

To: 5.1.2e [5.1.2e]@rivm.nl
From: 5.1.2e
Sent: Mon 2/22/2021 2:41:37 PM
Subject: RE: update report, and question for the ministry
Received: Mon 2/22/2021 2:41:37 PM
[Vaccine Impact commJW.docx](#)

Hi 5.1.2e

No apologies needed for email on a weekend. Hope you didn't have to work through the entire weekend to complete the report...

It all looks very good, I just have a few remarks and technical questions, listed below.

How to proceed further: perhaps you can update this with the few remarks, and send me an app when it is ready. I can then compile the report and send it to the ministry and health council. Would this work for you?

But above all, very happy with these results, excellent work!

Best

5.1.2e

From: 5.1.2e <5.1.2e@rivm.nl>
Sent: zondag 21 februari 2021 13:45
To: 5.1.2e <5.1.2e@rivm.nl>
Subject: Re: update report, and question for the ministry

Hi 5.1.2e

Apologies for emailing on the weekend. I have finished the draft of the vaccine impact report for this week (see attached). I wanted to give you as much time as possible to look over it because I know you're not around most of this week! Please let me know if you'd like me to incorporate this into the main report or if you think more should be added to the text.

As before, there is practically no difference between the vaccination strategies with old to young just barely out performing the other two. Surprisingly, using IC admissions as the criteria to relax measures resulted in fewer overall infections, cases, hospital admissions, and IC admissions. I'm guessing this is because 1) I'm correctly incorporating age-related susceptibility and infectiousness into the model now and 2) older people have the highest susceptibility, infectiousness, and probability of going to the IC. Therefore, by minimising IC admissions before relaxing restrictions AND vaccinating the elderly you greatly reduce their contribution to the epidemic. It could also be that it takes longer for IC admissions to go below their threshold because of the length of time from infection to IC admission, so measures are not relaxed as quickly as using cases as the criteria.

buiten verzoek

Best,

5.1.2e

From: 5.1.2e
Sent: Thursday, 18 February 2021 13:01:13
To: 5.1.2e
Subject: RE: update report, and question for the ministry

Hi 5.1.2e

Called the ministry and contacted Health council, they are ok with sending the report as is, and sending the simulation results next week (effectively postponing the dates for last deliverables by one week). The health council indicated there is not a lot of extra time, they need the complete report by March 10.

Best
5.1.2e

From: 5.1.2e <5.1.2e@rivm.nl>
Sent: woensdag 17 februari 2021 20:56
To: 5.1.2e <5.1.2e@rivm.nl>
Subject: Re: update report, and question for the ministry

Hi 5.1.2e

I'm happy to turn in what I was working on today next week. That's fine with me. I'll continue working on it and draft the report. Sorry it wasn't complete in time for this week. I think it will benefit from a bit of extra time. I've added quite a bit to the model, so always like to do some checks to make sure all the results make sense.

Best,
5.1.2e

From: 5.1.2e <5.1.2e@rivm.nl>
Sent: Wednesday, 17 February 2021 17:48
To: 5.1.2e <5.1.2e@rivm.nl>
Subject: update report, and question for the ministry

Hi 5.1.2e

To follow up on our conversation this afternoon: I would still like to ask the ministry and the health council if we can get an extra week. One way to achieve that : we complete this week what you had planned for today, and hand it in next Thursday Feb 25. An alternative way to achieve that : we don't hand anything in next Thursday Feb 25, and hand everything in on the next Thursday, early March. I have a slight preference for the first option, but what do you prefer?

Best
5.1.2e