

To: [redacted] [redacted] [redacted]@dartmouth.edu]
Cc: [redacted] [redacted] [redacted]@rivm.nl]
From: [redacted]
Sent: Mon 9/28/2020 11:00:53 AM
Subject: RE: Query about RIVM seroprevalence study
Received: Mon 9/28/2020 11:00:54 AM
[Vos et al PICO1 Manuscript JECH transfer revision-final clean.pdf](#)

Dear [redacted]

Thank you for getting in touch. Great that you are analyzing data from multiple studies for age-specific seroprevalence. I do realize, that we had a different form of lock down compared to other countries. E.g. Schools largely remained open, and social distancing measures are more flexible for children. Despite their increased contacts because of less restrictions, they remain largely seronegative.

To answer you questions, we used Spike S1 IgG data only. All reported prevalence data are corrected for assay performance. Moreover, prevalence data have been weighed; for more details, please, see a quote from our submitted manuscript (and attached for your convenience):

Seroprevalence estimates

Apparent seroprevalence estimates (with 95% Wilson confidence intervals (CI)) for SARS-CoV-2-specific antibodies were calculated taking into account the survey design (i.e., controlling for region and municipality) and were weighted by sex, age, ethnic background and degree of urbanization to match the distribution of the general Dutch population in both the NS and LVC sample. True seroprevalence estimates were derived by correcting the apparent estimates via the Rogan & Gladen bias correction for test performance (with sensitivity of 84.4% and assuming a specificity of 100% after cross-validation with pre-sera as described below laboratory methods).¹⁵ Smooth age-specific true seroprevalence estimates were obtained with a logistic regression in a Generalized Additive Model using penalized splines, as implemented in the R package mgcv.¹⁶

You are referring to two different results graph from our website. Figure 5 was our first sample, and figure 6 was our second sample. The majority of samples were received early April and early June for the first and second round respectively. The attached manuscript is about the first round. I'm happy to provide you with our submitted manuscript. Please, do not distribute this further. We hope it will be accepted soon. For the second round in June, participants of the first round were invited to participate again and we have extended our sample by randomly selecting people from across the country.

I hope this helps, and all the best with your manuscript and other work,

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