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RECOVER Work Package 2 and the national coordinating team

Extended Point Prevalence Audit Survey (PPAS)

Results for Belgium

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Extended PPAS Belgium

General information

The point prevalence audit survey (PPAS) was initiated in January 2020 in 18 European countries to capture information with respect to antibiotic prescribing and diagnostic testing for patients presenting in primary care with symptoms of an acute respiratory tract infection. The anonymous registration of patients' characteristics, signs and symptoms, physical examination results and the management of general practitioners with respect to diagnostic testing, prescribing of antibiotics and other medicines, and provided self-care advice was very smoothly implemented in about 125 primary care practices throughout Europe.

This first PPAS was nearly finished when the COVID-19 pandemic hit Europe. Given the success of the PPAS, it was decided to extend the initial survey with COVID-19 specific items. Running this extended PPAS throughout Europe will provide information of how patients with respiratory tract infection are managed during the pandemic, what medicines are prescribed and advice provided, and will reveal marked differences between countries with respect to patient management.

Country information

- Country: BELGIUM
- Registration period: 22 February 2020 to 27 February 2020
- Total number of patient consultations: 240

Overall remarks on Belgian data

- Majority of patients contacts by telephone and mostly mild disease
- In Belgium, O_2 saturation almost always done when patients were seen, almost no other additional testing performed
- In more than half of the patients COVID-19 was suspected
- In 15% of patients suspected of COVID, the general practitioner (GP) would have recommended testing
- Antibiotics were only prescribed in a very small number of patients if COVID was suspected
- The vast majority of patients were advised to go into home isolation for on average 7 days
- Around 8% of patients was referred to hospital
- GPs were moderately confident to confident about their diagnosis and management of patients, irrespective of whether they suspected COVID-19

From separate interviews with GPs and patients during April/May (these GPs and patients were not necessarily part of the PPAS study), the following emerged:

- Clinicians report that increased use of telephone consultations has been a learning curve. They report feeling more confident making a diagnosis over the telephone now than at the start of the pandemic.
- Some report finding it difficult to assess shortness of breath over the telephone as it is a relevant symptom for COVID-19 but also related to anxiety.

- Clinicians have used newly set up social networks (e.g. WhatsApp groups) to discuss queries and concerns with peers which has increased confidence in managing patients with suspected COVID-19.
- Many are worried that they are not seeing patients with chronic disease, especially the elderly, who do need care and are concerned about management problems in the long-term.
- Patients are happy with their online/telephone consultations and feel reassured about their symptoms however they would like to be tested for COVID-19.
- Clinicians provide advice about preventive measures, but patients report already doing these prior to their consultation, so do not change their behaviour.

***Consultation* (N=240)**				
Consultation at	Practice	25%		
	Home	0.4%		
	Protective measures: yes	96.7%	apron/body protection	93.2%*
			face, nose/mouth protection	100%
			safety glasses	93.2%
			gloves	94.9%
	Telephone	74.2%		
	Video/skype	0%		
Has patient already been tested for COVID?	Yes	0%	Result:	
			Positive	0%*
			Negative	0%
			Unknown	0%
	No	100%		

Patient characteristics				
Age	Median (IQR)	39 (28-59)		
Comorbidity	Yes	21.7%	chronic respiratory condition	40.4%*
			diabetes	30.8%
			cardiovascular disease	28.8%
Measured:				
Fever	Yes	39.3%”	Temp>=38 or <36	33.3%*
O_2	Yes	78.7%”	Saturation <96%	12.5%*
Resp. rate	Yes	13.1%”	Resp. rate >20 or <12	12.5%^

Signs and symptoms				
Rhinitis	Yes	47.1%		
Sore throat	Yes	33.1%		
Cough	Yes	85%	short of breath (dyspnoea)	21.7%#
			abnormal auscultation	11.5%”
			(pleuritic) chest pain	9.2%#
			tachypnoea	2.5%#
General symptoms	Yes	57.5%	headache	21.7%#
			altered mental status	0.8%

			fatigue	42.9%
			diarrhoea	2.9%
Overall illness severity	Mild	62.9%		
	Moderate	32.1%		
	Severe	4.2%		
Confidence in assessment of the patient's condition	Very confident	9.2%	Very confident	3.4%[$]
	Confident	55%	Confident	61.6%[$]
	Moderately	27.1%	Moderately	27.4%[$]
	Unconfident	8.8.%	Unconfident	7.5%[$]
Additional diagnostic tests	Yes	1.6%”	CRP CRP Median (IQR)	100%*
			COVID-19 test	100%
			Total white blood cell count	100%
			Chest X-ray	100%
Suspected aetiology	viral (no COVID-19)			29.6%
	COVID-19			55.8%
	bacterial			2.1%
	allergic			0.4%
	not clear			12.5%
Initial working diagnosis	acute pharyngitis/tonsillitis/abscess		10.8%	
	laryngitis/laryngotracheitis		0.4%	
	influenza-like-illness		3.8%	
	bronchiolitis		0%	
	acute bronchitis		8.3%	
	CAP		3.3%	
	exacerbation COPD/asthma		2.5%	
	upper RTI		43.8%	
	COVID-19		60.8%	
			Contacted public health authorities?	2.7%*
			Would you recommend testing?	15.1%
GP provided	advice for home isolation	89.6%	how many days? Median	7 (7-7)
	advice for symptomatic treatment	71.3%	(ICQ)	

	a scheduled follow-up visit/call	30.8%		
	prescribed medication	10%	inhaled medication	4.6%#
			antibiotic	2.9%
			antiviral medication	2.9%
			antihistamines	1.7%
	advice for family members	48.3%	home isolation	20.8%#
			social distancing	40.8%
			other	3.7%
	preventive measures for patient	31.7%	extra handwashing	24.2%#
			sneezing in sleeve	18.8%
			social distancing	30.4%
			nose/mouth protection	6.7%
			staying in separate room	12.5%
	where to find reliable information	15.8%		
GP prescribed	Antibiotics if working diagnose was COVID-19		Yes	1.4%
Confidence that provided advice/treatment will benefit this patient	Very confident	2.9%	Very confident	0%$
	Confident	35.4%	Confident	28.2%$
	Moderately	51.3%	Moderately	63.4%$
	Unconfident	5.4%	Unconfident	4.2%$
	Very unconfident	2.9%	Very unconfident	4.2%$
	Referral to hospital	8.3%		
	Advise contact/refer to COVID-specific authority	4.6%		

** percentage from yes*
" percentage from F2F contact
 # percentage from total (n=240)
^ percentage from adults and yes
$ if suspected etiology is COVID-19

Rapid European COVID-19 Emergency research Response
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