To: 5.1.2e 5.1.2e 5.1.2e 5.1.2e [5.1.2e @rivm.nl]
Cc: 5.1.2e 5.1.2e 5.1.2e [5.1.2e @rivm.nl]
From: 5.1.2e 5.1.2e
Sent: Thur 2/18/2021 3:20:07 PM
Subject: FW: HCW Manuscript Draft #2 and disclosure of interest form
Received: Thur 2/18/2021 3:20:08 PM
HCW_COVID-19 manuscript_draft 2_150221_ 5.1.2e docx

Ha 5.1.2e

Ter info: Zie bijgaand een artikel ECDC over COVID-19 bij HCW.
5.1.2e en ik hebben nu voor de tweede keer input gegeven; ze hebben de tweede ronde al best veel verbeterd, maar we hadden toch nog wat bezwaren, zie onderstaand.

Wil jij er in dit stadium naar kijken, of een latere versie?
Dan zal ik het naar jou en 5.1.2e sturen.

Groeten, 5.1.2e

From: 5.1.2e 5.1.2e
Sent: donderdag 18 februari 2021 16:08
To: 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>
Cc: 5.1.2e 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>
Subject: RE: HCW Manuscript Draft #2 and disclosure of interest form

Dear 5.1.2e

Thank you for this nice new version of the manuscript.
Please find attached our comments, in addition to the comments of 5.1.2e 5.1.2e .
Our main comment is that while in title and primary aim, this article is about specifically assessing HCW and comparing them to non-HCW, the main part of the results, and table 2 do not look into that.
There, results are pooled for HCW and non-HCW and only for IC admission an interaction term is used. We think that it would benefit the analysis when for the different parameters, the analysis for HCW and non-HCW are stratified and/or formally assessed for differences between those groups.
Or is there a reason why this was not done?

Please also find attached our conflict of interest forms.

Best wishes,
5.1.2e 5.1.2e 5.1.2e and 5.1.2e 5.1.2e

5.1.2e

5.1.2e
RIVM - Centre for Infectious disease control
Centre for Epidemiology and surveillance of infectious diseases
Postbus 1 (postbak 5.1.2e
3720 BA Bilthoven
The Netherlands

Tel: +31 30 5.1.2e
Email: 5.1.2e @rivm.nl

Absent on 5.1.2e

From: 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>
Sent: maandag 15 februari 2021 10:10
To: 5.1.2e @iss.it; 5.1.2e 5.1.2e @iss.it>; 5.1.2e < 5.1.2e @ecdc.europa.eu>; 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>; 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>; 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>; 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>; 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>; 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>; 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>; 5.1.2e 5.1.2e (THL) < 5.1.2e @thl.fi>; 5.1.2e 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>; 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>; 5.1.2e @ms.etat.lu; 5.1.2e @ms.etat.lu < 5.1.2e @ms.etat.lu>; 5.1.2e @who.int; 5.1.2e , 5.1.2e 5.1.2e 5.1.2e < 5.1.2e @who.int>; 5.1.2e 5.1.2e , 5.1.2e 5.1.2e < 5.1.2e @who.int>; 5.1.2e 5.1.2e < 5.1.2e @ecdc.europa.eu>
Cc: ECDC respiratory viruses < 5.1.2e @ecdc.europa.eu>
Subject: HCW Manuscript Draft #2 and disclosure of interest form

Dear co-authors,

Thank you for all of your valuable feedback and consideration on the initial draft circulated regarding healthcare workers and risk of hospitalisation and death from COVID-19.

Due to the analytical feedback, Carlos and Joana re-analysed most of the data to include ICU admission and changed from a Poisson regression to a negative binomial regression model. They also divided the reporting periods into 3 categories (instead of 2), and now there is only one interaction term (HCW*ICU admission).

I left in Carlos' comments in the results section for your consideration and feedback.

We appreciate all of your input. Please use Track Changes and comments in the attached manuscript by **COB Thursday 18 Feb.**

We will be submitting this for internal ECDC and WHO clearance as soon as possible.

For the group's discussion:

- There are risk factors that exist prior to admission to the ICU, but admission to the ICU was found to be a strong independent predictor of death after hospitalization (IRR 4.6, 95% CI 4.0-5.3), meaning that some other variables not included in the model might explain increased severity of disease. (Table 2). Being male, 60-69 years old when compared to those aged 20-29, or having at least one comorbidity were associated with increased risk of death among hospitalized cases (IRRs 1.3 [95% CI 1.1-1.5], 5.8 [95% CI 3.8-8.8] and 2.0 [95% CI 1.8-2.3], respectively) (Table 2).

Disclosure of interest form
Please complete the disclosure of interest form and return to me as soon as possible via email at 5.1.2e @ecdc.europa.eu

Thank you so much,
5.1.2e

5.1.2e 5.1.2e
5.1.2e
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[redacted]