



# Hoge Gezondheidsraad Conseil Supérieur de la Santé Hoher Gesundheitsrat

De Kamer – La Chambre 04/02/2022

**POSITION PAPER SHC 9689**

**CST – MANDATORY VACCINATION - OMICRON**

On behalf of the Committee, Prof. Jean Nève  
Péters Fabrice - Mertens Veerle - Baltes Muriel - Jean-Jacques Dubois

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# POSITION PAPER SHC 9689 CST – MANDATORY VACCINATION - OMICRON

## METHODOLOGY

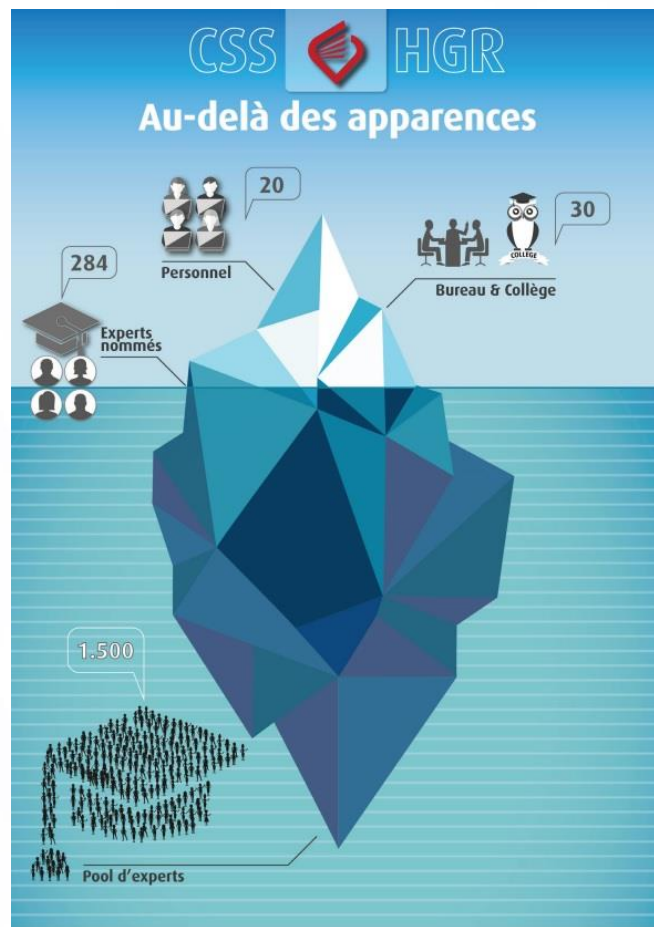
STATE OF KNOWLEDGE AND POSITION PAPER OF THE SUPERIOR HEALTH

COUNCIL no. 9689 → **AVIS**

Key messages → **Recommandations**

Bureau – Collège → **NITAG**

Support for the political debate in the Chamber on 04/02/2022



**Covid Safe Ticket (3G: vaccinated, tested or cured - as applied now in Belgium vs 2G or 1G) and mandatory vaccination in the context of COVID-19 pandemic and Omicron.**



- Literature synthesis(+/- 100 references) + (online survey 1.700 experts - 300 reponses) + “Committee” validation (30 experts)
- Possibility for the NITAG (40 experts) to comment, nuance, specify scientific points without personal validation



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# POSITION PAPER SHC 9689

## CST – MANDATORY VACCINATION - OMICRON

### Declaration of interests

**Je déclare sur l'honneur n'avoir aucun intérêt direct ou indirect avec**

- **Les secteurs privés** : vaccins, médicaments, tests, masques, appareils de ventilation, etc.
- **Les secteurs professionnels** : médicaux, infirmiers, pharmaciens, hôpitaux, MR-MRS, etc.
- **Les représentants politiques** de l'Etat belge
- J'ai, à titre personnel uniquement, **un lien hiérarchique direct**, comme fonctionnaire statutaire, avec le SPF Santé

### Biais

**Je déclare avoir de possibles biais de pensée**

- Je suis intimement et scientifiquement persuadé que les vaccins COVID-19 (et autres) sauvent des vies !
- Je suis intimement persuadé que l'avis d'un groupe d'experts multidisciplinaires, sans conflits d'intérêts doit avoir un poids plus important dans la prise de décision politique que des avis d'experts individuels et ce surtout en temps de crise et d'incertitudes scientifiques importantes
- Je n'ai pas été personnellement fortement touché au niveau psychologique, médical et financier par la pandémie et je fais donc partie des privilégiés de cette crise
- Je ne suis pas un expert COVID-19
- Je m'exprime ici au nom du Collège du CSS comme coordinateur scientifique



## POSITION PAPER SHC 9689 CST – MANDATORY VACCINATION - OMICRON

### 5 KEY MESSAGES – SCOPE ADULTS !

1) In view of the very high contagiousness of VOC Omicron and the Belgian vaccination coverage for the third dose, a lower severity of this variant **does not mean that the hospital system and the first line will not be severely put under pressure in the weeks and coming months.**

2) **Two doses of vaccine are not enough against the Omicron variant.** A first booster seems to restore the VE (death – ICU – hospitalization) against Omicron. There are more uncertainties regarding the VE against infections and transmission in the context of Omicron VOC. It has been shown that (current) vaccines can partially prevent transmission but the duration and amplitude of this effect is unknown and seems shorter. For adults and people with comorbidities in priority, risk communication activities emphasizing the continued importance of being fully vaccinated and seeking an additional or booster vaccine dose, remain of great importance.

3) To help control the COVID-19 pandemic, **a combination of actions and tools is required.** The current COVID-19 vaccines are highly effective. However, no single vaccine protects 100%. Therefore, besides vaccination, the SHC strongly insists on the importance of **non-pharmaceutical interventions (NPIs)** such as maintaining hand hygiene, physical distancing, barrier measures and ventilation, including in public spaces with only vaccinated people. Reintroduction and strengthening of NPIs is necessary to reduce the ongoing Delta transmission, slow down the spread of the Omicron VOC and keep the COVID-19-related burden manageable.



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### 5 KEY MESSAGES – SCOPE ADULTS !

4) Planning for an **increasing health care capacity-flexibility** to treat the expected higher number of cases in hospital (not necessarily ICU units) and for the first line should be strongly considered.

5) Belgian model simulations on childhood and adult vaccination (by the SIMID consortium) should be adjusted as soon as more sufficient data are available.





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**CST and MANDATORY COVID-19 VACCINATION – SCOPE ADULTS !**

**EXTEND AND CALM THE CURRENT POLITICAL-SOCIAL DEBATE!!!**  
**Working points and reflections for the future : Omicron or other VOC !!!**

**The use of a CST in Belgium, especially during the peak of the epidemic, does not automatically exclude the implementation of the obligation to vaccinate against COVID-19.**

AND

**The implementation of COVID-19 mandatory vaccination in Belgium does not automatically exclude the utilization of a CST, especially during the peak of the epidemic.**

→ The effectiveness of such risk minimization measures should be assessed using the most optimal goals and indicators

1G France-Belgium? (vaccine pass +++) is not the Dutch 1G (testing pass +++) !!!

1G2 (vaccination + test) : communication to the public complex



# POSITION PAPER SHC 9689

## CST – MANDATORY VACCINATION - OMICRON

### CST – SCOPE ADULTS !

The effectiveness of risk minimization measures like this should be assessed using the most optimal indicators

**CST could increase vaccine uptake**, but interpretation and transferability of findings need to be considered in the context of pre-existing levels of vaccine uptake and hesitancy, eligibility changes, and the pandemic trajectory. CST led to increased vaccinations 20 days before implementation in anticipation, with a lasting effect up to 40 days after. Countries with pre-intervention uptake that was below average had a more pronounced increase in daily vaccinations compared with those where uptake was already average or higher (which is actually the case in Belgium).

BUT

CST may be viewed less positively among socio-demographic groups that cluster in large urban areas

→ **Effect on those who are currently not vaccinated ??? No ?** – **effect for booster ok**

CST could have a potential fallout for routine immunization programmes, especially those with low overall trust in vaccinations.

→ **Vaccination hesitancy ?, saturation of the messages ?, coherency ?, etc.**

CST may also result in a false sense of security, leading to the ill-advised abandonment or loosening of nonpharmacological measures for stemming the pandemic, such as social distancing, hand hygiene and mask wearing.

→ **Especially in the context of Omicron and high transmission**

**It is acceptable to use means to induce (or nudge) people to be vaccinated,  
it is much more questionable and less supported by the SHC experts to configure these nudging devices  
in such a way that they result in a hidden obligation.**



## POSITION PAPER SHC 9689 CST – MANDATORY VACCINATION - OMICRON

### MANDATORY COVID-19 VACCINATION – SCOPE ADULTS !

The effectiveness of risk minimization measures like this should be assessed using the most optimal indicators

In the context of COVID-19, the position of mandatory vaccination for HCWs is supported by the BACB and the SHC (SHC 9671, 2021; BACB 75, 2020).

The mandatory COVID-19 vaccination for minors is outside the scope of this POSITION PAPER at this stage of our scientific, ethical and legal knowledge on the subject.

\*\*\*\*

The effects of mandatory COVID-19 vaccination on vaccination coverage and infections, hospitalizations or deaths in Belgium are unknown. It is almost impossible **to extrapolate the probable positive impact and the conclusions of publications (concerning other diseases, specific groups, in other countries, and in other contexts) to the Belgian situation facing a global COVID-19 pandemic.**

**Countries that mandate vaccination without providing no-fault compensation schemes could be seen as abrogating the social contract.**





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### MANDATORY COVID-19 VACCINATION – SCOPE ADULTS !

The effectiveness of risk minimization measures like this should be assessed using the most optimal indicators

Mandatory COVID-19 vaccination schedule should follow NITAG recommendations and should **be reviewed regularly by the Authorities.**

- **Should we always postpone care in hospitals for non-COVID patients?**
- **Can health personnel withstand the COVID-19 waves that will arrive?**
- Is the cost-benefit (the price of individual freedom not to be vaccinated) between vaccination and hospitalization supported by the society?
  - Etc.?

→ **According to the answers now and in the future: we maintain, we adapt, or we stop the mandatory COVID-19 vaccination**

The control of the mandatory vaccination and the possible sanctions are political decisions and are outside the scope of this document.



## POSITION PAPER SHC 9689 CST – MANDATORY VACCINATION - OMICRON

### MANDATORY COVID-19 VACCINATION – SCOPE ADULTS !

The effectiveness of risk minimization measures like this should be assessed using the most optimal indicators

Age limit **OK** – Comorbidities **No**

If, by means of mandatory COVID-19 vaccination, the authorities decide to limit mortality, the vaccination obligation could be imposed, for example:

**- for all people aged 65 and over**

If, by means of mandatory COVID-19 vaccination, the authorities decide to limit the overloading of hospitals and the postponement of care, the vaccination obligation could be imposed, for example:

**- for all people over 40 and**

If by means of mandatory COVID-19 vaccination, the authorities decide to limit as much as possible the overload of consultations for respiratory infections at the level of the first line, the vaccination obligation could be imposed for example:

**- for all people from 16 to 18 years old\*.**

\* It is important to consider the age of onset, severity, and frequency of the very rare side effects with current vaccines in the discussion. If severe side effects of vaccination are encountered in unfortunate individuals, more DALYs/QALYs would be lost if this concerns a young adult.

**For reasons of simplification, clarity and uniformity of political decisions at European and global level, the age limits could be adapted and are given as indications only.**



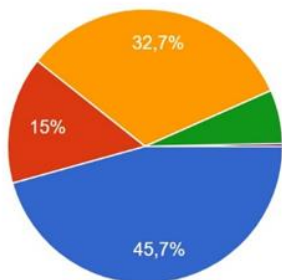
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## SURVEY – SCOPE ADULTS – snapshot taken during Delta wave and early Omicron

300 Belgian scientists (expertise in a very broad range of topics, not necessarily infectious diseases/vaccines) out of 1769 who are part of the SHC's network  
Response rate of 17% for this online survey

1) To fight against COVID-19 and as an expert of the Superior Health Council, I endorse the following statements in the current Belgian context and not necessarily for an indefinite period. Concerning CST:

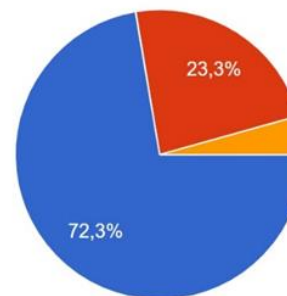
300 réponses



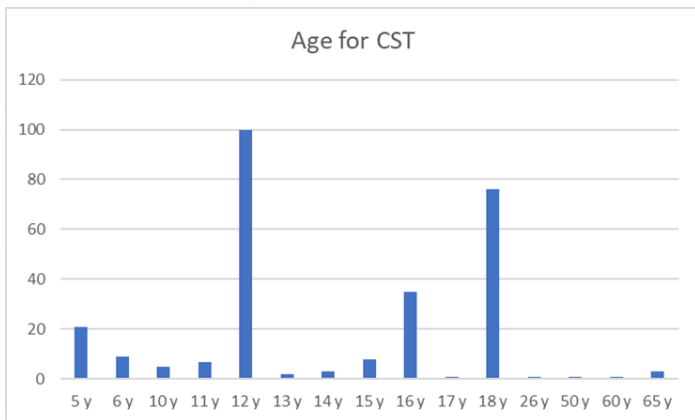
- I am in favor of maintaining the CST 3G currently based on the vaccinated, tested or cured status
- I am in favor of a 2G CST based on the vaccinated or cured status
- I am in favor of a 1G CST based only on vaccination status
- I am against the implementation of a CST in Belgium, regardless of its form...
- I do not wish to answer

3) To fight against COVID-19 and as an expert of the Superior Health Council, I endorse the following statements in the current Belgian context and not necessarily for an indefinite period. Concerning mandatory COVID-19 vaccination:

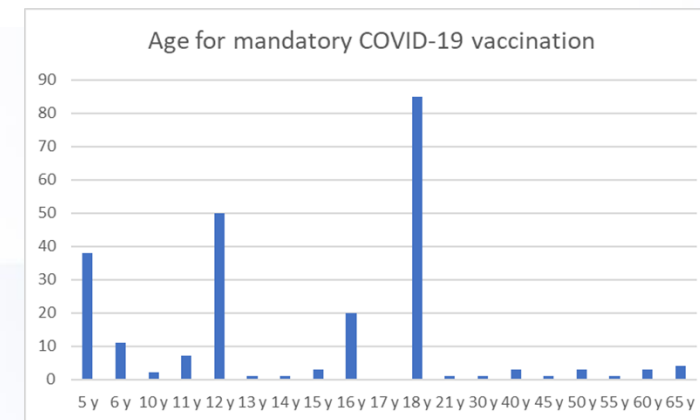
300 réponses



- I am in favor of mandatory COVID-19 vaccination
- I am against mandatory COVID-19 vaccination
- I do not wish to answer



**Many uncertainties were linked to this new variant and positions could evolve as these uncertainties concerning Omicron decrease**





## POSITION PAPER SHC 9689 CST – MANDATORY VACCINATION - OMICRON

### SURVEY INTERPRETATION – SCOPE ADULTS !

93.4% of Belgian experts who responded to the online survey are, at least, in favor of maintaining the CST (45,7% for CST - 3G / 15% for CST - 2G / 32,7% for CST - 1G).  
6.3% are against CST and 1 expert does not wish to answer.

**The NITAG and the Committee have already recommended the application of CST for persons above 18 years and not below (SHC 9655 and 9680, 2021).** According to some consulted experts, the application of CST would be acceptable from the age of 12.

\*\*\*\*\*

72.3% of Belgian experts who responded to the online survey are (**actually and not necessary for an indefinite period**) in favor of mandatory COVID-19 vaccination. 23.3% are against and 4.3% do not wish to answer.

According to the consulted experts, mandatory COVID-19 vaccination should apply from the age of **16** (average and median supported by 54% of the experts) **or 18** (supported by 93% of the experts).



**TH** *thank you!* **YOU!**

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