

Always prepared for new infectious diseases

Dr Emmanuel Bottieau, head of the Unit of Tropical Medicine.

22-10-20



Dit is de omschrijving

Our colleague Emmanuel Bottieau has been a member of the Belgian COVID-19 Task Force since mid-March. Although giving media interviews is 'part of the job', Dr Bottieau remains humble despite the attention. He has been giving his all for ITM for the last 20 years and became Head of the Unit of Tropical Medicine in 2012. He now shared his pandemic experiences with P³.

We look very carefully at what is happening in the world to be able to deal with and treat tropical infections in returned travellers in the best possible way. Initially, COVID-19 was a tropical disease, which is why we have been monitoring it closely since 6 December. As soon as the number of cases started increasing in Italy, it became clear that the COVID-19 pandemic was no longer some remote spectacle," explains Dr Bottieau.

Every two years, a new infectious disease emerges somewhere in the world. Every hundred years on average, it turns into a pandemic. "A rare occurrence and hopefully I will not experience another pandemic during my lifetime. However, in the back of my mind I am always prepared for another outbreak of one or another infectious disease. I hold my breath whenever a new infection emerges because you never know what its spread is going to be."

Together with four external colleagues, Dr Bottieau drafted the Belgian treatment guidelines for COVID-19 patients. "We monitored all new scientific publications and filtered the information to help Belgian doctors look after patients. We had never cooperated before, but it worked out well. You need to weigh words carefully when drafting guidelines to ensure clear and understandable instructions. This is not always straightforward. Sometimes you must also decide without hard evidence. Currently, more and more information is becoming available and we can treat patients with a more targeted therapy. For example, a recent UK study indicates that administering a light dose of cortisone may prove to benefit seriously ill COVID-19 patients."

Dr Bottieau also co-drafted treatment guidelines for Zika patients for the Belgian Superior Health Council in 2016. "What's the difference between now and then? The speed at which everything has to be done now. Every day new publications appear. Over the course of three months the guidelines were adapted 12 times. That's a new version every week! I have never worked longer and harder on a guideline, ever." But the result - a 20-page document - is impressive.

Although his eyes are still blazing with energy, Dr Bottieau admits he needs a holiday. The past months were tough. He not only had to draft guidelines but also put in quite some media appearances in Wallonia and Flanders. "All part of the job," he says.

He has also been called in as an expert on other emerging infectious diseases such as the Zika virus. "Before COVID-19, journalists seemed to take the specific medical background more into account. Now, we are asked to address the public at large as all-round experts, however, every expert looks at the situation from his or her own perspective. I am looking at infectious diseases from the treatment angle."

"For example, Marc Van Ranst or Steven Van Gucht are better placed to deal with questions about the virus itself or about public health in general. Journalists, however, seem to expect us to answer all their questions, even if they fall outside our field of expertise. There are times when you must dare to say: 'I just don't know', but that increases people's fears. As time goes by, however, I feel that the distinction between experts has become a bit clearer for the press."

P³ article



This article was published in the 11th edition of the biannual [P³ magazine](#).

Has Dr Bottieau learned anything in recent months? "Constantly. But what shocked me most as an infectious diseases specialist was that health care providers did not have protective masks. General practitioners, hospital and resi-dential care staff, all categories of health staff experienced critical periods without masks. Apart from COVID-19, they have also been seeing patients with other infectious diseases such as tuberculosis or severe flu. I think we really need to do something about this mindset, and we should pay more attention to this in medical training programmes. But I remain convinced that things will improve. Additionally, it is not wise to be so dependent on other countries to produce masks. We were lucky that the epidemic had already subsided somewhat in China by that time. Otherwise we wouldn't have had any masks at all."