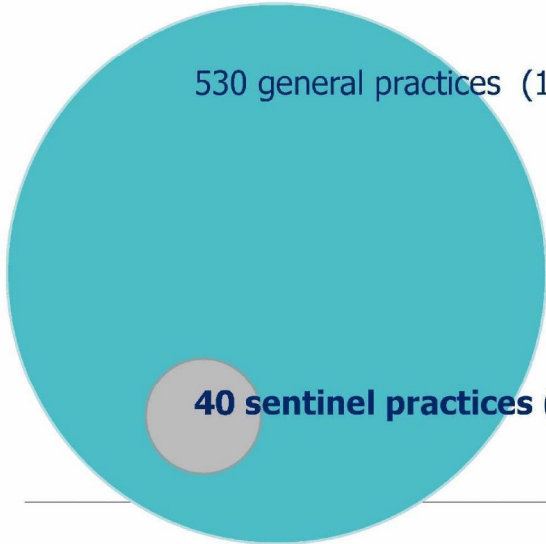


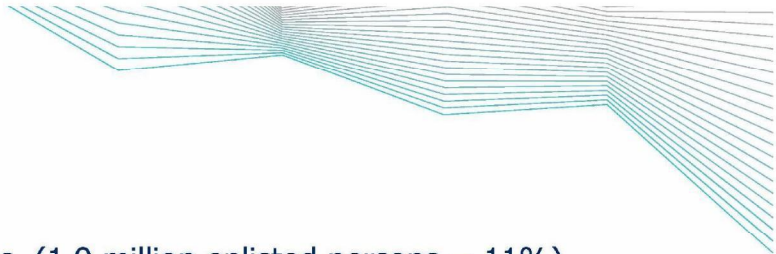


## General practitioners



530 general practices (1.9 million enlisted persons = 11%)  
annual extraction of data from electronic medical records

**40 sentinel practices (140.000 enlisted persons = 0.8%)**  
information that is not available from routine electronic health records

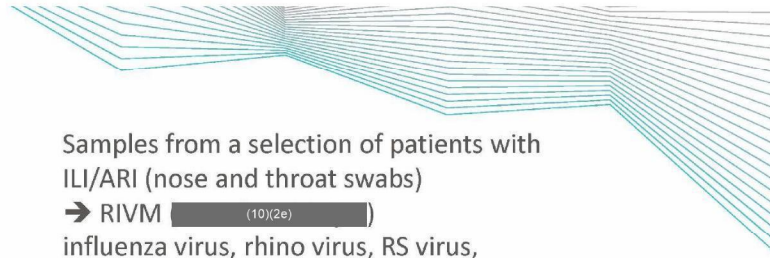


## Influenza surveillance

*Acute respiratory infection: ILI yes/no?*

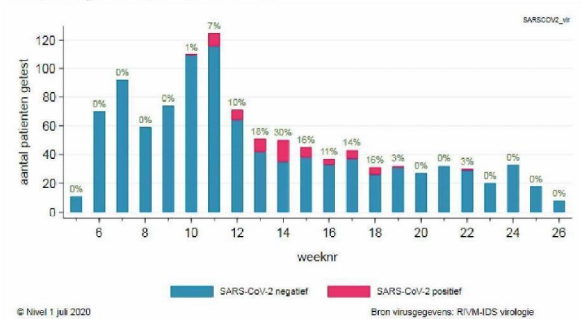


→ ILI incidence

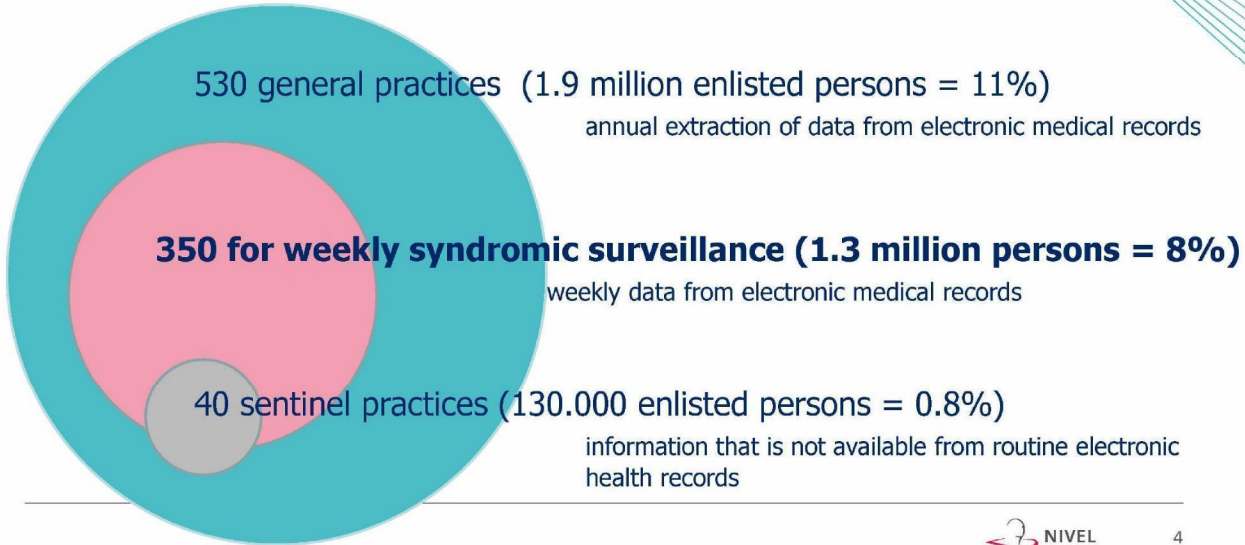


Samples from a selection of patients with ILI/ARI (nose and throat swabs)  
 → RIVM (10)/(2e)  
 influenza virus, rhino virus, RS virus, enterovirus

week 5, 2020: SARS-CoV-2



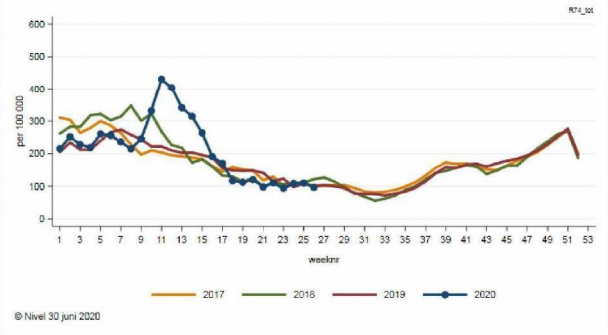
## General practitioners



# Clinical diagnosis codes (ICPC)

R74 – Acute upper respiratory infection

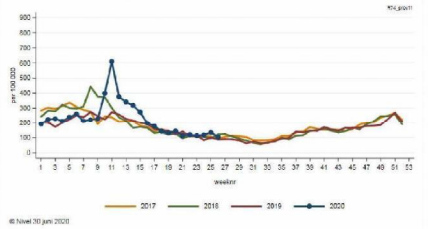
## Netherlands



## Province Groningen

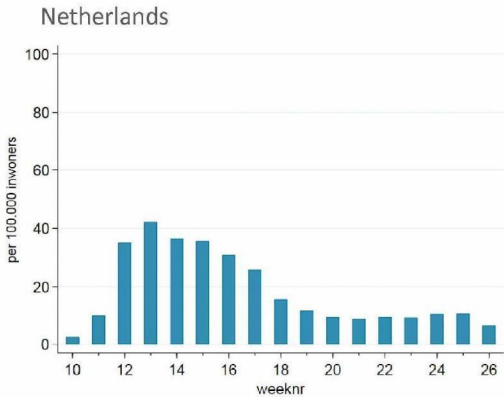


## Province North Brabant

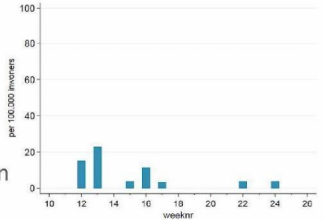


# Clinically confirmed COVID-19

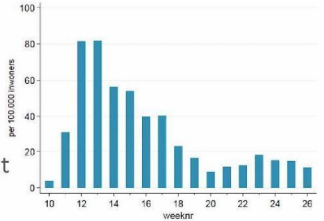
COVID-19 related diagnosis (ICPC) codes **PLUS** screening of episode title/text



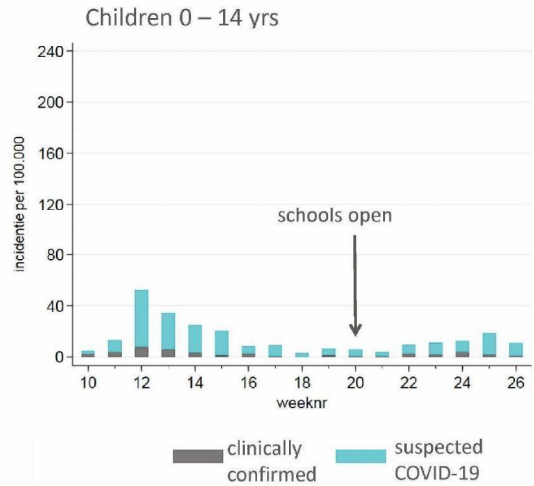
Province Groningen



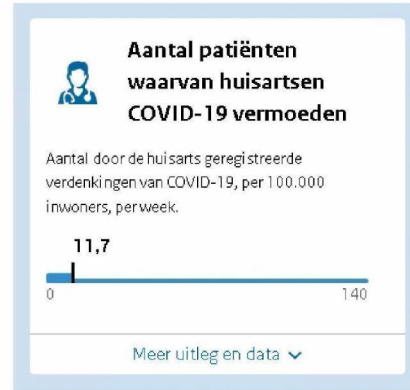
Province North Brabant



## Suspected COVID-19



[coronadashboard.rijksoverheid.nl/](https://coronadashboard.rijksoverheid.nl/)



A decorative graphic consisting of numerous thin, teal-colored lines that originate from a single point on the left and fan out to the right, creating a sense of movement and depth.

## Lessons learned

- Changes in health care seeking behaviour

*Do not go to the GP, unless severe symptoms*

- Changes in organization of primary health care

*Dedicated COVID-19 health care centres*

- Large geographic differences
- Changes in use of diagnosis codes
- Flexibility to include SARS-CoV-2 testing (RIVM) and text mining (Nivel)



