

To: [redacted] [redacted] [redacted] [redacted] @rivm.nl]
Cc: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] @rivm.nl]; [redacted] [redacted] [redacted] [redacted] @rivm.nl]
From: [redacted] [redacted]
Sent: Mon 1/11/2021 1:38:36 PM
Subject: RE: bias in VE
Received: Mon 1/11/2021 1:38:36 PM

H [redacted]

Thanks for your response. I will plan a meeting. Then you can explain what you've done for flu VE and we can discuss what kind of data we would need to do similar things for COVID.

[redacted]

From: [redacted] [redacted] <[redacted]@rivm.nl>
Sent: maandag 11 januari 2021 12:24
To: [redacted] [redacted] <[redacted]@rivm.nl>
Cc: [redacted] [redacted] [redacted] <[redacted]@rivm.nl>; [redacted] [redacted] <[redacted]@rivm.nl>
Subject: RE: bias in VE

Hi [redacted]

Yes, you understood correctly. I do have experience estimating bias of VE estimates from observational studies. I've previously developed some stochastic models to estimate bias in flu VE estimates from different types of observational studies (test-negative, case-control, cohort), which I may be able to tweak to look at this potential difference in exposure in vaccinated compared to unvaccinated. I'm happy to discuss further.

Groeten,
[redacted]

From: [redacted] [redacted] <[redacted]@rivm.nl>
Sent: maandag 11 januari 2021 11:24
To: [redacted] [redacted] <[redacted]@rivm.nl>
Cc: [redacted] [redacted] [redacted] <[redacted]@rivm.nl>; [redacted] [redacted] <[redacted]@rivm.nl>
Subject: bias in VE

Dubbel

[redacted] [redacted]

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Dubbel