

RAG ADVICE ON SPECIFIC QUESTIONS RAISED FOLLOWING THE NSC ON 23/09/20

RAG 28/09/2020

1. Classification high/low risk contact for the general population

Questions

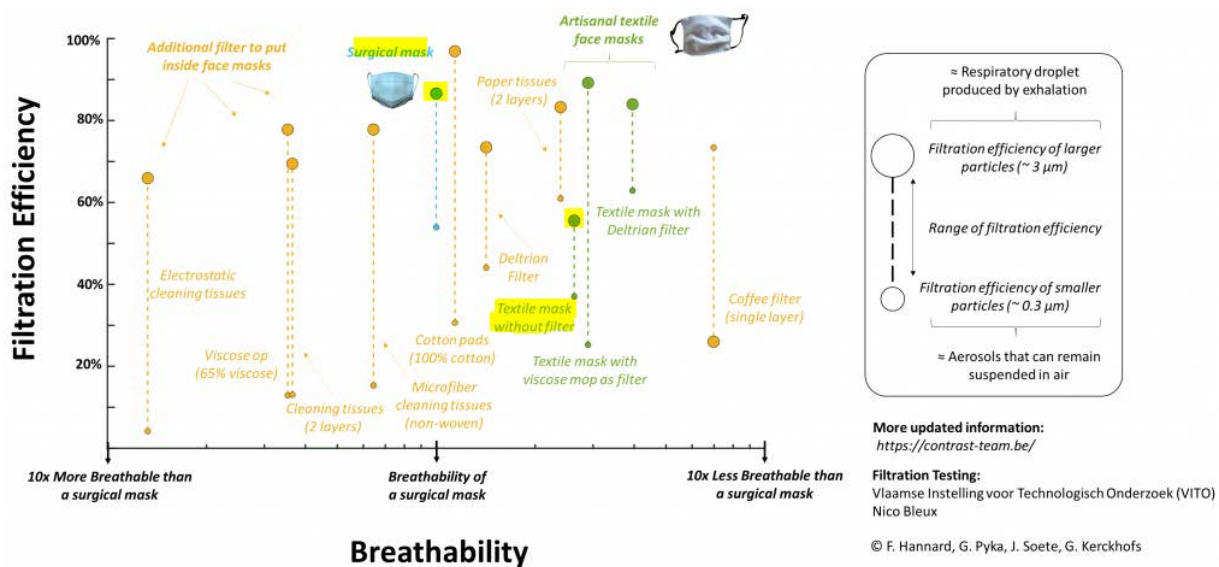
If both persons wore a mask during the contact, should they still be considered as a close contact ?
What if only the index person wore a mask? What if only the exposed person?

Description of the problem

We are receiving a lot of questions regarding this. People are unmotivated to wear their mask if afterwards it is not taken into account during the risk assessment and they are still considered as high-risk contacts.

Previously, the RAG advised not to take into account the mask since large differences are observed in both quality of the masks and compliance of the wearer. Only for health care professionals, the mask is currently taken into account since a) they are trained to use PPE b) they have access more easily to high-quality surgical masks. Currently, many disposable comfort masks are being sold that do not meet the criteria for surgical masks but for untrained people it is difficult to make the distinction between comfort masks and true surgical masks. Tests carried out by a Belgian research group show a filtration efficiency of cloth masks (2 layers of cotton, no filter) of about 50% for 3µm-particles¹ vs. 90% for surgical masks.

Additionally, if cloth masks are considered adequate protection, the use of the Coronalert (which can only evaluate time and distance) will lead to many people be put in quarantine unwarrantedly.



¹ The efficiency of the mask as source control may be higher as droplets tend to be larger when they exit the mouth and evaporate into smaller particles but there is no data on this.

Elements of discussion

- If the use of a mask is not taken into account in the evaluation of the contact classification, it will lead to further demotivation of people wearing them, especially in schools.
- Although the risk of transmission from a COVID-19 patient wearing a cloth mask is estimated to be very low, it is not nihil.
- The correct guidelines for proper use of (cloth) masks are still often not respected.
- Large international organizations like CDC, ECDC, Robert Koch Institute or RIVM do not take the wearing of a cloth mask into account when assessing the risk for contact persons.

Recommendations

- If two people are spending > 15 min together, within a distance < 1,5m but both wearing a mask (cloth or surgical) **that covered both nose and mouth**, than the risk can be classified as a low risk contact. If only one person is wearing a mask, the contact is classified as high risk contact (independently if it is the index case or not), except for HCWs in the setting of their work (see also current case definition of high/low risk contact for HCWs).
- The evaluation of this will have to be done by the call center for the general population, by the occupational physician for work-related contacts and by CLB/PSE for schools.
- Of note is that the app will not allow to make the distinction (no information on mask use or not).
- Reinforce the message that wearing a mask reduces the risk but does not eliminate it. Therefore, even low risk contacts should respect the hygiene measures and pay attention to possible symptoms (as it is in the current guideline for contacts). The recommendations on masks have always been that it is an additional protection, not a substitute for other measures like keeping a distance.
- Stress the fact your mask helps to prevent contamination of the environment, will help keep shared objects clean and will protect people sitting at a distance of >1,5m.

2. Quarantine

Questions

The decision was taken to limit the quarantine to 7 days, with a test on day 5. But what about children < 6, that are not tested ? What about professionals that are taking care of people at risk of developing a severe disease (e.g. in nursing homes) ? What if people refuse a test at day 5 ?

Elements of discussion

- The RAG experts expresses their strong concern on the test on day 5 for high risk contacts. Scientific evidence allows to say that a test on day 5 reduces effectively the risk of transmission for travelers. However, this cannot be extrapolated to high risk contacts. A test on day 7 is a safer option.
- The quarantine period of 7 days must be followed by an additional period of 7 days of attention for symptoms of possible COVID-19, strict hygiene measures and reduced social contact (especially with vulnerable persons). This should be clearly stated (was not part of the communication after the NSC).

Recommendations

- For children, the current recommendation regarding testing remains valid, that is that a test is only useful for contacts if the result will have an impact on the measures taken (e.g. closure of bubble).

- It should be reminded that the start of the quarantine period for children (now 7 days instead of 14 days) is the last day of possible exposure to the contagious person. If this person is a parent, this day will often be the last day of isolation period. See also current guideline for children (page 4):
https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_procedure_children_NL.pdf
and
http://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_procedure_children_FR.pdf
- For professionals that are taking care of people at risk of developing a severe disease: the quarantine period is also 7 days, if the test result on day 5 is negative. HCW are well trained to the hygiene measures and use surgical masks, so the risk of transmission is very low. In addition, the guidelines should be as harmonized as possible.
- For residents in a nursing home, being careful for a second week and avoid contacts with vulnerable persons after the 7 days quarantine is almost impossible. Therefore, the quarantine period should be at least 10 days (preferably 14) instead of 7.

Decision RMG: A quarantine of 10 days is recommended for both residents and staff if there is a cluster in the nursing home. A test is carried out at day 5 also (for reason of harmonization) but a negative test will not allow to stop the quarantine at day 7.

- If a person refuses a test (or cannot present a negative test result) on day 5, the quarantine period remains 14 days.

3. Closing of classes in schools

Question

Unrelated to the NSC, there seems also to be a need for clarification of when the whole class should be put in quarantine in primary and secondary schools. The current RAG/Sciensano procedure says that in case of a cluster (≥ 2 cases), the decision to close a class will be taken according to the local situation and in consultation with the regional health authorities. The advice here should be more clear.

Proposal

We could follow the guidelines of the VVWJ for CLB's:
https://www.vvwj.be/sites/default/files/infectieziekten/infectieziekten_-_info_en_brieven/fiche_covid-19_voor_clb_20200920ter.pdf

Lager onderwijs

Indien zich meer dan 1 geval (leerling + leerling of leerling + leerkracht) voordoet in de klasbubbel en er is vermoeden van transmissie in de bubbel (de gevallen zijn gelinkt via de klasbubbel), dan gaat de (klas)bubbel in quarantaine. Alle leden van de klasbubbel dienen getest te worden.

Secundair onderwijs

Bij een eerste index leerling in de klasbubbel, wordt bepaald wie de hoog- en laag-risico contacten zijn. Als één van de hoog-risico contacten ook positief test, dan wordt deze beschouwd als nieuwe index leerling en start het contactonderzoek ook rond hem/haar. De klasbubbel hoeft niet volledig in quarantaine aangezien de andere hoog-risico contacten al in quarantaine zijn.

Als het tweede positieve geval in de klas geen hoog-risico contact is van de eerste indexleerling, dient te worden ingeschat of er bij de twee positieve gevallen een mogelijke andere bron van transmissie

is buiten de klasgroep. Is die mogelijke bron buiten de klasgroep er niet, dan wordt een transmissie vermoed in de klas en gaat de volledige betrokken klasgroep in quarantaine. Iedereen wordt getest.

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