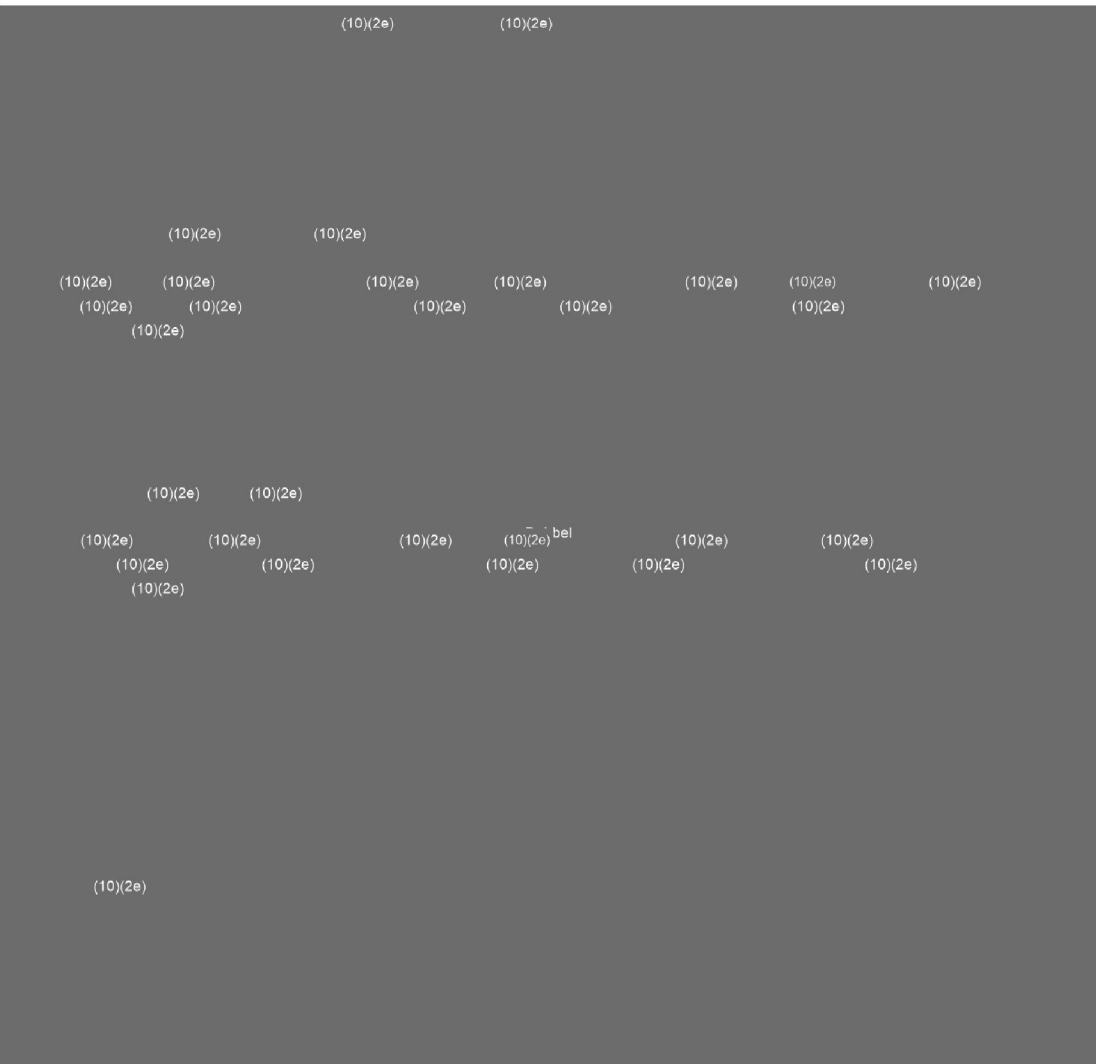


To: (10)(2e) [(10)(2e) @rivm.nl]
Cc: (10)(2e) [(10)(2e) @rivm.nl]; (10)(2e) [(10)(2e) @rivm.nl]; (10)(2e) [(10)(2e) @etz.nl]; (10)(2e) [(10)(2e) @rivm.nl]; (10)(2e) [(10)(2e) @rivm.nl]; (10)(2e) [(10)(2e) @rivm.nl]
From: (10)(2e) [(10)(2e) @rivm.nl]
Sent: Tue 6/2/2020 6:49:23 AM
Subject: Re: sensitivities
Received: Tue 6/2/2020 6:50:12 AM

Beste allen,
Is vandaag eind vd middag nog een optie?
Morgenmiddag is lastig ivm klinische taken, als vanmiddag echt niet kan probeer ik te ruilen of neem ik deel via de telefoon?
Mvg,

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outbreak week compared to cities that started control later (11).

Adherence to these measures in China is probably higher than in the Netherlands, due to stronger law enforcement. The one to two children policy (Viner), high population density in the cities and widespread mask use might affect the effect of these interventions as well (13). Furthermore many of these papers evaluate the beginning of the epidemic, with higher R0 and less accurate model parameters. These parameters were initially used in papers estimating the epidemic in other countries as well, e.g. an average ICU stay of ten days (2) whereas this appeared to be 2-4 weeks in the Netherlands.

Conclusion

Regarding the evidence from other studies, the strict isolation measures implemented in the Netherlands and the compensation for loss of income seems a good policy in preventing COVID-19 cases and deaths. The studies performed in the context of China should be thoughtfully interpreted when translating it to the context in the Netherlands. More data is necessary make a conclusion on feasible exit strategies.

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transmission(5). However, they used high doubling times, reflecting the beginning of the epidemic, without e.g. social distancing.

The ECDC stresses that masks should only be considered as a complementary measures to social distancing, etc. Recommendations on community mask use should take into account evidence gaps, the supply situation, and potential negative side effects. Hongkong residents are used to wearing masks when needed and compliance on the street was 96.6%(6), but 13.0% used them wrongly (7). Eleven clusters (113 persons) in Hongkong were associated with mask-off settings (dining, drinking, singing, exercising) and only 3 clusters (11 persons), in workplace 'mask-on' settings(6).

Conclusion

There is enough evidence to support the use of masks for short periods of time when in transient higher risk situations. Monitoring of proper use and potential negative effects is, however, important.

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