

Be-MOMO in Nursing Homes (Belgian Mortality Monitoring)

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Key points

Monitoring the vulnerable

Nursing home (NH) residents, highly susceptible to public health threats like epidemics and climate-related events, are closely tracked by Be-MOMO in NH – a dedicated, near real-time mortality surveillance launched in 2024.

Actionable insights

By monitoring all-cause mortality on a weekly basis, the system rapidly detects excess deaths, providing crucial data to assess the severity of crises and guide public health responses.

Sustainable surveillance

By relying on pre-existing data streams, the project operates without overburdening NHs or regional health authorities.

Risk patterns revealed

The system uncovered disproportionate excess mortality among NH residents during COVID-19, and identified flu, heatwaves, and cold spells as clear high-stress events for this population.

Introduction

Nursing home (NH) residents are among the most vulnerable populations during public health emergencies. To better address this, the Belgian Mortality Monitoring (Be-MOMO) project at Sciensano was expanded in 2024 to include a dedicated surveillance system for NH residents, known as 'Be-MOMO in NH' [1].

This system monitors all-cause mortality on a weekly basis to enable the rapid detection and quantification of excess deaths. Mortality trends provide key insights into the severity and impact of public health emergencies.

Methods

Data

Statbel receives mortality data from the National Register, and identifies the NH residents based on a proxy derived from the household type.

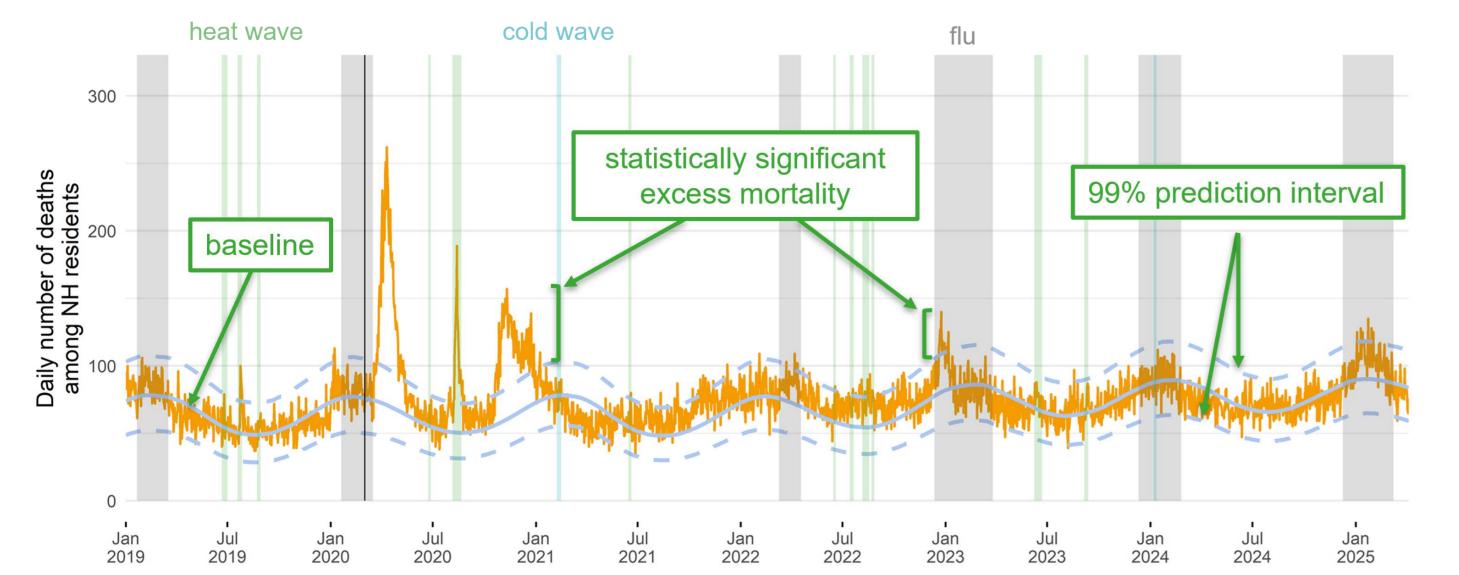
NH population data is provided by the regional health authorities.

Risk factors include influenza-like illness incidence (Sciensano), air pollution (IRCEL) and temperatures (KMI).

Model

Expected daily/weekly deaths (baseline) are estimated using a modified overdispersed Poisson model based on the Farrington algorithm, applied to mortality data from the previous five years (excluding the most recent two months) [2].

Subgroups Excess mortality is assessed across all combinations of region (Belgium, Flanders, Wallonia, Brussels), age group (65-84 years, 85+ years), sex (male, female), and **population type** (NH residents vs non-NH residents).



REFERENCES

[1] C. Vernemmen, N. Bustos Sierra, S. Nganda, T. Braeye. Protocol Be-MOMO in woonzorgcentra. Versie 1 - September 2024. Brussel, België: Sciensano; 2024 15p. Beschikbaar op: https://www.sciensano.be/nl/biblio/protocol-be-momo-woonzorgcentra [2] S. Nganda, N. Bustos Sierra, T. Braeye, C. Vernemmen. Surveillance van de mortaliteit door alle oorzaken in België, Vlaanderen, Wallonië en Brussel tijdens de zomer van 2024. Be-MOMO: the Belgian Mortality Monitoring en Be-MOMO in woonzorgcentra. Brussel, België: Sciensano; 2025 88p. Rapportnummer: D/2025.14.440/8. https://epistat.sciensano.be/docs/momo/Be-MOMOsummer-2024-NL.pdf

Results

COVID-19

Other events

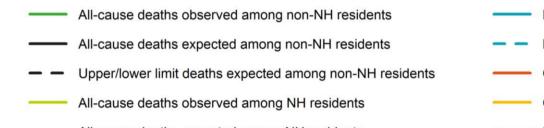
Weeks of extreme excess mortality in 2020.

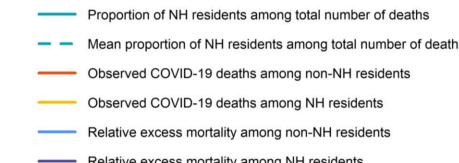
Highest peak: NH +228% (wave 1), non-NH +64% (waves 1 & 2).

NH proportion of deaths

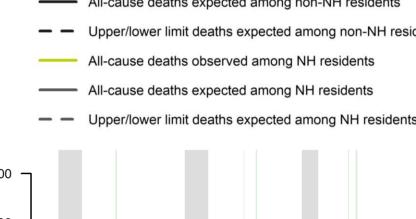
Averaging 23%, with clear seasonal pattern pre-COVID-19, then disrupted and slightly elevated.

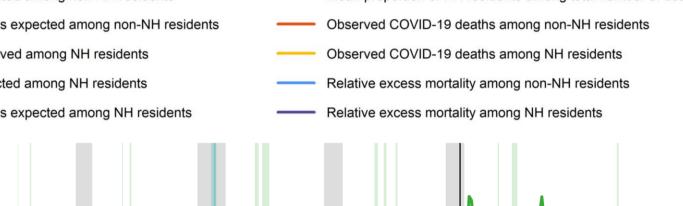
Moderate excess mortality typically occurs during heatwaves, cold spells, and flu in both groups, though discrepancies between NH and non-NH residents can arise.

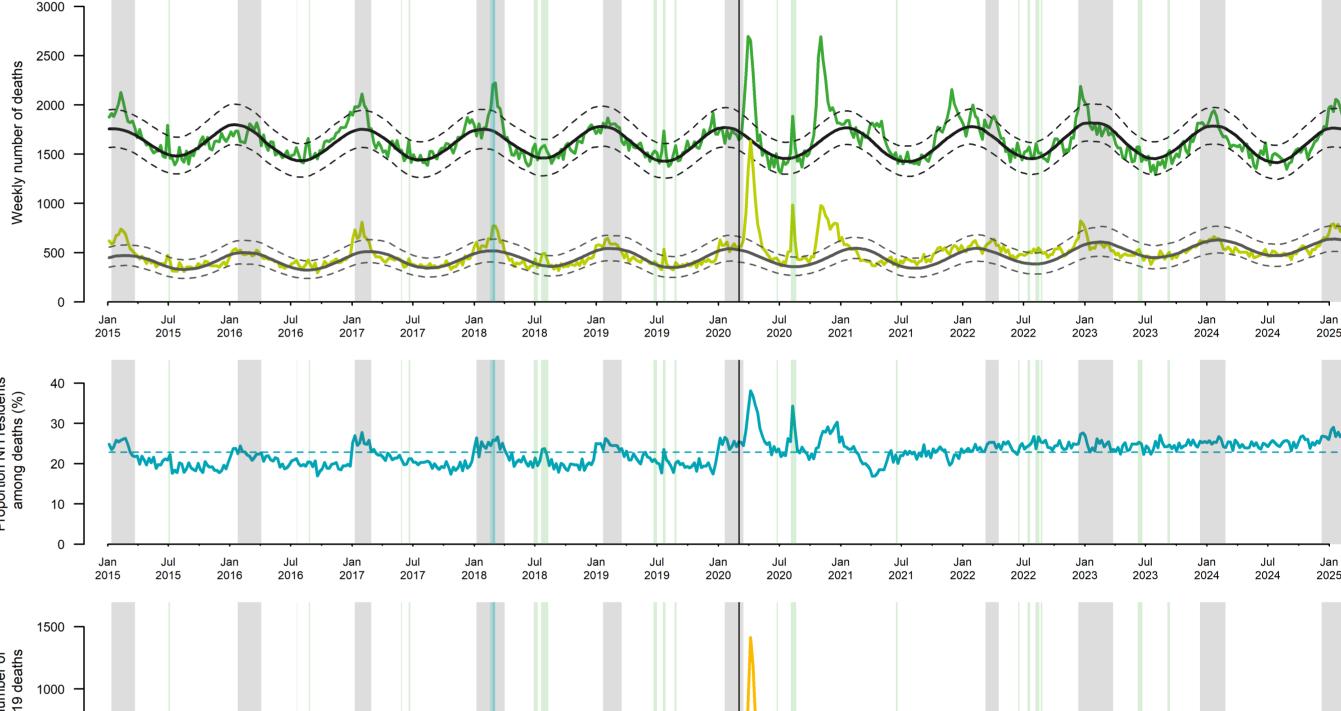


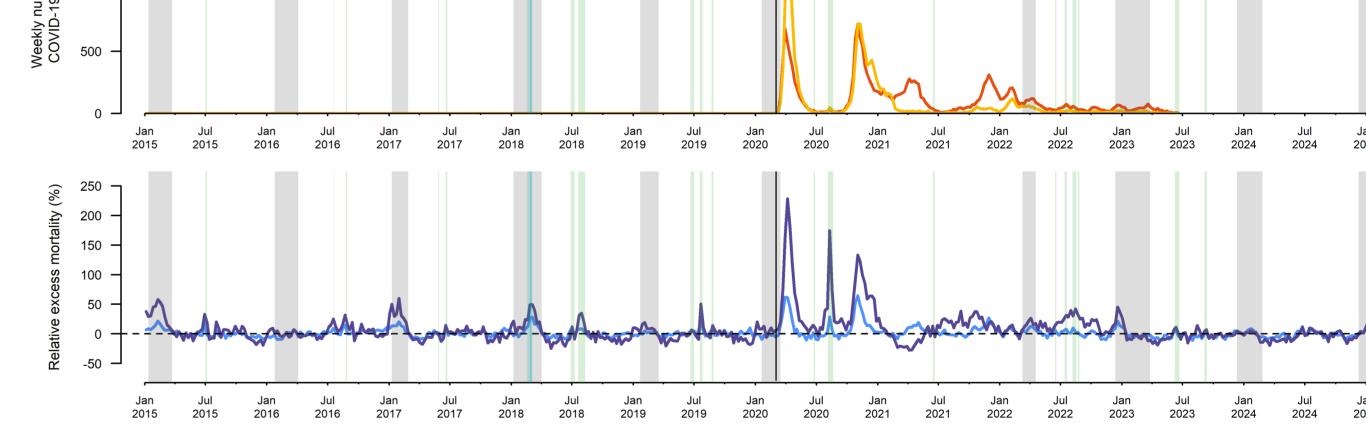












Challenges and Next Steps 4.

Dynamic population

Fluctuations in the NH population at risk (admissions, transfers, mortality) complicate accurate modelling.

Age group shifts

Relatively rapid changes in age distribution are not captured by the model, reducing precision in estimates and anomaly detection.

Regional variations

Regional differences in demographics and healthcare impact consistency.

Data accuracy

Misclassification occurs as 20-30% of NH residents are labeled as non-NH residents due to official domicile not being registered at the NH, potentially affecting NH vs. non-NH comparisons.

Future direction

Enhancing model accuracy by integrating demographic data on the NH population over time.

Conclusion

The Be-MOMO in NH project contributes to guiding and strengthening public health measures in Belgium by enabling near real-time surveillance of all-cause mortality in NH residents - a population highly vulnerable to public health threats like climaterelated events and respiratory infections, as shown by COVID-19.

By leveraging existing data streams, the project ensures sustainable surveillance without overburdening NHs or regional health authorities. It is dedicated to improving the well-being of NH residents and advancing public health initiatives in Belgium, with future demographic data integration set to boost accuracy and impact.

