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11 maart 2021

Ons kenmerk

Programma Covid-19 vaccinatie

Overleg	WP7 Monitoring & Evaluatie
Vergaderdatum	DWARSVERBAND
Vergaderplaats	11 maart 2021
Deelnemers	Webex Meetings (link in de uitnodiging)
	5.1.2e, 5.1.2e, 5.1.2e,
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Afwezig	5.1.2e, 5.1.2e,
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Notulen	5.1.2e

[Welcome to Kylie](#): replacing 5.1.2e who has started a new job as COVID-19 research coordinator within EPI.

Explanation on the aim of Dwarsverband: to share new information on the different themes in Covid-19-vaccination and discuss implications of this.

[Explanation on RIVM-advice of last week](#)

The advice is based on 3 questions (summarized answers):

1. What are the pro's and the cons of postponing of 2nd dose of Pfizer? Answer: Current interval of 6 weeks recommended
2. Can people who already had a SARS-CoV-2 infection, be vaccinated with only one dose?

Answer: yes.

3. Can AstraZeneca be given to people over 65 years of age, based on scientific literature and/or WHO-advice? Answer: yes.

Now to be implemented in the Programme.

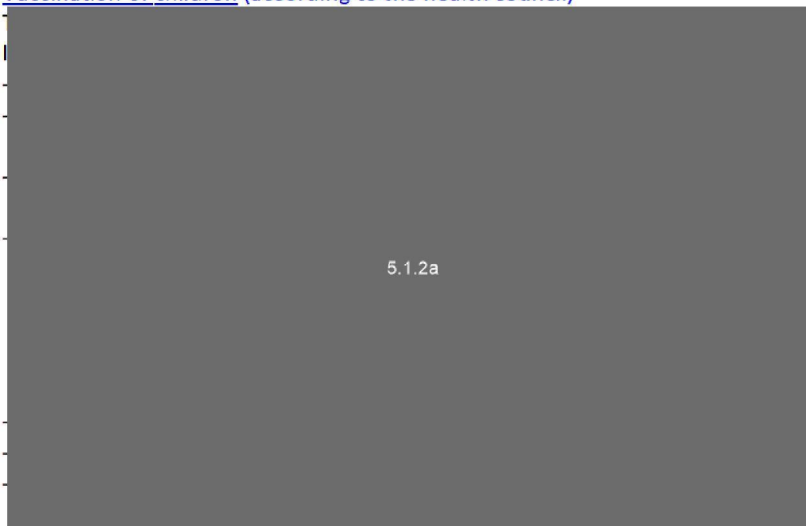
Health Council copied RIVM-advice on question 2: all those who have had Covid infection within 6 month back, need only to have only 1 vaccination. If people still want 2 vaccination, that is allowed. But with the warning with greater chance of complications.

People with a-symptomatic symptoms can also apply for only 1 vaccination.

(5.1.2e at ZonMW wants RIVM to perform research: does this interfere with the vaccination strategy?)

People are asked verbally if they have had Covid and if answered 'yes' they will get only 1 vaccination.

[Vaccination of children \(according to the health council\)](#)

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[Modelling](#)

The current models on children and transmission show that children seem to be less infectious, probably because they become less ill.

Not only children are driving Covid-19 transmission; the age groups 10 and 20 years older are responsible for the greater part of transmission.

Models show that the epidemic is likely to die with the current vaccination strategy.

The vaccines have different impact on the difference variants; still a lot to learn.

IDS is suggesting the virus may evaluate to children because they give the virus a better chance to survive, which makes the transmission through children a better option.

In the longer run it is more like the discussion we are having now will return; we still need a lot of data if we want to be able to make reliable estimates.

[Adverse Events](#)

Several countries stopped AstraZeneca due to thrombosis incidence. CBG recommended not to worry; an email with statement will follow and the Dutch government has stated they will go on vaccinating with AZ.

It is worrying that so many countries suspend even before evidence of scientific advice. Unfortunately AZ had less positive PR even before this event.

[Ivac protocol](#)

Colleagues who want to add something to the protocol, please mail this to Mardi before this weekend.

[Vaccine coverage](#)

Reports published every Tuesday.

A large number of 75+ are vaccinated.

Coverage is increasing.

Related to that is the vaccine register → [CIMS](#)

- CIMS is selectively incomplete; f.i. the data of residents in long term care homes.
- Other issue: % of the people who give consent by GGD is dropping below 95%.
- We still hope to be able to use CIMS, currently we use the numbers with care.
- Anonymous data: no geographical info available, only country-wide.

The data issue about vaccination is in progress, but even anonymous data is a problem, as a consequence of the decision that we have to ask permission.

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Question of the Ministry on long term care facilities: what is the level of vaccine coverage? Hester discussed with Jacco as we do not have any reliable data in CIMS, it is a reasonable answer to answer that it is not possible to give a very good limit of vaccination data.

Impact

In people living in care homes incidence and mortality is dropping rapidly

In home dwelling elderly it is stable both in 75+ and in 80+; hopefully impact on the home dwelling will be seen next week.

Overall mortality: is dropping reassuringly.

Variant of concern

The UK variant is causing more serious disease, which might explain the increase in ICU hospitalization.

SA-variant is more or less stable (3%, not aware of any serological tests in ICU patients to test what variant they have). A sequence network is built up now, coordination by Chantal.

Surveillance

Discussion on how to persuade people to have a serological test performed in people who have had COVID >2 weeks after the first dose of vaccine.

Similar initiative is performed on re-infections and in proven vaccine failure.

Hopefully this will provide us with more info on impact which makes us able to advise health service.

Studies: approval from MinVWS on the Vasco study; no updates on other studies.

Updates from the different centres

IIV, IDS, EPI: no additional information.

LCI: Albert → BES CAS vaccination programme, low acceptance of the vaccines,. Interestingly the 2nd wave has not occurred on BES CAS. Distribution to the small islands is not optimal.

Is it an option to perform serological tests instead of vaccination?

Apart from an anti-gen test of 25 mio tests, no other tests available. Aruba is performing serological tests (sample?).

The benefit of serological testing compared to a major workload is almost non.

This makes the question on serological testing before vaccination unnecessary.

Cib-MT: discussing the appointment of someone in the line in the center]work to lead the Covid-19-vaccination programme. Instead is downsized to a quarter maker who will investigate how to go on with integration in Cib.