

MINUTES OF THE MEETING

DATE: 09/07/2020

HOURS: 16h-18h00

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)		
3. Prevention		
3.1. Existing multidisciplinary initiatives and structures for contingency planning and crisis management (<i>information/discussion - Leen Depuydt</i>)	<p>The representative of the National Crisis Center (NCCN) presented an overview of the emergency planning in Belgium.</p> <p>Elements of the presentation:</p> <ul style="list-style-type: none"> Emergency planning focuses on the preparation and management of incidents with the aim to return quickly to a calm and normal situation. Emergency planning is a broad concept and includes more than (drawing up) an emergency plan. There are 3 levels in emergency planning: <ol style="list-style-type: none"> 1) the local level with the mayor; 2) the provincial level with the governor; 3) the federal level with the minister. 	<ul style="list-style-type: none"> The RMG takes note of the presentation from the NCCN regarding "Existing multidisciplinary initiatives and structures for contingency planning and crisis management".

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	<p>Those 3 levels are responsible for the management and the emergency planning on the respective levels.</p> <ul style="list-style-type: none"> • Crucial in the emergency planning is the coordination and complementarity of the different levels. Also is stressed on the importance of uniform emergency planning for diverse emergency situations (local emergency situation, nuclear disaster, terrorist attack). • The applicable emergency planning depends on the emergency phase. This phase depends on the scale and characteristics of the emergency situation. The declaration of the phase is always discussed with the level above and/or below. The emergency can either be managed through an operational coordination or needs scaling up into a municipal phase, a provincial phase or a federal phase. • The municipal/provincial level consists of the emergency planning coordinator and the safety cell (rescue operations, medical relief, police, logistics, communication & information). It manages emergency planning in its own territory, conducts exercises, responds to new dangers. • The federal phase is announced by the Minister of Internal Affairs in the case of an incident on the international/sectoral/municipal/provincial level. The management on federal level consists of 4 elements: The Federal Coordination Committee representing all structures involved, the Evaluation Cell with experts, who gives advice to the Federal Coordination Committee; the Information Cell which communicates information to the Federal Coordination Committee; and the Policy Cell, which consists of ministers. 	

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	<p>Elements of the discussion: Monday July 13th a meeting will take place between the NCCN with the communities to interlink the different aspects of emergency planning.</p>	
<p>3.2. Information for travelers (<i>information/discussion - Annelies Wouters</i>)</p>	<p>The presentation contains a draft synthesis of the procedure issued for travelers who travel to a country where it is mandatory to present a negative PCR-COVID-19 test before boarding/on arrival.</p> <p>Elements of the presentation:</p> <ul style="list-style-type: none"> • Traveling involves risks, but instead of compiling a formal ban the intention is to give a nuanced message regarding the possible risks. A proposal of communication will be made to point out those potential risks. • A link to the website of foreign affairs with highrisk and moderate risk zones will be included • The conditions to obtain a test: the traveler is asymptomatic; there is an explicit demand of the country of destination to submit a negative test; the traveler pays the price of the test (€46,81). • The test can be obtained directly from the laboratory, without consulting a GP to get a laboratory request form. • The procedure: <ul style="list-style-type: none"> ○ In the case of a negative test: the trip is permitted ○ In the case of a positive test: the trip is not permitted and the person should be placed in self-isolation ○ In the case the person shows symptoms: the trip is not permitted 	<ul style="list-style-type: none"> • The formulated remarks on the document “Information for travelers” will be incorporated and the revised document will be placed again on the agenda of the RMG-meeting Monday 13th July 2020.

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	<p>Elements of discussion:</p> <ul style="list-style-type: none"> • Not all laboratories accept the request for PCR-tests for travelers, due to a lack of sufficient test capacity. Should there be a list of the laboratories which are willing to test travelers, (this would be useful for foreigners), or should travelers themselves take the initiative. • Currently everyone has to pass the GP for the accepted and reimbursed indications, if the laboratories could also take PCR-tests without prescription this could lower the pressure on the GP's. • The risk is the lack of available tests during the seasonal influenza. A broad case definition is now feasible, but during the influenza season the test criteria will likely need to be revised. A proper medical assessment/triage is necessary. • The RIZIV/INAMI communicated (FAQ) that in case of a positive test the traveler has to inform the GP to be incorporated into the contact tracing system. • A double approach is required: <ol style="list-style-type: none"> 1) every positive test in the laboratories should be incorporated into the contact tracing system; 2) every positive test has to be communicated to the GP. Therefore it is important that the traveler fills out the application completely and correctly. • The document states that a boarding pass is required, but countries who are accessible by car/bus/train can also demand a negative test in the future. The RMG agrees to drop the mandatory boarding pass, the cost of the PCR-test is already a high threshold to acquire/demand a test. 	

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	<p>Conclusive points:</p> <ul style="list-style-type: none"> • The document “Information for travelers” will be modified with the remarks made, and contains following key points: <ul style="list-style-type: none"> ○ In the case of a positive test: the laboratory has to inform the call centers about the positive test (this will be consulted with the labs) & the traveler has to contact the GP. ○ the possibility of drawing up a list of contactable laboratories will be investigated • The document has to be discussed by the Ministry of Foreign Affairs, afterwards this has to be integrated in the existing information of Infocel and the NCCN so that also travel organizations can be informed 	
<p>4. Surveillance and detection</p>		
<p>4.1. Evaluation implementation testing strategy in hospitals (<i>information/discussion - Anne Ingenbleek FPS Health DGGS</i>)</p>	<p>Anne Ingenbleek presented the test strategy in the general and psychiatric hospitals.</p> <p>Elements of the presentation:</p> <ul style="list-style-type: none"> • The Committee Hospital & Transport Surge Capacity (HTSC) 12/06: testing on return from hospitals to the residential community depending on duration of stay • The current situation is as follows: <ul style="list-style-type: none"> ○ The prevalence of Covid-19 is low ○ The people in the hospitals/laboratories are tired ○ The current test capacity is limited ○ There are still concerns about the material etc. ○ The hypothesis of Sciensano regarding the autumn/winter: 50.000 tests/day 	<ul style="list-style-type: none"> • The RMG validates the document “Evaluation implementation testing strategy in hospitals” and agrees with an assessment of the testing strategy over time with special attention to the hospital – residential community relationship.

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	<ul style="list-style-type: none"> • The proposal regarding the test strategy is to focus on prevention, control, and to rationalize the demand for tests. The procedure contains following elements: <ol style="list-style-type: none"> 1) Systematic testing of every symptomatic person 2) Systematic testing of every close contact person 3) The implementation of every positive case in the contact tracing system 4) Not systematic testing of asymptomatic people, but to look at the risk factors 5) Systematic testing of patients on psychogeriatrics; nephrology; hematology; oncology; in the case of transplantations, dialyses, intensive care. • Systematic testing on return from hospitals to the residential community is scientifically not recommended. • Regarding nosocomial cases and the psychiatric hospitals there are specific measures. <p>Elements of the discussion:</p> <ul style="list-style-type: none"> • The procedures published on the Sciensano website need to be adapted in order to: <ul style="list-style-type: none"> • Include that in the case of a cluster in a hospital, the Infection Prevention & Control team determines the most appropriate testing strategy to control this cluster. • Make sure that the reimbursement of tests, carried out as part of the return from hospitals to residential community, can be arranged by RIZIV/INAMI. • The RMG members request clarification from RIZIV/INAMI concerning: <ul style="list-style-type: none"> • The reimbursement by RIZIV/INAMI requested to manage clusters in residential community 	

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	<p>(except symptomatic people and close contacts). The transfer of the decision maker on who should be tested, does not implicate that there is no refund of the testing. Now, the regional inspection services are limiting the amount of tests.</p> <ul style="list-style-type: none"> • Idem concerning cluster management in hospitals: transfer of the competences of the test strategy to IPC teams but nevertheless there is a reimbursement by RIZIV/INAMI • The reimbursement for tests carried out on return from a hospital to the residential community: even if it is not a new admission, it is nevertheless necessary to ensure reimbursement (by RIZIV/INAMI) • That the RIZIV/INAMI website mentions : Molecular detection tests (PCR) are fully reimbursed when :they are carried out in accordance with the guidelines of the Risk Management Group published on the Sciensano website, the laboratory meets certain quality requirements. The test results must be forwarded to the epidemiological service in Sciensano : https://www.inami.fgov.be/fr/covid19/Pages/conditions-remboursement-tests-detection-coronavirus-pandemie-covid19.aspx • An evaluation concerning the hospitals – residential community relationship must be made in the future. 	

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5. Health Care		
6. Stocks and shortages		
6.1. Update solidarity stock (discussion/approval)	<p>The update on the Solidarity stock (09/07/2020) is presented.</p> <ul style="list-style-type: none"> • The RMG agrees upon the document, but this is not yet completed; Wallonia will complete the lacking data. • PHE will contact Wallonia concerning the lacking data. 	<ul style="list-style-type: none"> • The RMG agrees on the document 'Update solidarity stock'. Wallonia will transmit the lacking data.
7. Communication		
7.1. 2 proposals	<p>PHE made a proposal of communication concerning the risks involved with traveling.</p> <ul style="list-style-type: none"> • The aim is to give a nuanced message on the risks of contracting covid-19 abroad and returning to Belgium. • Travelers in a red zone are considered as high risk, but should in fact not leave the high risk zone. • Mentions that when testing is made compulsory, it would therefore be in contradiction with the new guidelines published on the Sciensano website concerning children under the age of 3. • It seems to be quite illogical and difficult to explain that when the "Overlegcomité" stipulates on July 8th that for a red zone a formal travel ban applies, travelers still have the possibility to: <ul style="list-style-type: none"> ○ travel to such a zone ○ board to travel back; a negative test could be requested in the foreign country as prerequisite for boarding. Known highrisk contacts are indeed not allowed to travel. 	

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	<ul style="list-style-type: none"> ○ to receive financial compensation from the health insurance or employer ○ Flanders, Wallonia, Brussels, and the German-speaking community are still modifying their texts, which will likely be voted next week. <p>The RMG waits to validate the text in order to be legally correct.</p>	
8. International		
9. Date next meeting / agenda (approval)		<ul style="list-style-type: none"> ● The next RMG-meeting will take place on Monday July 13th 16h.
10. AOB		
<p>10.1. Archiving documents RMG</p> <p>10.2 Quid red zones EU; testing , differences neighbor countries (postponed)</p> <p>10.3 Concertation France (postponed)</p> <p>10.4 Questions sciensano (postponed)</p>	<p>On July 8th the RMG has received a letter (dated July 3th) instructing it to archive all its documents(paper and digital) linked to the Covid-19-crisis due to their importance.</p>	<ul style="list-style-type: none"> ● The RMG takes note of the letter 'Conservation of archives linked to the COVID-19-crisis' of the "Algemeen Rijksarchief en Rijksarchief in de provinciën.

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