

MINUTES OF THE MEETING

DATE: 16/07/2020

HOURS: 18h-20h30

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>)	PLF item added (AOB) as urgent request	<ul style="list-style-type: none"> Agenda approved
1.3. RMG Dashboard (<i>information</i>)		
2. Situation overview (information)		
3. Prevention		
4. Surveillance and detection		
4.1. Document on signal detection processes // Epidemiological criteria for a potential lockdown (<i>information/discussion/approval – Sciensano</i>)	<p>Sciensano gave once more an update on the document about signal detection processes. Several aspects as the definition of a signal, a treat, the level of managing (local or at higher level), the threshold for interactions with the provinces e.a. were mentioned. During the last week, the document was discussed and adapted in various bodies:</p> <ul style="list-style-type: none"> NCCN with the governors Federal department of Public Health and the communities IKW IMC Core 	<p>The NCCN asked the RMG if there could be epidemiological/medical criteria on which basis a decision for a possible local “lockdown” would be taken.</p> <p>The RMG agrees that based on the incidence and the growth rate there are scientific acceptable reasons to advice the eventual implementation of local movement restrictions and closure of local infrastructure, as for example pubs, restaurants, and leisure facilities. Such a decision would be taken after a case by case assessment. For the implementation of the measures the RMG thinks on the possible enforcement by control and sanctions.</p>

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	<p>Professor Niel Hens presented a GEES document in which the incidence rate, the reproduction rate, and the growth rate can serve as indicators for potential down- or upscaling. The proposed phases are: a green phase, an orange phase and a red phase.</p> <p>The documents drawn up by Sciensano and the GEES are complementary in several aspects.</p> <p>The RMG thanks Sophie Quoilin in particular for the hard work done and her many efforts to prepare the documents in a tight timeframe; also to integrate the GEES document into the document of Sciensano.</p> <p>The communities and regions can submit their comments before Friday the 17th of July 12H.</p> <p>Following the NCCN request and the eventual possibility/consideration that law enforcement should be able to close a place, neighborhood, township, etc. with barriers; the RMG discussed whether it was possible to define epidemiological criteria for a (local) lockdown. The RMG stresses that it is not desirable to define fixed criteria, but rather to assess the situation on a case-by-case basis and to propose proportional measures. Thresholds could serve as additional elements: the incidence rate and growth ratio could serve as indicators to conduct this assessment. A real lockdown should only serve as a last resort, for example if the hospital capacity is compromised, and is considered as an extreme measure. The RMG states that imposed controls and sanctions concerning not allowed actions (like displacements/activities/openings/...) should be considered.</p> <p>At this moment, the importance is stressed of a relentless communication to continuously stimulate the necessary vigilance.</p>	<p>At this moment, a full lockdown is considered as an extreme measure (e.g. if hospital capacity is compromised). In this context the RMG reiterates the utmost importance of the correct behavior of the citizens and their own responsibility in fighting this crisis successfully.</p>
<p>5. Health care</p>		

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6. Stocks and shortages		
7. Communication		
8. International		
9. Date next meeting / agenda (approval)		The next RMG-meeting will take place Wednesday 22 th of July 16H.
10. AOB		
10.1. PLF/FAQ	<p>1. The working group regarding electronical PLF's, the Flemish community and the Federal Cabinet raised urgent questions regarding defining the affected areas, defining the applicable color code and the consequences of it, the selection of persons that need to be tested (manually/by computer) and the regional granularity. However, apparently these questions were already answered and decided upon by the IFC on the 15th of July. As a result of this at least uncomfortable observation, the RMG stresses the importance of an adequate and rapid information flow in order to avoid duplication of work.</p> <p>The president of the RMG pointed out that it is important that the PLF is filled out correctly (for example information regarding the seats if a passenger sits down in a seat during the flight, other than the assigned seat, which is realistic given the low occupancy rate) to facilitate eventual contact tracing after a positive case is identified. It is not acceptable that inadequate data quality is included from the outset of a new system.</p> <p>2. It was pointed out that the FAQ regarding the list of professions that are excluded from mandatory testing and quarantine contained ambiguities (for example regarding healthcare personnel – where working with PPE and taking samples after</p>	<p>The RMG takes note of the decisions of the IFC concerning the regional granularity (NUTS 2) and the applicable color code of the foreign region (fixed on the day of return).</p> <p>The RMG agrees that Infocel will revise and clarify the FAQ concerning the list of professions excluded from mandatory testing and quarantine about the exact measures to apply.</p> <p>The importance of filling out the PLF correctly and the effective correspondence with the reality (information regarding the seats) is stressed.</p>

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<p>10.2 swab</p>	<p>returning from a high-risk zone makes sense). The RMG agrees that Infocel will revise and clarify the FAQ.</p> <p>3. It remains unclear who pays for the tests and how the quarantine is arranged; eventual rights?</p> <p>4. The RMG reiterates that the fact that persons can be in technical disability for some jobs, has a counterproductive effect on their employability in places where there is an urgent need for personnel.</p> <p>11. Apparently the IFC decided about which day should be taken into account to decide that a traveler is coming back from a high-risk zone; bearing in mind the events with returning travelers in March, the president of the RMG points out that such a decision is better taken in the RMG because it requires a risk assessment and therefore falls outside the scope of the practical elaboration of the test and tracing strategy.</p> <p>The RMG was informed that a throat swab could serve as an (less desirable) alternative for a nasopharyngeal swab.</p>	

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