarity focus (e.g., requirement to interview health care worker or visit COVID-19 centre in hospitals)

With respect to the pillar **mental health**, an important challenge is to prevent further decreases in mental health, which has been observed in some categories, such as youngsters and students, singles, or occupations most affected by the measures (e.g., health care sector, horeca, cultural sector).

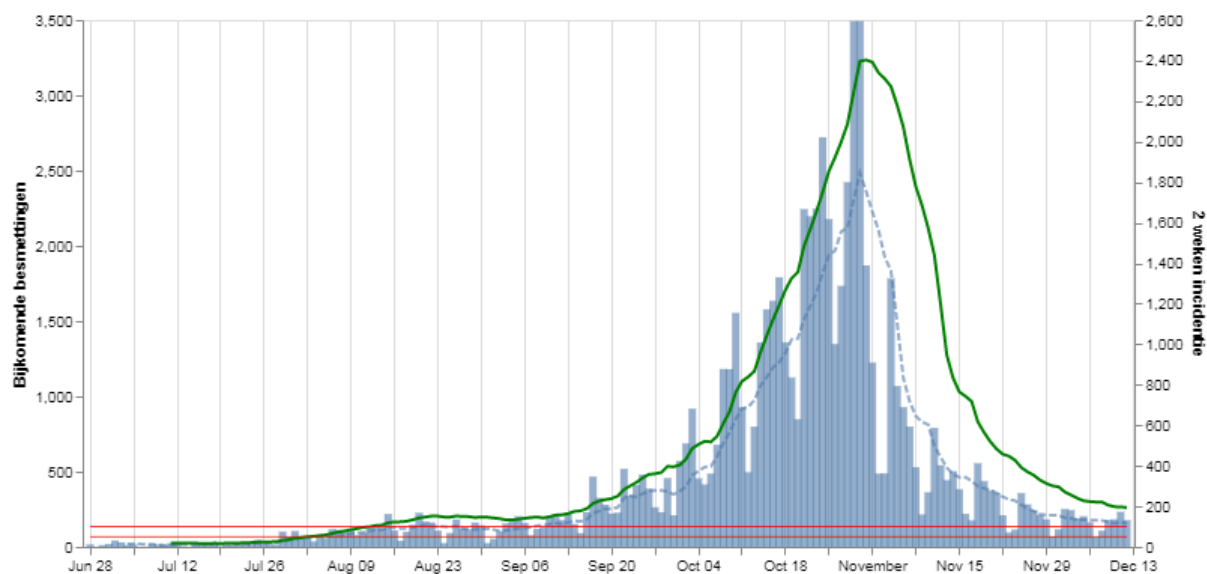
- There is a need for proactive stepped care approach to mental health, which includes monitoring, triage and referral where/whenever it is needed. The basis of this approach needs to focus on effectively stimulating the natural resilience and resources of people (ex. qualitative self-help programs, campaigns, etc.).
- Facilitate the development and spreading of online psychoeducational program with a low participation threshold to prevent mental health problems and to improve mild problems.
- Involve schools, CLB's and teachers by offering ready-made lessons how they can discuss mental health concerns and their (lack of) motivation to adhere to the measures, while creating a solidarity platform to exchange inspiring COVID-19 initiatives.
- Because work provides meaning, social connection and financial stability, it is a critical resource and readily available leverage to mental wellbeing in this pandemic. Within the work context, the prevention services, already active and operational within the work domain, can play a vital role in preventing and detecting mental health problems in the workplace.
- When professional help is needed, referral and care should follow as soon as possible without any delay. Make use and upscale existing capacities of mental health services on the short term by clarifying how the population could get access to the promised 1500 psychologists.
- Dedicate and reinforce attention towards existing and newly developing vulnerable groups.

This subset of recommendations is elaborated upon in the broader text, while placing these recommendations in a broader perspective. Also, various additional suggestions were made in this document as well. We urge readers to carefully read throughout the entire document.

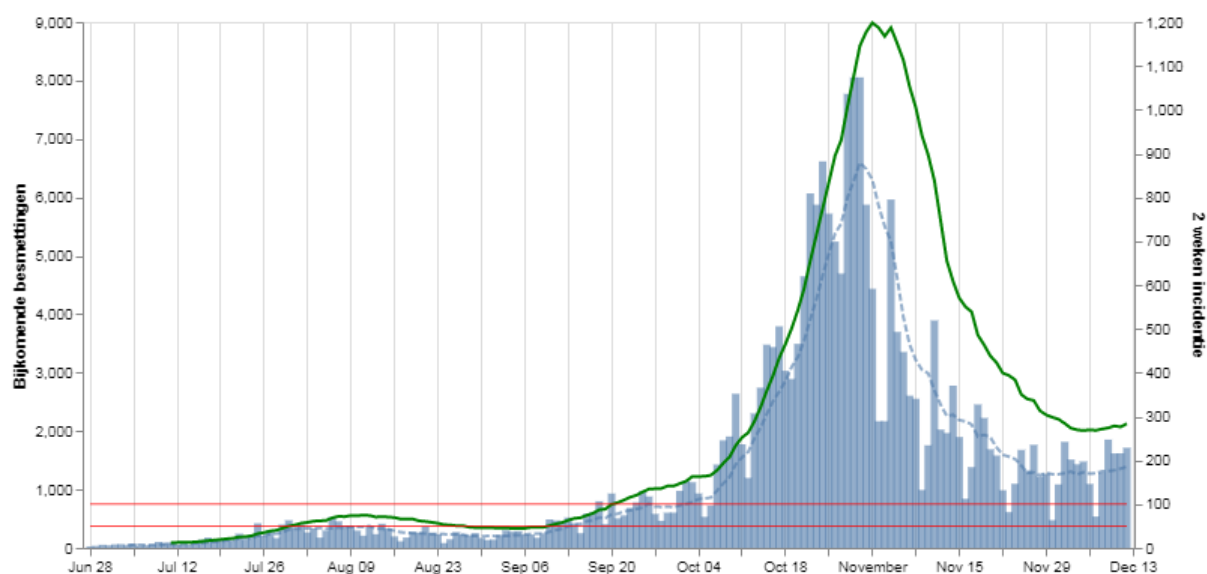


## 11. Appendix: Evolution of cases and incidence in regions, provinces, and selected towns

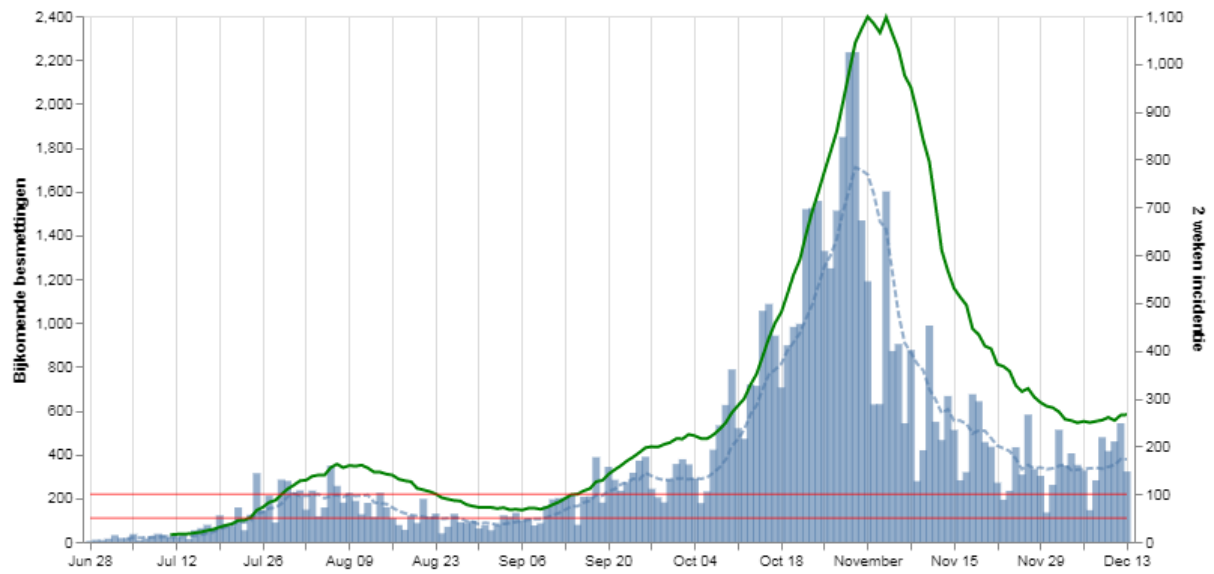
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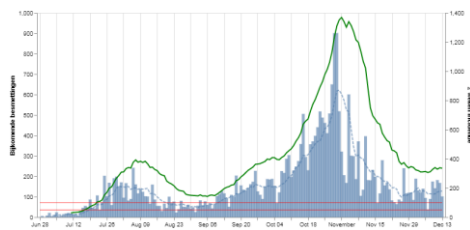
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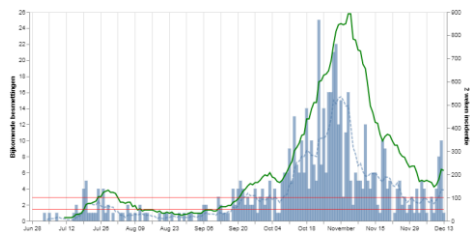
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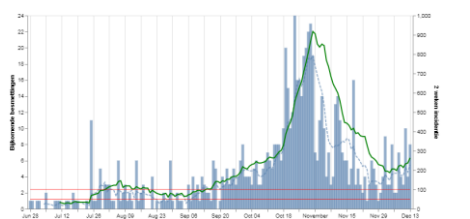
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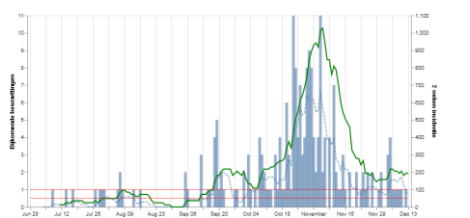
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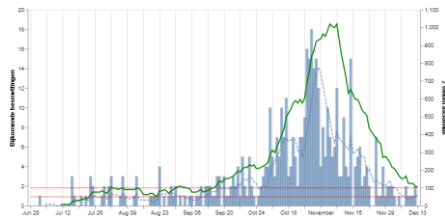
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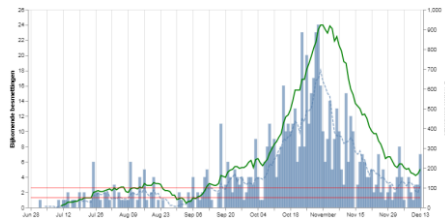
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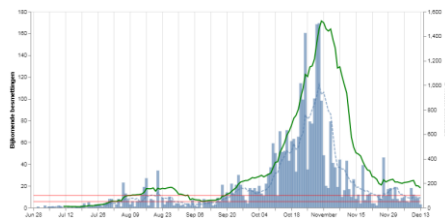
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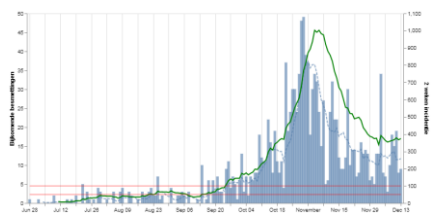
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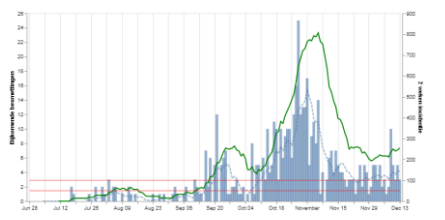
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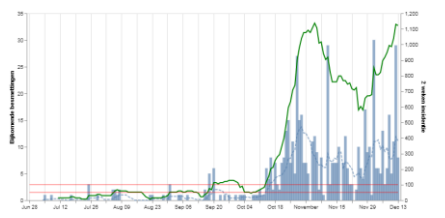
## Turnhout



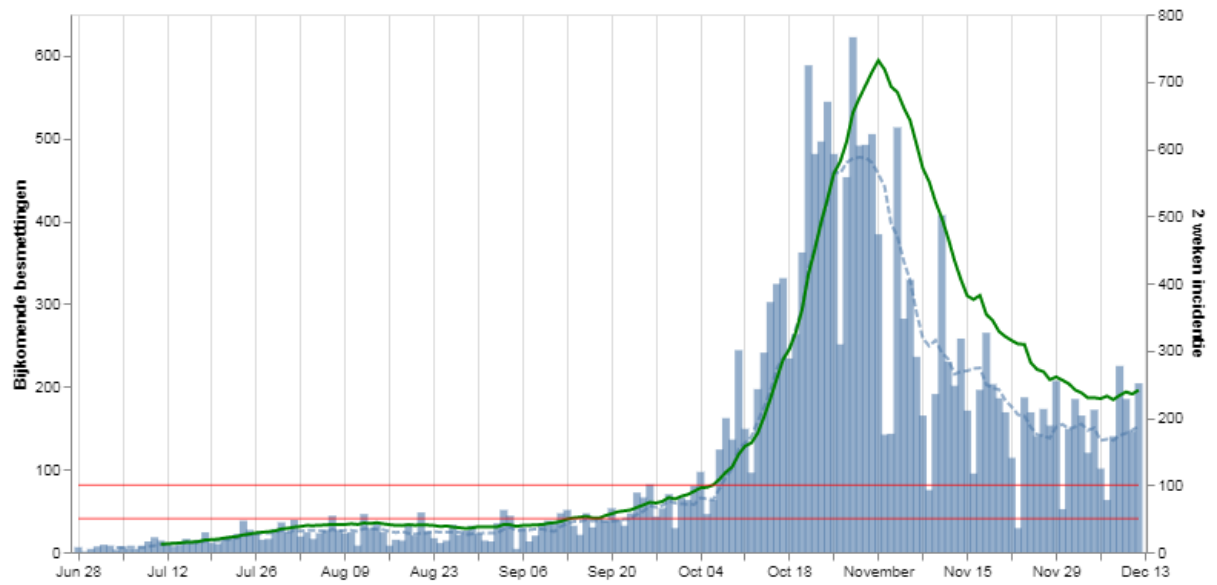
## Wuustwezel



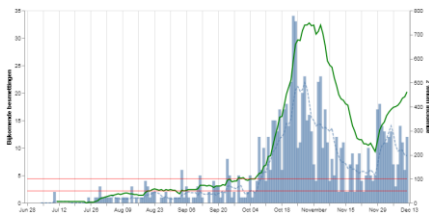
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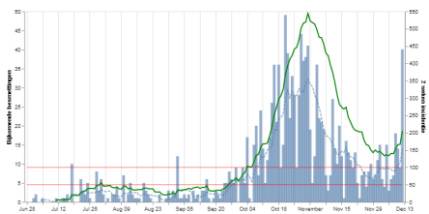
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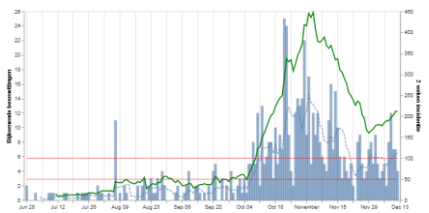
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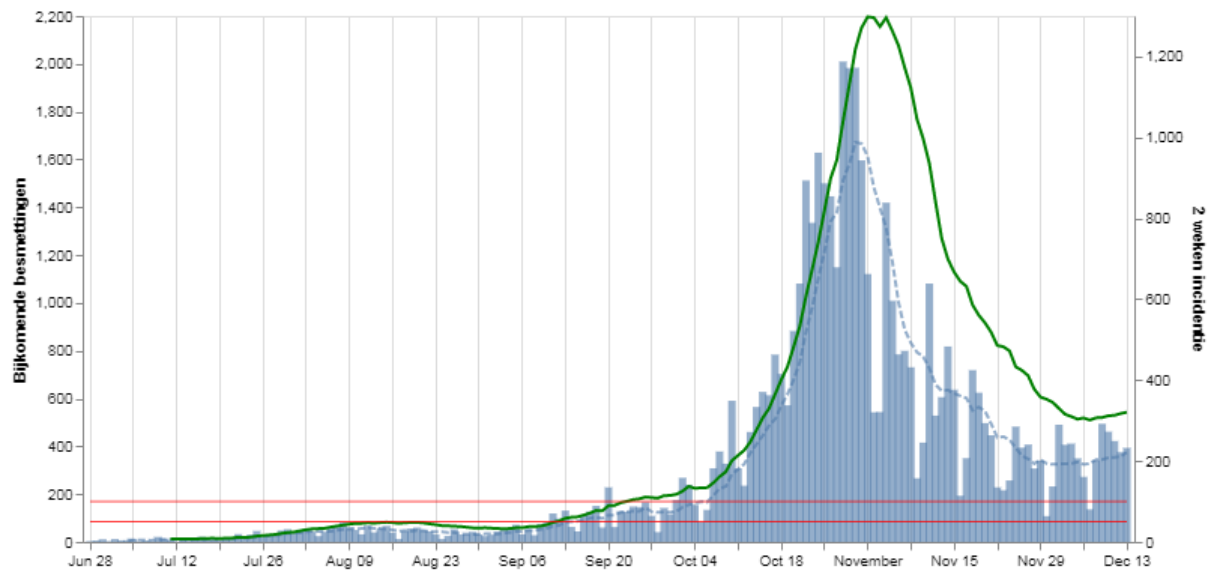
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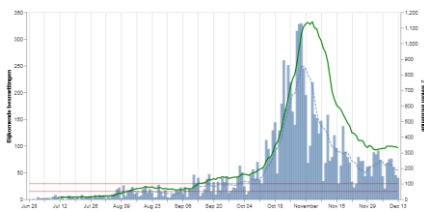
### Sint-Truiden



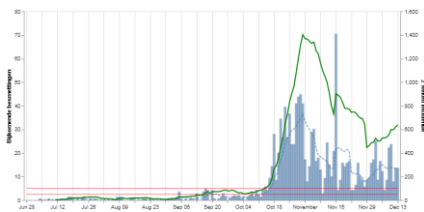
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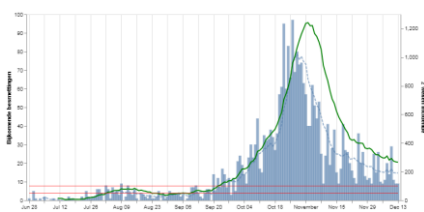
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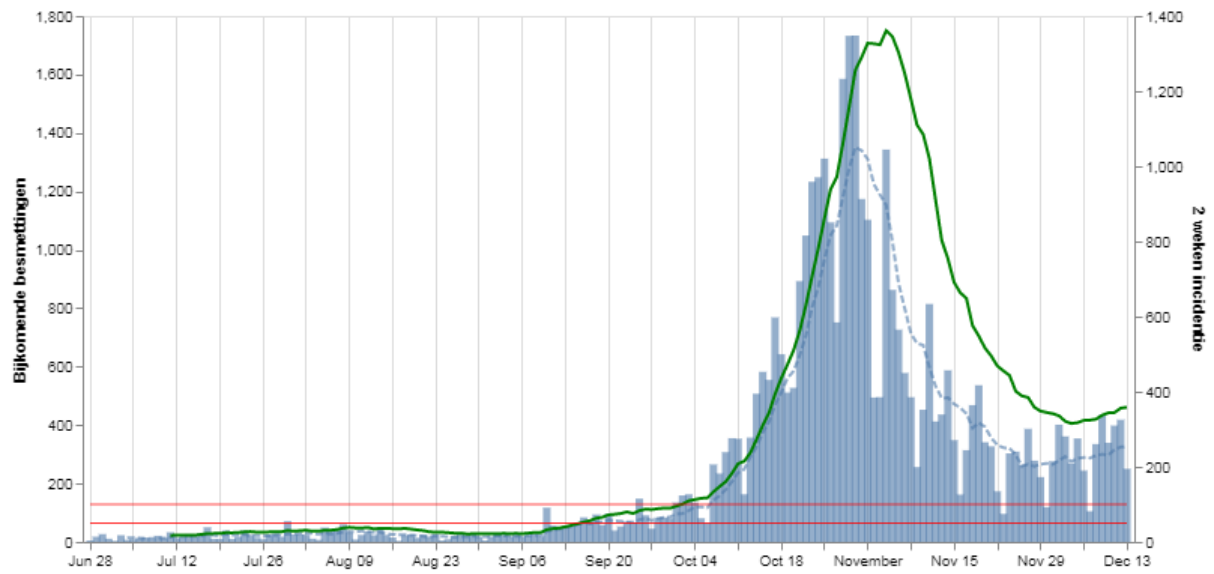
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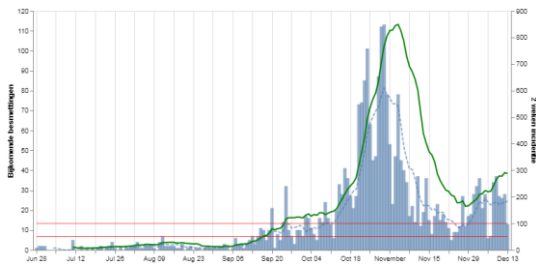
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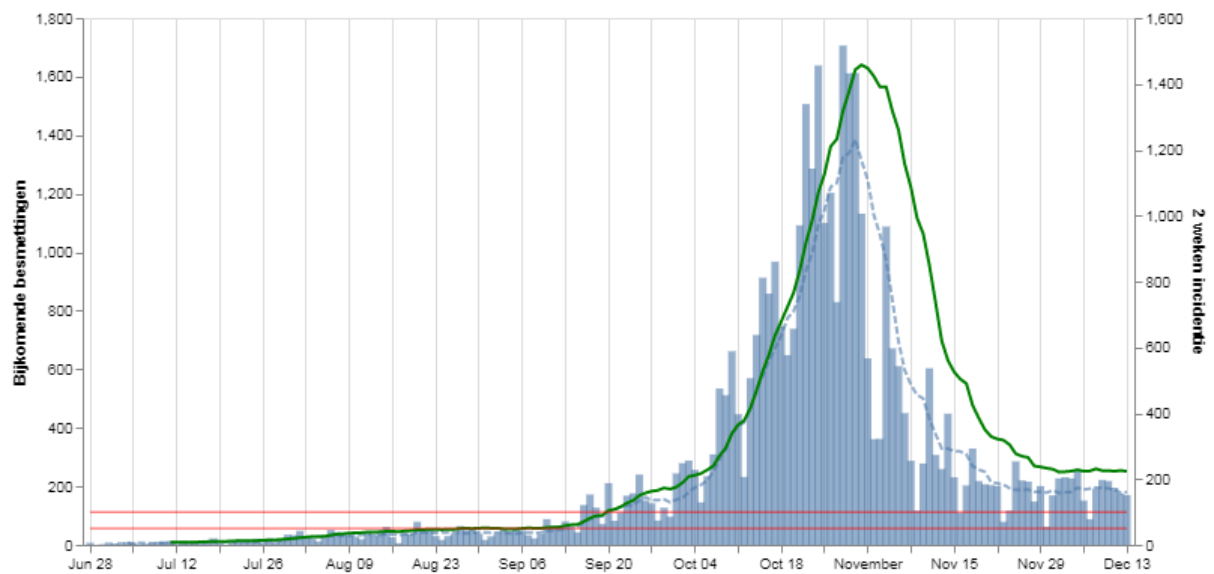
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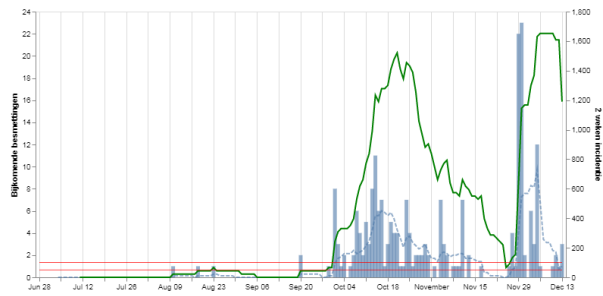
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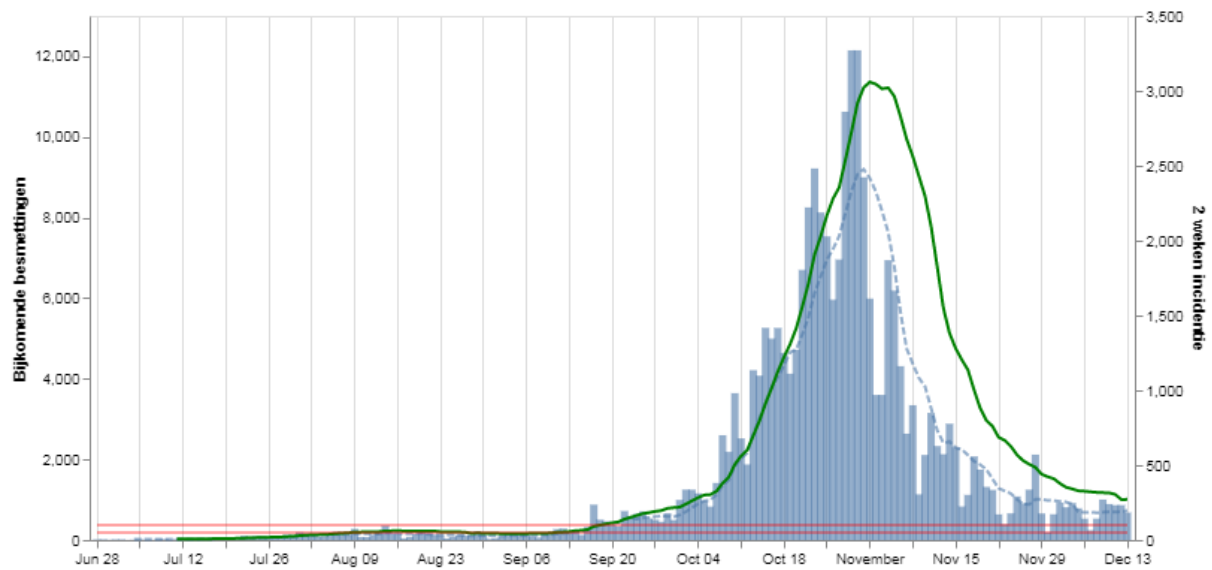
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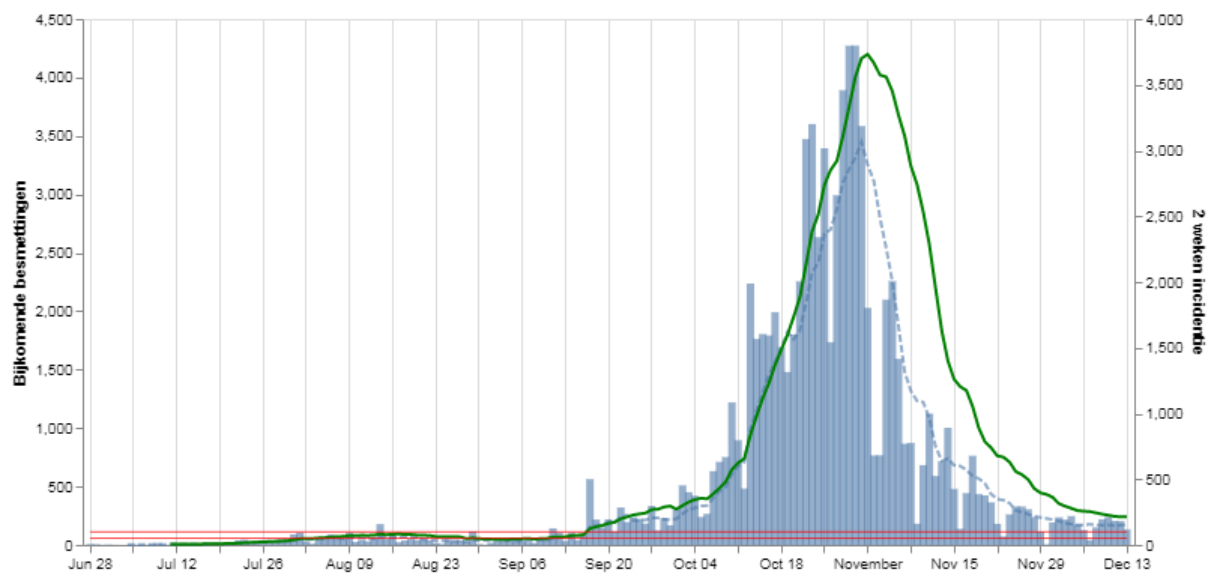
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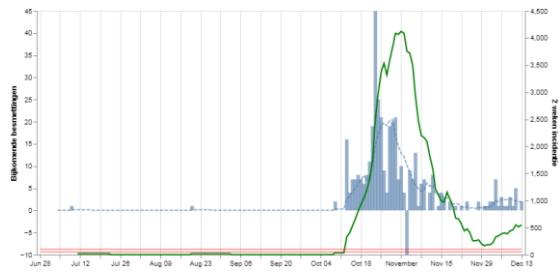
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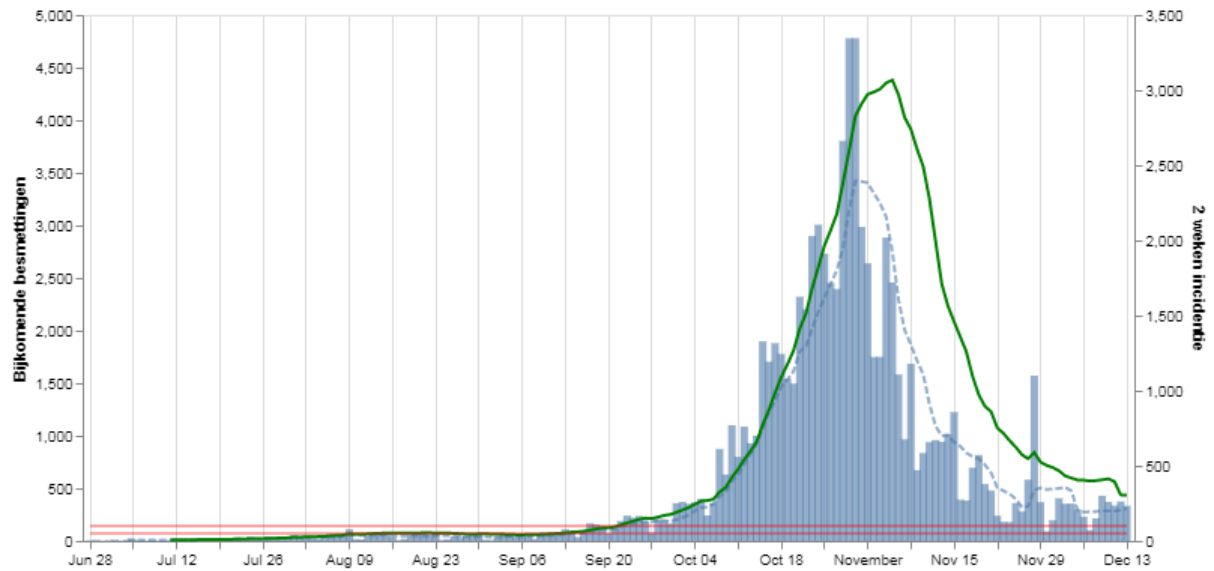
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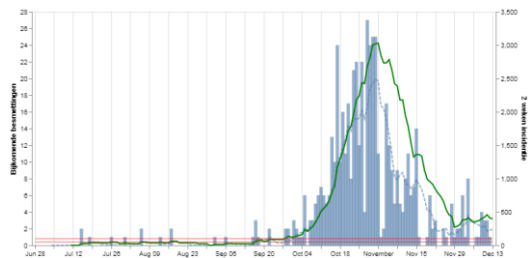
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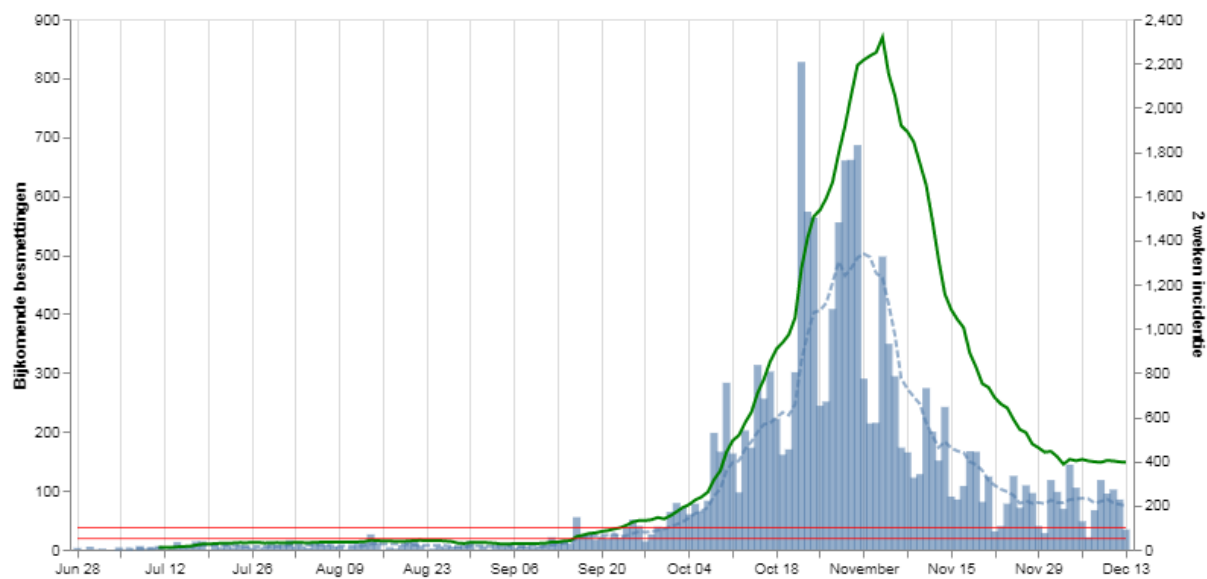
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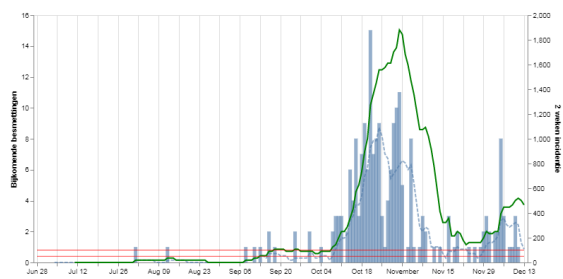
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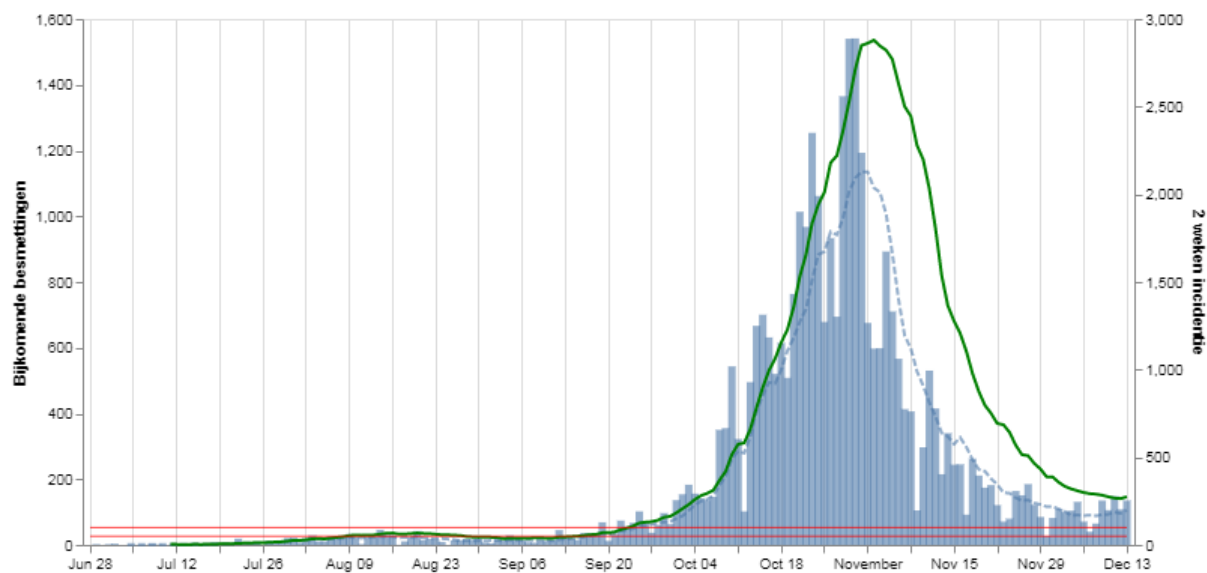
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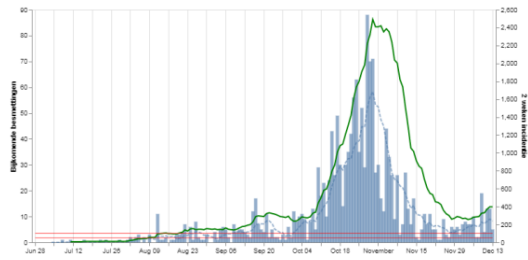
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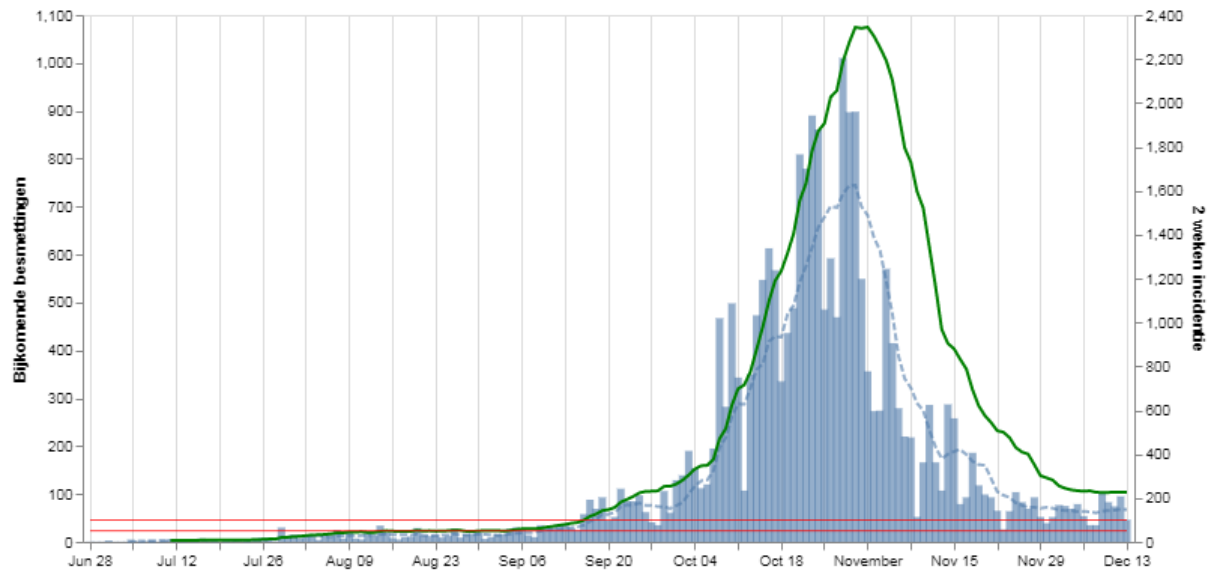
### PROVINCE DE NAMUR



### Vresse-sur-Semois



## PROVINCE DE BRABANT WALLON



## Tubize

