

## **BELGIUM AND COVID-19**

**EHII** meeting 20/05/20

# How have you addressed data and health information needs in the context of COVID-19?

- Sciensano coordinates the surveillance systems in **collaboration** with the federated entities and in this context, there is mutual provision of the data necessary for the accomplishment of their missions.
- Sciensano puts the data and results necessary for health authorities to manage the crisis, through the
  <u>Epistat platform</u>.
- Sciensano establishes a surveillance plan which builds on existing networks and ensures that they are adapted while maintaining their functioning for their basic functions, namely surveillance of infectious diseases.
- The surveillance plan covers **respiratory viruses**, not just SARS-CoV-2, with a view to the next influenza season, with an epidemiological and virological component.
- Sciensano collects, validates, analyzes and interprets the data of the various sources.
- Sciensano establishes the indicators necessary to monitor early changes, impact and risk of the epidemic.
- Sciensano establishes the collaborations necessary to cover all the information needs of the authorities and in particular in terms of short and long term prediction.
- Sciensano provides the authorities with **action points** that would allow structural strengthening of surveillance in its role of detection, description and control of public health threats.



#### Surveillance plan

- To obtain the necessary information/data to support scientifically informed management and public health decisions regarding measures to be taken to contain the COVID-19 epidemic,
- To implement de-escalation measures and to evaluate the impact of these measures in Belgium on, in the frame of the COVID-19 epidemic and the measures taken,
- Important groups being; the general population, schoolchildren, residents of nursing homes, workforce and healthcare workers.



### Description surveillance plan

- Laboratories
- Hospitals
- Nursing homes
- GPs
- Primary care barometers (GP, triage posts, pharmacists)
- Absenteeism
- Mental health impact
- Mandatory notification
- Contact tracing
- Prevalence (sero-epidemiological population survey using left-over laboratory blood samples and among blood donors, surveys among schoolchildren (primary and secondary school))
- Mortality: only confirmed vs confirmed and suspected, only hospital vs hospital, LTCF, home
- Post-COVID surveillance: follow-up patients, health inequality



### Covid-19 health survey

- The COVID-19 health surveys help scientists and policymakers to estimate the impact of the corona crisis on health. It allows to map trends and study various public health topics.
- Attention is given to physical, mental and social wellbeing, and the use of health services.
- The questionnaire is distributed in 3 waives.
  - 44 000 participants responded to the first wave. Preliminary results are already available for the first wave (in <u>French</u>, and in <u>Dutch</u>).
  - The second wave has ended on the 23 of April and also yielded 44 000 participants.
  - A third wave will be organized at the end of May.



#### What have the challenges been?

- Logistical problems
  - Lack of personal protective equipement (masks etc.)
  - Lack of materials for sampling (swabs, reagents, etc.)
- Underestimation of social impact (support for measures taken)
- Lack of coordinated cross-country actions for comparable statistics
  - Differences in counting cases
  - Definition of covid-19 mortality
  - Use of excess mortality
  - → Important consequences on economy



#### How can EHII network contribute?

- Difficult during a crisis
- Forum for exchange (see InfAct presentation)





#### Contact

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