

**To:** [REDACTED] [REDACTED]@rivm.nl]  
**From:** [REDACTED]  
**Sent:** Tue 2/9/2021 5:33:02 AM  
**Subject:** [Spam] Executive COVID-19 Briefing: EURO Region + the Netherlands  
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[briefing\\_Netherlands.pdf](#)

Dear [REDACTED]

I hope this message finds you and your family well!

On behalf of the [Institute for Health Metrics and Evaluation \(IHME\)](#), I would like to use this opportunity to inform you that IHME has started producing a weekly *Executive COVID-19 Briefing Summary for the European region* (**see content below this email**) to best support decision-makers, healthcare associations, and any other relevant organizations working towards the COVID-19 response in their country.

Should you be interested in receiving regular, weekly updates about IHME's COVID-19 model and forecasts for the Netherlands and the European region overall, I would highly encourage you to sign up for the mailing list here: [https://uwhealthmetrics.co1.qualtrics.com/jfe/form/SV\\_b1b0Qlx2J6DAQdL](https://uwhealthmetrics.co1.qualtrics.com/jfe/form/SV_b1b0Qlx2J6DAQdL). Please feel free to pass this information to the rest of your colleagues at RIVM working on COVID-19 monitoring.

Attached here is our latest briefing for the Netherlands, which also includes a more detailed description of our latest model updates (*page 2*). As of right now, we have four different scenarios in the model, each one of them including forecasts for rapid vs. slow COVID-19 vaccine rollout and the spread of variants B.1.1.7 and B.1.351.

One of the key conclusions this week is that, **unfortunately, we do not expect the European Region to reach a level of *herd immunity* that would prevent another wave next winter**. This is due to two main reasons: 1) high levels of vaccine hesitancy across many countries in the region, and 2) a potential decline in vaccine efficacy for the B.1.351 variant, as suggested by the latest findings from the Novavax clinical trials which show that past infection with B.1.351 does not necessarily provide immunity against new variants. This indicates that herd immunity could be *variant-specific*.

I remain at your disposal for any questions or further information that could be useful.

Met vriendelijke groeten,

[REDACTED]

[REDACTED]

[REDACTED]

— *Burden of Disease Analyses & Collaborations in Europe*

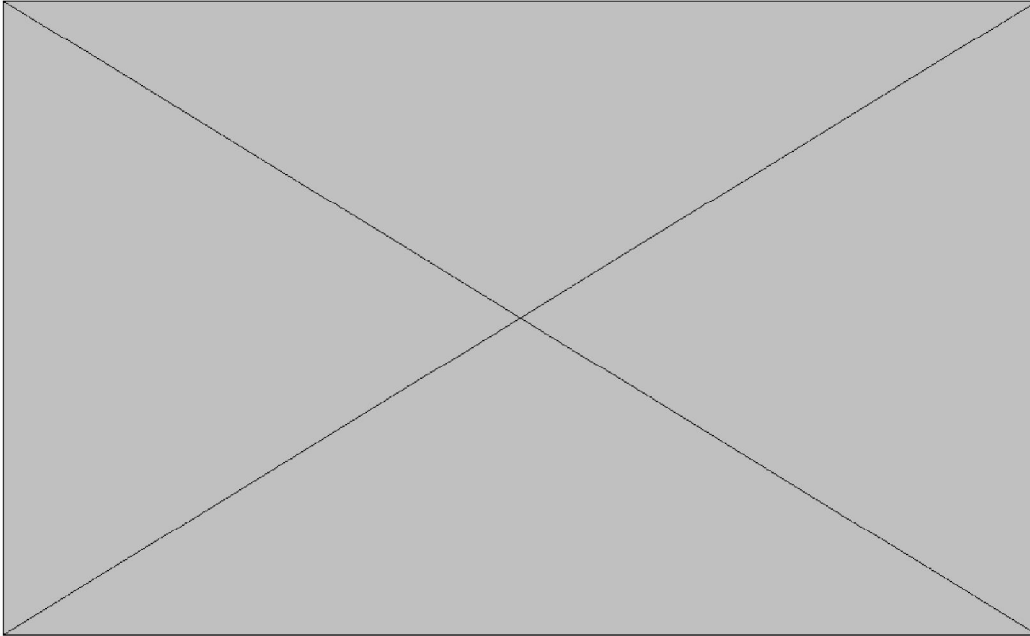
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[IHME COVID-19 Projections: EURO Region - February 3, 2021](#)

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## Executive Summary

**COVID-19 remains the number one cause of death in the European Region, for more than five consecutive weeks now.** Daily cases in the region are declining, while daily deaths have dropped slightly to an average of 6,920 per day over the last week. In our reference scenario, which represents what is most likely to occur, we see slow declines in daily deaths continuing through February and then declining more rapidly through June 1. Hospitalizations have dropped by 5.4% compared to last week, however many countries face ongoing stress on hospital resources. As of February 1, mean effective R is greater than 1 in Spain, Montenegro, Albania, Greece, and Finland. Our projections show that 11% of the population in the European Region have been infected as of February 1.

If mobility returns to pre-pandemic levels among vaccinated populations and new COVID-19 variants continue to spread, a number of countries could experience a prolonged epidemic with an increase in daily deaths again in April and May. **This worse scenario could result in an additional 463,000 deaths between now and June 1 for a total of 1,427,000 deaths.**

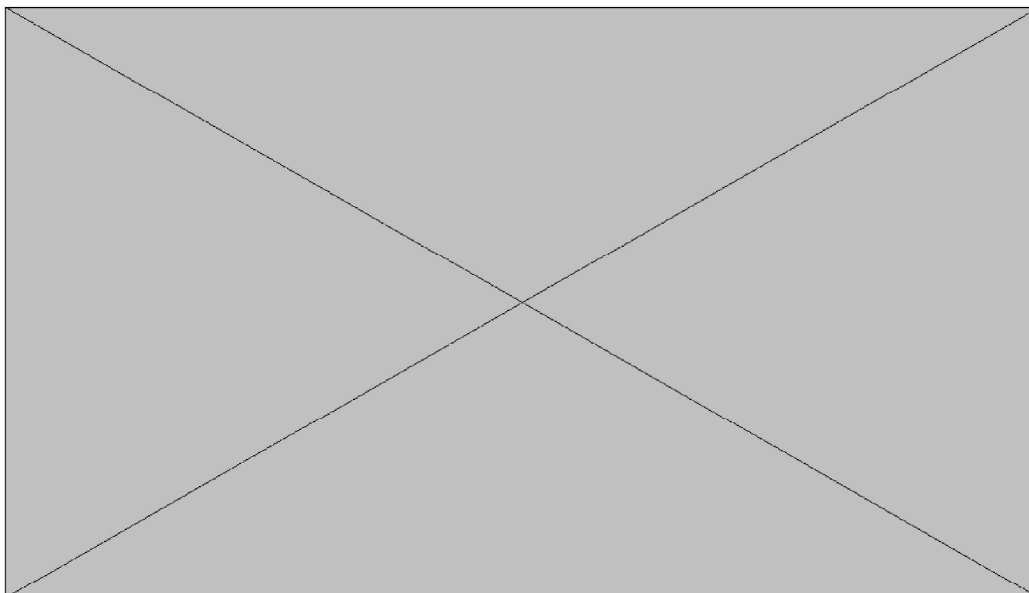
The best policy options currently are rapid vaccine scale-up, continued expansion of mask use, and social distancing mandates to avoid rebounding mobility among the recently vaccinated. Expanding mask use from the currently observed 70% to 95% in the region could save 78,000 lives by June 1.

Findings from the Novavax Phase III clinical trial indicate that prior infection with COVID-19 provided no protection from variant B.1.351. The implication of this finding is that immunity is variant-specific, meaning individuals – even the vaccinated – could possibly be re-infected with new variants as they appear. If this finding is confirmed in the Johnson & Johnson trial results, our worse scenario is likely too optimistic and we could see larger outbreaks across the region.

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Updated: February 3

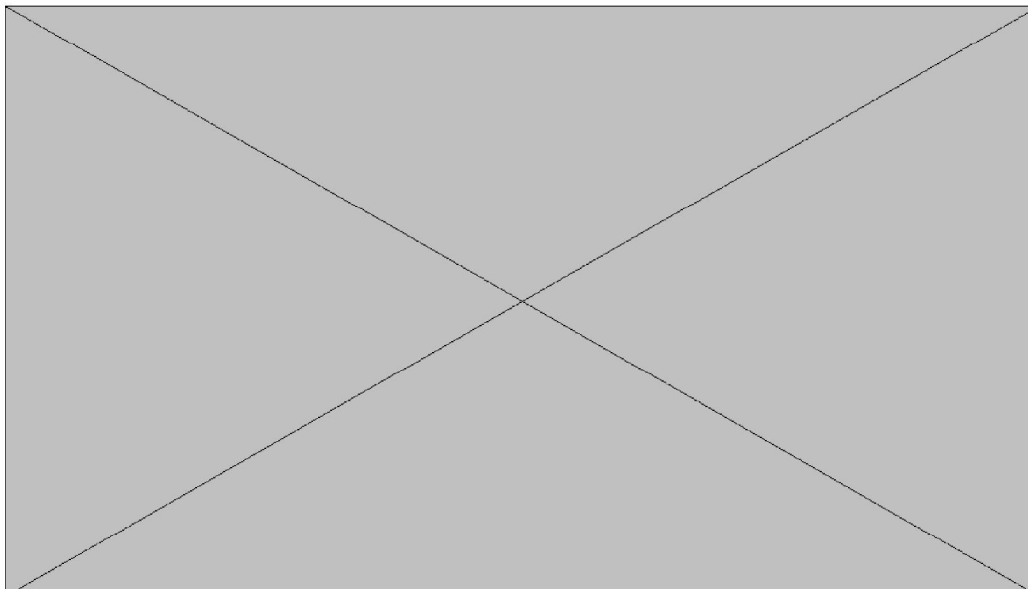
### Mobility trends



Over the past week, mobility was 37% lower than the pre-COVID baseline. However, high or near baseline mobility levels have been observed in Armenia, the Balkans, Estonia, Kazakhstan, Uzbekistan.

*Even when the majority of the adult population is vaccinated, there should be concerted efforts to avoid the risks of rebound mobility.*

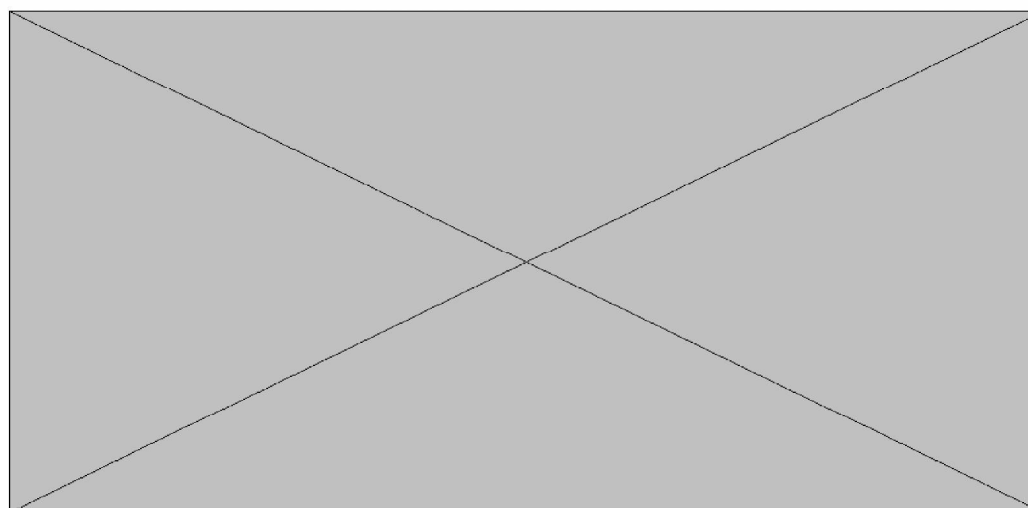
**Estimated proportion of the adult population willing to receive a COVID-19 vaccine\_**



The fraction of the adult population willing to receive a COVID-19 vaccine varies considerably across the region, from 58% in Kazakhstan to 93% in Portugal.

*We project that 359.84 million people in the region will be vaccinated by June 1.*

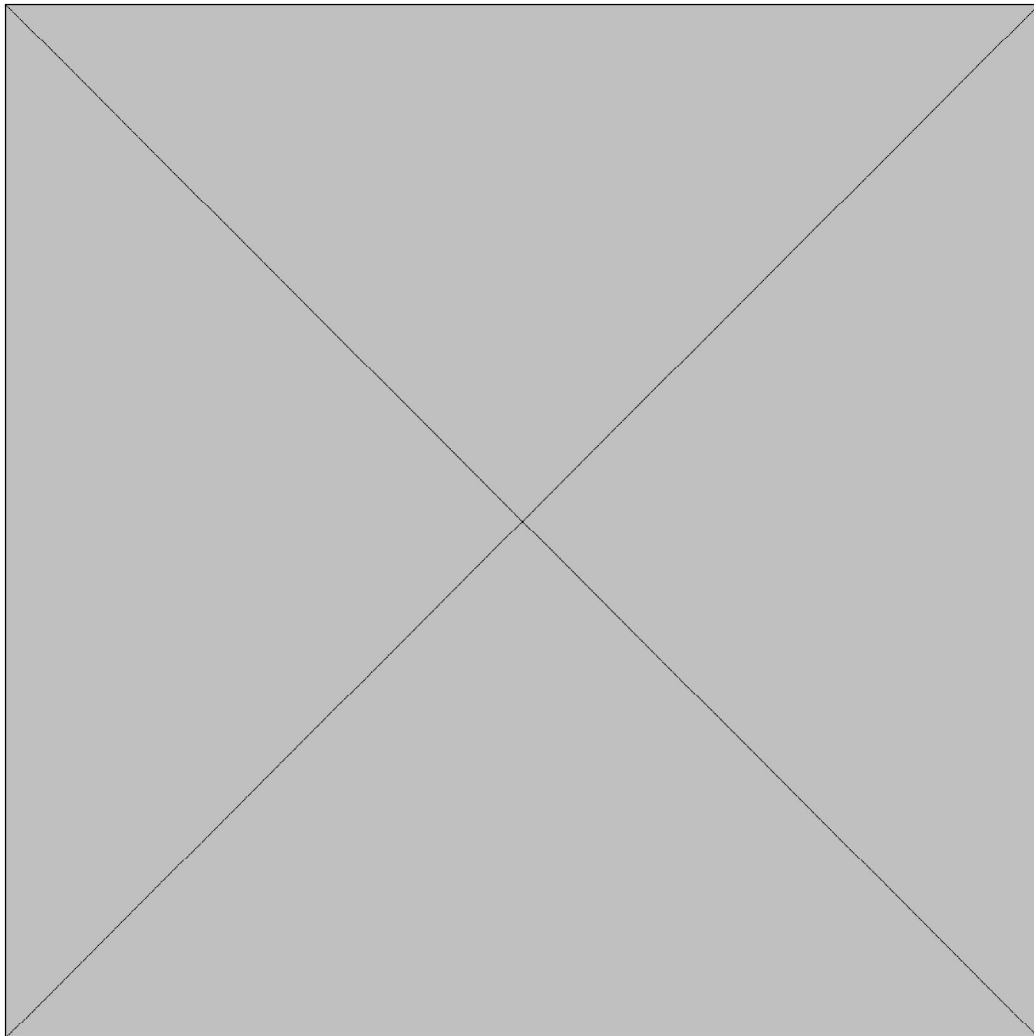
#### **Cumulative COVID-19 deaths until June 1, 2021 (four scenarios)**



Our reference scenario (what is most likely to happen) forecasts 1,349,000 cumulative deaths by June 1, 2021. This represents 385,000 additional deaths by June 1.

In the worse scenario, cumulative deaths could reach 1,427,000 deaths by June 1.

*Expanded mask mandates – particularly in Northern Europe, the Balkans and Central Asia - could help save 78,000 lives by June 1. Additionally, rapid vaccine rollout remains of utmost importance.*

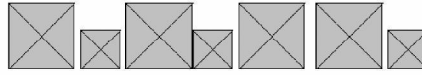
**Estimated intensive care unit (ICU) usage by June 1**

Between February 4 and June 1, 28 countries will experience high or extreme stress levels on their ICU capacities.

*Hospitals should plan on increasing the number of ICU beds available, to cope with increased demand.*

**Register below to get weekly Executive Summaries of IHME's COVID-19 Briefings.**

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