Group of Experts on the Exit Strategy

4e Nota aan Eerste Minister en Kern ter voorbereiding van de Nationale Veiligheidsraad dd. 13/5/2020*

**Dit document bevat advies van de experten die deel uitmaken van de GEES. Het gaat daarbij onder meer om persoonlijke meningen die uit vrije wil en op vertrouwelijke basis worden verstrekt aan de federale regering.*

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1. Executive summary

The Covid epidemic has been declining although if in the last day the trend seems to be more stagnating. The opening of society and related increase of number of contacts need to remain gradual, as the full testing and contact investigation is still being ramped up and as a system for the end-to-end management of virus resurgence has not yet been put in place.
The GEES recalls that the effects on the epidemic of gradually increased social contacts will be visible with a 2 to 3 weeks delay only i.e. from May 25th onwards. **The GEES therefore reiterates its previous advice of a phased re-opening.**

The key messages of the GEES at this point in time include the following:

1. **Testing should be further expanded** to allow (1) a more refined view on the actually ongoing community transmission, (2) cluster outbreak testing and (3) testing of asymptomatic contacts. A **comprehensive virus resurgence management system** should be set up, combining the authority of an inter-federal unit (building on the current IFC), the regions/communities, local provincial and municipal cells to pro-actively identify and manage the risk of local cluster outbreaks.
2. **Schools can re-open** as planned but special attention is still required for **child care** in those classes that are not yet restarting
3. **Close surveillance for possible spread of COVID-19 in health care services and from there into the community.** Regular update on the outbreak-status of elderly homes is needed.
4. **Mental health**: need of a coordinated plan, more clear communication and outreach to vulnerable groups
5. For the profit sectors, only **smaller markets** under 50 stalls and respecting protocols, a limited set of **contact professions** (not all) and betting offices could re-open respecting specific protocols
6. On culture and leisure, **zoo's, museums (without attractions) and libraries** can reopen
7. On life events and private life, it is suggested to increase the maximum number of people attending **funerals and wedding ceremonies** to 30 with respect of specific protocols
8. On sports, GEES recommends to allow **outdoor group training up to 20 people** in club context
9. Significant further step-up on systematic **pro-active daily repeated communication** is required to ensure continued awareness and buy in of the broader population and employers.

2. Overall status of the outbreak

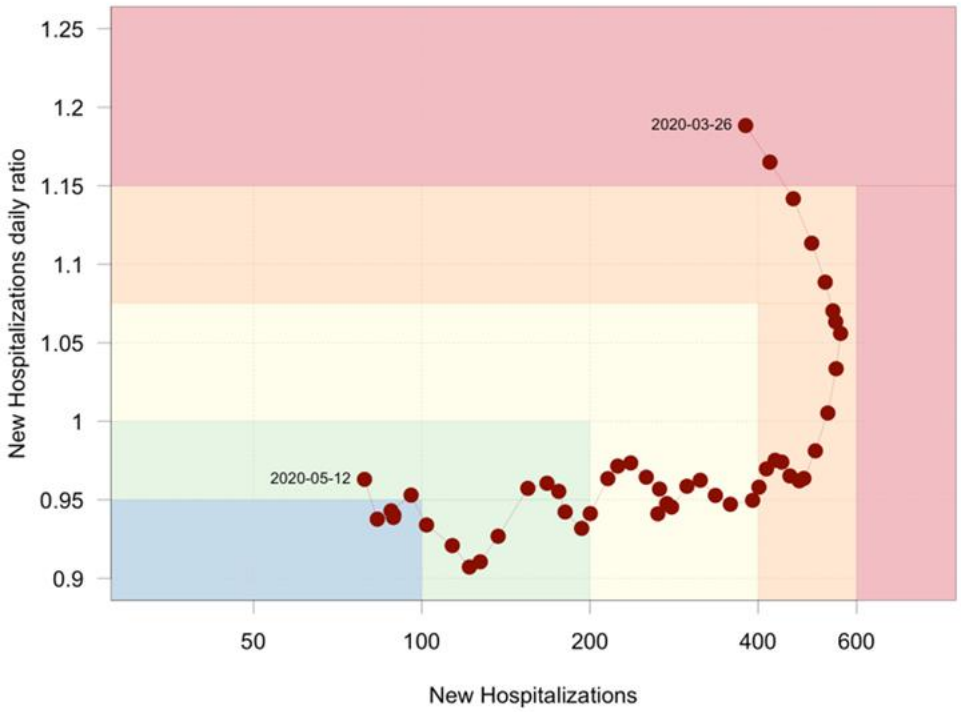
The overall declining trend in the number of new hospitalizations for COVID-19 pathology, still being the best available indicator for monitoring the COVID-19 outbreak in Belgium to date, has been less pronounced in the last few days.

The estimated effective reproduction number equals 0.8 (95%CI 0.73-0.86), which is below the threshold value of 1 confirming epidemic spread has been declining, though further alignment between different estimates is needed. Note that care should be taken since we are looking at 10-15 days into the past. The clinical cases diagnosis signal that the contact-tracing should be able to provide is not yet reliable, as the system is ramping up. When fully in place, and upon validation, the analysis of these data would allow to look at 5-7 days into the past only.

At the time of writing (May 11th, 2020), there are 2230 patients with COVID-19 pathology admitted in the Belgian hospitals, among whom 465 in intensive care. There still is a considerable proportion of patients coming from nursing homes. Among the non-COVID-19 admissions daily 12 to 39 patients tested positive for COVID-19. This new indicator has become more stable with time because of more hospitals reporting; though a denominator is currently lacking.

The concerns about healthcare workers as potential vectors in this epidemic still holds. Preventive measures (i.e. targeted testing, double flows, correct use of PPE and other hygienic measures , ...) should be maintained at a high level in the entire health care sector and the availability of the necessary materials should be guaranteed at national level.

Based on an evaluation of the earlier presented cliquets and conditional on the system of testing and tracing being started, Phase 1b has been initiated on May 11th, 2020. The less pronounced decline in the number of new hospitalizations requires close monitoring of the evolution of the epidemic in the very next few days, more in particular the evolution of the presented cliquets. In that regard, the figure of 70 new hospitalizations to be announced tomorrow (Wednesday 13th, 11 am) is higher than expected from the gradual decrease that we had seen until now, and at the higher side of the expected value of 55 (95% confidence interval: 39-72). **The next few days should clarify whether this is an outlier, or the results of a more structural trend linked to the deconfinement**.



3. Testing, contact investigation and virus resurgence management

As mentioned in the previous report, the dynamic, targeted and fast management of virus resurgence will be the most critical element next to the measures of contact limitation, physical distancing and hygiene.

- **The individual testing and contact tracing foreseen currently is the first line of defence.** Infected people need to be identified and tested, the persons with whom they have been in contact identified and where needed isolated.
- **A second line of defence is critically required**, which will monitor in a granular way the evolution of the virus country-wide and help coordinate intervention on emerging clusters of cases where necessary to prevent their further expansion into a larger and more damaging outbreak. This second line should consist of a country-wide "control-tower", that will real time monitor the virus resurgence. Based on information collected in the contact investigation and other information from local health providers, the risk of virus resurgence will need to be evaluated in real time, to identify cluster outbreaks at the geographical, household, professional, collectivity, school level or others. It will need to ensure a quick response in coordination with local health resources deployed throughout the country and with federal, community/region, provincial and municipal authorities to ensure measures are taken at the most appropriate level.

These two lines of defence should thus ensure that:

- An identified infected person does not continue to infect other people through the individual isolation following a positive test or following an advice from a GP that the person is highly likely infected
- Close contacts of these confirmed infected people are also isolated
- Local clusters involving several people infected at the same collectivity are quickly identified and contained. .

3.1 First line of defence – testing and contact investigation

The current daily testing capacity is around 20-25k. This capacity will need to be further expanded to 40-45k by the end of May to be able to cater for 5k additional tests per day for the increased hospital-based systematic screening guidelines, 5k additional test per day for local cluster testing (e.g. in a school, workplace, …) and 5-10k additional tests per day for testing of asymptomatic contacts. GEES suggests to actively implement complementary strategies (saliva-based sampling and next generation sequencing) which should allow a structural increase of testing capacity.

Through substantial effort by the regions, the contact investigation platform is has been created in each of the regions and has started to contact new index cases, build their contact history and reach out to contacts and ask them to isolate. Continued relentless efforts are required to further scale up the contact investigation capacity. Taking the number of new index cases of ~650 of end of last week as a reference, the targeted ~700 agents by Wednesday May 11th would need to do 6175 successful calls per day or almost 9 successful calls per day indicating the need for further scale-up.

3.2 Second line of defence - virus resurgence management

The Royal Decree of May 22nd 2019 covers the organization of crisis management. Virus resurgence management could be organized accordingly – also building on the Inter Federal Committee that has been set up for testing and contact investigation (i.e. the first line of defence). In this respect, the GEES suggest the following:

This broader inter-federal unit could liaise with the crisis cells at regional, provincial and municipal level. These local cells regroup, the health services as well as other administrative services as required. In this situation, the first line physicians are a fundamental pillar that need to work in close collaboration with the local cells.

- The existing **inter-federal unit** on testing and tracing should be expanded with the representatives of the administrations at the federal, regional/community in charge of outbreak management as well as the president of the RMG. The unit should be able to leverage the services of the "FOD Gezondheid", Sciensano and any other means allocated by the National Security Council. Its responsibilities could include: the definition of the requirements for information gathering and dissemination to help avoid cluster outbreaks, the preparation of visualization and analysis tools, the organization of alignment on best measures to be taken synthesised in practical and actionable guidelines, the ongoing technical coordination on specific topics, the overall coordination with each of the regions/communities and provinces, the clarification of the different authority levels where required, the continued alignment of one coherent approach toward virus resurgence management. These responsibilities could come in addition to the existing responsibilities in the context of testing and contact investigation

  This inter-federal unit would operate under the responsibility of the National Security Council, and direct the regional/community, provincial and through these the municipal cells and actors in the first line via guidelines and recommendations. One should obviously avoid to duplicate structures with the existing IFC but review the set-up in light of the mandate described above, with potential additional sub-committee(s) of the IFC.

- The **local cells (at municipal /groups of municipalities and provincial level),** under the authority of the mayors and Governors would be composed primarily of the relevant members of the health services that depend of the Regions/Communities. The existing health services are currently insufficient and therefore need to be complemented by other temporary resources (from other administrations or from local GP circles).
  These local cells should be the nerve centre of the local follow up and management of potential local outbreaks through the implementation, management and control of the actions outlined by the inter-federal unit, the follow-up and investigation of cases which could be part of or the source of a broader cluster, the potential request for additional analyses (e.g. genome typing), the sharing of insights and information with the inter-federal unit, the assessment – where needed in coordination with the provincial, regional and community level and federal level – of the required course of action, the daily contacts with other relevant services like police, other sanitary services, and the regular consultation with other first line physicians**.**

- **The first line physicians.** The local cells will work jointly with and leverage the GPs for family clusters, the occupational physicians for the work place clusters, the school medical services

(e.g. CLB) for the school clusters and the GPs for other clusters (horeca, sport, leisure, …). An active and rapid exchange of information within each cell will help early identification within the cell and help minimize the risk of virus resurgence with the cell.

To enable setting-up this structure, the GEES advises to urgently

1) **Confirm the overall set-up and responsibilities** of virus resurgence management, detail the organization of each level, the responsibilities and corresponding authority levels.

2) **Ensure sufficient resourcing at each level.** Rapidly size the resource requirements at the level of the inter-federal unit as well as at the local cell level, contrast it with the existing staffing level and source additional personnel from other administrations, from external parties or through part-time or full-time dedicated GPs. Assuming 500-1000 new cases per day and 10-20% of these requiring cluster investigation and testing, one would rapidly require daily national needs of 40 FTE generalist physicians, 40 FTE nurses to take swabs/tests and 40 FTE staff to support the cluster response efforts. These would not all be full time so a broader epi-training and training in the to – be created guidelines will also need to be set up.

3) **Clarify and communicate short term a set of simplified guidelines by May 18th** in case of outbreak in collectivity, a school, the workplace, a (large) store, a household, … (e.g. all household to go in isolation if a household member is infected, a class goes in isolation till all class members are tested after a confirmed outbreak in a school, …)

4) **Develop more elaborate guidelines by May 25th** that support the local cells and also help the first line physicians react appropriately in various situations. The guidelines should also provide guidance of how the local cells should communicate in each type of situations

5) **Strengthen the existing teams of Sciensano by May 18th with**
    - **At minimum 4 resources to develop a data analysis for the local cells, using recurring data and cluster analyses**
    - **The required resources f**rom other administrations or from external providers to by May 25th have operational visualization and data sharing tools up and running to support the local cells.

6) **Broaden the data collection and registration** for effective virus resurgence management with the focus on inclusion of actionable information to steer and inform the local cells (e.g. place of work, place of school, … (see below)).

7) **Free up necessary budgets** to enable the above at the various decision levels. The additional local cell teams, data analyses team, support to the interfederal unit, support to Sciensano will easily require more than 150 FTEs. This will represent an annual budget of over 10-15 mio Eur. In addition, funding for additional test to broadly test potential new clusters should be foreseen, which could amount to ~1.6 mio Eur per week or ~80 million Eur on an annual basis for 5,000 tests per day. If the outbreak is more under control, the amount of tests could of course be significantly less and total annual cost of the tests reduced proportionally.

3.3 Resulting data requirements for testing, contact investigation and virus resurgence management

It will be critical to enlarge the collection and storage of additional clinical and epidemiological data in the Sciensano index patient and contact database to help identify linked flare-ups rapidly and learn from them for the medium term. This will require an extension of the KB being published in its first form on May 4th.

The current KB foresees the collection of only a limited set of data which will be sufficient to do individual follow-up but will be insufficient to identify new broader clusters.

It will be important to further clarify restrictions around data privacy and protection, including e.g. for how long the information needs to be stored, what will be the uses of the information and what protections exist for any extension of the data usage.

Practically the following additional information is critical to collect in the Sciensano database

Key information	**Rationale**
Work/school address for expected positive and positive cases	Identify cluster pro-actively at the place of work Assess risk of clusters linking place of work and home address
Foreign travel information (incl. country, city, flight number) for expected positive and positive cases	Identify potential source of outbreak Information to contact other passengers
Use of public transportation (never/often/sometimes, type of transportation) for expected positive and positive cases	Assess if specific type of public transportation or specific home-work routes are creating additional contagion
Primary/secondary language for expected positive and positive cases	Ensure field agent dispatched when needed masters language
Symptom onset date for expected positive and positive cases	Assess transmission clusters, basis of identification of superspreading events
Symptom details (fever, respiratory, …) for expected positive and positive cases	Assess ILI vs COVID-19
Former contact case (Y/N) for expected positive and positive cases	Assessment of control of epidemic (e.g. how many new contagions without link to tracing do we find)
Date of last exposure (contacts)	Determination of optimal testing date for asymptomatic people when sufficient testing capacity is available

Laboratory data (date of swab taken, swab sent to lab, start of analysis, result communicated)	Monitor efficiency of testing & contact investigation
Optional email address for follow-up survey	Enable voluntary participation in follow up survey

The KB will also need to be adapted to broaden the people that can have access to aggregate or personal information. The access rights of health inspectors in various local cells at nominative level, and access rights of anonymized data for other non-medical personnel will need to be determined

In addition, an optional survey will be added to the ongoing contact investigation efforts to collect additional information to learn more about the COVID-19 epidemic. This survey would include more information on type of contact, contact context, This information will collected be on anonymous basis.

Safeguards should be in place to ensure confidential treatment of those data and compliance with applicable data protection rules for all of the above additional efforts.

4. Deconfinement stages and timing: update for phase 2

1) Non-for-profit sectors: The recommendations of last GEES report remain valid.

2) For profit sectors

While further significant updates to the deconfinement strategy for profit sectors are reserved for Phase 3, GEES recommends to make two additions to the selective B2C restart that has already been decided upon. This recommendation is subject to **respecting** protocols validated by the responsible authorities, e.g., requiring masks if physical distancing cannot be respected, hygiene and cleaning requirements, etc.

- **Open air markets:** The Gees recommends to only allow markets under 50 stands, under the following strict conditions and strictly upon authorization of local authorities:
    - One-way traffic is to be the standard set-up with one well-advertised entrance and one exit for all customers. Only in exceptional circumstances other solutions can be considered
    - To avoid customer crowding, customer counting solutions (electronic or manual) are put in place to manage traffic
    - Wearing of masks is obligatory for all market staff. Strong recommendation for customers to wear masks as well
    - No tastings or refreshments such as coffee, tea or other drinks or snacks to be offered. Food and drinks can be sold for take-away only. No on-site consumption, seating or tables

  - Social distancing to be preserved under all circumstances. This means minimum 1,5 m between customers and serving stations, 1 customer at the time for small market stalls (below 10m2), 1 customer with one member of personnel per 10m2 for larger stalls
  - Hand alcohol gel for hand hygiene to be available at the entrance of the market and at all individual stalls
  - The advertising of rules at the entrance of the market is recommended. As proposed for stores, the distribution of standard posters with easy to understand pictograms would stand for good practice.

- In line with **real estate** agency re-opening, private visits to rent or buy/sell a house or apartment should be allowed, following same precautions as real estate agents

- **Contact professions:** Only those contact professions with individual, one-to-one activities on appointment can be considered for reopening at this stage, i.e. hairdressers, pedicure, manicure, tatouage, piercing, beauty offices.
- Are not yet allowed to re-open: wellness, sauna, fitness, non-therapeutical massage, as they include also other (collective, indoor) activities with possible production of aerosols and where viral transmission cannot be avoided.
- On the protocols for the contact professions to be considered for re-opening, we formulate the following suggestions:
  - Customers to come only by appointment and to wait outside. Consequently the waiting rooms as well as toilets can remain closed.
  - No refreshments such as coffee, tea or other drinks or snacks to be served.
  - Social distancing to be preserved under all circumstances. This means minimum 1,5 m between customers / workstations, 1 customer at the time for small businesses (below 10m2), 1 customer with one member of personnel per 10m2 for larger ones.
  - Working area and instruments to be cleaned between two customers.
  - Movements of customers in the establishment to be organized in such a way that contacts are minimized under all circumstances.
  - Under no condition can individual ventilators be used. They could spread the virus.
  - Wearing of masks is obligatory for all personnel and all customers when they enter the establishment. Only for specific facial treatments the masks of the customers can be taken off for a period as short as possible.
  - Hand alcoholic gel for hand hygiene to be available at the entrance and at several places in the establishment. Personnel always to clean hands when taking on a new customer.

  The advertising of rules at the entrance of the establishment is recommended. As proposed for all other stores, the distribution of standard posters with easy to understand pictograms would stand for good practice.

- With regards to betting offices, the GEES advices to allow betting in shops, but not in play-halls or casino's (as these contain components of horeca and entertainment with possible crowding)

3) Education:

- **Re-opening of primary schools as planned** as described in our Second advice and worked out in protocols of the different ministries. However, important concerns have risen about the day care for those children who cannot yet restart school. As mentioned in our previous report dd. 6/5/2020, the re-opening of for profit sectors brings along **an increased need for child care** for those children not yet going back to school with parents working on site. Schools have been providing this care, but there is an urgent need for additional solutions. Schools, the child care sector and local authorities should continue to join forces to provide good solutions in the interest of children and parents. Initiatives by employers and private solutions e.g. parents looking after each others' children should be explored and supported (see also part 5). Ideally, while in day care, small groups ('silo's') should be preserved and the same social distancing measures should be applied as at school for that age range.
- **Boarding schools** pose a particular problem in the rationale of opening schools, balancing public health risks and the important social function of these schools. Protocols have been discussed in Celeval. An additional disclaimer with warning was added.
- **Adult education and deeltijds kunstonderwijs** to restart partially under particular circumstance as described in protocols from the ministries of Education

4) Health:

- The non-COVID medical services are gradually restarting at first and second lines. Recent epidemiological data from Sciensano (8/5/2020) show that about 30% of all actual cases are residents from elderly homes, and about 25% is a presumed **health-care associated infection**. This means > 50% of all new cases have a link with the actual care setting. Therefore continued testing and tracing in hospitals and collectivities is extremely important, as well as permanent training on infection prevention and control measures, including the correct use of personal protective equipment. The GEES suggests the competent authorities to organize a regular update on the state of the elderly homes in terms of staffing, availability of PPE and suspicion of local cases and outbreaks.

- **Mental health working group**: this working group has been set up recently within GEES, with the aim (1) to describe unmet needs in preventive or curative mental health occurring during the COVID-19-epidemic, the associated lockdown and exit period, (2) to match these needs with the already taken or planned actions at different levels and (3) to identify possible blind spots or blocking conditions and suggest possible solutions.
  While the working group has just started working and not all members have been identified yet, several preliminary points have emerged:
  1. Initiatives at all levels have been taken, but there is a need for a macro level coordination of all mental health policies in order to make them converge to a common goal, i.e. mitigating the consequences of the crisis (both infectious and economic) on mental health and restoring the well-being of the Belgian population.
  2. More clear, unequivocal and motivating communication on the actual exit strategy is an important part of universal prevention of mental health problems during this period.
  3. Targeted prevention for specific groups with particular vulnerability is warranted, e.g. health care workers, post-COVID-patients, persons with pre-existing mental vulnerability, families with challenging socio-economic situations,…

4. For the most vulnerable groups, outreach and care should be strengthened e.g. through reinforcing mobile teams and restarting regular mental health care services

5) Social impact

A. Childcare. The GEES supports local systems of out-of-school childcare (creative workspace, sports hall, libraries, cultural centers, etc.), in a neighborhood approach, in partnership with local authorities and nonprofit sectors. Consideration should be given to giving priority to those most in need.

B. Access to health care for vulnerable people. A quick solution to integrate the "invisible people" in the Cyberlab platform. It is important that the procedures to create a NISSS for people which don't have one up to now are well known to all GPs. Thereby anybody on the Belgium territory (legally or illegally) should have access to health care and to testing if conditions for testing prioritization are fulfilled.

C. **Food help.** Specific attention should also be given to the basic need of feeding oneself and one's family. The confinement measures have weakened the offer guaranteed in usual time by the **food help sector**, while the demand for food help – which concerned already 450.000 people in Belgium before the crisis - has **increased with the COVID**-related confinement measures (new poor). The functioning of our current food help system is threatened directly by the epidemic reality and the related exit strategy. It relies mostly on voluntary assistance provided by elderly people (which are the most at risk for severe forms of the disease). It is partially organized within social restaurants which won't reopen before phase III (at a later date yet to be determined) and relies on different sources of supply greatly disturbed today. **For those reasons, cash transfer or food vouchers given to all people known by the CPAS/OCMW could be a good lever to decongest the queues of people in front of the food help services.**

6) **Leisure & Sport**

Leisure

- **In line with its previous report, the GEES recommends that** museums can re-open in phase 2 subject to protocols approved by the competent authorities and as described in our third advice dd. 6/5/2020: individual or family visits are possible, with online or telephonic ticketing system, with a maximum number of visitors per time slot (1 person per 15m2), with one-way directions and audience guidance, museum staff supervising physical distancing. The museum shops will follow the directions for the B2C, and cafetaria's remain closed (following horeca regulation).
- **The GEES recommends that zoos and nature parks (without the attraction features such as rides or playgrounds) can reopen in phase 2,** subject to the following conditions .
    - Individual or family visits only.
    - Online or telephonic advance ticketing system.
    - Maximum number of visitors per time slot and in any case max 1 person /10m²
    - one way directions through the park wherever possible.
    - Park personnel supervises physical distancing.

  - Park shops will follow the directions for B2C and may be open.
  - Cafetaria/restaurants remain closed (following horeca regulations).
  - Attraction features such as rides or playgrounds remain closed.
- **The GEES recommends libraries** to re-open (although they have never been officially closed) with similar conditions as for bookshops; only borrowing of books is permitted and reading or computer rooms remain closed in this stage;

Sports:

- **GEES recommends to allow the restart of outdoor non-contact trainings in clubs in phase 2.**
  - Only outdoor training with social distancing, i.e. no sports or matches that involve interpersonal contact.
  - A trainer needs to be present at all trainings.
  - A maximum of 20 people per group training session.
  - The decision to reopen lies with the club and can only occur when the club has made all preparations to allow a safe reopening.
  - Showers, dressing rooms, canteens/kitchens remain closed.
  - Rental of equipment (e.g. kajak) is allowed.

7) Life moments and social life

- GEES recommends increasing in phase 2 the maximum number of people to attend funerals and wedding ceremonies to 30. Social distancing remains applicable (max 1 person/10m²).
- The GEES confirms that healthy grandparents younger than 65 years of age can see and take care of their grandchildren. For grandparents with medical risk factors and or age > 65 years old, the GEES recommends that they keep their contacts restricted to a minimum while respecting social distancing and hygienic measures at all times.
- The GEES recommends to allow visits for prisoners with respect for social distancing and hygienic measures as soon as the logistic circumstances can allow.

8) Communication

GEES strongly recommends to further expand the systematic communication efforts towards the broader public, and in particular

- Do a step-change in intensity of communication on TV and social media (e.g. daily reminder before after midday and evening news)
- Remind people on the core guidelines constantly (physical guidelines, maximum number of contacts, hygiene, masks, ….)
- Further reclarify and re-emphasize to employers, public authorities and collectivities that teleworking remains the recommended norm and to also reclarify the basic guidelines of what to do in case a personnel member or visitor is tested positive.
- Rely on influencers to reach groups, which are difficult to reach for public authorities.

9) GEES planning going forward

GEES will in the coming 3 weeks further review the activities which have not yet been able to re-open and advice on a phased re-opening as of June 8th, pending the evolution of the epidemy. GEES is preparing a comprehensive planning for other sports and cultural activities and smaller scale events, horeca, tourism, youth camps, religious celebrations, international borders.

However, the GEES wants to warn as well that a planning is always highly conditional, and should be never taken for granted nor communicated as such.