Poster / Ongoing study with preliminary results

Real-time pandemic surveillance by the Covid-19 Barometer in General Practices in Belgium

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Background:
In Belgium, Covid-19 surge started in February 2020 and general practitioners (GPs) played a major role in testing and treatment, as the primary point of contact for patients with non-severe symptoms. To ensure a real-time Covid-19 pandemic surveillance with essential primary care data, the Covid-19 Barometer in General Practices version 2.0 (Covid-19 BGP) was launched in October 2020.

Research questions:
To describe the COVID-19 Barometer as a tool for semi-automatic real-time Covid-19 surveillance in primary care.

Method:
A majority of Belgian GPs use electronic medical records (EMR) to store patient data, including diagnostics and patient contacts. EMR software includes statistical modules and electronic forms (eForms) which were used by the Covid-19 BGP to collect data from the GPs. Partially pre-filled eForms are transferred daily by participating practices (Monday until Friday, holidays excluded). Participation is voluntary without pre-registration.
For Covid-19 surveillance purposes, 5 indicators were collected via the EMR: the number of patients with Influenza-like-illness, Acute Respiratory Infections, Suspected Covid-19, Confirmed Covid-19 or Viral Syndrome. The Covid-19 BGP also collects the daily percentage of diagnoses coded in the EMR and the estimated patient population of the practice, for data quality checks.

Results:
Between October 2020 and March 2021, the average daily participation rose above 1,000 practices. Over 2,000 practices, representing nearly 5,000 GPs (of the 11,935 practicing GPs in 2021 in Belgium), participated at least once to the Covid-19 BGP.
Weekly, data on Suspected Covid-19 are reported in the Belgian flu bulletins and the Covid-19 reports of Sciensano and are used as a source for predictive modelling, to support government crisis management.

Conclusions:
The Covid-19 BGP is an effective tool for real-time pandemic surveillance through primary care on a national level, to support crisis management.

Points for discussion:
The feasibility of an (semi-)automated surveillance tool in general practices

Ensuring the validity of technical developments in EMR softwares

Reporting data from real-time surveillance

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