

COVID-19 PANDEMIC - BELGIUM

Role of WHO and ECDC

Bijzondere commissie belast met het onderzoek naar de aanpak van de COVID-19-epidemie door België
Hoorzitting 21 sept 2020

Steven Van Gucht



WHO

1948, six Regions

IHR 2005: 196 countries

Build and maintain capacity to detect and assess threats

Report transparently

Measures to stop spread to other countries

(Limit) travel and trade restrictions

WHO mission

- promote health worldwide
- primary health care
- improve access to essential medicines and health products (vaccines)
- train the health workforce
- improve monitoring, data and information

Health emergencies

- preparedness
- support development of tools (lab testing)
- detect and respond to acute health emergencies
- support delivery of essential health services in fragile settings

- antimicrobial resistance
- elimination and eradication of high-impact communicable diseases (measles, rubella, polio,...)
- Influenza vaccine program

WHO

Guidelines, technical reports

Situation reports

Knowledge exchange between countries

Global Research roadmap

accelerate the development, production and equitable access to vaccines, diagnostics and therapeutics for COVID-19

Solidarity clinical trial for COVID-19 treatments

The Beginning.....



Published Date: 2019-12-30 23:59:00

Subject: PRO/AH/EDR> Undiagnosed pneumonia - China (HU): RFI

Archive Number: 20191230.6864153

UNDIAGNOSED PNEUMONIA - CHINA (HUBEI): REQUEST FOR INFORMATION

A ProMED-mail post

<http://www.promedmail.org>

ProMED-mail is a program of the
International Society for Infectious Diseases

<http://www.isid.org>

[1]

Date: 30 Dec 2019

Source: Finance Sina [machine translation]

<https://finance.sina.cn/2019-12-31/detail-iihnzakh1074832.d.html?from=wap>

Wuhan unexplained pneumonia has been isolated test results will be announced [as soon as available]

On the evening of [30 Dec 2019], an "urgent notice on the treatment of pneumonia of unknown cause" was issued, which was widely distributed on the Internet by the red-headed document of the Medical Administration and Medical Administration of Wuhan Municipal Health Committee.

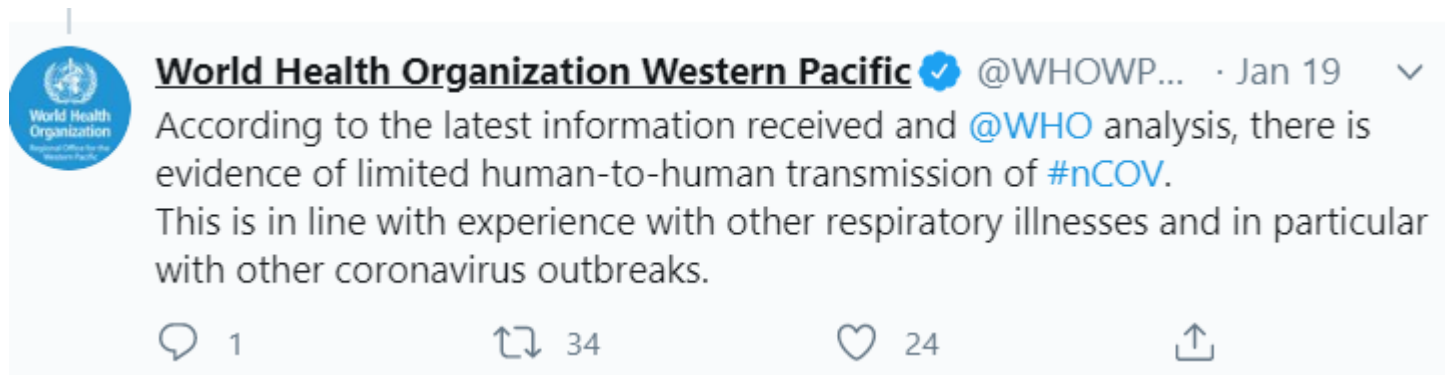
Time line

9/1 Responsible pathogen is a coronavirus

10/1 Evidence at the time suggests “no or limited human-to-human transmission.”

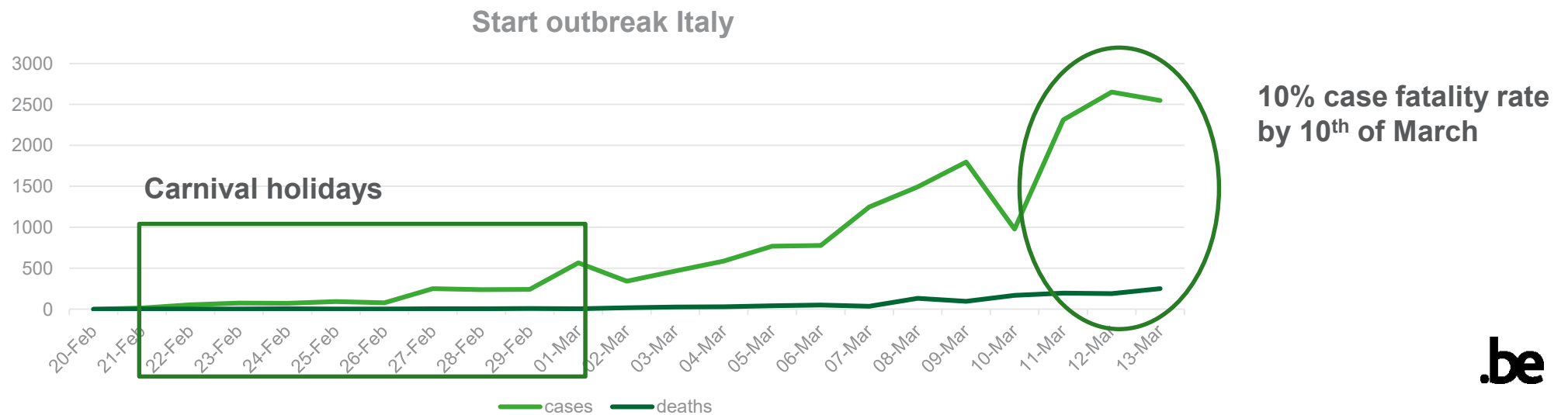
12/1 China shares full genetic sequence

19/1 WHO confirms limited human-to-human transmission



Time line

- 23/1: Lockdown Hubei
- 28/1: Scientific Committee created, website info coronavirus.be
- **30/1: WHO declares PHEI** (98 cases outside China)
- 2/2: repat 9 Belgians Wuhan
- 3/2: first positive case repat
- 9/2: **WHO China Joint Mission**
- 22/2: first Italian clusters, beginning Carnival Holidays



29/2 WHO continues to advice against travel and trade restrictions

“WHO continues to engage with its Member States, as well as with international organizations and industries, to enable implementation of travel-related health measures that are commensurate with the public health risks, are effective and are implemented in ways which avoid unnecessary restrictions of international traffic during the COVID-19 outbreak.”

Many countries banned travel of foreign travelers coming from China anyway:

e.g. 31/1 Italy
 2/2 USA

Time line

- 1/3: second case (import France), end Holidays
- 1/3: advice to stay home if sick when returning from North-Italy
- 10/3: recommendation telework, events >1000 cancelled (267 cases)
- 11/3 : first confirmed death Belgium, **WHO declares PANDEMIC**

Time line



World Health Organization (WHO) ✓ @WHO · Mar 11

Replying to @WHO

"WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction"-@DrTedros #COVID19

77

2.6K

3.1K



World Health Organization (WHO) ✓ @WHO · Mar 11

BREAKING

"We have therefore made the assessment that #COVID19 can be characterized as a pandemic"-@DrTedros #coronavirus

BREAKING
CORONAVIRUS DISEASE
#COVID19 #Coronavirus



Time line

- 12/3: visitor stop nursing homes
 - 13/3: closure schools, bars and restaurants, events, shops weekend (559 cases, 3 deaths)
 - 18/3: closure non-essential shops, companies, stay-at-home
 - **2/4: WHO confirms that pre- and asymptomatic transmission is possible**
- > Importance of this type of transmission becomes more and more evident



CDC  @CDCgov · Apr 7

Growing evidence suggests [#COVID19](#) can spread before people show symptoms (pre-symptomatic) and from people who have [#coronavirus](#) but never show symptoms (asymptomatic).

Cloth face coverings help prevent spread of COVID-19 in these situations.
See Q&A: bit.ly/34cFym6.

Time line

- 8/4: Mass testing, task force nursing homes
- 8/4: End lockdown Hubei (2,5 months)
- 16/4: new guidelines masks: cloth for public, surgical for all care personnel
- 4/5: business-to-business reopened (1,5 months)
- 10/5: social bubble expanded to 4 people
- 11/5: reopening shops
- 18/5: gradual reopening schools
- 5/6: **WHO advices to wear masks in public**
- 8/6: social bubble 10 people, reopening of bars and restaurants, audiences up to 200 people
- 15/6: travel within EU
- 1/7: variable bubble 15 people

Time line

- 13/7: start second wave
- 27/7: new measures National Security Council: bubble of 5 (fixed), gatherings of max 10
- 1/9: full start schools
- 21/9: start academic year Flanders
- 23/9: National Security Council

WHO takes clear positions

- Test, test, test....
- No masks in public > masks in public
- Clear warnings to countries

WHO Europe: October, November to be 'tougher,' with more coronavirus deaths

Director Hans Kluge warns that even a vaccine will not necessarily bring an end to the pandemic as it is not clear it would work for everyone

By [AFP](#)

14 September 2020, 11:33 am | 0



EU agency, 2005

Support the European Commission and the Member States

Prevention and control infectious diseases

strengthening the preparedness for cross-border health threats

surveillance, response, scientific advice, lab capacity, preparedness, public health training

Tackle antimicrobial resistance

Improve vaccine coverage in the EU

Surveillance Tessa

Epidemiological reports

Situation updates

(Rapid) Risk assessments

Guidance and technical reports

interventions

Preparedness

PPE

Lab support

reagents

Protocols

EVD-Labnet

Positive:

- Lab support
- Weekly webex meetings other EU countries: share experiences

Negative:

- Missed opportunity to harmonize travel advice and restrictions:
 - Belgium compiles its own subnational data
 - ECDC stated that travel in EU would not lead to increased transmission
- Does not always take a clear position:
 - Mask use in the community
 - Travel advice

Threat assessment brief: Outbreak of novel coronavirus disease 2019 (COVID-19): Situation in Italy

Publication Risk assessment

23 Feb 2020

The risk associated with COVID-19 infection for people from the EU/EEA and UK is currently considered to be low to moderate.

The risk for healthcare systems capacity in the EU/EEA and the UK during the peak of the influenza season is low to moderate.

The rigorous public health measures that were implemented immediately after identifying the Italian COVID-19 cases will reduce the impact of such outbreaks as well as the further spread.

ECDC Treath assessment

Rapid risk assessment: Outbreak of novel coronavirus disease 2019 (COVID-19): increased transmission globally – fifth update

Risk assessment

2 Mar 2020

Evidence from studies on influenza, and from recent experience in China, suggest that non-pharmaceutical interventions reduce transmission. Therefore, it is of paramount importance that measures that are appropriate and proportionate to each phase of the epidemic are immediately put in place to interrupt human-to-human transmission chains, prevent further spread, reduce the intensity of the epidemic and slow down the increase in cases. Such measures should be coordinated at the EU level. This will ultimately reduce COVID-19 illness, save lives and minimise the socio-economic impact. Delaying transmission or decreasing the peak of the outbreak is crucial to allow healthcare systems to prepare and cope with an increased influx of patients.

The risk of acquiring the disease for people from the EU/EEA and the UK travelling/resident in areas with no cases, or multiple imported cases, or limited local transmission, is currently considered low to moderate

Although WHO considers that the comprehensive measures taken by local authorities in China, which included severe travel restrictions have had a delaying effect on the epidemic within China and internationally, in general, travel restrictions at international borders or within national borders are neither efficient nor effective against outbreaks of respiratory disease, unless they can be implemented comprehensively. During the 2009 influenza pandemic, such comprehensive measures were shown to be feasible and effective only on isolated, small island countries.

Case definition 25th February

Suspected case requiring diagnostic testing (not to be reported at the European level)

Patients with acute respiratory infection (sudden onset of at least one of the following: cough, fever, shortness of breath) requiring hospitalisation or not,

AND

who in the 14 days prior to onset of symptoms have met at least one of the following epidemiological criteria:

- close contact with a confirmed or probable case of COVID-19 infection

OR

- having stayed in areas with presumed **community transmission** *

Areas with presumed community transmission 2 March

Country/Area	Assessment of community transmission
China	Widespread
Hong Kong*	Localised or low level
Iran**	Localised or low level
Italy (Emilia-Romagna, Lombardy, Piedmont, Veneto)**	Localised or low level
Japan**	Localised or low level
Singapore*	Localised or low level
South Korea**	Localised or low level

Travellers returning from areas of presumed community transmission should monitor their health status for a period of 14 days. Should they experience respiratory symptoms, a healthcare specialist should be contacted. People with symptoms should contact their healthcare specialist via telephone first and indicate their travel history before seeking medical attention in person. Symptomatic people should avoid contact with other people until they have seen a healthcare specialist.

Case definition for surveillance 2 March

WHO and ECDC:

- Acute respiratory infection + travel from area with sustained transmission
- Acute respiratory infection + contact confirmed case
- Unexplained severe acute respiratory infection

Report to The European Surveillance System (TESSy)

Data have been collected since January 2020

Preparedness 26 jan Belgium

- Disease already with mandatory notification under 'unusual threat'
- Procedure for case management for 2019-nCoV is developed and send to GP and hospital
- **Diagnostic capacity for the 2019-nCoV in NRC (KULeuven) since 16/1**
- **Reference hospital (St Pieters (Brussels) and transport system** for highly contagious respiratory patients do exist
- Diplobel published a warning on the website for travelers.

Preparedness 26 jan Belgium

- Epidemic intelligence (Rapid Signal Assessment) - Daily
- Epidemiological follow up - Daily
- Check lab capacity NRC KUL – 16/01/2020
- Procedure for case management – 16/01/2020
- Reference hospital (St Pieters (Brussels) and transport system for highly contagious respiratory patients
- Diplobel published a warning on the website for travelers.
- Information on web – 17/01/2020 - <https://epidemie.wiv-isp.be/ID/Pages/2019-nCoV.aspx?PageView=Shared&InitialTabId=Ribbon.WebPartPage&VisibilityContext=WSSWebPartPage>
- Risk Assessment – 20/01/2020
- Support for the letter/communication to health practitioners
- Two meetings of the RMG

Thanks for your attention

