

RAG CORONAVIRUS

28/02/2020

Risk description and proposed measures. Not a decision !!!

Epidemiological situation in Europe

One case reported in Nigeria

Italy : 650 cases, 17 deaths (2,6%)

Period: traveler back from Italy on 15 February, diagnose on 25/02 (France)

Also in travelers in Milan.

Travelers coming back from Italy in the Netherlands, Sweden, Austria, Croatia, Greece, Lithuania, Norway, UK.

Incidence in Italian provinces: higher than 20/1,000,000 and rapidly evolving, CFR 2,6

Lombardy	400	39,8	10060000
Veneto	111	22,6	4906000
Emilia Romagna	97	21,8	4459000

-> new introductions from other countries outside China into the EU/EEA is increasing

-> the number of countries reporting cases keeps going up (>50)

Changes in zone at risk

Add all three Italian provinces

+ patient back from zones following cases definition

+ full symptoms

= test

+ KUL informs MD + HI each day and immediately if test +

HI always available if uncertainty/difficulty

Claim: we do not communicate enough rapidly?

To validate criteria for inclusion country in the list

To give mandate to Sciensano to adapt list of at risk zones once criteria reached?

Criteria validated

Sciensano changes and informs

Aanpak van asymptomatische reizigers

Asymptomatische reizigers uit landen/regio's met circulatie van het SARS-CoV-2 virus met hoge endemiciteit zonder contact met een bevestigd geval:

- isolatie en testen om een besmetting uit te sluiten is niet nodig.
- De personen kunnen hun gewone activiteiten verderzetten.
- Wel moeten ze gedurende 14 dagen na hun terugkeer zelf hun gezondheidstoestand opvolgen (zelfmonitoring), door tweemaal per dag hun lichaamstemperatuur te meten.
- Bij koorts of andere respiratoire symptomen zoals in definitie bij arts

Contact of confirmed cases:

Normal life, check symptoms for 14 days after last possible exposure (eg.: healing, last contact, ...)

Aanpak van asymptomatische reizigers en HCW

Indien de reiziger een gezondheidswerker is

If consultation with confirmed cases without PPE, continue work + mask

If asymptomatic, high endemic, normal work + symptoms check

Internal notification for specific situation

Management of increasing risk

Claims:

- No answers rapidly
- Not always same answers
- No data in Epistat

Time to change the strategy:

In addition to previous proposition:

- > to support labo testing everywhere
- > no consultation without appointment
- > activation crisis coordination: need answers to what to do if a case in a school, in an office, nursing home, ...

Communication return holidays

Official proactive communication saturday:

Asymptomatic:

People/children go back to school or work, without masks

If symptoms, contact/phone GP

Communication

Claim : missing info about procedure, updates

FOD: ehealth box

Additional ways:

Regions: Cercles MD/LOK, hygiene platform, ONE/CLB, lijst vaccinnet

Sciensano: SSMG/DOMUS MEDICA, lijst flash, labos, inschrijving op de web (maandag)

Background slides

Source	Cases	http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5351&area=nuovoCoror															
	Inhabitants	https://www.istat.it/en/population-and-households	http://dati.istat.it/Index.aspx?QueryId=18460&lang=en														
update 28/02																	
	Region	Cases	Inhabitants	Incidence/10⁶													
	Lombardia	403	10060574	40,1													
	Veneto	111	4905854	22,6													
	Emilia Romagn	97	4459477	21,8													
	Liguria	19	1550640	12,3													

NL	RIVM
	gezondheid
FR	Santé Publique
	Haut Commissariat
DE	RKI
UK	PHE
	https://www.gov.uk/government/organisations/public-health-england
EU	ECDC

Background slides

Country	High-risk areas	All Returning travellers from high-risk	Contacts confirmed cases	HCW	Criteria to define high-risk areas
The Netherlands	China (including Macau, Hong Kong, Taiwan) Singapore, South-Corea, Iran, 11 communities	nothing when asymptomatic	high-risk = household or HCW without PPE active monitoring: daily temperature check, 14d, can go to work	only if high-risk contact confirmed case	-
France	China (including Macau, Hong Kong, Taiwan) Singapore, South-Corea, Iran, Regions Lombardia, Veneto and Emilia-Romagna		high-risk = household or HCW without PPE 14d home isolation, temperature check 2x/d	HCSP: all returned from high-risk area to inform supervisor > if visited hospital in high-risk area--> 14d home isolation > others: wear mask at work for 14d > students: evicted for 14d after return	min 50 cases AND cumulative incidence $\geq 1/10^5$
Germany	In China, the province Hubei and cities Wenzhou, Hangzhou, Ningbo, Taizhou In Iran: Province Ghom, In Italy: Region Lombardia and city Vo In South-Korea: Province Gyeongangbuk-do	considered as low-risk contacts (same category as HCW in contact with confirmed case with adequate PPE) : consider registration and passive monitoring, inform health inspection after 14d. Do reduce contacts to other people (but no strict home isolation) Immediate contact if symptomatic	high-risk = HCW without PPE: home isolation, T° 2x/d, daily follow-up RKI, 14d	only if ongoing exposure to COVID19: daily registration of used PPE	incidence, trend of case numbers
UK	Hubei Province, Iran, City Daegu or Cheongdo (South-Korea), 11 Italian communities	all from high-risk areas to self-isolate (even asymptomatic) lower risk areas (Cambodia, China, Hong Kong, North of Italy, Japan, Laos, Macau, Malaysia, Myanmar, South Korea, Singapore, Taiwan, Thailand, Vietnam): isolate and test if symptoms		14d work exclusion if travel to high-risk OR health care setting in category 2 OR close contact confirmed case without PPE; inform supervisor if travel to lower risk area, no restrictions unless decided otherwise by occupational health, passive follow-up if exposure with PPE	

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