Belgium in the time of the COVID-19 pandemic
A snapshot in January 2021
In 2020, Belgium experienced highs and lows as it grappled with COVID-19. Ghent University Hospital is one of the largest hospitals in Belgium, with over 1000 beds and more than 6000 staff. The hospital benefited from a high degree of preparedness and prescience. Very early on in the pandemic, in January 2020, a task force was set up to prepare for the crisis they expected could be facing the country. Its members included a physician who had experience of Ebola. When COVID-19 hit, all non-essential medical care immediately was shut down.

Non-COVID-19 patients of all types, including patients with chronic respiratory disease, were affected right away by the impact of the pandemic. Outpatient clinics were suspended temporarily. Even transplantations ceased. The hospital has 160 severely affected patients with chronic ventilation at home, some of whom are post-COVID-19. The community support team for ventilated patients continued, but most diagnostic and treatment services, including tests and studies, had to be adapted. The programme for active rehabilitation for chronic obstructive pulmonary disease was suspended. Sleep apnoea beds for overnight tests had to be shut, and their monitoring units were switched to do non-invasive monitoring of COVID-19 patients; sleep studies were conducted remotely by polygraphy. CT and MRI scans and spirometry continued, but consultations were conducted remotely or by phone. Gradually, selected patients were offered face-to-face appointments if necessary. Many people did not dare to go to the doctor, so some patients delayed their visit for too long, with distressing results.

“In the first wave, the severity of the situation hit the staff hard,” says Professor Dr Guy Joos, Chair of the Department of Internal Medicine and Head of the Department of Respiratory Medicine. “Whether or not they were working with COVID-19 patients, they had to cope quickly with enormous changes, hours, stress and the knowledge that the hospital was in the front line of saving hundreds of lives from this dreadful virus.”

There has been much debate in Belgium about age and COVID-19, because biological age counts. “Taking care of the very old with COVID-19 has been an issue which to some extent has divided the country”, says Professor Joos. “We have an age and frailty score for each patient, and we take that into account, because very old frail people are less likely to survive intensive care or a ventilator, and they and their family need to understand that it makes no sense to put them through that ordeal. They could still have oxygen and antibiotics and, increasingly, other treatments. We opened some public discussions on that. We have a very active intensive care department that already was making rational decisions about who to admit to intensive care; we take end-of-life decisions very seriously and work with the families concerned. We are doing some more research on that now.”

At the beginning, nobody knew what would help treat COVID-19. As more treatments for COVID-19 were being trialled and used, it also became clear that there was another element that is very useful in a pandemic: space. The hospital, founded in 1817 but built mainly in the 1960s and 1970s, is spacious. Having sufficient space is invaluable, as the influenza and polio epidemics of the last century had shown. Space makes it easier to expand and reorganize, to keep a distance between beds, patients and staff, and to maintain hygiene: these have always been necessary in an epidemic. More modern hospitals often are built with small wards and units, lacking space.

The hospital intensive care unit was in demand not only from its local population, but also from elsewhere. In the first wave, cases were transferred to Ghent from the Netherlands, which is on the northern border of Belgium. The resurgence of cases of COVID-19 in October started in the capital city of Brussels, south-east of Ghent. It
overwhelmed the Brussels hospitals, and patients were transferred from there too. This cooperation between colleagues across borders was to become a feature of the pandemic response in Europe.

The international networks have been busy. Professor Joos is on the European Respiratory Society Advocacy Council. In September 2020, the Society organized an online congress, with over 33,000 people from across Europe attending 263 sessions that were streamed across 10 channels.

Communication is vital for patients too. It is needed not only for treatment, but also for prevention and vaccination. Hospitals in Belgium are federally funded, but prevention, including vaccination, comes under the regions. Online events are an innovation that has been very helpful to patients. The hospital holds webinars on, for example, COVID-19 vaccination, new variants and treatment advances, some of which have attracted 3000 people. Other events are in the pipeline, hopefully involving patients themselves.

By January 2021, Belgium was experiencing decreases in hospitalizations, numbers of patients in intensive care and mortality. However, this was followed by another resurgence of cases, which Professor Joos attributes to the emergence of new variants and to a looser interpretation of physical distancing measures by parts of the population, added to some frustration in the population about vaccination delays. For health-care workers, this resurgence has come on top of all the non-COVID care that had been restored to normal (or even higher) levels than before.

Professor Joos is undaunted. He thinks they are managing to keep going and are keeping all the balls in the air. “I’m an optimist,” he says. “To me, it’s a moral duty. We can see the super-professional energy that is being generated to fight this war against COVID-19 everywhere – in nursing staff, physicians, management, our task force, paramedics and pharmacists. It is inspiring. But these resurgences have hit more staff, who are becoming sick or quarantined. I think COVID-19 will continue to exist, as tuberculosis does, smouldering at a much lower level. So we have to plan accordingly. Public health is so important.”

1 More information on the Belgium COVID-19 situation, in French, English and Dutch, can be found at: www.sciensano.be