

MINUTES OF THE MEETING

DATE: 26/06/2020

HOURS: 16h- 18h

AGENDA	DISCUSSION	DECISION/TO DO
1. Approval agenda and report		
1.1 Report Previous meeting (<i>approval</i>)		<ul style="list-style-type: none"> Report approved
1.2 Agenda (<i>approval</i>)		<ul style="list-style-type: none"> Agenda approved
1.3 RMG Dashboard (<i>information</i>)		
2. Situation overview (information)		
2.1 Situation overview (<i>information-Sciensano</i>)	<p>The situation overview reveals:</p> <ul style="list-style-type: none"> A generally positive trend (average prediction remains stable, increase of communities without cases, general decrease of positive test results, no significant increase in seroprevalency), however a small increase in cases in the age-group age 10-19 can be observed (might be due to screening increase). A challenge remains the delay of reporting of test results (only 10% of the test results obtained through the platform are received within 24h, this percentage varies for clinical laboratories but seems sensibly higher in general). Internationally the highest circulation based on 14 day case average can be observed in South America, Sweden, Saudi-Arabia, Russia, South Africa, South America. <p>Elements of discussion:</p>	

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	<ul style="list-style-type: none"> • An impact of the demonstration of “black lives matters” on case numbers is currently not visible (yet), but importance to stay careful • More and more triage/ testing centers are closing down • Testing in the statistics include also the tests for traveling • Evolution of testing of children should be discussed further as it seems to increase following the adapted case definition, definition of high contact and current high number of rhinitis cases (it has been observed that on some days more than 1000 children under 3 years have been tested). The RAG will discuss this further and will deliver an advice on testing small children shortly (another advice for children in schools is expected in August). • Importance of an alert system to prevent/ detect clusters or small outbreaks in time 	
<p>3. Prevention</p>		
<p>4. Surveillance and detection</p>		
<p>4.1 Debriefing IFC (<i>information/discussion – Karine Moykens</i>)</p>	<p>The newly appointed coordinator of the IFC is welcomed and presented issues related to IFC governance, milestones, KPIs and current challenges.</p> <p>Elements from the presentation:</p> <ul style="list-style-type: none"> • From July 9th on release of the contact tracing platform version 1.5 (more robust, flexibility, data quality, preparation for future improvements) • From July 22nd there will be a possibility to call the call center • Release 2.0 (real time upload test data, event driven) – date to be defined • Launch App – date to be defined 	<ul style="list-style-type: none"> • An update from IFC will be put on the agenda of RMG every 2nd week

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	<ul style="list-style-type: none"> • KPIs: 70% of index cases successfully reached, 38% of total index cases providing at least one contact; 99% of contacts successfully reached • Challenges: positive communication on contact tracing (contact tracing is not to punish but preventive); Importance of rapid availability of test results; rapid development of App needed if to be introduced in September <p>Elements of discussion:</p> <ul style="list-style-type: none"> • App: Currently hesitancy of using the app mostly within the younger generations; Idea to use the German system to reassure user that privacy is respected (rather than the French system which is using GPS tracking and is not very accepted); APP development includes the aspect of interoperability with neighboring countries • Implementation of international contact tracing (in the two directions) is still in discussion at IFC. The federal public health authority currently has no direct link to the contact center to communicate internationally reported infected individuals or contacts living in Belgium; this has to go through the communities because apparently the contact center is organized by community. But, only the email address and mobile number do not allow to make this distinction. Likewise, the contact persons identified by the contact center who reside abroad must be notified quickly to the foreign health authorities. • Flexibility in up and downscaling of number of call center agents and importance to keep a reserve of trained agents that can quickly be activated; Need for coordination between federated entities on whether to upscale preventively or to wait until a second peak starts to be confirmed. 	

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	<ul style="list-style-type: none"> Field agents vs mobile teams : mobile teams put the focus on clusters vs field agents put focus on individuals Importance on cluster and small outbreak detection. Sciensano surveillance on trends might be a late indicator; the detection needs to happen locally, through school medical officers etc., different criteria can be used to evaluate alerts; alerts then trigger mobile teams and health inspection Vision of public health needs to have a stronger place in the contact center approach; Belgium does not have a public health history/ culture; currently technology is sought to help in the context of lack of public health workforce 	
5. Health care		
6. Stocks and shortages		
7. Communication		
8. International		
9. Date next meeting / agenda (<i>approval</i>)		<ul style="list-style-type: none"> Next RMG meeting on June 29th, 16h with the agenda proposed
10. AOB		
10. 1 Input roundtable themagroup 4 (<i>discussion</i>)	<p>Elements of the discussion:</p> <ul style="list-style-type: none"> There are still questions on the goal, method and composition of round tables, also in the context of a number of similar initiatives taken, commissions etc. In depth clarification is provided: the goal of the roundtables is not to evaluate but to jointly prepare for a second wave with as starting point concerns in terms of preparedness for a second wave. Parallel processes should be avoided. 	<ul style="list-style-type: none"> A compilation of remarks received will be shared with the RMG members who are invited to give written input by Monday 12h The list of organizations to be invited will be shared with the RMG The FWB will be invited to the working groups

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	<ul style="list-style-type: none"> Lessons learned can not be done by every level on its own, different entities and actors and activities are closely linked, and a good cooperation is essential. In the current context different entities are currently fully busy with their preparation for a second wave which makes it difficult for some to engage in such a common exercise with the proposed timing (overlap with current internal processes). However, no room to postpone (if we wait, we risk being in the second wave). Collectivities are extremely diverse and depend of very different authorities Each working group's chair have been asked to draft a note. The RMG chair wanted to gather inputs from RMG members. A draft input note for working group 4 with a compilation of remarks received will be shared with the RMG, this will be used to draft the WG4 paper. 	
10.2 EWRS notification	<ul style="list-style-type: none"> EWRS notification sent to Spain on a person which was sampled but apparently did not wait for the result before leaving the country for traveling and has been tested positive; the person is now traveling to Morocco. 	<ul style="list-style-type: none"> Communication to physicians to address issue of symptomatic people travelling without waiting for testing results will be addressed by the RMG in one of its next meeting
10.3 Publication of RMG report	<p>RMG reports have been published on the FPS website of FPS Health https://www.health.belgium.be/nl/gezondheid/organisatie-van-de-gezondheidszorg/dringende-hulpverlening/risicobeheer</p>	
10.4 Farewell	<ul style="list-style-type: none"> Daniel Reynders quits his job at the cabinet de Block Koen Bronselaer or Augustin Coppée will take over from the next meeting on 	<ul style="list-style-type: none"> The RMG thanks the representative of the cabinet de Block, Daniel Reynders for his constructive participation in the work of the RMG and in the crisis management.

List of participants

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