# Bijlage: Het volledige advies van de GEMS van **14 januari 2022** over de barometer van de corona (geannoteerde versie)

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**Adviesaanvraag**

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| Vraagsteller. | Regeringscommissariaat Corona |
| Datum van adviesaanvraag | 5/01/2022 |
| Onderwerp | Barometer |

**Adviesverstrekking t.a.v. het Overlegcomité**

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| Datum van adviesverstrekking | 14/01/2022 |
| Dit advies werd opgesteld met dank aan input van | De volgende leden van de expertgroep beheerstrategie: Isabelle Aujoulat, Philippe Beutels, Caroline Boulouffe, Steven Callens, Mathias Dewatripont, Lode Godderis, Niel Hens, Tinne Lernout, Romain Mahieu, Christelle Meuris, Geert Molenberghs, Céline Nieuwenhuys, Michel Thieren, Pierre Van Damme, Dimitri Van der Linden, Steven Van Gucht, Yves Van Laethem, Marc Van Ranst, Maarten Vansteenkiste, Erika Vlieghe, Dirk Wildemeersch |

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**1. General considerations on the concept of the barometer**

a. The Corona Commissariat was requested after the OCC of 3/12/2021 to "develop a simplified management strategy that anticipates, on the basis of phased, balanced and conditioned measures, how a default safe epidemiological situation can be achieved".

The risk assessment group (RAG) issued on 15 December 2021 an updated advice on a simplified risk assessment and classification system, which consists of three pandemic management levels (1, 2, 3) and one 'baseline situation' level (0):

- A level 0: corresponds to a complete endemic,seasonal viral circulation of SARS-CAV2 and other respiratory viruses (eg influenza, RSV) with which the health care system capcity can cope without imposing permanent or seasonally adjusted NPI's.
- Level 1: virus circulates at low level, epidemiological situation is stable with presence of a set of measures, and impact on the healthcare system is limited
- Level 2: increasing viral circulation, with beginning impact on the health care system. Additional measures are needed to reverse the situation
- Level 3: high viral circulation, important risk of overload for the health care system

The criteria to define the level are composed of main indicators for the burden on the health care system, both in hospitals and in general practitioners, as well as auxiliary indicators for infections, the reproduction rate of infections and the positivity rate, which have an early and predictive character for the expected burden in the health care system.

(…)

As mentioned in the advice dd. 30/6/21, the GEMS would like to highlight the importance of using such epidemiological thresholds. Thresholds are a guideline to foresee when measures need to be taken or can be relaxed with the purpose of (i) avoiding large resurgence and (ii) maintaining the motivation of the population to adhere to certain measures. Thresholds may increase risk awareness (which is a driver for motivation) as they give an indication of what is perceived as 'high risk' and 'lower risk'. It is important to note that crossing the thresholds does not automatically imply a change of alarm level, but rather is the subject of an assessment by the RAG and subsequent political consideration and decision.

Indirectly, these thresholds take also new evolutions (e.g. new VOC and possible impact on the vaccine effectiveness) and seasonal effects into account.

b. For each of these alarm levels, we propose here a set of (generic) measures (see table in paragraph 3), based on available evidence and epidemiological rationale as displayed in our earlier advice documents.

**Met opmerkingen [PDH1]:** Sur le flou autour de ce 'level 0', voir section 3

**Met opmerkingen [PDH2]:** Sur cet argument instrumentaliste, voir section 4

**Met opmerkingen [PDH3]:** Sur le "we propose"et l'absence d'alternatives qui permet de comparer plusieurs modèles possibles et d'envisager leurs implications respectives, notamment au niveau éthique et social, voir section 5

These generic measures can serve as a base to further develop more operationalized measures per sector or per type of activity.

c. Ideally, a barometer should be all encompassing, taking the epidemiologic footprint of all measures or activities for a certain management level into account, including personal life, workplace, education system, group activities, events with audiences etc.... However, with this document we respond to the actual political advice request focused on the following sectors/activities: horeca (including nightlife), events with audiences, group activities. The latter two include the sectors of sports, culture, events, religion, youth.

d. When defining measures for management levels 2 and 3, it is important to realise that early intervention is essential to prevent further deterioration of the situation. It is thus better to apply stricter measures as soon as possible to break the curve of infections and as stated in GEMS dd. 2021/12/12, "*from the early stages of the pandemic, we can learn that typically, countries that implemented non-pharmaceutical interventions in the early stages of the pandemic appear to have better short-term economic outcomes and lower mortality, compared with countries that imposed non- pharmaceutical interventions during the later stages of the pandemic*".

e. This barometer should be taken as a living document, as it may evolve over time along new insights or evolutions. Several factors might already influence changes in the measures applied:

- Seasonal changes with an important impact on peak disease burden and health care usage may require adaptions to the taken measures
- The emergence of new VOC with changing virulence and impact on vaccine efficacy of boosters
- The availability of treatments for medically vulnerable people
- Changes in measures in neighbouring countries or international measures might influence change in the measures taken in Belgium - although this points out clearly the need for a more EU collaborative approach to pandemic management[1,2]

**2. Specific notes and reflections on measures and sectors**

a. **On ventilation and air quality**:

Given the airborne nature of SARS-CoV-transmission, the body of evidence has grown on the importance of adequate ventilation and indoor air quality as one of the most important interventions for a sustainable containment of viral circulation. Therefore, we believe that a very strong emphasis should be placed on investments to improve the air quality in all public indoor settings (including horeca, performance halls, sports infrastructure, shops, public transport, schools,...)[3].

Closely related to this, density reductions may be needed to maintain indoor air quality levels, and safe distance and mask wearing have additive importance in the 'Swiss cheese' approach (no single intervention is 100% perfect, hence several interventions need to be combined in high viral circulation situations).

Efforts to develop an accreditation/certification for ventilation systems and economic incentives (such as 0% loans) should be provided to help businesses install and utilise appropriate ventilation systems at their venues. This will not only ensure safety for the current pandemic but will prepare for future

**Met opmerkingen [PDH4]:** Sur cette phrase de nature à tempérer le "we propose", voir section 5

**Met opmerkingen [PDH5]:** Sur le fait que ce principe de prudence ne figure pas parmi les principes généraux du droit, voir section 5

**Met opmerkingen [PDH6]:** Sur cette perspective unidisciplinaire du GEMS, voir section 6

**Met opmerkingen [PDH7]:** Sur l'absence du principe de proportionnalité, voir section 7

**Met opmerkingen [PDH8]:** Sur ce concept du fromage suisse et le projet politique qui se dessine derrière, voir section 9

[1] https://www.sciencedirect.com/science/article/pii/S2666776221001988

[2] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01808-0/fulltext

[3] https://www.rehva.eu/activities/covid-19-guidance/rehva-covid-19-guidance

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pandemics and ensure a more hygienic environment in general. We refer to the work and recommendations of the Task Force Ventilation.

b. **On the use of the covid-safe-ticket (CST) or 1G/2G/3G**:

The CST, a composite certificate of status on vaccination/recent infection/negative test was originally implemented as a transitory measure during the first vaccination campaign. In our GEMS-advice dd 19/5/2021, we recommended its use for high risk large scale gatherings where NPIs are not likely to be respected at all times (e.g. large festivals), in order to select audiences with the lowest infection risk. In a subsequent advice dd. 18/8/21, we suggested broadening its use for at-risk activities such as midsized events, night life, student life, fitness/sports clubs, ..., where the motivation should be to reduce the risk and install a risk reduction culture.

The CST was applied for nightlife on October 1, then extended to horeca and all kinds of events on October 15 in Brussels and on November 1 elsewhere in Belgium. Unfortunately, its use was often interpreted by the organisers and participants as a 'proof of 100% safety' and was associated with excessive confidence in vaccination and the abandonment of all other measures (e.g. mask wearing, distance keeping,...) in Flanders. This has led to a societal false sense of security, and subsequent numerous infections following events, gatherings and group activities. In addition, implementing the CST did not have a significant effect on the vaccination rate e.g. in Brussels and the negative impact on social cohesion is evident. In addition, the CST represents a real difficulty for the 40% of Belgians who have low digital skills, people who do not have a suitable phone (the Covidsafe app requires advanced software) and people who, for financial reasons, have very limited access to the internet (and 3G or 4G).The effects on the local economy in neighbourhoods where the vaccination rate is low (horeca for eg.) would benefit from being documented.

It is therefore once again necessary to emphasize that: (i) there is no single 'magic bullet' when significant virus circulation is a challenge, neither testing, nor recovery nor vaccination ; (ii) depending on the activity, multiple lines of defence are needed; (iii) any measure that reduces personal freedom should be stopped whenever concerns about health impact and health system functioning allow for it.

Finally, this is not a 'Belgian epidemic'. It is therefore natural to be consistent with European rules in terms of the definition and duration of covid passes. They also will need to be at least technically maintained to enable both leisure and business travel continuity, likely at least throughout 2022.

It is therefore important to revise the possible use and positioning of such a certificate, while keeping the current CST measures in place until a new solution has been found. We have the following considerations:

1. It is not opportune to lump together 3 medical settings which are epidemiologically not equal: vaccination status (solid protection against severe disease, but much less so against infection and transmission), recent infection (e.g. recent infection with Delta does not protect sufficiently from Omicron infection) and negative test (only information on possible contagiousness, with limitations of false negative/positive tests). Vaccination status gives information on the individual and health care impact of a possible infection, but much less so for contagiousness.
2. It is therefore better and more transparant to evolve towards (1) a proof of vaccination ('1G'), as a proxy for personal protection against severe disease and (2) a proof of a negative test (RAT) as a proxy of low/no contagiousness.
3. Nevertheless, the use of a vaccination certificate with or without a negative Rapid Antigen Test (RAT) could have a role to reduce the risks of superspreading events and subsequently

**Met opmerkingen [PDH9]:** Over de herschreven geschiedenis van de CST, de sunk cost fallacy en het paternalisme van de GEMS, zie sectie 10 et 11

**Met opmerkingen [PDH10]:** Sur ce passage remarquable, voir section 12

**Met opmerkingen [PDH11]:** Sur ces quatre arguments qui préparent le terrain pour un CST nouveau à la GEMS, voir section 12

**Met opmerkingen [PDH12]:** Sur ce *non sequitur*, qui annonce la politique à venir, voir section 13

**Met opmerkingen [PDH13]:** Sur la couleur des pommes et du goût des poires, voir section 13

**Met opmerkingen [PDH14]:** Sur ce plaidoyer pour la transformation du CST en un véritable certificat de vaccination (1G), voir section 13

**Met opmerkingen [PDH15]:** Sur ce sophisme de la répétition ou *argumentum ad nauseam*, voir section 13

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accelerated spread of virus with a disproportionately large impact on disease burden with particularly high epidemiological risk (e.g. nightlife, mass gatherings, horeca, culture, other activities incompatible with good ventilation and/or mask wearing) and could be of use in future 'transition' periods between adjustments of vaccination programmes (e.g. adapted to a new VOC). Their application however can only be a complement and not a substitute for other preventive interventions such as adequate ventilation and/or the use of masks until the epidemic subsides, and affordability of the tests remains an important incentive for their use

4. The use of a vaccination certificate versus a broader vaccination mandate is the subject of a societal and political debate and goes beyond the mandate of this advice.

**Met opmerkingen [PDH16]:** Sur cette apparente neutralité, voir section 13

c. **On the use of masks**

- We refer to Superior Health Council and Risk Assessment Group (RAG) subsequent advices on masks. Recent evidence confirm the effectiveness of mask wearing as a (partial) protection for viral transmission, with even higher protection capacity for FFP2-masks[4].
- Given the easier spread of Omicron, the limited vaccine-induced protection of medically vulnerable persons, and the significantly higher protection of FFP2-masks in protecting both the influx and outflux of aerosols, we would recommend their use as an additional layer of protection for medically vulnerable persons, health care professionals, teachers and people who are have frequent interactions with a lot of individuals, especially where large groups gather or where ventilation is limited (e.g. staff in public transport, events, horeca,..). That would however require sufficient availability with low or no financial barrier.
- The availability and affordability of the masks (FFP2, surgical for adults and for children) is an important incentive for their use.

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[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8670465/pdf/pnas.202110117.pdf