

COVID-Winterplan 2022-2023

Epidemiologische stand van zaken, beschermingsmaatregelen en aanbevelingen

Prof Steven Van Gucht

Q&A voor de pers – 14/10/22

De cijfers

Besmettingen	+5%
Opnames	+6%
Algemene bedden totaal	+4%
ICU	-9%
Overlijdens	+85% (5 > 9)
Absenteïsme	+14% (vs 2019)
Varianten	BA.5: 89%↘ BQ.1 (BQ.1.1): 10%↗

Vaccinatie

Belangrijkste pijler

- Vanaf **50 jaar**
- Zorgverleners
- Mensen met verlaagde immuniteit
- Ook tegen de griep!

Maskers op openbaar vervoer

Sterk aan te raden voor **mensen met kwetsbare gezondheid: FFP2**

Mensen met milde klachten (bv hoesten) die zich verplaatsen op openbaar vervoer dragen best een chirurgisch masker

Kan voor kinderen vanaf 6 jaar oud

Nieuwe teststrategie

Bij klachten (verkoudheid, griepig,...): zelftest

Positief: 7 dagen isolatie + 3d mondmasker buitenhuis

Negatief: blijf thuis en draag mondmasker buitenhuis zolang symptomen duren, geldt ook voor kinderen vanaf 6j oud

Klachten >5 dagen of verergeren: huisarts (sneltest of PCR)

Een zelftest wordt ook sterk aanbevolen

- bij nauw contact (zoals in het gezin) met ernstig immuungecompromitteerde patiënten;
- Als je een zorgverlener bent

De tool voor zelfevaluatie kan nog steeds worden gebruikt om na te gaan of men zich best laat testen op COVID-19.

Nieuwe teststrategie

Bij klachten (verkoudheid, griepig,...)

Je kan een zelftest doen

- Positief: 7 dagen isolatie + 3d mondmasker buitenhuis
- Negatief: blijf thuis en draag mondmasker buitenhuis zolang symptomen duren, geldt ook voor kinderen vanaf 6j oud

Als de klachten na 5 dagen nog aanhouden en/of verergeren, ga dan naar uw huisarts. Deze kan op basis van uw individueel geval beslissen of een (tweede) test aangewezen is, en zo ja, met welk type test.

Een zelftest wordt ook sterk aanbevolen

- bij nauw contact (zoals in het gezin) met ernstig immuungecompromitteerde patiënten;
- Als je een zorgverlener bent

De tool voor zelfevaluatie kan nog steeds worden gebruikt om na te gaan of men zich best laat testen op COVID-19.

Nieuwe teststrategie

Wanneer systematisch, eenmalig testen met een PCR-test van mensen zonder symptomen ?

Enkel nog aangeraden bij niet-COVID-patiënten die op ziekenhuisafdelingen met kwetsbare patiënten worden opgenomen (bv. geriatrie, hematologie, dialyse, oncologie, intensive care, transplantatie), en in het kader van een onderzoek van een uitbraak.

Systematisch testen van nieuwe bewoners van bv woonzorgcentra wordt niet meer aanbevolen.

Een winter van veel virussen

Elke **snotvalling, hoest of koorts** kan door coronavirus veroorzaakt zijn of een ander virus, zoals het griepvirus

COVID veroorzaakt nog steeds ernstige ziekte (>100 hospitalisaties/dag)

Combinatie van virussen zal extra druk zetten deze winter

Pas uw gedrag dus aan in functie van uw symptomen en niet in functie van een test

Bij symptomen:

→ blijf thuis, werk thuis

→ draag een masker bij verplaatsingen buitenshuis

Plan hiver COVID 2022-2023

Point de la situation épidémiologique, mesures de protection et recommandations

Prof Yves Van Laethem

Questions-réponses pour la presse – 14/10/22

Les chiffres

Contaminations	+5%
Admissions	+6%
Total lits généraux	+4%
Soins intensifs	-9%
Décès	+85% (5 > 9)
Absentéisme	+14% (vs 2019)
Variants	BA.5: 89%↘ BQ.1 (BQ.1.1): 10%↗

Vaccination

Principal pilier

- À partir de **50 ans**
- Prestataires de soins
- Personnes immunodéprimées
- Y compris contre la grippe!

Masques

Sont de nouveau à recommander en cas de symptômes (rhume, fièvre, etc), aussi pour les enfants à partir de 6 ans !

- Dans les **transports publics**
- Éventuellement aussi dans les autres lieux intérieurs fort fréquentés

Personnes sans symptômes, mais à la santé fragile : de préférence un FFP2 pour se protéger

Nouvelle stratégie de testing

Si symptômes (rhume, symptômes grippaux, etc.)

On peut faire un auto-test

- Si positif: 7 jours d'isolement + 3 jours de masque buccal quand on sort de chez soi
- Si négatif: on reste chez soi et on porte un masque buccal quand on quitte la maison tant que l'on a des symptômes, cela vaut aussi pour les enfants à partir de 6 ans

Si les symptômes persistent et/ou s'aggravent au-delà de 5 jours, consultez votre médecin traitant. Celui-ci décidera au cas par cas s'il faut se faire (re-) tester et, si oui, quel type de test il faut utiliser.

Un auto-test est fortement recommandé

- En cas de contact rapproché (comme au sein du foyer) avec des patients fortement immunodéprimés ;
- Lorsque l'on est prestataire de soins

L'outil d'auto-évaluation peut toujours être utilisé pour vérifier s'il est indiqué de se faire dépister à la COVID-19.

Nouvelle stratégie de testing

Dans quels cas fait-on systématiquement passer un test PCR unique aux personnes asymptomatiques?

Cette procédure n'est plus recommandée que pour les patients non COVID qui sont admis dans les services hospitaliers accueillant des patients vulnérables (ex. : gériatrie, hématologie, dialyse, oncologie, soins intensifs, transplantation), et dans le cadre d'une investigation sur une flambée épidémique.

On ne recommande plus de **tester systématiquement les nouveaux résidents des maisons de repos et de soins, par exemple.**

Un hiver aux nombreux virus

Tout **nez qui coule, toux ou fièvre** peut être dû à la COVID

Ou bien à un autre virus, comme le virus de la grippe

Encore à l'heure actuelle, la COVID provoque des formes graves (>100 hospitalisations/jour)

La combinaison de différents virus va donc intensifier la pression cet hiver

Adaptez donc votre comportement en fonction de vos symptômes et non en fonction d'un test

Si vous avez des symptômes :

→ restez chez vous, faites du télétravail

→ portez un masque quand vous quittez la maison

Herfst vaccinatiecampagne tegen COVID-19

Q&A voor de pers - 14 oktober 2022

Prof P Van Damme

Campagne de vaccination Automne

14 octobre 2022 - Q&A pour la presse

Prof Y Van Laethem

Place and Age Group	4 th dose vs 3 rd dose	Variant(s)	Citation
Israel, age 60+	74% protection vs Covid death; 68% vs hospitalization	Omicron	Magen O et al, NEJM, April 28, 2022
Israel, age 60+	78% protection from death; 64% vs hospitalization	Omicron	Arbel R et al, Nature Medicine, 25 April 2022
Sweden, Age 80+	60% reduced all-cause mortality	Omicron	Nordstrom P et al, Lancet Reg Health, 13 July 2022
United States, Age 50+	4-fold reduction in mortality	Omicron BA.2 and BA2.12.1	https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status
Israel, median age 80	50% reduction of need for mechanical ventilation or death	Omicron	Brosh-Nissimov T et al, MedRxiv, 27 April 2022

Portugal, Age 80+ May to July 2022	81% protection vs. hosp. 82% protection vs. deaths	Omicron BA5	Kislaya I. et al, Eurosurveillance, Sept 15, 2022
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Original Investigation | Infectious Diseases

Association of Receiving a Fourth Dose of the BNT162b Vaccine With SARS-CoV-2 Infection Among Health Care Workers in Israel

Matan J. Cohen, MD, PhD; Yonatan Oster, MD; Allon E. Moses, MD; Avishay Spitzer, MD; Shmuel Benenson, MD; and the Israeli-Hospitals 4th Vaccine Working Group

OBJECTIVE To evaluate the benefit of a fourth BNT162b2 vaccine dose on the breakthrough infection rate among HCWs.

DESIGN, SETTING, AND PARTICIPANTS This multicenter cohort study was performed in January 2022, the first month of the 4-dose vaccination campaign, during a surge of the Omicron variant wave. All health care workers at 11 general hospitals in Israel who had been vaccinated with 3 doses up to September 30, 2021, and had not contracted COVID-19 before the vaccination campaign were included.

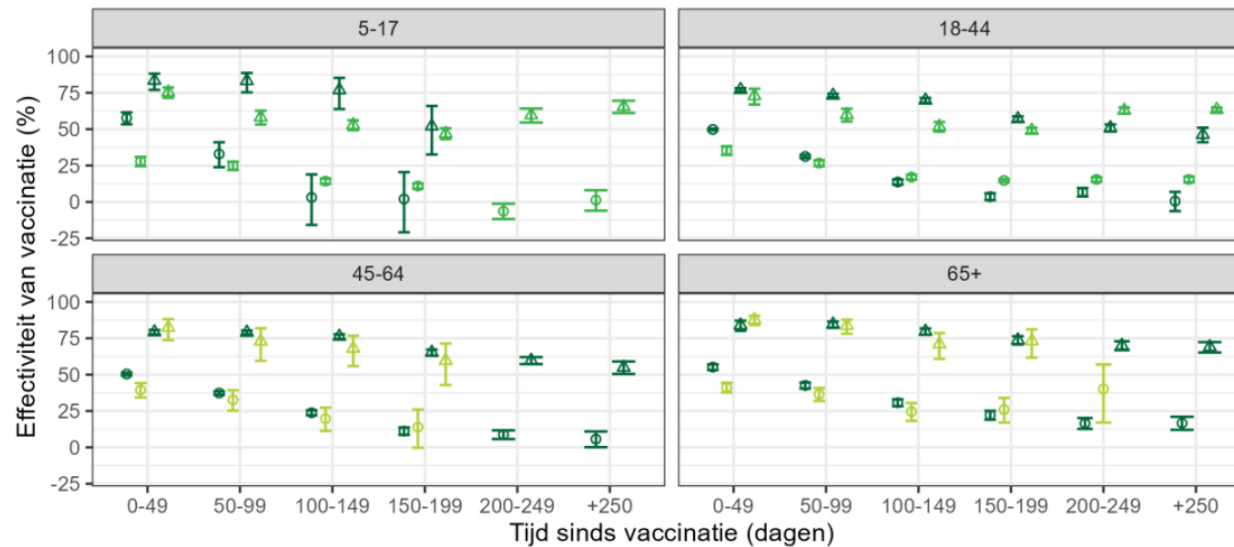
EXPOSURES Vaccination with a fourth dose of the BNT162b2 vaccine during January 2022.

MAIN OUTCOMES AND MEASURES Breakthrough COVID-19 infections in 4-dose recipients vs 3-dose recipients measured by a polymerase chain reaction test result positive for SARS-CoV-2. Health care workers were tested based on symptoms or exposure.

RESULTS A total of 29 611 Israeli HCWs (19 381 [65%] female; mean [SD] age, 44 [12] years) had received 3 vaccine doses between August and September 2021; of these, 5331 (18%) received the fourth dose in January 2022 and were not infected by the first week after vaccination. Overall breakthrough infection rates were 368 of 5331 (7%) in the 4-dose group and 4802 of 24280 (20%) in the 3-dose group (relative risk, 0.35; 95% CI, 0.32-0.39). Similar reductions were found in a matched analysis by the exact day of receiving the third vaccine (relative risk, 0.61; 95% CI, 0.54-0.71) and in a time-dependent Cox proportional hazards regression model (adjusted hazard ratio, 0.56; 95% CI, 0.50-0.63). In both groups, no severe disease or death occurred.

COVID-19 WEKELIJKS EPIDEMIOLOGISCH BULLETIN (14 OKTOBER 2022)

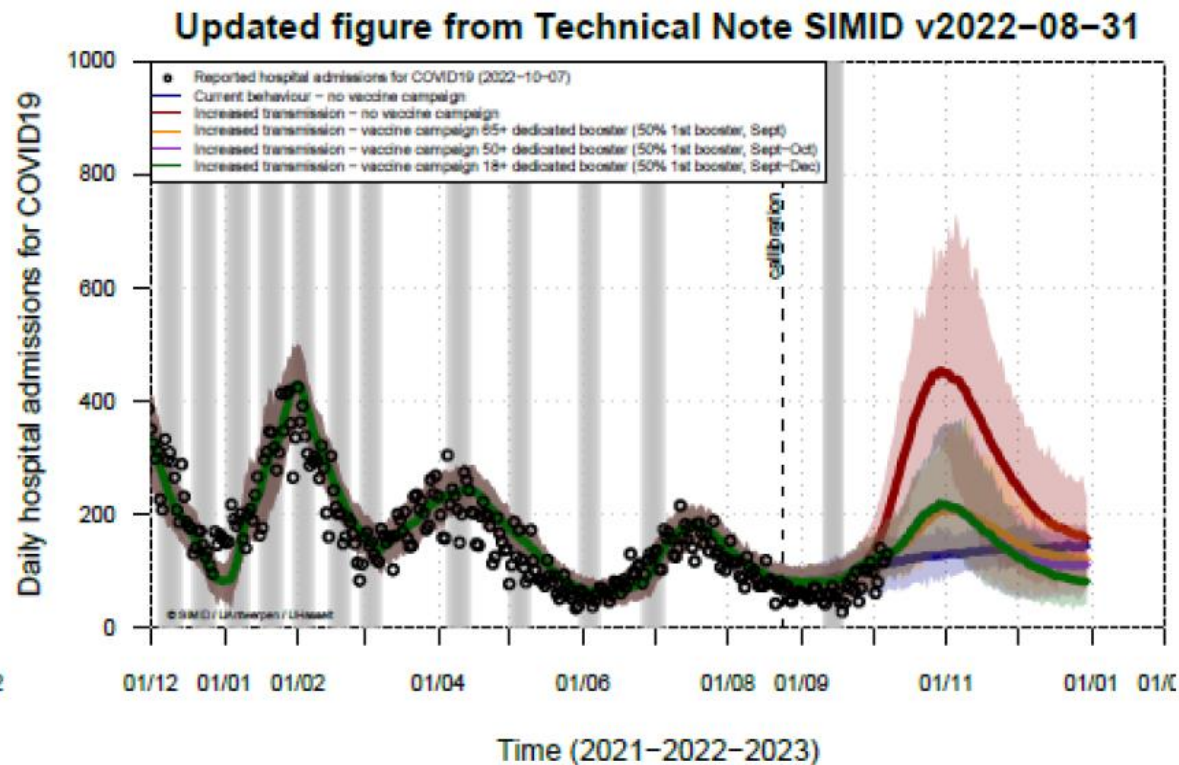
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|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Status voorgaande infectie</p> <ul style="list-style-type: none"> ○ Geen voorgaande infectie △ Vorige infectie | <p>Vaccinatiestatus</p> <ul style="list-style-type: none"> — Primair vaccinatieschema — + booster — + 2^e booster |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|



De verticale lijnen rond elk punt in de grafiek laten het 95%-betrouwbaarheidsinterval zien. Hoe nauwer het interval, hoe nauwkeuriger de schatting van de werkzaamheid van het vaccin.

Updated figures from Technical Note SIMID dd. 31/8/2022 - 2022-10-07

This figure displays the observed hospitalization data plotted on the scenarios with the assumption of (A) 50% and (B) 100% uptake of a fall 2022 booster, relative to previous booster uptake in 3 age categories (65+, 50+, 18+). Note that these % are modelled relative to the % of the target age group vaccinated with the previous booster, so 50% means here that only half of those having received the previous booster would be receiving a booster in the fall of 2022.



advies TF en beslissing IMC:

- Vaccinatie sterk aanbevolen voor 50 en ouder, risicogroepen, zwangeren, gezondheidswerkers
- Aanbod voor 18-49 jarigen

UK Health Security Agency

Organisations: [UK Health Security Agency](#)

Get vaccinated and boost your winter protection

[Blog Editor](#), 6 October 2022 - [Coronavirus \(COVID-19\)](#), [immunisations](#)

Who is eligible for the COVID-19 booster?

The booster is being offered to:

- People aged 5 and over with long-term health conditions
- Those aged 50 and over
- Pregnant women
- Those in long-stay residential care homes
- Unpaid carers
- Close contacts of immunosuppressed individuals
- Frontline health and social care professionals

Guidance

COVID-19 vaccination: a guide on pregnancy and breastfeeding

Updated 3 October 2022

Applies to England

Contents

[COVID-19 vaccine in pregnancy advice](#)

[Why you need the vaccine if you are pregnant](#)

[Timing of the autumn booster](#)

[Risk factors for pregnant women](#)

[If you are pregnant](#)

[Getting pregnant](#)

[Breastfeeding](#)

[Which vaccine will you be offered?](#)

[Can you still catch COVID-19 after having the vaccine?](#)

[Side effects](#)

Coronavirus (COVID-19) vaccine is strongly recommended for pregnant and breastfeeding women by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives. The COVID-19 vaccines available in the UK are the safest and most effective way to protect you and your baby.



































COVID-19 vaccine in pregnancy advice

The Joint Committee on Vaccination and Immunisation (JCVI) advice is that pregnant women are more at risk of severe COVID-19 disease. [The autumn booster is being offered to those at high risk of the complications from COVID-19 infection, who may not have been boosted for a few months. This includes pregnant women.](#)

As the number of COVID-19 infections increases over the winter, this booster should help to reduce your risk of being admitted to hospital with COVID-19. The booster may

Belgium COVID-19 Epidemiological Situation

Numbers of 11 October

Age Groups <small>(based on the age on 1 Jan 2022)</small>	1st Booster		2nd Booster	
	People Vaccinated	Coverage	People Vaccinated	Coverage
85+	312,2K 	92% 	218,7K 	65% 
75-84	674,6K 	93% 	489,7K 	67% 
65-74	1,1 mln. 	91% 	730,8K 	61% 
55-64	1,3 mln. 	86% 	625,7K 	40% 
45-54	1,2 mln. 	78% 	344,2K 	23% 
35-44	1 mln. 	67% 	187,8K 	12% 
25-34	903,7K 	61% 	134,3K 	9% 
18-24	552,4K 	60% 	55,5K 	6% 
12-17	154K 	19% 	3K	+0%
05-11	304	+0%	7	+0%
00-04	2	+0%	0	0%

	Brussels	Flanders	Ostbelgien	Wallonia
85+	35%	77%	34%	44%
75-84	35%	81%	40%	47%
65-74	26%	74%	32%	43%
55-64	15%	50%	17%	29%
45-54	8%	31%	7%	13%
35-44	3%	19%	3%	3%
25-34	2%	15%	1%	2%
18-24	1%	10%	1%	1%
12-17	+0%	1%	0%	+0%

DATA SOURCES – Vaccinated : Vaccinnet+ (national COVID-19 vaccine registry)

Important note: A delay may occur between vaccination and registration in Vaccinnet+

– Populations : Statbel 01 Jan 2022

Belgium COVID-19 Epidemiological Situation

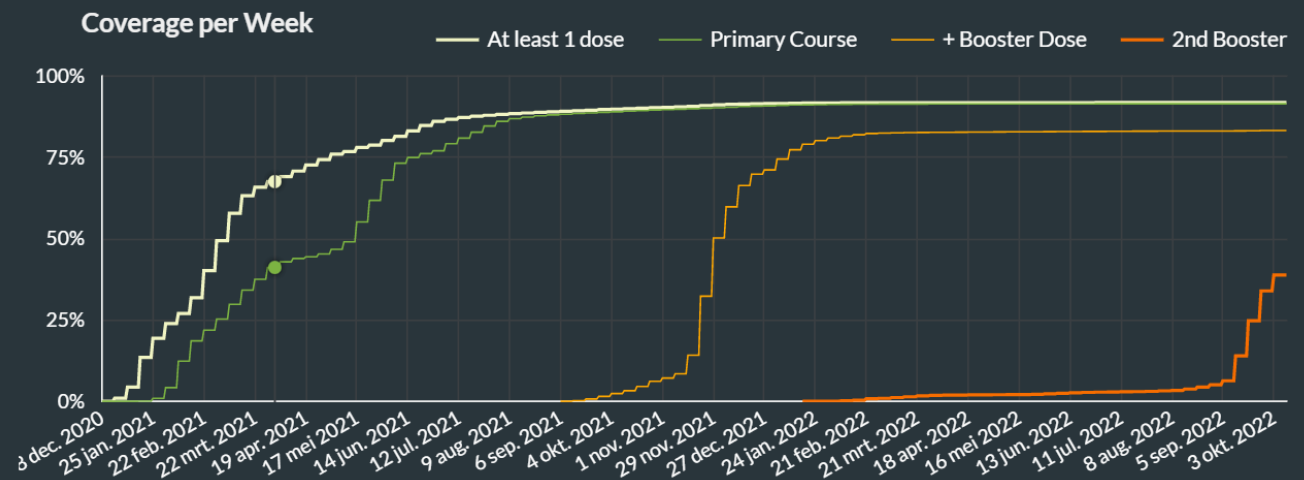
Vaccination - Page 3: Healthcare workers / Children & Adolescents

8 October 2022

HCW (Numbers of 10 October)

Estimates based on the linkage between the national COVID-19 vaccine registry (Vaccinnet+) and the Common Base Registry for HealthCare Actor (CoBRHA)

These data only include healthcare workers residing in Belgium listed as alive at the start of the vaccination campaign and as active in the CoBRHA database.

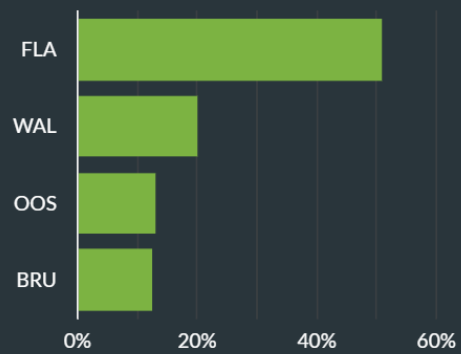


Dose: 2nd Booster

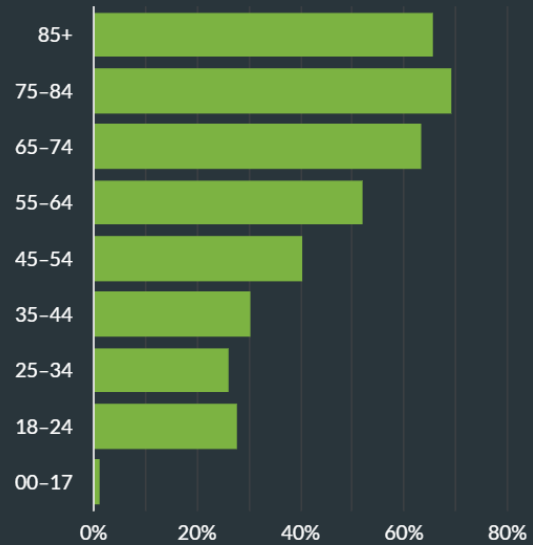
Profession: ALL

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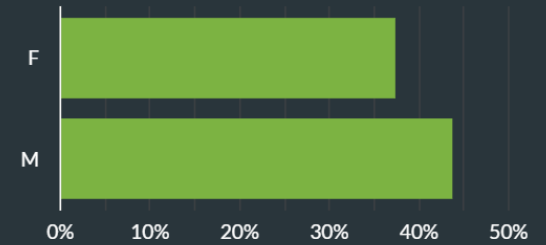
Region *



Age Group



Gender



RESEARCH SUMMARY

A Bivalent Omicron-Containing Booster Vaccine against Covid-19

Chalkias S et al. DOI: 10.1056/NEJMoa2208343

CLINICAL PROBLEM

Covid-19 vaccines have had decreasing effectiveness against the omicron variant, with many breakthrough infections reported. Having the ability to boost immune response in the face of omicron is important.

CLINICAL TRIAL

Design: An ongoing, open-label, phase 2-3 trial examined the safety and immunogenicity of an omicron-specific booster vaccine in persons who were fully vaccinated against Covid-19.

Intervention: 819 participants who had received a two-dose primary series of the mRNA-1273 vaccine plus a booster dose at least 3 months earlier were given a second booster with either the bivalent mRNA-1273.214 vaccine (containing 25 µg each of ancestral Wuhan-Hu-1 and omicron B.1.1.529 spike mRNAs) or the monovalent 50-µg mRNA-1273 booster (containing Wuhan-Hu-1). The primary objectives were to assess the safety, reactogenicity, and immunogenicity of mRNA-1273.214 at 28 days, as shown by noninferior or superior neutralizing antibody responses against omicron and noninferior responses against ancestral SARS-CoV-2 with the D614G mutation.

RESULTS

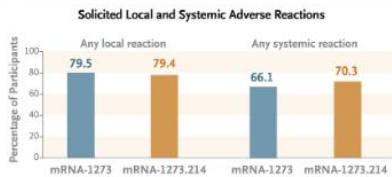
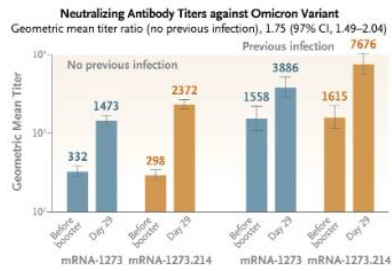
Immunogenicity: In participants without previous SARS-CoV-2 infection, the bivalent booster prompted a superior neutralizing antibody response to omicron and was noninferior to the monovalent booster in generating neutralizing antibodies against ancestral SARS-CoV-2 (D614G). Higher neutralizing antibody responses against both omicron and ancestral SARS-CoV-2 were also observed in participants with previous SARS-CoV-2 infection who were given the bivalent booster.

Safety and Reactogenicity: Safety and reactogenicity were similar in the two groups.

LIMITATIONS

- The trial was not randomized.
- Variant sequences were not ascertained among those infected with Covid-19.
- Follow-up was short, so it is not known how long antibodies persist.
- The trial was not designed to evaluate vaccine effectiveness.

Links: Full Article | NEJM Quick Take



CONCLUSIONS

Among vaccinated persons who had received a booster against Covid-19, the bivalent omicron-containing mRNA-1273.214 vaccine had a safety and reactogenicity profile similar to that of the monovalent mRNA-1273 booster vaccine and was superior in eliciting a neutralizing antibody response against the omicron variant.

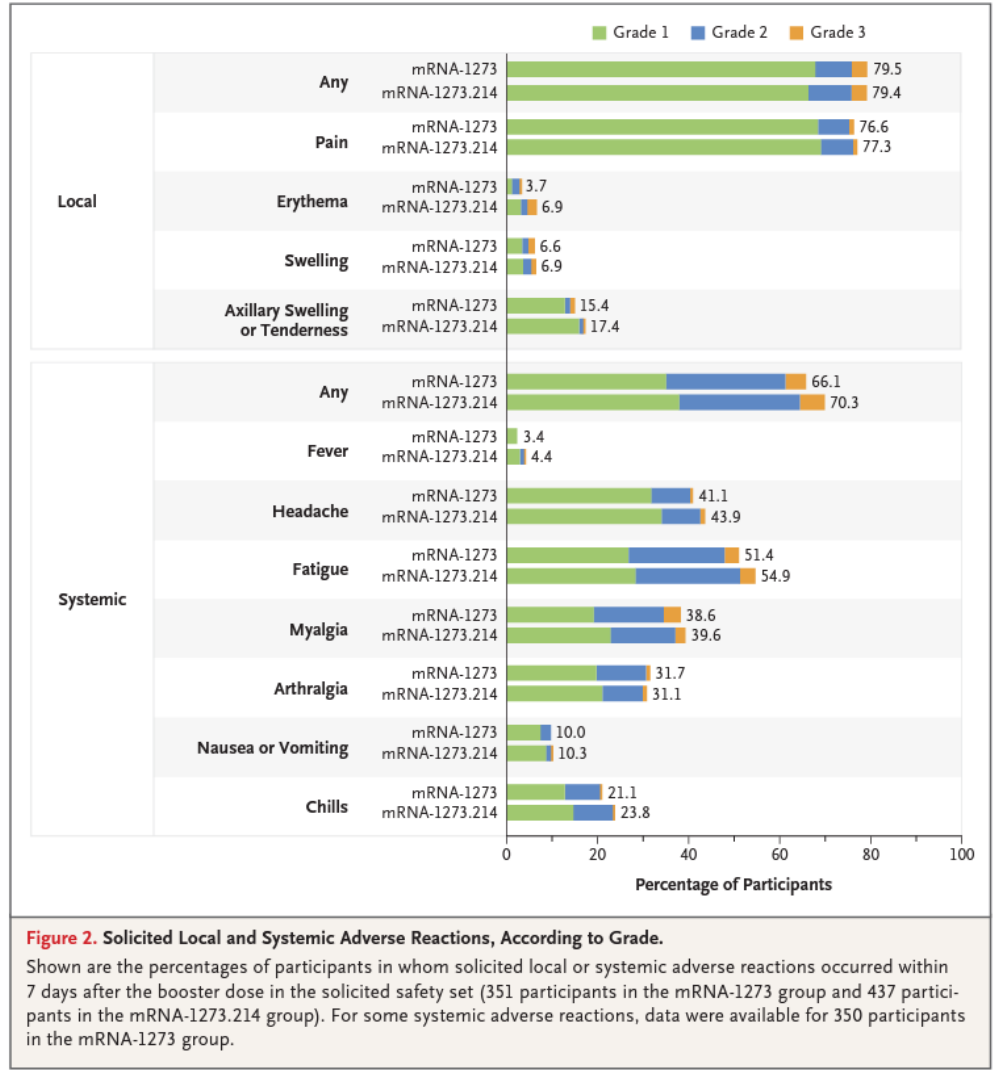
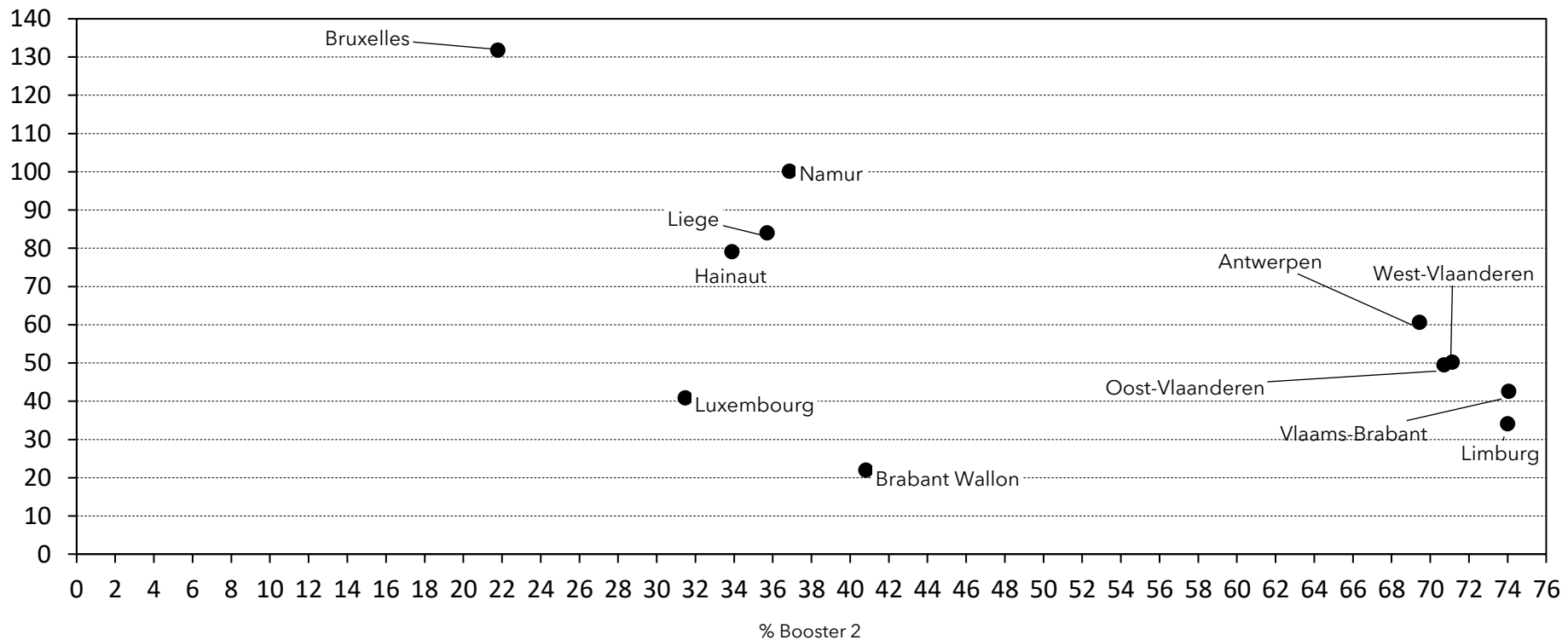


Figure 2. Solicited Local and Systemic Adverse Reactions, According to Grade.

Shown are the percentages of participants in whom solicited local or systemic adverse reactions occurred within 7 days after the booster dose in the solicited safety set (351 participants in the mRNA-1273 group and 437 participants in the mRNA-1273.214 group). For some systemic adverse reactions, data were available for 350 participants in the mRNA-1273 group.

Preliminary data: vaccination 65+ (2nd booster) : provincial comparison hospitalization 65+ for COVID19: data Oct 6, 2022

Hospitalisation 65+/100.000 65+



- High number of hosp in Brussels can be explained by the fact that also patients outside Brussels are hospitalized in Brussels hospitals.

Preliminary data: vaccination 65+ (2nd booster) : provincial comparison hospitalization 65+ for COVID19: data Oct 12, 2022

Hospitalization 65+/100.000 65+

