

MINUTES OF THE MEETING

DATE: 11/08/2020

HOURS: 18h00 -19h30

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: updated (addition of AOB 10.1 and 10.2) and approved
1.3. RMG Dashboard (<i>information</i>)		
2. Situation overview (information)		
2.1 Federal plan ozone & heat waves/Covid-19 epidemic	<p>Because of the exceptional climatological conditions (heat wave and high ozone concentrations) in combination with the epidemiological context, the RMG decided to declare the alert phase of the heat and ozone plan, last Saturday. On Saturday the RAG drew up a report with measures, which was then validated via an electronic RMG. These measures have a special character because of the corona context and the fact that the same high-risk groups have to be taken into account.</p> <p>On Sunday, the chairman of the RMG asked the federated entities and involved RMG members about the implementation of the agreed measures. To the extent that responses were received, no substantial problems were reported. Subsequently, a “heat and ozone plan” monitor meeting was held on Monday and Tuesday. The next meeting is on Thursday at 11 a.m., when decisions will be made according to climatic expectations.</p>	<p>The RMG refers to his decision from 08 August 2020 to decree a heat and ozone alert phase on 08 August 2020 (based on the RAG Primary Risk Assessment Heat and Ozone, 07 August 2020, and taken in relation to the Covid-19 crisis) and the demand for its implementation on 09 August.</p> <p>A communication will be drawn up by Infocell concerning the correct use of ventilators and air conditioning particularly in the residential care centers.</p>

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<p>2.2 Epidemiological overview</p>	<p>The federal plan ozone & heat waves mainly focuses on communication. The next step is to look at how to down scale and finally an evaluation will take place; the latter must certainly include urgently a clearly well thought-out multidisciplinary and multi-departmental description of everyone's roles and competencies especially concerning proclaiming and scaling the respective phases; furthermore, the relationship and well-conceived positioning of the heat and ozone plan with the emergency planning (KB 2003) merit detailed discussion as health issues are usually not the only theme.</p> <p>Also, it evokes some wonder that an alert phase is currently declared without a national federal phase that on his turn can only be promulgated by the Interior Department and to which, given the general involvement of almost everyone, there seem to be sufficient logical arguments.</p> <p>A communication will be drawn up concerning the permission to use air conditioning in the residential care centers.</p> <p>Sciensano discussed the recent epidemiological figures.</p> <ul style="list-style-type: none"> • In general, there is a less rapid increase in new cases. • The cumulative incidence over the last 14 days continues to increase. Several provinces are currently above a cumulative incidence of 50/100.000 inhabitants and the situation in Brussels is the most urgent at this point. For Belgium, the cumulative incidence is currently 68/100.000 Antwerp included, 51/100.000 without Antwerp. • Ceval has given the advice to take additional measures in Brussels, taking into account the support of the population. 	

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	<ul style="list-style-type: none"> • On earlier request from the RMG concerning the worrying situation and future strategy (as figures for Covid-19 infections continued to rise in Brussels), the Brussels health authorities will transmit a situation overview. This was subsequently received with the following elements: <ul style="list-style-type: none"> - COCOM noticed that specific communities were particularly affected, and took action with the communal authorities and the field actors in question, with good results. - Recurring consultations take place, in collaboration with other administrative or field actors, for the monitoring of local authorities. COCOM is also developing a system of Outbreak Support Teams, which go on site for difficult cases. - There are, however, some difficulties. The data is sometimes incomplete at Sciensano level and, to date, COCOM does not have a good analysis tool. This problem is currently being solved through a partnership with the AViQ for a "datawarehouse". - There is also a problem for cluster detection, because of the gap of data of confirmed cases (missing information on the e-form such as a community, an address, a telephone number, etc.). - Perhaps the RMG could play a role in improving as well as simplifying the process and insisting that Sciensano systematically delivers the data useful for cluster identification. 	

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	<ul style="list-style-type: none"> - Cross-analyses of affected populations are also useful, at the country level, in order to better target our communication and awareness-raising actions. 	
<p>3. Prevention</p>		
<p>4. Surveillance and detection</p>		
<p>4.1 RAG advice children</p>	<p>The RAG advice on the “Classification of contacts for children” was discussed.</p> <ul style="list-style-type: none"> • The figures regarding transmission by children are reassuring, there appears to be less transmission especially among children under 12 years of age. ECDC published a risk assessment last week on COVID-19 in children. Investigations of cases in school settings suggest that child to child transmission in schools is uncommon. Recommendations regarding the bubbles in schools: <ul style="list-style-type: none"> ○ Kindergartens: bubbles may mix ○ Primary schools: indoor bubbles may mix outdoor ○ Secondary schools: indoor and outdoor bubbles respected • Recommendations regarding testing of children <ul style="list-style-type: none"> ○ Do not systematically test children <6 on the basis of symptoms, except in the case of hospitalization or in the case of risk factors in the family. For the group older than 6 years there are no changes in the testing policy. • The classification of contacts: 	<p>The RMG accepts the recommendations proposed by the RAG concerning the testing and classification of contacts of children and decides that these measures should be put in place.</p> <p>The RMG decides that in addition to the health and safety precautions in place, further recommendations regarding social distancing will be discussed in a broad multidisciplinary framework (with input from pediatrics, psychologists, sociologists, educational field,...) coordinated by Sciensano. This concertation will take into account the experience and evaluation in schools after the reopening, the context of the evolving epidemiological situation and the advancing scientific understanding. A first feedback is expected in October 2020 at the latest.</p> <p>The communication department will contact Infocell.</p>

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	<ul style="list-style-type: none"> ○ For all ages (including < age of 3) family members, boarding school bubble are close contacts ○ Kindergarten: Index case = child: all (children and teacher) are low-risk contacts. Index case = adult: all children are high-risk contacts. ○ Primary school: Index case = child: all (children and teacher) are low-risk contacts. Index case = adult: all children are low risk contacts. ○ Secondary school: same as for adults (classification depends on distance, contact time, type of contact...). ● Measures for contacts: <ul style="list-style-type: none"> ○ Crèche/kindergarten: Index case in the family: no test; if symptoms: becomes "a case." Index case is caregiver/teacher: no test unless symptoms. If PCR+: bubble is closed. If other members of the bubble show symptoms: test recommended. Index case is a child: if a low-risk case part of the same bubble develops symptoms: test. ○ Primary/secondary: same measures as for adults. ● There is still one discussion point concerning the social distancing between secondary school children. <ul style="list-style-type: none"> ○ There is a consensus that on-site schooling and peer contact are essential for secondary school children in terms of psychosocial well- 	

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	<p>being, development and future as healthy, well-educated adults.</p> <p>But there was no consensus on measures for secondary schools (social distancing in the class ? masks in the class ?. A multidisciplinary group (with input from pediatrics, infectiologists educational field,...) will therefore further discuss the conditions for reopening schools. Meanwhile, the existing protocols applied the last months in school remain currently applicable.</p> <p>The communication department will contact Infocell in order to harmonize the communication on this matter.</p>	
5. Health care		
6. Stocks and shortages		
7. Communication		
8. International		
9. Date next meeting / agenda (approval)		The date of the next RMG-meeting will be communicated later.
10. AOB		
10.1 Palliative care	<p>The RMG states that visits should always be allowed to people receiving palliative care. It is important that safety is weighed against the human aspect.</p> <p>Next to this the RMG takes note of the article of the New York Times from 08 August.</p>	<p>The RMG stresses the importance of patient dignity in care at the end of life.</p> <p>The RMG strongly recommends that visits should always be possible in the case of palliative care.</p>

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	<p>An integrated advice will be asked upon this matter by phe of the involved bodies (fex. Bioethics Committee, Federal palliative Commission, Taskforce Zorg Vlaanderen, The Patients' Right Commission). Hereafter it is important that the residential care centers are informed of the decision and that it is complied with.</p>	<p>The RMG recommends furthermore that continued attention should be guaranteed for a good balance between humanity and safety regarding the visitor scheme of residential care centers; in palliative care especially the relational context should be safeguarded (and not only be limited for people in the end of life or terminal phase which is moreover not always easy to be determined). Having the right to receive visitors should be considered as a basic element of quality care.</p> <p>The competent authorities should ensure that local initiatives do not go against this and override existing policy. The RMG will request a recommendation upon this matter from the appropriate institutions (ethical, palliative, patient and client council, e.a.).</p>
<p>10.2. Interfederal plan</p>	<p>The Cabinet of Minister De Block thanks the federated entities for their remarks made on the interfederal strategic plan. Tomorrow the integrated document will be redistributed, whereafter an electronical RMG will follow on the 13th of August (14h).</p>	<p>The RMG takes note of the remarks of the federated entities on the interfederal strategic plan. An electronic consultation is planned on Thursday 13th August to further integrate the note.</p>
<p>10.3 Testing travelers returning from orange zones</p>	<p>The RMG awaits the decision made at the IMC of the 12th of August regarding the testing strategy (orange areas). After this, the strategy can be applied and communicated upon by the federated entities.</p>	<p>The RMG awaits the decision of the IMC as many questions and uncertainties exist in the approach of returning travelers especially from orange zones. The RMG takes note of the fact that the future testing strategy has been treated by the IMC.</p>

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