To: 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 5.1.2e [5.1.2e @rivm.nl]
Cc: 5.1.2e 5.1.2e [5.1.2e @rivm.nl]
From: 5.1.2e 5.1.2e
Sent: Sun 5/2/2021 9:13:33 AM
Subject: RE: input GR
Received: Sun 5/2/2021 9:13:34 AM

I also read through the document and it provides a clear and helpful overview of the benefits of vaccination over 4 or 3 months and the risk of TTS.
The difficult question is of course what benefit-risk ratio is acceptable for a prevention measure. And these are estimates for the whole population while for certain groups this benefit-risk ratio will be very different from this average.
By the way, I don't understand the estimate of the monthly infection rate that 5.1.2e calculated (162 per 100,000). According to the dashboard the daily incidence currently is 30-40 per 100,000, so that is 900-1200 per 100,000 per month, not taking into account underreporting. So that would mean we are in the high circulation scenario.

Groeten, 5.1.2e

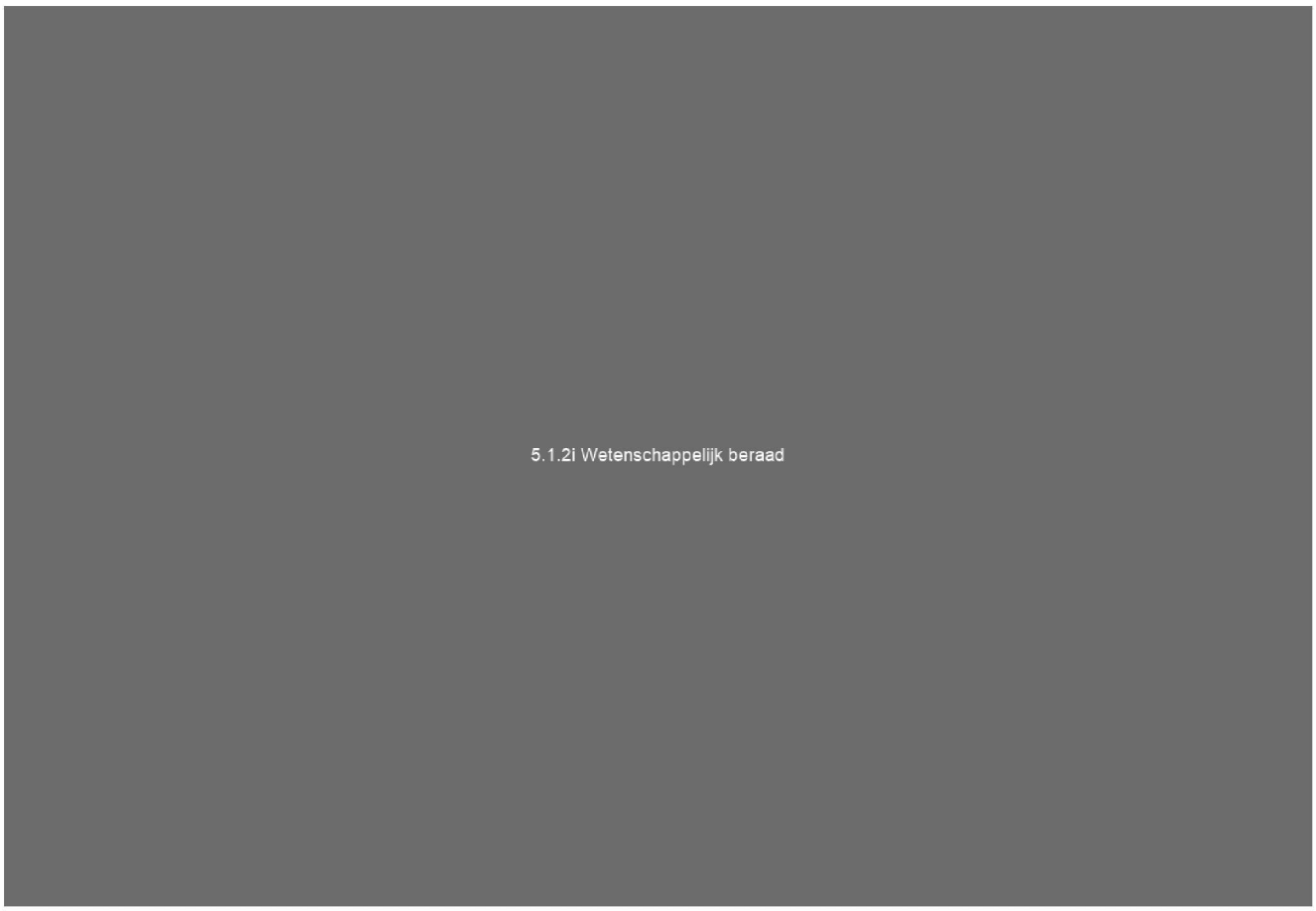
From: 5.1.2e 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>
Sent: zondag 2 mei 2021 10:01
To: 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>; 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>; 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>
Cc: 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>
Subject: RE: input GR

Thanks 5.1.2e good to hear that you think about the EMA analysis and for your considerations and calculations.

Regards, 5.1.2e

From: 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>
Sent: vrijdag 30 april 2021 20:28
To: 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 5.1.2e < 5.1.2e @rivm.nl>
Cc: 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>
Subject: Re: input GR

Hi 5.1.2e



Fijn weekend!

Best,

5.1.2e

5.1.2e 5.1.2e 5.1.2e

5.1.2e

Centrum Infectieziektebestrijding | Centre for Infectious Disease Control
Rijksinstituut voor Volksgezondheid en Milieu | National Institute for Public Health and the Environment

visitors: Antonie van Leeuwenhoeklaan 9 | 3721 MA Bilthoven | The Netherlands
correspondence: Postbus 1 | 3720 BA Bilthoven | The Netherlands
phone: 5.1.2e | email: 5.1.2e @rivm.nl | twitter: 5.1.2e

From: 5.1.2e 5.1.2e
Sent: Friday, 30 April 2021 18:13:57
To: 5.1.2e 5.1.2e; 5.1.2e 5.1.2e; 5.1.2e 5.1.2e
Cc: 5.1.2e 5.1.2e
Subject: Re: input GR

Thanks 5.1.2e

I did not intend to propose modelling, because the meeting is already in Monday and I do not want to intervene with other work you doing.

I intended to try to make use of your judgment of the work EMA did with perhaps already available modelling results for NL.

Indeed With decreasing infection rate the number of prevented cases decreases, while the likelihood on side effects is similar.

Probably the discussion would mainly be whether or not to decrease the age limit to eg 50 yrs instead of 60 years.

Do you think the ema approach is sufficiënt sound (on the number of cases prevented) to make such judgement?

Another aspect is Whats the importance of high uptake in this age group (50-59 yrs) eg with respect to their contribution to transmission.

Regards 5.1.2e

Van: 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>
Datum: 30 april 2021 om 13:59:59 CEST
Aan: 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 5.1.2e < 5.1.2e @rivm.nl>
CC: 5.1.2e 5.1.2e < 5.1.2e @rivm.nl>
Onderwerp: Re: input GR

Hi 5.1.2e

The EMA's analysis is interesting. I found the below document which describes the methods in more detail:

https://www.ema.europa.eu/en/documents/referral/use-vaxzevria-prevent-covid-19-article-53-procedure-assessment-report_en.pdf

They do a very simple calculation based on prior case data. I assume the Health Council would like to have an indication of the impact of AZ vaccination on outcomes in the future. As the EMA shows in their figures, fewer outcomes are prevented as infection pressure decreases (because fewer people get infected). So I would expect a decreasing trend in number of outcomes prevented over time as more vaccines are given (however, this depends a little on relaxation of restrictions).

Before I attempt to do any modelling (I'll need to think more about if/how to do it), I have a few questions:

1. By "next Monday", do you mean 3 May or 10 May?
2. What changes to the age-limit is the Health Council interested in exploring? Making AZ available to all adults?
3. What time frame would be useful to look at the benefits of expanding AZ eligibility?

As always, it will be difficult to make changes to vaccine distribution schedule, so if I have a better idea of the proposed change to the vaccine program, I can liaise with the logistics team to see if they can make a special schedule for me.

Groeten,
5.1.2e

5.1.2e 5.1.2e 5.1.2e

5.1.2e

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Rijksinstituut voor Volksgezondheid en Milieu | National Institute for Public Health and the Environment

visitors: Antonie van Leeuwenhoeklaan 9 | 3721 MA Bilthoven | The Netherlands
correspondence: Postbus 1 | 3720 BA Bilthoven | The Netherlands
phone: 5.1.2e | email: 5.1.2e @rivm.nl | twitter: 5.1.2e

From: 5.1.2e 5.1.2e
Sent: Friday, 30 April 2021 11:55
To: 5.1.2e 5.1.2e; 5.1.2e 5.1.2e; 5.1.2e 5.1.2e
Subject: input GR

Hi,

Next Monday the health council (confidential!) needs to advice again on AZ and whether to change the age limit (above 60 years). An re-advice is requested after the evaluation of the EMA. See links below including the graphic presentation for high, medium, low infection pressure.

I was wondering whether the info regarding prevention of cases (in the different scenario's on infection pressure) are likely given our modelling results. Could you give some thoughts / judgment on that based on your model 5.1.2e ? Or is that not so easy …

They depicted the results on prevented cases vs side effects in various graphs.

I attach the information we earlier send to the health council as well on for Feb-March (risico zh opname en overlijden) and the information that we send from NL that was incorporated in the EMA report (template ..).

https://www.ema.europa.eu/documents/referral/interim-opinion-committee-medicinal-products-human-use-pursuant-article-53-regulation-ec-no-726/2004-vaxzevria_en.pdf

https://www.ema.europa.eu/en/news/astrazenecas-covid-19-vaccine-benefits-risks-context

https://www.ema.europa.eu/documents/chmp-annex/annex-vaxzevria-art53-visual-risk-contextualisation_en.pdf

Thanks, 5.1.2e