

To: [redacted] 5.1.2e [redacted] 5.1.2e @rivm.nl; [redacted] 5.1.2e @amsterdamumc.nl; [redacted] 5.1.2e @amsterdamumc.nl; [redacted] 5.1.2e @rivm.nl
From: [redacted] 5.1.2e
Sent: Mon 8/31/2020 1:18:14 PM
Subject: Re: Antw: re-infection case
Received: Mon 8/31/2020 1:18:15 PM
[Herinfecties NL.pdf](#)

Yes, in total we have 3 cases. Rotterdam has a fourth that they want to describe by themselves in a ECDC call on Thursday. I added the phylogenetic tree that was made last week with our three cases in red. Shows clear distinction of all 6 different strains evidence (combined with the clinical story) for reinfection.

ETZ [redacted] 5.1.2e on a case report from their patient and the 3 case is being added to it. So it is being written up.

Cheers,

[redacted] 5.1.2e

From: [redacted] 5.1.2e
Sent: Monday, 31 August 2020 12:41:22
To: [redacted] 5.1.2e; [redacted] 5.1.2e @amsterdamumc.nl; [redacted] 5.1.2e
Subject: RE: Antw: re-infection case

Hi, [redacted] 5.1.2e and [redacted] 5.1.2e

I forgot to ask about the follow up of that re-infection case at our weekstart this morning. Are there any news on it? Even after the Hong Kong cases, I think it will be worth publishing it as a case report.

All the best,

[redacted] 5.1.2e

[redacted] 5.1.2e

[redacted] 5.1.2e

National Institute for Public Health and Environment (RIVM)
 Antonie van Leeuwenhoeklaan 9 | 3720 MA Bilthoven | The Netherlands

T: [redacted] 5.1.2e
M: [redacted] 5.1.2e
E: [redacted] 5.1.2e @rivm.nl
I: <http://www.rivm.nl>

From: [redacted] 5.1.2e <[redacted] 5.1.2e @rivm.nl>
Sent: 03 August 2020 10:35
To: [redacted] 5.1.2e <[redacted] 5.1.2e @rivm.nl>; [redacted] 5.1.2e @amsterdamumc.nl <[redacted] 5.1.2e @amsterdamumc.nl>
Cc: [redacted] 5.1.2e <[redacted] 5.1.2e @rivm.nl>; [redacted] 5.1.2e <[redacted] 5.1.2e @rivm.nl>
Subject: Antw: re-infection case

Hi [redacted] 5.1.2e

[redacted] 5.1.2e is looking at the sequences and the metadata for this case at the moment. As soon as we know more he will let us know.

Cheers,

[redacted] 5.1.2e

Van: [redacted] <[redacted]@rivm.nl>

Datum: 3 augustus 2020 om 10:28:54 CEST

Aan: [redacted] <[redacted]@rivm.nl>, [redacted] <[redacted]@amsterdamumc.nl> <[redacted]@amsterdamumc.nl>

CC: [redacted] <[redacted]@rivm.nl>, [redacted] <[redacted]@rivm.nl>

Onderwerp: re-infection case

Hi, [redacted]

Thanks for the overview of the re-infection case this morning. Please keep us updated on it.

A few thoughts on it:

-Was it only nasal/oropharyngeal swabs that were taken? It would be very interesting to see whether it is replication in the upper vs the lower respiratory tract. That's to say was the infection ongoing twice at the same location, or for example once with lung involvement and once with predominantly upper respiratory tract involvement/mild symptoms? Did they collect by chance sputum? Have you thought about the possibility of two ongoing SARS-CoV-2 infections at two separate sites?

-Are there any other sample types available? For example, feces?

-Would the patient be willing to be sampled further now? It's been two weeks, so seeing if /which virus RNA (from May or July) can be detected from feces, would also be interesting and important to clarify the clinical course.

We wrote a diagnostic review on the SARS-CoV-2 PCR assays in different samples types with [redacted] and the colleagues from EMC a few months ago, so I still have a database on a lot of the publications.

Please let me know, if you need any help untangling this case. It looks like it is pretty urgent to analyse it.

Kind regards,

[redacted]

[redacted]

[redacted]

[redacted]

National Institute for Public Health and Environment (RIVM)

Antonie van Leeuwenhoeklaan 9 | 3720 MA Bilthoven | The Netherlands

T [redacted] [redacted]

M [redacted]

E [redacted] @rivm.nl

I <http://www.rivm.nl>