

A solid, sector-wide enterprise architecture as an important asset for an adequate use of ICT in the fight against the COVID-19 pandemic

Webinar SAI 15/02/2022

Abstract

- In the development of information systems in the social and health sector, the emphasis has been placed for years on a solid, sector-wide enterprise architecture
 - sharing of infrastructure and platforms
 - reuse of data, services and components described in a publicly accessible catalogue
 - an integrated service to end users, supported by APIs
 - participatory governance in the development of the systems, up to the level of policy makers.
- Through this approach, the information systems and apps set up in the fight against the COVID-19 pandemic (contact tracing, organization of tests, organization of vaccination, teleconsultation, policy support, ...) can be developed very quickly and agile, and can be adjusted very flexibly and at low cost in function of the changing situation and evolving scientific insights.



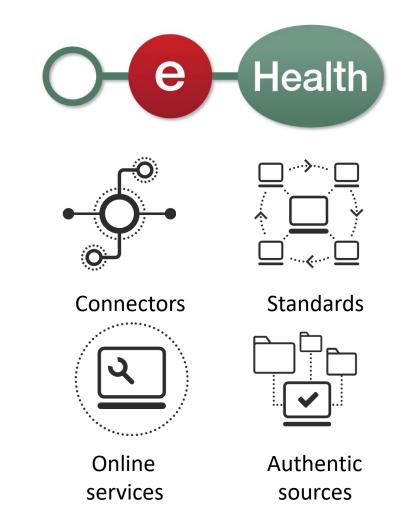
Short history

- 2008: basic services eHealth-platform
- 2016: G-Cloud as a sound synergy program
- 2018: shifting focus towards synergies in the area of business components: ReUse initiative
- 2020: COVID-19 pandemic



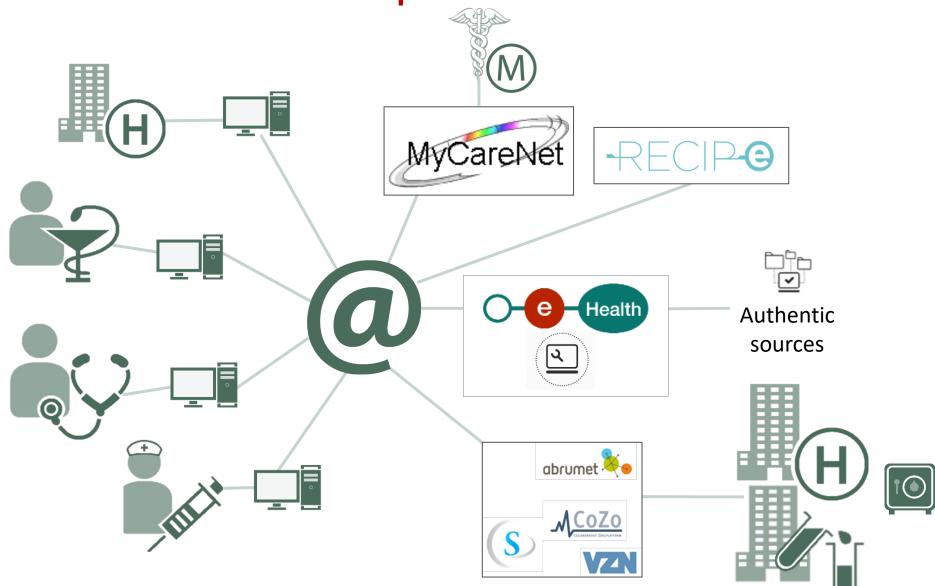
eHealth-platform

- Public Federal institution founded in 2008 for facilitating well-organized, mutual electronic service and information exchange between all actors in health care
- The e-Health platform provides necessary guarantees with regard to information security, privacy protection and professional secrecy

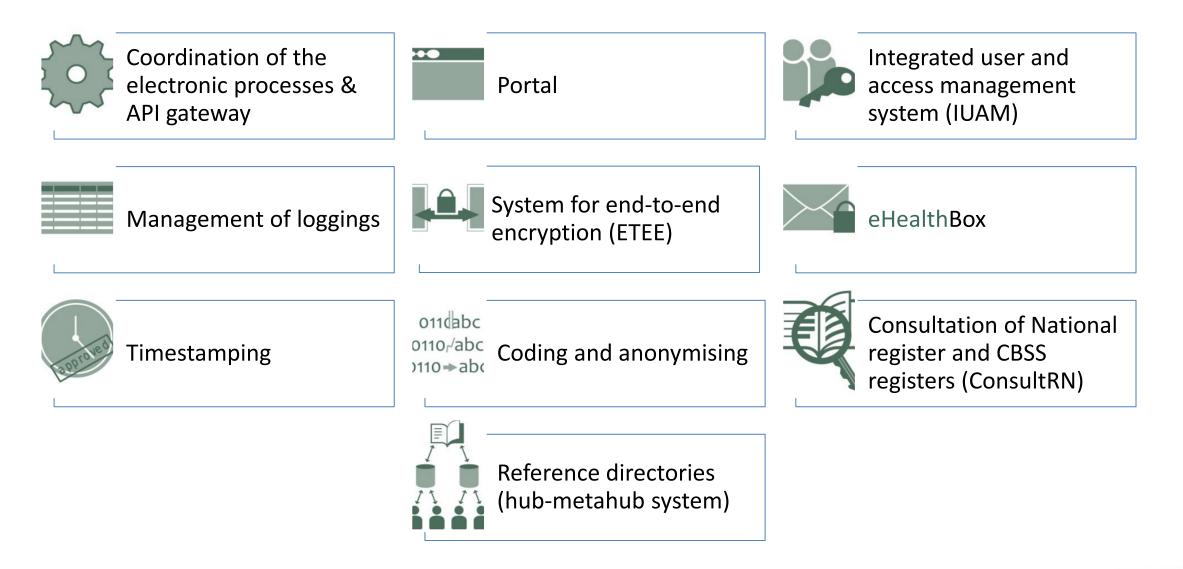




eHealth-platform actors



eHealth-platform: basic services & API's



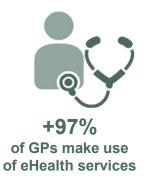
Health 6

Some results



> 88,5 % of Belgian citizens have given an informed consent for data sharing

Electronic prescriptions 13,4 millions/month 29.000 > 4000





193 millions messages/year via eHealthBox



19.600.000.000 digital transactions



4.346.796 Belgian patients with Summary Electronic Health Records in health vaults



215 millions electronic documents available at hospitals and clinical labs



What is G-Cloud ?

A program including synergy projects For existing as well as for new services

For public services







Managed by public services



In cooperation with the private sector

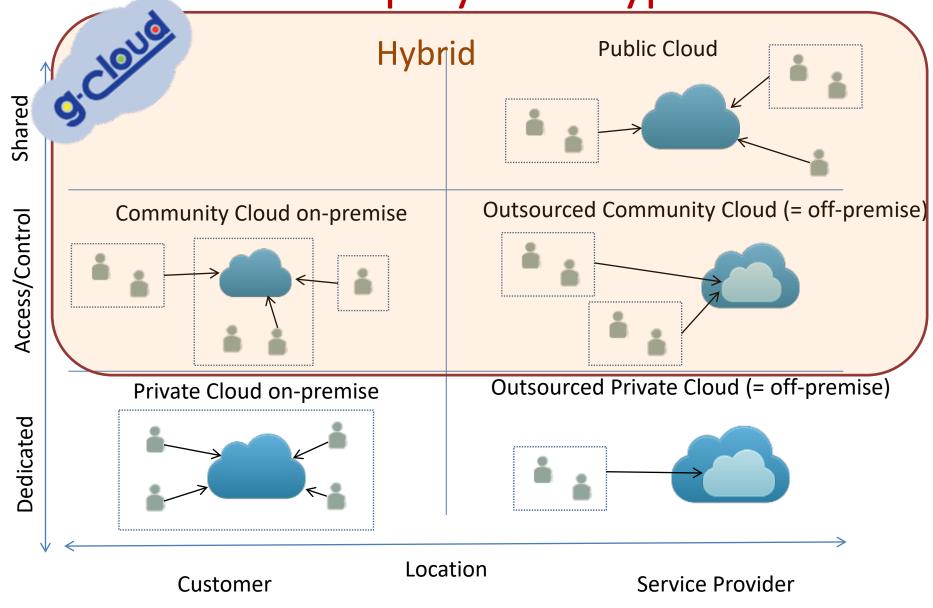




What is G-Cloud ?

- Shared public ICT platform
 - current target: federal state (FPS, PPS, public institutions of social security, institutions of public benefit)
 - can be extended to other interested authorities
- Hybrid community cloud model
 - use of public cloud if possible
 - private community cloud hosted in data centers, managed by the government
 - operational implementation with strong involvement of the private sector

Cloud deployment types



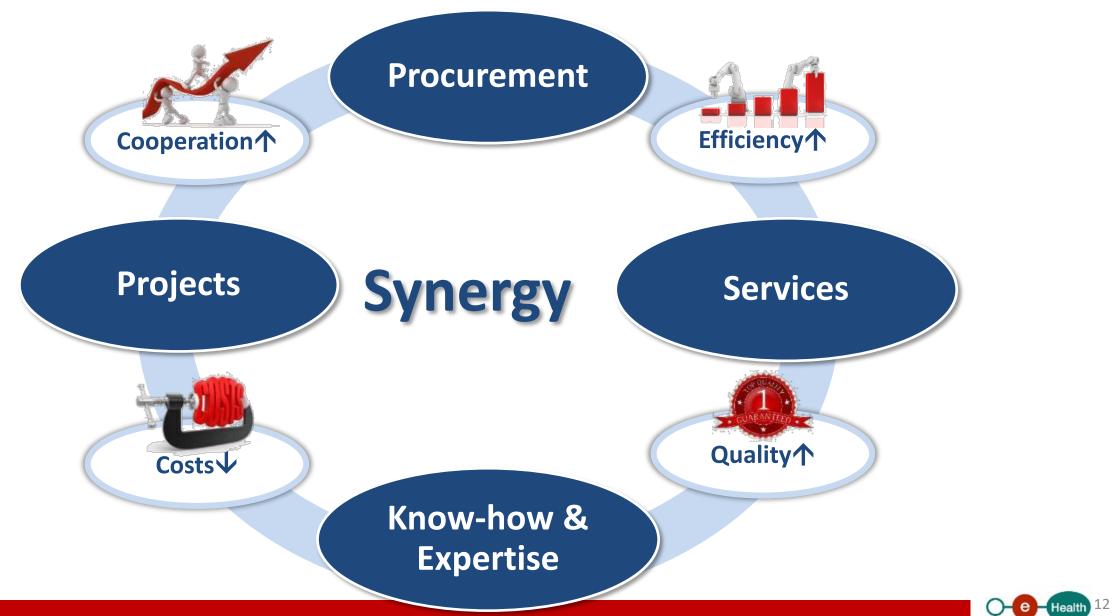


Basic principles

- Maximum synergy when possible and when generating efficiency gains and/or savings while maintaining or improving the quality of the services provided to the customer
- In line with the synergy program: assignment to the one who is the most capable of proposing a form of shared services
- Synergy based on result orientation, sense of responsibility and trust



G-Cloud 'products'





Why G-Cloud?

Creation of **economies of scale**: efficiency and high quality/availability

Respect of **confidentiality** and **data protection**

Bigger **focus on business applications and flexibility** in order to realize them







Why G-Cloud?

Greater weight

during negotiations with suppliers Pooling of knowledge and resources Technological evolution faster available for everyone

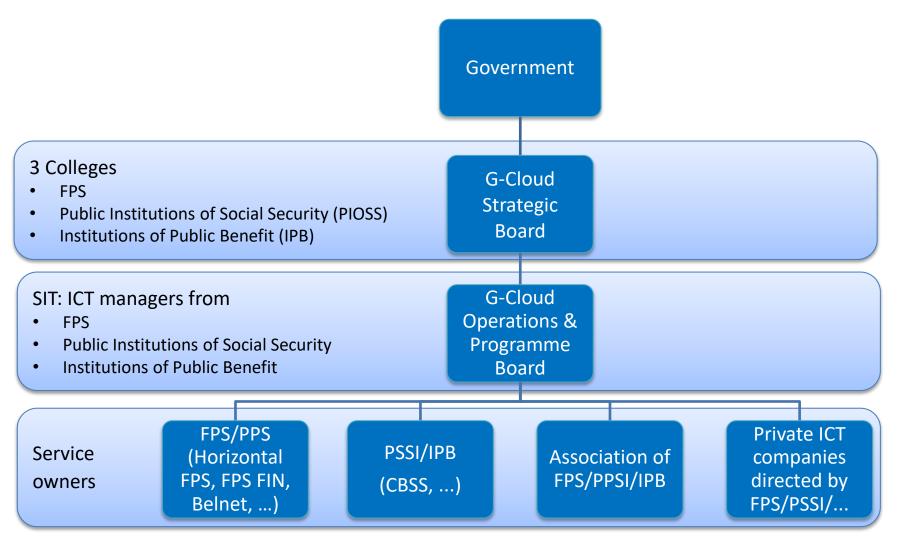








G-Cloud organization





G-Cloud organization



G-Cloud Strategic Board: strategic direction by senior officials

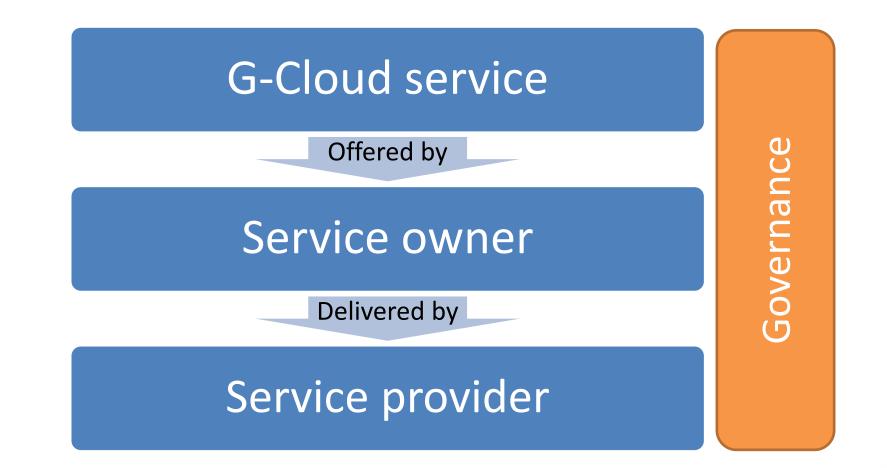


G-Cloud Operations & Program Board: ClOs for operational direction



G-Cloud service model

- G-Cloud = coalition
- G-Cloud ≠ central organization





G-Cloud portfolio (www.gcloud.belgium.be)



	PLATFORM - DEVELOPMENT AND	O SPECIALIZED TECHNICAL TOOLS	
GREENSHIFT	YELLOWSHIFT	BLUE STACK DB	
OPEN SOURCE PAAS	MICROSOFT PAAS	IBM DB	

INFRASTRUCTURE - SERVICES ("SOFT" INFRA)						
UCC VOICE/IM	Æ	UCC EXCHANGE ON PREMISE	E	SHAD SHARED DIRECTORY でジマ薬や	ARCHIVING	
UCC CONTACT CENTER	Æ	UCC EXCHANGE O365	R	INTERNET ACCESS PROTECTION SECURITY AS A SERVICE	ВАСКИР	
UCC MOBILE DEVICE MANAGEMENT	R					

	INFR	ASTRUCTURE- FOUN	DATION ("HARD	D" INFRA)	
COMPUTE VIRTUAL MACHINE	HOUSING	ibz 🖉 🔷	FEDWAN	Beinet dedicated connectivity	
COMPUTE HYPERVISOR	~		FEDMAN	Beinet	

Data classification

- Information classifification model drafted within « Federal Information Security Policy » (FISP)
 - https://dt.bosa.be/nl/federaal beleid voor informatiebeveiliging fisp
- Definition of levels



- Classification based on the impact of the loss or dissemination of information
 - impact for government (agencies)
 - impact on privacy rights
- Practical classification explained in privacy vademecum
 - <u>https://dt.bosa.be/sites/default/files/fisp</u> privacy_vademecum_nl.pdf

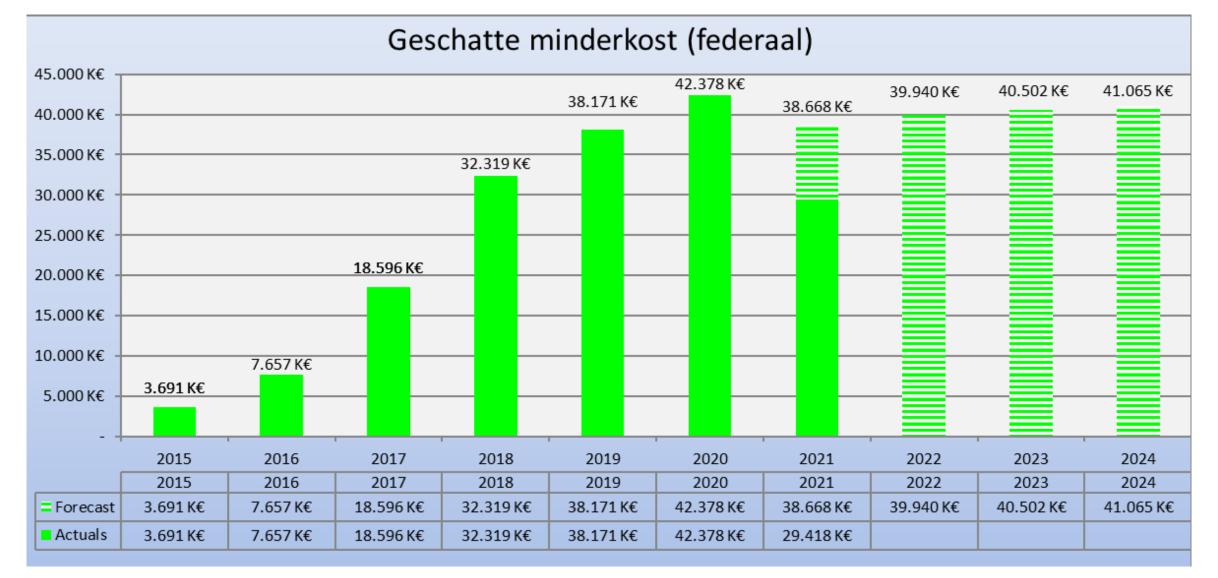


G-Cloud and the private sector

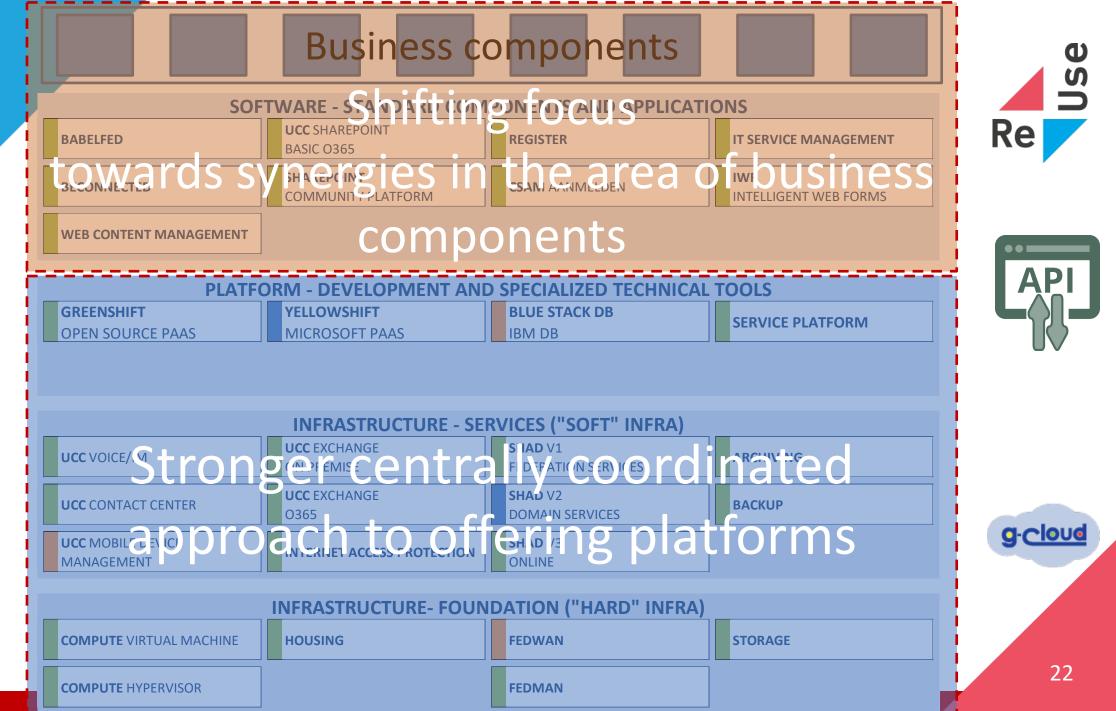
- G-Cloud ≠ ICT insourcing
- Public procurement translation tool, converged infrastructure, unified communications, network security, storage, back-up, ...
- In consultation with the sector for several specific platforms IBM, Microsoft, Oracle, RedHat, SAS, ...

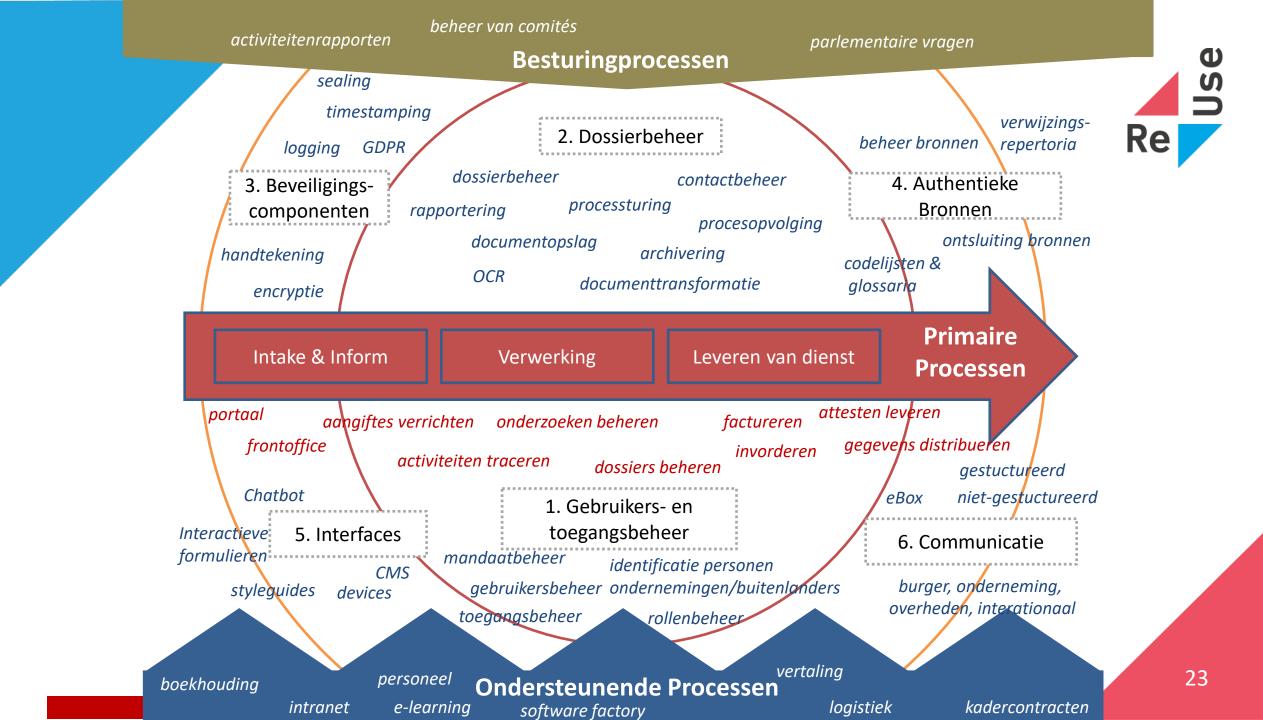


G-Cloud ROI









About the ReUse initiative



Initiative within the public social security & health institutions & Smals

Purpose

- synergy around (technical) business components
- and thus save costs by avoiding multiple development of components
- Regardless of whether development takes place by
 - the institution's own ICT department
 - **SMALS**
 - subcontractors
- A competence center within Smals aims to maximally integrate and support the ReUse of business components within Smals, its members, partners and domains in which Smals is active



CATALOG

PROCESSEN

NETWERK

MENTALITEITSWIJZIGING

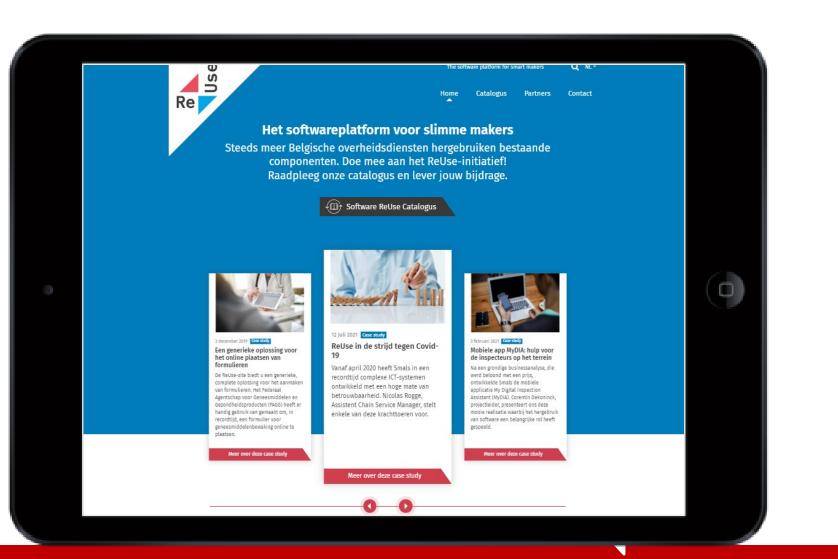


Every stakeholder can easily find the most common reusable elements in a centralized catalogue

A culture develops where ReUse is adopted and the creation of reusable products is promoted Processes and tools are put in place to identify, register, implement, monitor and measure ReUse throughout the project lifecycle

Human **networks** are maintained and developed on all levels (CEO's, CIO's, business owners, business analysts, architects) in order to keep maximum **visibility** on ReUse potential

How? With Software ReUse Platform! https://www.ict-reuse.be







The soft	ware platform for sr	Q NL-	
Home	Catalogus	Partners	Contact

Software ReUse Catalogus

Smals en haar leden streven naar hergebruik van software-onderdelen en het herbruikbaar maken van nieuwe ontwikkelingen. Deze catalogus bevat een overzicht van bestaande herbruikbare componenten.

Zoeken

New project? Consult the Software ReUse Catalogue

Zoek op tretwoord, of kijk in de categorieen nieronder.					
Trefwoorden					

B Authentieke bron

Componenten gerelateerd aan referentiedatabases beheerd door de eigenaar van de betreffende gegevens

Toon de gerelateerde componenten

Communicatie

Componenten gerelateerd aan technieken voor communicatie, toegang tot informatiebronnen en opslag, manipulatie, productie en verzending van informatie.

Toon de gerelateerde componenten



Interfaces

Componenten gerelateerd aan interactie tussen gebruikers en systemen.

Toon de gerelateerde componenten

8 Gebruikers- en toegangsbeheer

Componenten gerelateerd aan het beheer van bevoegdheden van gebruikers voor toegang tot een informaticasysteem of toepassing.

Toon de gerelateerde componenten

A Veiligheid

Componenten gerelateerd aan de bescherming van de integriteit en vertrouwelijkheid van informatie opgeslagen in een informaticasysteem Toon de gerelateerde componenten

Dossierbeheer

ReUse in de strijd tegen Covid-19

Vanaf april 2020 heeft Smals in een recordtijd complexe ICT-systemen ontwikkeld met een hoge mate van betrouwbaarheid. Nicolas Rogge, Assistent Chain Service Manager, stelt enkele van deze krachttoeren

voor.

Publish

Your Success Stories !

De uitdaging

is sterk betrokken bij de strijd tegen Covid-19. De pandemie heeft ons gedwongen om binnen een zeer kort tijdsbestek in te spelen randerende behoeften. Zonder de strategie voor hergebruik die we al enkele jaren voeren, zou dit niet mogelijk zijn geweest.

n de projecten die we zullen vermelden, moest aan verschillende eisen voldoen:

- Flexibiliteit: in een paar dagen tijd moesten we kunnen inspelen op de voortdurend veranderende businesseisen.
- Performantie en robuustheid: de ontwikkelde toepassingen moesten een groot aantal gelijktijdige gebruikers en de dialoog met talrijke systemen ondersteunen.
- Betrouwbaarheid: gezien de uitdagingen verbonden aan de gezondheidscrisis, was het van essentieel belang dat de voorgestelde tools een zeer hoog kwaliteitsniveau zouden bieden.
- · Beveiliging: de gevoelige gegevens moesten afdoende worden beschermd.

men ontwikkelen met al deze kwaliteiten in slechts enkele weken tijd zou ondenkbaar geweest zijn zonder intensief hergebruik, opeld aan de grote inzet van onze medewerkers. Dankzij het hergebruik hebben wij die systemen snel en efficiënt kunnen itionaliseren.

:rwerker heeft Smals er nauwlettend op toegezien dat alle informatiesystemen ingezet werden in overeenstemming met de nene Verordening Gegevensbescherming en met de strikte toepassing van de samenwerkingsovereenkomsten en koninklijke iten betreffende gegevensuitwisseling en -verwerking.

1. Scripts & Forms: een app voor de medewerkers van de callcenters

Gerelateerde componenten

Communicatie

> eHealthBox

Interfaces

> Forms

Gebruikers- en toegangsbeheer

> IAM - Identity & Access Management - VAS

> IAM - Identity & Access Management - eHealth

> CSAM - Zich aanmelden bij de online overheid

Veiligheid

> seals Integration - Codering, anonimisering en TTP (Trusted Third Parties) > dataEncryptor

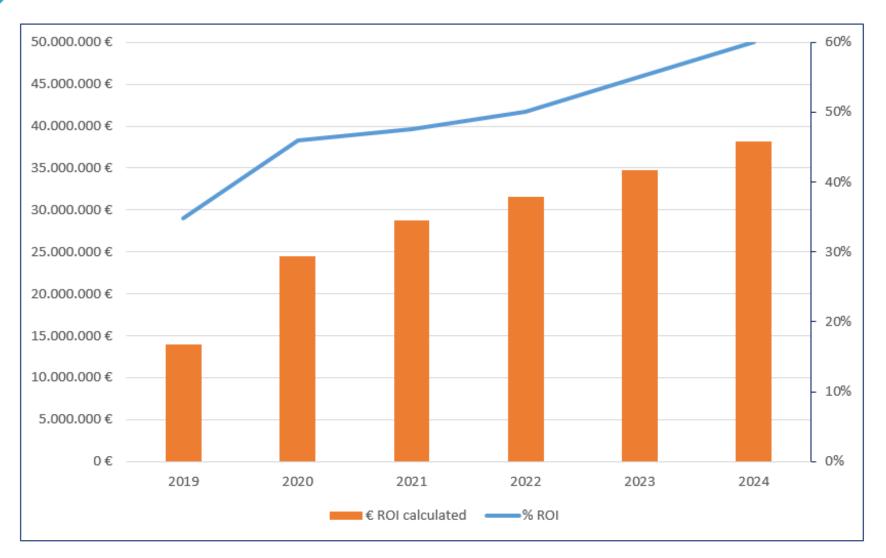
Share your success stories...and become an ambassador for ReUse! <u>https://www.ict-reuse.be</u>



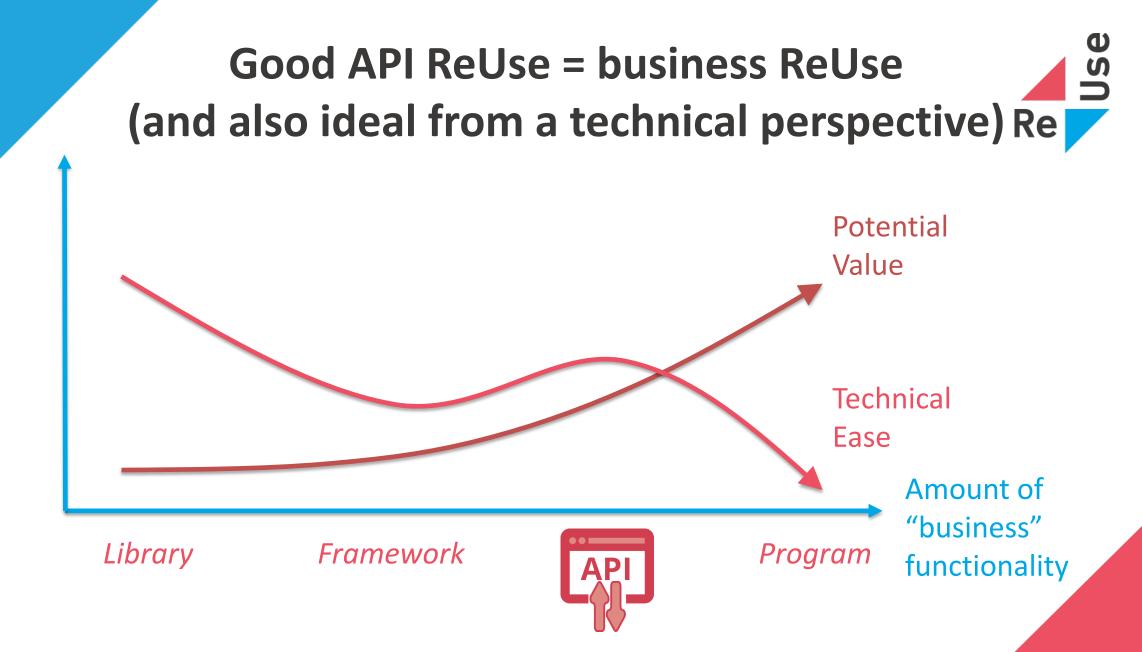
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Reuse ROI







Why are API's important?



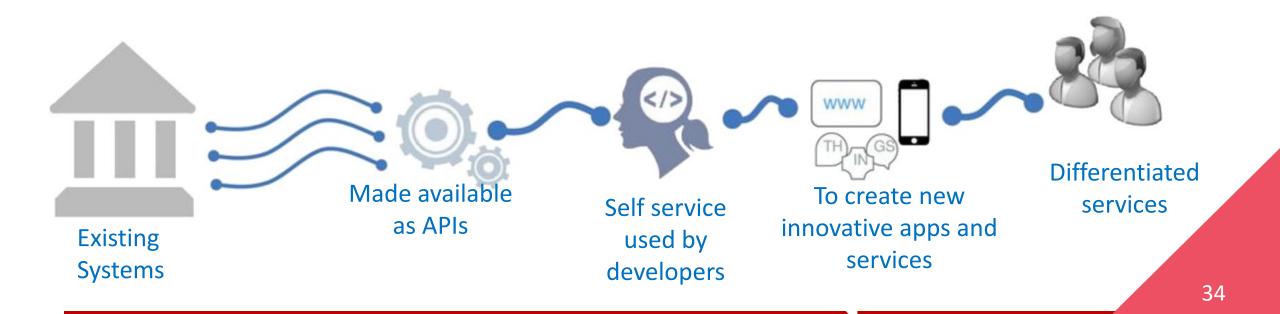
- Cost reduction by reusability: consumers don't need to rewrite what already exists!
- Complexity reduction: no more big, monolithic systems
- Priver of innovation: new products raise, based on existing API capability
- Stimulation of partnerships
- Stimulation of standardization

Shifting to an API economy: the value chain

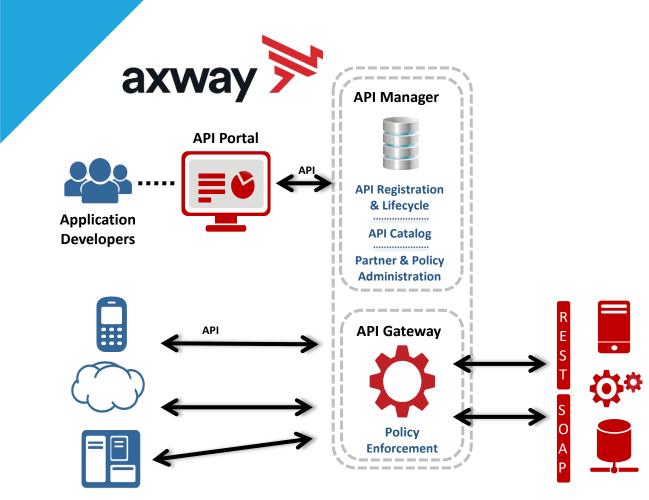
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APIs are key in real-time information exchange between public - private sector & citizens



API Management Solution

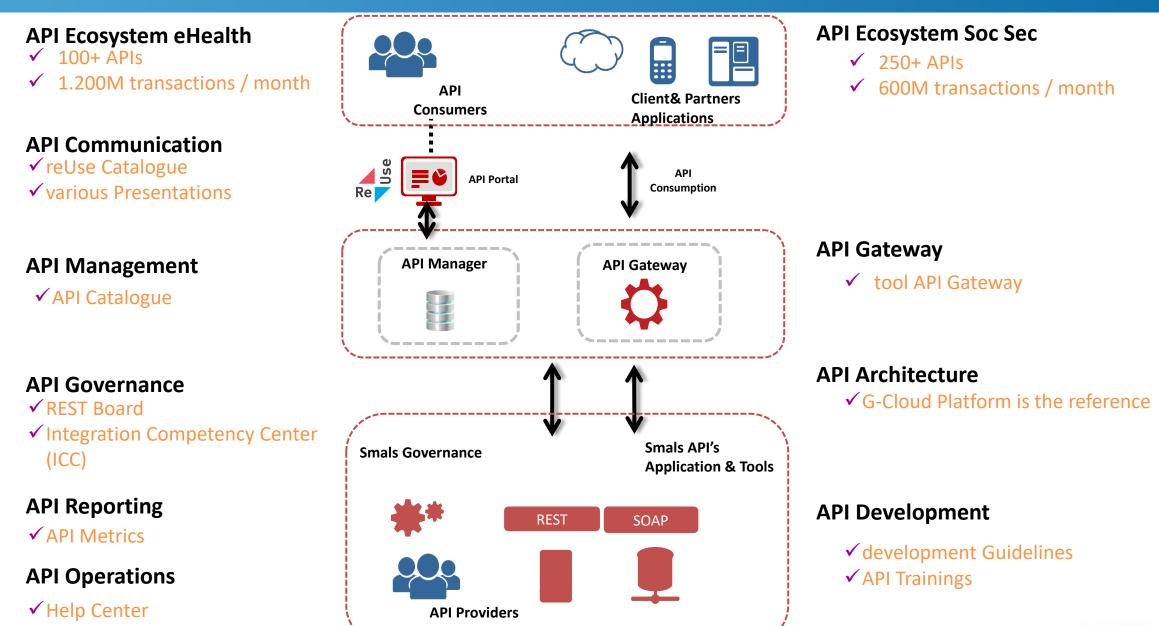


- From ESB-technology to API Gateway
 - parallel platform
 - zero-impact migration
- Ready for today's technology, but supports our legacy as well
- Flexible to extend and customize

Accelerates time-to-market

Re

Beyond tooling: API management throughout the organization's soul



API Challenges



More Top Management Involvement, across Government

establish A Shared Vision, followed by a Strategy to achieve it

Don't just ask yourself "What services and data do I need in my project / agency", also consider "What can I offer the <u>Governmental API Economy</u> for the benefit of all (i.e., both institutions and citizens)"?

- Use the power of the network of institutions
- Deal with interdependencies
- Focus on the essence, not on "bells and whistles"
- Deal with the (un)availability of (critical) services
- Strive for uniformity of technological solutions / use of site licenses

Fighting the COVID-19 pandemic

- Some basic concepts
- Testing
- Contact tracing & cluster detection
- Passenger locator form (PLF)
- Vaccination
- Big data analysis



Some basic concepts

- Incubation period
 - the time between the exposure to the virus and the onset of symptoms
 - COVID-19: on average 5-6 days, but can be as long as 10-14 days
 - thus, quarantine should be in place for 10-14 days from the last exposure to an infected person
- Contagiousness
 - the period during which an infected person can transmit the virus to other persons
 - COVID-19: on average 2 days before the onset of symptoms and up to 7-10 days after the onset of symptoms
 - thus, isolation should be respected for 7-10 days from the onset of symptoms



Some basic concepts

- High risk contact
 - cumulative contact with a COVID-19 patient for at least 15 minutes within a distance of <1.5 m without the correct use of a mouth mask (covering mouth and nose completely) by at least one of the persons and without complete separation by a wall of plexiglass
 - direct physical contact with a COVID-19 patient
 - direct contact with excretions or bodily fluids of a COVID-19 patient
 - travel with a COVID-19 patient for more than 15 minutes, in any mode of transport, sitting within two seats (in either direction) of the patient, even if everyone involved was correctly wearing a mask



Some basic concepts

- Low risk contact
 - cumulative contact with a confirmed COVID-19 case for at least 15 minutes within a distance of <1.5 m, but where both have adequately used a mouth mask (covering mouth and nose completely) or with complete separation by a wall of plexiglass
 - cumulative contact for less than 15 minutes contact with a COVID-19 patient within a distance of <1.5 m, without the correct use of a mouth mask (covering mouth and nose completely) by at least one of the persons and without complete separation by a wall of plexiglass
 - being in the same room/closed environment with a COVID-19 patient for more than 15 minutes, but respecting a distance of > 1.5 m (eg people working in the same room or sitting together in a waiting room)



Testing

- Ever changing testing strategy in function of
 - evolving scientific insights
 - available types of tests
 - capacity
 - sampling material
 - test material
 - personnel
- Many actors involved
 - GPs, collectivity doctors, company doctors
 - sample collection points
 - hospitals
 - labs
 - ...



Testing: types of tests

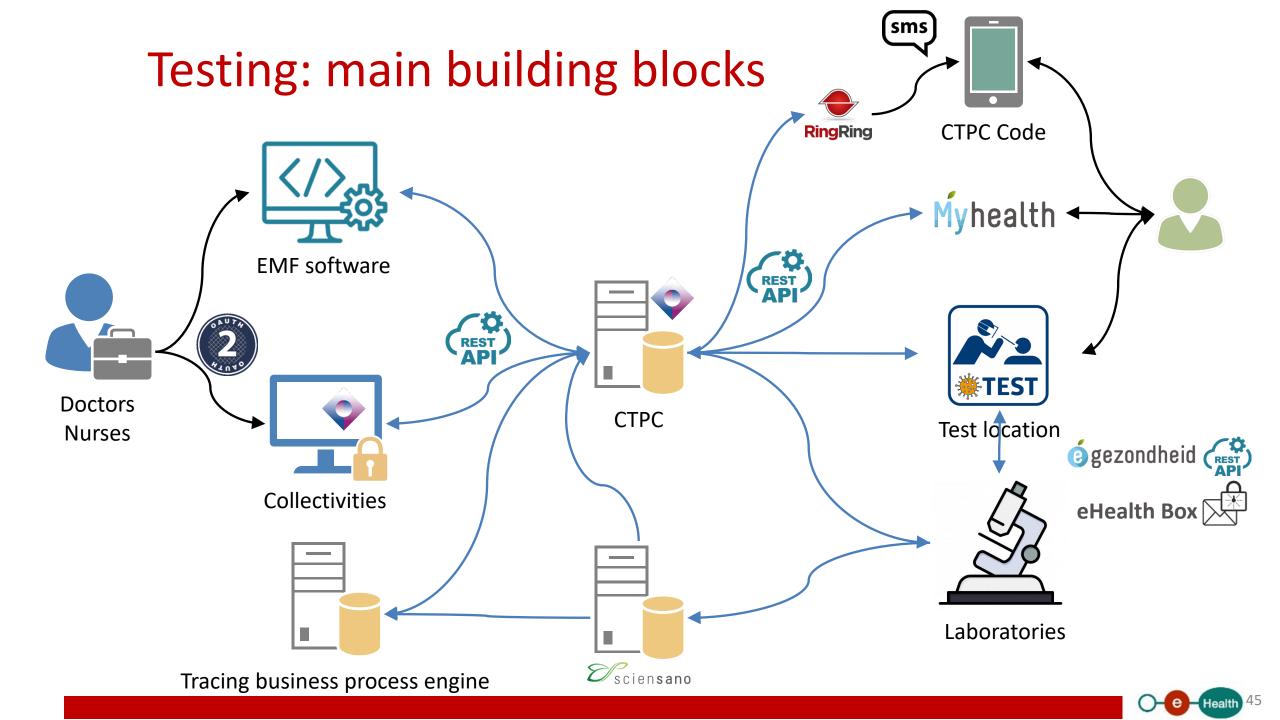
	MOLECULAR TEST	ANTIGEN TEST	ANTIBODY TEST
Also known as	Diagnostic test, viral test, molecular test, nucleic acid amplification tests (NAAT), RT-PCR tests	Rapid diagnostic test*	Serological test, serology, blood test, serology test
How the sample is takenNasal or throat swab (most tests)Nasal or Nasal or		Nasal or throat swab	Finger stick or blood draw
How long it takes to get results	Same day (some locations) or up to a week	cations) One hour or less Same day (many locations) or 1-3 days	
Is another test needed	This test is typically highly accurate and usually does not need to be repeated.	Positive results are usually highly accurate but negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
What it shows	Diagnoses active coronavirus infection	Diagnoses active coronavirus infection	Shows if you've been infected by coronavirus in the past
What it can't do	Show if you ever had COVID-19 or were infected with the coronavirus in the past	Definitively rule out active coronavirus infection. Antigen tests are more likely to miss an active coronavirus infection compared to molecular tests. Your health care provider may order a molecular test if your antigen test shows a negative result but you have symptoms of COVID-19.	Diagnose active coronavirus infection at the time of the test or show that you do not have COVID-19

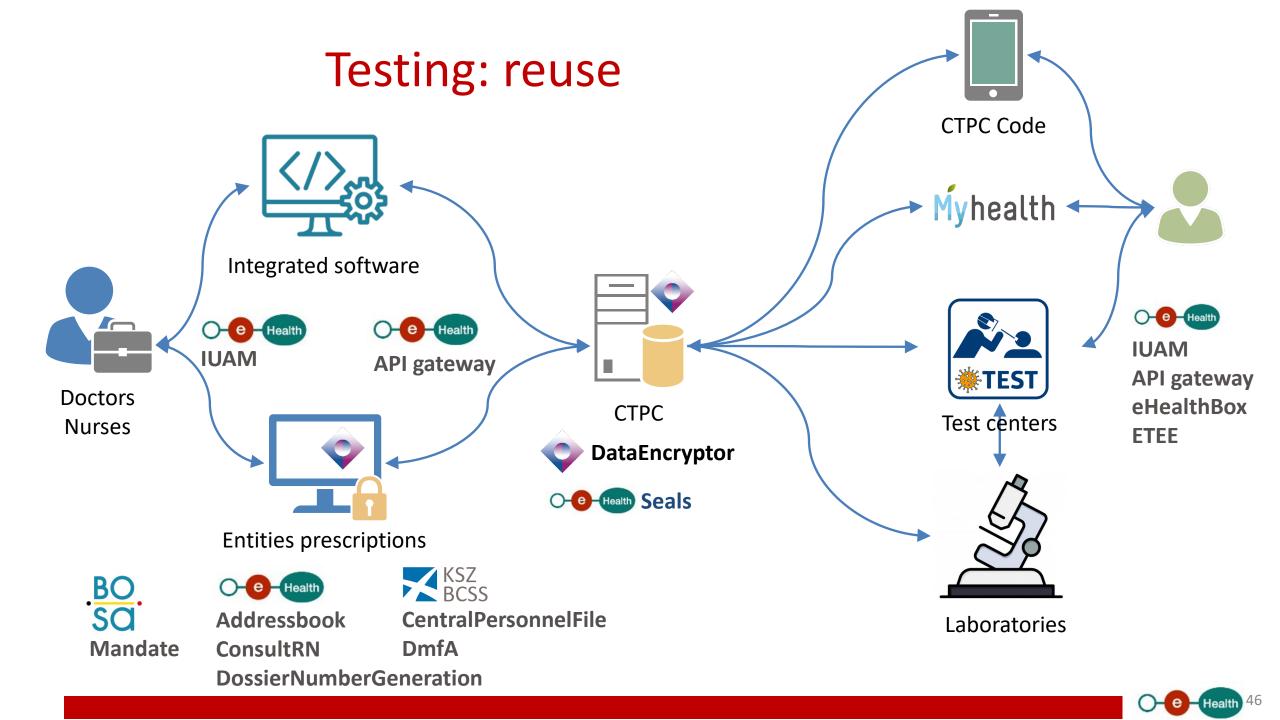


Testing: happy flow

- 5 phases
 - determination of a cause for performing a COVID-19 test on a patient and delivery of a corona test prescription code (CTPC) from a central database CTPC
 - reservation of a sampling moment
 - sampling
 - execution of the test and analysis of the test result
 - making the test results available
- Very modular, event driven and rule based information system







Testing: some numbers

- Since 06/2021
 - 15,4 M Corona Test Prescription Codes requested
 - 12,5 M requested by tracing or health professionals
 - 2,9 M requested by citizens
 - 950 k after a self assessment tool
 - 130 k after a positive auto test
 - 1.250 k vacation free tests
 - 630 k paid tests
- API Calls : ~600k per day on working days



eForm COVID-19 lab request (1/2)

Ja Nee
3 Klinische gegevens
Type contact met de zorgverlener
Contact type
~
De datum en het tijdstip waarop het contact heeft plaatsgevonden - verplicht
25-08-2020 08:50
Vertoont de patiënt symptomen - verplicht
Reden van aanvraag analyse - verplicht
Screening ziekenhuisopname (non-COVID) en dagziekenhuis
Is de patiënt opgenomen in het ziekenhuis - verplicht Ja Nee
Aantal afnames per ziekteperiode - verplicht
1e afname 2e afname
4 Gegevens over het staal
Werd er een staal afgenomen? - verplicht
Ja Nee
Waarom werd er geen staal afgenomen? - verplicht
Doorverwezen naar laboratorium
Naam laboratorium - verplicht
Zoek een labo



eForm COVID-19 lab request (2/2)

4) Coronalert mobiele app

Ja

Nee

Deze sectie is reeds toegevoegd in het kader van de app CoronAlert. Deze app zal beschikbaar zijn in september en deze velden moeten dus nog niet ingevuld worden.

Heeft de patiënt de Coronalert-app geïnstalleerd op zijn/haar smartphone? - verplicht

Identificatiecode (17 cijfers) gegenereerd in de Coronalert-app op de telefoon van de patient en door de patiënt aan de arts doorgegeven. Koppelt een test aan een telefoon - verplicht

Bevat de datum waarop de patiënt besmettelijk werd en wordt weergegeven in de Coronalert-app van de patient. - verplicht



Patiënt heeft een waarschuwing voor hoog risico ontvangen in de Coronalert-app. - verplicht

Ja Nee

Altijd op "versturen" drukken voor de melding bij vermoeden van COVID-19, anders kan er géén contact opvolging opgestart worden indien nodig. Er is een pdf van het formulier beschikbaar in uw elektronisch medisch dossier dat afgeprint kan worden.



Entities prescriptions

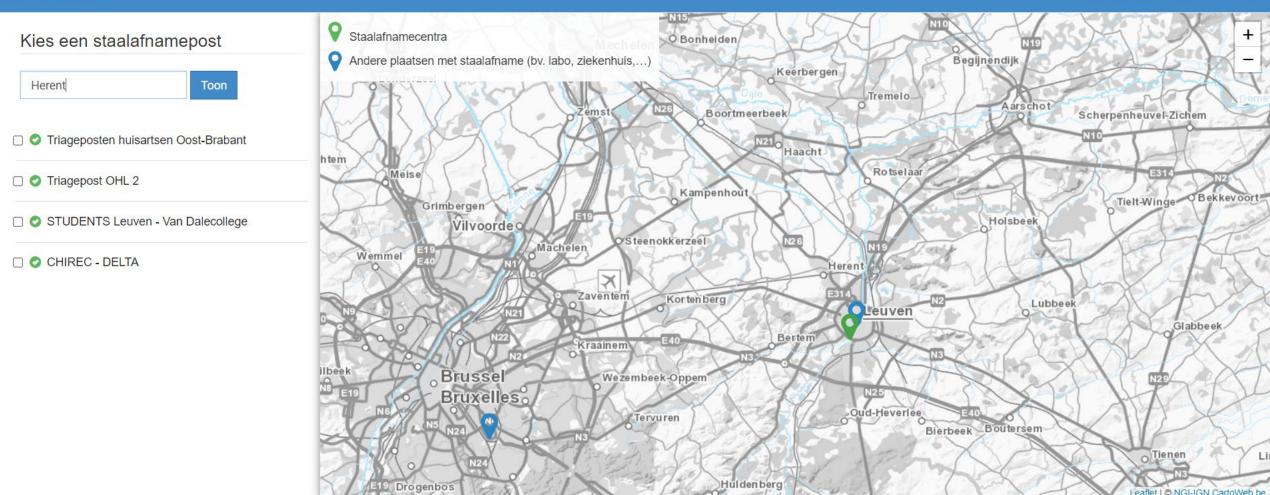
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Voorschrifta	ıanvra(a)g(en)			
Rijksregisternummer/" xx.xx.xx-xxx.xx	TER-nummer/COVID-ID *			
🗌 De patiënt be	schikt niet over een rijk	ksregisternummer (creatie van e	een TER-nummer/COVID-ID)	
Naam *			Voornaam *	
Telefoonnumme	r *		Telefoonnummer 2	
De patiënt is	een gezondheidsmede	werker of een ouderenzorgmede	ewerker	
	een gezondheidsmede e test voorgeschreven	-	ewerker	*
Reden waarom d	e test voorgeschreven	-		*
Reden waarom d	e test voorgeschreven	wordt * I contact met een hoog risico he		•
Reden waarom d Informatie va Datum van het la Valt de patiënt or Nee De patiënt is quarantaine l	e test voorgeschreven n het laatste ingediend atste besmettelijke con nder een uitzondering?	wordt * / contact met een hoog risico he ntact * ans 12 jaar in een crèche, kleute ste negatieve test.	ergebruiken	• n de



Testing: reservation of a sampling location and moment

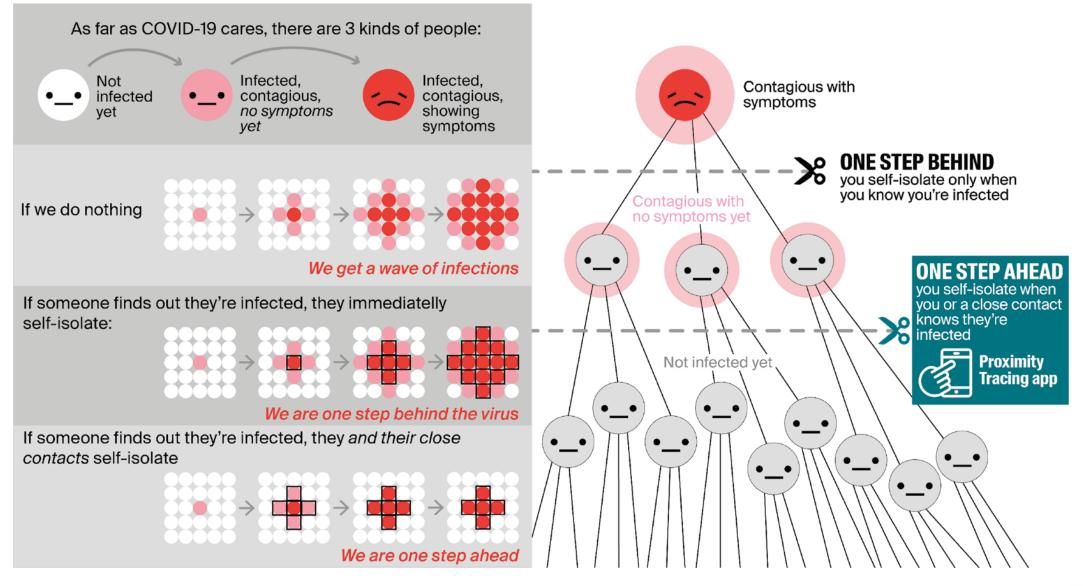
Doclr Covid test

nl - Dowered by doclr 🛛 🕄 Help



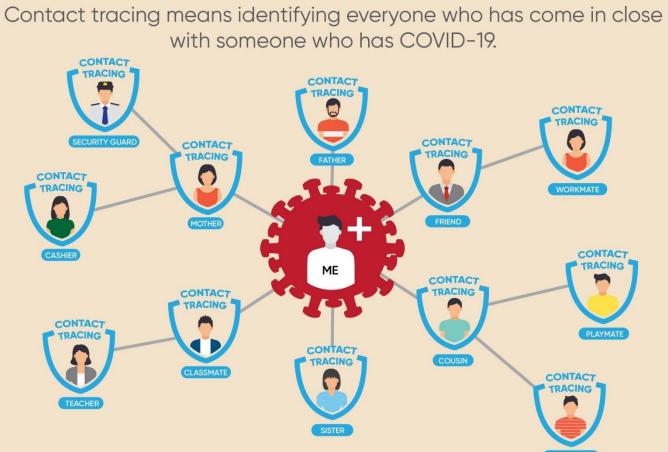


Contact tracing: why ?





Contact tracing: what ?



It is an effective way to stop the spread of the virus by immediately checking if these close contacts are infected and managing these cases to prevent onward transmission of **#coronavirus**.





How contact tracing is put in place ?

- Contact tracing by health care providers
- Contact tracing by contact centers
 - see https://www.corona-tracking.info/
- Contact tracing within companies and collectivities
 - see https://co-prev.be/fr/covid-19-informatie/ or https://co-prev.be/fr/covid-19-informatie/ or https://co-prev.be// or <a href="https://co-prev.be/are-prev.be/are-prev.be/are-prev.be/are-prev.be/are-prev.be/are-prev.be/are-p
- Contact tracing via app Coronalert
 - see https://coronalert.be/



Tracing: enterprise architectural view

Tracing is a very reactive customer relationship management process in a campaign management context

A simple yet powerful CRM process

- 1. I want to reach a specific target group
- 2. Filter the target group in the CRM
- 3. Select the communication channels depending on profession, age, place of living, ...
- 4. The platform simulates the effect of the choices on reachability, call center capacity, ...
- **5**. The platform optimizes the different channels

CRM for contact tracing



2.

- I want to reach infected persons (index persons)
- I receive a list of index persons from Sciensano



I communicate via SMS, email, telephone and field agents depending on the country of origin



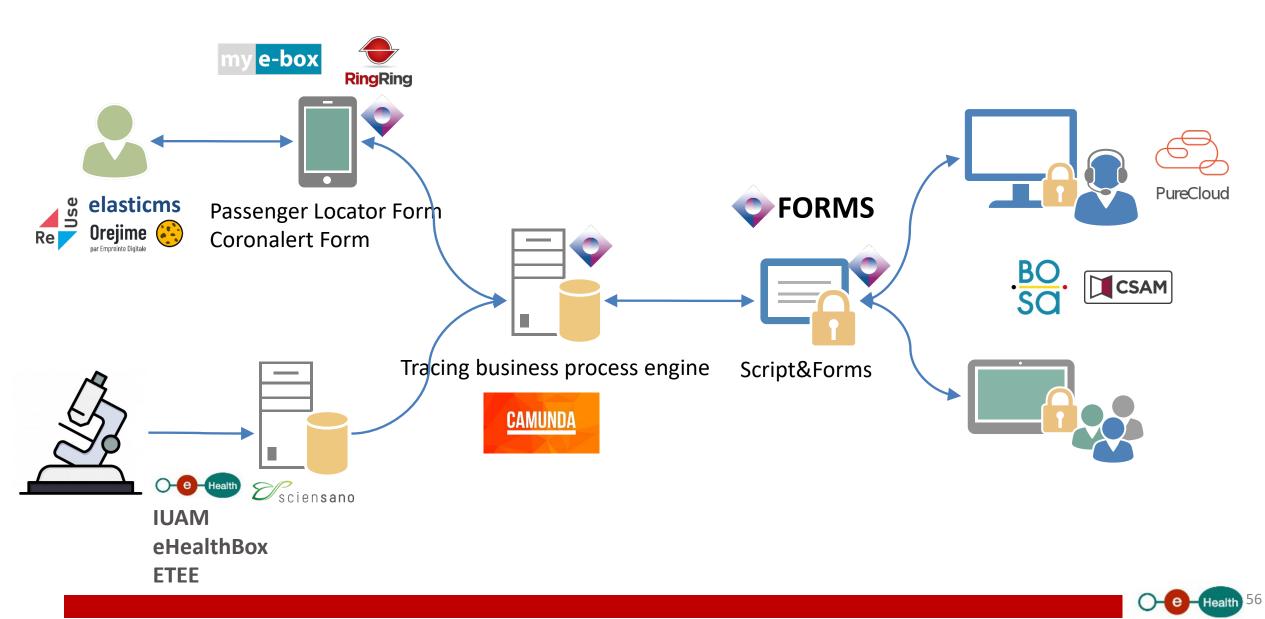
The platform uses historic data to simulate the effect on reachability, call center capacity, ...



Regions optimize the communication channels to prevent call center meltdown



Tracing: main building blocks and reuse

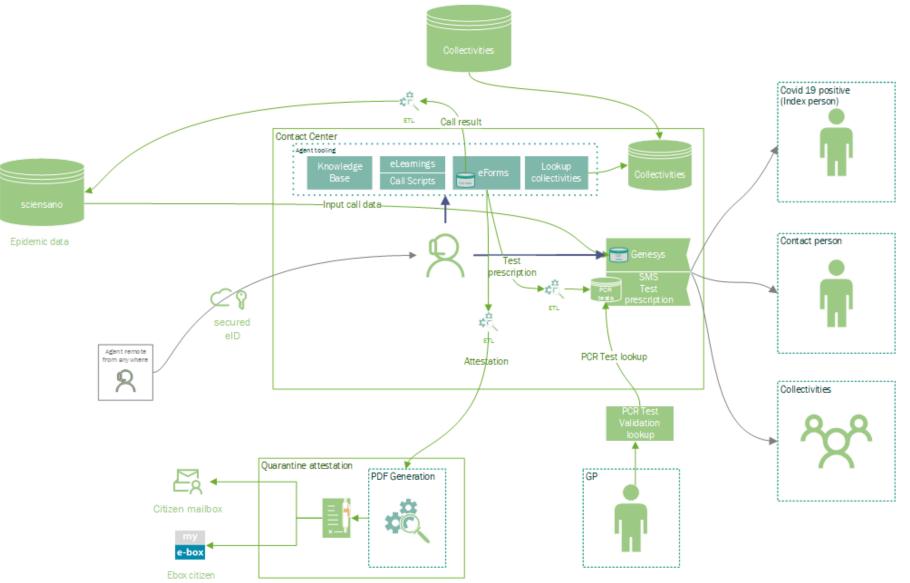


Tracing: service mode

- Quick modification of decision tables to reflect business changes
- Self documenting and high transparency of the operational BPMN processes
- Business decision points in the process are clearly identified and unique
- Same scripts serve for tracing as well as websites (citizen form)
- Challenges for the (near) future
 - support of the more fine grained tracing approaches (e.g. demographic zones in large cities).
 - feedback loop to enable simulation of campaign management decisions.



Contact tracing by contact centers

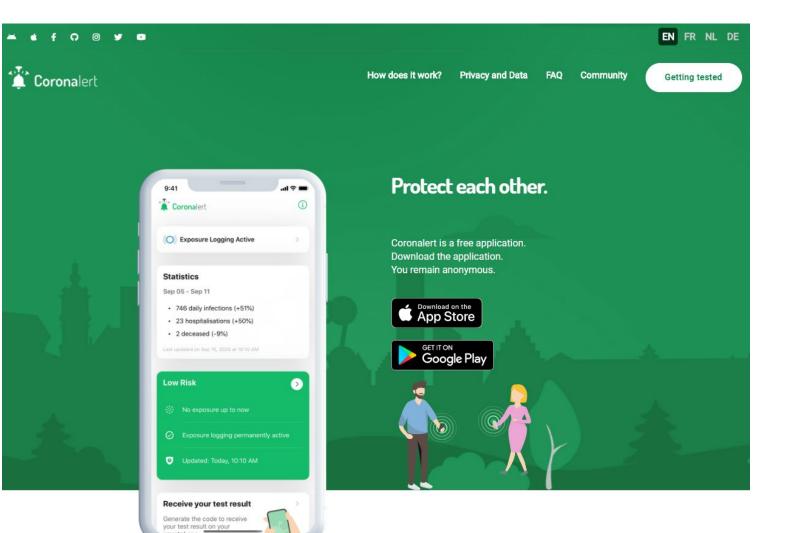




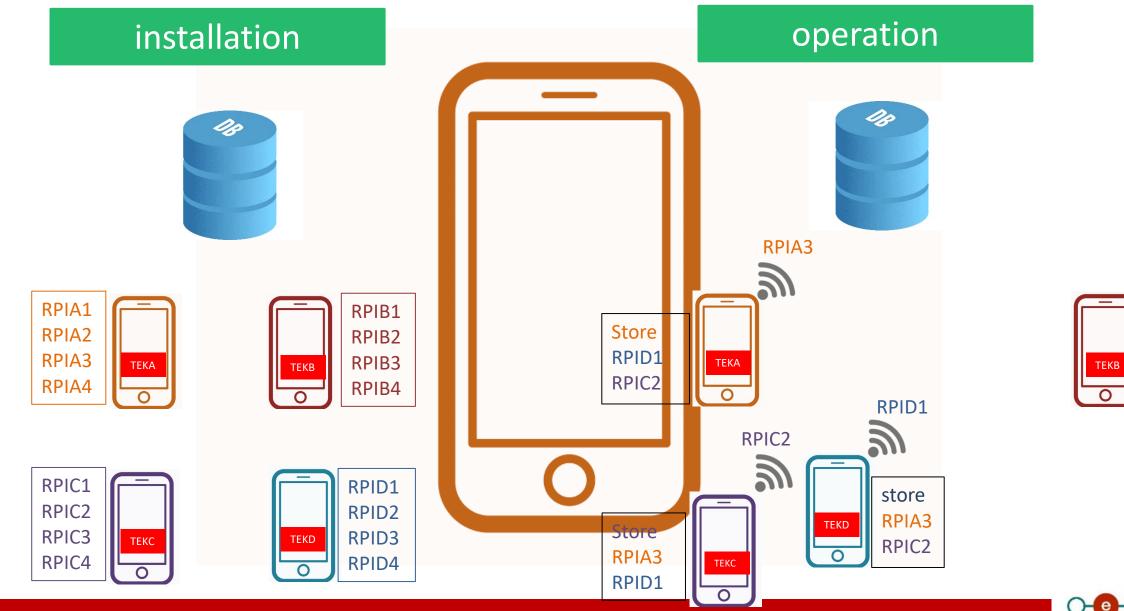
Contact tracing within companies and collectivities

- Call by contact center
- Identification of infected person (index case)
- Risk analysis
- Identification and triage of contacts (high risk low risk)
- Contacting contacts
- Measures for contacts
 - high risk: quarantine telework/unemployment vigilance for symptoms
 - low risk: social distancing vigilance for symptoms
- Resumption of work





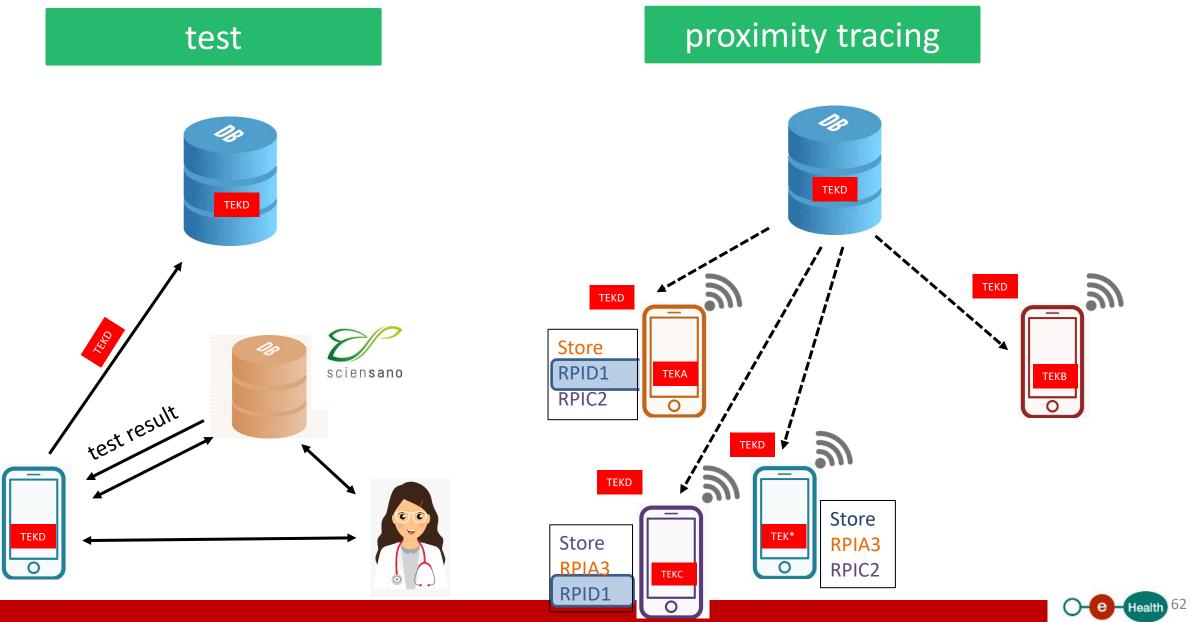




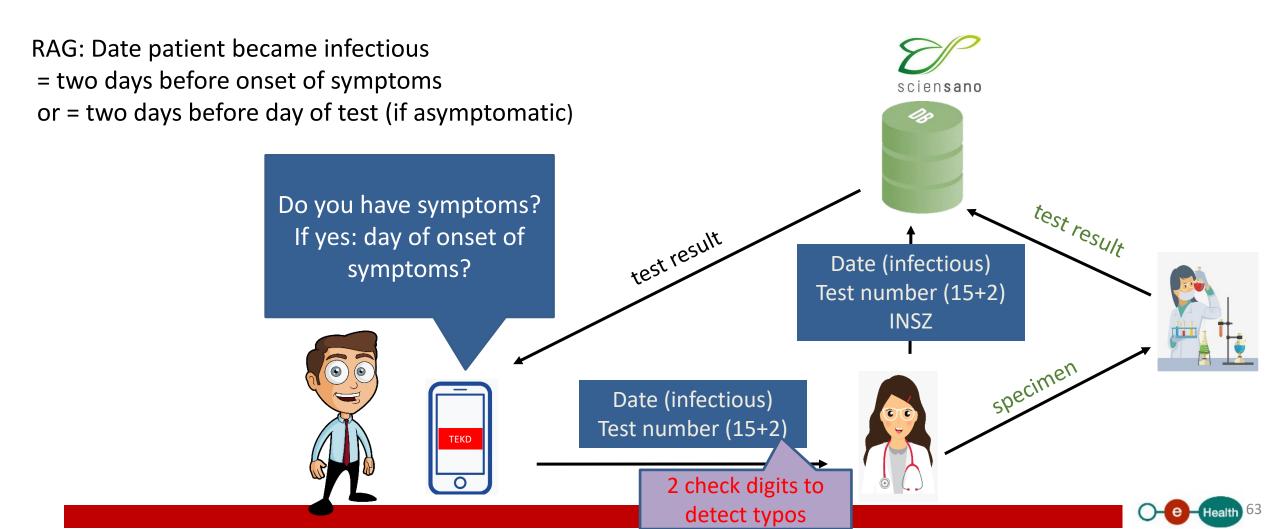
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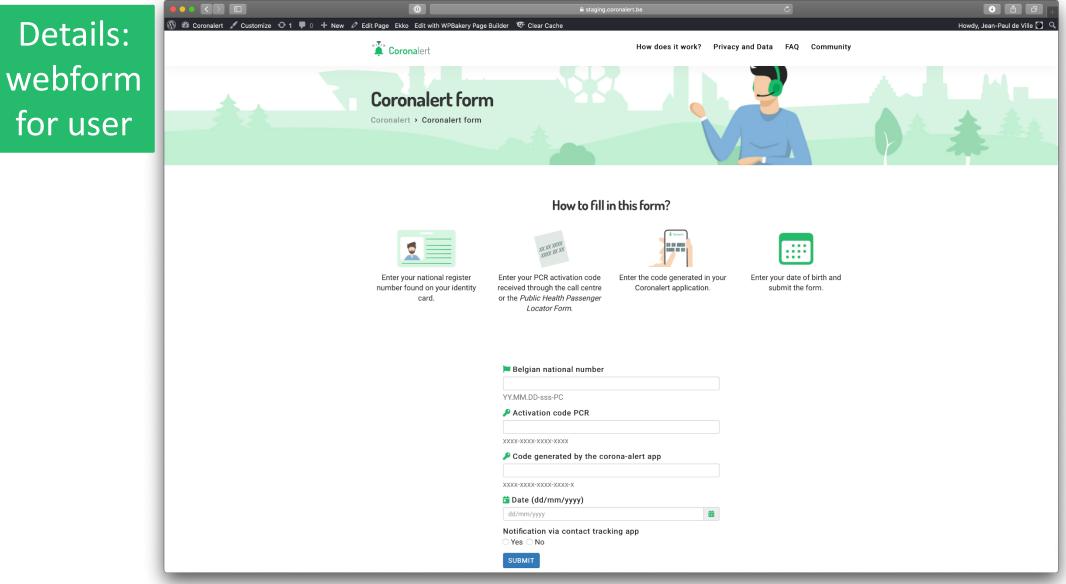
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Health 61



Details: GP visit







- Recommend the use of the app
- Exchange of anonymous codes by the app can be deactivated and reactivated
- Generate a test code with the app if you are tested and ensure that it ends up at Sciensano together with your social security identification number => you will receive your test result on the app as soon as it is available
 - general practitioner via eForm LaboratoryTestPrescription
 - person to be tested via webform (see https://coronalert.be/nl/coronalert-formulier/)
- Publish the transmitted anonymous codes if you test positively



Passenger Locator Form

Passenger Locator Form

If you plan to travel to Belgium or return to Belgium after a stay abroad, you are required to:

- read the latest travel advice.
- fill in a Passenger Locator Form (within 6 months of your scheduled arrival in Belgium)

Who has to fill in this questionnaire?

This form has to be completed by:

- all persons travelling to Belgium, except:
 - if you stay in Belgium for less than 48 hours
 - if you were abroad for less than 48 hours
- Are you traveling to Belgium by plane or boat? Then you must **always** fill in the PLF, even if you are staying in Belgium for less than 48 hours or were abroad for less than 48 hours.
- Are you travelling by train or bus from a country outside the EU or Schengen area? Then you must **always** fill in the PLF, even if you are staying in Belgium for less than 48 hours or were abroad for less than 48 hours.
- If you have stayed in a very high-risk country for the past 14 days, you need to fill in the PLF at all times, regardless of the length of your stay.

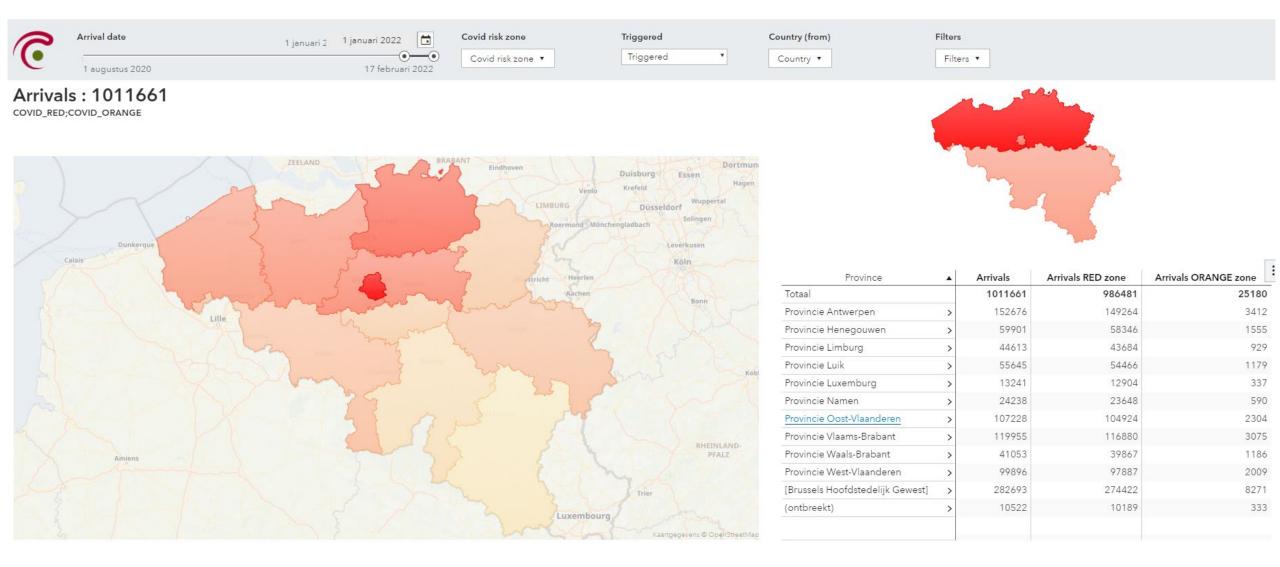
In case there is a change in your place of residence

If, upon arrival in Belgium, you are invited to get a COVID-19 test and would change your place of residence during the next 14 days, please inform us of this change by e-mail at PLFBelgium@health.fgov.be.

Information regarding the Covid-19 health guidelines is available on www.info-coronavirus.be 🗹 .

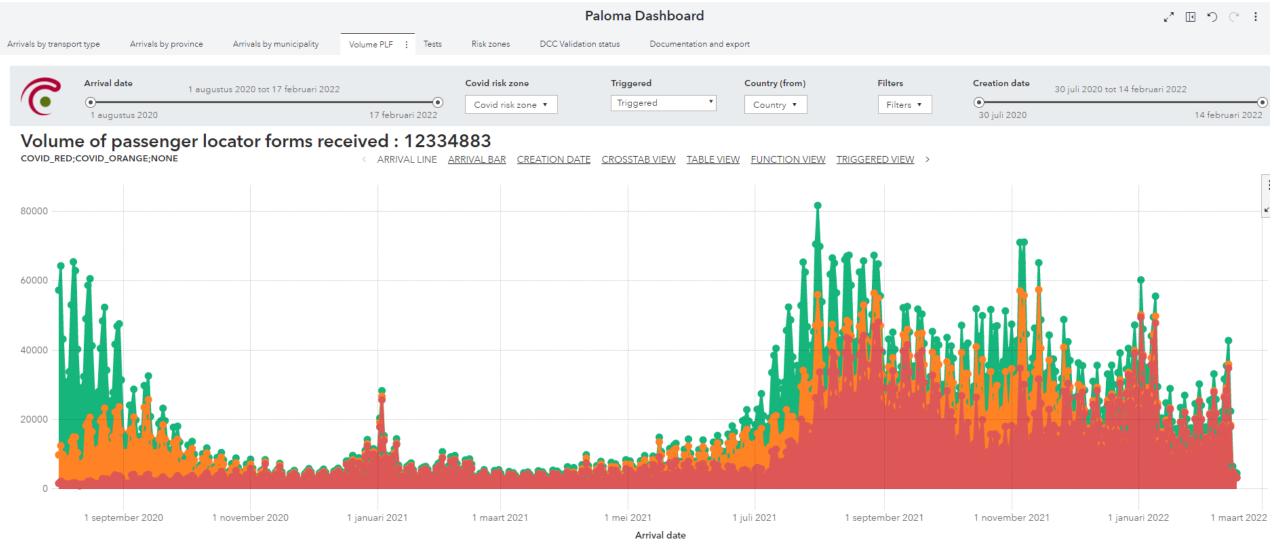
Le Your information				
Left Family Name *	Left First Name *	င့ာ Gender * O Male O Female O Other		
₩ Date of birth (dd/mm/yyyy) *	D Nationality *	Are you a resident of Belgium? *		

Paloma





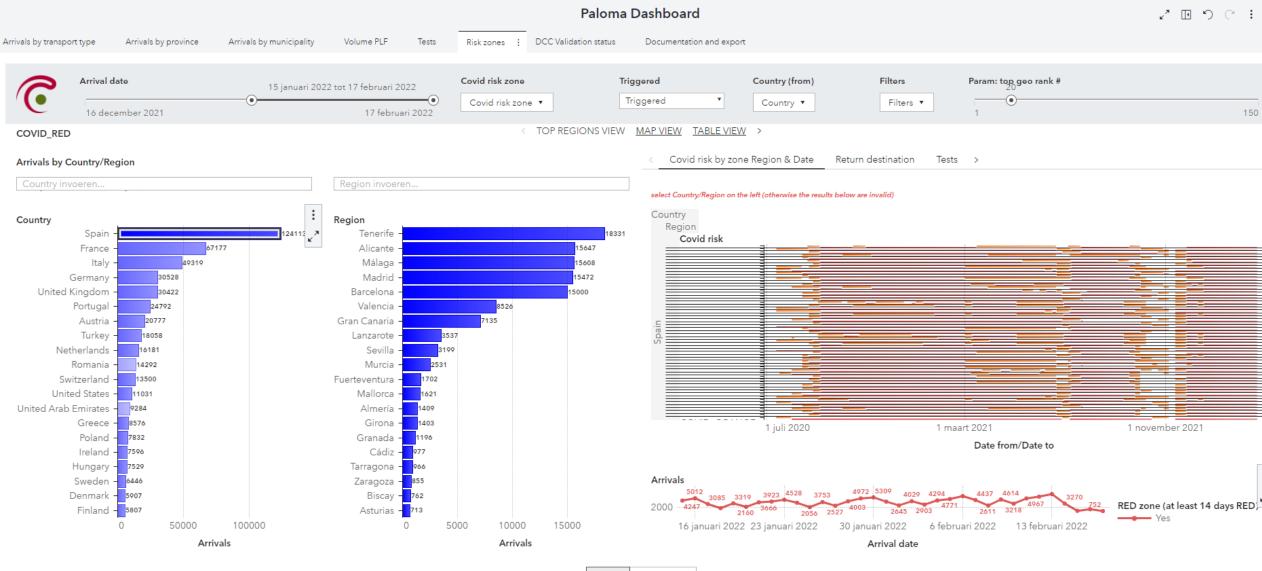
Paloma



Covid risk zone



Paloma



Arrivals Positive tests

69

You are not logged in - Log in

Integrated citizen Myhealth portal



NEWS 🖻

nl fr de en

- 2022.01.22:	Form after positive self-test (not available in English)
- 2021.12.02:	Form for notification of high-risk contacts (not available in English)
- 2021.12.02:	Registration on the reserve list for a booster vaccine against Covid-19
- 2021.11.03:	I feel ill. Do I have to do a test? (questionnaire - not available in English => French)
- 2021.08.13:	COVID Safe Ticket/European COVID Digital Certificate
- 2021.07.15:	Overview of my COVID tests
- 2021.07.08:	Test result and Certificate from a CTPC code

Call Centres COVID

By region/community

Brussels: 02 214 19 19 Wallonia: 071 31 34 93 Flanders: 078 78 78 50 ... German-speaking community: 0800 23 0 32

What is MyHealth.be?

MyHealth is an online health portal, also known as "Personal Health Viewer". Through this central gateway you gain insight into various personal data about your health and about health in general.

- FAQ (under construction)
- Tutorials:
 - Identification to the MyHealth portal (FR)
 What is MyHealth? (FR)
 - My health file summary (FR)
 - My medicines (FR)
 - Digital prescribing: what benefits does it offer
 - me? (FR)
 Digital prescribing: what are the possibilities? (FR)
 - Digital prescribing: what are the new
 - features? (FR)
- My implants (FR)
- Contact

COVID-19 – Tests, vaccination, PLF, certificates

COVID 19 - Information

In this section you will find information about the Coronavirus. General information: info-coronavirus.be

Vaccination COVID-19

- Flanders: laatjevacoineren.be
 - Wallonia: jemevacoine.be
 - Brussels : coronavirus.brussels.be
 - German-speaking Community: ichlassemichimpfen.be

Who can be tested? How to make an appointment ? Map with triage and collection centers

Positive test result

Current measures

Vaccination: for whom, why, where, how? <u>App Coronalert</u> <u>Form for the return to Belgium - PLF</u> <u>Belgium Epidemiological Situation</u>



Travel

Tests and results

Quarantine

Vaccination

Test: for myself or my child

Appointment with test code

Tracing - contact tracking

High risk contacts: form

Quarantine certificate

Vaccines received

Covid Safe Ticket

Extra dose: registration Adverse reaction: reporting (FR)

EU Digital COVID Certificates / COVID Safe Ticket

European COVID Digital Certificates

Result: for myself or my child

Integrated citizen portal

COVID-19 - Aanvraag van een quarantainegetuigschrift

COVID-19 - Aanvraag van een quarantainegetuigschrift

Met dit formulier kunt u uw quarantainegetuigschrift aanvragen door uw persoonlijke gegevens in te voeren.

In het veld "Mobiele telefoon" dient u het nummer in te vullen waarop u de sms hebt ontvangen met de uitnodiging om uw quarantainegetuigschrift op te halen.

Meer informatie vindt u op de volgende pagina 🗹 .

D Belgisch rijksregisternummer *

JJ.MM.DD-sss.PC

🔡 Code Quarantaine *

XXXX-XXXX-XXXX-XXXX

🛛 Mobiele telefoon *

+32477123123

Confirmation code *

Stuur mij een bevestigingscode (per SMS)

De bevestigingscode bestaat uit 6 cijfers. Bijvoorbeeld: 123456

@ E-mail adres *

Bevestig e-mail adres *

Verzenden

© eGezondheid 2020

Integrated citizen portal

Formulier positieve zelftest

fr **nl** de

Formulier positieve zelftest

Door dit formulier in te vullen kan U een code aanvragen om een positieve zelftest te bevestigen door een test afgenomen door een zorgverstrekker.

Heeft u recent een zelftest uitgevoerd die positief* was?

🔘 Ja

○ Nee

*positief => U ziet een lijntje langs de letter 'C' en je ziet een lijntje langs de letter 'T'. Voor meer informatie https://www.info-coronavirus.be/nl/zelftest/

Wanneer heeft U deze test uitgevoerd?



Heeft U symptomen die mogelijks kunnen wijzen op besmetting met het coronavirus (bv. koorts, hoesten, hoofdpijn, vermoeidheid)?

🔘 Ja

○ Nee

Wanneer zijn uw symptomen ontstaan?

05/02/2022

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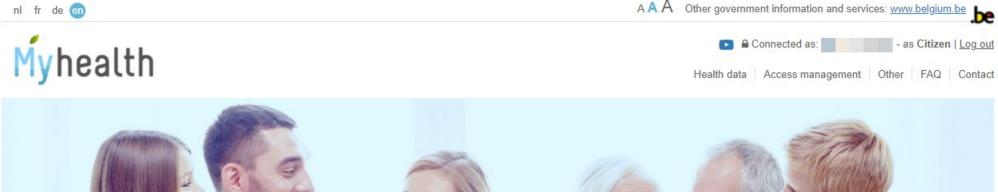
Zie advies

Advies

U heeft een recente positieve zelftest afgelegd en u heeft symptomen die mogelijk kunnen wijzen op besmetting met het coronavirus (COVID-19). Het is belangrijk dat u zo snel mogelijk een test laat afnemen door een zorgverstrekker om deze positieve zelftest te bevestigen.



Integrated citizen portal



Request a CTPC test code on the basis of a positive self-test

Based on your positive self test, you can obtain a CTPC test code to do a confirmation test. Please fill in the different details below. Attention: a recovery certificate can only be obtained based on the result of a PCR test

R

Request for a CTPC code

Result

Phone number*

Email address*

Please enter the CTPC code below when making an appointment for a PCR test or rapid test

CTPC Code

Plan your test via doclr (Brussels, Flanders, Wallonia, German-speaking Community)

Find a pharmacy to do a test





Integrated portal for health care providers

Nieuws

Meer nieuws

Het medicatieschema: het overzicht van geneesmiddelen die de patiënt moet nemen 01/09/2021

Het medicatieschema dient om het overzicht te bewaren van de geneesmiddelen die de patiënt moet nemen. Het helpt de patiënt en is een belangrijk hulpmiddel voor zorgverleners. Meer info

Telematicapremie voor vroedvrouwen 21/06/2021

De voorwaarden voor de telematicapremie 2020 zijn vastgelegd. U kunt uw telematicapremie 2020 aanvragen van 1 juli tot en met 31 oktober 2021. De voorwaarden voor de telematicapremie 2021 en 2022 zijn ook (onder voorbehoud) beschikbaar. Meer info ...

Dank aan de verpleegkundigen 12/05/2021

Al meer dan een jaar leven we in een situatie die onze manier van leven radicaal veranderd heeft. De COVID-19crisis is een ongekende gezondheidscrisis die zowel qua duur, als qua omvang uitzonderlijke is. Ze beïnvloedt radicaal het dagelijkse werk van de verpleegkundigen en gezondheidsbeoefenaars. Sinds het begin van de pandemie zitten ...

Onlinediensten (toegankelijk zonder softwarepakket)

□ In ontwikkeling □ Beschikbaar	
Hoedanigheid Kiezen V Toepassen	
+ CEBAM Digital Library for Health	0 0
+ Centraal reservatiesysteem COV19 NEW	0 0
+ CIVARS	00
+ Corona Test prescription & Consultation NEW	0 0
+ Corona Vaccination - App voor aangifte van patiënten met zeldzame/complexe aandoeningen NEW	00
+ CTR - Centraal Traceringregister	0 0
+ Domino - Dossier Minderjarigen Opvolgingssysteem	00
+ eBirth - Elektronische geboorteaangifte	0 0
+ eCare TARDIS - Tool for Administrative Reimbursment Drugs Information Sharing	00
+ eHealthBox - Webapp NEW	0 0
+ aHaalthCraaRis Automatische aanmaak van oon RIS nummer (INS7) (NEW)	AA

Toegang tot de eGezondheidstoepassingen 🥹

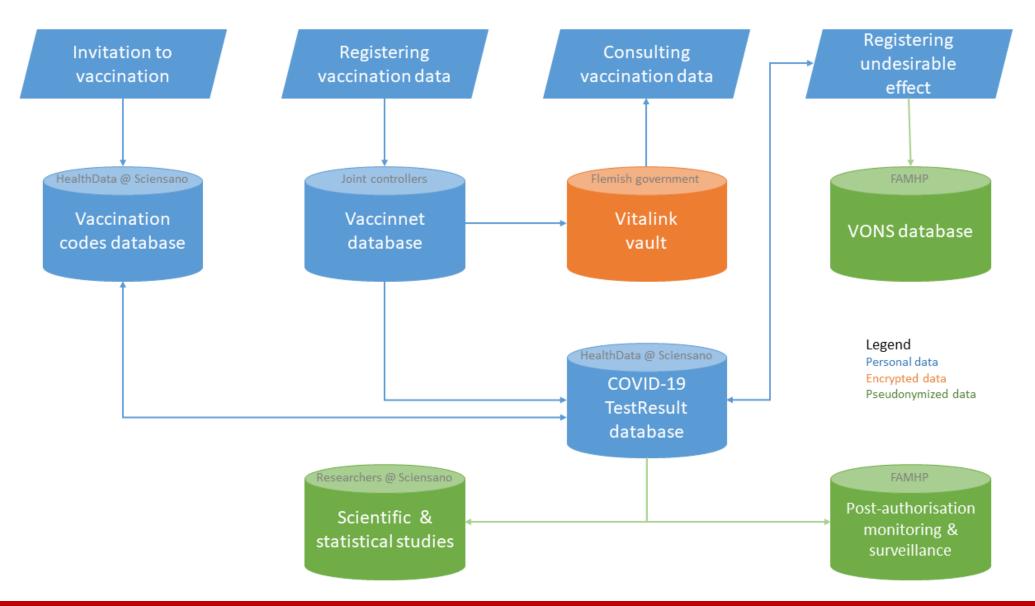
NIEUWSBRIEF
Blijf op de hoogte van onze laatste nieuwtjes! E- mail
Inschrijven
Raadpleeg onze nieuwsbrieven

Registratie van de medische softwarepakketten

Gelieve een hoedanigheid te kiezen om de betreffende softwarepakketten te raadplegen

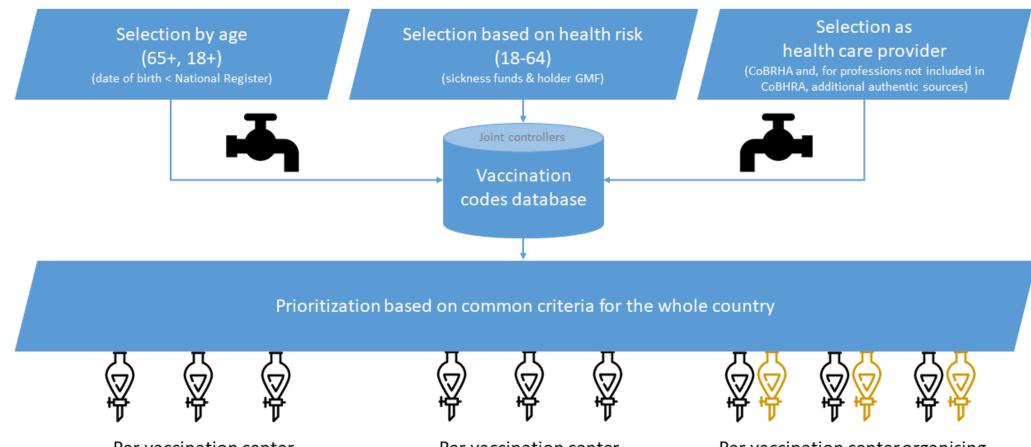


Vaccination





Vaccination

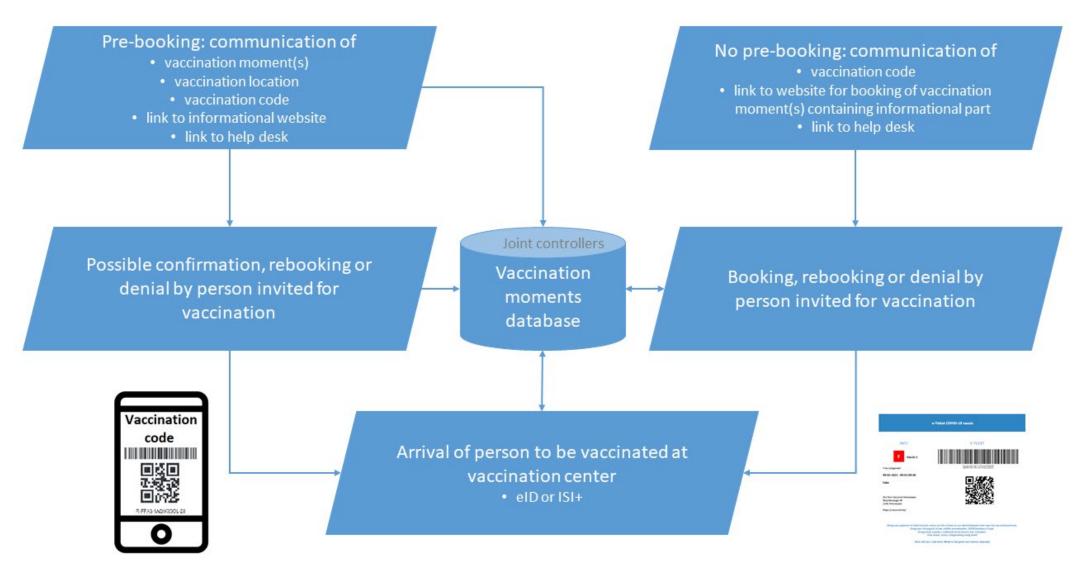


Per vaccination center organising pre-booking Per vaccination center not organising pre-booking

Per vaccination center organising pre-booking for citizens, but not for health care providers

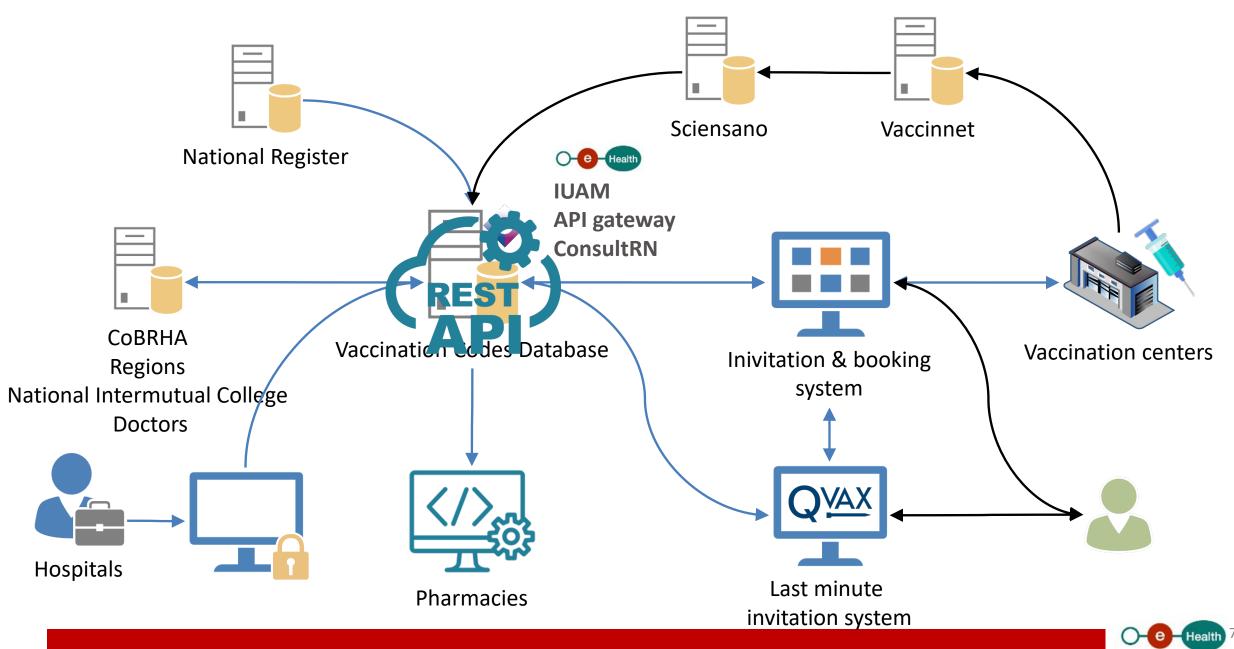


Vaccination





Vaccination: (Simplified) Integration



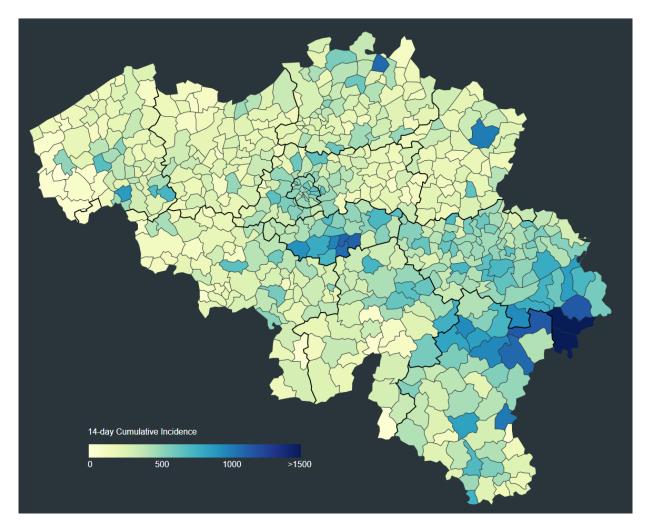
Vaccination: some numbers

- Vaccination Codes Database
 - primary vaccination
 - 10,1 M citizens invited
 - 8,9 M citizens vaccinated
 - of whom 6,7 M were invited
 - 38,3 M notifications sent in total
 - multiple canals : Letters, e-mails, SMS
 - first invitation & reminder
 - multiple campaigns : Primary vaccination, Extra dose & Booster
- API Calls : ~1.1M per day on working days



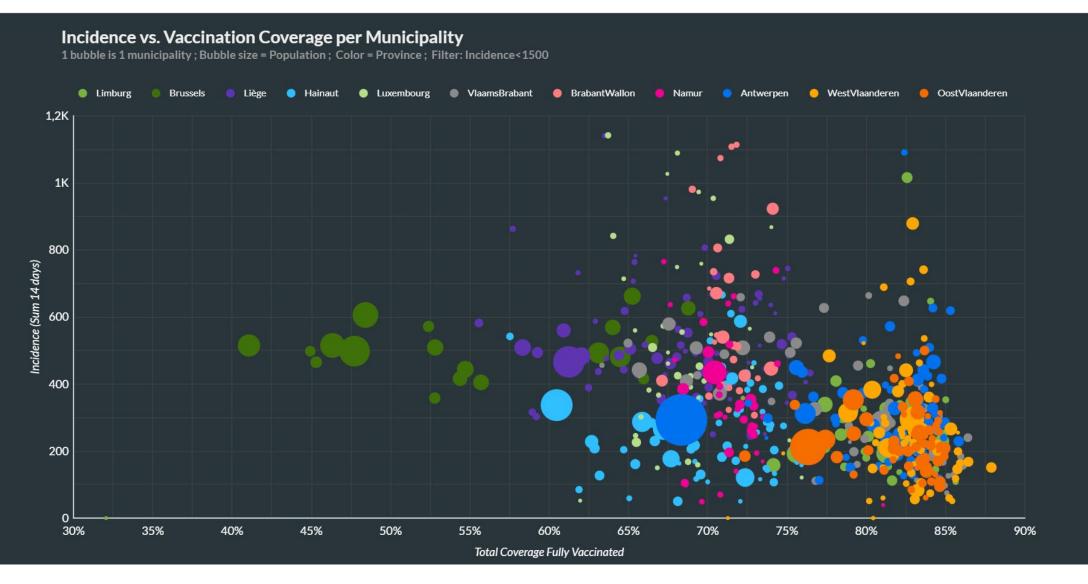
Dashboards

COVID-19 Epidemiological Situation per municipality





Dashboards





Big data analysis

FAIR Healthdata V1

About Sciensano | Log in

Datasets How-it-works Sources FAIR Principles Roadmap

ADD YOUR PROJECT

LUCAS, Centrum voor zorgonderzoek en consultancy

Private medical practices

Laboratory Workers



Quality of care research General Hospitals Psychiatric Hospitals

Paramedical professionals

Federal Public Service Health, Food Chain Safety and Environment en National Institute for Health and Disability Insurance

https://fair.healthdata.be/





Abstract

- In the development of information systems in the social and health sector, the emphasis has been placed for years on a solid, sector-wide enterprise architecture
 - sharing of infrastructure and platforms
 - reuse of data, services and components described in a publicly accessible catalogue
 - an integrated service to end users, supported by APIs
 - participatory governance in the development of the systems, up to the level of policy makers.
- Through this approach, the information systems and apps set up in the fight against the COVID-19 pandemic (contact tracing, organization of tests, organization of vaccination, teleconsultation, policy support, ...) can be developed very quickly and agile, and can be adjusted very flexibly and at low cost in function of the changing situation and evolving scientific insights.







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@FrRobben

https://www.ehealth.fgov.be https://www.ksz.fgov.be https://www.frankrobben.be

