

Impact of the COVID-19 pandemic on early childhood preventive care activities of Office de la Naissance et de l'Enfance (ONE)

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Abstract

The Office de la Naissance et de l'Enfance (ONE) is a public organisation overseeing preventive care activities for children within the Wallonia-Brussels Federation. One of the main missions of ONE is to offer free preventive care consultations from birth to the age of 6 years. ONE also issues health recommendations for early childhood day care facilities.

The COVID-19 pandemic had a considerable impact on these ONE activities.

As events and political decisions unfolded between March and December 2020, actions were taken first to limit children's consultations to the most essential services like vaccination, and later to facilitate a cautious return to regular activities.

After initial difficulties to ensure sufficient doctor presence were addressed, vaccination was successfully pursued. Although many families were supported, delays in follow-up and screening inevitably occurred and constitute a challenge for the future.

With regards to day care facilities, protocols were put in place to limit at-risk contacts. Conditions for authorising access to day care were regularly reviewed, and measures to take after a SARS-CoV-2 infection occurrence were regularly adapted in line with national recommendations.

Day care facilities were provided with key contact persons within ONE for advice, who were themselves supported by regular updates of recommendations. Broader communication and closer collaboration with doctors working outside ONE were highlighted as critical.

This pandemic crisis raised many challenges, yet the commitment and adaptability of professionals within and outside ONE allowed for continuity of preventive care for young children, and contributed to ensuring quality day care.

Introduction

The *Office de la Naissance et de l'Enfance* (ONE) is well known to Belgian French-speaking paediatricians. This public organisation, placed under the authority of the Government of the French Community, is the reference body of the Wallonia-Brussels Federation for all matters relating to preventive care in childhood (1).

One major mission of ONE is to support children within, and in relation to, their family and social environment. This mission is carried out primarily through the following services:

- Prenatal consultations
- Children's consultations and home visits
- Child protection teams (*équipes SOS enfants*)
- School medicine services (*services de promotion de la santé à l'école*)

The other major mission of ONE is to authorise, support and evaluate services that provide childcare to children outside the family environment. These include:

- Early childhood day care facilities
- After school activities (*accueil extrascolaire*) and homework schools (*écoles de devoirs*)
- Holiday centres (*centres de vacances*)

Alongside these two main missions, ONE has developed expertise in the following domains: parenting support, health promotion and health education, and the promotion of continuing education amongst childcare professionals. ONE also conducts evaluations of the needs of the population and research into emerging public health issues in order to make necessary adjustments

to its services.

The arrival of the COVID-19 pandemic significantly disrupted social activities and the organisation of healthcare in general. In private medical practice and hospitals, non-essential services were suspended and only emergency consultations were maintained. The services provided or supported by ONE were also inevitably impacted.

This article will review how ONE early childhood preventive activities adapted to the circumstances of the pandemic crisis between March and December 2020. The first part will focus on preventive care follow-up for children aged 0 to 6 years in the context of ONE consultations. The second part will focus on early childhood day care facilities for children aged 0 to 3 years.

Part one: Preventive care follow-up for children aged 0-6 years in the context of ONE consultations

Outline of the service in usual times

Preventive care follow-up from the antenatal period up until a child's 7th birthday is offered by ONE to all families within the Wallonia-Brussels Federation. The purpose of this service is to promote the healthy development of children through regular health checks, vaccinations, advice and parenting support. The service is free of charge and taken up on a voluntary basis. Children are seen at regular intervals according to a predefined schedule (fig. 1). Some children requiring closer follow-up due to physical or psychosocial vulnerability are offered additional appointments in what is referred to as "enhanced follow-up" (*suivi renforcé*).

At a local level, ONE preventive care services are provided through a network of 846 professionals called *Partenaire Enfants-Parents* (PEP's) who are di-

i Translation: Office of Birth and Childhood

rectly employed by ONE. These are professionals with a background in nursing, social care, or midwifery, who receive specific training upon joining ONE. They visit parents on maternity wards (*service de liaison*) and offer home visits. Together with doctors and volunteers, they run the preventive care children's consultations in one of 584 locations across the Wallonia-Brussels Federation. In 2019, 70-75% of children younger than 2 years living in Wallonia or Brussels were registered with ONE and attended a consultation at least once within the year. This percentage drops in higher age groups, giving an average attendance rate of 42% across the age range 0-6 years (3).

About a thousand doctors work within ONE consultations, mostly general practitioners (85%) and paediatricians (13%). They assess children in pairs with a PEP's, paying particular attention to priority areas and guidance set by ONE (2). About 4500 volunteers (often senior people) welcome families to the consultations and take anthropometric measurements. They may also take on additional duties, such as looking after the premises and completing various administrative tasks.

As part of parenting support activities, parents and children also have access to group sessions organised within the consultation (*activités collectives*). These are free of charge and aim to promote learning, play and socialisation. Examples of activities include reading, psychomotricity, baby massage and play sessions.

In addition, ONE organises a visual screening programme for children aged between 18 and 36 months. At this age, visual screening aims primarily to detect amblyogenic risk factors (4). It takes place within ONE consultations or day care facilities, and is performed by an orthoptist, or a specifically trained doctor or nurse. The screening programme organised by ONE reaches about two thirds of children born in the Wallonia-Brussels Federation (1).

Actions taken during the pandemic

In March 2020, a crisis unit was set up within ONE, which included the ONE general administrator, a crisis coordinator, and managers from key directorates (health, human resources, logistics, communication, protection at work). The crisis unit was responsible for the identification and analysis of information about the new coronavirus, and for making strategic decisions for ONE and interacting with the relevant ministries. A representative of the ONE crisis unit was present at the Risk Management Group (RMG) which monitored the overall situation at the federal level.

On 13 March, following the magnitude of the COVID-19 epidemic, the Belgian National Security Council announced lockdown restrictions for the population. This included the closure of schools for all children. On 19 March, the RMG recommended maintaining only essential services.

With the support of the vaccination programme of the Wallonia-Brussels Federation and the *groupe interuniversitaire d'experts en vaccination* (GIEV), ONE deemed that the vaccination of infants is an essential service. The concern was that stopping this vaccination could have serious consequences for the health of infants in the short term (adding workload to curative health services, already under pressure because of COVID-19), and in the long term, as a drop in vaccination coverage could lead to the resurgence of other epidemics. This view was echoed in recommendations issued on 20 March by the Regional Office for Europe of the World Health Organisation (5).

Consequently, ONE gave the following instructions regarding its consultations:

- Consultations are maintained to ensure vaccinations for children between 2 and 15 months, and to allow the follow-up of children considered to be particularly at risk. For the latter, the PEP's are asked to prioritise the most vulnerable children amongst children receiving a suivi renforcé.
- Volunteers are no longer allowed to participate in consultations, whether or not they belong to a high-risk group for COVID-19.
- Doctors or PEP's belonging to high-risk groups are exempted.
 - Appointments for consultations are spaced out to avoid crossing of families.
 - Each child is accompanied by only one adult (symptom-free).
 - Hygiene measures are enhanced and include disinfection of equipment and surfaces between visits.

- Home visits are no longer allowed; PEP's are asked to contact families by telephone.

- Visual screening examinations and group sessions are suspended.

Some maternity wards organised follow-up of new-borns up to 2 months of age within the hospital, but this practice was not generalised. In order to guarantee adequate care for new-borns, as of 7 April all PEP's were asked to make sure by telephone call that new-borns were seen in a paediatric consultation during the first month of life, and if that was not the case, to book them into a ONE consultation.

On 4 May, the country entered a phase of gradual easing of lockdown restrictions.

Schools reopened with specific timetables and protocols (phase 2 – 18 May).

ONE maintained a cautious attitude with regard to the organisation of its services:

- Hygiene measures and the spacing of appointments still apply. Surgical masks are now available and used by the doctor and the PEP's.

- Systematic appointments for children in the first month of life and all *suivis renforcés* are resumed.

- Consultations which include a vaccination are now also allowed for older children (5-6 years), although priority is still given to vaccinations administered between 2 and 15 months, as per international guidance advising to prioritise primary series vaccinations (5).

- Medical examinations are gradually extended to the following key ages: 1, 2, 3, 4, 8-9, 15, 18 months.

- PEP's are encouraged to make telephone contact with the families of children registered with the consultation.

Between June and October 2020, as the gradual easing of lockdown restrictions continued, instructions were again adapted:

- Medical examinations are further extended and anthropometric measurements are resumed.

- Home visits are allowed for the *suivis renforcés*.

- Visual screening examinations restart as of 8 June.

From mid-October 2020, as the second wave of the COVID-19 epidemic hit Belgium, new lockdown measures came into place.

ONE re-considered certain decisions taken at the beginning of the summer:

- Home visits are limited to exceptional situations.

- Visual screening examinations are again suspended.

Successes

In this unprecedented situation, there emerged a number of positive points:

At the beginning of the first lockdown period, many ONE consultations were being cancelled due to absence of doctors. In order to help ONE pursue its vaccination activities, the *Groupement Belge des Pédiatres de Langue Française* (GBPF) made an announcement inviting paediatricians to join ONE consultations. Thanks to this doctor mobilisation effort, twenty-five doctors came forward, including some general practitioners. A number of doctors already working within ONE consultations also offered to work additional hours. Over the following weeks, more than three-quarters of planned consultation sessions were held.

Consultation staff showed flexibility and creativity. Opening hours for consultation sessions were extended to compensate for the effect of having to space appointments and allow for a greater number of children to be seen. Communication channels with parents were diversified (telephone, WhatsApp, Messenger, Teams).

Parents were given the opportunity to share their concerns about their child through contacts with ONE, when many other preventive and parenting support services were not available. This was particularly important for new mothers, as reduced support during this period has been shown to have detrimental effects on maternal mental health. Moreover, during the COVID-19

ii Translation: Child-parent partner. Formerly known as *Travailleur médico-social* (TMS)

iii Translation: inter-university group of experts in vaccination

iv Translation: Belgian association of French-speaking paediatricians.

pandemic, mothers in the perinatal period were prone to heightened distress, and generally had reduced social and emotional support (6).

In the absence of a digital ONE record and vaccination registry (these are currently being developed), it is not possible to assess the impact of the pandemic on vaccinations taking place within ONE consultations accurately. Some indications on the magnitude of this impact can be provided by the number of vaccine orders made by ONE consultations. Compared to 2019, orders decreased by 5-6% in 2020 for the DTPa-Hib-VHB-IPV (Hexyon®), PCV13 (Prevenar13®) and Measles-Mumps-Rubella vaccines (M-M-R-vax-pro®). The decrease was larger (18%) for the DTPa-IPV vaccine (Tetravac®) given at 5-6 years, which can be explained by the priority given to primary series vaccinations. Notwithstanding the limitations of indirect data based on vaccine orders, these figures tend to suggest that the impact of the pandemic on the vaccination of children attending ONE consultations is not as preoccupying as it has been in certain other countries (7). Nevertheless, it is important to stay vigilant to the vaccine status of children and to use every opportunity for catch-up vaccinations where necessary.

Challenges

Many challenges were identified during the crisis, some of which have implications also for the post-pandemic period:

ONE and the *Collège de Médecine Générale de Belgique Francophone* (CMG) had, at one point in time, different positions regarding the continuation of preventive care consultations. This temporarily led to confusion among general practitioners working within ONE consultations. The CMG reviewed its position on 19 March following discussion with ONE.

The number of visits to ONE consultations decreased by about 30% in 2020 compared to the previous year, which could lead to delay in the detection of some medical problems. The largest decrease was observed in the second trimester of 2020 (41%).

With the interruption of home visits and the decrease of contacts with families within consultations, it is feared that situations of vulnerability may have not been recognised as readily, resulting in adverse consequences for the future.

PEP's making contact by telephone were not able to adequately reach parents with whom there is a language barrier and with whom consultations are normally conducted through an interpreter. In Brussels, about one fifth of ONE consultation time is normally carried out in the presence of a formal interpreter.

Due to the interruption of visual screening examinations, delays have occurred in the visual screening programme. This may result in lower coverage rates for the current cohort of children aged 18 to 36 months.

Conclusion

In times of pandemic crisis, it is important to maintain preventive care activities in order to avoid delays in vaccination and the possible resurgence of vaccine-preventable diseases. It is also essential to maintain close contact with families in order to detect or prevent situations of vulnerability, which are accentuated by the social isolation imposed by lockdown restrictions. Thanks to the remarkable mobilisation of PEP's and doctors, ONE was able to pursue vaccination activities and to support many families through this challenging period.

Part two: Early childhood day care facilities for children 0-3 years

Outline of the service in usual times

In 2019, early childhood day care capacity in the Wallonia-Brussels Federation reached 47000 places (3). Day care is either based in a dedicated facility for a large number of children (*accueil collectif*) or in the home of a childcare professional (*accueil familial*).

ONE has a role in promoting quality day care by authorising, supporting and evaluating early childhood day care facilities. A network of ONE professionals spread across the different provinces of the Wallonia-Brussels Federation provide information and support to day care managers and childcare professionals, and ensure that day care facilities fulfil legal norms.

Support on health issues is provided more specifically through the day care facility doctor, who visits the day care facility on a regular basis to perform health checks on the children. For day care facilities without a doctor, support on health issues is provided by one of nine health advisors (*Référent Santé*). These are nurses with a master of public health employed by ONE.

The day care facility doctor and the *Référent Santé* must pay particular attention to health areas and guidance set by ONE (8). Health priorities in the day care setting include vaccination, management of infectious diseases and epidemic risks, hygiene and disinfection, the health of children with special needs, and health information for childcare professionals.

Actions taken during the pandemic

On 13 March, the National Security Council announced that early childhood day care facilities were to remain open.

In response to this decision, ONE elaborated hygiene and social distancing protocols aimed at limiting at-risk contacts within day care facilities:

- Only one person can drop off or pick up the child, and movement of parents and staff within the day care facility is restricted.
- Children with chronic conditions that weaken their immune system should be cared for at home .
- PEP's are no longer deployed in the day care facilities where they normally work in pairs with doctors performing health visits. This practically results in the discontinuation of preventive care follow-up in many day care facilities. Families are directed to ONE consultations for vaccinations.

Between 16 March and 4 May, child attendance at day care facilities fell as a result of lockdown restrictions. The government of the Wallonia-Brussels Federation decided, on the one hand, to suspend the financial contribution of parents and, on the other hand, to grant allowances to day care facilities. Support measures amounted to a total of EUR 18 million (10).

From 4 May onwards, attendance rates began to rise gradually. To support decision making, an algorithm was created by the *Collège des Conseillers Pédiatres de l'ONE* specifying the symptoms which justify a child's exclusion from day care, and incorporating the measures to be taken when a child or his/her cohabitant, or a childcare professional, is infected with SARS-CoV-2 (fig. 2). This algorithm has since been regularly adapted, in line with Sciensano's evolving recommendations.

Many day care facilities had to close because of COVID-19 cases or quarantine amongst childcare professionals and they could benefit from financial assistance from ONE (10).

Successes

Despite the many difficulties, some positive points can be highlighted:

Day care facilities having to deal with situations related to COVID-19 were provided with a key contact in the person of the *Référent Santé*. This person played a crucial role in disseminating accurate up-to-date information, and in supporting day care facilities with COVID-19 tracing and the application of recommendations.

Recommendations were regularly updated and communicated by e-mail to managers of day care facilities, and via an online platform to doctors of day care facilities. The COVID-19 crisis additionally emphasised the importance of broader communication of ONE recommendations. In particular, paediatricians and general practitioners working outside ONE needed to be informed of criteria justifying exclusion from and return to the day care facility. This was aimed by including a link to the ONE website in the Newsletter of the COVID-19 Belgian Paediatric Task Force .

Challenges

The challenges were multiple, and constitute points of attention for the future:

With, on the one hand, the rapidly evolving knowledge about SARS-CoV-2 and, on the other hand, rapidly changing decisions at a political level, ONE recommendations needed to be reviewed at short intervals. Frequent changes have at times undermined understanding and acceptance of the recommendations by childcare professionals and parents.

vi A list of specific conditions to be taken into consideration when deciding whether a child should attend school (or daycare) was subsequently elaborated by the Belgian COVID-19 Paediatric Scientific Committee and published in August 2020 (9).
vii Translation: College of Paediatric Advisors of ONE. This College advises ONE on health matters and is composed of paediatricians (Conseillers Pédiatres) overseeing early childhood ONE activities within each province.
viii Sciensano: national public health institute of Belgium

Figure 1 : ONE consultation schedule: summary of interventions (2)

SYNOPSIS DES INTERVENTIONS AUX DIFFÉRENTS ÂGES

Age →	1G	1M	1,5M	2M	3M	4M	5M	6-8 M	9-10 M	12-13 M	14-15 M	18M	2 ans	2,5 ans	3 ans	4 ans	5 ans	6 ans	
Activité																			
A. Histoire linguistique, motricité, intimité, bond																			
1. anamnèse familiale	*	*							*										
2. anamnèse personnelle et éducation à la santé																			
• grossesse et accouchement	*																		
• évitement légers dernière consultation		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• anamnèse optique																			
1. digestion et alimentation	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
2. SNC et sommeil	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3. audition, vision	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
4. langage					*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
5. propreté												*	*	*	*	*	*	*	*
6. vides urinaires			*											*	*	*	*	*	*
7. hygiène dentaire					*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
8. pica										*	*	*	*	*	*	*	*	*	*
9. environnement (fontaine, tabagisme et drogues)		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
10. allergie		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
11. sécurité		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
12. état psychofonctionnel et pédagogique				*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Age →	1G	1M	1,5M	2M	3M	4M	5M	6-8 M	9-10 M	12-13 M	14-15 M	18M	2 ans	2,5 ans	3 ans	4 ans	5 ans	6 ans	
Activité																			
B. Examen physique complet et dépistages																			
• aspect général	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• poids, taille	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• calcul BMI										*	*	*	*	*	*	*	*	*	*
• périmètre crânien	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• vue																			
• Statocône		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• Hirschberg								*	*	*	*	*	*	*	*	*	*	*	*
• dépistage complet														*	*	*	*	*	*
• audicion			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• problèmes neurologiques	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• souffle cardiaque	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• masse abdominale	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• hernies	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• marche											*	*	*	*	*	*	*	*	*
• dentition										*	*	*	*	*	*	*	*	*	*
• examen des organes sexuels	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• dépistage de la tuberculose en fonction de l'anamnèse												*	*	*	*	*	*	*	*
• signes de négligence ou abus	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
C. Relations parentales																			
• attention particulière aux relations avec la mère, le père, la fratrie et la famille élargie	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
• évaluation des compétences des parents et des enfants	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
D. Vaccinations				*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

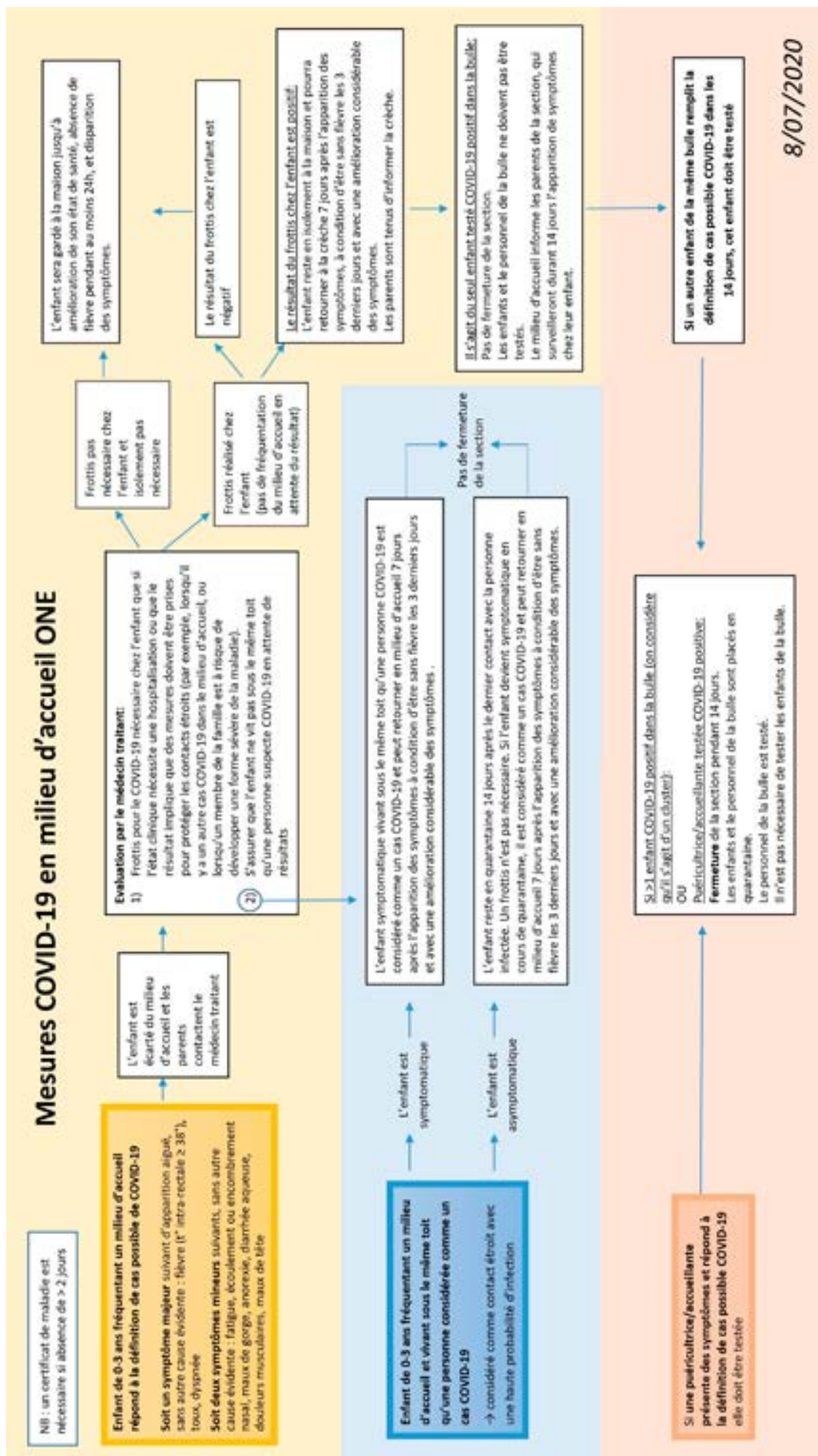
To ensure coordinated action and communication, every update in recommendations and associated communications needed to be validated by the ONE crisis unit. This sometimes caused a time-lag in implementation in the field.

Paediatricians and general practitioners are important actors in the application of criteria for exclusion from and return to the day care facility after an

illness. Yet, ONE does not currently have a direct channel to communicate with all these professionals.

The COVID-19 pandemic highlighted the need for closer collaboration with occupational health to ensure that day care facilities receive concurring messages which take into account both the protection of childcare professionals and the well-being of children.

Figure 2 : Algorithm to support decision making in day care facilities



At peaks of the COVID-19 epidemic, the number of requests for advice relating to confirmed or suspected cases of SARS-CoV-2 generated substantial workload for day care doctors and the *Référent Santé*, which regularly exceeded normal working hours. Moreover, involvement of infectious disease control experts from partner organisations (AVIQ & COCOM) was possible only for a very limited number of situations, as these experts' attention was largely drawn towards adult care settings, including nursing homes.

Conclusion

This pandemic has highlighted the complexity of supporting day care facilities during an epidemic crisis. It is essential to be able to adapt to the evolving epidemiological situation and to review recommendations continually. This includes reviewing conditions for authorising access to day care facilities. Recommendations must be coordinated with those of other official organisations, and must be communicated widely. This can help to ensure safe and quality day care for children, while supporting childcare professionals and society.

General Conclusion

This article has reviewed how ONE early childhood preventive activities adapted to the circumstances of the pandemic crisis between March and December 2020.

The sudden outbreak of the pandemic caused considerable initial disruption to ONE operations. Nevertheless, and in a context of rapidly shifting public health recommendations and political decisions, the organisation managed to adapt and deliver preventive care services, and to support day care facilities, thereby fulfilling essential missions.

This pandemic crisis raised many challenges, yet the commitment and adaptability of health professionals within and outside ONE allowed for continuity of preventive care for young children, and contributed to maintaining quality day care.

This unprecedented crisis also highlighted new opportunities for collaboration between actors within the early childhood field. Such collaboration should be pursued and strengthened during the remainder of the pandemic and beyond.

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Conflicts of Interests

The authors have no financial disclosures relevant to this article. The authors declare that they have no competing interests. This article has been written without financial support.

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ix COVID-19 Belgian Paediatric Task Force: scientific group advising authorities, professionals and the public on matters pertaining to COVID-19 and children.

x Agence pour une Vie de Qualité (AVIQ): public agency with health responsibilities at the level of Wallonia.

xi Commission Communautaire Commune (COCOM): public agency with health responsibilities at the level of Brussels.