

**To:** [redacted] [redacted]@rivm.nl]  
**From:** [redacted]  
**Sent:** Tue 1/19/2021 11:36:59 AM  
**Subject:** RE: suggested approach to report results on modelling vaccination strategy  
**Received:** Tue 1/19/2021 11:36:59 AM

[redacted]

Even naar jou om af te stemmen.  
 Overige zorgmedewerkers staan ook nog op het vizier bij vws begrijp ik.  
 Gezien de vragen van [redacted] nog handig om kort te meeten?  
 Heb jij gisteren nog afgestemd tav timelines tbv GR?

Gr [redacted]

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**From:** [redacted] <[redacted]@rivm.nl>  
**Sent:** dinsdag 19 januari 2021 10:01  
**To:** [redacted] <[redacted]@rivm.nl>; [redacted] <[redacted]@rivm.nl>; [redacted] <[redacted]@rivm.nl>  
**Subject:** RE: suggested approach to report results on modelling vaccination strategy

But I assume we will vaccinate people asap regardless. Waiting with 60-70 means therefore vaccinating someone else earlier. The next in line will be the 50-60?  
 To receive the AZ incase we wait with the 60-70? In exploring this question is the age group 60-70 set in stone? Or can it be split in 60-65/65+. As this is slightly a weird age group. Otherwise you get the perhaps tricky situation that older colleagues get vaccinated after younger ones.

Anyway; there are 2.1 million aged 60-69 -uptake is 80%?, so 1,7 million, 2 doses = 3,4 million doses, how much P/M is available per week? 160.000? How much AZ? 1million a week? As the difference will be 21 weeks with P/M or 3.4 weeks with AZ, that is quite a long difference. If this order of magnitude between availability is correct, this implies that while the 60-69 are waiting you could vaccinate all those 59 up to 32 (assuming 80% uptake – 2 doses each).  
 Quite a difference. However I don't have te capacity at hand, so this is a wild guess.

How will we approach this question? How do we get the most realistic estimates of capacity in the coming months?

BW,  
 [redacted]

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**From:** [redacted] <[redacted]@rivm.nl>  
**Sent:** dinsdag 19 januari 2021 09:31  
**To:** [redacted] <[redacted]@rivm.nl>; [redacted] <[redacted]@rivm.nl>; [redacted] <[redacted]@rivm.nl>  
**Subject:** RE: suggested approach to report results on modelling vaccination strategy

Hi [redacted] [redacted],  
 The question with highest priority: the answer will be yes of course. The idea is that AstraZeneca vaccine will be available in larger quantities, sooner than Pfizer or Moderna which arrive in limited amounts. And that vaccine efficacy is expected to be lower for AstraZeneca, but very limited data on vaccine effectiveness among elderly for any of these vaccines. Moreover the second dose of each of these vaccines can be deferred for a few weeks. So the question behind it is that we should quantify a trade-off between protecting earlier at a lower effectiveness or later at a higher effectiveness.

Best  
 [redacted]

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**From:** [redacted] <[redacted]@rivm.nl>  
**Sent:** dinsdag 19 januari 2021 09:20  
**To:** [redacted] <[redacted]@rivm.nl>; [redacted] <[redacted]@rivm.nl>; [redacted]

< 5.1.2e @rivm.nl >

**Subject:** Re: suggested approach to report results on modelling vaccination strategy

Hi 5.1.2e ,

This sounds like a very clear plan moving forward. Is the idea that as we get answers to these questions, we will update the report accordingly?

Also, in terms of priority number 1:

1 Can we use the AstraZeneca vaccine for 60-70 year olds living at home, rather than Biontech-Pfizer/ Moderna?

Can you provide a bit more context for this? Surely, the simple answer is yes, you could, but I suspect there's more to it than that. Is there evidence that AstraZeneca has a lower VE in older people and so the Ministry is interested in the trade-offs of administering AstraZeneca to this population?

Best,

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