

To: 5.1.2e [5.1.2e@rivm.nl]
From: 5.1.2e
Sent: Wed 2/17/2021 11:11:30 AM
Subject: RE: The follow-up questions
Received: Wed 2/17/2021 11:11:30 AM

Hi 5.1.2e
 Apologies, had missed your email.
 I would say, run the same vaccination scenario's as last week.
 Best
 5.1.2e

From: 5.1.2e <5.1.2e@rivm.nl>
Sent: dinsdag 16 februari 2021 16:09
To: 5.1.2e <5.1.2e@rivm.nl>
Subject: Re: The follow-up questions

Hi 5.1.2e

Just re-reading the deliverables for this week. I've adapted my model to include ICU admissions. I will determine cases as a proportion of infections (5.1.2e sent me fraction of infections that are detected as cases by age group). What vaccination scenarios are we supposed to run? The same as last week? The question is rather broad when asking about "impact of vaccination".

Best,

5.1.2e

From: 5.1.2e
Sent: Thursday, 11 February 2021 14:45:28
To: 5.1.2e
Subject: The follow-up questions

Hi 5.1.2e

Now that the draft report is out, good to celebrate this successful work!

Your addition with a change in contact matrix when incidence is low is very useful, so it would be great if you can continue and write down the results.

For the next week we have to address the question what is known about the impact of vaccination on transmission. Here we have preprint of the AstraZeneca vaccine efficacy against infection (https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3777268), there must be something similar for the Moderna vaccine efficacy against infection perhaps in the FDA documents. I have no clue about the Pfizer vaccine,

5.1.2a
 I have asked the team of 5.1.2e to do a literature search, but I don't expect that this will yield anything special. Would you like to write a short 1 page report about this (deadline for sending it off for internal review Wednesday 17 Feb)? If not, I could do it.

The other task that is scheduled for next week with the same deadline is listed as: Expected impact of vaccines on infections, cases, hospitalisations, ICU admissions. One thing is to ask 5.1.2e to model it, but he doesn't have infections and cases. Might be easiest if you can adapt your model with age-specific risks of becoming a case, being admitted to a hospital or ICU. A tricky aspect is that we have to deal with different vaccines offered to different groups. One week later we also have to supply deaths, life years lost, DALY's; 5.1.2e model cannot help us there. Would it be good to have a quick chat and see how we can tackle this?

Best

5.1.2e