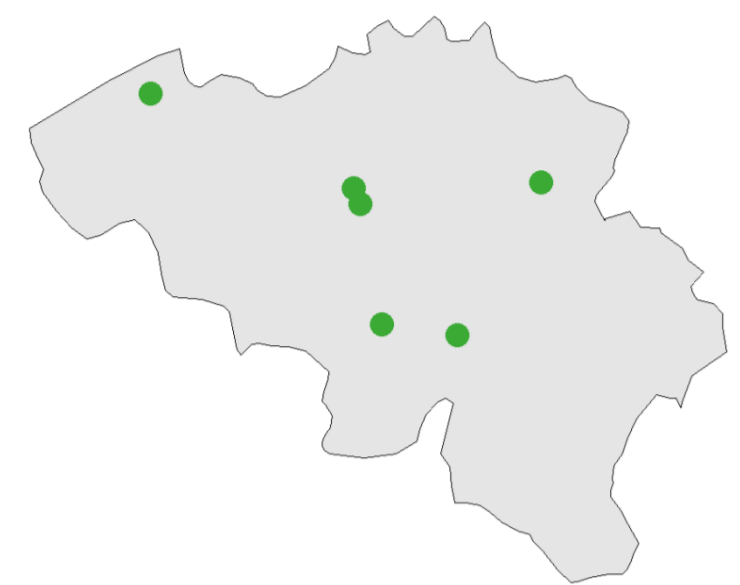


Sentinel SARI surveillance in Belgium in times of COVID-19 pandemic

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Background



BELSARI-net

- 6 hospitals
- operating since 2011

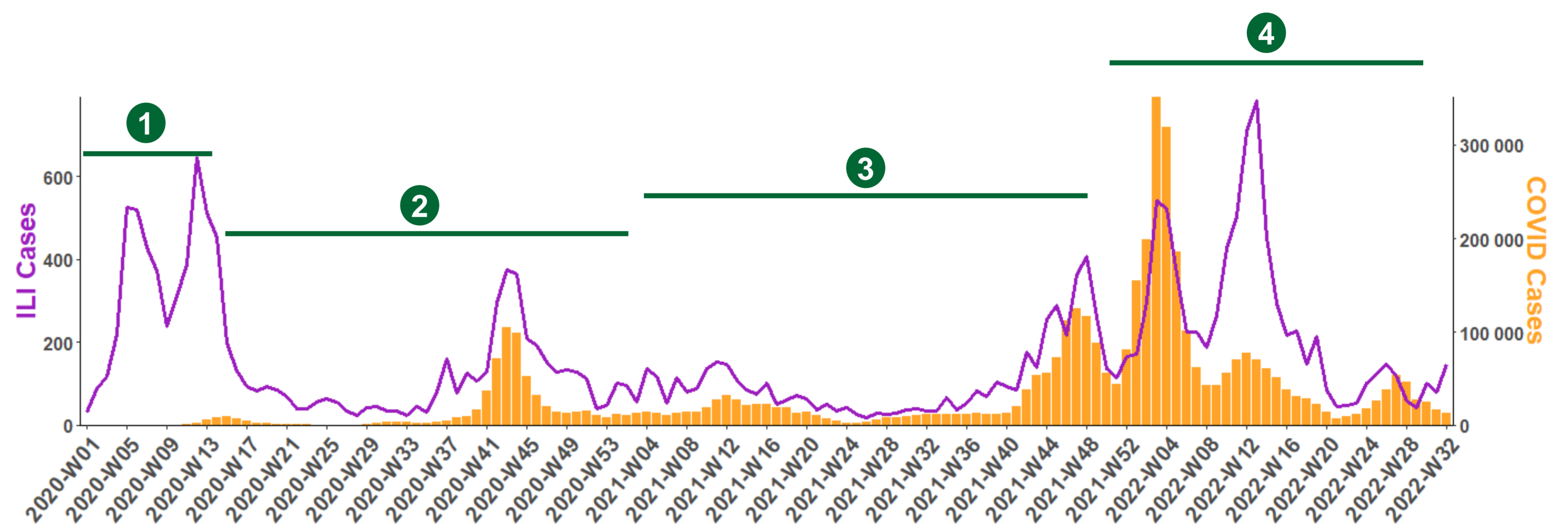
SARI case definition* (pre-COVID)

- fever (or history)
- cough or dyspnea
- at least overnight hospitalisation
- symptoms before admission and within 10 days before sampling

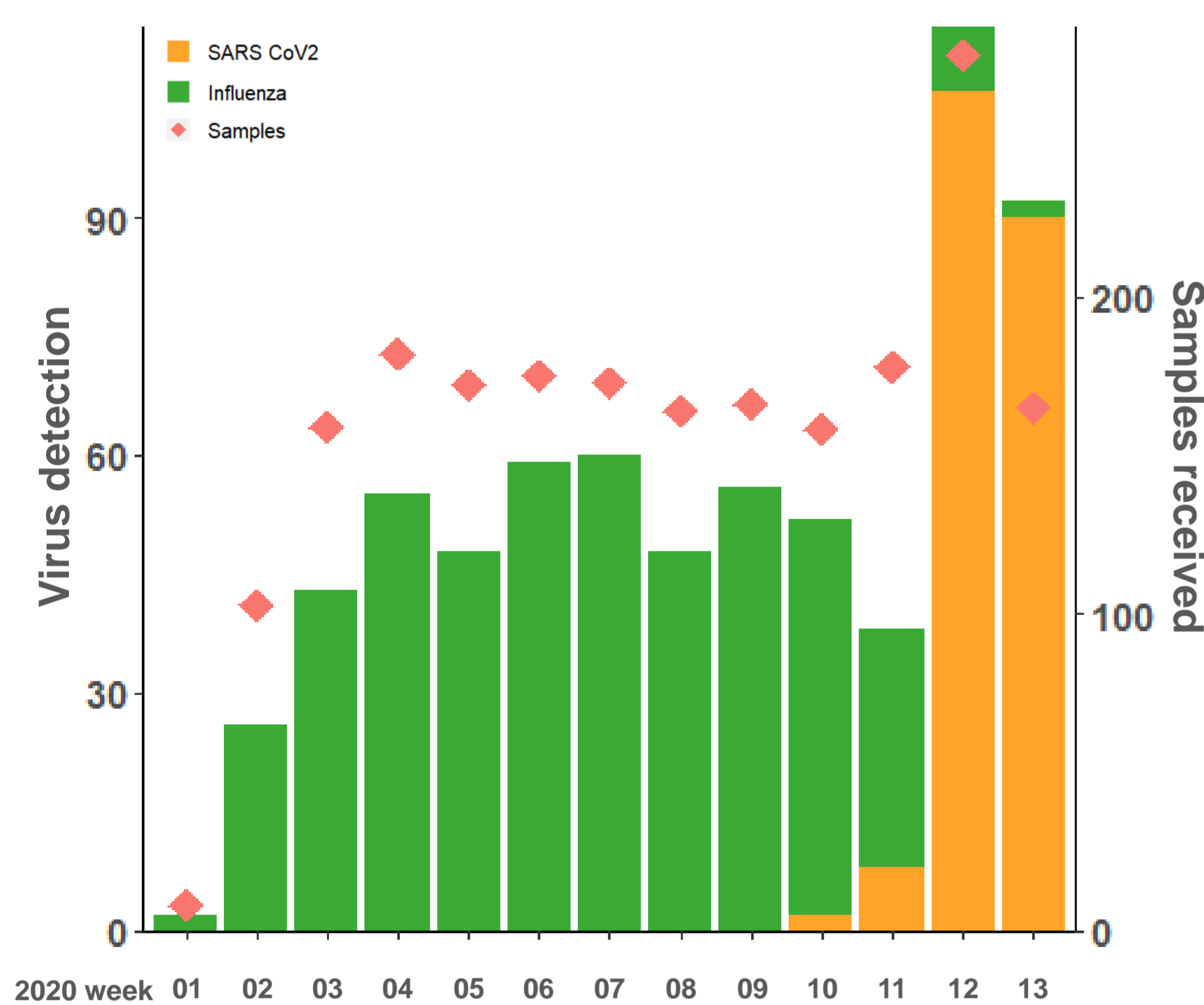
* based on WHO case definition

COVID-19 pandemic phases and ILI-incidence rate (per week, Jan-2020 to Jul-2022)

- COVID cases: number of cases recorded and reported to ECDC/WHO-EURO
- ILI-incidence rate (per 100000 inhabitants) as calculated based on GP sentinel network reports



1 Early phase

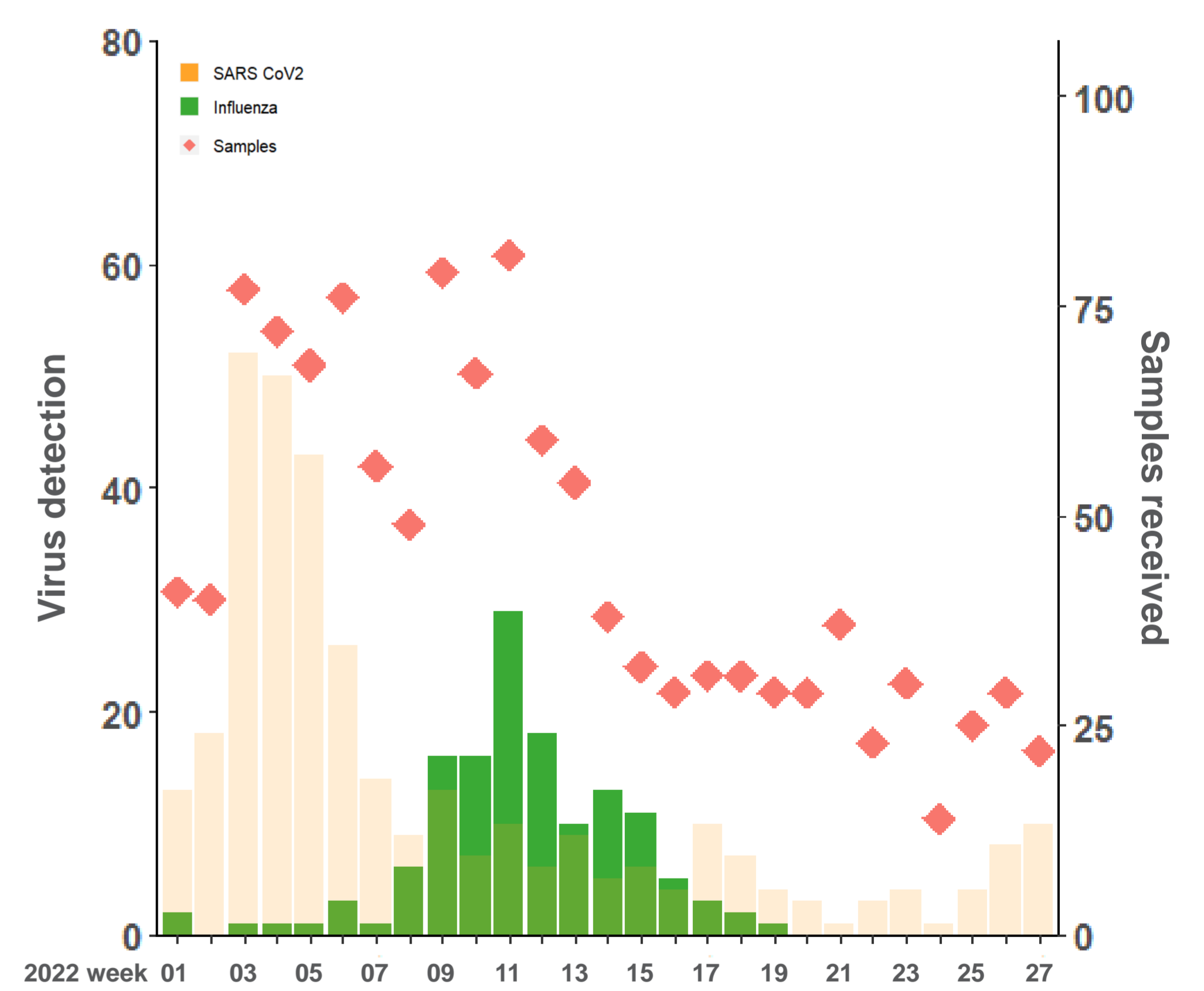


- SARS-CoV-2 detection PCR implemented early Feb 2020 (based on Corman, Eurosurv, 2020)
- Normal influenza season from week 02 till 11
- Detection of 1st SARS-CoV-2 positive on week 10 (sampling date), same week as 1st local case reported by National COVID-19 monitoring platform
- Follow up of SARS-CoV-2 initial surge before lockdown

2 2020: First waves

- Lockdowns and strong NPI* measures
 - SARI surveillance interrupted (because of workload in hospitals)
- * Non Pharmaceutical Interventions

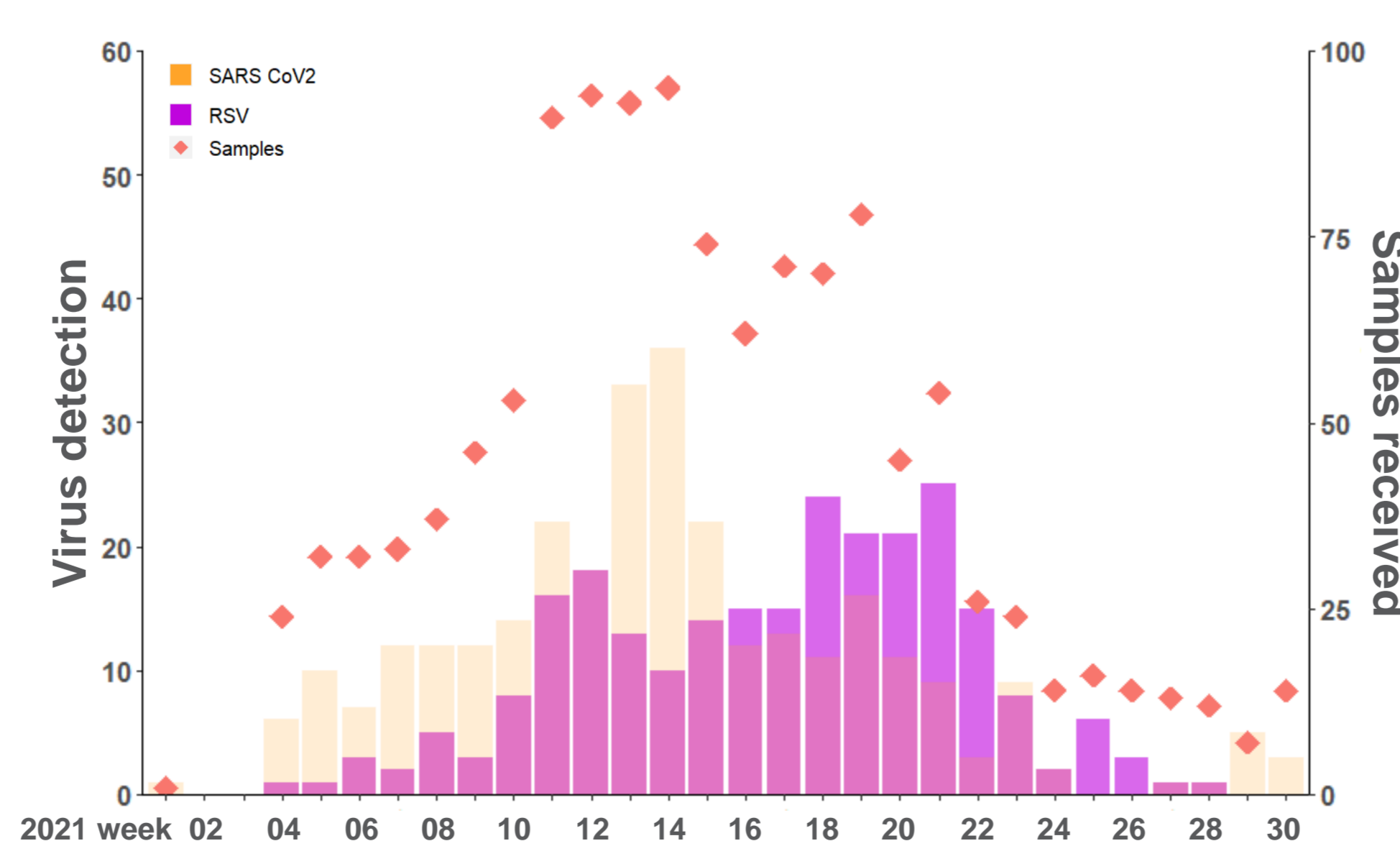
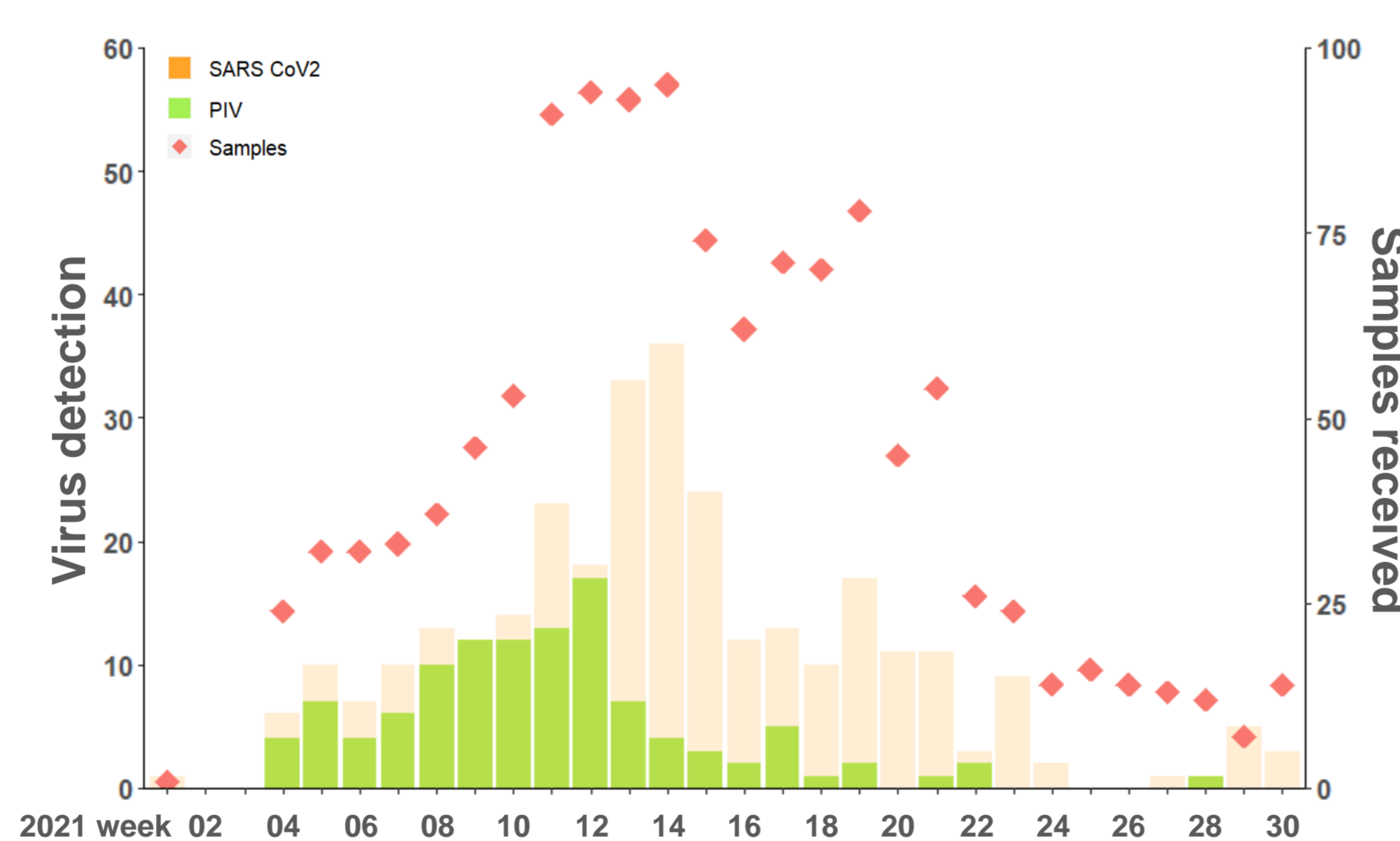
4 2022: Influenza is back!



- Recruitment improved as burden in hospital decreased
- Follow up of SARS-CoV-2: Omicron wave
- Influenza virus epidemic, but slightly delayed compared to pre-COVID seasons

3 2021: PIV and RSV epidemics

- SARI surveillance able to resume, but in degraded mode (not exhaustive recruitment) and broader definition (symptoms), year round
- Follow up of SARS-CoV-2: Alpha wave (early 2021) followed by Delta wave (from week 35)
- Detection of various respiratory viruses other than SARS-CoV-2
- Parainfluenza (PIV-3) and Respiratory Syncytial virus (RSV-A) epidemics detected, but at unusual period for RSV
- No influenza epidemic



CONCLUSION

- Good follow up of SARS-CoV-2 waves
- Year-round: important to follow new patterns of circulation for other respiratory viruses
- Collected data (patients' risk factors and complication during hospitalization): useful to evaluate relative burden of disease of the different viruses

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THE PRESENTING AUTHOR HAS NOTHING TO DISCLOSE