

## MINUTES OF THE MEETING

DATE: 17/09/2020

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</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>Sciensano gave an overview of the epidemiological situation to the RMG members. Currently, the alarm level in the country is of 3 and the incidence on 14 days is beyond 80/100 000. We observe an augmentation of the incidence on the whole territory (7 provinces are considered in alert level 3 while Brussels is in alert level 4).</p> <p>So far, the number of hospitalizations is relatively stable even if we see an augmentation. It must be noted that 36% of the hospitalizations are in Brussels and the city has the highest reproductive number of Belgium.</p> <p>Sciensano stressed that it was important to continue to look for clusters and encourage local initiatives to maintain a level of transmission as low as possible.</p> <p>The youth are still the most affected. Most clusters are of a familial nature, but we also observe a range of clusters in schools and collectivities. Moreover, there are also some travel returns. In the nursing homes, the situation is relatively calm and under control.</p> <ul style="list-style-type: none"> <li>○ Wallonia: augmentation of cases in nursing homes (mostly residents) at the beginning of September but since a few days</li> </ul>	<p>The RMG validates the RAG report concerning the epidemiological situation at the local level.</p>

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	<p>ago: diminution of the cases in AVIQ's collectivities. Most clusters are familial clusters and the AB-InBev cluster is now under control.</p> <p>In the schools, the situation is difficult for the PSE so AVIQ took the initiative to organize a webinar to give clear explanation to those institutions.</p> <p>AVIQ is also currently trying to motivate the collectivities to make their declaration to be able to anticipate eventual future problems.</p> <p>ONE share with the RMG that from the 7<sup>th</sup> till the 13<sup>th</sup> September they noted 354 positive cases and more than 2000 quarantining.</p> <ul style="list-style-type: none"> <li>○ Brussels has put in place a special number where citizens can be redirected to generalists, this system of shift serves as a relay between the population and general practitioners by sending people to the right place. They also have worked on campaigns for people who do not have a general practitioner so that they get back in touch with one.</li> <li>○ Flanders: A few outbreaks in WZC (three). Many questions from schools, (extracurricular care, etc). Many cases are not linked, for some collectivities they have several cases where classes are quarantined and where some schools close (mainly due to a shortage of teachers). Extracurricular is a bit tricky, because there are more games and bubbles mixing.</li> </ul> <p>There also were cases linked to camp holidays in Albufeira, Portugal from the Tielt region. Several young people joined that camp, as a result of which people from outside the camp also became infected. Both central and local contact tracing followed up on this. Decentralized contact tracing made it a little more difficult to identify.</p> <p>→ N.B: no information was reported yet to the NFP to inform the Portuguese health authorities via EWRS. We should avoid detecting such things through the media. It is emphasized that it is important and necessary that we communicate officially especially such findings to our</p>	

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	<p>international homologues as soon as possible. This is not only important in ensuring an accurate mutual exchange of information, but is also essential for safeguarding our reliability as a Member State. This aspect has already been mentioned in the context of the information exchange with neighboring countries.</p> <p>A point of concern is the overcrowding of the sampling centers (30,000 tests a day, while we were preparing for 70,000), logistically, it is impossible to cope with.</p> <ul style="list-style-type: none"> <li>○ It is currently blocked in Brussels; people are sent to Brabant-Walloon. Brussels is trying to increase progressively its capacity.</li> </ul> <p>Some centers have closed in Wallonia and Flanders because there is no more material, not enough personal or too many patients... 126 centers are officially still in activity but in reality, only 100 are operating.</p> <p>A consultation with the Primary Care Committee will happen on the 18/09 where they will evaluate the protocol of May (cfr.: centers can choose their lab freely and if they cannot do it anymore then they can switch to the national platform but they then have to stay there). They will list all the amendment request to the protocol and analyze which elements should be adapted. DGGS will come back to the RMG with a proposal next week. The themes that will be addressed are the following:</p> <ul style="list-style-type: none"> <li>- Is it necessary to create new centers?</li> <li>- Respond to the will of establishing sorting function on several locations</li> <li>- Evaluate the possibility to create activation codes (for schools and firms) that would act as a prescription to relieve generalists (cfr.: school doctors, occupational medicine)</li> <li>- In some cases, better to organize the tests in school/enterprises than to send everyone in a center &gt; Potential solutions: mobile teams, or nurses sent on the spot (to be further discussed)</li> </ul>	

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<p><b>3. Prevention</b></p>		
<p>3.1. Quarantine (<i>information, discussion – Sciensano</i>)</p>	<p>The RAG discussed the duration of quarantine.</p> <p>The central question is: could the quarantine period be reduced?</p> <ul style="list-style-type: none"> <li>• Quarantine is paramount in managing the crisis, but the policy is not clear.</li> <li>• Based on the current numbers of tests and the test capacity a quarantine with 2 tests is too stressful for the system.</li> <li>• The media shows Belgium has a quarantine policy with the longest duration, actually there are not as big differences with other European countries at this moment.</li> <li>• Scientific data: <ul style="list-style-type: none"> <li>○ Quarantine period limited to 14 days: 96% of symptomatic patients detected.</li> <li>○ Quarantine period limited to 10 days: 90% of symptomatic patients detected.</li> </ul> </li> <li>• Experts did not reach a consensus on this matter yet, but agree on the need of a simplification and the application of the same rules for everyone</li> <li>• The points of discussion: <ul style="list-style-type: none"> <li>○ Duration: a majority of experts is in favor of a period of 10 days</li> <li>○ 1 of 2 tests? 1 test is not as stressful for the system</li> <li>○ Timing? Testing at the beginning or at the end of the quarantine?</li> </ul> </li> <li>• The RAG coordinator says there is actually no scientific evidence for a 7-day quarantine. Moreover, the current period of 14 days is de facto only 10 days. A 7-day quarantine would therefore in reality only last 3/4 days.</li> </ul> <p>The federated entities are in favor of a reduced quarantine of 10 days with one test at the beginning and, at least for HCW and Health care</p>	<p>As of now, the RMG is in favor of continuing to work on a basis of a reduced quarantine of 10 days with one test at the beginning and, at least for HCW and Health care professionals, a second test at the end. The RMG proposes that the RAG proceeds with the expert consultation in a multidisciplinary way on the matter (cfr.: consultation of sociological and psychological experts) and delivers an opinion to be endorsed by the RMG by Monday at the latest.</p>

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	<p>professionals, a second test at the end. The RMG proposes that the RAG proceeds with the expert consultation in a multidisciplinary way on the matter (cfr.: consultation of sociological and psychological experts) and delivers an opinion to be endorsed by the RMG by Monday at the latest.</p> <p>NB: sufficient account must also be taken of the unfavorable trend indicated above (2.1) which does not offer much possibilities to relax measures/strategies.</p>	
3.2. Pre-symptomatic transmission	The RAG concludes that transmission can be possible two days before people show symptoms. Therefore they advise not changing the period of contact tracing.	RMG agrees with the RAG advice on pre-symptomatic transmission to maintain the 2 days period
3.3. Serology	<p>The RAG coordinator asks if serological tests are useful in a more wide context and asks an advice about selftests that can be used by the citizen themself.</p> <ul style="list-style-type: none"> <li>- The RAG advices that selftests are not useful because there is still a diagnosis needed.</li> </ul> <p>Serological tests can be used in a diagnostic context.</p>	Serologic tests remain out of the testing strategy
<b>4. Surveillance and detection</b>		
4.1. Testing strategy ( <i>information, discussion – federal entity</i> )	The report about testing strategy will be discussed at the next RMG meeting. Comments can be noted until Monday.	<p>Postponed</p> <p>RMG members can deliver inputs until Monday 21 of September.</p>
4.2. Brussels Airport ( <i>information – Flanders &amp; the Walloon region</i> )	At the next RMG there will be discussed which procedure airports have to follow when there is f.e. a passenger present who is suspected with or tested positive for COVID-19.	
4.3. EWRS contact tracing ( <i>information – Federated entities</i> )	The chairman of the RMG asks if it is possible to receive data of how many of the people identified as high risk contacts through the EWRS system and f.e. passengers lists, get tested and test positive for COVID-19.	The federated entities will ask the call-centers to provide them with EWRS/travel -related numbers and transmit those to the RMG
<b>5. Health care</b>		

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5.1. Feedback well-being	A reminder was sent to the persons / institutions who have not yet replied to the RMG question from the 24 of august 2020.	
<b>6. Stocks and shortages</b>		
<b>7. Communication</b>		
<b>8. International</b>		
<b>9. Date next meeting / agenda (approval)</b>		The next RMG-meeting will take place on Thursday, September 24th at 16h.
<b>10. AOB</b>		
10.1. Suspicious shipment	Yesterday there was a suspicious shipment. At the federal orientation laboratory they found Kratom leaves, a sort of drug, with suspicion of bacterial contamination. The chairman of the RMG would like to stress the importance of the procedure that needs to be followed when there is a suspicious shipment.	RMG emphasizes the importance of the procedure for suspicious shipment and hygiene sanitary measures.
10.2 Proposal strategy winter season (Information - Isabelle Van Der Brempt)	It is indicated that we have to send a message of unanimity. Now the information is split up at the federal level, general practitioners associations, FAGG, pharmacist etc. Therefore, a note will be proposed the next RMG meeting.	The note will be discussed next meeting.
10.3. State of play hospital emergency plan	In a letter from June, we had informed hospitals, on the basis of the HTSC, that they could move from the action phase to the information phase if there was only a COVID-19 load (confirmed and suspected) at network level of less than 15% of the accredited intensive beds. In addition, the return to the ZNP information phase should be notified by the hospitals to the accrediting federated authorities. However, the hospitals are expected to switch back to the action phase of the hospital emergency plan within 48 hours if the threshold of 25% occupancy of the accredited intensive care beds is exceeded.	The RMG takes note of the information phase of the hospital emergency plan.

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	<p>In this phase, the members of the hospital coordination cell will then meet again.</p> <p>This means:</p> <ul style="list-style-type: none"> <li>-the hospital emergency plan can currently, under certain conditions, be scaled down to its first phase, i.e. the information phase; the emergency plan is therefore not deactivated.</li> <li>- however, the coordination cell is not active in the information phase.</li> </ul>	
10.4. Ceval	<p>The composition of Ceval has changed. Previously the RMG was represented, but this is no longer the case.</p> <p>This is regrettable, especially because this crisis is in the first place still a health crisis and the link with the RMG as coordinating health-structure is a crucial element to guarantee continuity with regard to the proposals and decisions made.</p> <p>NB: Flanders mentions not yet to be represented in the new Ceval.</p>	

## List of participants

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