Rijksinstituut voor Volksgezondheid
en Milieu
*Ministerie van Volksgezondheid,
Welzijn en Sport*

verslag

Programma Covid-19-vaccinatie

Overleg	Brainstormsessie Monitoring (WP7)
Vergaderdatum	3 februari 2021
Vergaderplaats	Webex Teams vergaderruimte
Deelnemers	5.1.2e 5.1.2e 5.1.2e , 5.1.2e , 5.1.2e , 5.1.2e 5.1.2e , 5.1.2e 5.1.2e , 5.1.2e , 5.1.2e , 5.1.2e
Afwezig	5.1.2e 5.1.2e , 5.1.2e , 5.1.2e 5.1.2e 5.1.2e
Notulen	5.1.2e

CONCEPT

Corona-dashboard (VWS), to be updated daily
- Already discussed before the meeting on nrs we would like to put
  into the dashboard → still no register.
- The practical details are being discussed with VWS collegues.
- For data of people in care homes we rely on numbers of vaccines delivered.
- CIMS demo this afternoon.
  No estimate on when CIMS is reliable; CoronIT has to be in it.
  When 85% complete, plan might be to base reports on CIMS as of that moment.

Vaccinations in progress
85 to 90 has been invited for vaccination this week.
80 to 85 will be invited for next week.

Allergic reactions *NIP department update* 5.1.2e
Severe allergic reactions in 6 cases of which 5 new, cases are under review.
Sudden loss of hearing in 4 cases, which seem to be in background incidency.
Epilepsy in 7 cases, monitored carefully.
In nursing homes deaths are being expected.
Notes of Lareb: other reactions are for instance fatigue and headage.
Some younger people show reaction only after the second dose.
Already infected before the 1st vaccinations, show more fatigue, headage, a.s.o.
People known with allergies, are kept under observation for 30 minutes.

Health Council Advise: *expected Thursday 04-02-2021*
- on the use of *AstraZeneca* (expected to be <65)
- some info on what to do with medical risk groups
- distinguish very high risk groups (such as Down Syndrome)
  and those who have an indication for the flu vaccination.
  (agreed on with the federation of medical specialists)
- the Ministry will give their opinion on Friday 05-02-2021.

Janssen Vaccine:
- one dose vaccine, with an efficacy of 66%
- expected to be available in a short time (to be followed by Health Council advise)

VE methods:
Screening methods, coverage in population (5.1.2e   R-team)
- final adjustments on the report is in progress.
- reports preferably on a daily basis, on the coverage among cases in Osiris.
- looking in more precisely to see if things are noticeable.
- 127 cases were already vaccinated
- Vaccinated cases with 1 dose: 140 14 days after 1 dose, data will be checked
- date of the 1st day of illness, vaccination date, age, profession

AstraZeneca
Summary of an Israeli publication on AstraZeneca:
Efficacy after 1st standard dose from days 22 to 90 was 76% (59%, 86%)
No indication of waning efficacy within this initial 3 month period following receipt of the first dose.
After the 2nd dose (in people who received 2 standard doses) efficacy was higher when the interval between 1st and 2nd dose was longer → 82.4% after 12+ weeks, compared to 54.9% after <6 weeks.
These results are supported by immunogenicity data showing 2-fold higher antibody binding response after an interval of 12+ weeks compared to < 6 weeks.
Publication will be mailed to the group → **action** 5.1.2e

CoronIT   5.1.2e
GGD GHOR was asked for an update of data we need, then the GGD-date leak was discovered. A meeting with 5.1.2e is planned this Friday   5.1.2e
on how we can download data from CoronIT.
Does CoronIT contain vaccination data on testers? → **action** 5.1.2e

Stores in GGD-contact HPzone
No data available yet (2 weeks before antibodies occur, then 2 weeks of BCO).
Lots of discussions, no update.

Official studies on VE:
Contest no progress on the permissions.
5.1.2e will have a meeting with GGD GHOR 04-02-2021 to do the last checking.
Estimate start on 08-02-2021.
The big Cohort (5.1.2e with 5.1.2e)
Meeting 02-02-2021 on how many serum samples should be taken from the cohort. Apply for assumption of ethical appearance.
Test Negative design in hospitals 5.1.2e with Utrecht University)
Important study to look at the outcome of hospitalization
Health care study on care workers in transmission 5.1.2e
Sample size translation.

Denominators of the different groups
Age distribution of the influenza targeted group: over 50.
Age 18 – 59 will be invited according to medical indication (about 50%).
Looking at all people with medical indication, it's about 80%.
For older people there is the stock line.
There is a distinction on age from CBS, not clear if this matches our group distinguishing.

Denominators of health care workers: no updates available.

The newsletter for professionals on epi
5.1.2e : is considering extending the newsletter.
For example, deaths in people over 60, or to start with the different age groups.
In order to follow trends and incidence of Covid. Quite parallel with some delays.
What sort of visualization will be good? Please send your ideas → **action** all

Data care homes: analysis at care home level.
Detailed data on postal code 6 (can DPP translate the address-code into an address?). 5.1.2e has these data; check if it is useful.
The data has, is different from LCC-data.

Modelling and health council 5.1.2e
Questions of health councils: for instance → whether or not to give individuals between 60 and 64 the Pfizer vaccine?
AstraZeneca questions: better to vaccinate with a short or longer interval?
Considering higher efficacy and the pressure on hospitals.
As to modelling: a report is written on delaying the 2nd vaccinations.
If efficacy appears better with longer interval, this is good evidence for providing more people with the 1st dose.
Friday 12-02-2021 a report will be ready on which group to vaccinate next.
A small study/working group 5.1.2e doing a simulation study to *quantify the amount of bias that may be present in vaccine effectiveness (VE)* estimates from different types of observational study designs (test-negative, case-control, cohort).
How much bias we can expect from these studies.

Table Round
Message from 5.1.2e data of 57.000 people in *CIMS*, still a lot of errors.

Osiris-data and vaccine failures 5.1.2e
It may be worth to check dates vaccinated and date tested.
If the date tested is close to the 14 days boundary, people could well have been infected close to vaccination. This may exclude these cases from analysis.

Acties: