

To: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
From: [REDACTED]
Sent: Sun 2/14/2021 2:22:13 PM
Subject: RE: update variants uit de Uk incl B.1.1.17 met E484K
Received: Sun 2/14/2021 2:22:14 PM
[S1095 NERVTAG update note on B.1.1.7 severity 20210211.pdf](#)

Here we report updated and additional analyses, which together strengthen the earlier finding of increased disease severity in people infected with VOC B.1.1.7 compared to other virus variants.

Whilst studies limited to in-patients did not identify evidence of increased disease severity, this is not incompatible with an overall increase in disease severity.

6. Whilst earlier analyses using linked community testing and mortality data showed comparable increases in case fatality ratios, these were all based on the same datasets, and therefore subject to similar biases reducing the level of certainty in the findings. More recent analyses have added a wider range of data sets and been able to control for additional confounders, increasing confidence in the association of the VOC with increased disease severity.

7. Based on these analyses, it is likely that infection with VOC B.1.1.7 is associated with an increased risk of hospitalisation and death compared to infection with non-VOC viruses.

8. It should be noted that the absolute risk of death per infection remains low.

From: [REDACTED] <[REDACTED]@rivm.nl>
Sent: Sunday, February 14, 2021 9:28 AM
To: [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>
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