

## MINUTES OF THE MEETING

DATE: 03/09/2020

HOURS: 16h00-18h00

AGENDA	DISCUSSION	DECISION/TO DO
<b>1. Approval agenda and report</b>		
1.1. Report Previous meeting ( <i>approval</i> )		<ul style="list-style-type: none"> <li>Report approved under the condition of taking into account the remarks of the FWB (cab Linard)</li> </ul>
1.2. Agenda ( <i>approval</i> )		<ul style="list-style-type: none"> <li>Agenda approved</li> </ul>
1.3. RMG Dashboard ( <i>information</i> )		
<b>2. Situation overview (information)</b>		
2.1 Epidemiological overview ( <i>information - Sciensano</i> )	<p>The RAG adapted their last version of the epidemiological report to improve its structure. The report now includes three levels: the national, provincial and local level. The report also states in which regions the local committees should meet to discuss the local epidemiological situation.</p> <p>The RMG was informed by the current epidemiological situation. At the national level it is noted that Belgium is classified in level 2, although Brussels pushes the national level above that respective threshold. The overall curve continues to decrease steadily but shows signs of stagnation. As indicated, Brussels hovers around 140 cases per 100'000 habitants while other regions and provinces are gradually declining. Nevertheless, some provinces maintain an R-value above 1,</p>	<p>The RMG validates the RAG report concerning the epidemiological situation at the local level. Additionally, the RMG suggests communicating the available data accordingly (cfr. press conference).</p>

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	<p>indicating that they may increase further. It should be noted, however, that this is due to several local outbreaks.</p> <p>Regarding the positivity rate of tests, the overall number is declining (approx. 2.5%), but remains high in several areas (most prominently Brussels and Liege).</p> <p>At the local level, the RAG reports a list of municipalities which need to consider raising their risk level and meet with the local crisis cells accordingly:</p> <ul style="list-style-type: none"> <li>- All municipalities of the Brussels Region</li> <li>- Several locations within the Antwerp municipality which have an incidence above 100 (and a positivity rate of 4%).</li> <li>- The municipality of Borsbeek (noting the proximity of Antwerp)</li> <li>- The arrondissement of Halle-Vilvoorde, in particular the northern municipalities.</li> </ul> <p>The respective list clearly shows an “axis” between Brussels and Antwerp with a higher level or risk.</p> <p>Finally, some municipalities need to be followed up closely but do not need to meet with their crisis cells (cfr. family clusters, neighboring municipalities, ...).</p> <p>The above-mentioned report and corresponding advices were validated by the RMG. Thus, the report will be sent to the NCCN and Ministers of Education accordingly. Tinne Lernout emphasizes that the above described report is only informative and that the local entities are required to take the necessary measures (e.g. raise risk level of schools).</p> <p>Dr. Van Gucht asked whether the information of the report can be communicated on the pers conferences. Tinne Lernout</p>	

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	<p>confirmed that the information will be publicly available and therefore can be shared freely.</p>	
<p>2.2 Study of excess mortality (information/discussion - VUB, ULB)</p>	<p>Prof Lagasse and Prof Deboosere presented a study on the excess mortality in Europe. The study was requested by Prime Minister Wilmès after Belgium was recurrently portrayed as a country with excessive deaths compared to others. The study therefore tried to examine excess mortality in Belgium and the EU region. According to the professors, excess mortality is an interesting indicator because it allows to give the relative positions of countries, albeit the limited data that is required. In short, while the study is based on data acquired until 15/07, the results clearly show how COVID-19 spreads regionally. The capitals (and other major cities), in particular, can be regarded as 'epicenters' within countries. Regarding Belgium, Brussels was less of an epicenter when compared to other large cities which may be a consequence of the high level of urbanization in Belgium. Moreover, the study shows the existence of a clear correlation between excess mortality and the increase in COVID-19 cases.</p> <p>Furthermore, the study indicates that Belgium has not seen the perceived 'extraordinary' high excessive mortality rate compared to ten other countries in the EU region. Nevertheless, Belgium is also not doing particularly well.</p> <p>Dr Van Gucht remarked that excessive mortality by age group proved to be a relevant indicator. The researchers note that Belgium did not show significant excessive mortality within the below 65 years age groups. This is in line with earlier findings that 2/3rd of Covid-19 related deaths in Belgium can be attributed to residential care facilities.</p>	<p>The RMG takes note of the interesting study on the excess mortality in Europe and congratulates both Prof Lagasse and Prof Deboosere. In order to discuss the study more thoroughly, the RMG suggests organizing a round table with the respective researchers and experts.</p>

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	<p>Noting the depth of the research, the acting president of the RMG suggests to discuss the study further to fully understand its implications.</p>	
<p><b>3. Prevention</b></p>		
<p>3.1. Implementation of preventive hygiene measures across (essential) professions (information, discussion – federal entity)</p>	<p>The preparatory meeting for the IMC announced that they will present a set of questions to the RMG regarding the application of quarantine measures and essential professions. The current issue concerns existing exceptions to these measures. Thus, the RMG will need to reconsider its respective approach, specifically related to essential professions.</p>	<p>The RMG will discuss on its next meeting open questions related to the application of quarantine and essential professions. These questions will be detailed by the preparatory meeting for the IMC next Monday.</p>
<p>3.2. Duration quarantine (information)</p>	<p>The duration of the quarantine period is questioned in media and by experts. The Ministers of Health requested advice from the RAG and asked to reconsider the 14 days quarantine period. The RAG will examine relevant research and literature accordingly and present their advice by the end of September. It was noted that the ECDC published a report recently that commits to the 14 days period. In contrast, several European countries are considering a shorter period (e.g. Germany adopts a 5 days quarantine with a test at the end). The members express the desirability for a (common) European approach to quarantine.</p>	<p>The RMG notes the question by the health ministers revolving around the required duration of quarantine and will follow up closely the RAG respective advice. This advice will be presented the latest by the end of September.</p>
<p><b>4. Surveillance and detection</b></p>		
<p>4.1. Planning Sampling capacity (Planning staalafnamecapaciteit / Planification)</p>	<p>The federal government requests the federated entities to provide an overview of the available capacities regarding</p>	<p>The RMG agrees that federated entities will provide an overview of the available capacities regarding sample collection</p>

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capacité de prélèvement d'échantillons) (information, discussion – federal entity)	sample collection and potential shortages (material and personnel). The aim of this inquiry is to assess whether the respective regions possess an adequate amount of capacities. In accordance with the IMC's schedule, it is agreed to provide the respective information by 15/09/2020.	and especially potential shortages by 15/09/2020 (preferably sooner).
4.2. Implementation of contact classification and organization of testing schools – HR, logistics, capacity ( <i>information – the federated entities</i> )	The IMC determined that different actors remain to have questions about the testing strategies (cfr. schools). Therefore, the question was transferred to the Outpatient and Primary care for further follow up.	The IMC transferred the question concerned to the Committee of Outpatient and Primary Care for further follow up.
4.3. Testing refugees -Syrians 100-150 September, December ( <i>information, discussion – Sciensano</i> )	The RMG was asked to what extent the quarantine and testing measures apply to refugees arriving in Belgium, particularly refugees coming from red zones. After a brief discussion, the RMG concludes that it is desirable to conduct a test before arrival in order to preventively filter positive cases. Moreover, refugees will need to take a (second) test and respect the quarantine measures in force.	Considering the existing testing and quarantine measures for individuals arriving from a red zone, the RMG decides as follows with regard to refugees arriving in Belgium: <ul style="list-style-type: none"> <li>- A preventive test is recommended;</li> <li>- Upon arrival in Belgium, a (second) test must be conducted;</li> <li>- Arriving refugees must respect the quarantine measures in force.</li> </ul>
4.4. Brussels Airport -procedure sitrep, quarantine ( <i>information - Flanders, Wallonia</i> )	The acting president of the RMG asked whether and to what extent medical services are provided by the airports in Belgium. In particular, what services and what procedures are taken into account when treating a positive COVID-19 case? The question will be answered by the federated entities during the next meeting.	The question was raised but will be answered by the federated entities during the next meeting.
4.5. Outcome EWRS notifications (information - Federated Entities)	The RMG was made aware of an apparent miscommunication between France and Belgium regarding cross border cases. While the role of the EWRS system was raised, the RMG also	The RMG agrees that bilateral contact with Belgium's neighboring countries should be strengthened.

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	<p>confirmed the important role of adequate communication with Belgium's neighboring countries.</p> <p>For example, the northern regions of France may evolve into 'red zones' and will thus require good communication between France and Belgium as many people will have to cross the border for their work.</p>	
4.6. Protocol for the organization of youth activities ( <i>information – FWB</i> )	The Fédération Wallonie-Bruxelles shared with the RMG its protocol for the organization of youth activities. The protocol's aim is to provide guidelines regarding youth activities based on a color scheme. The FWB asked for additional comments and input by 04/09/2020, and will transfer the protocol to governors, mayors and general practitioners.	The RMG takes note of the FWB's note. Written comments can be provided until 4/9 (cob).
<b>5. Health care</b>		
5.1. Mapping staff capacities in elderly care homes ( <i>information, discussion – federal entity</i> )	During the National Security Council, the Minister-President of Wallonia, Elio Di Rupo, asked the Minister of Public Health to provide additional support in residential care facilities. Consequently, the federated entities need to assess how much additional support is needed (personnel, material, ...) and report accordingly to the RMG by the next meeting.	The RMG requests the federated entities to assess the need for additional personnel in residential care facilities and provide information accordingly by the next meeting (and on a regular basis).
<b>6. Stocks and shortages</b>		
6.1. State of play strategic stock ( <i>information – Federated Entities</i> )	The Cabinet of Public Health requested a state of play with regard to the available strategic stock (PPE) by 11/09/2020.	The RMG members will provide a status update on the available strategic stock (PPE) by 11/09/2020.
<b>7. Communication</b>		

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<b>8. International</b>		
<b>9. Date next meeting / agenda (approval)</b>	<p>The RMG takes note of the workshop organized by Christiaan Decoster (Crisis coordinator). The workshop will present an analysis of tracing and quarantine measures on September 10<sup>th</sup> at 16h.</p> <p>Additionally, Augustin Coppée announced that two writing sessions will be organized during the next week to further discuss the Operational Plan.</p>	<p>The next RMG-meeting will take place on Thursday, September 10<sup>th</sup> at 16h. It also registers the workshop on 'quarantine and tracing' next Wednesday at 4 pm.</p>
<b>10. AOB</b>		
10.1. High risk contacts in need for care (discussion – Sciensano)		<p>The RMG agrees that Sciensano will adapt its procedures by adding a procedure on hygiene measures for high risk contacts in need for care. Sciensano will apply the same procedure as for COVID-suspected cases.</p>
10.2. Serology test in companies before PCR-test (discussion – Sciensano)	<p>Apparently, some actors consider purchasing and conducting serology tests. The validity of such tests, however, is found dubious. Thus, further research and clarity about the efficacy of serology tests is needed before the RMG can advise in favor or against their use.</p>	<p>The RMG agrees that a coordinated point of view on efficacy of serology tests is needed before its entities communicate to third parties.</p>

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