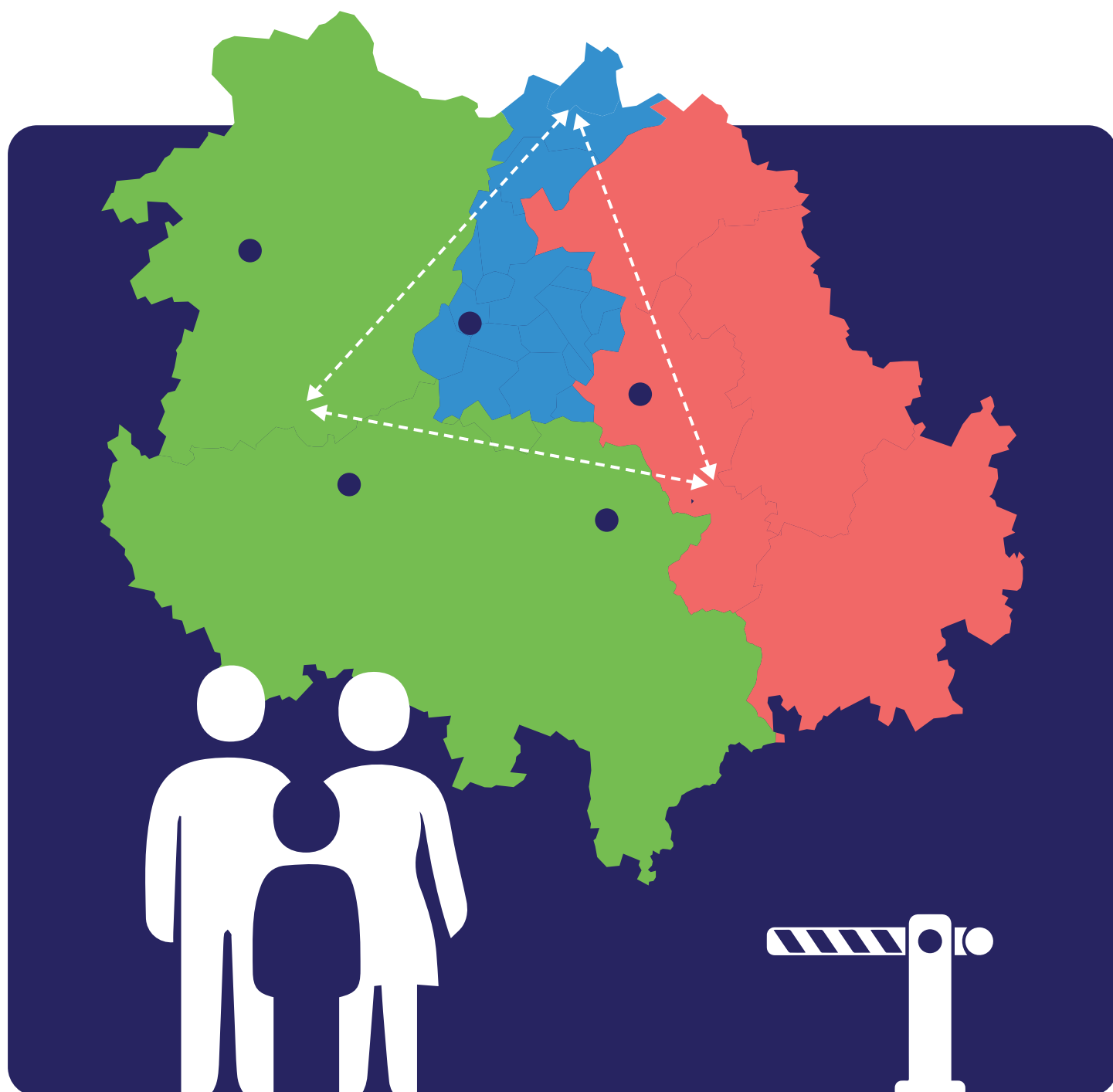


# Impact of COVID-19 on the Meuse-Rhine Euroregion



# Results first round

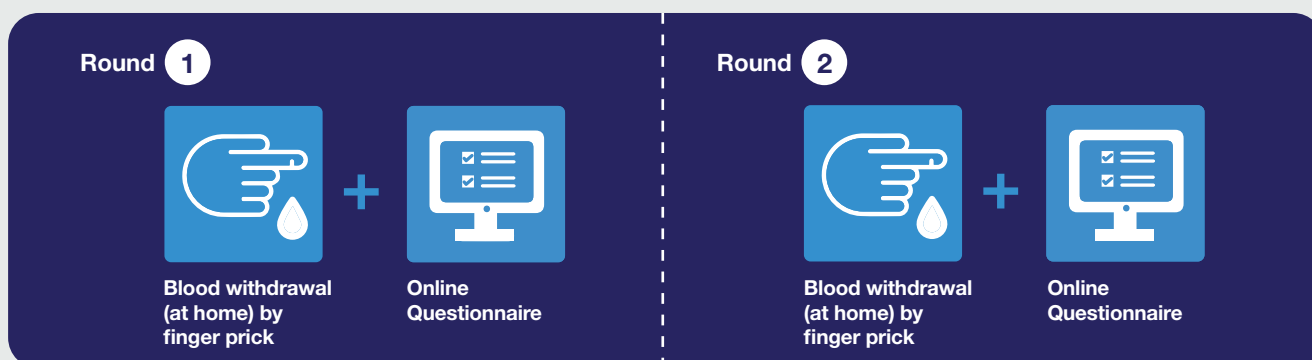
This fact sheet describes the results of the first round of the project 'The impact of COVID-19 on the Meuse-Rhine Euregio (EMR)'. The EMR is the cross-border region between the Netherlands, Belgium and Germany. The aim of the project is to assess the impact of COVID-19 on a cross-border region such as the EMR. This can be taken as an example of what effects could exist for other border regions in the EU, or even more widely.

For the survey, citizens from the EMR were selected by means of drawing a sample from the Dutch region of South Limburg, the German regions of Heinsberg, Düren and Aachen, and the Belgian regions of Limburg, Liège and the German-speaking community. A total of 4,766 people from the Netherlands, Germany and Belgium participated in the first round of this study. The results presented in this fact sheet provide information on the first 16 months of the corona pandemic.

The partner organisations involved are GGD Zuid Limburg, euPrevent Foundation, Maastricht UMC+, Gesundheitsamt des Kreises Düren (Health Department of Düren District), Gesundheitsamt des Kreises Heinsberg (Health Department of Heinsberg District), Gesundheitsamt der StädteRegion Aachen (Health Department of the Aachen Municipality), Sciensano and the German-speaking Community of Belgium. The project is subsidised by the Interreg V-A EMR programme.



## Study



## Timeline



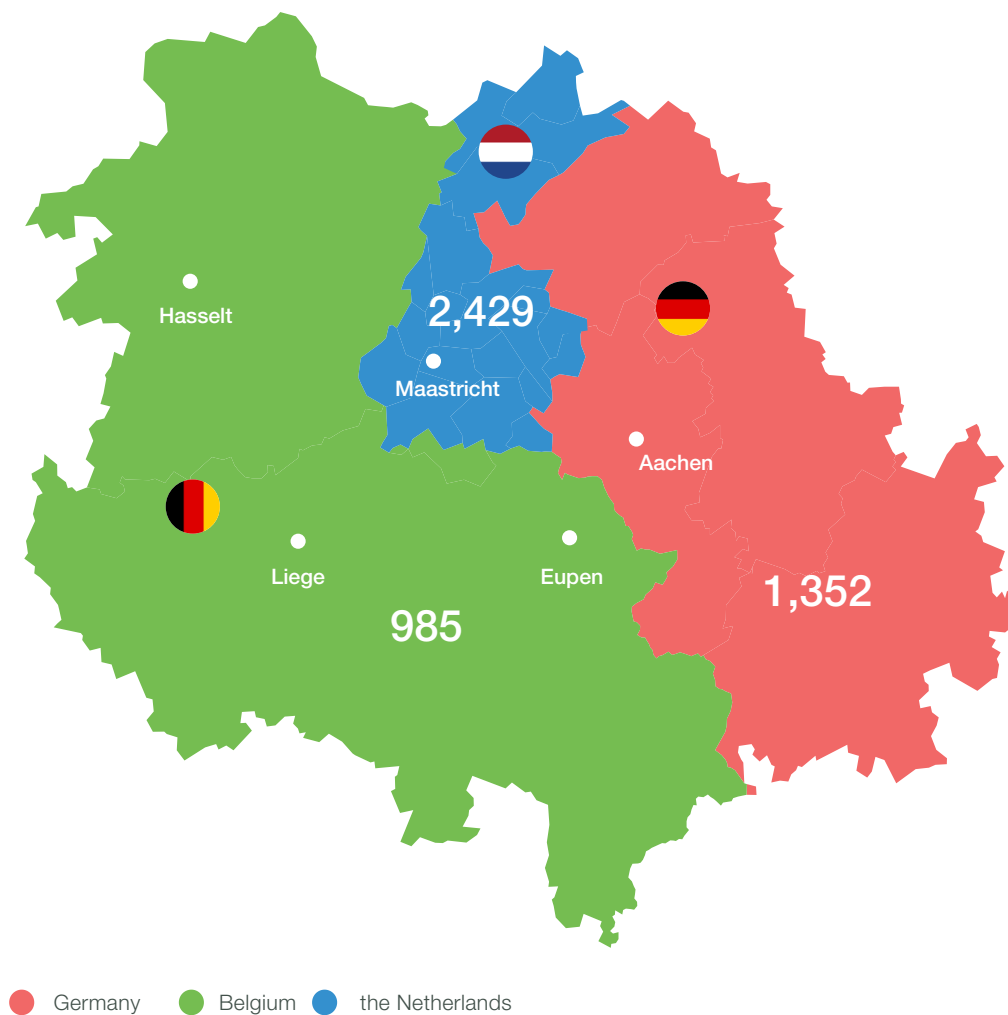
## Study population

### 4,766 blood tests and completed questionnaires

- 23,315 test packages sent
- 6,018 people responded
- 4,766 full participations (completed questionnaire + successful blood collection)

### Number of participants per country

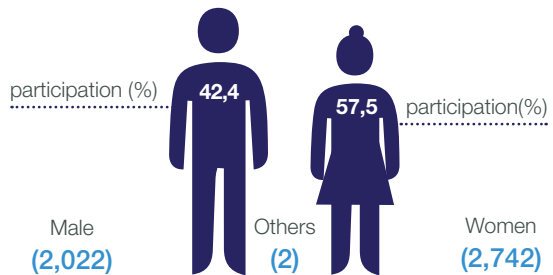
In the Netherlands, 2,429 people participated, in Germany 1,352 people and in Belgium 985 people. The differences in number of participants per country were corrected for. The results are therefore representative for the population in the three EMR countries.



# Study population

## Gender

In total 2,742 women and 2,022 men participated in the study.



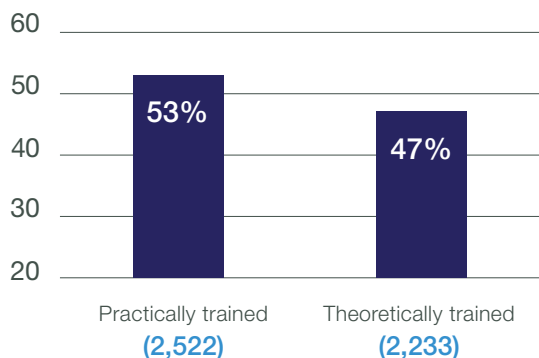
## Age

This survey includes 4,766 EMR citizens aged 18 and older.

Age	Germany	Belgium	Netherlands
18 - 29 years	202	134	281
30 - 39 years	196	137	247
40 - 49 years	212	173	318
50 - 59 years	320	213	572
60 - 69 years	266	208	632
70 - 79 years	116	97	318
> 80 years	40	23	61
<b>Total</b>	<b>1,352</b>	<b>985</b>	<b>2,429</b>

## Education

Of the participants, 53% have a practical background (for example mavo, mbo) and 47% have a theoretical background (for example hbo, college or university).



# Covid-19 measures

## Investigated measures

- Wearing a mouth mask
- Keeping social distance (1,5 metres)
- Limiting group size
- Reducing travel



Participants were asked to what extent they adhered to the measures during the two months prior to the study. In addition, they were asked whether they found the measures useful and whether they found them easy to adhere to.

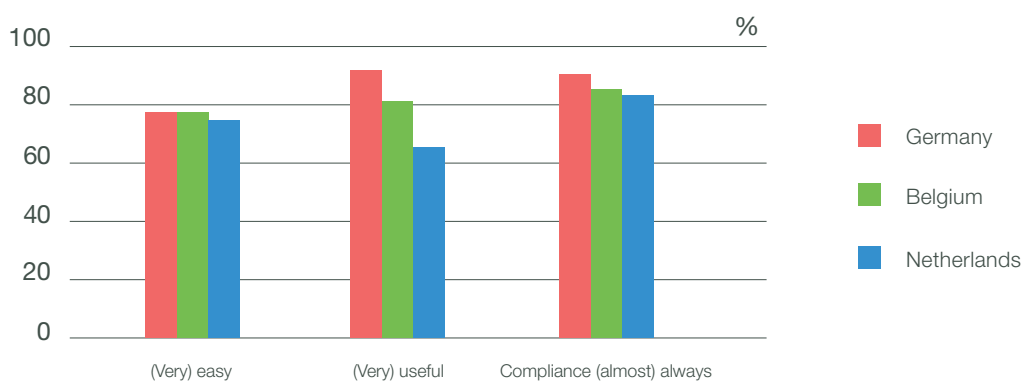
The majority of participants indicated that they had adhered to the corona measures and found them easy to follow and useful in controlling the coronavirus.

Participants in Germany were most likely to report adherence to the corona measures and they also found it easier and more useful, compared to participants in the Netherlands and Belgium.

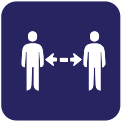


### Wearing a mouth mask

More than 80% of the participants reported that they usually or always comply with wearing a mouth mask, and the vast majority also found it easy and useful.

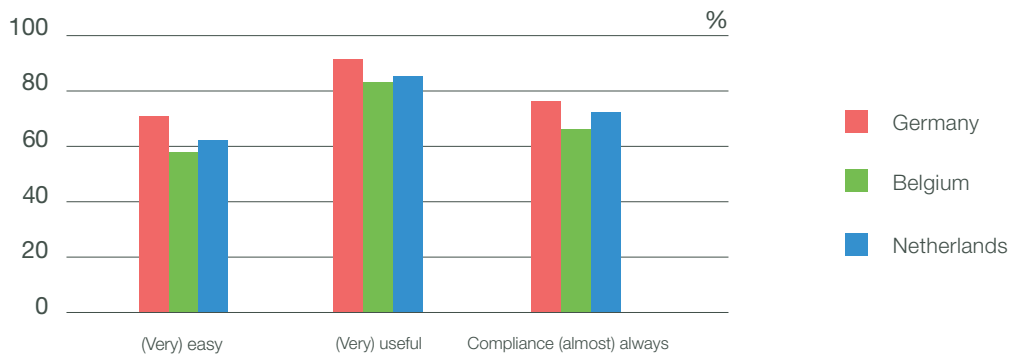


# Corona measures



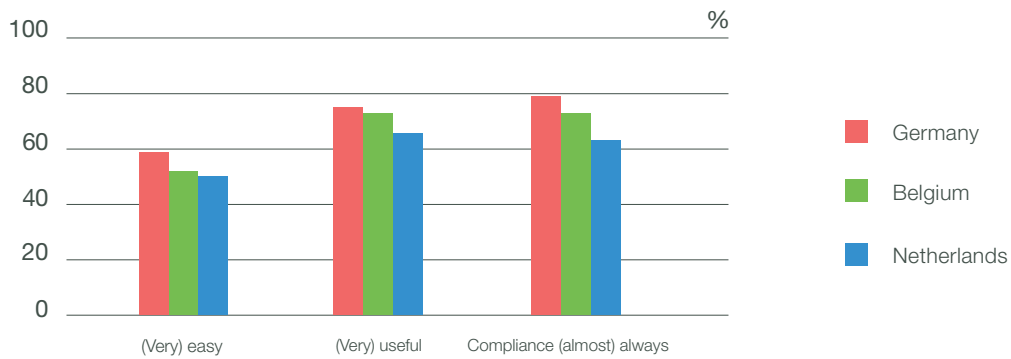
## Keeping social distance (1,5 metres)

More than 80% of the participants found keeping one-and-a-half metres distance (very) useful.



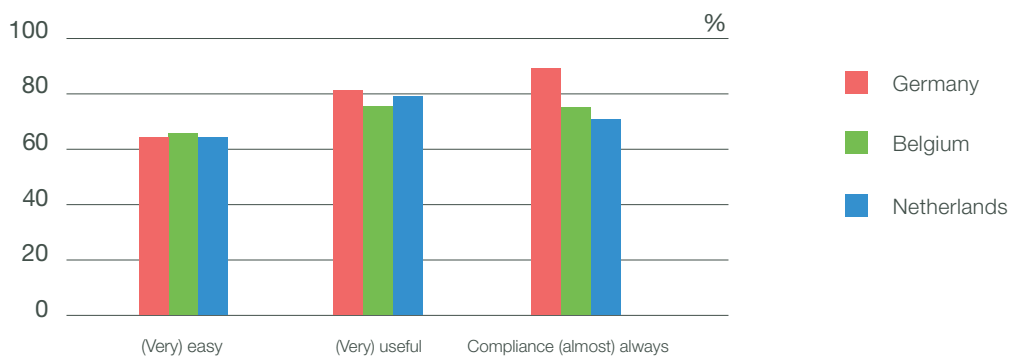
## Limiting group size

Compared to the other measures, limiting group size was less frequently experienced as easy.



## Reducing travel

German participants were the most likely to reduce travelling.



# Mobility between EMR countries

## Crossing the border for a short visit

The number of times per month that participants crossed the border into a neighbouring EMR country for a short visit changed during the corona pandemic. Examples of reasons for a short visit include shopping, going to a restaurant, and refuelling.



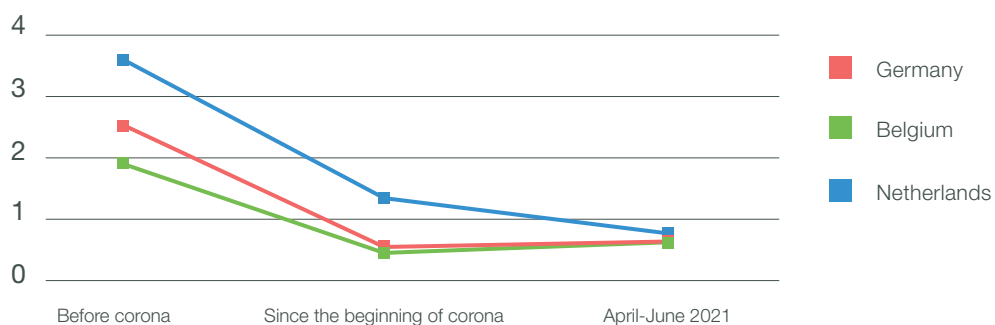
**Before corona**, this was on average **1.93** (Belgium) to **3.59** (the Netherlands) times a month. Since the **start of corona**, this has decreased to an average of **0.44** (Belgium) to **1.36** (Netherlands) times per month.

Participants indicated that in the **previous months (April-June 2021)** they crossed the border on average **0.60** (Germany) to **0.77** (the Netherlands) times for a short visit.

The average number of times per month that EMR citizens crossed the border for a visit decreased by 68% (Belgium) to 79% (the Netherlands) in April-June 2021 compared to before the corona pandemic. The Netherlands had on average most border traffic in the periods studied.



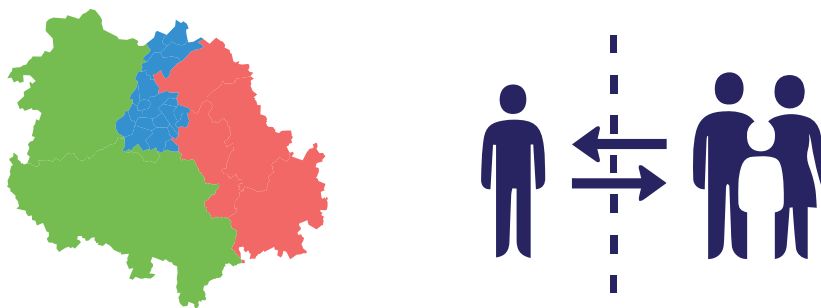
Border crossing for short visit (average per month)



## Mobility between EMR countries

### Visiting family, friends, and acquaintances across the border

**47%** of **Dutch** participants reported having family, friends or acquaintances in an EMR neighboring country, compared to **26%** of **Belgian** participants and **31%** of **German** participants.



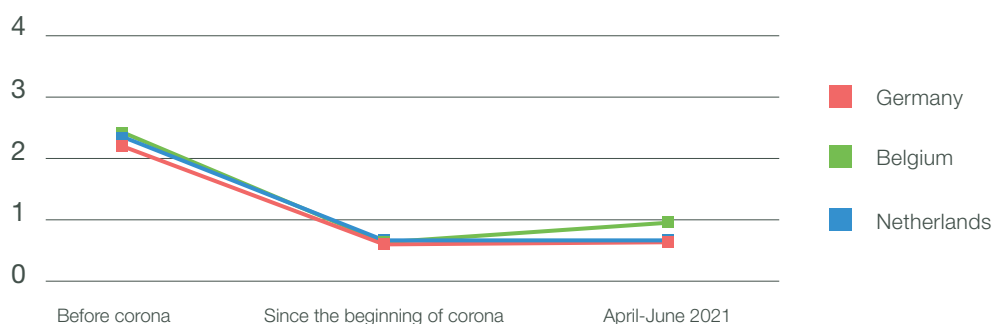
The number of times participants visited family, friends or acquaintances across the border (on average, per month) changed during the corona pandemic.

**Before corona**, this was on average **2.16** (Germany) to **2.45** (Belgium) times a month. Since the **start of corona**, this has fallen to an average of **0.70** (Germany) to **0.74** (Netherlands) times per month. Participants reported that in the **previous months (April-June 2021)** they had visited family, friends or acquaintances across the border an average of **0.61** (Germany) to **0.97** (Belgium) times.

The average number of times per month that EMR citizens crossed the border for a short visit decreased by 60% (Belgium) to 72% (Netherlands and Germany) in April-June 2021 compared to before corona.



#### Crossing the border to visit family, friends or acquaintances (average per month)





# Mobility between EMR countries



## Working and studying abroad

**100 participants (2.1%) work** in a country other than the one they live in.

- 92 participants work in a neighbouring EMR country
- 8 participants work in another country



**16 participants study** in a country other than the one they live in.

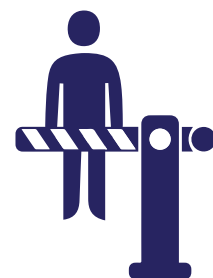
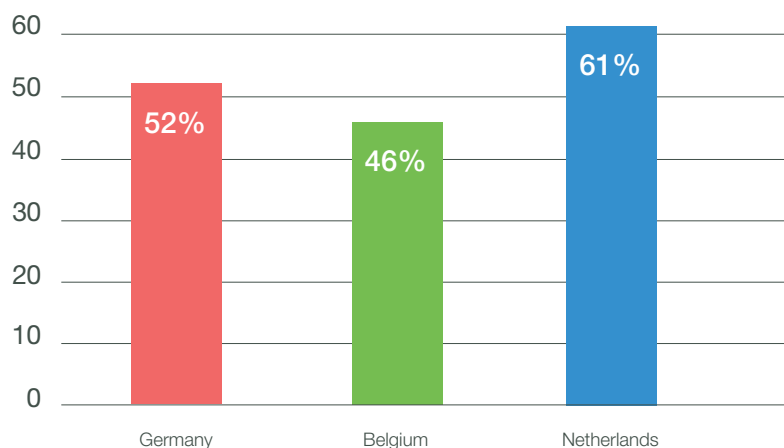
- 15 participants study in a neighbouring EMR country
- 1 participant studies in another country



## Mobility restrictions

A large proportion of the participants experienced the mobility restrictions between the countries during the corona pandemic as (very) restrictive. In **the Netherlands** this was **61%** of the participants, in **Belgium 46%** and in **Germany 52%**.

### Mobility limitations experienced as (very) restrictive



This percentage was even higher within the group of people with family, friends or acquaintances living in a neighbouring EMR country. Two-thirds of the group of participants with family, friends or acquaintances across the border experienced the mobility restrictions between the countries as (very) restrictive.

# Reasons for corona vaccination



## Reasons to get vaccinated against the coronavirus

The top 3 reasons for **vaccination** are the same in the three countries:

### 1. To return to normal

(NL 71% / B 80% / D 84% - Average: 78%)

### 2. To protect my family

(NL 70% / B 78% / D 84% - Average: 77%)

### 3. To prevent serious illness due to corona infection

(NL 68% / B 74% / D 84% - Average: 75%)



Remarkably, **23%** of the **German** and **20%** of the **Belgian** participants reported 'my medical practitioner advised me to get vaccinated' as a reason, compared to **7%** of the **Dutch** participants.

**3%** of the participants indicated that they do **not want to get vaccinated against COVID-19**.

The most frequently mentioned reasons for not wanting to be vaccinated against the coronavirus were:

- Concerns about possible side effects of the vaccine
- Not being afraid of getting seriously ill from a possible corona infection
- Believing that vaccinations do not work well

There were also a **number of sceptics** among the participants (**9%**). Whether the vaccine had been in use for a long time without serious side effects was mentioned as the most important consideration when deciding whether to be vaccinated or not.

## Summary

- The vast majority (~60-80%) of participants in the Netherlands, Belgium, and Germany indicated that they had (almost) always adhered to the applicable corona measures in the two months prior to completing the questionnaire and that they found these measures easy and useful. This percentage was highest among the German participants.
- A large proportion of the participants experienced the mobility restrictions between countries during the corona pandemic as (very) restrictive. Moreover, visiting family, friends or acquaintances, and crossing the border with an EMR neighbouring country for some other reason decreased during the corona pandemic.
- The most frequently cited reasons for vaccination against corona were similar in all three countries: returning to normal, protecting family, and preventing illness.

## Challenges of the study



- The study started at different times in the different countries. Therefore, data on vaccination status and antibodies were not yet included in the first results. More can be reported about this after the second round.
- Participation varied in the three countries; this has been corrected for. A weighting factor was used to obtain a representative study population in terms of country, gender, and age. The results are therefore representative of the population in the three EMR countries.
- Blood collection via a finger prick did not work for all participants. This may have led to bias.

## Progress of the investigation

The second round of the study will take place in September-October 2021. The results, which will also include the presence of antibodies and vaccination status in the different countries, are expected in 2022.



<https://euprevent-covid-tool.eu/>  
<https://euprevent.eu/nl/covid-19/>  
<https://www.ggdzl.nl/professionals/projecten-en-onderzoeken/impact-van-covid-19-op-de-euregio-maas-rijn/>

