To: (10)(2e) [(10)(2e)@rivm.nl]
Cc: (10)(2e) (10)(2e) [(10)(2e)@rivm.nl]
From: (10)(2e) (10)(2e)
Sent: Mon 5/4/2020 7:23:00 AM
Subject: FW: Notities telefoonafspraak me (10)(2e) en de (10)(2e)
Received: Mon 5/4/2020 7:23:01 AM

Ha (10)(2e) hierbij de notities van het gesprek dat afgelopen vrijdag plaatsvond.
Van (10)(2e) begreep ik dat jij nog een aantal stukken naar hen door zou sturen; mocht je hierbij nog iets verwachten van (10)(2e) dan hoort zij dat graag.
Met groet,

(10)(2e)

From: (10)(2e) (10)(2e) (Sensitive) <(10)(2e)@fco.gov.uk>
Sent: vrijdag 1 mei 2020 17:30
To: (10)(2e) (10)(2e) <(10)(2e)@rivm.nl>
Subject: RE: Verzoek telefoonafspraak met (10)(2e) en de (10)(2e)

Beste (10)(2e)

Namens (10)(2e) en mijn collega's in London delen wij graag met u de notities van het gesprek van vanochtend mocht dit van dienst zijn.

Attendees

- (10)(2e) - (10)(2e)
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Summary: A helpful call to discuss the Dutch approach to the outbreak, specifically focussed around children and the scientific data behind the Dutch decision to open schools below the age of 12.

Actions:

- **(10)(2e) to share the RIVM slides of the results of the study on children, in particular the study conducted in Dutch households. This needs to be cleared internally as the reseacrch has not been published yet.**
- **(10)(2e) to share results of our household studies (taking place this and next week as we get them).**
- **(10)(2e) to put (10)(2e) in touch with sequencing consortium in UK.**
- **(10)(2e) to share Dutch research on sequencing.**
- **(10)(2e) to link (10)(2e) in on UK work on app development.**

Overview of Current Dutch Situation

- The Dutch didn't have a total lockdown and didn't completely stop people from going outside. The advice was to stay in your house as much as possible, work from home and have a whole household lockdown if someone is sick.
- The peak in intensive care units came 2 weeks ago and is now slowly going down. Today the number of people in ICU is almost half of what is was two weeks ago (approx. 600-700)
- Hospital emissions also peaked two weeks ago and is now falling.
- Hospitals coped with the influx by enlarged capacity of intensive care units, and were able to manage the peak.
- The Dutch are now in the second phase of the outbreak, deciding how to deal with the outbreak in the medium to long term.
- Dutch Nursing Homes were hit hard with 1/3 of nursing homes affected by virus. Mortality in nursing home has been pretty high, on certain wards up to 30% of people affected. There are a total of 120,000 people in nursing homes. Homes with people with cognitive problems have had a particularly high death rate because keeping up with hygiene has been difficult. (10)(2e) highlighted the UK has had the same issues with care homes.
- For the majority of society the Dutch met their targets for controlling the outbreak but in Nursing Homes they are not sure and further evaluation will be necessary. However, a higher mortality in nursing homes was expected.

Plans for Exit- Strategy

- The scientists didn't advocate closing of schools because there wasn't enough evidence. The priority now is to open up schools again ASAP because it's causing a lot of stress to children, households and the educational system. The Dutch have collected evidence that justifies the re-opening of schools.
- In addition to schools they want several groups in society to start work and conduct business again. They have monitoring systems in place to keep track of developments and fine tune interventions and stop re-opening if it looks like the virus might have a second wave.

R Value

- The Dutch don't know the exact value of their R (due to lag time) but they think it is below 1. The Netherlands use the number of hospital admissions to calculate their R value and work out the first day of sickness based on date of admission. This calculation of R won't be a total representation of society because for the most part children and anyone below 25 aren't getting admitted to hospital. Also the medical culture is as such people will have maximum treatment at home (including use of oxygen masks) and will not go to hospital.
- There is also uncertainty as the data can only go back 14 days.
- Therefore there are limitations to measuring the R value by hospital admissions but they use hospital emissions data because it's the most effective. They think the R value is about 0.8.

Children (described as under 20)

- For the lower age groups R value may be lower than the rest of society and the Dutch have done some studies to show this.
- They have compared their results with the Neil Ferguson's papers at Imperial College to see what is relevant in the Netherlands.
- They believe the percentage of children contributing to the whole outbreak is low. Less than 1% of the cases come from children although they represent 22% of population.
- The Dutch, through RIVM, have conducted two types kind of seroimmunity tests so far to test the spread. They have tested blood and plasma donners which when scaled up show that 500,000-600,000 (3.6%) people out of population out of 17.4 million have tested positive.
- The second study is a serological survey with 10,000 random people (only surveyed 2,500 to date) and they fill in a questionnaire and give blood and saliva. This test shows the same findings. That there is a 4% positivity rate and that for people below 20 years old there is a 1% positivity rate.
- They have also done monitoring in households that showed that children were never/very rarely the index case and almost all cases adults transmit to children. Children show half the infection rate than adults.
- **Action (10)(2e) to share the RIVM slides of the results of the study on children, in particular the study conducted in Dutch households. This needs to be cleared internally as the reseacrch has not been published yet.**
- **Action- (10)(2e) to share results of our household studies (taking place this and next week as we get them).**
- These findings are consistent with low rate of reported for children in hospital. After 20 years there is steady increase in the number of people who get infected.
- These findings (presented in Dutch parliament) are part of the reason why schools will be re-opened. They are going to start at half the group size in classrooms. Children under 12 will not have to observe the 1.5 meter social distancing (because it's unrealistic) but teachers will.
- There will be easy access to tests for teachers and a low bar for teachers getting tested. They will raise hygiene in schools and teachers and students will be told to stay home if they are ill

Genetic sequencing

- The Dutch are mostly using epidemiological data (questionnaires, serological, swabbing) but they are also working on sequencing data. (10)(2e) was not sure how many individual pairs had been tested but will share the Dutch research on sequencing.
- **Action- (10)(2e) to put (10)(2e) In touch with the sequencing consortium in UK.**
- **Action – (10)(2e) to share Dutch research on sequencing.**

Monitoring as Exit Strategies are Lifted

- As they leave lockdown the Dutch have several approaches to monitor R and the effectiveness of measures; notification, testing, contact investigation/tracing (although they are aware this won't catch pre-sympathetic transmission).
- They are also looking at a sentinel surveillance system and are using GPs to sample the population (currently 50 GPs looking at 1% of the population).
- For children and schools there will be specific school surveillance systems so that teachers can be tested easily. This will provide an early indication of the effect of re-opening schools. For some randomly selected schools they will test households, both serological tests and molecular diagnostics.
- There will be specific targeted surveillance of certain groups in society.
- (10)(2e) mentioned there has been a lot of attention on apps and the Dutch are looking into it, but different countries feel differently about data privacy.
- **Action - (10)(2e) to link (10)(2e) in on UK work on app development.**

Met hartelijke groeten,
(10)(2e)

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From: (10)(2e) (10)(2e) < (10)(2e) @rivm.nl>
Sent: 30 April 2020 10:47
To: (10)(2e) (10)(2e) (Sensitive) < (10)(2e) @fco.gov.uk>
Subject: RE: Verzoek telefoonafspraak met (10)(2e) en de (10)(2e)