

To: [redacted] 5.1.2e [redacted] 5.1.2e @rivm.nl]
From: [redacted] 5.1.2e
Sent: Wed 12/2/2020 11:55:54 AM
Subject: RE: Plannen M&E van PHE
Received: Wed 12/2/2020 11:55:55 AM

Hoi [redacted] 5.1.2e

Dank! Nee, nog geen contact gezocht met PHE – ik zal vrijdag naar hun plan kijken als dit online komt – super nuttig te weten – ik werk aan nieuwe versie, ook bedankt voor jouw input.

Het plan zal een beknopt overzicht zijn – met uitwerking van deelvragen in aparte documenten waarnaar verwezen wordt...

Groet, [redacted] 5.1.2e

From: [redacted] 5.1.2e <[redacted] 5.1.2e @rivm.nl>
Sent: woensdag 2 december 2020 12:19
To: [redacted] 5.1.2e <[redacted] 5.1.2e @rivm.nl>
Cc: [redacted] 5.1.2e <[redacted] 5.1.2e @rivm.nl>
Subject: Plannen M&E van PHE

Ha [redacted] 5.1.2e

Misschien heb je zelf ook contact met PHE, maar komende vrijdag hoopt PHE hun M&E plannen te publiceren. Zie hieronder.

Groet,
[redacted] 5.1.2e

From: [redacted] 5.1.2e <[redacted] 5.1.2e @phe.gov.uk>
Sent: 02 December 2020 00:35
To: [redacted] 5.1.2e <[redacted] 5.1.2e @rivm.nl>
Subject: RE: How are you?

Dear [redacted] 5.1.2e

buiten verzoek

I am working for PHE (having formally left on December 31st 2019 when my NVEC clinical trial grant finally ended) and have been running with [redacted] 5.1.2e and [redacted] 5.1.2e a household transmission study which I am just writing up now. Children seem pretty good transmitters if they are the primary case in the household and if a contact are just as likely to be infected as older contacts and just as likely to be symptomatic. However this may reflect exposure under home conditions. We will extend this study once vaccination starts to look at transmission with primary cases in the household who are vaccinated and those that aren't to assess the efficacy of the vaccine against transmission.

This study is but one of a suite of studies that PHE will be running to assess the impact of vaccination, the efficacy by brand and to investigate vaccine failures (hopefully differentiating primary from secondary failures by looking at anti Spike (ie should be induced by vaccine if vaccination successful) and anti-Nucleoprotein (only induced by natural infection) in acute an convalescent sera). An overview document describing these various surveillance activities should be published on the PHE website this Friday – I can send you a link when I have it. Supporting the overview document are detailed protocols for assessing vaccine efficacy (via the screening method, test negative method and the household transmission study) as well as the virological and serological follow up of vaccine failures. Should be good if it works but it all depends on rapidly capturing vaccination data and this is out of our hands as NHS IT is supposed to be dealing with this and is charged with rapidly building a national database of everyone vaccinated at whatever site including batch number.

MHRA also have a well worked out a plan for assessing vaccine safety which I can also send a link to when it goes live. Again largely dependent on NHS IT.

5.1.2a

I thought the Oxford announcement of their Phase 3 trial results while omitting to say the low dose/standard dose group was the result of a dosing error was somewhat economical with the truth. I will be interested to see what MHRA makes of their data but it is the vaccine that we have bought the most of and which I (as a 76 yr old) will probably be offered.

Re waning antibodies, PHE has amassed a very large set of sera from individuals with a known PCR positive date at various times after infection which have been tested with a number of commercial and in-house antibody assays so we have excellent data on the kinetics of waning of antibodies to the N and S antigen and by antibody class (IgG/IgA/IgG). Overall I think PHE has done well apart from the mistake of not recognising early enough the need to massively ramp up testing – rather we relied on the in-house PCR developed by [REDACTED] 5.1.2e being rolled out to PHE and select NHS labs. While they might have got the right answer on each swab their testing capacity was woefully inadequate. [REDACTED] 5.1.5 [REDACTED] 5.1.5.

Interesting times.

Best wishes

[REDACTED] 5.1.2e

From: [REDACTED] 5.1.2e <[REDACTED] 5.1.2e @rivm.nl>

Sent: 30 November 2020 10:03

To: [REDACTED] 5.1.2e <[REDACTED] 5.1.2e @phe.gov.uk>

Subject: How are you?

Hi [REDACTED] 5.1.2e

buiten verzoek

I had to think of you yesterday. As yesterday I finally thought about the coming vaccination program, and realized that there are so many outstanding question regarding the impact and efficacy and waning of the vaccines. For example the VE/waning among those who had COVID (but were never officially tested positive), the VE/waning of combination schedules (prime/boost by different vaccine), the impact on transmission of the different vaccines etc. etc. Hence, I had to think of you. As you would normally be already on the case for some months, organizing some studies, discussing these things with [REDACTED] 5.1.2e etc.

Are these questions being addressed by anybody? Do you know?

Hope you are well!

Best wishes,

[REDACTED] 5.1.2e

Dit bericht kan informatie bevatten die niet voor u is bestemd. Indien u niet de geadresseerde bent of dit bericht abusievelijk aan u is verzonden, wordt u verzocht dat aan de afzender te melden en het bericht te verwijderen. Het RIVM aanvaardt geen aansprakelijkheid voor schade, van welke aard ook, die verband houdt met risico's verbonden aan het elektronisch verzenden van berichten.
www.rivm.nl De zorg voor morgen begint vandaag

This message may contain information that is not intended for you. If you are not the addressee or if this message was sent to you by mistake, you are requested to inform the sender and delete the message. RIVM accepts no liability for damage of any kind resulting from the risks inherent in the electronic transmission of messages.
www.rivm.nl/en Committed to *health and sustainability*

***** The information contained in the Email and any attachments is confidential and intended solely and for the attention and use of the named addressee(s). It may not be disclosed to any other person without the express authority of the PHE, or the intended recipient or both. If you are not the intended recipient, you must not disclose, copy, distribute or retain this message or any part of it. This footnote also confirms that this Email has been swept for computer viruses by Exchange Online Protection, but please re-sweep any attachments before opening or saving. [HTTP://www.phe.gov.uk](http://www.phe.gov.uk)
