To: (10)(2e) [(10)(2e)@rivm.nl]; (10)(2e) [(10)(2e)@rivm.nl]
From: (10)(2e)
Sent: Fri 9/25/2020 10:27:56 AM
Subject: RE: PCR data FFX deel 1
Received: Fri 9/25/2020 10:27:56 AM

Ab levels is in de file in sent you.

From: (10)(2e) <(10)(2e)@rivm.nl>
Sent: vrijdag 25 september 2020 09:20
To: (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@rivm.nl>
Subject: Re: PCR data FFX deel 1

Hi both,

I can do the groups based on NP/OP/Feces. Thank you very much I will start the analysis when the course I am taking is over. When the rest of the data is ready (Ab levels, disease scores etc) please let me know so I can also append it! I will keep you updated. I

Best,

(10)(2e)

From: (10)(2e)
Sent: Thursday, 24 September 2020 13:47:05
To: (10)(2e); (10)(2e)
Subject: RE: PCR data FFX deel 1

Wonderful! PCR data on NP/OP and feces will do for now, am I right (10)(2e)
Many thanks (10)(2e)

BW,
(10)(2e)

From: (10)(2e) <(10)(2e)@rivm.nl>
Sent: donderdag 24 september 2020 13:30
To: (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@rivm.nl>
Subject: RE: PCR data FFX deel 1

Hoi (10)(2e) and (10)(2e)
This is de list with most recent PCR data that I have. Some saliva data are still missing but he NP/OP and faces data should be complete.
We are doing some final checks on the day of onset of symptoms datasets. Let me know if you need this data set as well.
Groeten,
(10)(2e)

From: (10)(2e) <(10)(2e)@rivm.nl>
Sent: dinsdag 22 september 2020 09:14
To: (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@rivm.nl>
Subject: PCR data FFX deel 1

Hoi (10)(2e)

(10)(2e) wil de definitieve analyses op TruCount data van FFX deel 1 gaan afronden, zodat we dit snel kunnen

opschrijven.
Is er inmiddels al een definitieve versie van de PCR data?

Groet
(10)(2e)

From: (10)(2e) < (10)(2e) @rivm.nl>
Sent: donderdag 20 augustus 2020 13:16
To: (10)(2e) < (10)(2e) @rivm.nl>
Cc: (10)(2e) < (10)(2e) @rivm.nl>
Subject: RE: FFX sample selection for cellular immunity: proposal (incl. phenotyping, innate immunity, T cell immunity assays)

Hi (10)(2e)
See my reply in blue.
I added the file where I made groups based on PCR and symptom data. Again this is not the definitive list yet but might be of help.
Regards,
(10)(2e)

From: (10)(2e) < (10)(2e) @rivm.nl>
Sent: donderdag 6 augustus 2020 08:45
To: (10)(2e) < (10)(2e) @rivm.nl>
Cc: (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) < (10)(2e) @rivm.nl>
Subject: FW: FFX sample selection for cellular immunity: proposal (incl. phenotyping, innate immunity, T cell immunity assays)

Hi,

I think, it is good to understand/solve the observed discrepancies (in PCR+/- listing) and to discuss this soon, to be able to complete the sample selection for cellular immunity testing (I will be here coming Monday and Tuesday before my Holidays)

Groetjes,
(10)(2e)

From: (10)(2e)
Sent: donderdag 6 augustus 2020 08:38
To: (10)(2e) < (10)(2e) @rivm.nl>
Subject: RE: FFX sample selection for cellular immunity: proposal (incl. phenotyping, innate immunity, T cell immunity assays)

Hi (10)(2e)

Unfortunately, I received just prior to (10)(2e) Holidays a few files with FFX data from her (without any explanation).
I do not have access to any other FFX data.
See my response (in red) in your request in mail below.

Best regards,
(10)(2e)

From: (10)(2e) < (10)(2e) @rivm.nl>
Sent: woensdag 5 augustus 2020 12:06
To: (10)(2e) < (10)(2e) @rivm.nl>
Subject: RE: FFX sample selection for cellular immunity: proposal (incl. phenotyping, innate immunity, T cell immunity assays)

Hi (10)(2e)

I have a question regarding the list of donors you sent. Since there was no nasal or oral swabs for T3 samples, for me it was not really clear what to call PCR+ and PCR-.
I assume you called them PCR+ if there is a + PCR result for any sample in any timepoint (feces,nasal,oral,..) is that correct? In the list there are also t=1 Ab, t=2 Ab and t=3 Ab. Are these the results of the antibody data

(which I do not have so I couldn't cross check)?
I have received a few files from (10)(2e) ust before her Holidays without any explanation, she made lists of PCR+ and PCR- persons. I indeed assume that she did that based on the criteria you mention above, but unfortunately I have no definite information from her on that. I added the antibody data in the list, according to the Wantai data that I also received from a different file with serology data of (10)(2e) (just extra information for a good sample selection).
PCR+ indeed is based on a positive PCR at some point in the study. Some of the index cases were never tested positive in the study but were of course positive before study entry.
There is a file containing Wantai, microarray and MIA serology data which is currently being checked and completed.

I made the news groups as I explained to you in my last email and there was something I couldn't figure out. For example, for donor 72 who was a hospitalized person positive for Abs in all timepoint, PCR excel sheet (attached image) had no + values. Donor 12 (PCR+ without symptoms) is not PCR+ in the PCR data I obtained either.
I am afraid, I can not help you with this, since (10)(2e) made the lists with PCR+ and PCR-, from which I selected the samples. I think we should discuss this with (10)(2e) (she will be here Monday 10th August, I think). I also found some discrepancies in data between the different files that I want to understand (although these discrepancies I found were only from participants from which I did not select any samples), but I do not have access to the (original) raw data.
Participant 72 is an index case so already had a positive PCR before study entry. Participant 12 had a positive PCR at Day12 (sample D). Some of the participants had additional NP/OP collections at day 3, 6, 9 and/or 12.

Therefore, I cannot really make groups at this point for the export. Do you have any idea what's going on? I believe the PCR export you had may be more complete than the one I had. Would it be an idea to use the same excel sheets for Age, symptoms, Ab status etc for the analysis so we do not run into these kind of problems?

4490721	33	volwassen	44907211		
4490722	33	volwassen	44907221	0	0
4490723	33	volwassen	44907231		
4490731	33	volwassen	44907311	0	0

Kind regards,
(10)(2e)

From: (10)(2e) < (10)(2e) @rivm.nl>
Sent: vrijdag 31 juli 2020 13:38
To: (10)(2e) < (10)(2e) @rivm.nl>
Subject: RE: FFX sample selection for cellular immunity: proposal (incl. phenotyping, innate immunity, T cell immunity assays)

Hi (10)(2e)

Thanks, it would be interesting to see the data on (direct) immune phenotyping for these 6 groups.
Perhaps, you can also mark the 7 participants that went to the hospital because of COVID-19 (see also Table below hospitalization 'ja').

Groetjes,
(10)(2e)

From: (10)(2e) < (10)(2e) @rivm.nl>
Sent: vrijdag 31 juli 2020 13:31
To: (10)(2e) < (10)(2e) @rivm.nl>
Subject: RE: FFX sample selection for cellular immunity: proposal (incl. phenotyping, innate immunity, T cell immunity assays)

Hi (10)(2e)

Thanks for the list of the selected samples. I will provide the excel sheet but I can also make some figures. I thought I could do 6 groups and make barplots for each subset (including cell numbers and percentages). This would give us a clear image I believe comparing adults/kids/asymptotic/symptotic in one figure.

-PCR- adults
-PCR+ adults with symptoms
-PCR+ adults without symptoms
-PCR- kids
-PCR+ kids with symptoms
-PCR+ kids without symptoms

If you would like to add anything please let me know, otherwise I will export these information and upload the data on the FFX folder next week and let everyone know.

Groetjes,
(10)(2e)

From: (10)(2e) < (10)(2e) @rivm.nl>
Sent: donderdag 30 juli 2020 12:57
To: (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) < (10)(2e) @rivm.nl>
Subject: FFX sample selection for cellular immunity: proposal (incl. phenotyping, innate immunity, T cell immunity assays)

Dear all,

The Table with FFX selected samples:

Selection FFX samples

Not hospitalized: n=8M, n=8F
Hospitalized: n=3M, n=4F

PCR+ kids with symptoms n=19

ID	t=1 Ab	t=2 Ab	t=3 Ab
449507	no serum		
449450	no serum		
449506	neg		pos
449476	pos		
449481	neg	pos	
449461	pos	pos	
449451	pos	pos	
449452	pos	pos	
449498	pos	pos	
449485	pos	pos	pos
449497	pos	pos	
449499	neg	pos	
449460	pos	pos	
449513	pos	pos	pos
449490	neg	pos	
449475	pos	pos	
449448	neg	pos	
449463	pos	pos	pos
449471	pos	pos	pos

PCR+ adults with symptoms n=23

ID	t=1 Ab	t=2 Ab	t=3 Ab	hospital	age (y)	time after symptom	discrepance diagn dat	
449088	?	pos	pos	ja	54	include anyway	hosp	
449109	pos	pos		ja	40	include anyway	hosp	
449072	pos	pos	pos	ja	44	include anyway	hosp	
449063	pos	pos	pos	ja	42	include anyway	hosp	
449070	pos	pos	pos	ja	46	include anyway	hosp	
449010	pos	pos	pos	ja	49	include anyway	hosp	
449009	pos	pos	pos	ja	52	include anyway	hosp	
449071	pos	pos	pos	nee	45	14d	no	
449062	pos	pos	pos	nee	48	14d	no	
449006	neg	pos	pos	nee	43	14d	no	
449017	neg	pos	pos	nee	40	13d	no	
449059	pos	pos	pos	nee	34	13d	yes	13d -> 4d
449088	neg	pos	pos	nee	47	13d	no	
449065	pos	pos	pos	nee	49	13d	no	
449094	pos	pos	pos	nee	43	13d	yes	13d -> 4d
449053	pos	pos	pos	nee	57	13d	no	
449041	pos	pos	pos	nee	44	12d	no	
449067	pos	pos	pos	nee	69	11d	no	
449074	pos	pos	pos	nee	18	11d	no	
449092	pos	pos	pos	nee	18	11d	no	
449114	pos	pos	pos	nee	32	11d	no	
449122	pos	pos		nee	52	10d	yes	10d -> 4d
449040	neg	pos	pos	nee	42	10d	yes	10d -> 4d

PCR+ kids without symptoms n=16

ID	t=1 Ab	t=2 Ab	t=3 Ab
449447	no visit		
449501	no serum		
449426	no serum		
449512	neg		
449458	neg	no serum	
449442	neg	pos	pos
449505	neg	pos	pos
449504	neg	pos	
449486	pos	pos	
449487	pos	pos	
449480	neg	pos	
449427	neg	pos	pos
449441	neg	pos	pos
449446	neg	pos	
449407	neg	neg	
449474	pos	pos	

PCR+ adults without symptoms n=6

ID	t=1 Ab	t=2 Ab	t=3 Ab					
449046	pos	?	pos			female		
449107	pos	pos	pos			male		
449019	neg	neg	neg			PBMCs >= 2 vials for		t=1
449016	neg/pos	pos	pos					t=2
449020	neg	pos	pos					t=3
449012	neg	neg	neg					

Groeties ("best regards"*)

(10)(2e)

(10)(2e) (10)(2e)
(10)(2e)
Afdeling Klinische Immunologie (IIV-KIM)

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.....
Aanwezig o (10)(2e)