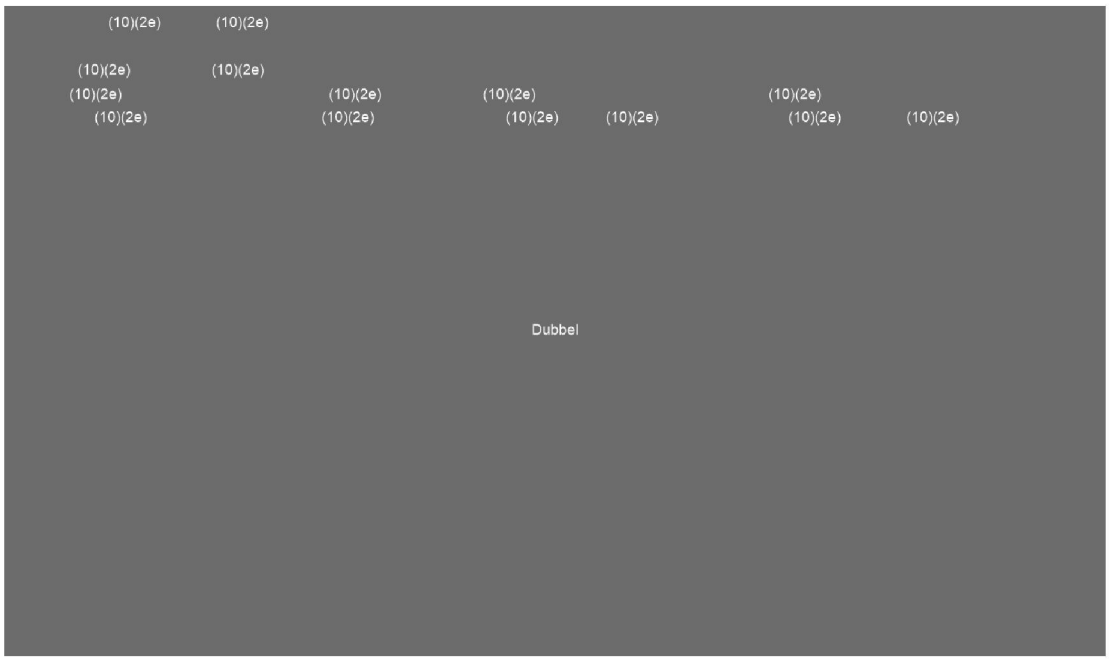
To: (10)(2e) [(10)(2e)@epiconcept.fr]
Cc: (10)(2e) @epiconcept.fr[(10)(2e)@epiconcept.fr]; (10)(2e) [(10)(2e)@rivm.nl]; (10)(2e) (10)(2e) [(10)(2e)@rivm.nl]; (10)(2e)@nivel.nl[(10)(2e)@nivel.nl]; (10)(2e) [(10)(2e)@nivel.nl]; (10)(2e) [(10)(2e)@rivm.nl]
From: (10)(2e)
Sent: Thur 11/5/2020 1:12:14 PM
Subject: RE: Question about NL risk factor data - association influenza vaccination and COVID-19
Received: Thur 11/5/2020 1:12:15 PM

Dear (10)(2e),

Thank you for extensive work! Here are some thoughts/comments from our side:

- We know that not for everyone acute symptoms are reported. In principal all cases and controls should have acute symptoms, otherwise they are not eligible for swabbing. Unfortunately, we don't know which part has truly no acute onset, and for which part is not registered. Is it possible for you to perform a sub analysis for only the cases and controls who reported to have an acute onset?
- From 1 June onwards, everyone in the Netherlands is advised to go to the Municipal Health Service for swabbing with any respiratory complaints. Therefore, the population sampled by the GP is probably biased, but is not known in what way exactly unfortunately. The number of SARS-CoV-2 positives is indeed quiet low for the Netherlands. It might be a good idea to do also a sub analysis with data up to the 1st of June.
- To take the clustering in to account in the analyses is really important, as the chance of a SARS-CoV-2 infection was not equal in all regions, certainly not in the first wave in the Netherlands.
- What exclusion criteria did you used for the analysis? For your information, in contrast to the I-MOVE influenza study, we did not yet applied any exclusion criteria ourselves.
- Persons who have shortness of breath or have fever are probably not sampled in the sentinel GP surveillance, but the samples will be send to another lab for a quicker result for a faster result, as this is important for the treatment policy of the patient.

Concluding, due to our small numbers it is possible that the results are biased. Therefore, Dutch results should never (not in a presentation or report) be presented anywhere separately from the European estimates.

Best wishes,
(10)(2e)