

Cc: [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@rivm.nl>; [REDACTED] <[REDACTED]@epiconcept.fr>

Subject: Re: Invitation to submit an offer: "Establishing Severe Acute Respiratory Infections (SARI) surveillance and performing hospital-based COVID-19 transmission studies "- NP/2020/DPR/12275; Chrono ref: DPR-2020-OUT-2556-AABrDe

Sorry, me again. Do you think some of the ECDC funds could be used to integrate in the data collection vaccination status and clinical outcomes?

[REDACTED]

On Tue, Aug 11, 2020 at 4:10 PM [REDACTED] <[REDACTED]@epiconcept.fr> wrote:

Dear [REDACTED]

Thanks for your mail and clear explanations (and nice to "meet" you, [REDACTED]). For us, it will be great to work with RIVM in this project and learn from your experience. We do not know much about ECDC vision/ambition. We have just received the request and we hope to clarify things once signed, during the kick-off meeting.

The timing to organise the response is not optimal as it falls just during my holidays. We will come back to you as soon as we sign the contract (if we are successful) and start working on the protocol(s). If before that you have information on hospitals willing to join work area 3, please let us know.

Best regards,

[REDACTED]

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[REDACTED] [REDACTED]

Epidemiology Department

Epiconcept

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On Tue, Aug 11, 2020 at 8:44 AM [REDACTED] <[REDACTED]@rivm.nl> wrote:

Dear [REDACTED]

This is to confirm that RIVM is still interested in participating in the SARI project with Epiconcept as coordinator.

Based on previous experience with pilot SARI surveillance, we are now in the process of setting up a sentinel SARI surveillance based on automatic data extraction from electronic patient files and laboratory information management systems. This should be operational in 4 hospitals by October. Three of the hospitals also participated in I-MOVE-plus influenza VE hospital studies.

However, the automatic data extraction implies that we will not be able to collect information that is normally not recorded in patient files, such as vaccination status. Also, we aim at collecting real-time SARI admission data, without follow-up (and therefore no information on clinical outcome). We realise that this is a serious limitation for full participation in the project.

We would be able to provide a site-specific protocol. Calculation of catchment populations of participating hospitals is possible and will be part of the protocol.

It would be OK with us if Epiconcept decides about our participation, once the site-specific protocols of all 15 countries are available. I suppose the decision would then depend on the number of countries / hospitals that are able to provide the full set of variables.

Due to holidays, we have not yet been able to speak to the coordinators of SARI surveillance in the 4 hospitals. We will contact them to ask if there is interest in participating in a hospital-based risk factor / transmission study, but I am afraid we can't be sure before the 15 August deadline.

For participation in Work Area 1, we would not request ECDC budget. If a hospital would be interested in

participating in Work Area 2, then budget would be needed. I would estimate approximately 5.1.2b (5.1.2b lab; 5.1.2b data extraction / ICT; 5.1.2b human resources).

I would also like to take this opportunity to introduce 5.1.2e, who is a 5.1.2e 5.1.2e 5.1.2e

Best regards,

5.1.2e

Head of Department for Respiratory Infections

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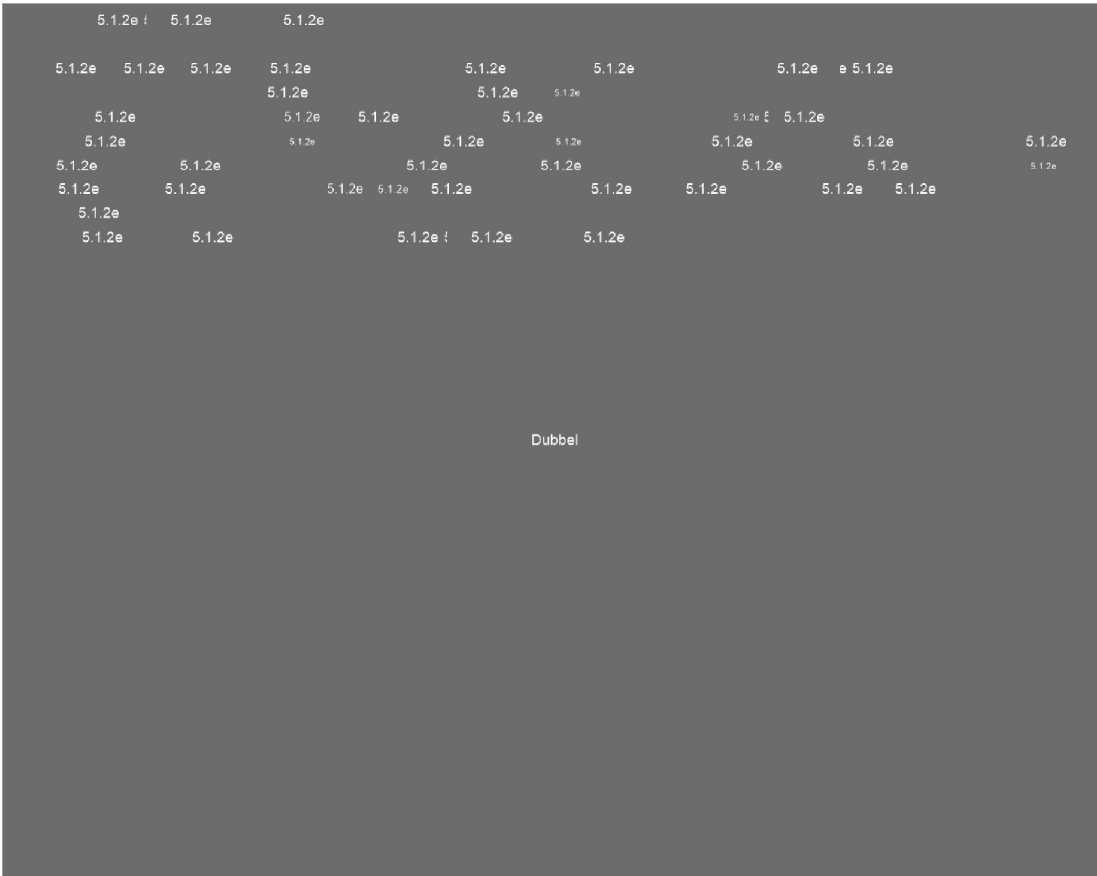
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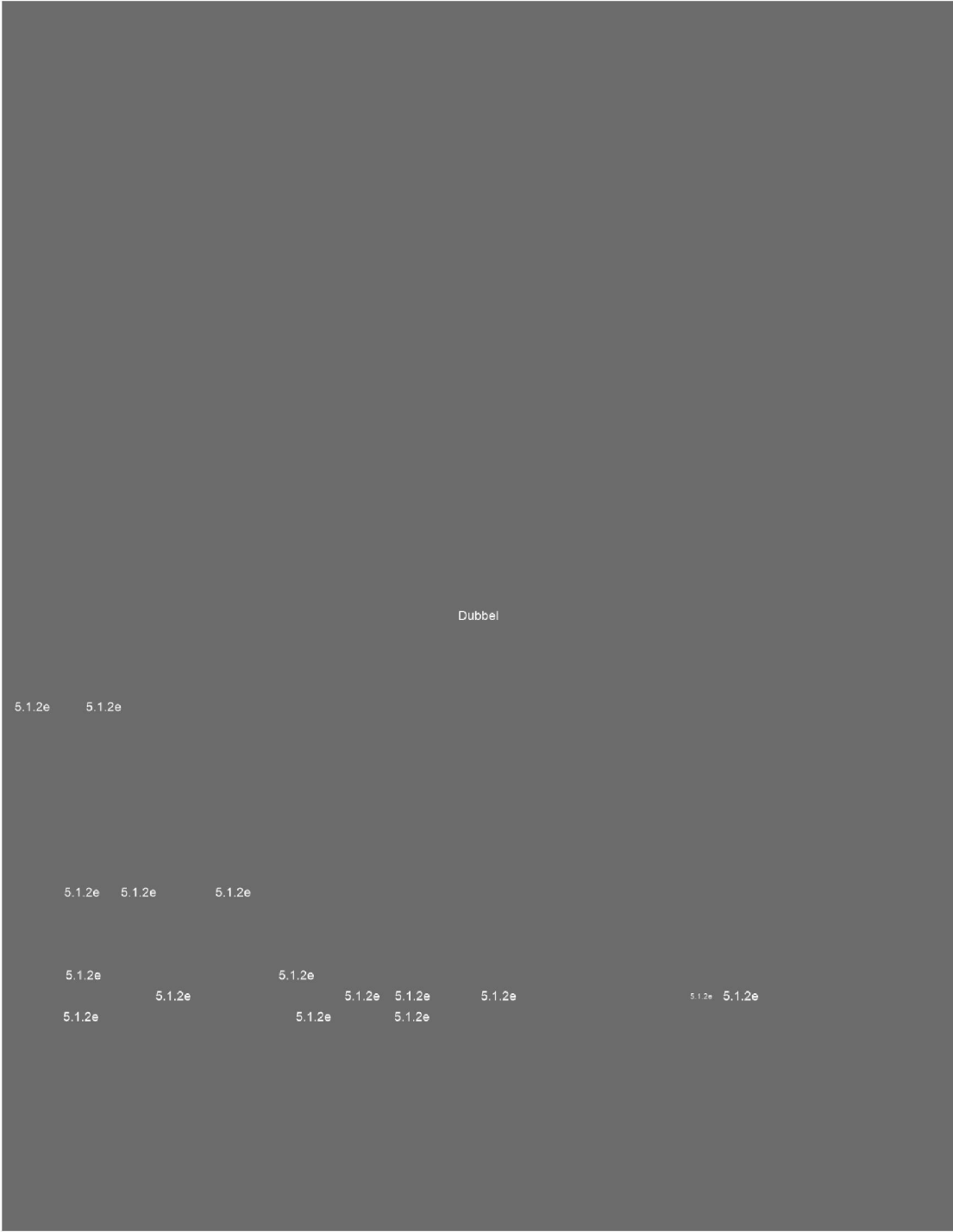
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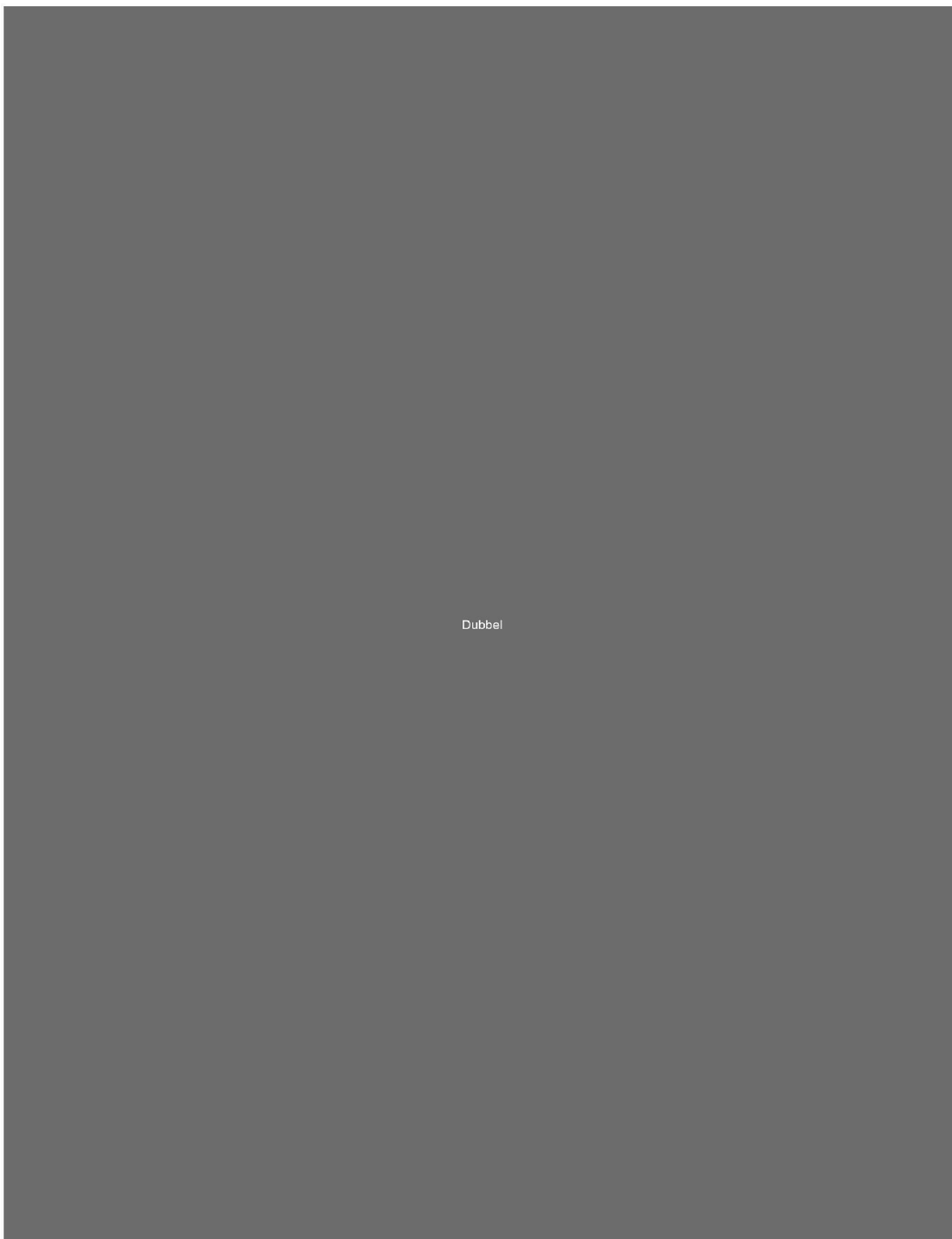
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