Recommendations Strategic Scientific Committee 10/10/2022

Winterplan for the upcoming 'viral season'

Present: Niel Hens, Geert Molenberghs, Pierre Van Damme, Philippe Beutels, Christelle Meuris, Tinne Lernout, Michel Thieren, Dirk Wildemeersch, Lode Godderis, Steven Van Gucht, Erika Vlieghe

Apologies: Mathias Dewatripont, Yves Van Laethem, Marc Van Ranst, Celine Nieuwenhuys, Dimitri Van Der Linden, Steven Callens, Karin Moykens, Caroline Boulouffe, Romain Mahieu

1. Epidemiological situation

For a complete report on the epidemiological situation in Belgium, we refer to the RAG report dd. 5/10/2022 and the Sciensano daily report dd. 11/10/2022. Throughout the country, an increase of cases has been clearly observed over the past 2 weeks, causing an increase in hospitalizations, and a limited increase in ICU-admissions so far. Recent observations at the HTSC suggest a slowing down of this increase towards a plateau.
As can be seen in Annex 1, the observed hospitalization data plotted on the scenarios of SIMID-consortium (dd. 31/8/2022) are following the expected trends in between the scenarios for 50 and 100% vaccination coverage rates. It must be noted that these scenarios have been developed already 6 weeks ago and thus require recalibration, aligning with the observed hospitalization data, as well as the actual speed and uptake of vaccination until now. Differences between the scenarios and the observed data are due to a combination of factors (contact behavior, weather,..), which may explain for instance a stronger decrease of hospitalizations mid- September prior to the newly observed rise. Relatively low virus circulation rates around Europe in August may have contributed to a somewhat more limited import of cases.

In the nursing homes, a clear increase of the number of cases (in residents and staff), number of hospitalisations and number of clusters has been noted.

The current vaccination coverage for an autumn booster among persons of ages + 65 y is still very low in Brussels (28%), and also limited in Wallonia (42%), where a steady increase in coverage is taking place. The Flemish rate is 75%. For the age groups 50-65 year old, autumn booster coverage rates are still low at 37% (Belgium overall), i.e. 13% (Brussels), 27% (Wallonia) and 45% (Flanders).

Currently, the observed increase in the number of infections and hospitalizations can be explained by a seasonal effect and is not due to a new variant. But a number of new variants have recently emerged, and their impact on the future circulation of the virus is still uncertain. These include, among others the Omikron subtypes BA.2.75.2, BQ.1/BQ1.1, BA.2.3.20, or BA.4.6. In Belgium, the initial rise of BA.2.75 does not appear to be continuing, with BQ.1/BQ.1.1 appearing to take the place, with the proportion of BQ.1 doubling each week. The absolute numbers are still low. The most recent NRC report on genomic surveillance (4/10/2022) mentions BA.5 being represented in 91%, BA.4 in 7%, and BA.2.75 in 1% of the samples sequenced respectively.

Throughout Europe, an increase in cases is noted in many countries, albeit not in an explosive manner. The highest incidences within the EU have been observed recently in Austria andSlovenia. Outside Europe, a significant increase of cases and hospitalisations has been noted

in Singapore in spite of high vaccination coverages, but due to circulation of the new variant XBB.

2. Societal impact: data on short term sick leave.

Actual data about short-term sick leave (less than one month), were provided by ACERTA. The calculated percentages are the number of days of sickness absence in relation to the total of workable days (numerator: number of sickness absence days; denominator: total of available workable days). Across all sectors, 2.37% of workable days in 2019 were not performed due to illness less than one month. In 2020 this number decreased (2.20%, -7.17%), but increased again in 2021 (2.49%, +13.18%). So far, in 2022 (data until September 2022) numbers keep on increasing (2.84%, +14.45%).
The drop in 2020 was most likely due to telework and more limited physical contact, decreasing common infections which are one of the most reported reasons for short sick leave.
Specifically, for the health care sector, we saw an increase in short-term sickness absence in 2020 compared to 2019 (2.82% versus 2.65%, +6.42%), but a decrease in 2021 (2.75%, -2.48%). So far, in 2022 (data until end of September) the numbers are remarkably higher compared to previous years (3.29%).

3. Recommendations

Given (1) the actual expected increase in cases and hospitalisations (including among highly vulnerable persons living in nursing homes), (2) the societal impact (increase in short term sick leave in context of human resources scarcity, potential disruption of the school system,… in times of multiple other societal concerns), (3) the upcoming winter season leading to more indoor contacts in ill-ventilated spaces and (4) the emergence of new variants with unknown clinical impact, the SCC advises for a 'Winterplan' with strengthening the different preventive actions (the so called 'Swiss cheese model'), in order to contain the number of covid-19 cases and hospitalizations, to decrease as much as possible the number of persons developing subsequent post-covid symptoms and to ensure business continuity for all sectors, in particular for 'critical' sectors in the economy (including public transport, education and the health care system). This needs to be seen as a generic plan in order to decrease the impact of all respiratory viruses during the winter months (i.e., not only covid-19 and not only the current wave). The essence of the 'Swiss cheese model' is the compilation of several measures which are intrinsically imperfect, but in a bundled manner they may generate sufficient protective impact. In addition to this Winterplan, the already existing 'corona barometer' may need to be reinstalled in case of increasing public health impact. On the other hand, it is important to balance all preventive actions with their impact on mental health and wellbeing in the society. Close follow up of both the epidemiological and mental health parameters will remain very important.

- Vaccination/booster campaign:
    - Stimulate further uptake of the booster vaccination among the target population, in areas where coverage is still too low (i.e. Brussels, Ostbelgien, Wallonia)
    - The primary target population are all people with underlying medical conditions, health care workers, and persons of 50 and older, as underlying co-morbidity may

be underdiagnosed in this age group (e.g. emerging hypertension, diabetes, undiagnosed obesity,…) and the added benefit of including this age group as a whole has been shown earlier in the simulations of the SIMID consortium (Technical note: SARS-CoV-2 variants and vaccination in Belgium (v2022-08-31) – SIMID)
    - Stimulate also influenza vaccination among these target groups (including health care workers)
    - The overall communication message regarding autumn booster vaccination should be: 'not the content of the autumn booster vaccine counts, but the fact that one receives it in time!'

- Testing/actions to take when symptomatic:
    - For the overall testing policy and the suggested changes, we refer to the recent RAG-advice dd. 7/10/2022
    - Precautions should always be taken when one is having respiratory symptoms, feeling ill and/or is testing positive. This includes: (1) performing a (self)test, (2) staying home and teleworking where possible, and (3) wearing a mask when staying at home is not possible;
    - Given the limited sensitivity of self-tests and rapid antigen tests, and the need to prevent the spread of other "winter viruses", a negative test in a symptomatic person should still lead to preventive action (staying at home or wearing a mask when leaving home, for vulnerable persons re-test with PCR test);
    - Positive self-test results can be included into the 'infectieradar' platform (Infectieradar) which would allow comparing incidences and trends across the participating countries
    - For young children (up to age 12 y), we acknowledge the challenges in 'staying home' and wearing masks. Preventive actions should therefore be included in a broader 'Winterplan' at schools, including renewed attention for ventilation, vaccination of vulnerable staff and pupils, proper hand hygiene, wearing masks when attending school with mild symptoms, staying at home when ill.

- Ventilation: renewed attention for adequate ventilation monitored by CO2-measurements is needed in all places where large numbers of persons meet, in particular in schools and other educational settings, in care settings, at the workplace, in public transport, in the Horeca, in event venues,…

- Masks:
    - We highly recommend wearing (surgical) masks by everybody in very crowded, ill-ventilated spaces, in particular for all public transport (regardless of symptoms). This is to be considered as an act of politeness/etiquette and mutual protection. Vulnerable persons using public transport may use FFP2 masks for optimal personal protection.
    - We highly recommend wearing (surgical) masks by all those with respiratory symptoms with a negative test and/or who are not in the possibility to stay home, although the latter option is still the preferred one from a public health view.
    - Masks should also be worn in all health care settings where close contact with vulnerable persons takes place (including at practices of GP's and physiotherapists, by home nurses, in pharmacies, in hospitals, long term care facilities,…)

    - These recommendations are to be seen as a transient measure throughout the winter season.

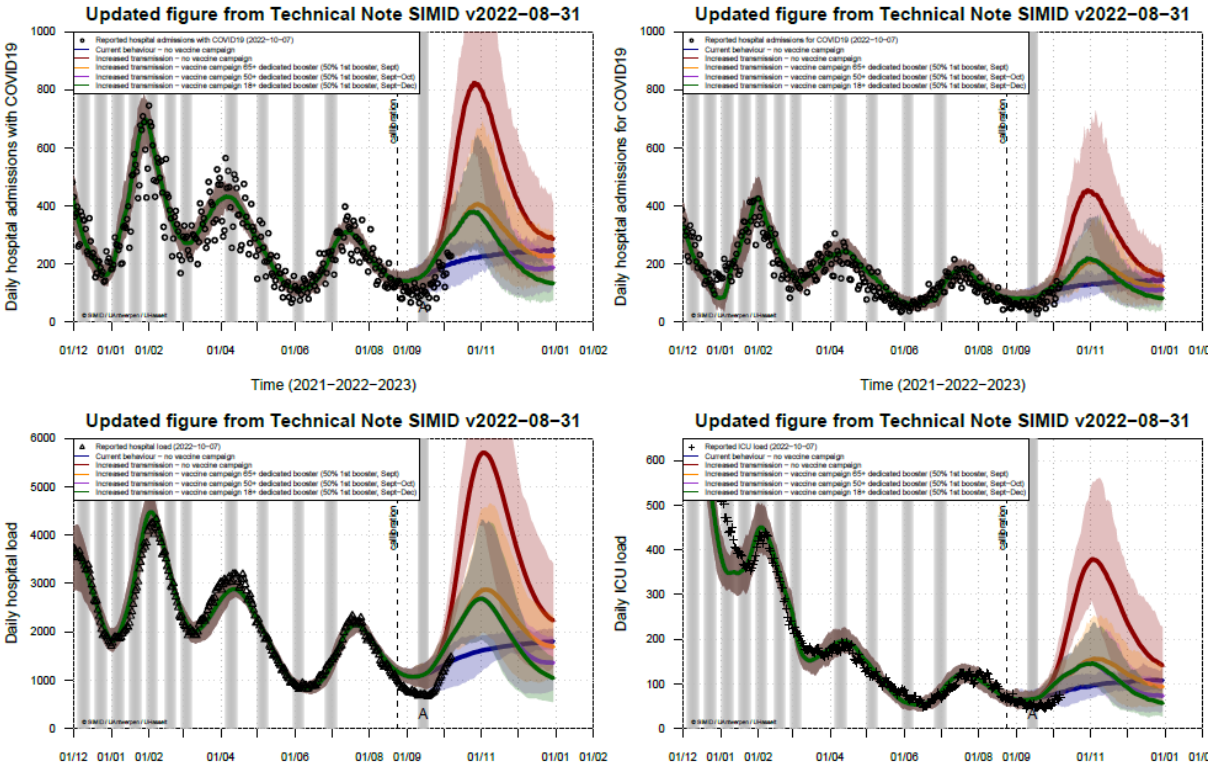
- Specific sectors:
    - For all workplaces: the preventive measures as listed in the 'Generic guide' should be given renewed attention. We therefore invite the social partners to restart their work in this preventive field. Renewed attention should be given to adequate ventilation, and the avoidance of crowding, e.g., in canteens and coffee corners. When ill, workers should test themselves and telework where possible, or wear a mask when telework is not possible.
    - For the health care sector, emphasis should be given on the uptake of the autumn booster, the universal use of masks when having contact with patients and attention for adequate ventilation
    - For nursing homes and other long-term care facilities, a new risk-evaluation based on the current epidemiology is urgently needed. We strongly recommend these settings to make their own 'Winterplan', including renewed attention for adequate ventilation, boosters for residents and staff, low threshold testing and wearing masks by all visitors and staff members and residents during their close contacts with these persons
    - For schools: we recommend the creation and use of a 'Winterplan' (see above)

- Communication:
    - We recommend to communicate homogenous and easy to understand recommendations
    - We recommend clear and repeated communication on the actual epidemiological situation, the impact of the actual vaccine coverages, the relative importance of an early booster over the exact composition of the booster

Annex 1. Updated figures from Technical Note SIMID dd. 31/8/2022

This figure displays the observed hospitalization data plotted on the scenarios with the assumption of (A) 50% and (B) 100% uptake of a fall 2022 booster, relative to previous booster uptake in 3 age categories (65+, 50+, 18+). Note that these % are modelled relative to the % of the target age group vaccinated with the previous booster, so 50% means here that only half of those having received the previous booster would be receiving a booster in the fall of 2022.

(A)



(B)