



# PANDEMIC & DISASTER Preparedness Center (PDPC)

Dr. Anja Scheijer, Arts M&G, Medisch Directeur PDPC

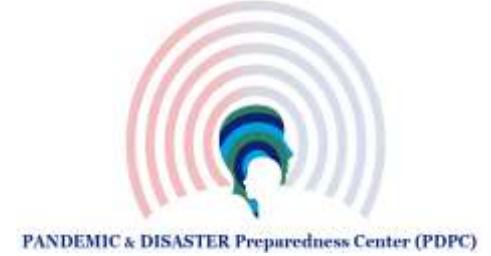
Seminar KZMN 15 juni 2022

# Conflict of interest

Disclosure belangen spreker	
<b>Geen (potentiële) belangenverstrengeling</b>	No conflict
<b>Voor bijeenkomst mogelijk relevante relaties<sup>1</sup></b>	<b>Bedrijfsnamen</b>
<ul style="list-style-type: none"><li>• Sponsoring of onderzoeksgeld<sup>2</sup></li><li>• Honorarium of andere (financiële) vergoeding<sup>3</sup></li><li>• Aandeelhouder<sup>4</sup></li><li>• Andere relatie, namelijk ...<sup>5</sup></li></ul>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li></ul>

# COVID-19: Lessen voor pandemic & disaster preparedness

## *De noodzaak voor een deltaplan*



# Wat was er geregeld?

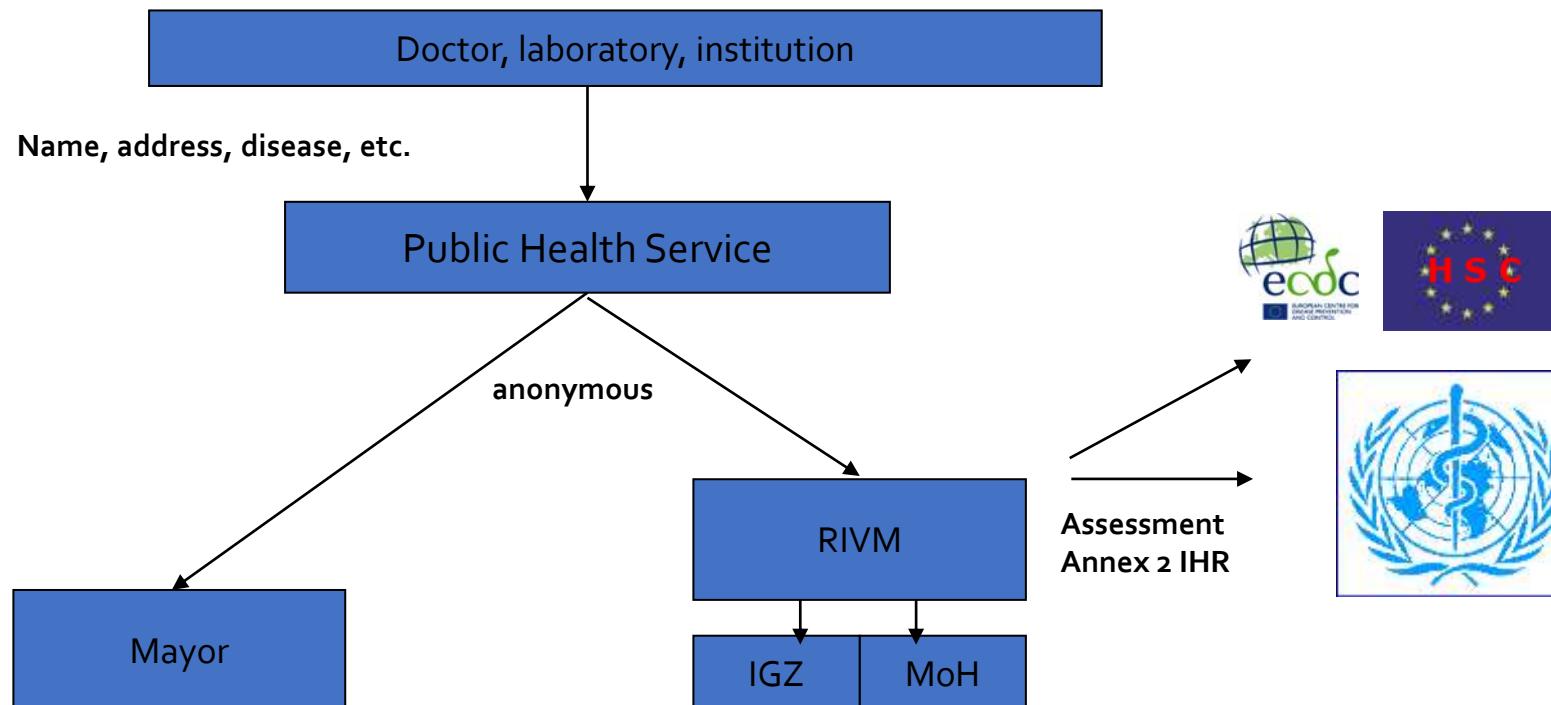
IHR 2005:  
“Shared Responsibility to protect  
the world from outbreaks”



# Wet Publieke Gezondheid

Art. 21- 29 WPG

- Category A, B<sub>1</sub>, B<sub>2</sub>, C  
-> Medical doctor, laboratory
- Unusual clinical picture  
-> Medical doctor
- Unusual amount of patients -> Head of institution



# Eerste jaar COVID-19



Marion Koopmans @MarionKoopmans - 5 jan. 2020

Results of travellers returning to Hong Kong from Wuhan, as part of their enhanced surveillance system. 6/16 flu pos, 1 rhino, 1 parainfl, 1 corona 229E and RSV. So the mix of what you expect in "respiratory season". Info Dx in Wuhan needed.

[cph.gov.hk/files/pdf/ertha...](http://cph.gov.hk/files/pdf/ertha...)



CADDE Project @CaddeProject - 5 jan. 2020

Novel human virus? Pneumonia cases linked to seafood market in China stir concern



@WHO statement (5 Jan 2020): [who.int/csr/don/05-jan...](http://who.int/csr/don/05-jan...)



Read @sciencemagazine news (3 Jan 2020): [scienmag.org/news/2020/01/n...](http://scienmag.org/news/2020/01/n...)



Q1 2020



Stephanie Pianka Scholten

Achteraf was het niet verstandig om ons Nederlanders deze zomer zoveel vrijheid te geven



Q3 2020



Q2 2020



'HET IS DWEILEN  
MET DE KRAAN OPEN'



Q1 2021



## ECONOMISCHE PROGNOSES

### Besmettingen lopen op: nu wordt het spannend voor de economie

De eerste coronagolf was al een grote klap voor de economie. In hoeverre is die klaar voor een tweede?

Door onze redactoren  
Maarten Schinkel en  
Marian Tamminga

AMSTERDAM. Na de verschillende voorbereidende maatregelen tegen de eerste coronagolf zijn de kosten voor de Nederlandse economie nu flink gestegen. Maar dat is de belangrijkste conclusie uit de tweede golftrend, die de minister van Financiën op donderdag voor de Tweede Kamer presenteerde.

De economie heeft nu veel weg van een waterstaatsstaat en voor ondernemers en milieubewegingen al een aantal

xiden en onschuldigheid is een moment geleden achterhaald. Het is maar de vraag of dat ook voor de economie geldt. De kosten daarmee kunnen alleen maar hoger worden dan nu nog in handen gehouden zijn door de tweede golf.

Naar aanleiding van de tweede golftrend, die de minister voor de Tweede Kamer voorstelde, is de economie voor de komende vier kwartalen 2,5 miljard euro groter gegroeid dan in de eerste golf. Dat is voor de waarde van 1,5 miljard euro teveel voor de economie. De wereldwijde economische ontwikkeling is de laatste maanden goed gegaan.

De economie had trouwens weg van

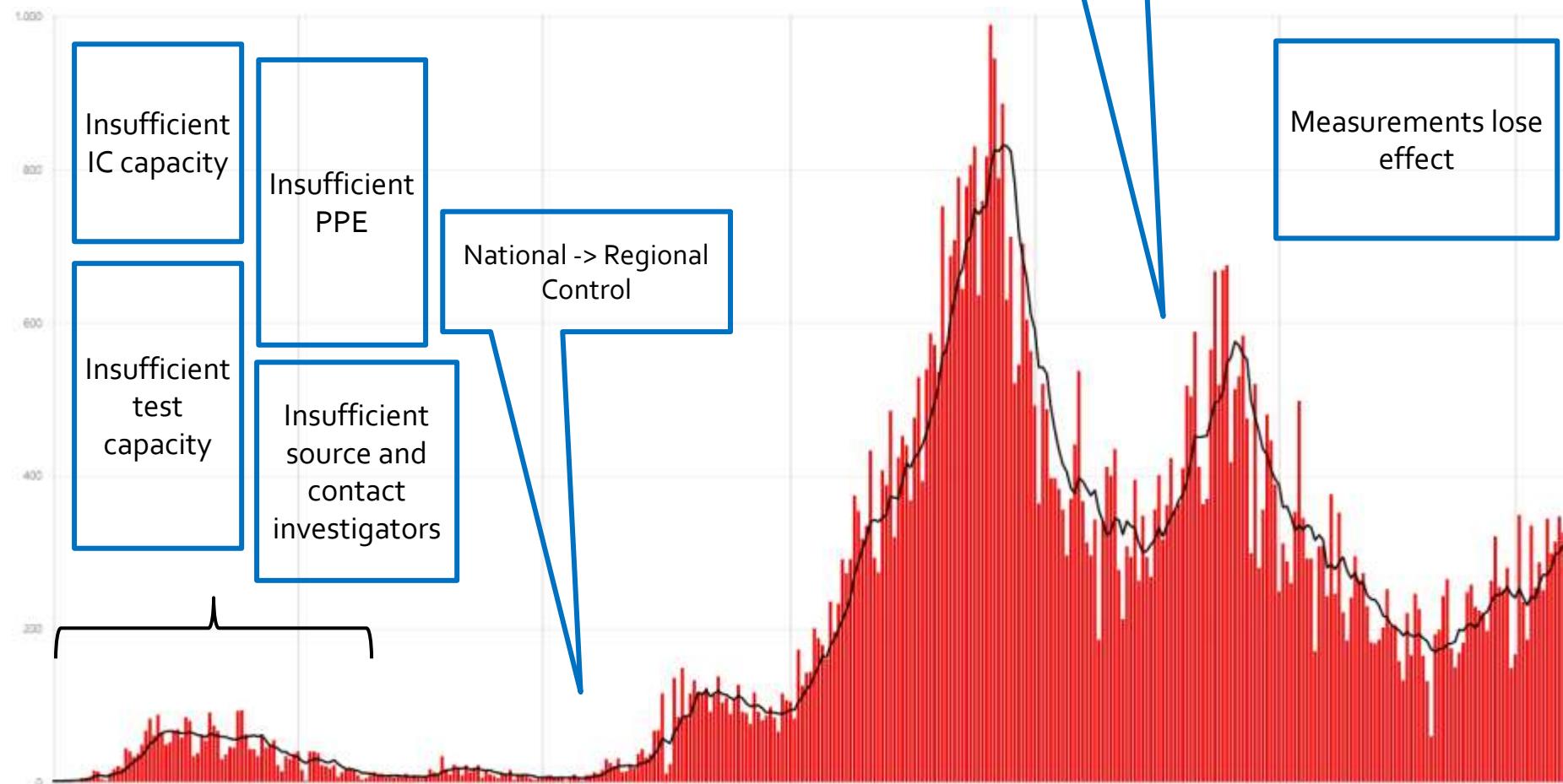
een aantal kosten die oorspronkelijk werden geschat. Zo bleek dat de kosten voor de gezondheidszorg en voor de arbeidsmarkt niet zo hoog waren als verwacht. Maar dat is de belangrijkste conclusie uit de tweede golftrend. Daarom kan de economie voor de komende vier kwartalen 2,5 miljard euro groter gegroeid dan in de eerste golf.

De economie had trouwens weg van een aantal kosten die oorspronkelijk werden geschat. Zo bleek dat de kosten voor de gezondheidszorg en voor de arbeidsmarkt niet zo hoog waren als verwacht. Maar dat is de belangrijkste conclusie uit de tweede golftrend.

In 2013, het dieptepunt van de eerste crisis, was het 7,9 procent. Mensen spekuleerden in meer voorzichtige kosten dan nu. Maar dat is de belangrijkste conclusie uit de tweede golftrend. Daarom kan de economie voor de komende vier kwartalen 2,5 miljard euro groter gegroeid dan in de eerste golf.

De belangrijkste conclusie uit de tweede golftrend is dat de economie voor de komende vier kwartalen 2,5 miljard euro groter gegroeid dan in de eerste golf.

# Eerste jaar COVID-19



Massive scaling-up and bottlenecks forced various public sectors to cooperate

# How it continued: tension between professionals, politics & society

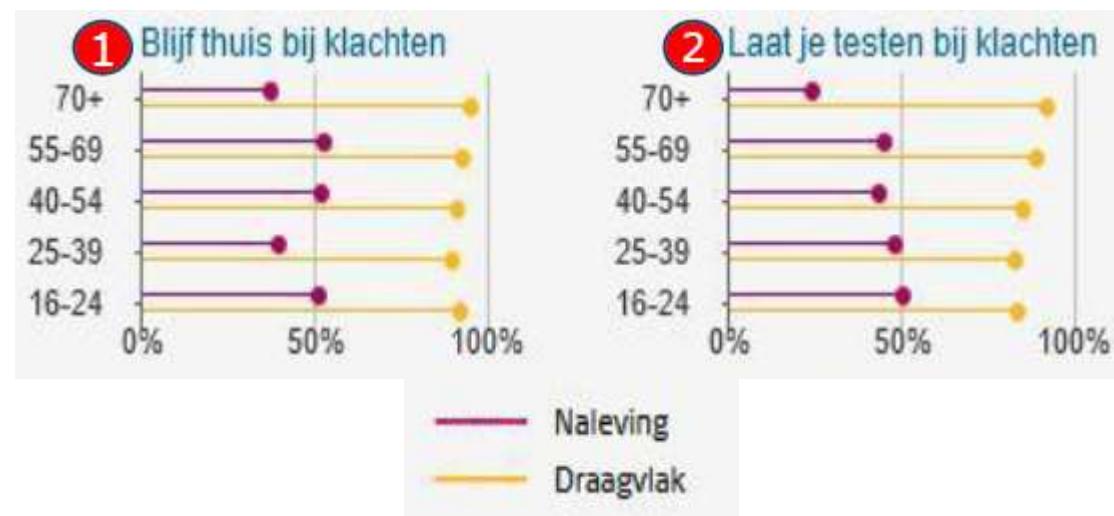


# Leerpunten

- ❖ Bottlenecks



- ❖ Gedrag & gedragswetenschappen is sleutel succes testen, traceren, vaccineren, maatregelen



1) Source: Gedragsunit RIVM-trendonderzoek ronde 9 – 30 dec 2020 tot 3 jan 2021

# Leerpunten

- ❖ Epidemieën en rampen leiden tot veranderingen in de samenleving, zo ook COVID
- ❖ Noodzaak structurele financiële investeringen door de overheid in infectieziektebestrijding & preparedness (zoals gedaan in Deltawerken)
- ❖ Scenariodenken moet verder ontwikkeld en toegepast worden in infectieziektebestrijding
- ❖ Kennis van gedrag (gedragsverandering) is essentieel inclusief vertaling naar doelgerichte interventies
- ❖ De huidige crisisstructuur OMT – BAO is een goede basis voor kortdurende uitbraken
- ❖ Er is een robuustere crisisstructuur nodig voor langdurige crisis; inclusief breed afwegingskader (met maatschappelijke, economische, medische impact)
- ❖ Duidelijker onderscheid tussen bestuurlijke en professionele besluitvorming
- ❖ Kennissynthese aan de voorkant -> integraal advies aan de overheid
- ❖ Gelijktijdig starten massa- en fijnmazig campagnes voor testen, traceren en vaccinatie om moeilijk bereikbare groepen te bereiken

# WHO Review IHR



SEARCH

## IHR REVIEW COMMITTEE ON THE FUNCTIONING OF THE IHR DURING THE COVID-19 RESPONSE

### UPDATES ON THE FINAL REPORT

Prof Lothar Wieler, Chair of the IHR Review Committee on COVID-19 response  
Member States Information Session, 6 May 2021



Health Topics ▾

Countries ▾

Newsroom ▾

Emergencies ▾

[Home](#) / [News](#) / World Health Assembly agrees to launch process to develop historic global accord on pandemic prevention, prep...

# World Health Assembly agrees to launch process to develop historic global accord on pandemic prevention, preparedness and response

1 December 2021 | News release | Geneva | Reading time: 2 min (456 words)

In a consensus decision aimed at protecting the world from future infectious diseases crises, the World Health Assembly today agreed to kickstart a global process to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response.

View the [WHO Pandemic Prevention, Preparedness and Response Center](#)

# So what's next?

## January – March 2022 Reports to ProMED\*



To learn more and view  
outbreak reports, visit us at  
[www.promedmail.org](http://www.promedmail.org)



\*Words represent number of reports, but word location does not  
always correspond to the exact location of disease outbreak report

Open Forum Infectious Diseases

MAJOR ARTICLE



## Severe Fatigue in the First Year Following SARS-CoV-2 Infection: A Prospective Cohort Study

Arend Verweij,<sup>1,2</sup> Eike Wykberg,<sup>1,2,3</sup> Hugo D. G. van Wijngaarden,<sup>1,2</sup> Anders Baey,<sup>1,2</sup> Menno D. de Jager,<sup>1,2</sup> Godselieve de Bont,<sup>1,2</sup> Udit Dandekar,<sup>1,2</sup> Eric P. Molle van Charamet,<sup>1,2</sup> Ross Knoops,<sup>1,2</sup> Maria Prins,<sup>1,2</sup> and Frans Nijhswert,<sup>1,2</sup> for the RECoV-ERED Study Group<sup>1,2</sup>

<sup>1</sup>Department of Medical Microbiology, Amsterdam UMC, Amsterdam Public Health Research Institute, University of Amsterdam, Amsterdam, the Netherlands; <sup>2</sup>Department of Infectious Diseases, Public Health Service of Amsterdam, Amsterdam, the Netherlands; <sup>3</sup>Department of Infectious Diseases, Amsterdam UMC, University of Amsterdam, Amsterdam Institute for Infection and Immunity Amsterdam, the Netherlands; <sup>4</sup>Department of Medical Microbiology & Infectious Diseases, Amsterdam UMC, University of Amsterdam, Amsterdam Institute for Infection and Immunity Amsterdam, the Netherlands; <sup>5</sup>Training HIV Monitoring, Amsterdam, the Netherlands; <sup>6</sup>Department of Social Psychiatry, University of Amsterdam, Amsterdam, the Netherlands; <sup>7</sup>Department of Psychiatry, Amsterdam UMC, location AMC, University of Amsterdam, Amsterdam, the Netherlands; <sup>8</sup>Department of Public & Occupational Health, Amsterdam UMC, Amsterdam Public Health Research Institute, University of Amsterdam, Amsterdam, the Netherlands; and <sup>9</sup>Department of General Practice, Amsterdam UMC, Amsterdam Public Health Research Institute, University of Amsterdam, Amsterdam, the Netherlands.

**Background:** Severe fatigue can persist for months after coronavirus disease 2019 (COVID-19) onset. This longitudinal study describes fatigue severity and its determinants up to 12 months after illness onset across the full spectrum of COVID-19 severity.

**Methods:** RECoV-ERED, a prospective cohort study in Amsterdam, the Netherlands, enrolled participants aged ≥16 years after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) diagnosis. Fatigue was measured using the validated Short Fatigue Questionnaire (SFQ; range 4–24) at months 1, 3, 6, 9, and 12 of follow-up. Fatigue severity was modeled over time using mixed-effects linear regression. Determinants of severe fatigue (SFQ ≥18) at 6 months since illness onset (ie, persistent fatigue) were identified using logistic regression.

**Results:** Between May 2020 and July 2021, 363 participants completed at least 1 fatigue questionnaire. Twelve months after illness onset, 17.4% (95% CI, 6.7% to 34.3%), 21.6% (95% CI, 11.2% to 37.7%), and 44.8% (95% CI, 28.0% to 62.9%) of participants with mild, moderate, and severe/critical COVID-19 (World Health Organization definition), respectively, experienced severe fatigue. When adjusting for age and sex, having ≥3 comorbidities ( $P = .007$ ), severe/critical COVID-19 ( $P = .002$ ), low mood ( $P < .001$ ), and dyspnea in the first 2 weeks of illness ( $P = .001$ ) were associated with more severe fatigue over time. Severe/critical COVID-19 (adjusted odds ratio [aOR], 3.37; 95% CI, 1.28 to 9.33) and low mood at enrollment (aOR, 2.43; 95% CI, 1.11 to 5.29) were associated with persistent fatigue. Recovery rarely occurred beyond 6 months after illness onset, regardless of COVID-19 severity.

**Conclusions:** The occurrence of severe fatigue in our cohort was high, especially among those with initially severe/critical COVID-19, with little recovery beyond 6 months after illness onset. Our findings highlight an urgent need for improved understanding of persistent severe fatigue following COVID-19 to help inform prevention and intervention.

**Keywords:** COVID-19; fatigue; infection; persistence; predictors.

Fatigue is among the most commonly reported symptoms of postacute coronavirus disease 2019 (COVID-19) syndrome (PACS). PACS is defined by the World Health Organization (WHO) as the persistence of symptoms at 3 months after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, lasting for at least 2 months [1]. Fatigue persisting beyond

6 months after infection is frequently reported among previously hospitalized COVID-19 patients [2–5], and a growing body of evidence suggests that fatigue may also be long-lasting following mild COVID-19 [6, 7].

Persistent fatigue has been linked to other infectious diseases, including Epstein-Barr virus [8], Q-fever [9], influenza [10], and SARS-CoV-1 infection [11]. Estimation of the prevalence of fatigue following COVID-19 vary widely due to differences in the definition of fatigue, study design, and study population [4, 7, 12, 13]. Few studies have measured fatigue using instruments with validated cutoffs for severe fatigue, nor have they explored risk factors for fatigue using prospectively collected longitudinal data [4–16]. Insights into the occurrence, severity,

Received 29 November 2020; editorial decision 7 March 2021; accepted 10 March 2021; published online 16 April 2021.  
\*Equal contribution.  
†Equal contribution.  
‡Equal contribution.  
Correspondence: Frans Nijhswert, PhD, Maastricht Institute of Medical Psychology, Amsterdam UMC, location AMC, Maastricht 6525 AZ, Amsterdam, the Netherlands (e-mail: f.nijhswert@amc.uva.nl).

NEWS | 28 April 2022

# Climate change will force new animal encounters – and boost viral outbreaks

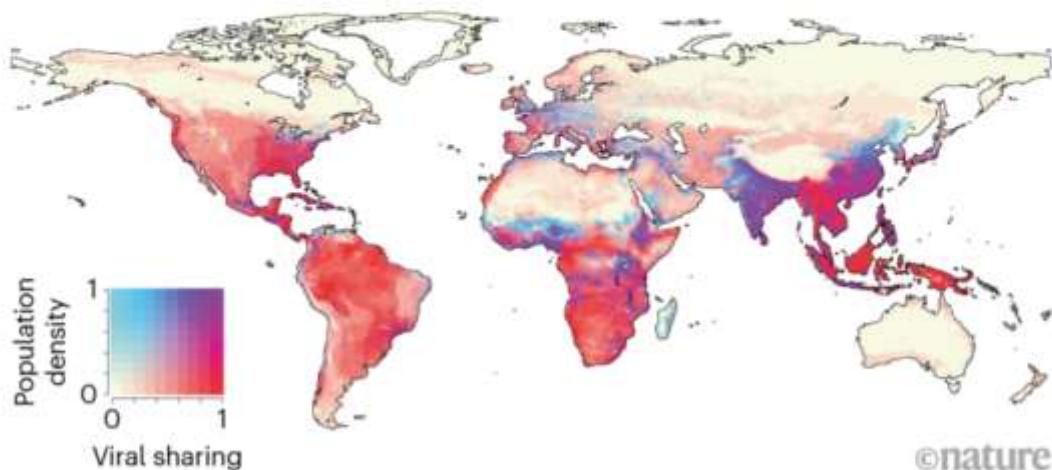
Modelling study is first to project how global warming will increase virus swapping between species.

Natasha Gilbert



## SPILLOVER HOTSPOTS

Models suggest that by 2070, climate change will be driving many mammal species to cooler regions, where they will meet for the first time and could exchange viruses. If Earth warms by 2 °C, they say, the regions with the highest chance of virus sharing will overlap with areas of dense human population, including parts of India and Indonesia. That will increase the risk of pathogens transferring to people.



©nature

Source: Ref. 1



**PANDEMIC & DISASTER Preparedness Center (PDPC)**

# Hoe het begon...

Januari 2021, Aankondiging door Aboutaleb en Kuipers bij Jinek



Mei 2021, Opening



## Het PDPC wil:

- Nederland **weerbaarder en veerkrachtiger** maken voor toekomstige infectie-, water- en klimaat dreigingen
- Antwoord bieden op **complexe vraagstukken** (multi-disciplinair, top expertise, internationaal)
- Focussen op **lange termijn effecten** en mogelijkheden voor **vroeg-signalering** en **preventie**
- Werken aan **wetenschappelijke kennissynthese** “aan de voorkant”: voorafgaand, tijdens en na afloop van crises
- Inzichten **vertalen naar beleid**, met concrete aanbevelingen voor implementatie voor politiek en samenleving

# PDPC leadership team



PANDEMIC & DISASTER Preparedness Center (PDPC)



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Pandemic preparedness research



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Disaster preparedness  
research



Pearl Dykstra

[dykstra@essb.eur.nl](mailto:dykstra@essb.eur.nl)

Societal preparedness  
research



Anja Schreijer

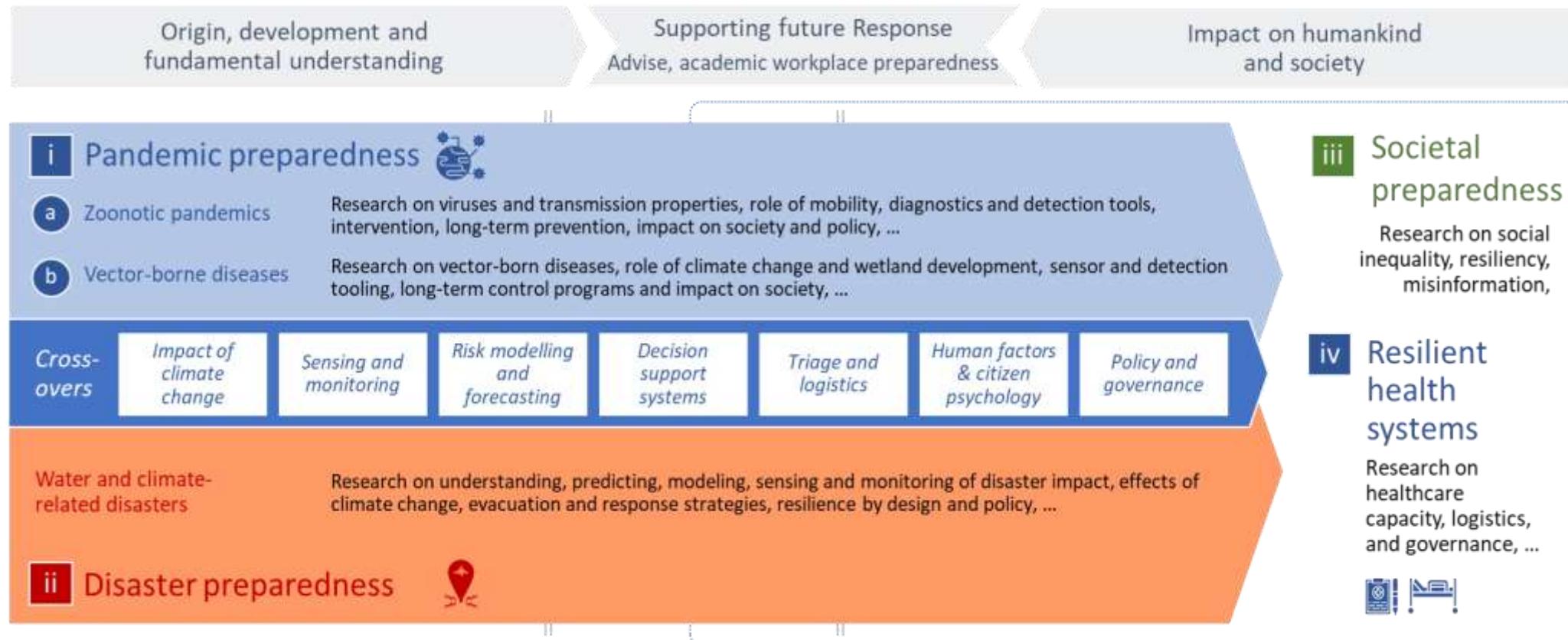
[a.schreijer@erasmusmc.nl](mailto:a.schreijer@erasmusmc.nl)

Medical affairs & Public  
health

# PDPC thema's



PANDEMIC & DISASTER Preparedness Center (PDPC)



# PDPC Frontrunner projecten



PANDEMIC & DISASTER Preparedness Center (PDPC)

1. Klimaat verandering en risico op vector-overdraagbare ziekte
2. Airborne: voorspellen, meten en kwantificeren van airborne transmissie
3. Pandemie lessen voor voorbereiding op overstromingen
4. Sociale en stedelijke weerbaarheid
5. Integrale vroegsignalering

Interdisciplinair

Cruciale

Kennishaten

Lastige thema's

Nieuwe  
samenwerkingen

FR 1: Climate change &  
risks virus outbreaks



Deltas



WAGENINGEN  
UNIVERSITY & RESEARCH



Universiteit  
Leiden

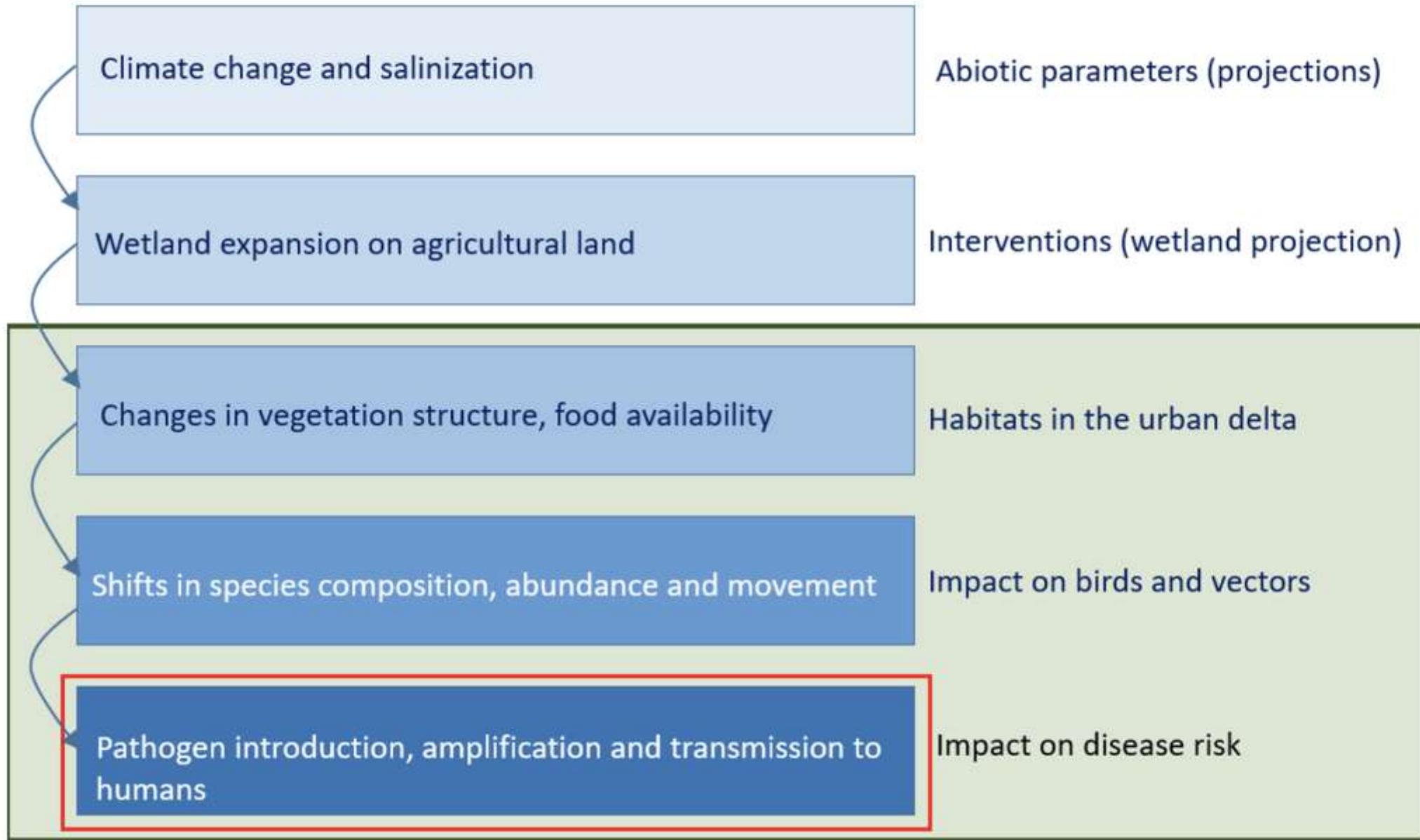


Koninklijk Nederlands  
Meteorologisch Instituut  
Ministerie van Infrastructuur en Waterstaat

Erasmus MC  
*Erasmus*

# frontunner 1: Climate and vectorborne diseases

# Important ramifications for disease risk





Universiteit  
Utrecht

Erasmus MC  
*Erasmus*

**TU**Delft

**TU/e**

Radboud University

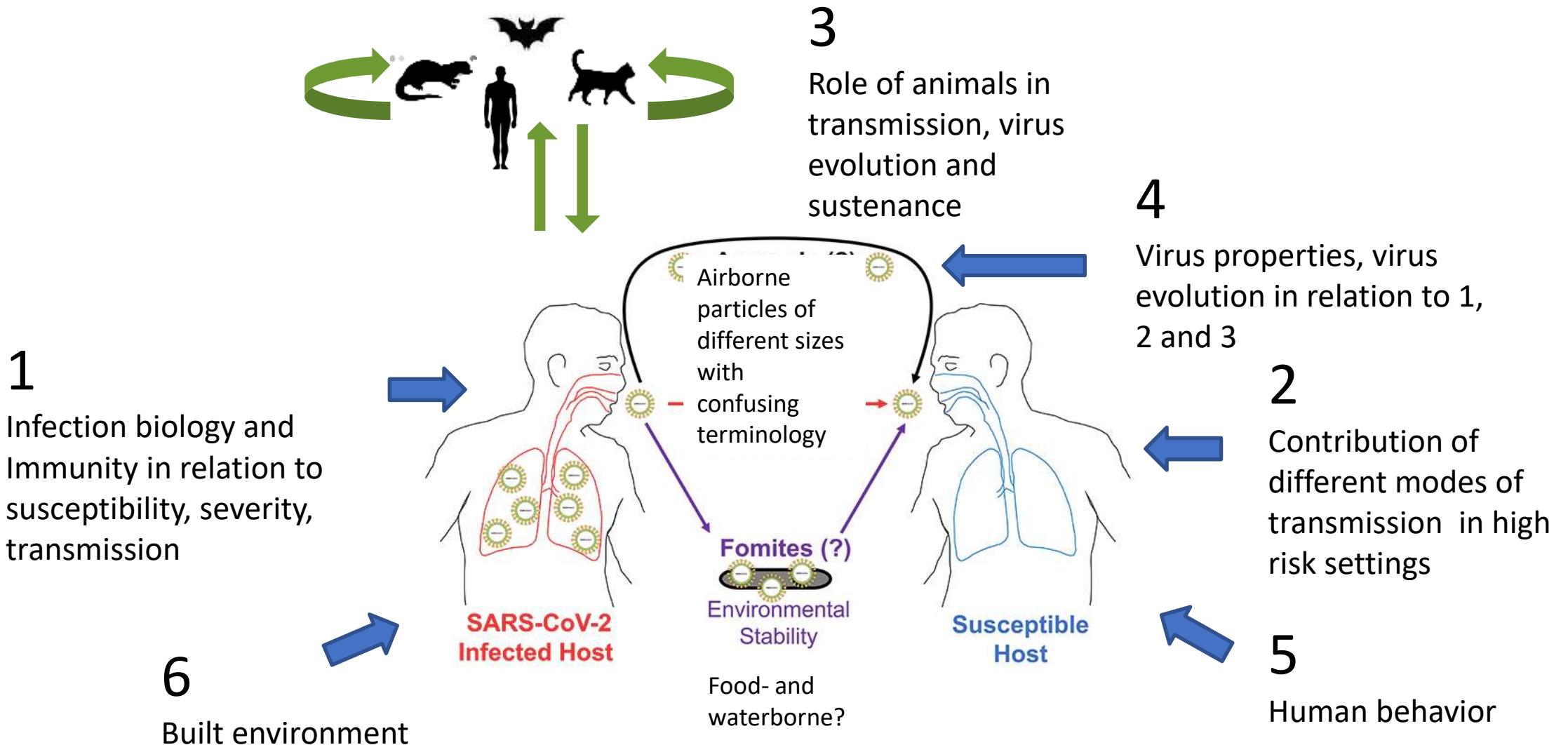


Reinier de Graaf



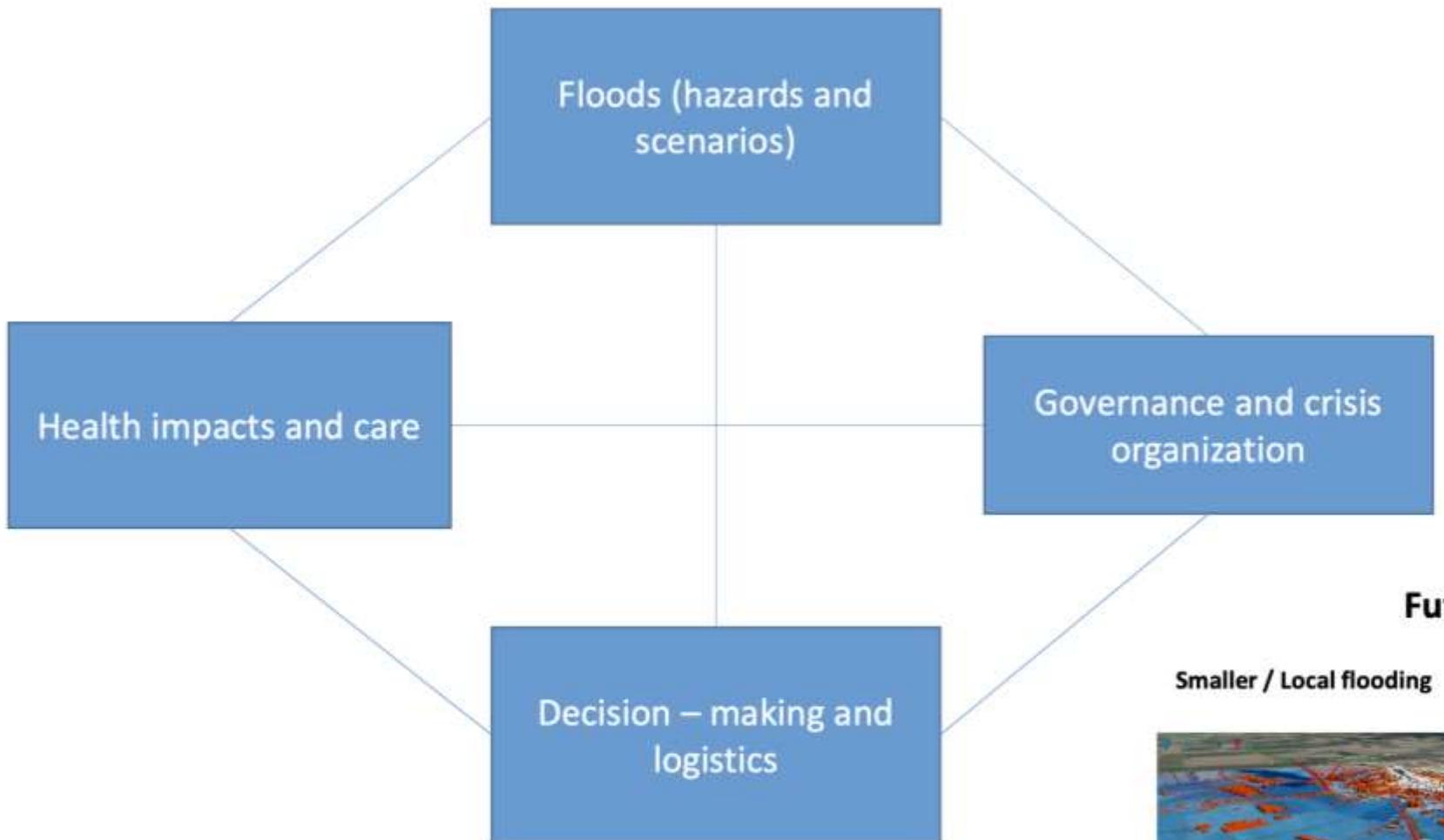
# frontunner 2: Understanding and measuring airborne transmission

# Understanding airborne transmission: a complex puzzle



# frontunner 3: Pandemic lessons for flood disaster preparedness / Integrated scenario's for preparedness

## Frontrunner 3: Pandemic Lessons for flood disaster preparedness



### Empirical cases

Katrina / New Orleans (2005)

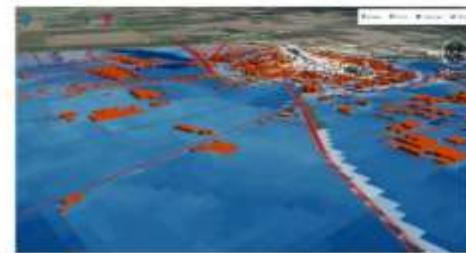


VieCurie Venlo (2021)



### Future scenarios

**Smaller / Local flooding**



**Large scenario:** Rdam / Randstad with multiple hospitals flooded





Rijksinstituut voor Volksgezondheid  
en Milieu  
Ministerie van Volksgezondheid,  
Welzijn en Sport

Centraal Bureau voor de  
Statistiek (CBS)



UNIVERSITEIT VAN AMSTERDAM



# frontunner 4: Towards social and urban resilience for pandemics and disasters

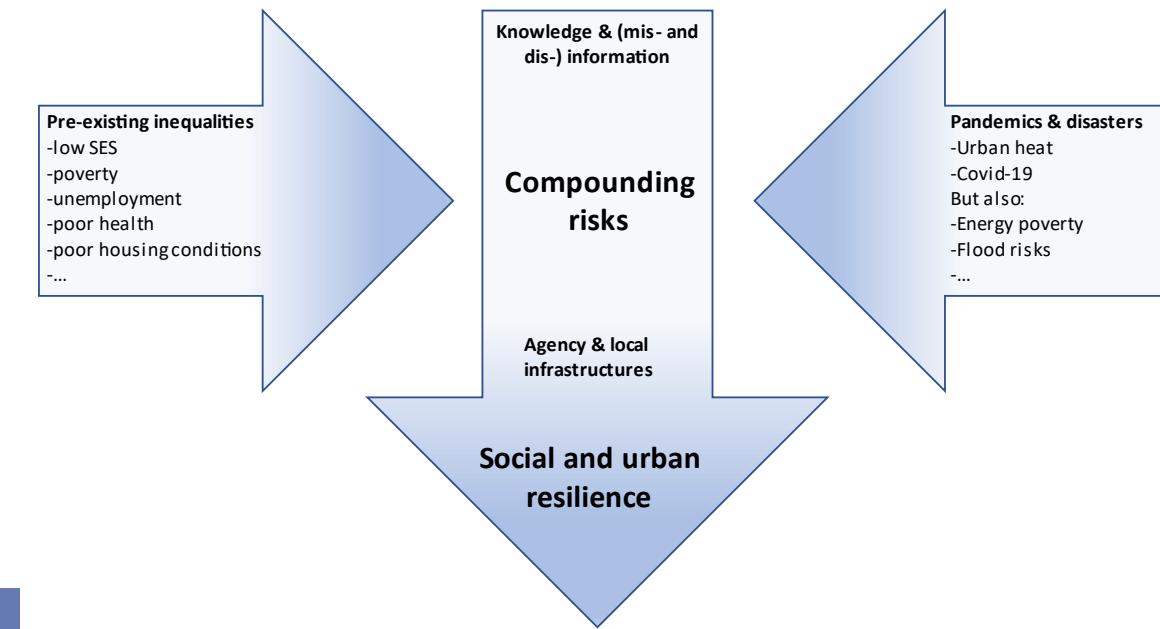
# Frontrunner project: Towards social and urban resilience for pandemics and disasters

Socio-economic disadvantages, disasters such as droughts, floods, heat waves, and pandemics are often studied in isolation. However, when two or more risks/hazards interact, the potential collective effect can be greater than the sum of its parts. These **compounding effects** are most prevalent in geographic concentrations of pre-existing inequalities.

The AIM of this frontrunner project is: *To create a knowledge base aimed at identifying social and urban conditions that mitigate impacts of pandemics and disasters that increase inequalities among social groups.*

There are five sub-projects:

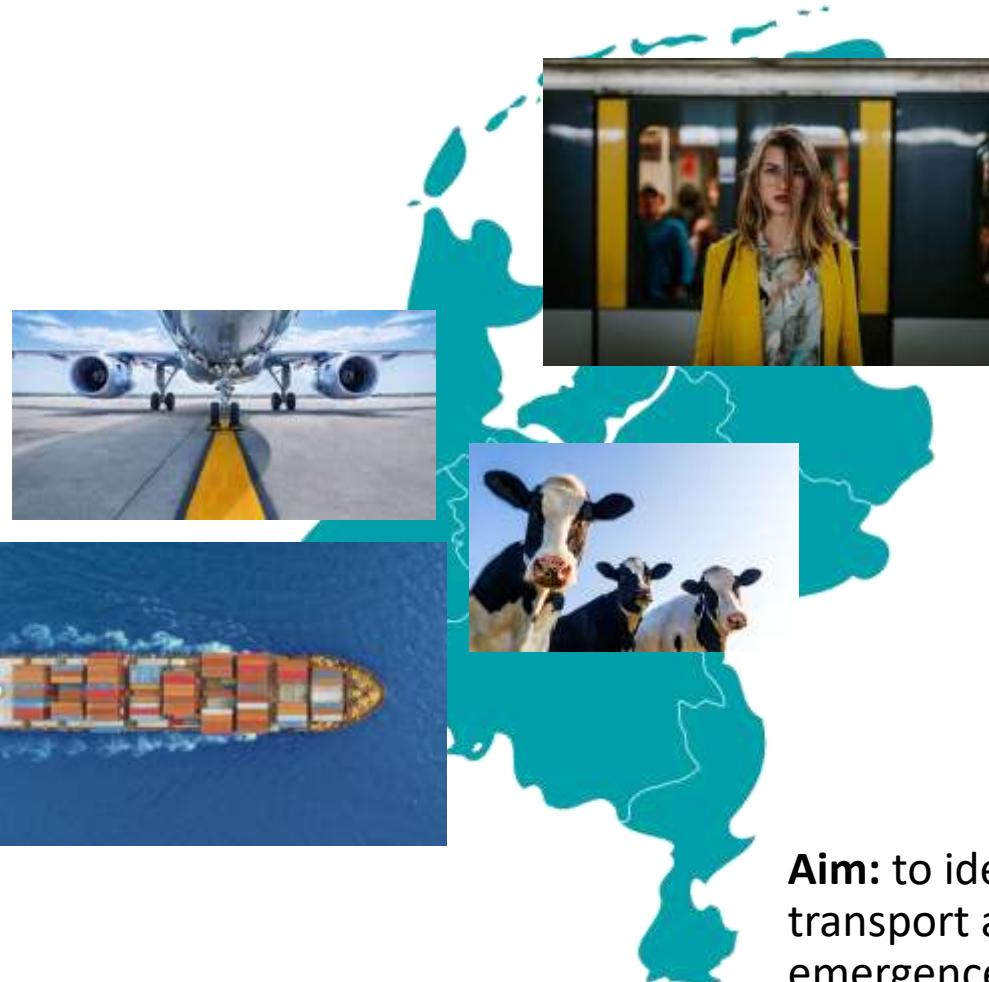
1. Urban heat, inequalities and compounding risks
2. Spatial and social connectivity and inequities in the transmission infectious disease
3. Mis- and disinformation on Covid-19 in social and mass media in the Netherlands
4. Agency and local infrastructure to support citizens
5. Urban Living Lab with a focus on making local communities more resilient





# frontunner 5: Integrated early warning surveillance methods and tools

# Frontrunner 5: Integrated early warning surveillance methods and tools



## The Netherlands

- Major transport hubs for people (Schiphol airport (70 million passengers per year), goods (Rotterdam harbour, 440 million tons) and animals/animal products (3.6 billion kilo meat, largest exporter in EU)).
- Human and animal husbandry activities.

## Surveillance

- Use of catch-all techniques: potential to develop “one size fits many” surveillance systems.
- Targeting sampling and sensoring needs to be guided by the smart design of surveillance systems.
- Promises and (ethical) risks



**Aim:** to identify and characterize critical nodes in the complex global network of transport and migration of people, animals and goods for the import, emergence, dissemination and export of new disease agents and target these with an innovative early warning surveillance tools.

# PDPC Frontrunner projecten nationale partners



**FR 1: Climate change & risks virus outbreaks**



**FR3: Pandemic lessons (flood)**



**FR2: Airborne: predicting & measuring & quantifying**



**FR5: Surveillance methods & tools**



**FR4: Towards social and urban resilience**



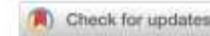
## The PDPC Academy

Teaching the PDCP philosophy.

Academische werkplaats: in de driehoek beleid, praktijk en onderzoek

- Ontwikkelen van doelgerichte interventies voor moeilijk te bereiken doelgroepen
- Inhoudelijke evaluatie van de pandemie:  
Lessons learned voor een integraal afwegingskade
- Ontwikkelen factoren model infectieziekten
- Kennisagenda veerkrachtige gezondheidssystemen
- Casestudie naar maatregelen en reisgedrag tijdens Omikron vluchten
- Langetermijnstrategie Covid

# Doelgerichte interventies underserved groups



## Sustained behavior change is key to preventing and tackling future pandemics

Investment in research and programs to discover and apply the principles that underpin sustained behavior change is needed to address the continuing threat from COVID-19 and future pandemics and will require collaboration among behavioral, social, biomedical, public-health and clinical scientists.

Susan Michie and Robert West

**H**uman behavior was instrumental in causing COVID-19, and changing it has been vital to tackling this pandemic. The countries that have done best in mitigating COVID-19's harms to health and to their economies have rapidly and successfully persuaded their populations to enact large-scale behavior change. Some of these interventions have been highly effective, others have been less so, and some have produced substantial social and financial harm. In particular, national 'lockdowns' have been effective in keeping people from interacting, to reduce the spread of disease<sup>1</sup>, but they have been very damaging to people's lives and to national economies. Therefore,

lockdowns should ideally be used only to bring transmission levels low enough to be controllable by other policies. These policies include adequate 'find, test, trace, isolate and support' systems<sup>2</sup>; border controls and quarantine to prevent reseeding of infections; the creation of safe working, domestic and transport spaces; and the promotion of personal protective behaviors such as the use of face coverings<sup>3</sup>.

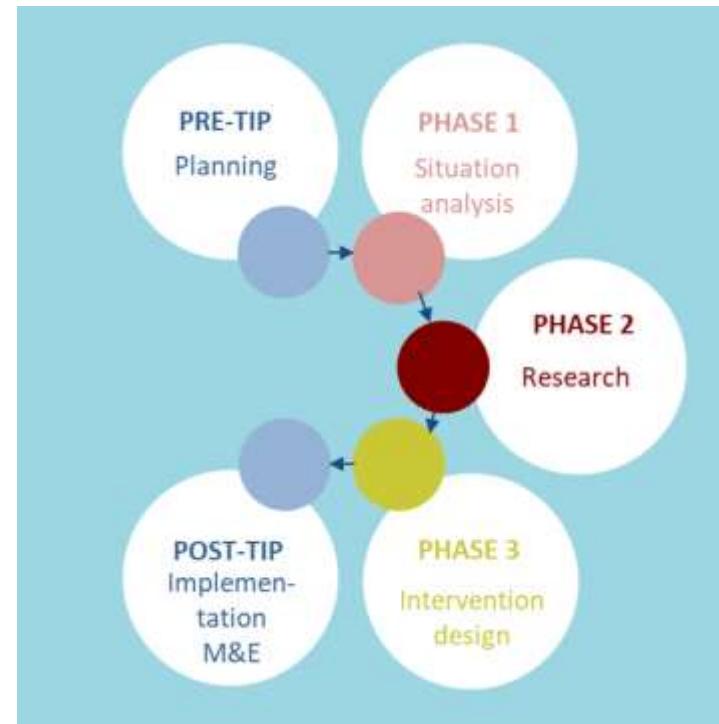
**Capability, opportunity and motivation**  
Large-scale, sustained behavior change is needed to reduce the risk of, and to prepare for, future pandemics<sup>4</sup>. The COVID-19 pandemic has shown that populations will adopt at least some of the required behaviors

under certain conditions<sup>5</sup>. However, adoption has been variable across countries, over time and across social groups<sup>5</sup>.

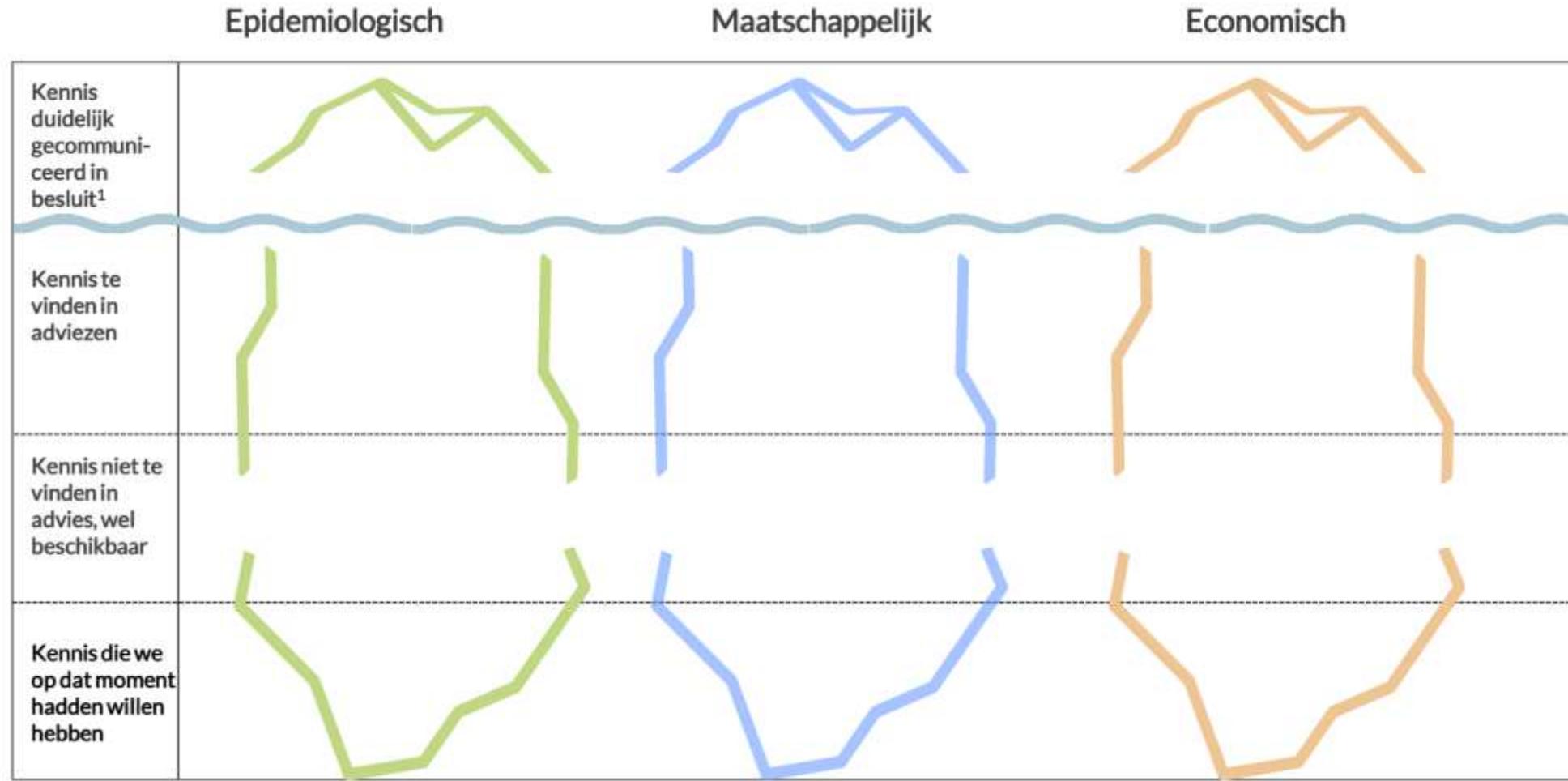
Achieving sustained behavior change requires a sound understanding by policymakers and intervention designers of what underpins the behaviors concerned. For example, what does it take in all cultures to ensure that, where appropriate, people keep safe physical distances from each other, wear face coverings masks and disinfect their hands? What is needed to ensure that adequate ventilation is provided in enclosed spaces, and that people in high-risk settings use personal protective equipment effectively?

We provide here important behavioral targets for the prevention and mitigation of

# WHO - TIP methode



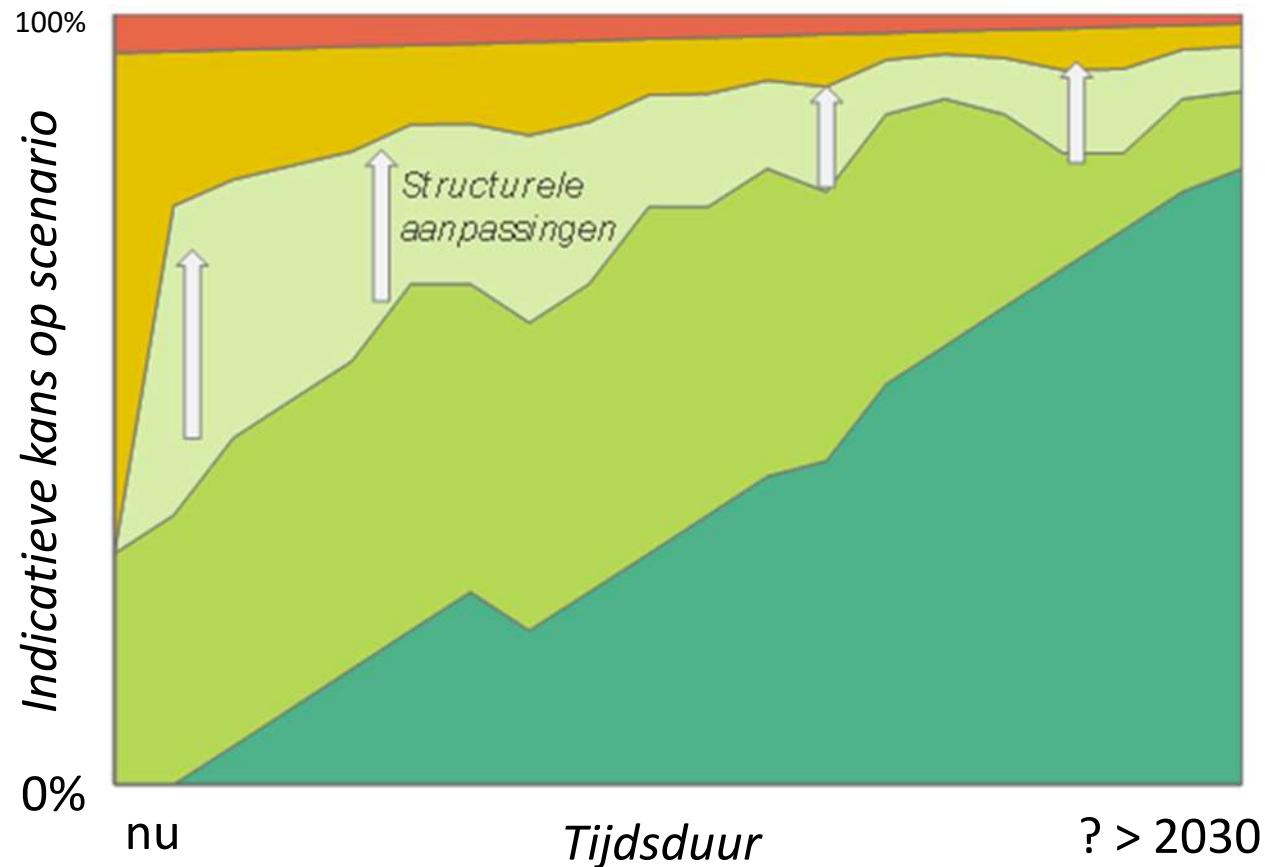
# Inhoudelijke evaluatie pandemie -> lessons learned integraal afwegingskader



# Scenario's voor transitie fase van pandemie naar endemie

<https://amazingerasmusmc.nl/algemeen-nieuws/multidisciplinair-team-komt-met-een-langetermijnvisie-voor-covid/>

Indicatieve ontwikkeling kans op scenario's over tijd



## 1) verkoudheid

Lage virulentie, minimale extra zorgvraag

## 2) griep +

Redelijk voorspelbare, seizoensgebonden forse extra zorgvraag

## 3) continue strijd

Bovenop seizoenseffect onvoorspelbare pieken door mutaties, zonder maatregelen overbelasting zorg

## 4) worst case

Door mutaties zeer virulente variant, volledige lockdown is noodzakelijk om ontwrichting samenleving te voorkomen

[Go to website](#)

**External**

Watch the third PDPC webinar:  
towards social and urban resilience

[Go to website →](#)

**News** **Pandemic and Disaster Preparedness Center**

Corona pandemic most likely  
started at animal market in Huanan

[Read more →](#)

<https://convergence.nl/pandemic-disaster-preparedness>

**External**

**Pandemic and Disaster Preparedness Center**

Marion Koopmans in  
Eenvandaag interview:  
'High chance of new  
pandemics'

[Go to website →](#)

**Event**

**Pandemic and Disaster Preparedness Center**

Webinar series PDPC

[Read more →](#)

**External**

**Pandemic and Disaster Preparedness Center**

Letting go of the  
corona  
measurements, a good  
idea? Schreijer at Op1

[Go to website →](#)

# Wat zijn jullie lessons learned uit de coronapandemie?

- Jip en Janneke uitleg Breed vanaf begin. (maar one size does not fit all)
- Vraag aan pluimveedeskundigen gemist. Is bv deskundige pluimveecorona geraadpleegd?  
→ eerder (in ‘vredestijd’) in kaart brengen: waar zitten de experts? (maar: lastig extrapoleren pluimveecorona naar humane corona).
- Ontbreken onderscheid tussen ‘care(patiëntgericht)’ en ‘voorzorg (publieke gezondheid)’; nadruk op patiëntenzorg versus bestrijden epidemie. → **‘Public health’ vakgebied verdient meer aandacht.**  
**‘A stitch in time saves nine’.**
- Snellere implementatie nieuwe kennis in beleid (minder achter feiten aan lopen). → meer scenariodenken met hulp van modellering (ook qualy’s en financieel)
- Meer EU samenwerking nodig. –o.a. door WHO onderken dat internationale samenwerking beter kon. Verwarrend maatregelen verschillen tussen landen. → meer EU /breder afstemming maar met oog voor landelijk beleid (ivm cultuur etc etc)
- Meer aandacht voor langdurige gevolgen van epidemie. Onmacht gezondheidszorg om daarop in te springen.
- ‘Papierwerk’ vaccinatie-ontwikkeling beter uitleggen
- Betere samenwerking tussen ziekenhuizen (en andere organisaties) t.a.v. PBM’s
- Wantrouwen ‘burgers’ naar de ‘overheid’ → Maatschappelijke vraagstukken meewegen
- Wees bescheiden

Welke kennishiaten zijn er - wat zou er wat  
jullie betreft onderzocht moeten worden?

-Hoe polarisatie te voorkomen