

Message

From: Alexander, Paul (HHS/ASPA) (VOL) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 5/22/2020 2:37:51 PM
To: Hall, Bill (HHS/ASPA) [REDACTED]
Subject: RE: URGENT: Evidence for Early Spread of COVID-19 Within the United States, January–February 2020

Do you want me to call you to discuss this???

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Alexander, Paul (HHS/ASPA) (VOL)
Sent: Friday, May 22, 2020 10:37 AM
To: Hall, Bill (HHS/ASPA) [REDACTED]
Subject: URGENT: Evidence for Early Spread of COVID-19 Within the United States, January–February 2020

Evidence for Early Spread of COVID-19 Within the United States, January–February 2020

Hi Bill, I had a meeting with Michael this morning on this pending MMWR report. I have read the article and the text is ok...I include here the last para of the Discussion section tweak a bit to show the positive work ongoing...please ask CDC to consider this text (my edits in blue):

Few countries have avoided the importation and sustained spread of COVID-19 within their borders. In the United States, SARS-CoV-2 is now circulating widely after several importations from China, Europe, and elsewhere. Steps are underway throughout the U.S. public health system to improve indicators of SARS-CoV-2 activity, including expanding syndromic surveillance in emergency departments and increasing the availability of testing for SARS-CoV-2. Strong mitigation and containment measures have been initiated by relevant agencies and departments. Given the probability that most of the

population is still susceptible, sustained efforts to slow the spread of the virus are crucial, including effective isolation, treating, contact tracing, and nonpharmaceutical interventions, such as physical distancing and wearing cloth face coverings.

To me, the title seems misleading and little inflamming. It makes it sound like COVID was in US prior to when it was first detected etc.

Is it possible that we can tweak the title of this and you liaise with CDC to finesse this.

Can we consider this:

"Epidemiological characterization of initial COVID-19 cases in the USA, January-February, 2020"

In this way it is simply what the paper is about and not misleading or inflamming or biasing.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC

Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)

Email: [REDACTED]

From: Hall, Bill (HHS/ASPA) [REDACTED]
Sent: Friday, May 22, 2020 10:14 AM
To: ASPA-Deputies [REDACTED]; Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Subject: RE: NEJM remdesivir manuscript

We just learned that NEJM will publish the paper at 5 p.m. today. NEJM is not doing any advance notices to reporters, and NIAID is not allowed to either. So, this is still embargoed and close hold until NIAID media avail (attached) goes out at 5 p.m. WH has signed off on the notice, but still no word on approval from OVP. We've pinged them several times.

From: Hall, Bill (HHS/ASPA)
Sent: Monday, May 18, 2020 2:50 PM
To: ASPA-Deputies [REDACTED]; Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Subject: NEJM remdesivir manuscript

William Hall

Deputy Assistant Secretary for Public Affairs (Public Health)
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health & Human Services
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www.hhs.gov



*Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
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Message

From: Alexander, Paul (HHS/ASPA) (VOL) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 6/5/2020 9:45:07 PM
To: Hall, Bill (HHS/ASPA) [REDACTED]
CC: ASPA-Deputies [REDACTED]; Stecker, Judy (OS/IOS) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: RE: MMWR Early Release on "Knowledge and Practices Regarding Safe Household Cleaning and Disinfection for COVID-19 Prevention — United States, May 2020"

Hi Bill, this is very helpful, ok, got it now. Yikes.

I was mistaken for I thought that it is a last chance before it goes out and a means to strengthen any message. Sorry then for my edits and it makes sense now.

All that to say, it is timely and well written.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC

Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)

Email: [REDACTED]

From: Hall, Bill (HHS/ASPA) [REDACTED]
Sent: Friday, June 5, 2020 4:40 PM
To: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Cc: ASPA-Deputies [REDACTED]; Stecker, Judy (OS/IOS) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: Re: MMWR Early Release on "Knowledge and Practices Regarding Safe Household Cleaning and Disinfection for COVID-19 Prevention — United States, May 2020"

Hi Paul,

The MMWR is a peer-reviewed journal no different than, say, JAMA or NEJM, and, like those journals, the text of articles is negotiated between the submitting authors and the MMWR editorial team. The article has already been published and been distributed. ASPA is not a science or medical program office and, as matter of long-standing policy, we do not engage in clearing scientific articles, as that arena needs to remain an independent process. All that being said, if you

feel there is something significant enough in an article that needs to be addressed post publication, then you may wish to reach out to the MMWR editors to raise your concerns.

Hope that's helpful information and helps explain the process.

Bill

Sent from my iPhone

On Jun 5, 2020, at 4:11 PM, Alexander, Paul (HHS/ASPA) (VOL) [REDACTED] wrote:

This is a well written document and the limitation section pointed out the challenges with survey type data. This makes the paper rigorous.

That said, I ask you Bill if you can ensure that 2 lines be inserted in this document as it is often overlooked:

- 1) It is not enough to say that sanitizers must be kept out of the reach of children. It is just as important to state that children should ONLY use sanitizers under adult supervision. So the statement should read "Disinfectants and hand sanitizers must be kept out of the reach of children and used by children only under adult supervision".
- 2) "Once a container of sanitizer is finished, do not decant new sanitizer into the container. This will ensure that there is no cross-contamination in the event that the sanitizer is contaminator".

Dr. Paul E. Alexander, PhD
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Washington, DC

Tel: [REDACTED] (Office)

Tel: [REDACTED] (Cellular)

Email: [REDACTED]

From: Hal Bill (HHS/ASPA) [REDACTED]

Sent: Friday, June 5, 2020 11:03 AM

To: ASPA-Deputies [REDACTED] Stecker, Judy (OS/IOS) [REDACTED]

Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]

Subject: FW: MMWR Early Release on "Knowledge and Practices Regarding Safe Household Cleaning and Disinfection for COVID-19 Prevention — United States, May 2020"

From: [REDACTED] (CDC) <[REDACTED]>

Sent: Friday, June 5, 2020 11:01 AM

To: [REDACTED] (CDC) <[REDACTED]>

Subject: MMWR Early Release on "Knowledge and Practices Regarding Safe Household Cleaning and Disinfection for COVID-19 Prevention — United States, May 2020"

<image001.gif>

The MMWR is Embargoed until, Friday, June 5, 2020 at 1PM ET

<image002.png>

<image003.gif>

<image004.gif>

June 5, 2020

Please see the attached E-book for:

"Knowledge and Practices Regarding Safe Household Cleaning and Disinfection for COVID-19 Prevention — United States, May 2020"

Link when live: https://www.cdc.gov/mmwr/volumes/69/wr/mm6923e2.htm?s_cid=mm6923e2_w

Thank you,

CDC News Media Branch
[REDACTED]

###

U.S. Department of Health and Human Services

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From: [Kent, Charlotte \(CDC/DDPHSS/CSELS/OD\)](#)
To: [Alexander, Paul \(HHS/ASPA\) \(VOL\)](#)
Cc: [Iademarco, Michael \(CDC/DDPHSS/CSELS/OD\)](#)
Subject: RE: (CUI/SBU) UPDATE: One MMWR COVID-19 Response Early Release Scheduled for Tuesday, June 23, 2020 has been delayed until Friday, June 26
Date: Monday, June 22, 2020 4:34:00 PM

Many thanks for your comments. This is a summary for situational awareness, and language in the final report will be different.

Regards,

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR) Series*
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

From: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Sent: Monday, June 22, 2020 4:27 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: RE: (CUI/SBU) UPDATE: One MMWR COVID-19 Response Early Release Scheduled for Tuesday, June 23, 2020 has been delayed until Friday, June 26

Hi Charlotte, in this statement towards the end, "Overall, less than half of patients reported known close contact with someone with COVID-19 during the preceding two weeks.", is the intent to indicate the risk of spread and support the need for testing and isolation etc.??? If so, the statement tends to suggest that not many had a known contact. I think it could be written as

"Overall, a substantial but less than half of the patients reported known close contact with someone with COVID-19 during the preceding two weeks."

In this way we are driving home the message of the transmission risk.

Anyway, just sharing my thought as felt it could be worded differently.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)

Email: [REDACTED]

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Monday, June 22, 2020 4:15 PM
To: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Cc: Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC) [REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED]; Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED]; King, Veronica (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria (CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Heldman, Amy B. (CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC) [REDACTED]; Gaines-McCollom, Molly (CDC/OD/OADC) [REDACTED]; Bedrosian, Sara (CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Boyd, Martha E. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dott, Mary (CDC/DDPHSS/CSELS/OD) [REDACTED]; Turner Hoffman, Katherine (Kat) (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED]; Harmon, Carrie E. (CDC/OD/OADC) [REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Gorwitz, Rachel (CDC/DDID/NCIRD/DBD) [REDACTED]; Shefer, Abigail (CDC/DDPHSS/CGH/GID) [REDACTED]; Holton, Kelly (CDC/DDNID/NCIPC/OD) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED]; McClure, Susan (CDC/DDPHSS/CGH/OD) [REDACTED]; CDC IMS 2019 NCOV Response Policy [REDACTED]; Eisenberg, Emily (CDC/DDID/NCIRD/ID) [REDACTED]; CDC IMS 2019 NCOV Response Incident Manager [REDACTED]; Butler, Jay C. (CDC/DDID/OD) [REDACTED]; CDC IMS 2019 NCOV Response Deputy Incident Manager [REDACTED]; Fitter, David L. (CDC/DDPHSS/CGH/GID) [REDACTED]; Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID) [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; CDC IMS JIC Lead -2 (cdc.gov) [REDACTED]; CDC IMS JIC Media -2 [REDACTED]; CDC IMS JIC OADC LNO -2 [REDACTED]; Khabbaz, Rima

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(CDC/DDID/NCEZID/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; [REDACTED]@nsc.eop.gov; McGuffee, Tyler A. (ovp.eop.gov) [REDACTED]@ovp.eop.gov>; Pence, Laura (HHS/IOS) [REDACTED]; Steele, Danielle (HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH) [REDACTED]; Abel, Vadm Daniel (HHS/IOS) [REDACTED]; Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED]; Berdahl, Sonia M (CDC/DDNID/NCIPC/DOP) [REDACTED]; Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI) [REDACTED]; Chaney, Sascha (CDC/DDNID/NCBDDD/OD) [REDACTED]; Philip, Celeste M (CDC/DDNID/OD) [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Tenforde, Mark (CDC/DDID/NCIRD/ID) [REDACTED]

Subject: (CUI/SBU) UPDATE: One MMWR COVID-19 Response Early Release Scheduled for Tuesday, June 23, 2020 has been delayed until Friday, June 26

******* CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY *******

UPDATE: The timing of publishing the following MMWR Early Release related to the COVID-19 Response has been **delayed until Friday, June 26**. Please note that an additional update related to this report will be shared on Wednesday, June 23.

Characteristics of adult outpatients and inpatients with COVID-19 — 11 academic medical centers, United States, March–May 2020

Understanding individual behaviors and demographic characteristics of patients with coronavirus disease 2019 (COVID-19) and risks for severe illness requiring hospitalization can improve efforts to reduce transmission. During April 15–May 24, 2020, telephone interviews were conducted with a random sample of adults aged ≥18 years who had positive reverse-transcription polymerase chain reaction (RT-PCR) test results for SARS-CoV-2 in outpatient and inpatient settings at 11 U.S. academic health systems in nine states. Respondents were contacted 14–21 days after SARS-CoV-2 testing and asked about their demographic characteristics, underlying medical conditions, and symptoms experienced on the date of testing and potential exposures to SARS-CoV-2 during the two weeks before illness onset (or the date of testing among those who did not report symptoms at the time of testing). Among approximately 350 interviewed patients, including approximately 25% inpatients, inpatients were older than outpatients, and differed with respect to race/ethnicity. Inpatients were more likely to be Hispanic, whereas the largest proportion of outpatients were non-Hispanic white.

Inpatients had a higher number of chronic conditions than did outpatients. Overall, less than half of patients reported known close contact with someone with COVID-19 during the preceding two weeks. These findings highlight the need for screening, case investigation, contact tracing, and isolation of infected persons to understand the scope of SARS-CoV-2 infection.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

Do Not Process House Without |
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From: [REDACTED] (CDC/DDID/NCIRD/OD) [REDACTED]
Sent: Saturday, June 27, 2020 6:27 PM
To: [REDACTED] (CDC/DDID/NCIRD/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC)
[REDACTED]
Subject: FW: Urgent CNN question

From: Caputo, Michael (HHS/ASPA) [REDACTED]
Sent: Saturday, June 27, 2020 6:04 PM
To: [REDACTED] (CDC/DDID/NCIRD/OD) [REDACTED]
Cc: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Pratt, Michael (OS/ASPA)
[REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]
Subject: Re: Urgent CNN question

I'm adding Dr Redfield back in this email exchange. Do not remove him again.

Sent from my iPhone

On Jun 27, 2020, at 6:01 PM, Caputo, Michael (HHS/ASPA) [REDACTED] wrote:

[REDACTED]

We will discuss this on a teleconference tomorrow. I want your HR representative in attendance. Nina please organize this call.

MC

Sent from my iPhone

On Jun 27, 2020, at 5:39 PM, [REDACTED] (CDC/DDID/NCIRD/OD) [REDACTED] wrote:

Hi Michael

I'm really sorry this was not my intention. My message to Elizabeth was just to send her to you and HHS since we've been told all OWS and COVID-19 vaccine requests of any kind should be referred to HHS.

I'm sorry that I named you specifically and not just referred her to the main HHS line. My attention wasn't to confirm a campaign but refer her.

Thank you,
[REDACTED]

From: Caputo, Michael (HHS/ASPA) [REDACTED]
Sent: Saturday, June 27, 2020 5:39 PM
To: Redfield, Robert R. (CDC/OD) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; [REDACTED] (CDC/DDID/NCIRD/OD) [REDACTED]; Pratt, Michael (OS/ASPA) [REDACTED]
Cc: Kane, Elleen (OS/ASPR/OEA) [REDACTED]; Baldassarre, Natalie (OS/ASPA) [REDACTED]
Subject: Re: Urgent CNN question

+Dr Redfield, MichaelPratt, Nina Wytkovski, [REDACTED]
-CNN

[REDACTED]:

In what world did you think it was your job to announce an Administration public service announcement campaign to CNN?

Dr Redfield, is like us all to get on a call ASAP Monday to discuss this.

Michael Caputo
Assistant Secretary of Public Affairs
US Department of Health and Human Services

Sent from my iPhone

On Jun 27, 2020, at 5:24 PM, Cohen, Elizabeth [REDACTED] wrote:

Hi Michael,
Thanks for your quick response.
Our sources are a combination of Tony Fauci and the CDC.
Dr. Fauci told us yesterday in an on-camera interview that the federal government already has a program to educate Americans about vaccines. More details on what he said are below.

When we asked who is running such a program, he pointed us to the CDC.
When we asked [REDACTED] a CDC spokesperson, about this, she pointed us to OWS (more details from her below as well).

So a few questions for you:

- 1—Are you saying that OWS is not conducting/planning to conduct such a program?
- 2—Is some other federal agency planning to conduct such a program?
- 3 --- Dr. Fauci (among many others) thinks it's crucial to have such a program, given that two polls have shown that many Americans don't want to get, or are hesitant to get, a COVID

vaccine once one comes out. (The polls are by CNN and by ABC/WaPo; I can send you links if you like). This reluctance is not surprising, given the many years of anti-vaccine campaigns on social media. Obviously, if not enough Americans get the vaccine, we won't achieve herd immunity.

Thanks so much for your help with this.

Best,
Elizabeth

Fauci:

Fauci said given the power of the anti-vaccine movement, "we have a lot of work to do" to "make sure we engage the community" on vaccine issues.

"Anyone [who] thinks it will be easy is not facing reality. It's going to be very difficult," he said.

He said the government is working on it.

"We have a program right now that's going to be extensive in reaching out to the community," he said. "They may not like a government person in a suit like me telling them, even though I will tell them, they really need to see people that they can relate to in the community – sports figures, community heroes, people that they look up to."

██████████:

When we asked her about such a program she wrote to us:

"This question would be better suited for HHS as they are handling Operation Warp Speed work...Would suggest reaching out to the new assistant secretary for public affairs at HHS, Michael Caputo re: covid vaccine campaign. For what I understand he is spearheading it."

From: "Caputo, Michael (HHS/ASPA)" ██████████

Date: Saturday, June 27, 2020 at 5:11 PM

To: Elizabeth Cohen ██████████

Cc: "Kane, Eileen (OS/ASPR/OEA)" ██████████, "Baldassarre, Natalie (OS/ASPA)"

██████████, John Bonifield ██████████, "Bruer, Wesley"

██████████

Subject: Re: Urgent CNN question

We won't have information for you on this in time for your deadline tomorrow. Your source apparently does not have actual visibility of the issue. I'd hate to see CNN put out an wildly incorrect story.

Sent from my iPhone

On Jun 27, 2020, at 5:05 PM, Cohen, Elizabeth [REDACTED] wrote:

Hi Michael, Elleen, and Natalie,
How are you? We hope all is well.

We've heard that Operation Warp Speed is working on a vaccine education campaign for the public to increase the chances that people will get the COVID vaccine when it comes out. (At first we heard the program was being spearheaded by the CDC, but the CDC says OWS – specifically Michael – is spearheading it). Can you please let us know if this is correct, and if so, some details about when this program will roll out, what it will do, etc?

Our deadline is noon tomorrow.

Many thanks.

Elizabeth

Elizabeth Cohen, MPH

CNN Senior Medical Correspondent

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elected to House Select Subcommittee on Coronavirus Majority
of Health and Human Services

Message

From: Alexander, Paul (HHS/ASPA) (VOL) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 6/29/2020 5:30:14 PM
To: Witkofsky, Nina (CDC/OD/OCS) [REDACTED] Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: FW: Week of July 6th
Attachments: HCQ_CQ_Azithro_Rx_Revision_CLEAN.pdf; COVID-19 Mini Rollout Plan HCQ CQ Prescribing Paper.odt

Importance: High

Hi Michael, is this not the article we were shelving?

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
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Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Sent: Monday, June 29, 2020 12:36 PM
To: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Subject: FW: Week of July 6th
Importance: High

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
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Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

on Coronavirus Crisis Pursuant to Oversight request,
in from Dep't of Health and Human Services

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From: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Sent: Monday, June 29, 2020 12:10 PM
To: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Subject: FW: Week of July 6th
Importance: High

Please see attached.

From: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Sent: Monday, June 29, 2020 11:58 AM
To: Caputo, Michael (HHS/ASPA) [REDACTED]
Cc: Oakley, Caitlin B. (OS/ASPA) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]; Hubbard, Madeleine (OS/ASPA) [REDACTED]
Subject: FW: Week of July 6th
Importance: High

Hi Michael,
Wanted to give you a heads up on this article that was just shared with me as it deals with prescription trends of hydroxychloroquine. I have not read the article yet.
There is also an accompanying media rollout plan.

Thanks
Nina

From: Sharan, Martha (CDC/DDID/NCEZID/DHQP) [REDACTED]
Sent: Monday, June 29, 2020 10:56 AM
To: Skinner, Thomas W. (CDC/DDID/NCEZID/OD) [REDACTED]
Cc: Hoffmann, Candice (CDC/DDID/NCEZID/OD) [REDACTED]; Fowlie, Kate (CDC/DDID/NCEZID/OD) [REDACTED]; Schindelar, Jessica (CDC/DDID/NCEZID/DHQP) [REDACTED]; Ewing Ogle, Heather (CDC/DDID/NCEZID/DHQP) [REDACTED]
Subject: RE: Week of July 6th

Oops – forgot one other thing:
There's a JAMA article coming out on Monday, July 6 authored by Dan Budnitz (Director, Office of Medication Safety) on *Hydroxychloroquine, Chloroquine, and Azithromycin Outpatient Prescription Trends, United States, October 2019-March 2020*.

This too could get some media attention.
Thanks,
Martha

Martha Sharan
Public Affairs, HSWIS Taskforce, COVID-19 Response
CDC/Division of Healthcare Quality Promotion
Off: [REDACTED]
Cell: [REDACTED]

1 **Hydroxychloroquine, Chloroquine, and Azithromycin Outpatient Prescription Trends, United States**

2 **October 2019 – March 2020**

3 Nadine Shehab, PharmD, MPH (1,2), Maribeth Lovegrove, MPH (1), Daniel S. Budnitz, MD, MPH (1)

4

5 **Affiliations:**

6 (1) Centers for Disease Control and Prevention (CDC) COVID-19 Response Team, Atlanta, Georgia

7 (2) Lantana Consulting Group, Contractor to CDC, Atlanta, Georgia

8

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13

14 **Word Count:** 599

15 **Revision:** May 9, 2020

16

17 **Disclaimer:** The findings and conclusion in this report are those of the authors and do not necessarily
18 represent the official position of the CDC.

19

20 **Acknowledgements:** We thank Mathew Sapiano, PhD, Lantana Consulting Group, contractor to Centers
21 for Disease Control and Prevention, for assistance with data visualization and Andrew Geller, MD,
22 Centers for Disease Control and Prevention, for review of the manuscript. No funding was received by
23 Drs. Sapiano and Geller.

24 Hydroxychloroquine (HCQ) and chloroquine (CQ) are oral anti-malarial drugs under investigation for
25 prophylaxis and treatment of coronavirus disease 2019 (COVID-19). Additional benefit of using these
26 drugs with azithromycin has been reported, but not confirmed (1). Recently, internet searches for
27 purchasing HCQ and CQ increased dramatically, and instances of increased prescribing and commercial
28 purchasing have been reported (2,3). We quantified changes in outpatient prescribing of HCQ, CQ, and
29 azithromycin.

30 **Methods**

31 We used data from the IQVIA Total Patient Tracker™, which collects initial prescriptions and refills paid
32 for by commercial third parties, Medicaid, Medicare Part D, or cash and dispensed from 48,900 U.S.
33 retail pharmacies (3.5 billion transactions annually covering 92% of retail prescriptions). After removing
34 duplicate patients and prescriptions in a time period, national numbers of unique patients receiving
35 dispensed prescriptions are estimated. These estimates of U.S. prescription volume have been used for
36 regulatory oversight and public health surveillance (4). We identified monthly HCQ and CQ dispensing
37 between October 1, 2019 and March 31, 2020. Dispensing of HCQ or CQ with azithromycin was assessed
38 by identifying unique patients dispensed HCQ and azithromycin within the same month. Analyses were
39 conducted as part of public health surveillance activities, which did not require human subjects
40 approval.

41 **Results**

42 From October 2019 through February 2020, the estimated number of patients receiving HCQ and CQ
43 prescriptions was stable (averaging 384,000 and 1,800 patients per month, respectively). From February
44 2020 to March 2020, the estimated number of patients receiving HCQ or CQ prescriptions increased by
45 86.3% to 684,000 patients and 158.8% to 6,100 patients, respectively (**Figure 1**). Of these patients, the
46 estimated number receiving HCQ and azithromycin increased by 1,044%, from 8,900 to 102,000.

47 Estimated numbers of patients receiving HCQ or CQ increased for all states and the District of Columbia,
48 with the highest percentage increases in New Jersey (193.8%), Florida (156.7%), Hawaii (129.9%), and
49 New York (123.3%) and the lowest in South Dakota (37.4%) and Iowa (44.4%) (Figure 2).

50 Discussion

51 The finding that in one month, 300,000 additional patients received HCQ from retail pharmacies
52 including an additional 93,000 patients who received both HCQ and azithromycin, is notable. First,
53 evidence of efficacy in preventing or treating COVID-19 is limited. Treatment guidelines found
54 insufficient clinical data to recommend for or against HCQ or CQ use and recommend against combining
55 with azithromycin, except in clinical trials (1). Second, due to reports of cardiac and other adverse
56 events, the U.S. Food and Drug Administration (FDA) has cautioned against using HCQ or CQ for COVID-
57 19 outside of hospitalized settings or clinical trials (5). If azithromycin is used with HCQ or CQ, correcting
58 electrolyte levels, electrocardiographic monitoring and avoiding other QTc interval prolonging drugs is
59 recommended (6). Third, sudden increases in demand for HCQ and CQ limit availability for FDA-
60 approved use for rheumatoid arthritis, lupus, and malaria (5). While some of the largest increases in
61 HCQ and CQ dispensing occurred in states with high COVID-19 case rates (New Jersey, New York), other
62 states with large increases in dispensing had moderate (Florida) or low (Hawaii) case rates.

63
64 These data do not include prescribing indication, so not all increased dispensing may be for COVID-19; it
65 is unknown if patients immediately used or saved these medications; and, data were collected prior to
66 release of many treatment guidelines and as state board of pharmacy HCQ and CQ dispensing
67 regulations were evolving (2).

68
69 As COVID-19 continues to spread, ongoing assessment of the use of potential therapies will be essential
70 to inform safe and appropriate treatment, along with prompt adverse event reporting to FDA's

- 71 MedWatch safety reporting program ([www.fda.gov/safety/medwatch-fda-safety-information-and-](http://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program)
72 [adverse-event-reporting-program](http://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program)). State-specific data can help target efforts to improve prescribing.

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73 **Figure 1:** Hydroxychloroquine, Chloroquine, and Hydroxychloroquine and Azithromycin Dispensing from
74 Retail Pharmacies, United States, October 2019 – March 2020

75

76 **Figure 1 Legend:** Estimated numbers of unique patients receiving dispensed prescriptions from October
77 2019 through March 2020. Only single-ingredient, systemic products were included. Patients receiving
78 dispensed prescriptions for chloroquine may also have received prescriptions for azithromycin. The
79 estimated number of unique patients dispensed chloroquine and azithromycin from retail pharmacies
80 increased from 230 in February 2020 to 1,480 in March 2020. Data are from IQVIA Total Patient
81 Tracker™, accessed April 24, 2020.

82

83

84

85 **Figure 2:** Increase in Hydroxychloroquine or Chloroquine Dispensing from Retail Pharmacies, by State,
86 February 2020 to March 2020

87

88 **Figure 2 Legend:** Percentage increase from February 2020 to March 2020 in estimated numbers of
89 unique patients receiving dispensed prescriptions. Only single-ingredient, systemic products were
90 included. Data are from IQVIA Total Patient Tracker™, accessed April 24, 2020.

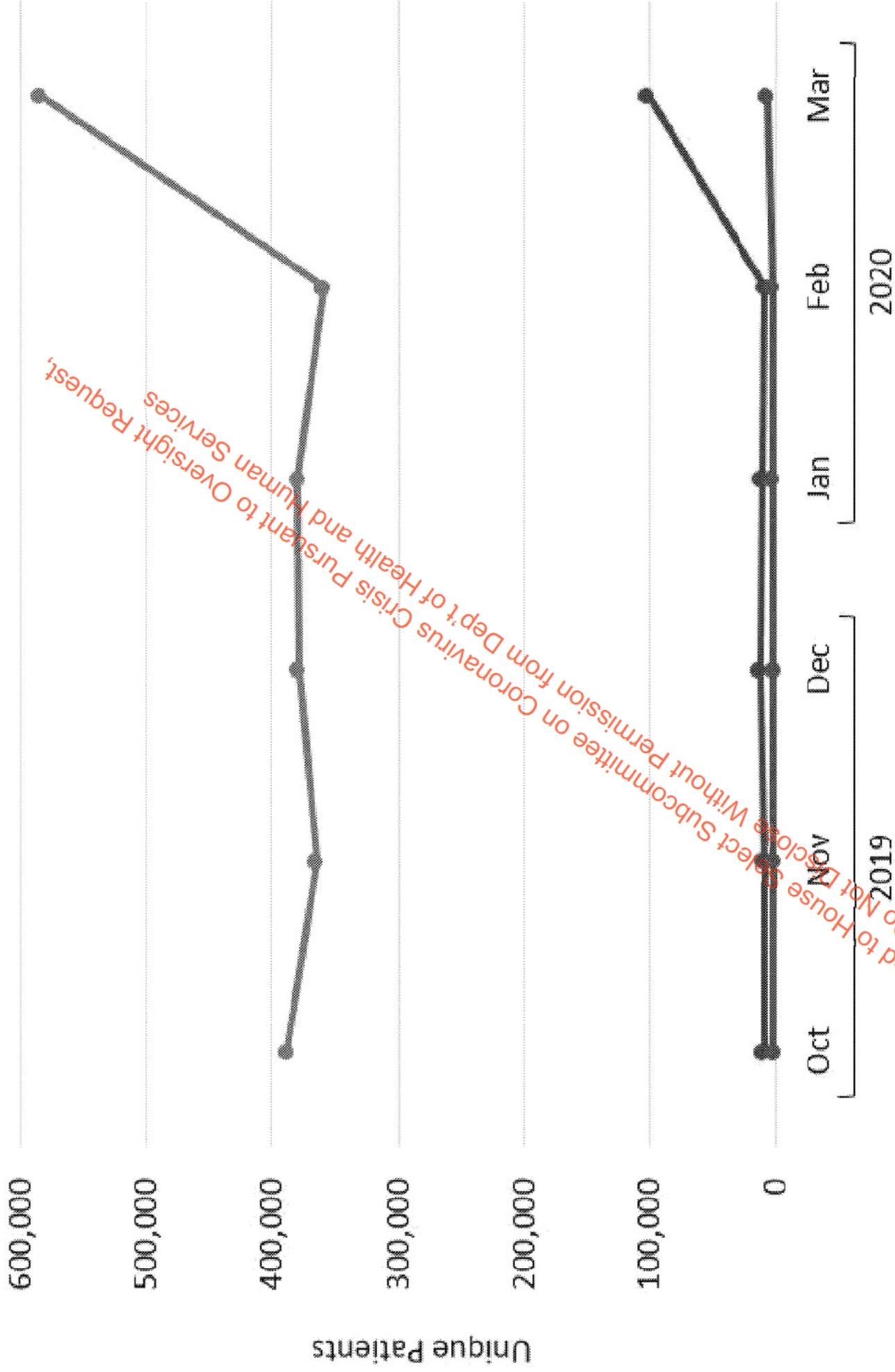
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92

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94 **References**

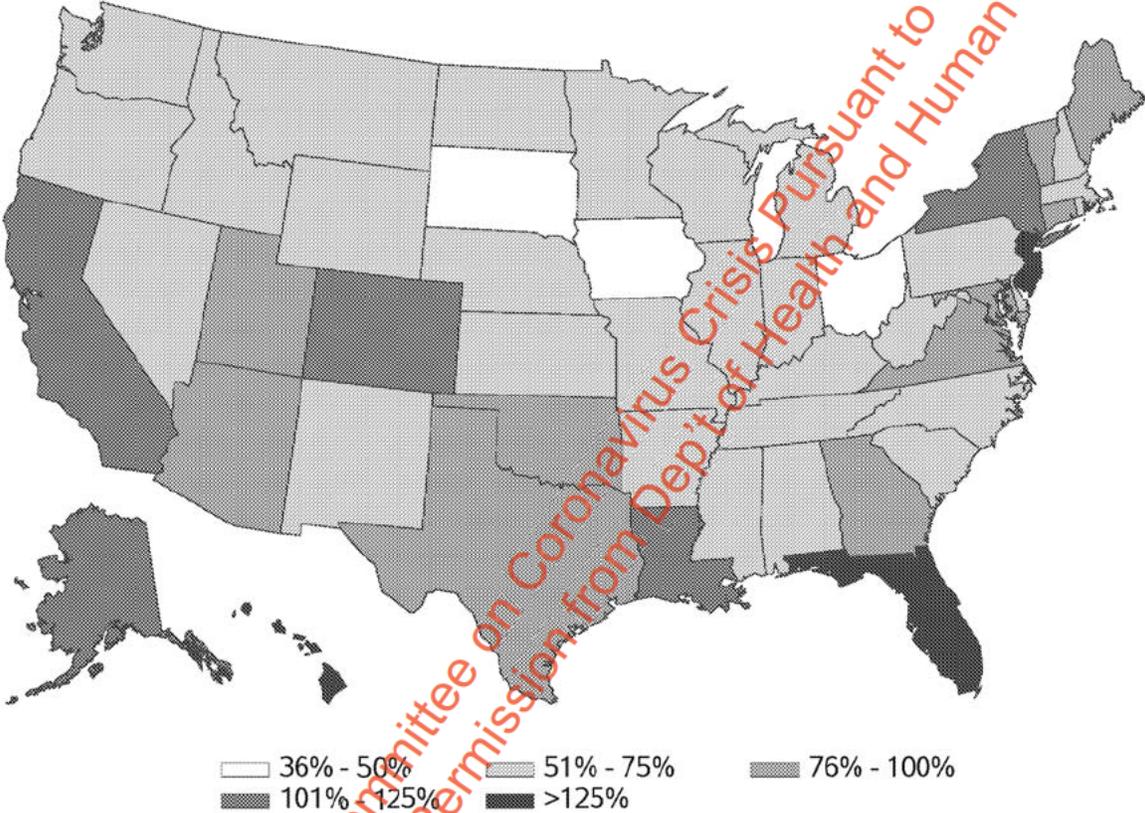
- 95 1. National Institutes of Health. COVID-19 Treatment Guidelines. Accessed April 30, 2020.
96 <https://covid19treatmentguidelines.nih.gov/introduction/>
- 97 2. American Medical Association. Joint statement on ordering, prescribing or dispensing COVID-19
98 medications. Accessed April 30, 2020. [https://www.ama-assn.org/delivering-care/public-](https://www.ama-assn.org/delivering-care/public-health/joint-statement-ordering-prescribing-or-dispensing-covid-19)
99 [health/joint-statement-ordering-prescribing-or-dispensing-covid-19](https://www.ama-assn.org/delivering-care/public-health/joint-statement-ordering-prescribing-or-dispensing-covid-19)
- 100 3. Liu M, Caputi TL, Dredze M, Kesselheim AS, Ayers JW. Internet searches for unproven COVID-19
101 therapies in the United States. *JAMA Intern Med.* 2020 Apr 29.
102 [doi:10.1001/jamainternmed.2020.1764](https://doi.org/10.1001/jamainternmed.2020.1764). [Epub ahead of print]
- 103 4. Centers for Disease Control and Prevention. 2019 Annual surveillance report of drug-related risks and
104 outcomes — United States Surveillance Special Report. Centers for Disease Control and Prevention, U.S.
105 Department of Health and Human Services. Published November 1, 2019. Accessed May 8, 2020.
106 <https://www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-surveillance-report.pdf>
- 107 5. U.S. Food and Drug Administration. FDA cautions against use of hydroxychloroquine or chloroquine
108 for COVID-19 outside of the hospital setting or a clinical trial due to risk of heart rhythm problems.
109 Close supervision is strongly recommended. Published April 24, 2020. Accessed April 30, 2020.
110 <https://www.fda.gov/media/137250/download>
- 111 6. Roden DM, Harrington RA, Poppas A, Russo AM. Considerations for drug interactions on QTc in
112 exploratory COVID-19 (coronavirus disease 2019). *J Am Coll Cardiol.* Published online April 2020. doi:
113 10.1016/j.jacc.2020.04.016. Accessed April 30, 2020.
114 <http://www.onlinejacc.org/content/accj/early/2020/04/07/j.jacc.2020.04.016.full.pdf>



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Hydroxychloroquine Alone Hydroxychloroquine and Azithromycin Chloroquine

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COVID-19 MINI ROLLOUT PLAN

DETAILS

- **Document title:** Hydroxychloroquine, Chloroquine, and Azithromycin Outpatient Prescription Trends, United States, October 2019-March 2020
- **Audience**
 - Primary
 - Healthcare providers
 - Pharmacists
 - Secondary
 - General public?
- **Location:** JAMA Internal Medicine
- **Release date:** TBD
- **Spokesperson:** Dan Budnitz, MD, MPH

BOTTOM LINE UP FRONT

CDC is releasing a new report that highlights a concerning increase in retail pharmacy prescribing of three drugs - hydroxychloroquine (HCQ), chloroquine (CQ), and azithromycin - that took place over one month. HCQ and CQ, sometimes in combination with azithromycin, is being studied as possible prophylaxis and treatment for COVID-19. HCQ and CQ are typically used to treat malaria, while azithromycin is an antibiotic typically used to treat bacterial infections.

CDC is reminding prescribers that these drugs should not be used outside of hospitalized settings and clinical trials. Additionally, CDC is underscoring that when antibiotics are prescribed unnecessarily, it threatens the usefulness of these important drugs, and can contribute to the problem of antibiotic resistance.

KEY MESSAGES

- Using data from IQVIA Total Patient Tracker, CDC found that retail pharmacy prescriptions of HCQ and CQ increased by 86% and 159%, respectively, between February and March 2020.
- The number of patients who received azithromycin in addition to HCQ from a retail pharmacy increased by 1,044% over the same time period. That change meant that in a single month, an additional 93,000 patients received prescriptions of azithromycin and HCQ.
- Current [\[HYPERLINK "https://www.covid19treatmentguidelines.nih.gov/" \]](https://www.covid19treatmentguidelines.nih.gov/) do not provide recommendations for or against the use of HCQ or CQ because there is limited clinical data on their impact. However, the U.S. Food and Drug Administration (FDA) has **recommended that HCQ and CQ not be used outside of hospitalized patients and clinical trials because of concerns about cardiac and other adverse events.**
- Current COVID-19 treatment guidelines **recommend against the combined use of HCQ or CQ along with azithromycin** outside of clinical trials. When HCQ or CQ are used with azithromycin, healthcare providers should take several steps to monitor their patients in case of adverse events.
- During hospitalization, most patients have prescriptions filled by hospital pharmacies. This study's data was exclusively from retail pharmacies, highlighting that many of the prescriptions described in this report were not being used by hospitalized patients, and are **not in line with current guidelines and recommendations.**
- While some states with high COVID-19 case rates also had higher levels of HCQ and CQ prescribing, like New York and New Jersey, other **states had substantial increases in prescribing and moderate or low COVID-19 case rates**, like Florida and Hawaii.

STATEMENT

- Data used for this report do not include details on why a healthcare provider prescribed each drug. It is possible that some increase in dispensing may not be due to COVID-19.
- Current treatment guidelines and state dispensing regulations may be different than they were when this data was collected.
- As the COVID-19 pandemic continues, CDC will continue to monitor the use of potential therapies to help inform safe and appropriate treatment.
- When healthcare providers observe an adverse event, they should report it to FDA's [HYPERLINK "https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program"](https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program)] safety reporting program.

TICK TOCK

- When is the document posting? TBD- JAMA IM hasn't yet confirmed
- Is it being shared with others in advance? No

RISK/CONSIDERATIONS

- Is this a controversial issue?
- Are there policy implications?
- What other agencies have reviewed this?
- Is there a specific media strategy for this?
- Are there specific partners that we are reaching out to with this information?

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Message

From: Alexander, Paul (HHS/ASPA) (VOL) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 6/30/2020 6:53:11 PM
To: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Subject: RE: Hydroxychloroquine MMWR

Nicely written.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Sent: Tuesday, June 30, 2020 2:47 PM
To: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Cc: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Subject: Hydroxychloroquine MMWR

Good Afternoon Nina,

I hope all is well. I am reviewing the MMWR on hydroxychloroquine you sent to Michael yesterday. There are quite a few edits on it. I forwarded that Word Document to Paul who is going to look over the MMWR. If you could please keep Dr. Paul Alexander, who is CC'd here and myself in the loop on this MMWR, it would be much appreciated. Thank you!

Best,
Madeleine

Madeleine Hubbard
Office of the Assistant Secretary for Public Affairs
United States Department of Health and Human Services
Mobile Work: [REDACTED]

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Message

From: Alexander, Paul (HHS/ASPA) (VOL) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 6/30/2020 6:43:12 PM
To: Paul Elias Alexander [REDACTED]
Subject: FW: r Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers
Attachments: Bull et al_Hydroxychloroquine_MMWR Pre-JIC ZUD4_JG.docx; FIGURE 1_JG.pptx; FIGURE 2_JG.pptx; TABLE_JG2.docx

Importance: High

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
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Email: [REDACTED]

From: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Sent: Tuesday, June 30, 2020 2:35 PM
To: Hubbard, Madeleine (OS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Subject: FW: r Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers
Importance: High

From: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Sent: Monday, June 29, 2020 4:37 PM
To: Caputo, Michael (HHS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Cc: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Subject: r Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers

I got the draft of the WWMR about hydroxychloroquine and media that was supposed to be released on Tuesday.

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Monday, June 15, 2020 3:59 PM
To: Turner Hoffman, Katherine (Kat) (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD)

[REDACTED] DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]

Subject: FW: for Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers

This one is now for June 29. Likely will change a bit. They are adding more data.

From: Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]

Sent: Saturday, June 13, 2020 7:32 PM

To: Gundlapalli, Adi (CDC/DDPHSS/CSELS/OD) [REDACTED]; Kent, Charlotte (CDC/DDPHSS/CSELS/OD)

[REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]

Cc: Strosnider, Heather (CDC/DDNID/NCEH/DEHSP) [REDACTED] Brooks, John T. (CDC/DDID/NCHHSTP/DHPSE)

[REDACTED]

Subject: RE: for Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers

Hi Adi,

Attached please find my pre-JIC review of the report for MWMR, with the comments of John Brooks included as well. I made a lot of edits to the table to try to simplify it, but at the same time to include enough information that readers would be able to understand everything. There was one place where I thought the numbers might have been pasted from the section above, because they were identical but the numbers from which the percentages were derived were different. I copied the entire table into Excel to redo some of the calculations, but please check.

I also found that the figures were not editable so I had to recreate them in powerpoint; they are fully editable now.

With regard to the "appendix"; the tables and figures all need to be able to stand on their own, without referring to another data source; thus, I included all that information in a footnote when it was needed.

I think it might be useful to mention, just for context, that most of the autoimmune diseases for which these drugs are typically prescribed occur with a much higher prevalence in women than in men; it will make the reason for the change in the proportion of prescriptions written for men more meaningful for some readers who might not be up to speed on these diseases.

You can now put this into clearance with the JIC, but please address the comments from John and me as it goes through clearance. I understood from the email below that you might decide to update this report with more current data.

Please let me know if I can be of any further assistance. I apologize for the delay in getting this reviewed in a more timely fashion.

All the best,

JG

From: Gundlapalli, Adi (CDC/DDPHSS/CSELS/OD) [REDACTED]

Sent: Saturday, June 13, 2020 8:54 AM

To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) <[REDACTED]>; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD)

[REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]

Cc: Strosnider, Heather (CDC/DDNID/NCEH/DEHSP) <[REDACTED]>

Subject: Re: for Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers

Thank you Charlotte! Appreciate the update. Good to have John's comments too.

One suggestion if this would be helpful. We should receive May 2020 IQVIA data by June 15. Adding one more month of data even as a few lines of text or on the table could be accomplished in a few days. Wondering if that would be helpful and if so, we could plan the dates of release accordingly.

Thanks,

Adi

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Saturday, June 13, 2020 8:35:19 AM
To: Gundlapalli, Adi (CDC/DDPHSS/CSELS/OD) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]
Cc: Strosnider, Heather (CDC/DDNID/NCEH/DEHSP) [REDACTED]
Subject: RE: for Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers

Adi, you will receive comments today. Because of nature of topic, per Michael's suggestion, we asked John Brooks also to review it. We found his comments helpful.

We have tentatively scheduled your report for Friday, June 19, ahead of other reports that are further along. We need a cleared submission by noon Wednesday, June 17. After responding to Jacqueline's comments you should be able to put into clearance today. This should be enough time to get it through clearance.

Best,
Charlotte

From: Gundlapalli, Adi (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Thursday, June 11, 2020 10:37 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]
Cc: Strosnider, Heather (CDC/DDNID/NCEH/DEHSP) [REDACTED]
Subject: RE: for Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers

Dear Charlotte,
We completely understand. No need to apologize!

We are standing by and even Monday would be fine by us. Please take your time.

Best,
Adi

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Thursday, June 11, 2020 10:34 PM
To: Gundlapalli, Adi (CDC/DDPHSS/CSELS/OD) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]
Cc: Strosnider, Heather (CDC/DDNID/NCEH/DEHSP) [REDACTED]
Subject: RE: for Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers

Adi, this the fourth pre-clearance review we have received today, and we have received two submissions as well. It is likely we won't get back to you before Saturday. My apologies.

Charlotte

From: Gundlapalli, Adi (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Thursday, June 11, 2020 10:21 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]
Cc: Strosnider, Heather (CDC/DDNID/NCEH/DEHSP) [REDACTED]
Subject: for Pre-JIC review: MMWR Submission 129 Hydroxychloroquine prescribing by providers

Dear Charlotte, Jacqueline, and the MMWR Editor Team,

We appreciated receiving a 7-day extension to complete our analyses. We have now completed review by co-authors and cross-clearance from the Health Systems and Worker Safety TF (as recommended by Response ADS, email attached).

Please find attached the current version of the manuscript for MMWR Pre-JIC review.

With best regards,
Adi

Adi V. Gundlapalli, MD, PhD, MS
Lead, Innovation, Technology, and Analytics Task Force
CDC COVID-19 Response

Chief Public Health Informatics Officer, CSELS
Cell [REDACTED]
Personal cell: [REDACTED]

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Hydroxychloroquine Prescribing Patterns by Provider Specialty in the United States Before and After Initial Media Reports for COVID-19 Treatment, January–April 2020

Lara Bull-Otterson PhD, MPH,^{1,2} Elizabeth B. Gray MPH², Violanda Grigorescu MD, MSPH,³ Heather M. Strosnider PhD^{1,3}, Lyna Z. Schieber MD, DPhil^{1,3}, Daniel S. Budnitz, MD, MPH^{4,5}, Joseph Courtney PhD^{1,3}, Macarena C. García DrPH^{1,6}, William R Mac Kenzie MD^{1,6}, Adi V. Gundlapalli MD, PhD^{1,7}

Word count: 1549

Hydroxychloroquine (HCQ) and chloroquine (CQ), drugs primarily used to prevent and treat malaria and to treat autoimmune diseases, received media attention in March 2020 as potential treatment and prophylaxis for coronavirus 2019 (COVID-19) (1,2). National Institutes of Health Treatment Guidelines indicate that clinical data are insufficient to recommend HCQ or CQ use for treatment (3) or efficacy for pre- or postexposure prophylaxis against COVID-19. Following reports of cardiac and other adverse events, the U.S. Food and Drug Administration (FDA) cautioned against using HCQ or CQ for COVID-19 unless patients are closely monitored, such as in hospital settings or a clinical trial (4). In response to recent reports on notable increases in prescriptions for these medications (5), outpatient retail pharmacy transaction data were analyzed to identify potential differences in prescriptions dispensed for these medications by provider type during January–April 2020 compared with dispensing during the same time period in 2019. Primary care providers and providers who routinely prescribe HCQ accounted for the largest volume of prescriptions dispensed; however, new prescriptions by specialists who did not typically prescribe these medications (i.e., specialties that accounted for $\leq 2\%$ of new prescriptions prior to 2020) increased significantly. Although this increase might have been driven by anticipation of potential shortages of HCQ and CQ, based on timing and volume increase, it is likely that the increase was also influenced

by early reports suggesting use of these medications for COVID-19 prophylaxis and treatment.

Obtaining a patient's complete medical and medication history to evaluate risks continues to be strongly recommended, especially for providers who do not routinely prescribe HCQ and CQ.

HCQ and CQ prescriptions dispensed through outpatient retail pharmacies in the United States during January–April 2019 and 2020 were examined using deidentified pharmacy claims from the IQVIA National Prescription Audit database, which includes 92% of all outpatient retail prescriptions dispensed in the United States. IQVIA prescription estimates are projected to represent 100% of all retail medication dispensing at the state and national levels.

New prescriptions of HCQ or CQ were defined as those dispensed to a patient without a history of prescription for these medications in the previous 12 months. Refill/Switch prescriptions were defined as those dispensed to a patient either as a refill from a previous prescription or as a new prescription with a change in medication strength or brand. New and refill/switch prescriptions dispensed before media reports on medication use for COVID-19 from January–April 2019 were compared to new and refill/switch prescriptions during January to April 2020. Year-to-year changes in new prescriptions dispensed were estimated for March and April 2020 compared with the same months in 2019. Prescriptions were not included if dispensed by mail-in order to control for access and dispensing behavior for new prescriptions; these accounted for less than 7.5% of dispensed HCQ/CQ. Prescriptions by veterinarians were also excluded.

Clinicians prescribing HCQ and CQ were categorized based on the frequency of prescribing before the COVID-19 pandemic. "Routine prescribers" prescribed 62% of the 2019 new prescriptions for HCQ and CQ prescriptions and included rheumatology, dermatology, allergy, and nephrology specialists. Primary care prescribers included internal medicine, family practice, general practice, pediatric, and osteopathic (DO) physicians; nurse practitioners; physician assistants; and unspecified

prescribers. Non-routine prescribers included specialists who as a group prescribed $\leq 2\%$ of HCQ and CQ dispensed in 2019.*

The estimated number of all HCQ and CQ prescriptions dispensed in March and April 2020 increased 61% compared with the same months in 2019 (Table); HCQ accounted for 99.5% of HCQ/CQ dispensed prescriptions in 2019. Before 2020, refill/switch prescriptions consistently made up the vast majority of all HCQ/CQ prescriptions dispensed (92% in 2019). Refill/Switch prescriptions increased 42% from 377,222 in March 2019 to 536,804 in March 2020. The numbers of dispensed refill/switch prescriptions remained elevated in April 2020 (456,489 prescriptions), a 20% increase compared with the same month in 2019. Whereas new prescriptions accounted for 8% of all HCQ/CQ prescriptions in 2019, the number of new prescriptions dispensed increased 624% from 30,737 in March 2019 to 222,382 in March 2020, and 234.5% from 31,748 in April 2019 to 106,184 in April 2020 (Table) (Figure 1).

Before 2020, specialists categorized as routine prescribers represented almost two thirds (63%) of the source for new HCQ and CQ prescriptions; however, in March and April 2020 primary care prescribers wrote more prescriptions than did routine prescribers, increasing 950% from an estimated 10,350 prescriptions in March 2019 to 108,705 in March 2020 (Figure 2). Primary care prescribers continued to be the largest source for new prescriptions in April 2020 with a 531% in April 2020 compared with April 2019. Overall, 53% of all new prescriptions in March and April 2020 were from primary care prescribers.

In March 2020, nonroutine prescribers also accounted for a higher percentage of new prescriptions (34%) than did routine prescribers (17%), reflected in an increased number of new prescriptions dispensed from an estimated 929 in March 2019 to 75,569 in March 2020 (8,035% increase). In April 2020, the number of new prescriptions by nonroutine prescribers decreased 78% from the

previous month, but still represented a 1,707% increase compared with April 2019. The nonroutine specialties with the highest prescribing volume and growth in March 2020 were Ophthalmology, Anesthesiology, and Cardiology.

During the same months of 2019, most new prescriptions were dispensed to females (81%). In March 2020, an estimated 93,776 new prescriptions were dispensed to males, accounting for 12% of all prescriptions and 42% of new prescriptions (1,507% increase from March 2019), and 40,055 new prescriptions were dispensed to males in April 2020 (572% increase from April 2019).

Discussion

In March, and April 2020, HCQ and CQ prescribing was substantially higher in the United States than during previous years. New prescriptions written by primary care prescribers and nonroutine prescribing specialties increased substantially. Primary care prescribers provided the largest number of new prescriptions dispensed at outpatient retail pharmacies in March and April 2020, and nonroutine prescribers accounted for the largest increase in prescriptions in March and April 2020 compared with 2019.

The increase in refill/switch prescriptions for HCQ and CQ prescribed by providers who most frequently have prescribed these medications during March and April 2020 suggests that they might have increased prescribing refills to assure continuity of chronic therapy for their patients, in anticipation of potential shortages. The sizable increase in new prescriptions dispensed in March 2020 likely reflects a response to reports of potential benefit of HCQ and CQ for prophylaxis or treatment for COVID-19. New prescriptions written by providers from the primary care and nonroutine prescribing specialties represented most of these prescriptions, with the largest increase in new prescriptions recorded for adult men.

Capture of nearly all outpatient prescriptions in the United States is a distinct strength of this study. The findings, however, are subject to several limitations. First, mail-order prescriptions were not included in the study; thus, refill prescription data are limited to retail refills. However, mail order prescriptions represent less than 7.5% of all estimated HCQ/CQ dispensed prescriptions. Second, because specialty information for nurse practitioners and physician assistants was lacking, they were grouped under primary care; however, it is possible that these providers were working in routine or nonroutine prescriber practices. There is also the potential that osteopathic medicine and internal medicine providers with subspecialty training were not classified by their subspecialty. Third, the clinical indication for initiating new prescriptions is not known, nor are any adverse events or outcome data available among patients receiving new prescriptions. Similarly, patients' underlying medical conditions and concurrent medications prescribed to the patient are not known. Finally, it is not known if prescriptions dispensed were immediately taken by the patient or stored for future use. Providers and patients with new prescriptions should be familiar with the potential for drug interactions and adverse events associated with these medications (6). The importance of obtaining a patient's complete medical and medication history to evaluate risks should be emphasized for nonroutine prescribers of HCQ and CQ. In the setting of polypharmacy and comorbid conditions such as preexisting heart conditions, evaluating the QT interval with an electrocardiogram before starting these medications might be advisable. Because the long terminal half-life of HCQ (>40 days) (7), patients could continue to be at risk for drug interactions and adverse cardiac events well after the course of therapy is completed. Because the efficacy of HCQ and CQ for COVID-19 treatment and prophylaxis has not been established, dispensing policies and restrictions vary significantly by state. State Boards of Pharmacy policies in some states like New Jersey and Texas now require HCQ prescriptions to include a diagnosis (8,9). In New Jersey, if a prescription is written for a patient with COVID-19, there must be documentation of a positive SARS-CoV-2 test, and the prescription is

limited to a 14-day supply (8). Similarly, in Texas, the prescription must include a written diagnosis from the prescriber consistent with the evidence for its use and is also limited to a 14-day supply unless the patient was an established user of the medication before the effective date of the rule (9). Several other states advise caution in prescribing, while allowing for clinical judgement without policy limitations. While dispensing of these medications trended downward in April, continued attention to updated clinical guidance (3,4) will help safeguard continued supplies of these medications for patients with approved indications (10) and minimize potential adverse events.

Acknowledgments: TBD

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¹Innovation, Technology, and Analytics Task Force, CDC COVID-19 Emergency Response; ²Division of Health Informatics and Surveillance, Center for Surveillance, Epidemiology, and Laboratory Services; ³Division of Overdose Prevention, National Center for Injury Prevention and Control; ⁴Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases; ⁵Health System and Worker Safety Task Force, CDC COVID-19 Emergency Response; ⁶Office of the Director, Center for Surveillance, Epidemiology, and Laboratory Services; ⁷Public Health Informatics Office, Center for Surveillance, Epidemiology, and Laboratory Services

References

1. Gautret P, Lagier JC, Parola P, et al. Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial. *Int J Antimicrob Agents* 2020 Mar 20:105949. doi: 10.1016/j.ijantimicag.2020.105949.

2. Yao X, Ye F, Zhang M, et al. In vitro antiviral activity and projection of optimized dosing design of hydroxychloroquine for the treatment of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Clin Infect Dis 2020.doi: 10.1093/cid/ciaa237
3. National Institutes of Health. COVID-19 Treatment Guidelines. Accessed April 30, 2020. [HYPERLINK "<https://covid19treatmentguidelines.nih.gov/introduction/>"]
4. U.S. Food and Drug Administration. FDA cautions against use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to risk of heart rhythm problems. Accessed May 25, 2020. [HYPERLINK "<https://www.fda.gov/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or>"]
5. Shehab N, Lovegrove M, Budnitz DS. Hydroxychloroquine, chloroquine, and azithromycin outpatient prescription trends, United States, October 2019–March 2020. JAMA-IM July 6 (in Press)
6. Asensio E, Acunzo R, Uribe W, Saad EB, Saenz LC. Recommendations for the measurement of the QT interval during the use of drugs for COVID-19 infection treatment. updatable in accordance with the availability of new evidence. J Interv Card Electrophysiol. 2020 May 16:1-6. doi: 10.1007/s10840-020-00765-3. PMID: 32418181
7. Furst DE. Pharmacokinetics of hydroxychloroquine and chloroquine during treatment of rheumatic diseases. Lupus 1996;5:S11–15.
8. New Jersey Division of Consumer Affairs. Limitation on Prescribing and Dispensing of Medications for Treatment of COVID-19. Order No. 2020-01. March 29th, 2020. Accessed June 10, 2020. [HYPERLINK "https://www.nj.gov/oag/newsreleases20/DCA_AO_2020-01.pdf"]

9. Texas Administrative Code. Title 22 Examining Board, part 15 Texas State Board of Pharmacy, Chapter 291 Pharmacies. March 20th, 2020. Accessed June, 01, 2020 [HYPERLINK "https://www.pharmacy.texas.gov/files_pdf/291.30.pdf"]
10. U.S. Food and Drug Administration. FDA Drug Shortages Current and Resolved Drug Shortages and Discontinuations Reported to FDA. Accessed May 26, 2020. [HYPERLINK "https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm"]

* Specialties included obstetrics/gynecology, geriatrics, oncology, infectious disease, cardiology, neurology, emergency medicine, anesthesiology, other, psychiatry, endocrinology, gastroenterology, general surgery, dentistry, dermatopathology, physical medicine and rehab, ophthalmology, naturopathic doctor, other surgery, orthopedic surgery, pain medicine, gen preventive medicine, sports medicine, hematology, otolaryngology, critical care medicine, pathology, plastic surgery, neurological surgery, urology, hospice & palliative medicine, colon and rectal surgery, occupational medicine, pharmacist, nutrition, thoracic surgery, radiology, podiatry, clinical neurophysiology, optometry, sleep medicine, surgery, critical care, addiction medicine, geriatric psychiatry, nuclear medicine, hepatology, genetics, cardiothoracic surgery, pediatric critical care, psychology, clinical pharmacology, orthopedic surgery of spine, diagnostic laboratory immunology, pediatric neuro surgery, otology, medical microbiology, allergy/immunology, diagnostic laboratory, obstetrics/gynecology-critical care, neurosurgery-critical care, cardiovascular surgery, pulmonary diseases, and pulmonary critical care.

Summary

What is already known about this topic?

Hydroxychloroquine (HCQ) and chloroquine (CQ) are approved to prevent malaria and treat autoimmune diseases and have known risks for adverse events including life-threatening cardiac

arrhythmias. These medications were frequently referenced in the media for potential use as a prophylaxis and treatment for COVID-19. The efficacy of HCQ and CQ have not been established for COVID-19.

What is added by the report?

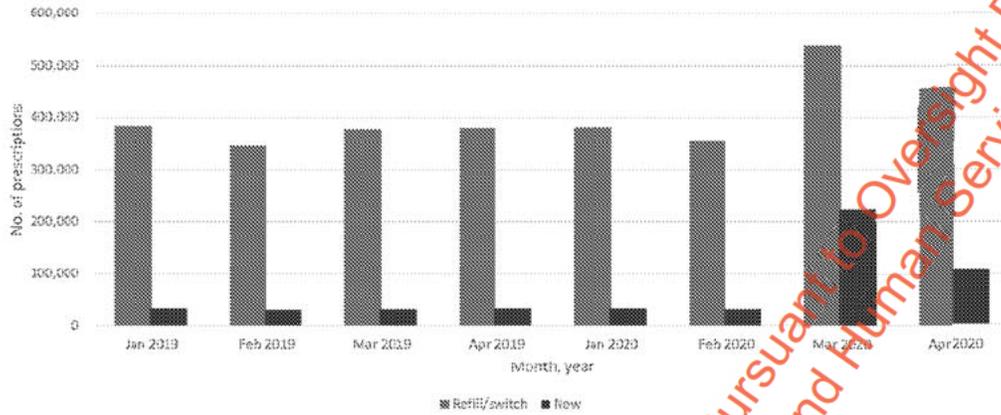
This report shows a significant increase in new HCQ prescriptions across the U.S. in March and April 2020. Providers from primary care and specialties that historically had not commonly prescribed HCQ accounted for 81% of new prescriptions in March and April 2020, suggesting these new prescriptions for HCQ were prescribed for outpatient treatment or prophylaxis of COVID-19.

What are the implications for public health practice?

Increased use of HCQ in unmonitored settings represents a risk for adverse events including life-threatening cardiac arrhythmias and death. Recent FDA safety communications have cautioned against the use of HCQ and CQ for COVID-19 outside of hospitalized settings or clinical trials.

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FIGURE 1. Estimated Refill/Switch* and New Retail Prescriptions for Hydroxychloroquine or Chloroquine Dispensed in the United States, January–April 2019 and January–April 2020



* Refill/switch prescriptions include dispensed prescriptions that were either a refill of an existing prescription or a new prescription for a different dose or a brand switch.

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	Refill/switch	New
Jan 2019	383105	31173
Feb 2019	345244	28741
Mar 2019	377222	30737
Apr 2019	380199	31748
Jan 2020	381260	32085
Feb 2020	353959	30476
Mar 2020	536804	222382
Apr 2020	456489	106184

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	Nonroutine	Primary care/unspecialized specialty	Routine
Jan 2019	974	11222	18977
Feb 2019	874	10085	17782
Mar 2019	929	10350	19458
Apr 2019	924	10626	20198
Jan 2020	832	11322	19931
Feb 2020	1143	10752	18581
Mar 2020	75569	108705	38108
Apr 2020	16699	67005	22430

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TABLE. Estimated Hydroxychloroquine or Chloroquine Retail Dispensing by Prescriber Category — United States, January–April 2019–2020*

Specialty/Prescription characteristics	2019				2020			
	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
All providers (routine, primary care/unspecified, and nonroutine)								
Total prescriptions (No.)	414,278	373,985	407,959	411,947	413,345	383,435	759,186	562,673
Refill/Switch prescriptions [†]	383,105	345,244	377,222	380,199	381,260	352,959	536,804	456,489
New prescriptions	31,173	28,741	30,737	31,748	32,085	30,476	222,382	106,184
New prescriptions, males, no. (%)	6,049 (1.5)	5,495 (1.5)	5,834 (1.5)	5,960 (1.5)	5,791 (1.4)	5,664 (1.5)	93,776 (12.4)	40,055 (7.1)
% change new prescriptions from 2019	—	—	—	—	+3%	+6%	+624%	+235%
% new prescriptions from combined primary care or routine specialty	96.9%	97.0%	97.0%	97.1%	97.4%	96.2%	66.0%	84.3%
Routine prescribers**								
% of total prescriptions	64.1%	64.2%	64.6%	64.7%	64.2%	64.1%	49.7%	53.9%
Total prescriptions	265,495	240,259	263,559	266,599	265,571	245,842	377,271	303,253
Refill/Switch prescriptions [†]	246,518	222,477	244,101	246,401	245,640	227,261	339,163	280,823
New prescriptions	18,977	17,782	19,458	20,198	19,931	18,581	38,108	22,430
New prescriptions, males, no. (%)	3,279 (1.2)	3,074 (1.3)	3,398 (1.3)	3,488 (1.3)	3,276 (1.2)	3,067 (1.2)	9,559 (2.5)	4,292 (1.4)
% change new prescriptions from 2019	—	—	—	—	+5%	+5%	96%	11%
Primary care/unspecified specialty prescribers[‡]								
(% of total prescriptions)	33.9%	33.7%	33.4%	33.3%	33.9%	33.9%	38.2%	40.6%
Total prescriptions	140,386	126,216	136,376	137,242	140,090	130,024	290,277	228,584
Refill/Switch prescriptions [†]	129,164	116,131	126,026	126,616	128,768	119,272	181,572	161,529
New prescriptions	11,222	10,085	10,350	10,626	11,322	10,752	108,705	67,055
New prescriptions, males, no. (%)	2,494 (1.8)	2,189 (1.7)	2,194 (1.6)	2,239 (1.6)	2,322 (1.7)	2,211 (1.7)	43,283 (16.6)	27,978 (12.2)
% change new prescriptions from 2019	—	—	—	—	1%	7%	950%	531%
Nonroutine prescribers[§]								
(% of total prescriptions)	2.0%	2.0%	2.0%	2.0%	1.9%	2.0%	12.1%	5.5%
Total prescriptions	8,397	7,510	8,024	8,107	7,684	7,569	91,639	30,836
Refill/Switch prescriptions [†]	7,423	6,636	7,095	7,183	6,852	6,426	16,070	14,137
New prescriptions	974	874	929	924	832	1,143	75,569	16,699
New prescriptions, males, no. (%)	275 (3.3)	232 (3.1)	242 (3.0)	233 (2.9)	193 (2.5)	386 (5.1)	35,934 (39.2)	7,785 (25.2)
% change new prescriptions from 2019	—	—	—	—	-15%	+31%	+8,035%	+1,707%

* Prescription data for 2017 and 2018 were also examined but found consistent with 2019, without remarkable month to month variation.

[†] Refill/Switch prescriptions include dispensed prescriptions that were either a refill or a new prescription for a different dose or a switch in brand.

[§] Obstetrics/gynecology, geriatrics, oncology, infectious disease, cardiology, neurology, emergency medicine, anesthesiology, other, psychiatry, endocrinology, gastroenterology, general surgery, dentistry, dermatopathology, physical medicine and rehab, ophthalmology, naturopathic doctor, other surgery, orthopedic surgery, pain medicine, gen preventive medicine, sports medicine, hematology, otolaryngology, critical care medicine, pathology, plastic surgery, neurological surgery, urology, hospice & palliative medicine, colon and rectal surgery, occupational medicine, pharmacist, nutrition, thoracic surgery, radiology, podiatry, clinical neurophysiology, optometry, sleep medicine, surgery, critical care, addiction medicine, geriatric psychiatry, nuclear medicine, hepatology, genetics, cardiothoracic surgery, pediatric critical care, psychology, clinical pharmacology, orthopedic surgery of spine, diagnostic laboratory immunology, pediatric neuro surgery, otology, medical microbiology, allergy/immunology, diagnostic laboratory, obstetrics/gynecology-critical care, neurosurgery-critical care, cardiovascular surgery, pulmonary diseases, and pulmonary critical care.

[‡] Primary Care/Unspecified = Nurse Practitioner, Osteopathic Medicine, Internal Medicine, Physician Assistant, Family Practice, Specialty Unspecified, General Practice, Internal Med/Pediatrics, Pediatrics

**Routine specialty grouped = Rheumatology, Dermatology, Allergy, Nephrology

Message

From: Alexander, Paul (HHS/ASPA) (VOL) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 7/3/2020 12:54:55 AM
To: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Subject: FW: MMWR Response (ROUGH)
Attachments: MMWR Response- Hydroxychloroquine.docx

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Sent: Thursday, July 2, 2020 1:39 PM
To: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Subject: FW: MMWR Response (ROUGH)

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED]
Tel: [REDACTED]
Email: [REDACTED]

Committee on Coronavirus Crisis Pursuant to Oversight Request,
Mission from Dep't of Health and Human Services

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House Select Sub

From: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Sent: Thursday, July 2, 2020 12:21 PM
To: Caputo, Michael (HHS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) (VGL)
[REDACTED]; Traverse, Brad (HHS/ASPA) [REDACTED]
Subject: MMWR Response (ROUGH)

Good afternoon,

This is a rough draft of the MMWR response. I will look back at it in a few hours and make many more edits, but so far this is what I have, in case you want it earlier. Thank you!

Best,
Madeleine



MMWR Response-
Hydroxychloroqui...

Madeleine Hubbard
Office of the Assistant Secretary for Public Affairs
United States Department of Health and Human Services
Mobile Work: [REDACTED]

DRAFT – DELIBERATIVE – CONFIDENTIAL

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
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July 2, 2020

Hydroxychloroquine MMWR

The CDC's pledge to the American People is to "Be a diligent steward of the funds entrusted to our agency." The organization also pledges to "Base all public health decisions on the highest quality scientific data that is derived openly and objectively" and "Place the benefits to society above the benefits to our institution." The MMWR "Hydroxychloroquine Prescribing Patterns by Provider Specialty in the United States Before and After Initial Media Reports for COVID-19 Treatment, January–April 2020" fails to live up to any of the aforementioned CDC pledges.

This MMWR presents factual information with an agenda. It is widely known that hydroxychloroquine was prescribed in high levels during the first half of 2020. The drug is frequently prescribed to members of our armed services and other healthy people as a prophylactic for malaria. Severe, rare side effects of hydroxychloroquine use include vision changes, heart disease, hearing problems, and even mood changes. In cases where hydroxychloroquine is used prophylactically, the benefits outweigh the risks. From January to April, the American people were looking for any possible therapeutics to use in the fight against COVID-19. The battle looked so bleak that for hydroxychloroquine, the benefits of using it in COVID-19 treatments far outweighed the risks when no other therapeutics were available.

Analyzing the relationship between media coverage and prescription trends does nothing to positively shape the future. One could argue that it may prevent a person from promoting a yet to be fully proven drug. On the other hand, this could prevent the news from giving the proper coverage of a true "miracle cure." Regardless, this study does not utilize science to improve lives. It is an improper use of American tax dollars, funds entrusted to the CDC, to waste time

analyzing past media coverage and prescriptions, especially in the middle of a global pandemic. This MMWR does not base “public health decisions on the highest quality scientific data” nor does it data to enhance the scientific community. In fact, there is no academic value in this study whatsoever.

Even the title of the MMWR is misleading. The article does not use sociology to analyze the connection between media coverage (number of news articles, hours spent on television speaking about it, areas of the country that had more exposure than others) and prescription trends. That being stated, media analysis should be left to the academics in Universities. It is not the place of the CDC to release MMWRs such as this one. The study presents raw numbers and does nothing to further shape the COVID-19 response. It is an unproductive waste of time, resources, and energy which should be spent fighting the global pandemic.

The authors of this study are a disgrace to public service. This MMWR is a far cry from placing American needs above the authors or the CDC. At best, the authors were curious, by some miracle had extra time on their hands in the midst of a pandemic, and wanted to publicize prescription trends (something that has only happened with one other MMWR in history). At worst, these authors are self-aggrandizing, looking to grab headlines and sway the public’s thoughts on the past. Rather than being focused on the past ignoring and the Americans currently dying from COVID-19, the authors of this MMWR should look to shaping the future.

An MMWR is known as the “voice of the CDC.” The information presented in this MMWR is not timely, nor does it contain useful public health information and recommendations. I have failed to find any scientific value in this study which would further improve public health. It is my recommendation that the study be abandoned completely and forgotten.

Message

From: Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 7/14/2020 3:56:45 AM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
CC: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]
Subject: RE: (CUI/SBU): Two MMWR COVID-19 Response Early Releases Scheduled for - Tuesday, July 14, 2020

Hi Ms. Kent, I took the chance to re-read your follow up and wanted to clarify...based on the summary that was put out that I commented on, the key issue is this...how it is written, drove my red insert. The way that it is written, the only disclosed information is that there was improvement in use of face coverings by white and older folk...this seems to suggest that there was no improvement in use by minority groups and younger folk. Thus my suggested comments in red. Omitted what you now clarify below, makes it seem that the only improvement in wearing masks was in the white population and those over 65 in the Midwest.

However, your explanation below states that there was an improvement in both time periods in the minority populations. This is fantastic. The way that you now explained it should also be reflected in the message that is going out for folk will read it like how I interpreted it with my red insert. Just my suggestion.

Let me take the opportunity to thank you for considering and allowing me to opine in this great group.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Monday, July 13, 2020 8:14 PM
To: Alexander, Paul (HHS/ASPA) [REDACTED]
Cc: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]
Subject: RE: (CUI/SBU): Two MMWR COVID-19 Response Early Releases Scheduled for - Tuesday, July 14, 2020

Dr. Alexander,

Many thanks for your suggestions. Your suggestion about the framing of wearing face coverings were shared with leaders in response communications and noted.

With respect to the MMWR summary about, "Factors Associated with Cloth Face Covering Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020". The results from the time period do not show the points you made in your suggested edits. There was not enough information in the summary to clearly show this. The data detailed in the report shows that during both time periods, black, non-Hispanic; Hispanic or Latino; and other race, non-Hispanic persons all reported greater cloth face covering use than white, non-Hispanic persons. In addition, persons aged 18-29 years didn't report the lowest use. The lowest use was reported by persons aged 40-49 years. As described in the summary, the sub-populations with the greatest improvement in use were white, non-Hispanic persons, persons >=65 years, and persons in the Midwest.

Again, we appreciate your comments. Please let us know if you have other thoughts.

Charlotte Kent, PhD, MPH
Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Sunday, July 12, 2020 8:44 PM
To: Birx, Deborah L. EOP/NSC [REDACTED]@nsc.eop.gov; Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]
Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC) [REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED]; Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED]; King, Veronnic (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria (CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Heldman, Amy B. (CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC) [REDACTED]; Gaines-McColum, Molly (CDC/OD/OADC) [REDACTED]; Bedrosian, Sara (CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows, Donald (ATS/DR/OCOM/WE) [REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dott, Mary (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED]; Harmon, Carrie E. (CDC/OD/OADC) [REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Shefer, Abigail (CDC/DDPHSS/CGH/GID) [REDACTED]; Hariri, Susan (CDC/DDID/NCIRD/DBD) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED]; Eastham, Laura (CDC/DDID/NCHHSTP/DHPSE) [REDACTED]; CDC IMS 2019 NCOV Response Policy [REDACTED]; Eisenberg, Emily (CDC/DDID/NCIRD/ID) [REDACTED]; CDC IMS 2019

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(CDC/DDPHSIS/CGH/GID) [REDACTED] Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED] CDC IMS
2019 NCOV Response ADS [REDACTED] CDC IMS 2019 NCOV Response MMWR and Publications
[REDACTED]; Myers, Brad (CDC/OD/OADC) [REDACTED]; CDC IMS JIC Lead -2 [REDACTED];
CDC IMS JIC Media -2 [REDACTED]; CDC IMS JIC OADC LNO -2 [REDACTED]; Khabbaz, Rima
(CDC/DDID/NCEZID/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; McGuffee, Tyler A.
(ovp.eop.gov) [REDACTED] <ovp.eop.gov>; Pence, Laura (HHS/IOS) [REDACTED]; Steele, Danielle
(HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH) [REDACTED]; Abel, Vadim Daniel (HHS/IOS)
[REDACTED]; Bresee, Joseph (CDC/DDID/NCIRD/ID) [REDACTED]; Thompson, Betsy
(CDC/DDNID/NCCDPHP/DHDS) [REDACTED]; Sanders, Michelle A. (CDC/DDID/NCEZID/DFWED) [REDACTED]
Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED]; Carter, Melissa (CDC/DDNID/NCEH/DLS)
[REDACTED]; Marandet, Angele G. (CDC/DDID/NCHHSTP/DHPIRS) [REDACTED]; Raziano, Amanda J.
(CDC/DDID/NCEZID/DPEI) [REDACTED]; Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD) [REDACTED]; Philip,
Celeste M. (CDC/DDNID/OD) [REDACTED]; Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019
NCOV Response MMWR and Publications [REDACTED]
Subject: RE: (CUI/SBU): Two MMWR COVID-19 Response Early Releases Scheduled for Tuesday, July 14, 2020

Hi everyone, and these are timely and quite good articles with key messages. For the second one, please see my red inserted suggestion below for your consideration.

I also wanted to raise an issue that is heavily discussed by lay people who are the subject of the recommendations by the Task Force. Again, for consideration and I write in blue and it surrounds the issue of face masks in public. It has to do with folk who wear the masks indoors due to questionable social distancing, and then continue outdoors but then toss it due to it being hot and cumbersome etc. This then eventually precludes them putting it back on when they return to a less ventilated indoor environment. I think to get the masks to work more effectively, we need to let people make their best common-sense judgement but offer guidance on use of masks in indoor, less ventilated spaces versus outdoors where there is more air circulation. People are confusing the term 'public space' with anything outdoors and thinking 'public space' means only when outdoors...this is not so and needs to be emphasized...the message has to be crystal clear and descriptive yet simple enough to help people think and differentiate. Importantly, you do not want them to get fed up with the masks and make it onerous and they toss it aside...for this pandemic (or similar), they must get to a place mentally where it is simple..."if I am outside and there is appropriate social distancing, then no mask, but once I hit the door of any indoor environment (retail store, taxi, airplane, office building etc...), where there is less air circulation and social distancing is not always possible, then a mask is needed":

Guidance on use of masks should indicate that (again, my suggestion based on talking to various folk)

"When you are outdoors in the open air, provided that there is proper ventilation and appropriate social distancing is possible, then masks become less needed. However, once you enter any setting that is confined or does not have clear ventilation or you think there is not a free flow of air, then a face mask (some mask) is highly recommended. The need to wear an adequate face mask is greater when indoors with less air circulation and social distancing is a problem to practice. This as opposed to being outdoors when there is likely free flow of air and adequate social distancing is possible".

People are so very confused now and I fear it is why when we get to the place of 'mandating' face masks the discussion breaks down. For really there are situations when a mask is not needed and people know this intuitively for it is cumbersome and hot and a distress for some and they are in the open air and so we got to make it easier and simple. And people will comply but the message has to be clear. For example, I see people in their cars driving alone in the hot sun, with masks on and windows down and fresh air blowing through the car. In this case, a mask is not needed but folk are so scared and confused now. They don't know what is optimal now. So we have to be clear but simple and it must make sense to people. Some of it makes no sense and confuses them and so I ask that we consider. It did not help in the beginning when public health leaders said face masks were not needed etc., and I think this caused a set back that is still

difficult to address. But with these experts here like Dr. Birx, I think the message can be made clear. Once it makes sense to people, they will do anything for the public good. Lets make it make 'sense'.

Thank you for the chance to share my thoughts.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
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From: Birx, Deborah L. EOP/NSC [REDACTED]
Sent: Sunday, July 12, 2020 2:20 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC) [REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED]; Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED]; King, Veronnica (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria (CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Heldman, Amy B. (CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC) [REDACTED]; Gaines-McCollom, Molly (CDC/OD/OADC) [REDACTED]; Bedrosian, Sara (CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows, Donald (ATSDR/OSOM/WE) [REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dott, Mary (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED]; Harmon, Carrie E. (CDC/OD/OADC) [REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Shefer, Abigail (CDC/DDPHSS/CGH/GID) [REDACTED]; Hariri, Susan (CDC/DDID/NCIRD/DBD) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED]; Eastham, Laura (CDC/DDID/NCHHSTP/DHPSE) [REDACTED]; CDC IMS 2019 NCOV Response Policy [REDACTED]; Eisenberg, Emily (CDC/DDID/NCIRD/ID) [REDACTED]; CDC IMS 2019 NCOV Response Incident Manager [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response Deputy Incident Manager [REDACTED]; Fitter, David L. (CDC/DDPHSS/CGH/GID) [REDACTED]; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]

[REDACTED]; Myers, Brad (CDC/OD/OADC) [REDACTED]; CDC IMS JIC Lead -2 (cdc.gov)
[REDACTED] CDC IMS JIC Media -2 [REDACTED] CDC IMS JIC OADC LNO -2
[REDACTED] Khabbaz, Rima (CDC/DDID/NCEZID/OD) [REDACTED]; Jernigan, Daniel B.
(CDC/DDID/NCIRD/ID) [REDACTED] McGuffee, Tyler A. (ovp.eop.gov) [REDACTED]@ovp.eop.gov; Pence,
Laura (HHS/IOS) [REDACTED]; Steele, Danielle (HHS/IOS) [REDACTED]; Giroir, Brett
(HHS/OASH) [REDACTED] Abel, Vadm Daniel (HHS/IOS) [REDACTED] Alexander, Paul (HHS/ASPA)
[REDACTED]; Bresee, Joseph (CDC/DDID/NCIRD/ID) [REDACTED] Thompson, Betsy
(CDC/DDNID/NCCDPHP/DHDS) [REDACTED] Sanders, Michelle A. (CDC/DDID/NCEZID/DFWED) [REDACTED];
Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED] Carter, Melissa (CDC/DDNID/NCEH/DLS)
[REDACTED]; Marandet, Angele G. (CDC/DDID/NCHHSTP/DHPIRS) [REDACTED]; Raziato, Amanda J.
(CDC/DDID/NCEZID/DPEI) [REDACTED]; Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD) [REDACTED]; Philip,
Celeste M. (CDC/DDNID/OD) [REDACTED]; Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019
NCOV Response MMWR and Publications [REDACTED]

Subject: Re: (CUI/SBU): Two MMWR COVID-19 Response Early Releases Scheduled for Tuesday, July 14, 2020

Thank you for sharing these are critical important and hopefully will get press next week. Deb

From: "Kent, Charlotte (CDC/DDPHSS/CSELS/OD)" [REDACTED]
Date: Sunday, July 12, 2020 at 2:14 PM
To: Robert Redfield [REDACTED], "Schuchat, Anne MD (CDC/OD)" [REDACTED], "Galatas, Kate
(CDC/OD/OADC)" [REDACTED], "Bunnell, Rebecca (CDC/DDPHSS/OS/OD)" [REDACTED] "Richards,
Chesley MD (CDC/DDPHSS/OD)" [REDACTED] "Iademarco, Michael (CDC/DDPHSS/CSELS/OD)"
[REDACTED]
Cc: "Cono, Joanne (CDC/DDPHSS/OS/OD)" [REDACTED] "OADS Clearance (CDC)"
[REDACTED], "Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD)" [REDACTED]
"Stephens, James W. (CDC/DDPHSS/CSELS/OD)" [REDACTED], "Clark, David W. (CDC/DDPHSS/CSELS/OD)"
[REDACTED] "Clark, Cynthia K. (CDC/OD/OCS)" [REDACTED] "Caudwell, Kerry M. (CDC/OD/OCS)"
[REDACTED] "Blowe, April R. (CDC/OD/OCS)" [REDACTED] "King, Veronica (CDC/DDPHSS/CSELS/OD)"
[REDACTED] "Phifer, Victoria (CDC/DDPHSS/CSELS/OD)" [REDACTED] "Mitchell, Donyelle R.
(CDC/DDPHSS/CSELS/OD)" [REDACTED] "Tumpey, Abigail (CDC/DDPHSS/CSELS/OD)" [REDACTED]
"Brower, Melissa (CDC/DDPHSS/CSELS/OD)" [REDACTED], "Bonds, Michelle E. (CDC/OD/OADC)"
[REDACTED] "Heldman, Amy EOP" [REDACTED] "Haynes, Benjamin (CDC/OD/OADC)"
[REDACTED] "Gaines-McCollom, Molly (CDC/OD/OADC)" [REDACTED] "Bedrosian, Sara
(CDC/OD/OADC)" [REDACTED] "DeNoon, Daniel (CDC/OD/OADC) (CTR)" [REDACTED], "Gindler,
Jacqueline (CDC/DDPHSS/CSELS/OD)" [REDACTED] "Rutledge, Terisa (CDC/DDPHSS/CSELS/OD)"
[REDACTED], "Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD)" [REDACTED] "Hood, Teresa M.
(CDC/DDPHSS/CSELS/OD)" [REDACTED], "Dunworth, Soumya (CDC/DDPHSS/CSELS/OD)" [REDACTED],
"Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR)" [REDACTED] "Meadows, Donald (ATSDR/OCOM/WE)"
[REDACTED], "Boyd, Martha F. (CDC/DDPHSS/CSELS/OD)" [REDACTED] "Dott, Mary
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Elizabeth (CDC/OD/OCS)" [REDACTED] "Dennehy, Heather (CDC/OD/OCS)" [REDACTED], "Lepore,
Loretta (CDC/OD/OCS)" [REDACTED] "Campbell, Amanda (CDC/OD/OCS)" [REDACTED] "Warner,
Agnes (CDC/OD/OCS)" [REDACTED] "Harmon, Carrie E. (CDC/OD/OADC)" [REDACTED] "Messonnier,
Nancy (CDC/DDID/NCIRD/OD)" [REDACTED], "Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)" [REDACTED]
"Shefer, Abigail (CDC/DDPHSS/CGH/GID)" [REDACTED], "Hariri, Susan (CDC/DDID/NCIRD/DBD)"
[REDACTED] CDC IMS JIC Emergency Clearance-2 [REDACTED] "Eastham, Laura
(CDC/DDID/NCHHSTP/DHPSE)" [REDACTED] CDC IMS 2019 NCOV Response Policy
[REDACTED] "Eisenberg, Emily (CDC/DDID/NCIRD/ID)" [REDACTED] CDC IMS 2019 NCOV
Response Incident Manager [REDACTED], "Walke, Henry (CDC/DDID/NCEZID/DPEI)"
[REDACTED] CDC IMS 2019 NCOV Response Deputy Incident Manager [REDACTED], "Fitter,

David L. (CDC/DDPHSIS/CGH/GID)" [REDACTED] "Beach, Michael J. (CDC/DDID/NCEZID/DFWED)" [REDACTED]
[REDACTED], CDC IMS 2019 NCOV Response ADS [REDACTED] CDC IMS 2019 NCOV
Response MMWR and Publications [REDACTED] "Myers, Brad (CDC/OD/OADC)" [REDACTED]
[REDACTED] CDC IMS JIC Lead -2 [REDACTED] CDC IMS JIC Media -2
[REDACTED], CDC IMS JIC OADC LNO -2 [REDACTED], "Khabbaz, Rima
(CDC/DDID/NCEZID/OD)" [REDACTED] "Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)" [REDACTED] "Birx,
Deborah L. EOP/NSC" [REDACTED] <[REDACTED]@hsc.eop.gov>, Tyler McGuffee [REDACTED] <[REDACTED]@ovp.eop.gov>,
"Pence, Laura (HHS/IOS)" [REDACTED], "Steele, Danielle (HHS/IOS)" [REDACTED]
"Giroir, Brett (HHS/OASH)" [REDACTED] "Abel, Vadm Daniel (HHS/IOS)" [REDACTED]
"Alexander, Paul (HHS/ASPA)" [REDACTED] "Bresee, Joseph (CDC/DDID/NCIRD/ID)" [REDACTED]
[REDACTED], "Thompson, Betsy (CDC/DDNID/NCCDHP/DHDS)" [REDACTED], "Sanders, Michelle A.
(CDC/DDID/NCEZID/DFWED)" [REDACTED] "Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID)" [REDACTED]
[REDACTED], "Carter, Melissa (CDC/DDNID/NCEH/DLS)" [REDACTED], "Marandet, Angele G.
(CDC/DDID/NCHSTP/DHPIRS)" [REDACTED], "Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI)" [REDACTED]
[REDACTED], "Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD)" [REDACTED] "Philip, Celeste M.
(CDC/DDNID/OD)" [REDACTED], "Rose, Dale A. (CDC/DDID/NCEZID/DPEI)" [REDACTED] CDC IMS 2019
NCOV Response MMWR and Publications [REDACTED]

Subject: (CUI/SBU): Two MMWR COVID-19 Response Early Releases Scheduled for - Tuesday, July 14, 2020

***** CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY *****

Two *MMWR* Early Releases related to the COVID-19 Response are scheduled for Tuesday, July 14, with the planned embargo lifting at 1 pm. Please note that the title, content, and timing might change. In addition, there are no CDC authors on the Springfield, Missouri report.

Absence of Apparent Transmission of SARS-CoV-2 from Two Stylists after Exposure at a Hair Salon with a Universal Face Covering Policy — Springfield, Missouri, May 2020

On May 12, 2020 (day 0), a stylist at salon A in Springfield, Missouri (stylist A), developed respiratory symptoms and continued working with clients until day 8 when the stylist tested positive for SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). A second stylist (stylist B), exposed to stylist A, developed respiratory symptoms on May 15, 2020 (day 3), and worked with clients at salon A until day 8 before seeking testing for SARS-CoV-2, which returned positive on day 10. Both stylists were required to wear masks in the salon only while working with clients. Nearly 140 clients were directly serviced by stylists A and B from the time they developed symptoms until they took leave from work. Other stylists at salon A who worked closely with stylists A and B were identified, quarantined, and monitored daily for 14 days after their last exposure to stylists A or B. No other stylists reported COVID-19 symptoms. Stylists A and B were excluded from work after receiving positive test results for SARS-CoV-2. Salon A closed for three days following diagnosis of stylist B on day 10 to disinfect frequently touched and contaminated areas. Stylists A and B and the clients who were exposed to the two stylists followed the City of Springfield ordinance and salon A policy recommending the use of face coverings (surgical masks, N95 respirators, or cloth face coverings) to both stylists and clients during their interactions. After public health contact tracings and two weeks of follow-up, no COVID-19 symptoms were identified among the exposed clients or their secondary contacts. The city-wide ordinance and company policy might have played a role in preventing spread of COVID-19 during these exposures. These findings support the role of source control in preventing transmission and can inform the development of public health policy during the COVID-19 pandemic.

Factors Associated with Cloth Face Covering Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020

On April 3, 2020, the White House Coronavirus Task Force and CDC announced a new behavioral recommendation to help slow the spread of coronavirus disease 2019 (COVID-19) by encouraging the use of a cloth face covering when out in public. There have been limited study of widespread use of cloth face coverings among the U.S. population, and therefore, little is known about encouraging the public to adopt this behavior. Immediately following the recommendation, an Internet survey sampled 503 adults during April 7–9 to assess their use of cloth face coverings and the behavioral and sociodemographic factors that might influence adherence to this recommendation. The same survey was administered 1 month later, during May 11–13, to another sample of 502 adults to assess changes in the prevalence estimates of use of cloth face coverings from April to May. Within days of the release of the first national recommendation for use of cloth face coverings, the majority of persons who reported leaving their home in the previous week reported using a cloth face covering. Prevalence of use increased to approximately 75% 1 month later, primarily associated with greater use among white, non-Hispanic persons, persons aged ≥ 65 years, and persons residing in the Midwest. The use of a cloth face covering was associated with theory-derived constructs that indicate a favorable attitude toward them, intention to use them, ability to use them, social support for using them, and beliefs that they offered protection for self, others, and the community. The results suggests that minority groups that are experiencing a greater force of severe illness and mortality from COVID-19 are not getting the message about use of face masks to mitigate risk. In addition, younger people who are not experiencing such severe illness and elevated mortality yet have the ability to spread the virus, are not heeding the guidance to wear masks. Research is needed to understand possible barriers to using cloth face coverings and ways to promote their use among those who have yet to adopt this behavior.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

1

Produced to House Select Subcommittee on Coronavirus Crisis pursuant to Oversight Request
Do Not Disclose Without Permission from Dep of Health and Human Services

From: Galatas, Kate (CDC/OD/OADC) [REDACTED]
Sent: Friday, July 17, 2020 11:30 AM
To: Schuchat, Anne MD (CDC/OD) [REDACTED]
Cc: Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]
Subject: FW: Reminder and question
Importance: High

Hi, Anne –

I am sharing this with you, as I have been forced into providing an OADC employee name to Mr. Caputo, at his demands (very long email trail below documenting this).

In an email to Kyle and R3 last night, I noted my discomfort with being instructed to take this action. I also spoke with Constance this morning (Sherri suggested I connect with her).

I would appreciate the opportunity to discuss this matter with you, but as my supervisor I wanted to make sure you had some level of awareness as to what is going on.

Many thanks,
Kate

Kate Galatas, MPH
Acting Associate Director for Communication
Centers for Disease Control and Prevention
Office: [REDACTED]
Cell: [REDACTED]
Email [REDACTED]



From: Galatas, Kate (CDC/OD/OADC)
Sent: Friday, July 17, 2020 11:03 AM
To: Kossally, Constance (HH/OGC) [REDACTED]
Cc: Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]
Subject: FW: Reminder and question
Importance: High

Thank you for the time on the phone this morning, I found it very helpful.

Please see below and attached (file named "FW: Urgent CNN Question") for the emails with Mr. Caputo that I referenced.

As mentioned, I see this as a pattern of hostile and threatening behavior directed at me, Michelle and communication staff at CDC. I will rely on your guidance moving forward on this specific issue, as well as any future issues that may arise.

Take care,
Kate

Kate Galatas, MPH
Acting Associate Director for Communication
Centers for Disease Control and Prevention
Office: [REDACTED]
Cell: [REDACTED]
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From: Galatas, Kate (CDC/OD/OADC)
Sent: Friday, July 17, 2020 10:10 AM
To: Caputo, Michael (HHS/ASPA) [REDACTED]
Cc: Redfield, Robert R. (CDC/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED] Lepore, Loretta (CDC/OD/OCS) [REDACTED]
Subject: RE: Reminder and question
Importance: High

Michael—

As I noted in my email to you on Wednesday evening, we have been looking into this issue. It took time, but here's what we found.

First, to address the NPR interview with Dan Pollock:

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I have attached two email trails that outline the basics of the above-referenced media requests and how they were inappropriately combined within the same email thread. Although other emails exist on this issue, in my opinion, these two are at the heart of how the confusion started and demonstrate what I consider to be sloppy work on [Name] end.

Since the time of being alerted to this issue, we have taken many steps:

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Finally, let me assure you I understand the high stakes involved in this matter. There is one thing I take most seriously as a professional, and it is the oath I swore when accepting my civil service position – and for 20 years, I have demonstrated steadfast commitment to the American people in my contributions to CDC's mission of saving lives and protecting the public's health. That has not and will not change.

Kate

Kate Galatas, MPH

Acting Associate Director for Communication

Centers for Disease Control and Prevention

Office: [REDACTED]

Cell: [REDACTED]

Email: [REDACTED]



From: Caputo, Michael (HHS/ASPA) [REDACTED]
Sent: Thursday, July 16, 2020 5:54 PM
To: Galatas, Kate (CDG/OD/OADC) <[REDACTED]>; Redfield, Robert R. (CDC/OD) [REDACTED]
Cc: Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]
Subject: Re: Reminder and question

Kate and Michelle:

I have not received a response to my email for 20 hours. This is unacceptable.

Please report to me the name of the press officer who approved three Pollock/NPR interview by close of business Friday, July 17.

Additionally, please tell me the name of the CDC communications staffer who removed important COVID information from the CDC Web site, including the hospital data map, also by close of business Friday, July 17.

These actions were reckless, damaging to the coronavirus response, and damaging to the trust Americans have in their government.

I need this information to properly manage department communications. If you disobey my directions, you will be held accountable.

Thank you,

Michael R. Caputo

Assistant Secretary for Public Affairs
US Health and Human Services

Work Cell: [REDACTED]

DELIBERATIVE, PRE-DECISIONAL MATERIALS
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On Jul 15, 2020, at 9:46 PM, Caputo, Michael (HHS/ASPA) [REDACTED] wrote:

This is an HHS issue. I need to know who did it and we will look into the matter.

Dr Redfield is copied.

Michael R. Caputo

Assistant Secretary for Public Affairs
US Health and Human Services

Work Cell: [REDACTED]

DELIBERATIVE, PRE-DECISIONAL MATERIALS
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On Jul 15, 2020, at 9:27 PM, Galatas, Kate (CDC/OD/OADC) [REDACTED] wrote:

Turns out that one of our press officers misinformed our SME that this interview was approved. We are looking into how exactly this happened, but recognize that it has resulted in an unapproved interview. As I understand it, this interview request came in from NPR last week and the interview happened on Monday.

This is not an issue of us not knowing the proper HHS clearance protocols or of disregarding them. It was a mistake that is being addressed with our employee.

Kate

[Kate Galatas, MPH](#)

Acting Associate Director for Communication
Centers for Disease Control and Prevention

Office: [REDACTED]

Cell: [REDACTED]

Email: [REDACTED]

<image003.jpg>

From: Caputo, Michael (HHS/ASPA) [REDACTED]

Sent: Wednesday, July 15, 2020 8:15 PM

To: Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]

Cc: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED];

Galatas, Kate (CDC/OD/OADC) [REDACTED]

Subject: Re: Reminder and question

I need answers right now.

Michael R. Caputo

Assistant Secretary for Public Affairs
US Health and Human Services

Work Cell: [REDACTED]

**DELIBERATIVE, PRE-DECISIONAL MATERIALS
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On Jul 15, 2020, at 4:56 PM, Bonds, Michelle E. (CDC/OD/OADC) [REDACTED] wrote:

I'm looking into this. I recall a media inquiry from NPR for Dan Pollock came in last week. I will get back with you once I the clearance down.

Michelle E. Bonds, MBA
Director, Division of Public Affairs
Centers for Disease Control and Prevention

Office: [REDACTED]

Email: [REDACTED]

www.cdc.gov

<image001.jpg>

This e-mail message is intended for the exclusive use of the recipient(s) named above. It may contain information that is deliberative or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you think you have received this e-mail message in error, please notify the sender immediately.

From: Caputo, Michael (HHS/ASPA) [REDACTED]
Sent: Wednesday, July 15, 2020 4:48 PM
To: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED];
Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]
Subject: Reminder and question

All:

According to longstanding policy, no media interviews are permitted without HHS ASPA clearance. There are no exceptions.

With your professional responsibilities in mind, please advise how this interview happened: <https://www.npr.org/sections/health-shots/2020/07/15/891351706/white-house-trips-role-of-data-collection-role-for-covid-19-hospitalizations>

Thank you.

Michael R. Caputo

Assistant Secretary for Public Affairs
US Health and Human Services

Work Cell: [REDACTED]

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Do Not Disclose
Produced by the House Select Subcommittee
Without Permission from Dept of Health and Human Services

From: Galatas, Kate (CDC/OD/OADC) [REDACTED]
Sent: Friday, July 17, 2020 10:35 AM
To: Redfield, Robert R. (CDC/OD) [REDACTED]; McGowan, Robert (Kyle) (CDC/OD/OCS) [REDACTED]
Cc: Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Subject: FW: Reminder and question
Importance: High

Dr. Redfield and Kyle –

Please see below. We will handle the meeting with [Name]

Please intervene and have someone else at CDC send the appropriate program person's name to Mr. Caputo related to the NHSN matter **by COB today**.

I respectfully request that you not require me to do so. I also respectfully request that he not be given only the comms name; but, rather the name of the program SME who made the call that this data should come down in the first place. Based on my knowledge of how this process works at CDC, I highly doubt that a comms person took this action on his/her own.

Many thanks,
Kate

Kate Galatas, MPH
Acting Associate Director for Communication
Centers for Disease Control and Prevention
Office: [REDACTED]
Cell: [REDACTED]
Email: [REDACTED]



From: Caputo, Michael (HHS/ASPA) [REDACTED]
Sent: Friday, July 17, 2020 10:17 AM
To: Galatas, Kate (CDC/OD/OADC) [REDACTED]
Cc: Redfield, Robert R. (CDC/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]
Subject: Re: Reminder and question

Thank you for your response.

I want to speak to **Name** about this immediately. My office will organize the interview with appropriate representation. If he wants an HR or union representative on the WebEx, that's preferable.

Copying Madeleine in my office to organize this discussion. Please provide her his contact information.

I want the name of the COMMS person responsible for the pages where the data was disabled. I understand they may not have done this themselves, but I want to hear the full story from the public affairs person who is most closely responsible. I need that name by close of business today.

Michael R. Caputo

Assistant Secretary for Public Affairs
US Health and Human Services

Work Cell: [REDACTED]

DELIBERATIVE, PRE-DECISIONAL MATERIALS
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On Jul 17, 2020, at 10:10 AM, Galatas, Kate (CDC/OD/OADC) [REDACTED] wrote:

Michael—

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Kate
Kate Galatas, MPH
Acting Associate Director for Communication
Centers for Disease Control and Prevention

Office: [REDACTED]
Cell: [REDACTED]
Email: [REDACTED]
<image002.jpg>

From: Caputo, Michael (HHS/ASPA) [REDACTED]
Sent: Thursday, July 16, 2020 5:54 PM
To: Galatas, Kate (CDC/OD/OADC) [REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]
Cc: Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]
Subject: Re: Reminder and question

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Assistant Secretary for Public Affairs
US Health and Human Services

Work Cell: [REDACTED]

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Kate

Kate Galatas, MPH
Acting Associate Director for Communication
Centers for Disease Control and Prevention
Office: [REDACTED]
Cell: [REDACTED]
Email: [REDACTED]
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To: Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]
Cc: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]
Subject: Re: Reminder and question

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Michael R. Caputo

Assistant Secretary for Public Affairs
US Health and Human Services

Work Cell: [REDACTED]

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Director, Division of Public Affairs
Centers for Disease Control and Prevention
Office: [REDACTED]
Email [REDACTED]

www.cdc.gov
<image001.jpg>

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Thank you.

Michael R. Caputo

Assistant Secretary for Public Affairs
US Health and Human Services

Work Cell: [REDACTED]

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From: [Kent, Charlotte \(CDC/DDPHSS/CSELS/OD\)](#)
To: [Alexander, Paul \(HHS/ASPA\)](#); [Caputo, Michael \(HHS/ASPA\)](#); [Traverse, Brad \(HHS/ASPA\)](#)
Cc: [Redfield, Robert R. \(CDC/OD\)](#); [Anne Schuchat MD \(CDC/OD\)](#); [REDACTED]; [Walke, Henry \(CDC/DDID/NCEZID/DPEI\)](#); [Iademarco, Michael \(CDC/DDPHSS/CSELS/OD\)](#); [Stephens, James W. \(CDC/DDPHSS/CSELS/OD\)](#); [Campbell, Amanda \(CDC/OD/OCS\)](#)
Subject: RE: (CUI/SBU): Two MMWR COVID-19 Reports Scheduled for Regular Issue - Thursday, July 16, 2020
Date: Tuesday, July 21, 2020 1:47:00 PM

Dr. Alexander,

Many thanks for your comment. The underlying medical conditions included in the paper's prevalence estimates were selected using the subset of the list of conditions with the "strongest and most consistent evidence" of association with higher risk for severe COVID-19-associated illness [on CDC's website as of June 25, 2020](#) and for which questions on the BRFSS aligned. These include chronic kidney disease, chronic obstructive pulmonary disease, diabetes mellitus, heart conditions, and obesity (defined as body mass index [BMI] of ≥ 30 kg per m²). Conditions from the list of those with mixed and limited evidence of association with increased risk for severe COVID-19 illness were not included. Hypertension was not included, because CDC's review of the literature found the evidence to be mixed in late June.

Please let me know if you have any other questions.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report* (MMWR) Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Thursday, July 16, 2020 12:25 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]; Traverse, Brad (HHS/ASPA) [REDACTED]
Subject: RE: (CUI/SBU): Two MMWR COVID-19 Reports Scheduled for Regular Issue - Thursday, July 16, 2020

Hi Charlotte, can you consider adding 'hypertension' to this list in this piece. If it is delineated in the main report for it is a strong risk factor, then that's fine.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)

US Department of Health and Human Services (HHS)

Washington, DC

Tel: [REDACTED] (Office)

Tel: [REDACTED] (Cellular)

Email: [REDACTED]

Majority
of Services

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]

Sent: Thursday, July 16, 2020 12:18 PM

To: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]

Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD)

[REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael

(CDC/DDPHSS/CSELS/OD) [REDACTED]

Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC)

[REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]

Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W.

(CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED];

Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED];

King, Veronnicia (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria

(CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD)

[REDACTED]; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa

(CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED];

Heldman, Amy B. (CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC)

[REDACTED]; Gaines-McCorm, Molly (CDC/OD/OADC) [REDACTED]; Bedrosian, Sara

(CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Gindler,

Jacqueline (CDC/DDPHSS/CSELS/OD) <[REDACTED]> Rutledge, Terisa (CDC/DDPHSS/CSELS/OD)

[REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M.

(CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD)

[REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows,

Donald (ATSDR/OCOM/WE) [REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD)

[REDACTED]; Dott, Mary (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian

(CDC/DDPHSS/CSELS/OD) [REDACTED]; Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy,

Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED];

Campbell, Amanda (CDC/OD/OCS) [REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED];

Harmon, Carrie E. (CDC/OD/OADC) [REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD)

[REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Shefer, Abigail

(CDC/DDPHSS/CGH/GID) [REDACTED]; Hariri, Susan (CDC/DDID/NCIRD/DBD) [REDACTED];

CDC IMS JIC Emergency Clearance-2 [REDACTED]; Eastham, Laura

(CDC/DDID/NCHHSTP/DHPSE) [REDACTED]; CDC IMS 2019 NCOV Response Policy

[REDACTED]; Eisenberg, Emily (CDC/DDID/NCIRD/ID) [REDACTED]; CDC IMS 2019

NCOV Response Incident Manager [REDACTED]; Walke, Henry

(CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response Deputy Incident Manager [REDACTED]; Fitter, David L. (CDC/DDPHSIS/CGH/GID) [REDACTED]; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; Myers, Brad (CDC/OD/OADC) [REDACTED]; CDC IMS JIC Lead -2 (cdc.gov) [REDACTED]; CDC IMS JIC Media -2 [REDACTED]; CDC IMS JIC OADC LNO -2 [REDACTED]; Khabbaz, Rima (CDC/DDID/NCEZID/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Birx, Deborah (nsc.eop.gov) [REDACTED] @nsc.eop.gov>; McGuffee, Tyler A. (ovp.eop.gov) [REDACTED] @ovp.eop.gov>; Pence, Laura (HHS/IOS) [REDACTED]; Steele, Danielle (HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH) [REDACTED]; Abel, Vadm Daniel (HHS/IOS) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]; [REDACTED]; Bresee, Joseph (CDC/DDID/NCIRD/ID) [REDACTED]; Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDSP) [REDACTED]; Sanders, Michelle A. (CDC/DDID/NCEZID/DFWED) [REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED]; Carter, Melissa (CDC/DDNID/NCEH/DLS) [REDACTED]; Marandet, Angele G. (CDC/DDID/NCHHSTP/DHPIRS) [REDACTED]; Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI) [REDACTED]; Walker, Misha (NKK) (CDC/DDNID/NCBDDD/OD) [REDACTED]; Fox, Kimberley (CDC/DDID/NCIRD/DBD) [REDACTED]; Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDSP) [REDACTED]; Philip, Celeste M. (CDC/DDNID/OD) [REDACTED]; Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]

Subject: RE: (CUI/SBU): Two MMWR COVID-19 Reports Scheduled for Regular Issue - Thursday, July 16, 2020

******* CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY *******

Two *MMWR* reports related to the COVID-19 Response are scheduled as part of the regular issue of the Weekly, with the embargo lifting Thursday, July 23 at 1 pm. Please note that the titles, content, and timing might change.

Estimated county-Level Prevalence of Selected Underlying Medical Conditions Associated with Increased Risk for Severe COVID-19 Illness — United States, 2018

Risk of severe coronavirus disease 2019 (COVID-19)-associated illness (illness requiring hospitalization, intensive care unit admission, or mechanical ventilation, or resulting in death) increases with increasing age as well as presence of certain underlying medical conditions, including chronic lung disease, cardiovascular disease, chronic kidney disease, diabetes, and obesity. Identifying and describing the prevalence of these conditions at the local level can help guide decision-making and efforts to prevent or control severe COVID-19-associated illness. Below state-level estimates, there is a lack of standardized publicly available data on underlying medical conditions that increase the risk for severe COVID-19-associated illness. A small area estimation approach was used to estimate county-level prevalence of conditions

associated with severe COVID-19 disease among U.S. adults aged ≥18 years using self-reported data from the 2018 Behavioral Risk Factor Surveillance System and U.S. Census population data. Whereas the estimated number of persons with any underlying medical conditions was higher in population-dense metropolitan areas, overall prevalence was higher in rural nonmetropolitan areas. These data can provide critical local-level information about the estimated number and proportion of persons with certain underlying medical conditions to help guide decisions regarding mitigation and prevention measures to slow the spread of COVID-19.

Notes from the Field: Impact of the Response to COVID-19 on U.S. Tuberculosis Prevention, Control, and Laboratory Services — United States, March–April 2020

CDC’s Division of Tuberculosis Elimination funds 61 state, local, and territorial tuberculosis programs in the United States through the TB Elimination and Laboratory cooperative agreement. After the first U.S. case of coronavirus disease 2019 (COVID-19) was reported January 20, 2020, TB programs notified CDC project officers that program personnel would be deployed for their jurisdictions’ COVID-19 response. In April 2020, as part of routine monitoring, CDC project officers spoke by telephone with 50 of the grantees to estimate the effect of COVID-19 deployments on essential TB activities. Reported effects included reduced staff capacity for 1) cooperative agreement and fiscal management, 2) clinical consultation or clinic service delivery, 3) outreach and field services (e.g., contact tracing and directly observed therapy), 4) surveillance and case reporting, and 5) training and program evaluation. Such effects make it difficult for programs to complete essential TB elimination activities, such as contact tracing and TB diagnosis, potentially leading to an increase in new outbreaks of TB disease.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report* (MMWR) Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

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Message

From: Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 7/27/2020 7:46:19 PM
To: Caputo, Michael (HHS/ASPA) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Traverse, Brad (HHS/ASPA) [REDACTED]
Subject: Final rebuttal to the MMWR CDC piece on the 50% spread of COVID in Georgia camps

Hi Michael, as requested, here is the piece to rebut that poor CDC MMWR...I am not sure where it can be published but this has very re-assuring information and even for the White House. You can now tweak this how you wish.

Title: Safe re-opening of schools across America - case in point: YMCA of America, New York City's Department of Education, and Brown University

In the era of COVID-19, parents across the USA, and globally, are quite rightly concerned about their children's safe return to school. Government leaders, policy makers, school administrators, parents, and even children are spending vast amounts of time considering how a safe re-opening of schools could take place in September 2020 (or thereabouts). This is on the heels of accumulating evidence that it is imperative that schools re-open for children given the negative impact of school closure on the social, psychological, emotional, and safety components of a child's life. When a child attends in-person full-day school (or part-day as the case may be), many needs, including nutrition, are met. There has to be an in-person component to accrue the benefits of schooling. In this regard, some have made their case for only in-person schooling for children and have highlighted the potential limitations of remote type learning, arguing that the child's brain grows more rapidly when there is in-person relationships with active, hands-on exploration. No doubt, the preferred format of the re-open for particular schools and settings will be dictated by the nature of the COVID-19 spread at that time. There will be variation in the epidemiology of COVID-19 by location/setting across the USA and this must be considered by relevant decision-makers. As the USA, at all levels of society, works to reduce transmission of COVID-19 and thus the risk to high-risk persons, any re-open decisions must consider the local circumstances for the extent of transmission. In moving to get schools re-opened safely, this has been the clarion call by the administration and President Trump's Coronavirus Task Force experts, who have been in line with recent Centers for Disease Control and Prevention (CDC) guidance on the re-opening of schools.

There will no doubt be areas where the guardrails that indicate greater spread such as positivity rate will be more elevated and as indicated, these would need decisions on a case-by-case basis. For example, if a location in the USA is experiencing a positivity rate of 5% or more (using 5% as a threshold for increased spread) and indications are of ongoing spread, then such a location would need to consider other school re-opening options other than the in-person full-day model e.g. remote learning, a hybrid model etc. Thus they would only re-open safely when the spread is brought under control. It makes sense that a carte blanche 'uniform' approach to re-opening of schools is not the way to go. This is justifiable when the safety of children remains paramount and particularly to the US government's administration experts tasked with this.

We do have evidence from global nations, especially across Europe that have re-opened schools, that have shown that it can be done safely with little, if any, impact on children, especially in terms of the risk of COVID-19 transmission to them. There are indications that there is almost zero evidence of spread of infection from child to child or child to adult. Children seem to not be the key drivers of COVID in schools or **Error! Hyperlink reference not valid.** larger communities seasonal influenza whereby children are the drivers of influenza. It is also being reported that not one nation in the entire world has thus far reported child care centers or elementary/primary schools as significant sources of COVID-19 transmission.

In this regard, we draw your attention to the very promising results that emerged in the USA in many YMCA centers that remained open during the last months. We think this will help shed light onto the prospect of school re-opening safely once risk reducing guidance such as CDC's guidance for safe school re-opening is followed. This adherence to the safety guidance must be maintained by all involved parties within the system e.g. teachers/guidance counsellors/administrators/kids etc.

Specifically, very informative and encouraging data has emerged from the YMCA of the USA and New York City's Department of Education whereby the two organizations reportedly followed safety guidance that closely mirrors guidance recently put out by the CDC. Similarly, Brown University's survey analysis of child care centers have also yielded very important data on the risk of COVID-19 spread among children in the USA. For example, The YMCA indicated that during the lockdowns from March, it has provided care for as many as 40,000 children aged 1 to 14 at 1,100 separate USA sites, and doing this typically in partnership with local and state governments. Similarly, New York city's Department of Education reported that it has cared for greater than 10,000 children at approximately 170 sites in New York City. Both organizations have reported that during this coverage, they adhered to safety guidance that very closely mirrored what the CDC had put out. The further indicated that while a very small number of staff and parents at various sites around the country went on to test positive for COVID-19, there were no records in their systems of having more than one case at any particular site. Moreover, findings from a survey conducted by Brown University's economist Emily Oster revealed that among the over 900 centers that are serving greater than 20,000 children, approximately 1% of staff and 0.16% of children were declared as COVID-19 positive. When all 983 centers are examined that served 27,497 students, there were only 42 cases in students for a confirmed case-rate of 0.15%. Among the 9,691 staff, the confirmed case-rate was 1.10%. In addition, for the 693 centers that were opened on a full-time basis serving 20,979 students, there were 42 positive students for a confirmed case-rate of 0.14%. Of the 7,494 staff working full-time, 67 were positive for COVID-19 with a confirmed case-rate of 0.89%.

Elliot Haspel, who is an education policy expert and child care advocate wrote that child care and schools must be opened very, very soon and that as far as he knows, there are virtually no recorded instances of child-to-adult transmission of COVID-19. It is not zero risk as one would be foolish to intimate this, but the reality is that global governments, policy makers, school administrators, teachers and all involved with education, as well as the medical communities, now have a far better grasp of COVID-19 in terms of who is the greatest at-risk sub-groups and why, and where children fit into the analysis of risk. In short, the risk to children of severe illness or worse is basically non-existent, with CDC's own estimates to June 2020 for COVID-19 death being under 1 year of age, 0.008%, 1-4 years of age being 0.005%, and 5-14 years of age being 0.013%. The real issue is many are running around extolling a March 2020 understanding of COVID-19 when in fact we are now entering August 2020 and know much more about the little risk children have. Moreover, this is potentially eliminated when all related school re-open activities are done safely in line with CDC's school re-open guidance. Taken together, these positive results suggest that we may extrapolate further by collating the very strong global evidence and the child care evidence described here. It reveals that children can school once again and school together, as long as we be sensible about it and engage in the CDC type steps that could significantly reduce the risks of spread. The evidence seems stable that the coronavirus does not readily spread among children alike how it is done for the flu each year. This is very good news for parents and all involved, especially for our educators.

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Message

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Sent: 7/27/2020 5:57:28 AM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: RE: (CUI/SBU): Two MMWR COVID-19 Response Reports Scheduled for Release in the Regular Issue on Thursday, July 30, 2020

Good night, grateful.

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Subject: RE: (CUI/SBU): Two MMWR COVID-19 Response Reports Scheduled for Release in the Regular Issue on Thursday, July 30, 2020

Dear Dr. Alexander,

Many thanks for your suggestions. The summaries are very high level and do not provide the breadth of information available in these reports.

In response to your first comment on the NYC vaccination report, I see how the information in the summary appears incongruent. The summary highlighted the improvements in vaccination that occurred in children <24 months. Because there were not improvements across all ages, remediation efforts continued. Vaccination administration among persons aged 2–18 years increased starting the week of April 26–May 2 and continued to rise. However, as of June 27 vaccination administration in this age group still had not reached levels comparable with 2019. Thus, the rationale for the timing of the remediation efforts are much clearer in the text of the report.

In the voting in Wisconsin report, the authors describe that various voting options made available to voters resulted in a substantive change in in person voting. During Spring 2020, only about 20% of voters voted in person, compared to about 90% in Spring 2016. Had the in person voting been comparable to earlier elections, it is unclear if onsite mitigations would have been sufficient to assure safe polling sites. Thus, the available data in the report does not support your suggested addition, "These findings argue for and support in-person voting in elections once the necessary risk reduction steps are taken and rigorously applied, and the use of CDC's interim guidance on voting options."

Please let us know if you have any additional suggestions. We deeply appreciate your positive comments.

Regards,

Charlotte Kent, PhD, MPH
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Subject: RE: (CUI/SBU): Two MMWR COVID-19 Response Reports Scheduled for Release in the Regular Issue on Thursday, July 30, 2020

Hi good morning, please see yellow highlight that captures the timelines and ask your consideration (your first piece on vaccinations). The mayoral new conference May 20 is prior stated and makes it read as if the wonderful increase in vaccination was due to that but based on the dates you reported, it should be placed after May 17 as the increase appears to be a result of the terrific consequence of public health partners etc. and those experts. Thus where it is placed now reads more accurate temporally and, to me, is more reflective of the story you are telling. This really is a good news and shows the importance of the good public health and other locations can mirror this approach of active reminders etc. Note, I adjusted based on what you have written here and not the full report. I also inserted the term 'subsequently' in red.

For the second piece on voting in Wisconsin, I added a conclusion statement in red that I think is missing which is the good news or 'finding' from this study.

Thank you for any consideration and thank you CDC for doing such a fabulous job.

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Subject: (CUI/SBU): Two MMWR COVID-19 Response Reports Scheduled for Release in the Regular Issue on Thursday,
July 30, 2020

***** CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR
INTERNAL CDC USE ONLY *****

Two MMWR reports related to the COVID-19 Response are scheduled as part of the regular issue of the
Weekly with the embargo lifting Thursday, July 30 at 1 pm. Please note that the titles, content, and timing
might change.

Notes from the Field: Rebound in Routine Childhood Vaccine Administration Following Decline During the COVID-19 Pandemic — New York City, March 1–June 27, 2020

Concerns have been raised about falling childhood vaccine administration and vaccination coverage rates during the coronavirus disease (COVID-19) pandemic. In New York City (NYC), decreasing vaccination coverage is of particular concern in light of recent outbreaks of vaccine-preventable diseases, including a large measles outbreak during 2018–2019. The effect of the COVID-19 pandemic on routine childhood vaccination rates was monitored by the NYC Department of Health and Mental Hygiene (DOHMH) using the Citywide Immunization Registry (CIR), a population-based immunization information system with high data quality and provider participation. A decline in the number of vaccine doses administered in NYC was detected beginning the week of March 8, 2020, 1 week after the first COVID-19 case was confirmed in NYC and declined further after the New York State on PAUSE Executive Order went into effect on March 22. In response to the decline in vaccine administration documented during the COVID-19 pandemic, the NYC DOHMH sent four communications to health care providers during March–June. Reminder and recall tools available in the CIR's provider portal were promoted to identify and recall children who were overdue for vaccination. Rates of vaccine administration increased among persons aged <24 months starting the week of April 19–25, as the number of new COVID-19 cases declined, and returned to levels comparable with those during 2019 beginning the week of May 17. Subsequently, the importance of childhood vaccination was the subject of a mayoral press conference on May 20 that was widely covered by local media. The rebound of administration of routine early childhood vaccines in NYC demonstrates the critical role of public health departments and partnerships with numerous stakeholders, specifically the provider community, in childhood vaccination.

Notes from the Field: Public Health Efforts to Mitigate COVID-19 Transmission During the April 7 Election — Milwaukee, Wisconsin

Wisconsin was the first state to hold an election with in-person voting after stay-at-home orders were issued to limit transmission of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). The statewide primary election, held on April 7, 2020, occurred less than 2 weeks after the statewide "Safer at Home" order became effective on March 25. Mitigation measures in line with CDC guidelines and additional measures were implemented in the city of Milwaukee to prevent the transmission of SARS-CoV-2 at in-person polling venues, and complemented public messaging campaigns to encourage absentee voting. Comparing those voting in the spring of 2016 with those voting in the spring of 2020, the proportion of persons who voted by absentee mail-in ballots or curbside increased, and the proportion of those who voted in person on election day decreased. Laboratory-confirmed COVID-19 cases and epidemiologic data were used to characterize SARS-CoV-2 transmission from March 13, when the first case was confirmed in Milwaukee, through May 5, or 4 weeks following the election. These data provide preliminary evidence that CDC's interim guidance for ensuring various voting options, encouraging personal prevention practices, and employing environmental cleaning and disinfection lowered COVID-19 transmission risk during elections. Further risk reduction can be achieved by fully implementing CDC guidelines, which recommend longer voting periods and other options to reduce the number of voters who congregate indoors in polling locations. These findings argue for and support in-person voting in elections once the necessary risk reduction steps are taken and rigorously applied, and the use of CDC's interim guidance on voting options.

Charlotte Kent, PhD, MPH

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understood

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Cc: Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]
Subject: RE: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

We do not normally share. Done once before after discussion with Dr. Schuchat. Only comfortable if she approves.

DC
fro

From: Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]
Sent: Monday, July 27, 2020 9:57 AM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Cc: Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]
Subject: RE: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

Folks on the HHS Secretary's call want to see this MMWR---do we normally do this, how do we do this?

Michael J. Beach, PhD
Principal Deputy Incident Manager
CDC COVID-19 Emergency Response
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4018
[REDACTED]

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From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Monday, July 27, 2020 8:34 AM
To: Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED]; Fry, Alicia (CDC/DDID/NCIRD/ID) [REDACTED]; Hall, Aron (CDC/DDID/NCIRD/DVD) [REDACTED]
Cc: Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: FW: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020
Importance: High

All, Michael B suggested I share with all of you the latest draft of the GA Camp report. MMWR will put report into production this afternoon with Proof shared with senior leadership this evening. To do that, we **need a plan to respond by early afternoon today.**

Best,
Charlotte
[REDACTED]

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Monday, July 27, 2020 1:53 AM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Traverse, Brad (HHS/ASPA) [REDACTED]; Hensley, Gordon (HHS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]
Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC) [REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED]; Caudwell, Kevin M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED]; King, Veronica (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria (CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Heldman, Amy B. (CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC) [REDACTED]; Gaines-McCollom, Molly (CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows, Donald (CDC/DDNID/NCEH/OD) [REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dott, Mary [REDACTED]

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(CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED];
Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS) [REDACTED];
Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Campbell, Amanda (CDC/OD/OCS)
[REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED]; Harmon, Carrie E. (CDC/OD/OADC)
[REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B.
(CDC/DDID/NCIRD/ID) [REDACTED]; Hariri, Susan (CDC/DDID/NCIRD/DBD) [REDACTED];
Wasley, Annemarie (CDC/DDPHSS/CGH/GID) [REDACTED]; CDC IMS JIC Emergency Clearance-2
[REDACTED]; Eastham, Laura (CDC/DDID/NCHHSTP/DHPSE) [REDACTED]; CDC IMS
2019 NCOV Response Policy [REDACTED]; CDC IMS 2019 NCOV Response Incident
Manager [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC
IMS 2019 NCOV Response Deputy Incident Manager [REDACTED]; Kadzik, Melissa
(CDC/DDID/NCEZID/OD) [REDACTED]; Beach, Michael J. (CDC/DDID/NCEZID/DFWED)
[REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; CDC IMS 2019
NCOV Response MMWR and Publications [REDACTED]; Myers, Brad (CDC/OD/OADC)
[REDACTED]; CDC IMS JIC Lead -2 [REDACTED]; CDC IMS JIC Media -2
[REDACTED]; CDC IMS JIC OADC LNO -2 [REDACTED]; Khabbaz, Rima
(CDC/DDID/NCEZID/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED];
Butler, Jay C. (CDC/DDID/OD) [REDACTED]; Birx, Deborah (nsc.eop.gov)
[REDACTED] <[\[REDACTED\]@nsc.eop.gov](mailto:[REDACTED]@nsc.eop.gov)>; McGuffee, Tyler A. (ovp.eop.gov)
[REDACTED] <[\[REDACTED\]@ovp.eop.gov](mailto:[REDACTED]@ovp.eop.gov)>; Pence, Laura (HHS/IOS) [REDACTED]; Steele,
Danielle (HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH) [REDACTED];
Abel, Vadm Daniel (HHS/IOS) [REDACTED]; Bresee, Joseph (CDC/DDID/NCIRD/ID)
[REDACTED]; Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDS) [REDACTED]; Baldwin, Grant
(CDC/DDNID/NCIPC/DOP) [REDACTED]; Sanders, Michelle A. (CDC/DDID/NCEZID/DFWED)
[REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED];
Carter, Melissa (CDC/DDNID/NCEH/DLS) <[REDACTED]>; Marandet, Angele G.
(CDC/DDID/NCHHSTP/DHPIRS) [REDACTED]; Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI)
[REDACTED]; Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD) [REDACTED]; Philip,
Celeste M. (CDC/DDNID/OD) <[REDACTED]>; Fox, Kimberley (CDC/DDID/NCIRD/DBD)
[REDACTED]; Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDS) [REDACTED]; Rose, Dale A.
(CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications
[REDACTED]

Subject: RE: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday,
July 29, 2020

Hi Ms. Kent, a pleasant good night. This is an important piece by CDC, thank you very much for sharing. For this summary, it is important that the public/reader gets the accurate picture and maybe it is within the long document, but in case it is not, can you ensure that somewhere this piece provides for the reader:

1. How many people in total, including children, attended this; from my reading, it does not seem to be only 600; am I correct?
2. 600 had documents for a negative test result, but based on how this is written, there are additional folk who had no test results; how many were they?
3. How many were children aged 6-10 years old so that we can better understand what a 50% attack rate is e.g. were there 4 kids and 2 were infected for that is 50%, were there 10 kids

and 5 were infected for that is 50%, or were there 2 kids, and 1 was infected as that too is 50%...or were there 1000 people in total and of these, 600 were kids, and a 50% attack rate would be 300 infected...if the latter or something like that, then this would be very informative given this piece is linked to schools reopening among youth

4. Can you give the age groups and cases for all kids, not just 6-10 years old.
5. It reads as if CDC's own guidance is sub-optimal and not effective. Do you wish to say this in that manner for you did allude to the Georgia folk following CDC suggestions etc.? Maybe you could say they failed to follow the guidance adequately??
6. What I may be missing and forgive me, is that core to CDC guidance is to avoid congregate settings. Thus why was this affair staged? This as a camp, was an acute congregate setting so help me understand if you do not mind, was this an exercise by the peoples in Georgia to see what would happen with spread when one deliberately sets up a camp to push the spread? This confuses me.
7. Making a link or association between this type of congregate setting in the piece below and schools, is not entirely accurate. Why would I say that? This is because in a school setting, prevention strategies such as proper hand-washing, social distancing in class rooms and yard that is supervised by teachers with their face masks as it is the teachers who predominantly spread to the kids, not the other way around, proper face coverings where needed, and limited congregation of persons, can be exercised effectively.
8. A congregate setting in a camp cannot adequately facilitate prevention or mitigation strategies just based on the nature of the camping event (we all experience this), whereas in a school, with the now sensitized alertness to the COVID issue and what needs to be done, the school environment can be and will be reconfigured to minimize risk of transmission, and thus enhance a much safer environment for all involved.

Yes, it is a congregate setting in a school, but it is very different to a camp, and the core CDC guidance can be employed effectively in a school setting and so this piece seeks to in a way, as I read, forgive me, somewhat undermines the re-opening of schools and your actual CDC guidance. Moreover, it argues against the strong clear statements by Dr. Redfield on why schools must re-open for the benefit to children and how it can be done so in a very safe manner. All the globe's data, nation by nation, who have re-opened schools, have done so safely and children are not impacted. I can find no evidence, where children have been negatively impacted by school reopening as to COVID. This CDC MMWR also concluded by saying in spite of adhering to CDC guidance the spread was massive, with elevated attack rates. Please tell us in the piece, how many children in the 6-10 age group there were and how many were infected. For as mentioned, it could be as little as 1 of 2 kids. This confuses me because you, in fact, are CDC and the piece reads as if CDC's own guidance is not adequate and that even if a school or similar implements most recommended strategies to prevent transmission, that there will still be massive spread. I find it incredible this piece would be put out the way it is written at a time when CDC and its leader Dr. Redfield is trying to showcase the school re-open guidance and the push is to help schools re-open safely. It just sends the wrong message as written and actually reads as if to send a message of NOT to re-open. Again, I may be missing something but this is how it reads.

I end by sharing CDC's own data on risk of death to children from COVID as of now:

1. Under 1 year of age= 0.008%
2. 1-4 years of age=0.005%
3. 5-14 years of age= 0.013%

I felt I would share my view point on this MMWR piece.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC

Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)

Email [REDACTED]

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From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Sunday, July 26, 2020 10:29 PM
To: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC) [REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED]; Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED]; King, Veronnic (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria (CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Heldman, Amy B. (CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC) [REDACTED]; Gaines-McCollom, Molly (CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows, Donald (CDC/DDPHSS/CSELS/OD) [REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dott, Mary (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED]; Harmon, Carrie E. (CDC/OD/OADC) [REDACTED]

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[REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Hariri, Susan (CDC/DDID/NCIRD/DBD) [REDACTED]; Wasley, Annemarie (CDC/DDPHSIS/CGH/GID) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED]; Eastham, Laura (CDC/DDID/NCHHSTP/DHPSE) [REDACTED]; CDC IMS 2019 NCOV Response Policy [REDACTED]; CDC IMS 2019 NCOV Response Incident Manager [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response Deputy Incident Manager [REDACTED]; Kadzik, Melissa (CDC/DDID/NCEZID/OD) [REDACTED]; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; Myers, Brad (CDC/OD/OADC) [REDACTED]; CDC IMS JIC Lead -2 (cdc.gov) [REDACTED]; CDC IMS JIC Media -2 [REDACTED]; CDC IMS JIC OADC LNO -2 [REDACTED]; Khabbaz, Rima (CDC/DDID/NCEZID/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Butler, Jay C. (CDC/DDID/OD) [REDACTED]; Birx, Deborah (nsc.eop.gov) [REDACTED]; [REDACTED]@nsc.eop.gov>; McGuffee, Tyler A. (ovp.eop.gov) [REDACTED]@ovp.eop.gov>; Pence, Laura (HHS/IOS) [REDACTED]; Steele, Danielle (HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH) [REDACTED]; Abel, Vadm Daniel (HHS/IOS) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]; Bresee, Joseph (CDC/DDID/NCIRD/ID) [REDACTED]; Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDSP) [REDACTED]; Baldwin, Grant (CDC/DDNID/NCIPC/DOP) [REDACTED]; Sanders, Michelle A. (CDC/DDID/NCEZID/DFWED) [REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED]; Carter, Melissa (CDC/DDNID/NCEH/DLS) [REDACTED]; Marandet, Angele G. (CDC/DDID/NCHHSTP/DHPIRS) [REDACTED]; Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI) [REDACTED]; Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD) [REDACTED]; Philip, Celeste M. (CDC/DDNID/OD) [REDACTED]; Fox, Kimberley (CDC/DDID/NCIRD/DBD) [REDACTED]; Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDSP) [REDACTED]; Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]

Subject: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

***** CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY *****

One MMWR Early Release related to the COVID-19 Response is scheduled for Wednesday, July 29, with the planned embargo lifting at 1 pm. Please note that the title, content, and timing might change.

SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020

Understanding transmission of SARS-CoV-2, the virus that causes coronavirus infectious disease 2019 (COVID-19), among youth is critical for developing guidance for schools and

institutes of higher education. During June 17–20, an overnight camp in Georgia (Camp A) held orientation for trainees and staff; staff remained for the first camp session, scheduled from June 21–27, and were joined by campers and several senior staff on June 21. Adhering to a Georgia Executive Order that allowed overnight camps to operate beginning on May 31, 2020, approximately 600 trainees, staff, and campers provided documentation of a negative viral SARS-CoV-2 test =12 days prior to arriving. Camp A used CDC Suggestions for Youth and Summer Camps to minimize the risk of SARS-CoV-2 introduction and transmission. On June 23, a teenage staff member left Camp A after developing chills the previous evening. The staff member was tested and reported a positive viral test result for SARS-CoV-2 on June 24. Camp A officials began sending campers home on June 24 and closed on June 27. On June 25, the Georgia Department of Public Health was notified, initiated an investigation, and recommended that all attendees get tested and isolate or quarantine. Attack rates were calculated by dividing the number of persons who tested positive by the total number of Georgia attendees, including those who did not have testing results. The overall attack rate was approximately 45% and was approximately 50% among those aged 6–10 years. Attack rates increased with increasing duration of attendance at the camp. These findings demonstrate that SARS-CoV-2 spread efficiently in a youth-centric setting resulting in high attack rates among persons in all age groups, despite efforts by the camp to implement most recommended strategies to prevent transmission. Use of cloth face coverings was not universal. Consistent use of cloth face coverings should be emphasized as an important strategy for source control in congregate settings.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series

Center for Surveillance, Epidemiology, and Laboratory Services

Centers for Disease Control and Prevention

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tomorrow afternoon for CDC leadership comments

I thought you might send a copy to me. However, I will start reviewing this version and send you comments in the next few hours. Please submit your cleared report as soon as possible through [ScholarOne](#) and include all authors conflict of interest forms

Regards,
Charlotte

From: CDC IMS JIC Emergency Clearance-2 [REDACTED]
Sent: Sunday, July 26, 2020 3:31 PM
To: CDC IMS NCOV Response STLT Clearance [REDACTED]
Cc: CDC IMS 2019 NCOV STLT Operations [REDACTED]; CDC/DDID/NCIRD/DBD [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED] Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; [REDACTED] (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: CLEARED: (#427) MMWR-Trans and Infect among Attendees of an Overnight Camp

STLT Support

This MMWR has cleared with no further comments and has been finalized in eClearance. We will consider this the final clean copy for our records.

Regards,
[REDACTED]

JIC Emergency Clearance

COVID-19 Response
[REDACTED]

From: CDC IMS NCOV Response STLT Clearance [REDACTED]
Sent: Sunday, July 26, 2020 2:10 PM
To: CDC IMS JIC Emergency Clearance-2 [REDACTED]
Cc: CDC IMS 2019 NCOV STLT Operations [REDACTED]
Subject: Review by 7/27/2020 by 9am: URGENT Returning for rereview (for OS review): (#427) MMWR-Trans and Infect among Attendees of an Overnight Camp

Hi,

Attached is the revised document: [\(#427\) MMWR-Trans and Infect among Attendees of an Overnight Camp](#)

During your review please make comments for the author(s) using track-changes. Upon completion, please:

1. Return your copy with track-changes to me along with your comments, if any.
2. Clarify whether you clear (**approve**) or whether revisions from the author are needed (**decline**) in your response.

This document is requested to be returned by **7/27/2020 by 9am EST**.

The document has already been reviewed by Epi, CICIP, and MMWR and cleared by the Response ADS.

Please let me know if you need additional information or have any questions.

Sincerely,

STLT Clearance

Coordinator, STLT Support Task Force
COVID-19 Response
Functional box: [REDACTED]

STLT Clearance Coordinators
[REDACTED]
[REDACTED]
[REDACTED]

Hours of operation: Monday-Friday, 8am - 10pm EST
Saturday and Sunday, 9am-5pm EST

From: Szablewski, Christine [REDACTED]
Sent: Sunday, July 26, 2020 2:02 PM
To: CDC IMS NCOV Response STLT Clearance [REDACTED]; Dirlikov, Emilio (CDC/DDPHSS/CGH/DGHT) [REDACTED]
Cc: CDC IMS 2019 NCOV STLT Operations [REDACTED]; Stewart, Rebekah (CDC/DDID/NCHHSTP/DTE) [REDACTED]; Lanzieri, Tatiana M (CDC/DDID/NCIRD/DVD) [REDACTED]; Chang, Karen [REDACTED]
Subject: RE: URGENT Returning for Revision (for OS review): (#427) MMWR-Trans and Infect among Attendees of an Overnight Camp

Hi,

Please attached our clean and commented versions All comments and edits have been addressed Thanks!

Christine M. Szablewski, DVM, MPH
Medical Epidemiologist- Georgia Department of Public Health
Desk: [REDACTED]
Mobile: [REDACTED]

From: CDC IMS NCOV Response STLT Clearance [REDACTED]
Sent: Sunday, July 26, 2020 12:17 PM
To: Szablewski, Christine [REDACTED]; Dirlikov, Emilio (CDC/DDPHSS/CGH/DGHT) [REDACTED]
Cc: CDC IMS 2019 NCOV STLT Operations [REDACTED]
Subject: FW: URGENT Returning for Revision (for OS review): (#427) MMWR-Trans and Infect among Attendees of an Overnight Camp

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please review the comments from the *Office of Science* in the following document (#427) **MMWR-Trans and Infect among Attendees of an Overnight Camp**, see link below.

During your review please make changes and edit using track-changes Upon completion, please:

- 1 Return a copy with track-changes and without track-changes to me
- 2 Clarify whether you have addressed all comments in the body of your email

This document is requested to be returned by **7/27/2020 by 9am EST**

https://cdc.sharepoint.com/w/s/CPR-Responses/STLTSupport/EXaYPIMsq9tBmf_mno5IetEBi-3Jy98MVhAyVgmFCMvhg?e=07Ez/r

The revised document will be returned to JIC for a rereview by Office of Science

Please let me know if you need additional information or have any questions

Sincerely,

STLT Clearance

Coordinator, STLT Support Task Force
COVID-19 Response
Functional box: [REDACTED]

STLT Clearance Coordinators
[REDACTED]
[REDACTED]
[REDACTED]

Hours of operation: Monday-Friday, 8am - 10pm EST
Saturday and Sunday, 9am-5pm EST

From: CDC IMS JIC Emergency Clearance-2 [REDACTED]
Sent: Sunday, July 26, 2020 12:08 PM
To: CDC IMS NCOV Response STLT Clearance [REDACTED]
Cc: [REDACTED] (CDC/DDPHSS/OS/OSQ); [REDACTED] (CDC/DDID/NCIRD/DBD); [REDACTED]; Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED] (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED]
Subject: Re: URGENT Returning for Revision (for OS review): (#427) MMWR-Trans and Infect among Attendees of an Overnight Camp

STLT Support

Please have the author address the OS comments and return a clean and tracked version for further OS review

Respectfully,
[REDACTED]
JIC Emergency Clearance
COVID-19 Response
[REDACTED]

From: CDC IMS JIC Emergency Clearance-2 [REDACTED]
Sent: Sunday, July 26, 2020 11:02 AM
To: CDC IMS NCOV Response STLT Clearance [REDACTED] (CDC/DDPHSS/OS/OSQ); [REDACTED] (CDC/DDID/NCIRD/DBD); [REDACTED]; Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED] (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: URGENT Returning for Revision (for OS review): (#427) MMWR-Trans and Infect among Attendees of an Overnight Camp

lect Su committ on Coronavirus Ma ri
r ssion from Dep't of Health and uman Services

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STLT Support

The PDIM/DIM has a question for the author that may require a revised version: *Only question is whether GA is participating in sequencing, and whether there is a plan to analyze whether the cases appear to be linked vs multiple introductions. If we are planning to pursue sequencing, might be good to state this in the report.*

Please provide a clean copy for OS review if this addition is made. If this addition is not made, please advise as soon as possible so I can enter this into eClearance for OS review

As a reminder, this MMWR needs to be fully cleared by 9 00a tomorrow so we need this back as soon as possible to give OS time to review

Regards,

JIC Emergency Clearance

COVID-19 Response

From: [redacted] (CDC/DDNID/OD) [redacted]
Sent: Sunday, July 26, 2020 10:58 AM
To: CDC IMS JIC Emergency Clearance-2 [redacted]; CDC IMS 2019 NCOV Response IM-PDIM Special Assts [redacted] (CDC/DDNID/NCEH/DLS) [redacted]; [redacted] (CDC/DDID/NCEZID/DFWED) [redacted]; [redacted] (CDC/DDID/NCHHSTP/DHPIRS) [redacted]; [redacted] (CDC/DDID/NCIRD/DBD) [redacted]; [redacted] (CDC/DDNID/NCIPC/DOP) [redacted]
Cc: [redacted] (CDC/DDPHSS/OS/OSQ) [redacted]; Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [redacted]; CDC IMS 2019 NCOV Response MMWR and Publications [redacted]; [redacted] (CDC/DDPHSS/CSELS/OD) [redacted]
Subject: RE: For URGENT PDIM/DIM Review: (#427) MMWR-Trans and Infect among Attendees of an Overnight Camp

Document is cleared. Only question is whether GA is participating in sequencing, and whether there is a plan to analyze whether the cases appear to be linked vs multiple introductions. If we are planning to pursue sequencing, might be good to state this in the report

Thank you

CDC COVID-19 Response

From: CDC IMS JIC Emergency Clearance-2 [redacted]
Sent: Sunday, July 26, 2020 9:34 AM
To: CDC IMS 2019 NCOV Response IM-PDIM Special Assts [redacted] (CDC/DDNID/NCEH/DLS) [redacted]; [redacted] (CDC/DDID/NCEZID/DFWED) [redacted]; [redacted] (CDC/DDID/NCHHSTP/DHPIRS) [redacted]; [redacted] (CDC/DDID/NCIRD/DBD) [redacted]; [redacted] (CDC/DDNID/OD) [redacted]; [redacted] (CDC/DDNID/NCIPC/DOP) [redacted]
Cc: CDC IMS JIC Emergency Clearance-2 [redacted]; [redacted] i (CDC/DDPHSS/OS/OSQ) [redacted]; Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [redacted]; CDC IMS 2019 NCOV Response MMWR and Publications [redacted]; [redacted] (CDC/DDPHSS/CSELS/OD) [redacted]
Subject: For URGENT PDIM/DIM Review: (#427) MMWR-Trans and Infect among Attendees of an Overnight Camp

PDIM/DIM Team

Attached you will find the MMWR-Trans and Infect among Attendees of an Overnight Camp for your urgent review. Comments are due as soon as possible so the author has time to address any comments you may have before OS review

This is a Tier 1 MMWR and full clearance is needed by 9:00a on 7/27/20

This MMWR has been cross-cleared by Epi, CICP, and MMWR and cleared by the Response ADS

Regards,

JIC Emergency Clearance

COVID-19 Response

From: CDC IMS NCOV Response STLT Clearance [redacted]
Sent: Sunday, July 26, 2020 9:17 AM
To: CDC IMS JIC Emergency Clearance-2 [redacted]
Cc: CDC IMS 2019 NCOV STLT Operations [redacted]; Dirlikov, Emilio (CDC/DDPHSS/CGH/DGHT) [redacted]
Subject: Review 7/27/2020 by 9am : ID #427/M20-MMWR-SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020

Dear JIC,

Please **rereview** the following document - **MMWR-SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020**. (attached clean and tracked documents)

During your review please make comments for the author(s) using track-changes. Upon completion, please:

Do Not Produce for Distribution from Dept of Health and Human Services

Director, Division of Field Operations

- 1 Return your copy with track-changes to me along with your comments, if any
- 2 Clarify whether you clear (**approve**) or whether revisions from the author are needed (**decline**) in your response

This document is requested to be returned by **7/27/2020 by 9am**

The document has already been reviewed by [EPI TF ([REDACTED] ADS) and CICP TF (ADS)

Please let me know if you need additional information or have any questions

Sincerely,

STLT Clearance

Coordinator, STLT Support Task Force
COVID-19 Response
Functional box: [REDACTED]

STLT Clearance Coordinators

[REDACTED]
[REDACTED]
[REDACTED]

Hours of operation: Monday-Friday, 8am - 10pm EST
Saturday and Sunday, 9am-5pm EST

From: Szablewski, Christine [REDACTED]
Sent: Saturday, July 25, 2020 6:17 PM
To: CDC IMS NCOV Response STLT Clearance [REDACTED]
Cc: Stewart, Rebekah (CDC/DDID/NCHHSTP/DTE) [REDACTED]; Lanzieri, Tatiana M (CDC/DDID/NCIRD/DVD) [REDACTED]; Chaney, Wren [REDACTED]; Dirlikov, Emilio (CDC/DDPHSIS/CGH/DGHT) [REDACTED]
Subject: Returning Revision (for PDIM/DIM review): ID #427-MMWR-SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020

Hello,

Thank you for your thoughtful comments and edits. Please see attached a clean version and commented version of our proposed manuscript.

We have addressed all comments. Thanks!

Christine M. Szablewski, DVM, MPH
Epidemiologist COVID-19 Response, Centers for Disease Control and Prevention

Assigned to:
Georgia Department of Public Health
Acute Disease Epidemiology
2 Peachtree St NW,
Cubicle 14-476
Atlanta, GA 30303
Desk: [REDACTED]
Mobile: [REDACTED]

From: CDC IMS NCOV Response STLT Clearance
Sent: Saturday, July 25, 2020 4:39 PM
To: Dirlikov, Emilio (CDC/DDPHSIS/CGH/DGHT) [REDACTED]
Cc: CDC IMS 2019 NCOV STLT Operations [REDACTED]; CDC IMS 2019 NCOV Response EPI Clearance [REDACTED]; CDC IMS 2019 NCOV Response CICP ADS/Clearance [REDACTED]; Szablewski, Christine (CDC dph ga gov) [REDACTED]; Stewart, Rebekah (CDC/DDID/NCHHSTP/DTE) [REDACTED]; Lanzieri, Tatiana M (CDC/DDID/NCIRD/DVD) [REDACTED]; CDC IMS 2019 NCOV Response STLT ADS [REDACTED]
Subject: Returning for Revision (for PDIM/DIM review): ID #427-MMWR-SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020
Importance: High

Good Evening Emilio,

Please review the comments in the following document - see attached 427-MMWR-SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020. During your review please make changes and edit using track-changes.

https://cdo.sharepoint.com/_w/_s/CPR-Responses/STLTSupport/EZq3WqmOyrdFh-bkdIKul5sBGki-VjKQJdLPCf9birUO8g?e=pWqobl

Upon completion, please:

- 1 Return a copy with track-changes and without track-changes to me
- 2 Clarify whether you have addressed all comments in the body of your email

Upon completion, this document will be returned to JIC for PDIM review

Please let me know if you need additional information or have any questions

Thank you,

Clearance Coordinator, STLT Support Task Force
COVID-19 Response
Functional box: [REDACTED]

STLT Clearance Coordinators

[REDACTED]
[REDACTED]
[REDACTED]

Hours of operation: 8am - 10pm EST (Mon-Fri)
Sat/Sun 9am-5pm

From: CDC IMS JIC Emergency Clearance-2 [REDACTED]
Sent: Saturday, July 25, 2020 4:26 PM
To: CDC IMS NCOV Response STLT Clearance [REDACTED]
Cc: CDC IMS JIC Emergency Clearance-2 [REDACTED]; Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; [REDACTED] (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: PRIORITY: Returning for Revision (for PDIM/DIM review): ID #427-MMWR-Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020
Importance: High

STLT Support

Please have the author address the ADS comments and return a clean copy for PDIM/DIM review

Thank you,
[REDACTED]

JIC Emergency Clearance

COVID-19 Response
[REDACTED]

From: [REDACTED] (CDC/DDID/NCHHSTP/DVH) [REDACTED]
Sent: Saturday, July 25, 2020 4:22 PM
To: [REDACTED] (CDC/DDID/NCIRD/ID) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]; [REDACTED] (CDC/DDID/NCEZID/DFWED) [REDACTED]; [REDACTED] (CDC/DDID/NCIRD/DBD) [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]
Cc: CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]
Subject: RE: For URGENT ADS Review by 7:00p on 7/25/20: ID #427-MMWR-Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020

All,
This MMWR has been reviewed by [REDACTED] and me. It is cleared with comments.
Thanks,
[REDACTED]

From: [REDACTED] (CDC/DDID/NCIRD/ID) [REDACTED]
Sent: Saturday, July 25, 2020 3:48 PM
To: CDC IMS JIC Emergency Clearance-2 [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]; [REDACTED] (CDC/DDID/NCEZID/DFWED) [REDACTED]; [REDACTED] (CDC/DDID/NCIRD/DBD) [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]; [REDACTED] (CDC/DDID/NCHHSTP/DVH) [REDACTED]
Cc: CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]
Subject: RE: For URGENT ADS Review by 7:00p on 7/25/20: ID #427-MMWR-Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020

[REDACTED]
Attached please find my edit and comments on the GA camp MMWR. Best,
[REDACTED]

From: CDC IMS JIC Emergency Clearance-2 [REDACTED]
Sent: Saturday, July 25, 2020 2:57 PM
To: CDC IMS 2019 NCOV Response ADS [REDACTED]; [REDACTED] (CDC/DDID/NCIRD/ID) [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]; [REDACTED] (CDC/DDID/NCEZID/DFWED) [REDACTED]; [REDACTED] (CDC/DDID/NCIRD/DBD) [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]; [REDACTED] (CDC/DDPHSS/CGH/GID) [REDACTED]; [REDACTED] (CDC/DDID/NCHHSTP/DVH) [REDACTED]
Cc: CDC IMS JIC Emergency Clearance-2 [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]
Subject: For URGENT ADS Review by 7:00p on 7/25/20: ID #427-MMWR-Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020

ADS Team

Attached you will find the MMWR-Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020 for your urgent review. Comments are due by 7:00p on 7/25/20

This is a Tier 1 MMWR and full clearance is needed by 9:00a on 7/27/20

Regards,
[REDACTED]

JIC Emergency Clearance

COVID-19 Response

From: CDC IMS NCOV Response STLT Clearance [REDACTED]
Sent: Saturday, July 25, 2020 12:50 PM
To: CDC IMS JIC Emergency Clearance-2 [REDACTED]
Cc: CDC IMS 2019 NCOV STLT Operations [REDACTED]
Subject: PRIORITY JIC CLEARANCE_7/27/2020 9am_SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020

Good Day JIC Clearance,

Please review the following document - see attached, **SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020**. During your review, please make comments for the author(s) using track-changes. Upon completion, please:

1. Return your copy with track-changes to me along with your comments, if any
2. Clarify whether you clear (**approve**) or whether revisions from the author are needed (**decline**) in your response

This document is requested to be returned by **7/27/2020 9am**

The document has already been reviewed by [EPI TF [REDACTED] ADS] and CICP TF (ADS)
Please let me know if you need additional information or have any questions

Thank you,
Clearance Coordinator, STLT Support Task Force
COVID-19 Response
Functional box: [REDACTED]

STLT Clearance Coordinators

Hours of operation: 8am - 10pm EST (Mon-Fri)
Sat/Sun 9am-5pm

From: Dirlikov, Emilio (CDC/DDPHSIS/CGH/DGHT) [REDACTED]
Sent: Saturday, July 25, 2020 12:28 PM
To: CDC IMS NCOV Response STLT Clearance [REDACTED] <[REDACTED]@cdc.gov>
Cc: CDC IMS NCOV Response STLT Clearance [REDACTED]; CDC IMS 2019 NCOV Response EPI Clearance [REDACTED]; CDC IMS 2019 NCOV Response CICP ADS/Clearance [REDACTED]; Szablewski, Christine [REDACTED]; Stewart, Rebekah (CDC/DDID/NCHSTP/DTE) [REDACTED]; Lanzieri, Tatiana M (CDC/DDID/NCIRD/DVD) [REDACTED]
Subject: PRIORITY JIC CLEARANCE: GA outbreak among campers and staff at a sleep away camp

Dear STLT Clearance Coordinators

On behalf of the coauthors, please find the attached draft of the MMWR on the GA outbreak among campers and staff at a sleep away camp, along with the completed clearance request form

Manuscript ID Number: 427

Currently, the MMWR is scheduled for release on Wednesday, 29 July, 1PM, so we kindly **requesting JIC clearance by 9AM Monday, 27 July**, so that authors and GA DOH prepare for MMWR submission/production cycle (aiming for midday Monday)

It has been prepared as a *Notes from the Field*, with input from MMWR Editor in Chief in terms of word count and supporting elements

So far:

1. Cross clearance was completed on Friday, 24 July (see attached emails) by:
 - a. STLT
 - b. EPI TF
 - c. CICP
2. MMWR Pre-Clearance completed on Saturday, 25 July (see attached email)

POCs for this manuscript are Christine, Karen, Tatiana, and Rebekah. Please keep me cc'd so I can facilitate next steps and keep leadership informed

Concurrently, lead author Christine is collecting COI forms from all authors

Many thanks in advance for everyone hard work on this, especially over a weekend

Much appreciated!

Emilio Dirlikov, PHD
Deputy, Health Department Section
COVID-19 Response
Centers for Disease Control and Prevention
[REDACTED]

Do No Dis
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r ssion from Dep't of Health and
mmitt on Corona irus Ma ri
uman Services

From: [Kent, Charlotte \(CDC/DDPHSS/CSELS/OD\)](#)
To: [Schuchat, Anne MD \(CDC/OD\)](#)
Subject: RE: Current draft of GA Camp Report
Date: Monday, July 27, 2020 2:01:00 PM

Got it.

From: Schuchat, Anne MD (CDC/OD) [REDACTED]
Sent: Monday, July 27, 2020 2:00 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: RE: Current draft of GA Camp Report

Don't pass along the draft till that first sentence is revised. Obviously an overnight camp is more like a household than a school and we need to be careful about that kind of introductory sentence.

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) <[REDACTED]>
Sent: Monday, July 27, 2020 1:12 PM
To: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) <[REDACTED]>
Cc: Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED].gov>; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; Warner, Agnes (CDC/OD/OCS) <[REDACTED]>; Hoo, Elizabeth (CDC/OD/OCS) <[REDACTED]>; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: Current draft of GA Camp Report

There is tremendous interest at HHS in this report. Here is the current draft. The report is being finalized before a proof is developed later this evening. It is likely the first sentence will be revised.

Charlotte Kent, PhD, MPH
Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

Produced to House Select Subcommittee on Coronavirus Majority
Do Not Disclose Without Permission from Dept of Health and Human Services

Message

From: Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 7/28/2020 5:25:36 PM
To: Alexander, Paul (HHS/ASPA) [REDACTED]
Subject: FW: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Tuesday, July 28, 2020 1:20 PM
To: Alexander, Paul (HHS/ASPA) [REDACTED]
Subject: FW: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

Coronavirus Crisis Pursuant to Oversight Request,
from Dep't of Health and Human Services

Produce
D
House Select Subcommittee
of Disclosure Without Permission

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Tuesday, July 28, 2020 1:17 PM
To: Alexander, Paul (HHS/ASPA) [REDACTED]
Subject: FW: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Tuesday, July 28, 2020 1:14 PM
To: Alexander, Paul (HHS/ASPA) [REDACTED]
Cc: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Traverse, Brad (HHS/ASPA) [REDACTED]; Hensley, Gordon (HHS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]
Subject: RE: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

Dr. Alexander,

Many thanks for your comments. This report shares preliminary findings from an ongoing investigation.

Under the March 14, 2020 executive order from Governor Kemp, overnight camps were permitted if they followed the provisions in the order, which Camp A did. It stipulated that all attendees provide documentation that they had a negative viral SARS-CoV-2 test ≤ 12 days prior to arriving. Neither the executive order nor CDC's Suggestions for Youth and Summer Camps mandated masks, but encouraged their use "as appropriate" and "as feasible." Camp A adopted some CDC suggestions. The report also briefly describes large cohorts of attendees that still met the provisions of the executive order, and some high-risk activities such as singing and cheering.

Camp A had nearly 600 Georgia residents attend, approximately 100 children aged 6-10 years and approximately 400 aged 11-17 years. Test results (positive and negative) were available for just under 60% of attendees. Georgia Department of Public Health calculated the attack rate where the numerator included all

positive test results reported to them and the denominator was all attendees. Thus, the approximately 45% attack rate is a conservative estimate.

There still is limited data available about SARS-CoV-2 transmission among youths. The report provides evidence for rapid transmission of infection in the specific setting of overnight camps.

In response to thoughtful comments from CDC leadership and you, the opening sentence of Georgia's report has been reframed. The opening sentence was the only reference to schools or institutions of higher learning in the report, and reference to them has been removed. The language also was revised around CDC Suggestions from "Camp A used CDC Suggestions," to "Camp A adopted some CDC Suggestions." The revised abstract is below and captures these changes.

I hope this addresses your major points. Please let us know if there are additional comments.

Regards,

Dr. Charlotte Kent
Editor in Chief, MMWR Series

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
Do Not Disclose Without Permission from Dep't of Health and Human Services

Revised abstract

COVID-19 Illness and Transmission among Campers and Staffers of an Overnight Camp in Georgia, June 2020

Limited data are available about transmission of SARS-CoV-2, the virus that causes coronavirus infectious disease 2019 (COVID-19), among youth. During June 17–20, an overnight camp in Georgia (Camp A) held orientation for trainees and staff; staff remained for the first camp session, scheduled from June 21–27, and were joined by campers and several senior staff on June 21. Adhering to a Georgia Executive Order that allowed overnight camps to operate beginning on May 31, 2020, approximately 600 trainees, staff, and campers provided documentation of a negative viral SARS-CoV-2 test ≤ 12 days prior to arriving. Camp A used some CDC Suggestions for Youth and Summer Camps to minimize the risk of SARS-CoV-2 introduction and transmission. On June 23, a teenage staff member left Camp A after developing chills the previous evening. The staff member was tested and reported a positive viral test result for SARS-CoV-2 on June 24. Camp A officials began sending campers home on June 24 and closed on June 27. On June 25 the Georgia Department of Public Health was notified, initiated an investigation, and recommended that all attendees get tested and isolate or quarantine. Attack rates were calculated by dividing the number of persons who tested positive by the total number of Georgia attendees, including those who did not have testing results. The overall attack rate was approximately 45% and was approximately 50% among those aged 6–10 years. Attack rates increased with increasing duration of attendance at the camp. These findings demonstrate that SARS-CoV-2 spread efficiently in a youth-centric setting resulting in high attack rates among persons in all age groups, despite efforts by the camp to implement some recommended strategies to prevent transmission. Use of cloth face coverings was not universal. Consistent use of cloth face coverings should be emphasized as an important strategy for source control in congregate settings.

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Monday, July 27, 2020 1:53 AM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Traverse, Brad (HHS/ASPA) [REDACTED]; Hensley, Gordon (HHS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]
Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC) [REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED]; Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED]; King, Veronnica (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria (CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Heldman, Amy B. (CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC) [REDACTED]; Gaines-McCollom, Molly (CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows, Donald (CDC/DDNID/NCEH/OD) [REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dott, Mary (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED]; Harmon, Carrie E. (CDC/OD/OADC) [REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B. [REDACTED]

(CDC/DDID/NCIRD/ID) [REDACTED]; Hariri, Susan (CDC/DDID/NCIRD/DBD) [REDACTED]; Wasley, Annemarie (CDC/DDPHSIS/CGH/GID) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED] Eastham, Laura (CDC/DDID/NCHHSTP/DHPSE) [REDACTED]; CDC IMS 2019 NCOV Response Policy [REDACTED] CDC IMS 2019 NCOV Response Incident Manager [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response Deputy Incident Manager [REDACTED] Kadzik, Melissa (CDC/DDID/NCEZID/OD) [REDACTED]; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED] Myers, Brad (CDC/OD/OADC) [REDACTED]; CDC IMS JIC Lead -2 [REDACTED] CDC IMS JIC Media -2 [REDACTED] CDC IMS JIC OADC LNO -2 [REDACTED] Khabbaz, Rima (CDC/DDID/NCEZID/OD) [REDACTED] Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED] Butler, Jay C. (CDC/DDID/OD) [REDACTED]; Birx, Deborah (nsc.eop.gov) [REDACTED] @nsc.eop.gov; McGuffee, Tyler A. (ovp.eop.gov) [REDACTED] @ovp.eop.gov; Pence, Laura (HHS/IOS) [REDACTED] Steele, Danielle (HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH) [REDACTED]; Abel, Yadm Daniel (HHS/IOS) [REDACTED]; Bresee, Joseph (CDC/DDID/NCIRD/ID) [REDACTED]; Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDSP) [REDACTED] Baldwin, Grant (CDC/DDNID/NCIPC/DOP) [REDACTED]; Sanders, Michelle A. (CDC/DDID/NCEZID/DFWED) [REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED]; Carter, Melissa (CDC/DDNID/NCEH/DLS) [REDACTED] Marandet, Angele G. (CDC/DDID/NCHHSTP/DHPIRS) [REDACTED] Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI) [REDACTED] Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD) [REDACTED] Philip Celeste M. (CDC/DDNID/OD) [REDACTED]; Fox, Kimberley (CDC/DDID/NCIRD/DBD) [REDACTED] Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDSP) [REDACTED] Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED] CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]

Subject: RE: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

Hi Ms. Kent, a pleasant good night. This is an important piece by CDC, thank you very much for sharing. For this summary, it is important that the public/reader gets the accurate picture and maybe it is within the long document, but in case it is not, can you ensure that somewhere this piece provides for the reader:

- 1) How many people in total, including children, attended this; from my reading, it does not seem to be only 600; am I correct?
- 2) 600 had documents for a negative test result, but based on how this is written, there are additional folk who had no test results; how many were there?
- 3) How many were children aged 6-10 years old so that we can better understand what a 50% attack rate is e.g. were there 4 kids and 2 were infected for that is 50%, were there 10 kids and 5 were infected for that is 50%, or were there 2 kids, and 1 was infected as that too is 50%...or were there 1000 people in total and of these, 600 were kids, and a 50% attack rate would be 300 infected...if the latter or something like that, then this would be very informative given this piece is linked to schools reopening among youth
- 4) Can you give the age groups and cases for all kids, not just 6-10 years old.
- 5) It reads as if CDC's own guidance is sub-optimal and not effective. Do you wish to say this in that manner for you did allude to the Georgia folk following CDC suggestions etc.? Maybe you could say they failed to follow the guidance adequately??
- 6) What I may be missing and forgive me, is that core to CDC guidance is to avoid congregate settings. Thus why was this affair staged? This as a camp, was an acute congregate setting so help me understand if you do not mind, was this an exercise by the peoples in Georgia to see what would happen with spread when one deliberately sets up a camp to push the spread? This confuses me.
- 7) Making a link or association between this type of congregate setting in the piece below and schools, is not entirely accurate. Why would I say that? This is because in a school setting, prevention strategies such as proper hand washing, social distancing in class rooms and yard that is supervised by teachers with their face masks as it is the teachers who predominantly spread to the kids, not the other way around, proper face coverings where needed, and limited congregation of persons, can be exercised effectively.
- 8) A congregate setting in a camp cannot adequately facilitate prevention or mitigation strategies just based on the nature of the camping event (we all experience this), whereas in a school, with the now sensitized

alertness to the COVID issue and what needs to be done, the school environment can be and will be reconfigured to minimize risk of transmission, and thus enhance a much safer environment for all involved.

Yes, it is a congregate setting in a school, but it is very different to a camp, and the core CDC guidance can be employed effectively in a school setting and so this piece seeks to in a way, as I read, forgive me, somewhat undermines the re-opening of schools and your actual CDC guidance. Moreover, it argues against the strong clear statements by Dr. Redfield on why schools must re-open for the benefit to children and how it can be done so in a very safe manner. All the globe's data, nation by nation, who have re-opened schools, have done so safely and children are not impacted. I can find no evidence, where children have been negatively impacted by school reopening as to COVID. This CDC MMWR also concluded by saying in spite of adhering to CDC guidance, the spread was massive, with elevated attack rates. Please tell us in the piece, how many children in the 6-10 age group there were and how many were infected. For as mentioned, it could be as little as 1 of 2 kids. This confuses me because you, in fact, are CDC and the piece reads as if CDC's own guidance is not adequate and that even if a school or similar implements most recommended strategies to prevent transmission, that there will still be massive spread. I find it incredible this piece would be put out the way it is written at a time when CDC and its leader Dr. Redfield is trying to showcase the school re-open guidance and the push is to help schools re-open safely. It just sends the wrong message as written and actually reads as if to send a message of NOT to re-open. Again, I may be missing something but this is how it reads.

I end by sharing CDC's own data on risk of death to children from COVID as of now:

- 1) Under 1 year of age= 0.008%
- 2) 1-4 years of age=0.005%
- 3) 5-14 years of age= 0.013%

I felt I would share my view point on this MMWR piece.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
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From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Sunday, July 26, 2020 10:29 PM
To: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
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[REDACTED] Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED] Bonds, Michelle E. (CDC/OD/OADC)
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[REDACTED] Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED] Rutledge, Terisa
(CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood,
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Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED] Meadows, Donald (CDC/DDNID/NCH/OD)
[REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD) [REDACTED] Dott, Mary (CDC/DDPHSS/CSELS/OD)
[REDACTED] Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hoo, Elizabeth (CDC/OD/OCS)
[REDACTED] Dennehy, Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]
Campbell, Amanda (CDC/OD/OCS) [REDACTED] Warner, Agnes (CDC/OD/OCS) [REDACTED] Harmon, Carrie E.
(CDC/OD/OADC) [REDACTED] Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B.
(CDC/DDID/NCIRD/ID) [REDACTED] Hariri, Susan (CDC/DDID/NCIRD/DBD) [REDACTED] Wasley, Annemarie
(CDC/DDPHSS/CGH/GID) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED] Eastham,
Laura (CDC/DDID/NCHHSTP/DHPSE) [REDACTED] CDC IMS 2019 NCOV Response Policy [REDACTED]
CDC IMS 2019 NCOV Response Incident Manager [REDACTED] Walke, Henry (CDC/DDID/NCEZID/DPEI)
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[REDACTED] Myers, Brad (CDC/OD/OADC) [REDACTED] CDC IMS JIC Lead -2 (cdc.gov)
[REDACTED] CDC IMS JIC Media -2 <[REDACTED]>, CDC IMS JIC OADC LNO -2
[REDACTED] Khabbaz, Rima (CDC/DDID/NCEZID/OD) [REDACTED] Jernigan, Daniel B.
(CDC/DDID/NCIRD/ID) [REDACTED]; Butler, Jay C. (CDC/DDID/OD) [REDACTED]; Birk, Deborah (nsc.eop.gov)
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(HHS/IOS) [REDACTED] Steele, Danielle (HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH)
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[REDACTED]; Bresee, Joseph (CDC/DDID/NCIRD/ID) [REDACTED]; Thompson, Betsy
(CDC/DDNID/NCCDPHP/DHDS) [REDACTED]; Baldwin, Grant (CDC/DDNID/NCIPC/DOP) [REDACTED]; Sanders,
Michelle A. (CDC/DDID/NCEZID/DFWED) [REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID)
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[REDACTED] Fox, Kimberley (CDC/DDID/NCIRD/DBD) [REDACTED] Thompson, Betsy
(CDC/DDNID/NCCDPHP/DHDS) [REDACTED] Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS
2019 NCOV Response MMWR and Publications [REDACTED]

Subject: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

******* CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY *******

One *MMWR* Early Release related to the COVID-19 Response is scheduled for Wednesday, July 29, with the planned embargo lifting at 1 pm. Please note that the title, content, and timing might change.

SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020

Understanding transmission of SARS-CoV-2, the virus that causes coronavirus infectious disease 2019 (COVID-19), among youth is critical for developing guidance for schools and institutes of higher education. During June 17–20, an overnight camp in Georgia (Camp A) held orientation for trainees and staff; staff remained for the first camp session, scheduled from June 21–27, and were joined by campers and several senior staff on June 21. Adhering to a Georgia Executive Order that allowed overnight camps to operate beginning on May 31, 2020, approximately 600 trainees, staff, and campers provided documentation of a negative viral SARS-CoV-2 test 12 days prior to arriving. Camp A used CDC Suggestions for Youth and Summer Camps to minimize the risk of SARS-CoV-2 introduction and transmission. On June 23, a teenage staff member left Camp A after

developing chills the previous evening. The staff member was tested and reported a positive viral test result for SARS-CoV-2 on June 24. Camp A officials began sending campers home on June 24 and closed on June 27. On June 25, the Georgia Department of Public Health was notified, initiated an investigation, and recommended that all attendees get tested and isolate or quarantine. Attack rates were calculated by dividing the number of persons who tested positive by the total number of Georgia attendees, including those who did not have testing results. The overall attack rate was approximately 45% and was approximately 50% among those aged 6–10 years. Attack rates increased with increasing duration of attendance at the camp. These findings demonstrate that SARS-CoV-2 spread efficiently in a youth-centric setting resulting in high attack rates among persons in all age groups, despite efforts by the camp to implement most recommended strategies to prevent transmission. Use of cloth face coverings was not universal. Consistent use of cloth face coverings should be emphasized as an important strategy for source control in congregate settings.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series

Center for Surveillance, Epidemiology, and Laboratory Services

Centers for Disease Control and Prevention

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request
Do Not Disclose Without Permission from Dep't of Health and Human Services

From: [Kent, Charlotte \(CDC/DDPHSS/CSELS/OD\)](#)
To: [lademarco, Michael \(CDC/DDPHSS/CSELS/OD\)](#)
Cc: [Stephens, James W. \(CDC/DDPHSS/CSELS/OD\)](#); [Tumpey, Abbigail \(CDC/DDPHSS/CSELS/OD\)](#)
Subject: FW: UPDATE: One MMWR COVID-19 Response Early Release Originally Scheduled for July 29, 2020 DELAYED to Friday, June 31
Date: Tuesday, July 28, 2020 9:22:00 PM

Amanda called me to say requested delay by Dr. Redfield and HHS. Delay will make for better timing.

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD)

Sent: Tuesday, July 28, 2020 9:18 PM

To: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; lademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]

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Subject: UPDATE: One MMWR COVID-19 Response Early Release Originally Scheduled for July 29, 2020 DELAYED to Friday, June 31

******* CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY *******

The *MMWR* Early Release related to the COVID-19 Response originally scheduled for Wednesday, July 29, has been delayed. The scheduled release is now **Friday, July 31** with the planned embargo lifting at 1 p.m. Please note that the title, content, and timing might change.

SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020

Limited data are available about transmission of SARS-CoV-2, the virus that causes coronavirus infectious disease 2019 (COVID-19), among youth. During June 17–20, an overnight camp in Georgia (Camp A) held orientation for trainees and staff; staff remained for the first camp session, scheduled from June 21–27, and were joined by campers and several senior staff on June 21. Adhering to a Georgia Executive Order that allowed overnight camps to operate beginning on May 31, 2020, approximately 600 trainees, staff, and campers provided documentation of a negative viral SARS-CoV-2 test =12 days prior to arriving. Camp A used some CDC Suggestions for Youth and Summer Camps to minimize the risk of SARS-CoV-2 introduction and transmission. On June 23, a teenage staff member left Camp A after developing chills the previous evening. The staff member was tested and reported a positive

viral test result for SARS-CoV-2 on June 24. Camp A officials began sending campers home on June 24 and closed on June 27. On June 25, the Georgia Department of Public Health was notified, initiated an investigation, and recommended that all attendees get tested and isolate or quarantine. Attack rates were calculated by dividing the number of persons who tested positive by the total number of Georgia attendees, including those who did not have testing results. The overall attack rate was approximately 45% and was approximately 50% among those aged 6–10 years. Attack rates increased with increasing duration of attendance at the camp. These findings demonstrate that SARS-CoV-2 spread efficiently in a youth-centric setting resulting in high attack rates among persons in all age groups, despite efforts by the camp to implement some recommended strategies to prevent transmission. Use of cloth face coverings was not universal. Consistent use of cloth face coverings should be emphasized as an important strategy for source control in congregate settings.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention



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Message

From: Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 7/31/2020 5:03:17 PM
To: [REDACTED]
Subject: FW: Paul's op-ed on FINAL form Paul
Attachments: 7 31 20 alexander edits FINAL for Madeleine to be shared before putting out.doc

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Alexander, Paul (HHS/ASPA)
Sent: Friday, July 31, 2020 12:58 PM
To: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on FINAL form Paul

Hi Madeleine, I am getting confused by the drafts...please use the one I just sent and if you got the ref, please include the link for that 0.103%...thanks for finding that.

I added another CDC link for the yearly children deaths and influenza cases each year...so now I am happy happy happy.

This, this is the final from me. Use this to edit if anyone has anything to add.

Dr. Paul E. Alexander, PhD
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Washington, DC
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Email: [REDACTED]

Request on Coronavirus Crisis Pursuant to Oversight Request, Information from Dep't of Health and Human Services

From: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 12:46 PM
To: Alexander, Paul (HHS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on mar

Paul, I found the CDC data you were referencing and included it in my draft to you.

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 12:46 PM
To: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on mar

Please use the copy I just sent...I could not find the ref as so hurrying for CDC data, so I removed that one...its there but no need, the rest is good.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 12:44 PM
To: Alexander, Paul (HHS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on mar

So... Caputo is making quite a few edits as I type this. When he is done I will add in his suggestions and then he wants it all sent over ASAP.

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 12:43 PM
To: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on mar

Hi Madeleine, please see this as the final and whatever the legal and others say, add to this...use my words but add etc.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC

Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)

Email: [REDACTED]

From: Hubbard, Madeleine (OS/ASPA) [REDACTED] >
Sent: Friday, July 31, 2020 12:07 PM
To: Oakley, Caitlin B. (OS/ASPA) [REDACTED]; Brennan, Patrick (OS/ASPA) [REDACTED]
Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]; Foster,
Timothy (OS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]
Cc: Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on mar

Will do!

From: Oakley, Caitlin B. (OS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 12:00 PM
To: Hubbard, Madeleine (OS/ASPA) [REDACTED]; Brennan, Patrick (OS/ASPA)
[REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Alexander, Paul (HHS/ASPA)
[REDACTED]; Foster, Timothy (OS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA)
[REDACTED]
Cc: Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on mar

And once we have our ASPA final, Madeleine can you please clear with OGC? Recommend reaching out to Will Chang/Caroline White. Thanks

Caitlin B. Oakley
Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
[REDACTED]

From: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 11:59 AM
To: Brennan, Patrick (OS/ASPA) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Oakley,
Caitlin B. (OS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]; Foster,
Timothy (OS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]

Cc: Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on mar

I will work closely with Paul to make sure we clarify these things. Also, do we no longer need to keep this under 700 because we are publishing it as a blog post? If not, do you have a recommended max?

From: Brennan, Patrick (OS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 11:56 AM
To: Hubbard, Madeleine (OS/ASPA) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Oakley, Caitlin B. (OS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]
Foster, Timothy (OS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]
Cc: Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on mar

A few final edits/questions.

From: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 11:40 AM
To: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Brennan, Patrick (OS/ASPA) [REDACTED] Oakley, Caitlin B. (OS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED] Foster, Timothy (OS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]
Cc: Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: RE: Paul's op-ed on mar

Please see final op ed. I am with Paul right now. We walked through and he gave the okay. Thank you!

From: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Sent: Friday, July 31, 2020 10:42 AM
To: Brennan, Patrick (OS/ASPA) [REDACTED]; Oakley, Caitlin B. (OS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED] Hubbard, Madeleine (OS/ASPA) [REDACTED]; Foster, Timothy (OS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]
Cc: Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: RE: paul's op-ed on mmwr

Patrick, is this is the same op-ed that you and I discussed?

Thanks
Nina

From: Brennan, Patrick (OS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 10:26 AM
To: Oakley, Caitlin B. (OS/ASPA) [REDACTED] Alexander, Paul (HHS/ASPA) [REDACTED]; Hubbard, Madeleine (OS/ASPA) [REDACTED]; Foster, Timothy (OS/ASPA) [REDACTED] Murphy, Ryan (OS/ASPA) [REDACTED]
Cc: Caputo, Michael (HHS/ASPA) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Subject: RE: paul's op-ed on mmwr

Paul is consolidating edits now I think. I sent him mine and Laura's.

From: Oakley, Caitlin B. (OS/ASPA) [REDACTED]
Sent: Friday, July 31, 2020 10:26 AM
To: Alexander, Paul (HHS/ASPA) [REDACTED]; Hubbard, Madeleine (OS/ASPA) [REDACTED]; Brennan, Patrick (OS/ASPA) [REDACTED]; Foster, Timothy (OS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]
Cc: Caputo, Michael (HHS/ASPA) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Subject: paul's op-ed on mmwr
Importance: High

Where are we on that?

Once ready, Madeleine—can you please clear with OGC quickly? Goal is to get it out around 11:30 ish, aka after the hearing and before the mmwr.

Plan is to post on HHS blogs and then send via vocus to press list.

And distribute talkers to ASL/IEA

Caitlin B. Oakley
Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
[REDACTED]

DRAFT PRE_DECISIONAL DELIBERATIVE

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
Do Not Disclose Without Permission from Dep't of Health and Human Service

Evidence Shows Schools Can Reopen Safely

Byline: Paul Alexander, Senior Advisor to the Assistant Secretary for Public Affairs for COVID-19 Pandemic Policy

Length: Placement: TBD

Parents are understandably very concerned about their children's safe return to school. Government leaders and school officials are spending countless hours working towards safe school re-openings this fall.

It is imperative for schools to re-open safely where possible in light of the negative impact of closures on a child's overall well-being, including social, physical, psychological, and emotional health. When a child attends full-day school in-person (or even part-day), many of these needs are [HYPERLINK "https://www.msn.com/en-us/news/us/for-schools-the-list-of-obstacles-grows-and-grows/ar-BB14wtZA"].

There will be areas where the guardrails indicating greater spread, such as positivity rate, will be elevated. Re-opening decisions must occur on a case-by-case basis. For example, if a location is experiencing higher levels of spread – as indicated, for instance, by a higher positivity rate – then such a location would need to consider learning options other than the in-person full-day model such as remote learning, a hybrid model, etc. They should only safely re-open when spread is brought under control. We have evidence from other nations, especially [HYPERLINK "https://www.thelocal.no/20200528/norway-pm-was-it-necessary-to-close-schools-maybe-not"] countries, that school re-openings can be done safely with little, if any, impact on children, parents and teachers. Current indications show almost zero evidence of COVID-19 spread from [HYPERLINK "https://www.theguardian.com/world/2020/may/18/french-minister-tells-of-risks-of-missing-school-as-more-pupils-return-covid-19"] to child or [HYPERLINK "https://adc.bmj.com/content/105/7/618"] to adult. For example, researchers examined a cluster of COVID-19 in the French Alps, in February 2020, and found that one infected child did not transmit the disease within three different schools with [HYPERLINK "https://academic.oup.com/cid/article/71/15/825/5819060"] Researchers reported that due to the large number of contacts of a case (case 6) and as part of their complete investigation, they focused on detection of tertiary cases in children in the 3 schools the child attended while symptomatic. In total, 172 contacts of case 6 were identified and 70 had respiratory symptoms and were categorized as possible cases. Results showed that all tested negative for SARS-CoV-2 except for case 13 who tested positive during hospitalization. Researchers concluded that a child who was co-infected with other respiratory virus but did not transmit the disease even though there was interactions with classmates indicates that children may not function as an important point of transmission of this novel virus. Researchers did report that other seasonal respiratory viruses were present in 64% of contacts who were tested. Based on what is known thus far, children are not emerging as the drivers of COVID in [HYPERLINK "https://www.reuters.com/article/us-health-coronavirus-denmark-reopening-idUSKBN2341N7"] nor the larger [HYPERLINK "https://www.dailymail.co.uk/news/article-8329305/Risk-spreading-coronavirus-teachers-children-schools-extremely-low.html"], unlike seasonal influenza, where children are the known key drivers.

Promising results also emerged from YMCAs in the United States, as well as New York City's Department of Education, which have remained open the last several months. The two organizations reportedly

followed safety guidance closely mirroring that put out by the CDC. This model can guide safe school re-openings.

During the lockdowns from March onward, the YMCA provided care for over 40,000 children aged 1 to 14 at 1,100 separate sites, typically partnering with local and state governments. Similarly, New York City's Department of Education reported caring for over 10,000 children at approximately 170 sites in [HYPERLINK "<https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns>"]. Both organizations during this time reported adhering to safety guidance closely mirroring CDC recommendations. Very few staff and parents around the country tested positive for COVID-19. No records showed more than one case at any site.

Moreover, findings from Brown University economist [HYPERLINK "<https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns>"] revealed that among all 983 surveyed centers serving [HYPERLINK "<https://docs.google.com/spreadsheets/d/1L45r63t8hpYfGLpT6gWKjMMscu8Wut6jtlxO-1FAW9c/edit>"] "gid=204576280"] students, only 42 students tested positive, making a case-rate of 0.15%. Among the 9,691 staff, the confirmed case-rate was 1.10%.

Education policy expert [HYPERLINK "<http://earlylearningnation.com/2020/06/opinion-child-cares-look-safe-its-time-to-act-like-it/>"] has argued that child care centers and schools should be opened soon, noting that there are virtually no recorded instances of child-to-adult transmission of COVID-19.

COVID-19 has spread in some settings where children were together in large numbers, such as outbreaks in Israeli schools and an outbreak in a YMCA camp in Georgia analyzed by the CDC. In both cases, precautions were not responsibly used: Israel lifted its mask mandate during a heatwave and masks were not required at the YMCA camp, which also involved congregate sleeping settings.

Reopening schools is not zero risk—one would be foolish to imply this—but global leaders now have a far better grasp of COVID-19 as to the greatest at-risk sub-groups and where children fit into the analysis of risk. While children can be infected with COVID-19, the risk continues to be very low, and current indications show that children do not typically experience severe illness.

The risk to children of severe illness or worse is very low based on the 6 months of accumulated global data. As Haspel has pointed out, many engaged in this debate are relying on a March 2020 understanding of COVID-19, when we are now entering August 2020 and know much more about the relatively low risks children have. This is reduced even further when school re-openings are done safely by following CDC [HYPERLINK "<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html>"].

Taken together, these positive results reveal that children can attend school once again, as long as we are sensible and follow CDC guidelines as to mitigating risk from COVID-19. There is risk during seasonal influenza that kills roughly 150- [HYPERLINK "<https://www.cdc.gov/flu/about/burden/index.html>"] US children each year, and schools remain open. Similarly, elderly and compromised persons are at risk for children taking home influenza and millions get infected each year and tens of thousands die of influenza. We do not keep schools closed for influenza. The good news is we know what to do to reduce or eliminate risk from COVID-19 for our children and this is very good news for educators, parents, and, especially, our children.

*Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
Do Not Disclose Without Permission from Dep't of Health and Human Services*

Message

From: Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 8/2/2020 6:23:04 AM
To: Caputo, Michael (HHS/ASPA) [REDACTED]; McKeogh, Katherine (OS/ASPA) [REDACTED]; Oakley, Caitlin B. (OS/ASPA) [REDACTED]; Pratt, Michael (OS/ASPA) [REDACTED]; Hubbard, Madeleine (OS/ASPA) [REDACTED]; Hensley, Gordon (HHS/ASPA) [REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]; Stecker, Judy (OS/IOS) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Subject: Dr. Paul Alexander's op-ed on school re-open COVID
Attachments: FINAL PAUL OP ED FINAL August 2.doc

Hi all, I have tweaked again for I added a couple of links to really good data especially the stats on children for the 2009 H1N1 swine flu pandemic and it was more lethal for kids in 2009, unlike COVID...yet no school closure and the Dr. Fauci et al. were involved, and Friedan lead CDC then. Including this 2009 H1N1 data bursts the bubble that the schools must be closed. Read and tweak but do not remove my links for they are critical to the story. I am imploring you to get this printed somewhere...it will set things right. This is the data and message parents need now!!!!



FINAL PAUL OP
ED FINAL Augus...

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
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Email: [REDACTED]

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
Do Not Disclose Without Permission from Dep't of Health and Human Services

Georgia Summer Camp story is incomplete

Byline: Dr. Paul Alexander, PhD, Senior Advisor to the Assistant Secretary for Public Affairs for COVID-19 Pandemic Policy

Length: 736 words

Placement: TBD

Parents are understandably very concerned about their children's safe return to school. Government leaders and school officials are spending countless hours working towards safe school re-openings this fall.

But if all you've read are stories published about a children's camp in the state of Georgia, you might think it is too dangerous to reopen schools. In fact, there is more evidence to the contrary.

It is imperative for schools to re-open safely and sensibly where possible in light of the negative impact of closures on a child's overall well-being, including social, physical, mental, and emotional health. When a child attends full-day school in-person (or even part-day), [HYPERLINK "<https://www.msn.com/en-us/news/us/for-schools-the-list-of-obstacles-grows-and-grows/ar-BB14wtZA>"].

Re-opening decisions should be made on a case-by-case basis. For example, if a location is experiencing higher levels of spread – as indicated, for instance, by a higher positivity rate – then that location would need to consider learning options other than the in-person full day model including remote learning, a hybrid model, and more. They should only re-open when the virus is being kept at acceptable levels.

There is evidence from other nations, [HYPERLINK "<https://www.thelocal.no/20200528/norway-pm-was-it-necessary-to-close-schools-maybe-not>"], that school re-openings can be done safely with little, if any, impact on children, parents and teachers. Just yesterday in North America, Ontario made the decision to [HYPERLINK "<https://www.tvonews.com/article/heres-ontarios-school-reopening-plan>"] for students up to eighth grade. In addition, there is more emerging [HYPERLINK "<https://www.nccmt.ca/uploads/media/media/0001/02/09e652c44a7de3cfc8d85e093cd20d8d90dc2ba.pdf>"] that children under [HYPERLINK "<https://brighterworld.mcmaster.ca/articles/reviews-find-children-not-major-source-of-covid-19-but-family-stress-is-high/>"] The Canadian led research looked at 33 studies and found that children under 10 are unlikely to drive outbreaks of COVID-19 in daycares or schools and that adults are the real concern and more likely the transmitter of infection. The quality of underlying evidence was rated as moderate by the McMaster University Canadian researchers and researchers found that when children get infected, their transmission could be reliably traced back to community and home settings or adults, instead of amongst children within daycares or schools. They found that for household clusters, the adults were more likely the index case and not the children.

Current indications show extremely low and one may argue almost zero (very limited) risk and evidence of COVID spread from [HYPERLINK "<https://www.theguardian.com/world/2020/may/18/french-minister-tells-of-risks-of-missing-school-as-more-pupils-return-covid-19>"] or [HYPERLINK "<https://adc.bmj.com/content/105/7/618>"]. It is important to note that while children can be infected by adults with COVID, current indications show that children do not typically experience severe illness. This is a critical consideration as we consider school re-opening and the safety of our children. No one says that risk of transmission is absent, but the risk is very small and when there is, the outcome is usually not severe for children. For example, in terms of potential to transmit, researchers examined a

cluster of COVID-19 in the French Alps, February 2020, and found that one infected child did not transmit the disease despite close interactions with [HYPERLINK "https://academic.oup.com/cid/article/71/15/825/5819060"] in three different schools. Evidence suggests young children are not drivers of [HYPERLINK "https://www.reuters.com/article/us-health-coronavirus-denmark-reopening-idUSKBN2341N7"] nor [HYPERLINK "https://www.dailymail.co.uk/news/article-8329305/Risk-spreading-coronavirus-teachers-children-schools-extremely-low.html"], unlike seasonal influenza where children can be drivers of the spread.

Promising results have also emerged from many YMCAs in the United States, as well as New York City's Department of Education, which have remained open the last several months. The two organizations reportedly followed safety guidance closely mirroring that put out by the CDC. This model can serve as a guide to safe school re-openings. During the lockdowns from March onward, YMCAs across the country provided care for over 40,000 children aged 1 to 14 at 1,100 separate sites, typically partnering with local and state governments. Similarly, New York City's Department of Education reported caring for over 10,000 children at approximately 170 sites in [HYPERLINK "https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns"]. During this time, both organizations reported adhering to safety guidance closely mirroring CDC recommendations. Very few staff and parents around the country tested positive for COVID-19. No records showed more than one case at any site.

Moreover, findings from [HYPERLINK "https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns"] that among all 983 surveyed centers serving 27,497 students, only 42 students tested positive, making a case-rate of 0.15%. Among the 9,691 staff, the confirmed case-rate was 1.10%.

[HYPERLINK "http://earlylearningnation.com/2020/06/opinion-child-cares-look-safe-its-time-to-act-like-it/"] that child care centers and schools should be opened soon, noting that there are virtually no recorded instances of child-to-adult transmission of COVID-19.

COVID has been shown to spread in settings where children were together in large numbers, like outbreaks in Israeli schools and in a YMCA camp in the state of Georgia analyzed by the CDC. In both cases, precautions were not responsibly observed: Israel lifted its mask mandate during a heatwave and masks were not required at the YMCA camp in congregate sleeping settings.

Reopening schools is not zero risk – one would be foolish, reckless, and negligent to imply this—but global leaders now have a far better grasp of COVID-19 as to the greatest at-risk sub-groups and where children fit into the analysis of risk. The risk to children of severe illness or worse is minimal. As Haspel pointed out, many engaged in this debate are relying on a March 2020 understanding of COVID-19, when we are now entering August 2020 and know much more about the relatively low risks children have. This is reduced even further when school re-openings are done safely and sensibly by [HYPERLINK "https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html"].

Taken together, these positive results reveal that children can safely attend school once again, as long as we are sensible and follow [HYPERLINK "https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html"]. We can even consider what happened in the USA during the [HYPERLINK "https://news.yahoo.com/just-had-luck-inside-biden-

083022246.html"]. Natasha Korecki writing for [HYPERLINK "https://www.politico.com/" \t "_blank"] on May 4, 2020, referred to the statement by Ron Klain in his position as then VP Biden's chief of staff, who said "It is purely a fortuity that this isn't one of the great mass casualty events in American history...it had nothing to do with us doing anything right. It just had to do with luck." Moreover, unlike COVID-19 which spares children, Ms. Korecki at that time indicated that H1N1 was a killer of children, and stated that "H1N1 entered the U.S. population at the opposite end of the age spectrum as the novel coronavirus: The most vulnerable people were under 30, a realization that would come to worry parents across the country. In one CDC study, children between the ages of 5 and 14 were found to be 14 times more likely to be infected than those 60 or older." What does all of this mean? Well, in 2009 H1N1 behaved more like seasonal influenza in terms of its coverage across all age-groups and in terms of infection and severity for children, and this is definitely not the way COVID-19 behaves when it comes to children. The evidence is clear and firm across the nations of the world that COVID-19 presents little pathology to children and there is very low risk of infection and severe illness to children which can only be taken as very good news for educators, parents, and, especially, for our children. Importantly, during the prior administration in 2009 and when dealing with a much more severe virus for children, there was no school closure nor was there masking of children at school etc.

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
Do Not Disclose Without Permission from Dep't of Health and Human Services

Message

From: Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 8/5/2020 1:29:03 AM
To: Hubbard, Madeleine (OS/ASPA) [REDACTED] Caputo, Michael (HHS/ASPA) [REDACTED] Traverse, Brad (HHS/ASPA) [REDACTED] Stecker, Judy (OS/IOS) [REDACTED]
Subject: School reopen op-ed Paul August 5 FINAL
Attachments: FINAL PAUL OP ED FINAL August 5.doc

I resend the school re-open op-ed....for urgent consideration....we must put this or something similar out now....we are losing the debate on this...

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] Office
Tel: [REDACTED] (Cellular)
Email: [REDACTED]


FINAL PAUL OP
ED FINAL Augus...

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
Do Not Disclose Without Permission from Dep't of Health and Human Services

Georgia Summer Camp story is incomplete

Byline: Dr. Paul Alexander, PhD, Senior Advisor to the Assistant Secretary for Public Affairs for COVID-19 Pandemic Policy, HHS, Washington, DC, United States

Length: xxx words

Placement: TBD

Parents are understandably very concerned about their children's safe return to school. Government leaders and school officials are spending countless hours working towards safe school re-openings this fall.

But if all you've read are stories published about a children's camp in [HYPERLINK "https://www.cdc.gov/mmwr/volumes/69/wr/mm6931e1.htm"], you might think it is too dangerous to reopen schools. In fact, there is more evidence to the contrary.

It is imperative for schools to re-open safely and sensibly where possible in light of the negative impact of closures on a child's overall well-being, including nutritious, social, physical, mental, and emotional health. When a child attends full-day school in-person (or even part-day), [HYPERLINK "https://www.msn.com/en-us/news/us/for-schools-the-list-of-obstacles-grows-and-grows/ar-BB14wtZA"].

Re-opening decisions should be made on a case-by-case basis. For example, if a location is experiencing higher levels of spread – as indicated, for instance, by a higher positivity rate – then that location would need to consider learning options other than the in-person full-day model including remote learning, a hybrid model, and more. They should only re-open when the virus is being kept at acceptable levels.

There is evidence from other nations, [HYPERLINK "https://www.thelocal.no/20200528/norway-pm-was-it-necessary-to-close-schools-maybe-not"], that school re-openings can be done safely with little, if any, impact on children, parents and teachers. Just yesterday in North America, Ontario made the decision to [HYPERLINK "https://www.tvd.org/article/heres-ontarios-school-reopening-plan"] for students up to eighth grade. In addition, there is more emerging [HYPERLINK "https://www.nccmt.ca/uploads/media/media/0001/02/09e652c44a7de3cfc8d85e093cd20d8d90dc2ba.pdf"] that children under [HYPERLINK "https://brighterworld.mcmaster.ca/articles/reviews-find-children-not-major-source-of-covid-19-but-family-stress-is-high/"] The Canadian led research looked at 33 studies and found that children under 10 are unlikely to drive outbreaks of COVID-19 in daycares or schools and that adults are the real concern and more likely the transmitter of infection. The quality of underlying evidence was rated as moderate by the McMaster University Canadian researchers and researchers found that when children get infected, their transmission could be reliably traced back to community and home settings or adults, instead of amongst children within daycares or schools. They found that for household clusters, the adults were more likely the index case and not the children.

Current indications show extremely low and one may argue almost zero (very limited) risk and evidence of COVID spread from [HYPERLINK "https://www.theguardian.com/world/2020/may/18/french-minister-tells-of-risks-of-missing-school-as-more-pupils-return-covid-19"] or [HYPERLINK "https://adc.bmj.com/content/105/7/618"]. It is important to note that while children can be infected by adults with COVID, current indications show that children do not typically experience severe illness. This is a critical consideration as we consider school re-opening and the safety of our children. No one

says that risk of transmission is absent, but the risk is very small and when there is, the outcome is usually not severe for children. For example, in terms of potential to transmit, researchers examined a cluster of COVID-19 in the French Alps, February 2020, and found that one infected child did not transmit the disease despite close interactions with [HYPERLINK "https://academic.oup.com/cid/article/71/15/825/5819060"] in three different schools. Evidence suggests young children are not drivers of [HYPERLINK "https://www.reuters.com/article/us-health-coronavirus-denmark-reopening-idUSKBN2341N7"] nor [HYPERLINK "https://www.dailymail.co.uk/news/article-8329305/Risk-spreading-coronavirus-teachers-children-schools-extremely-low.html"], unlike seasonal influenza where children can be drivers of the spread.

Promising results have also emerged from many YMCAs in the United States, as well as New York City's Department of Education, which have remained open the last several months. The two organizations reportedly followed safety guidance closely mirroring that put out by the CDC. This model can serve as a guide to safe school re-openings. During the lockdowns from March onward, YMCAs across the country provided care for over 40,000 children aged 1 to 14 at 1,100 separate sites, typically partnering with local and state governments. Similarly, New York City's Department of Education reported caring for over 10,000 children at approximately 170 sites in [HYPERLINK "https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns"]. During this time, both organizations reported adhering to safety guidance closely mirroring CDC recommendations. Very few staff and parents around the country tested positive for COVID-19. No records showed more than one case at any site.

Moreover, findings from [HYPERLINK "https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns"] that among all 983 surveyed centers serving 27,497 students, only 42 students tested positive, making a case-rate of 0.15%. Among the 9,691 staff, the confirmed case-rate was 1.10%.

[HYPERLINK "http://earlylearningnation.com/2020/06/opinion-child-cares-look-safe-its-time-to-act-like-it/"] that child care centers and schools should be opened soon, noting that there are virtually no recorded instances of child-to-adult transmission of COVID-19.

At the same time, the spread of COVID-19 cannot be taken lightly and steps to mitigate spread in this still newly emerging virus cannot be discounted. For example, COVID has been shown to spread in settings where children were together in large numbers and often congregated in tight settings, like outbreaks in [HYPERLINK "https://www.nytimes.com/2020/08/04/world/middleeast/coronavirus-israel-schools-reopen.html"] and in a [HYPERLINK "https://www.cdc.gov/mmwr/volumes/69/wr/mm6931e1.htm"] analyzed by the CDC. In both cases, precautions were not responsibly observed: Israel lifted its mask mandate during a heatwave and masks were not required at the YMCA camp in congregate sleeping settings. This finding underscores what could happen if [HYPERLINK "https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html"] is not adhered to for a safe re-open.

Reopening schools does not come with zero risk— one would be foolish, reckless, and negligent to imply this— but global leaders and public health systems now have a far better grasp of COVID-19 as to the greatest at-risk sub-groups and where children fit into the analysis of risk. The risk to children of severe illness or worse is minimal. When children are infected with COVID-19, the symptoms if any are mild and

they recover well. As Haspel pointed out, many engaged in this debate are relying on a March 2020 understanding of COVID-19, when we are now entering August 2020 and know much more about the relatively low risks children have. This is reduced even further when school re-openings are done safely and sensibly by [HYPERLINK "<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html>"]. The good news is we do know what the important strategies are for mitigating transmission in congregate settings such as schools. Arguing for schools to remain closed is not based on the data and evidence that has accumulated today and one can speculate at some level that this argument has developed a political tinge, while at the same time flooding the public with negative unsubstantiated data on risk to our school children. The perceived risk driven in part by media misinformation, does not match the actual risk, especially when one considers that seasonal influenza kills near 300 US children per year. COVID-19, based on existing data in the USA and globally, exhibits no such activity.

Taken together, these positive results reveal that children can safely attend school once again, as long as we are sensible and follow [HYPERLINK "<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html>"]. We can even consider what happened in the USA during the [HYPERLINK "<https://news.yahoo.com/just-had-luck-inside-biden-083022246.html>"]. Natasha Korecki writing for [HYPERLINK "<https://www.politico.com/>" \t "_blank"] on May 4, 2020, referred to the statement by Ron Klain in his position as then VP Biden's chief of staff, who said "It is purely a fortuity that this isn't one of the great mass casualty events in American history...it had nothing to do with us doing anything right. It just had to do with luck." Moreover, unlike COVID-19 which spares children, Ms. Korecki at that time indicated that H1N1 was a killer of children, and stated that "H1N1 entered the U.S. population at the opposite end of the age spectrum as the novel coronavirus: The most vulnerable people were under 30, a realization that would come to worry parents across the country. In one CDC study, children between the ages of 5 and 14 were found to be 14 times more likely to be infected than those 60 or older." What does all of this mean? Well, in 2009, H1N1 behaved more like seasonal influenza in terms of its coverage across all age groups and in terms of infection and severity for children (including death), and this is definitely not the way COVID-19 behaves when it comes to children. COVID-19 appears to spare our children. The evidence is clear and firm across the nations of the world that COVID-19 presents little pathology to children and there is very low risk of infection and severe illness to children which can only be taken as very good news for educators, parents, and, especially, for our children.

The present data just does not match the hysteria, and a close examination of the evidence shows clearly that with sensible practices, children can return to school safely. Moreover, parents' lives can return to some semblance of normality as we work with our public health systems to address this respiratory virus. Importantly, during the prior administration in 2009 and when dealing with a much more severe virus for children (H1N1 pandemic), there were no school closures. There was no concerted drumbeat to close schools. The real tragedy is that it is the poorest children, always the poorest and especially in the many inner cities and depressed settings, the most disadvantaged from among our school children, who will be impacted most by school closures. The [HYPERLINK "<https://www.nbcnews.com/news/us-news/un-chief-warns-world-faces-generational-catastrophe-because-covid-19-n1235788>"] issued a clarion call warning that the globe now confronts a disaster of generational proportions due to the number of schools that have been closed due to COVID-19.

In closing, I have always remained open as we balance the benefits versus the risks to our children, and if data can be shown that reveals increased risk of transmission by children, and increased risk of severe

illness and mortality for children due to COVID19, then I will immediately reverse my opinion. Until then, the evidence does not support this and there is no reason why schools should not be re-opened while closely adhering to CDC guidance with sensible risk reducing behaviors by all involved.

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
Do Not Disclose Without Permission from Dep't of Health and Human Services

From: [Kent, Charlotte \(CDC/DDPHSS/CSELS/OD\)](#)
To: [Alexander, Paul \(HHS/ASPA\)](#)
Cc: [Redfield, Robert R. \(CDC/OD\)](#); [Anne Schuchat MD \(CDC/OD\)](#); [Walke, Henry \(CDC/DDID/NCEZID/DPEI\)](#); [Beach, Michael J. \(CDC/DDID/NCEZID/DFWED\)](#); [Iademarco, Michael \(CDC/DDPHSS/CSELS/OD\)](#); [Casey, Christine G. \(CDC/DDPHSS/CSELS/OD\)](#); [Campbell, Amanda \(CDC/OD/OCS\)](#)
Subject: RE: (CUI/SBU) Two MMWR COVID-19 Response Early Releases Scheduled for Friday, August 7, 2020
Date: Thursday, August 6, 2020 5:23:00 PM

Dr. Alexander,

Many thanks for your inquiries about the two reports.

The pediatric hospitalization report describes the outcomes you inquired about among the approximately 200 hospitalized children with complete medical chart reviews. The median duration and IQR of hospitalization is provided, and <1% of children died. The report also presents age in seven groups (0-2 mos, 3-5 mos, 6-11 mos, 12-23 mos, 2-4 yrs, 5-11 yrs, 12-17 yrs) in one portion of the table, and in 3 age groups (0-2 yrs, 2-4 yrs, 5-17 yrs) in the table and 2 figures.

MMWR limits the number of references to 10. For the MISc report, the authors include 8 references about MISc. They reviewed the publication you provided. Because of the low number of patients (20) and the high proportion with co-infections, they thought the existing 8 references were more suitable to include in the report.

Please let us know if you have any additional comments.

Dr. Charlotte Kent
Editor in Chief, MMWR Series

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Wednesday, August 5, 2020 11:42 PM
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Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Casey, Christine G. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows, Donald (CDC/DDNID/NCEH/OD) [REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dott, Mary (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bartley, Shelton (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED]; Harmon, Carrie S. (CDC/OD/OADC) [REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Hariri, Susan (CDC/DDID/NCIRD/DBD) [REDACTED]; Wasley, Annemarie (CDC/DDPHSS/CGH/GID) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED]; Eastham, Laura (CDC/DDID/NCHHSTP/DHPSE) [REDACTED]; CDC IMS 2019 NCOV Response Policy [REDACTED]; CDC IMS 2019 NCOV Response Incident Manager [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response Deputy Incident Manager [REDACTED]; Kadzik, Melissa (CDC/DDID/NCEZID/OD) [REDACTED]; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; Myers, Brad (CDC/OD/OADC) [REDACTED]; CDC IMS JIC Lead -2 [REDACTED]; CDC IMS JIC Media -2 [REDACTED]; CDC IMS JIC OADC LNO -2 [REDACTED]; Khabbaz, Rima (CDC/DDID/NCEZID/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Butler, Jay C. (CDC/DDID/OD) [REDACTED]; Bix, Deborah (nsc.eop.gov) [REDACTED]@nsc.eop.gov>; McGuffee, Tyler A. (ovp.eop.gov) [REDACTED]@ovp.eop.gov>; Pence, Laura (HHS/IOS) [REDACTED]; Steele, Danielle (HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH) [REDACTED]; Abel, Vadm Daniel (HHS/IOS) [REDACTED]; Philip, Celeste M. (CDC/DDNID/OD) [REDACTED]; Monteleone, Jose (CDC/DDPHSS/CSTLTS/OD) [REDACTED]; Baldwin, Grant (CDC/DDNID/NCIPC/DOP) [REDACTED]; Fox, Kimberley (CDC/DDID/NCIRD/DBD) [REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED]; Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED]; Carter, Melissa (CDC/DDNID/NCEH/DLS) [REDACTED]; Marandet, Angele G. (CDC/DDID/NCHHSTP/DHPIRS) [REDACTED]; Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI) [REDACTED]; Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]

Subject: RE: (CUI/SBU) Two MMWR COVID-19 Response Early Releases Scheduled for Friday, August 7, 2020

Hi Ms. Kent, good night. Thank you for these 2 reports.

For report 1, would your full report outline the details of the outcomes e.g. what happened to those kids hospitalized and importantly, how many were discharged, and how many died. That is what matters to parents. The data is clear globally and in the US that children are at very little risk of

getting COVID virus, and when they do, it is very mild if any symptoms, and they recover very well, almost entirely. Children do not spread SARS-CoV-2 virus to children, do not spread readily to adults, and it is adults who spread to children. That is where the risk to kids reside based on available data. An important issue is the definition of pediatric...please break it out by age group bands and not 0-18 years collapsed....I will wait to see it as very intrigued and interested now by this report thus far. Thank you for sharing.

For report 2, I point you to more recent research released on July 30th distinguishing between COVID, MIS-C, and Kawasaki....I share here for the team to consider...

Diorio C, Henrickson SE, Vella LA, et al. Multisystem inflammatory syndrome in children and COVID-19 are distinct presentations of SARS-CoV-2 [published online ahead of print, 2020 Jul 30]. *J Clin Invest*. 2020;140970. doi:10.1172/JCI140970

Multisystem inflammatory syndrome in children and COVID-19 are distinct presentations of SARS-CoV-2

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Free article

Abstract

Background: Initial reports from the Severe Acute Respiratory Coronavirus 2 (SARS-CoV-2) pandemic described children as being less susceptible to Coronavirus Disease 2019 (COVID-19) than adults. Subsequently, a severe and novel pediatric disorder termed Multisystem Inflammatory Syndrome in Children (MIS-C) emerged. We report on unique hematologic and immunologic parameters that distinguish between COVID-19 and MIS-C and provide insight into pathophysiology.

Methods: We prospectively enrolled hospitalized patients with evidence of SARS-CoV-2 infection and classified them as having MIS-C or COVID-19. Patients with COVID-19 were classified as having either minimal or severe disease. Cytokine profiles, viral cycle thresholds (Cts), blood smears, and soluble C5b-9 values were analyzed with clinical data. Twenty patients were enrolled (9 severe COVID-19, 5 minimal COVID-19, and 6 MIS-C). Five cytokines (IFN- γ , IL-10, IL-6, IL-8 and TNF- α) contributed to the analysis. TNF- α and IL-10 discriminated between patients with MIS-C and severe COVID-19. Cts and burr cells on

blood smears also differentiated between patients with severe COVID-19 and those with MIS-C.

Conclusion: Pediatric patients with SARS-CoV-2 are at risk for critical illness with severe COVID-19 and MIS-C. Cytokine profiling and examination of peripheral blood smears may distinguish between patients with MIS-C and severe COVID-19.

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Major
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Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC) [REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED]; Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED]; King, Veronica (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria (CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) <[REDACTED]>; Heldman, Amy B. (CDC/OD/OADC) <[REDACTED]>; Haynes, Benjamin (CDC/OD/OADC) <[REDACTED]>; Gaines-McCollom, Molly (CDC/OD/OADC) <[REDACTED]>; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Bedrosian, Sara (CDC/OD/OADC) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Casey, Christine G. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn [REDACTED]

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Subject: (CUI/SBU) Two MMWR COVID-19 Response Early Releases Scheduled for Friday, August 7, 2020

******* CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY *******

Two *MMWR* Early Release related to the COVID-19 Response are scheduled for Friday, August 7, with the planned embargo lifting at 1 pm. Please note that the titles, content, and timing

might change.

Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1–July 25, 2020

Most reported cases of coronavirus disease 2019 (COVID-19) in children aged <18 years appear to be asymptomatic or mild. Less is known about severe COVID-19 illness requiring hospitalization in children. During March 1–July 25, 2020, approximately 550 pediatric COVID-19 cases were reported to the COVID-19-Associated Hospitalization Surveillance Network (COVID-NET), a population-based surveillance system that collects data on laboratory-confirmed COVID-19-associated hospitalizations in 14 states. Based on these data, the cumulative COVID-19-associated hospitalization rate among children aged <18 years during March 1–July 25, 2020, was approximately 8 per 100,000 population, with the highest rate among children aged <2 years. During March 21–July 25, weekly hospitalization rates have steadily increased among children. Overall, Hispanic or Latino and non-Hispanic black children had higher cumulative rates of COVID-19-associated hospitalizations than did non-Hispanic white children. Among approximately 200 hospitalized children with complete medical chart reviews, about one third were admitted to an intensive care unit (ICU). Although the cumulative rate of pediatric COVID-19-associated hospitalization remains low compared with that among adults, weekly rates continue to rise, and one in three hospitalized children were admitted to the ICU, similar to the proportion among adults. Continued tracking of SARS-CoV-2 infections among children is important to characterize morbidity and mortality; reinforcement of prevention efforts is essential as childcare centers and schools, congregate settings where transmission risk might be increased among children, consider reopening this fall.

COVID-19-associated multisystem inflammatory syndrome in children (MIS-C) — United States, March–July 2020

In April 2020, during the peak of the coronavirus disease 2019 (COVID-19) pandemic in Europe, a cluster of children with hyperinflammatory shock with features similar to Kawasaki disease and toxic shock syndrome was reported in England. The patients' signs and symptoms were temporally associated with COVID-19, but presumed to develop 2–4-weeks after acute COVID-19; all children had serologic evidence of infection with SARS-CoV-2, the virus that causes COVID-19. The clinical signs and symptoms present in this first cluster included fever, rash, conjunctivitis, peripheral edema, gastrointestinal symptoms, shock, and elevated markers of inflammation and cardiac damage. On May 14, 2020, CDC published a Health Advisory that summarized the manifestations of reported multisystem inflammatory syndrome in children (MIS-C), outlined a case definition, and requested clinicians to report suspected U.S. cases to local and state health departments. As of July 29, approximately 550 U.S. MIS-C patients who met the case definition were reported to CDC. Approximately one-

third of the patients had a clinical course consistent with previously published MIS-C reports, characterized predominantly by shock, cardiac dysfunction, abdominal pain, and markedly elevated inflammatory markers, and almost all had positive SARS-CoV-2 serology. The remaining two-thirds of MIS-C patients had manifestations that appeared to overlap with acute COVID-19, had a less severe clinical course, or had features of Kawasaki disease. Two-thirds of patients required care in the intensive care unit and approximately 2% died. Clinicians should be aware of the signs and symptoms of MIS-C and report suspected cases to their state or local health departments; this will enhance understanding of MIS-C and improve characterization of the illness for early detection and treatment.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

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From: [lademarco, Michael \(CDC/DDPHSS/CSELS/OD\)](#)
To: [Kent, Charlotte \(CDC/DDPHSS/CSELS/OD\)](#)
Subject: Re: (CUI/SBU) One MMWR COVID-19 Response Early Release Scheduled for Wednesday, August 26, 2020
Date: Thursday, August 27, 2020 7:56:42 AM

Good edits.
Let's wait for her response.
On review I'm leaning against "profoundly" and thinking delete it.
I'm 70% sure Anne will come up with a very different approach.

RADM Michael Iademarco
Director CSELS, CDC, HHS
[REDACTED]

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Wednesday, August 26, 2020 11:22:45 PM
To: Schuchat, Anne MD (CDC/OD) [REDACTED]; lademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: FW: (CUI/SBU) One MMWR COVID-19 Response Early Release Scheduled for Wednesday, August 26, 2020

Drs. Schuchat and Iademarco, I received the communication below from Dr. Alexander from ASPA yesterday. I am not sure how and if I should respond. Below is a draft that is a starting point for discussion about this. Many thanks for your guidance. CKK

Dr. Alexander,

I appreciate your general interest and constructive communication comments on *MMWR* COVID-19 summaries. I am not sure how to answer your offer, but share this perspective. CDC is the publisher of *MMWR*, a scientific, national public health bulletin, equivalent to a peer-review journal. A highly rigorous, broad, and structured CDC clearance process serves as the equivalent of peer-review for both CDC authored and non-CDC authored content; clearance happens prior to formal *MMWR* submission. As Editor in Chief, my team is the scientific editorial office, and I keep visible all the moving parts of the process. However, at its core, *MMWR* is profoundly a science-driven institutional product, often with content created in collaboration with myriad public health partners. Communications related to the scientific content of *MMWR* is managed by CDC's Office of the Associate Director of Communications (OADC), and for the COVID-19 response, by the JIC. Based on my understanding, as a senior member of ASPA, your request to collaborate would seem to best start with OADC.

Again, many thanks for your engaged interest in *MMWR*.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
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From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Monday, August 24, 2020 10:48 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: RE: (CUI/SBU) One MMWR COVID-19 Response Early Release Scheduled for Wednesday, August 26, 2020

Hi Dr. Kent, is there scope for us to collaborate? For us at ASPA to be more involved in your reports?? I can help and it may be a moot question given how CDC is set up etc. but I am only inquiring as wish to help and know the good people at ASPA, the leadership etc. we only want to help...to showcase the good news as well as all the news. We wish to help I can. We are all on the same side of helping Americans, improving health and well-being. Led by fine folk like your good self.

Anyway, just a suggestion.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Monday, August 24, 2020 6:06 PM
To: Alexander, Paul (HHS/ASPA) [REDACTED]
Cc: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: RE: (CUI/SBU) One MMWR COVID-19 Response Early Release Scheduled for Wednesday,

August 26, 2020

Dr. Alexander,

The age distribution of attendees was approximately 15% =10 years, 50% 11-18 years, 30% 19-29 years, and 5% =30 years. The final report goes into bit more detail about age groups of attendees. Because there were so few cases after attendees arrived, the only break down for positives is whether they were campers or staff.

Many thanks for your continued support.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
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From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Monday, August 24, 2020 2:09 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]
Subject: RE: (CUI/SBU) One MMWR COVID-19 Response Early Release Scheduled for Wednesday, August 26, 2020

Dr. Kent, good report though it will help to get the full report and data. That said, this is what we have been arguing based on all the evidence which is that children do not readily spread and secondary spread to contacts is very unlikely. Particularly when sensible risk reducing steps are taken and adherence to CDC guidance. Will be good to have the data by age-groups. Would the final report have it broken that way?

My mother grew me up such that when something unlikely happens, go quickly and buy a lottery ticket as it will be a winner. Given this was an unlikely event or report (well, the second with the Rhode island one), I am about to buy a ticket. Thank you for this good luck charm!

Grateful you shared.

Thank you Dr. Redfield. Hope you and all are well! And once again I/we offer all and any way we can collaborate to ensure that the MMWRs are balanced and reflective within this COVID emergency. I offer my help. I will love to help CDC in its reporting.

Dr. Paul E. Alexander, PhD

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Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC

Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)

Email [REDACTED]

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From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Monday, August 24, 2020 1:51 PM
To: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC) [REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED]; Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED]; King, Veronica (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria (CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Fisher, Angela H. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Heldman, Amy B. (CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC) [REDACTED]; Gaines-McCollom, Molly (CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Bedrosian, Sara (CDC/OD/OADC) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows, Donald (CDC/DDNID/NCEH/OD) [REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dott, Mary (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bartley, Shelton (CDC/DDPHSS/CSELS/OD) [REDACTED]; Casey, Christine G. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Johnson, Marsha (CDC/OD/OCS) (CTR) [REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED]; Harmon, Carrie E. (CDC/OD/OADC) [REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Bialek, Stephanie R. [REDACTED]

Do Not
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(CDC/DDPHSIS/CGH/DPDM) [REDACTED]; Reynolds, Mary (CDC/DDID/NCEZID/DHCPP) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED]; Eastham, Laura (CDC/DDID/NCHHSTP/DHPSE) [REDACTED]; Protzel Berman, Pamela (ATSDR/OPPE) [REDACTED]; CDC IMS 2019 NCOV Response Policy [REDACTED]; CDC IMS 2019 NCOV Response Incident Manager [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response Deputy Incident Manager [REDACTED]; Kadzik, Melissa (CDC/DDID/NCEZID/OD) [REDACTED]; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; Myers, Brad (CDC/OD/OADC) [REDACTED]; CDC IMS JIC Lead -2 (cdc.gov) [REDACTED]; CDC IMS JIC Media -2 [REDACTED]; CDC IMS JIC OADC LNO -2 [REDACTED]; Khabbaz, Rima (CDC/DDID/NCEZID/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Butler, Jay C. (CDC/DDID/OD) [REDACTED]; Birx, Deborah (nsc.eop.gov) [REDACTED] @nsc.eop.gov>; McGuffee, Tyler A. (ovp.eop.gov) <[REDACTED]@ovp.eop.gov>; Pence, Laura (HHS/IOS) [REDACTED]; Steele, Danielle (HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH) [REDACTED]; Abel, Vadm Daniel (HHS/IOS) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]; Philip, Celeste M. (CDC/DDNID/OD) [REDACTED]; Montero, Jose (CDC/DDPHSIS/CSTLTS/OD) [REDACTED]; Baldwin, Grant (CDC/DDNID/NCIPC/DOP) [REDACTED]; Fox, Kimberley (CDC/DDID/NCIRD/DBD) [REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDD/DBDID) [REDACTED]; Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED]; Carter, Melissa (CDC/DDNID/NCEH/DLS) [REDACTED]; Marandet, Angele G. (CDC/DDID/NCHHSTP/DHPIRS) [REDACTED]; Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI) [REDACTED]; Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD) [REDACTED]; Martin, Laura Yerdon (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; Moeller, Chester (CDC/OD/OCS) [REDACTED]; Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) [REDACTED]; CDC IMS 2019 NCOV Response STLT Policy and Public Health Partnerships [REDACTED]; Christie, Athalia (CDC/DDPHSIS/CGH/OD) [REDACTED]; Herrera, Rosa L. (CDC/DDPHSS/OS/OD) [REDACTED]; Lambert, Stephanie (CDC/CGH/DGHP) [REDACTED]

Subject: (CUI/SBU) One MMWR COVID-19 Response Early Release Scheduled for Wednesday, August 26, 2020

******* CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY *******

One MMWR Early Release related to the COVID-19 Response is scheduled for Wednesday, August 26, with the planned embargo lifting at 1 pm. This report includes no CDC authors. Please note that the title, content, and timing might change.

Preventing and Mitigating SARS-CoV-2 Transmission — Four Overnight Camps, Maine, June–August, 2020

The World Health Organization declared coronavirus disease 2019 (COVID-19) a pandemic on March

11, 2020. Shortly thereafter, closures of 124,000 U.S. public and private schools affected at least 55.1 million students through the end of the 2019–20 school year. During the summer of 2020, approximately 82% of 8,947 U.S. overnight camps did not operate in Maine, only approximately 20% of 100 overnight camps opened. The successful use of nonpharmaceutical interventions (NPIs) to mitigate transmission of SARS-CoV-2, the virus that causes COVID-19, among military basic trainees has been reported. In contrast, an overnight camp in Georgia recently reported SARS-CoV-2 transmission among campers and staff when NPIs were not strictly followed. During June–August 2020, four overnight camps in Maine implemented several NPIs to prevent and mitigate the transmission of SARS-CoV-2 including prearrival quarantine, pre- and postarrival testing and symptom screening, cohorting, mask use, physical distancing, enhanced hygiene measures, cleaning and disinfecting, and maximal outdoor programming. During the camp sessions, testing and symptom screening enabled early and rapid identification and isolation of attendees with COVID-19. Among the approximately 1,000 attendees (staff and campers), 99% were tested before arrival; the 1% who had completed a period of isolation after receiving a diagnosis of COVID-19 2 months before arrival were not tested. Before arrival, <1% of asymptomatic attendees received positive SARS-CoV-2 test results; these persons completed 10 days of isolation at home, remained asymptomatic, and did not receive any further testing before arrival or for the duration of camp attendance. Approximately 1 week after camp arrival, all attendees without a previous diagnosis of COVID-19 were tested, and <5 asymptomatic cases were identified. Following isolation of these persons and quarantine of their contacts, no secondary transmission of SARS-CoV-2 occurred. These findings can inform similar multilayered public health strategies to prevent and mitigate the introduction and transmission of SARS-CoV-2 among children, adolescents, and adults in congregate settings; such as overnight camps, residential schools or colleges.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

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Message

From: Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 8/30/2020 4:42:12 PM
To: Pratt, Michael (OS/ASPA) [REDACTED]; ASPA-Deputies [REDACTED]
CC: Mango, Paul (HHS/IOS) [REDACTED]; Ostrowski, Paul (HHS/IOS) [REDACTED]; Shirley, COL Eric (HHS/IOS) [REDACTED]; Stecker, Judy (OS/IOS) [REDACTED]
Subject: RE: I think HHS accounts should push this out aggressively tomorrow and early next week?
Attachments: For Caputo and Mango on OWS vaccine development.pdf

Indeed, this is a very good article and showcases the good progress of OWS. I find a very fair depiction of the beneficial efforts made by the administration to bring vaccine. Very promising is that such large scale projects require little if any major mishaps or delays/disruptions along the way. Many parts must keep moving and flowing and it seems OWS is demonstrating this. The OWS and all the experts involved are doing a fine job in this and it is actually very exciting to witness.

A key strength of these trials is the inclusion of independent data safety monitoring boards (DSMBs) made up of clinicians, researchers, and biostatisticians who must at arms-length, review the safety and effectiveness at all steps. This is a key oversight to ensure safety and must be highlighted repeatedly to the press and public so that the public understands that only a safe vaccine will be authorized by FDA. The FDA will not authorize anything that is not deemed safe FIRST and must be the core message. Moreover, these trials employ a post-market 'long-term' surveillance to monitor any adverse outcomes long term (of drugs or vaccines or devices etc.) and this is another feature to help mitigate risk with use. This too is a positive piece of information that must be highlighted. I also include a paper just published that looks at OWS and raises some good points, both sides. Table 1 is a good summary also especially from their view as to the safety.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED]
Tel: [REDACTED]
Email: [REDACTED]

From: Pratt, Michael (OS/ASPA) <[REDACTED]>
Sent: Saturday, August 29, 2020 9:46 PM
To: ASPA-Deputies <ASPA-D-[REDACTED]>
Cc: Mango, Paul (HHS/IOS) <[REDACTED]>; Ostrowski, Paul (HHS/IOS) <[REDACTED]>; Shirley, COL Eric (HHS/IOS) <[REDACTED]>; Stecker, Judy (OS/IOS) <[REDACTED]>
Subject: I think HHS accounts should push this out aggressively tomorrow and early next week?

Thought it was a very good piece:

USA Today: Coronavirus vaccine on track for FDA approval by end of 2020, says Operation Warp Speed official

<https://amp.usatoday.com/amp/5660584002>

Sent from my iPhone

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request
Do Not Disclose Without Permission from Dep't of Health and Human Services

Document withheld as privileged.

*Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
Do Not Disclose Without Permission from Dep't of Health and Human Services*

Message

From: Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 9/9/2020 3:18:29 PM
To: McKeogh, Katherine (OS/ASPA) [REDACTED]; Oakley, Caitlin B. (OS/ASPA) [REDACTED]
CC: Caputo, Michael (HHS/ASPA) [REDACTED]; Traverse, Brad (HHS/ASPA) [REDACTED]
Subject: RE: Urgent request for comment - Emails to NIAID on Covid risk, spread and RCTs

They have no clue what they are saying and I welcome the chance to inform them. Not because they have NIH behind them means they know what they are saying and Fauci is clear wrong on this.

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC
Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)
Email: [REDACTED]

Produced to HHS pursuant to request, on Coronavirus Crisis Pursuant to Oversight from Dep't of Health and Human Services

From: McKeogh, Katherine (OS/ASPA) [REDACTED]
Sent: Wednesday, September 9, 2020 11:01 AM
To: Oakley, Caitlin B. (OS/ASPA) [REDACTED]
Cc: Caputo, Michael (HHS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]
Traverse, Brad (HHS/ASPA) [REDACTED]
Subject: RE: Urgent request for comment - Emails to NIAID on Covid risk, spread and RCTs

NIH back and forth on the randomized control trials for reference.

From: Oakley, Caitlin B. (OS/ASPA) [REDACTED]
Sent: Wednesday, September 9, 2020 10:56 AM
Cc: Caputo, Michael (HHS/ASPA) [REDACTED]; McKeogh, Katherine (OS/ASPA) [REDACTED]
[REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]; Traverse, Brad (HHS/ASPA) [REDACTED]
Subject: Re: Urgent request for comment - Emails to NIAID on Covid risk, spread and RCTs

Minus reporter. Paul please do not respond to this.

Caputo and I will handle. Thanks.

Sent from my iPhone

On Sep 9, 2020, at 10:48 AM, Sarah Owerhohle [REDACTED] wrote:

Hello,

I have obtained several emails from HHS adviser Paul Alexander to NIH/HHS/FDA press staff that appear to be pushing for Dr. Fauci to minimize coronavirus risk/spread to children, the need for broad testing of asymptomatic people and randomized controlled clinical trials as the 'gold standard' for research. Here are a few of the assertions he made:

9/8 -

"Can you ensure Dr. Fauci indicates masks are for the teachers in schools. Not for children. There is no data, none, zero, across the entire world, that shows children especially young children, spread this virus to other children, or to adults or to their teachers. None. And if it did occur, the risk is essentially zero," Alexander wrote, adding without evidence that children take influenza home, but not the coronavirus.

8/21 -

"I think over time as I examine the good nonrandomized research, well conducted, strong methods, then I am saying that RCT evidence should not be considered the gold standard."

"Consider this as a philosophical sharing and debate to spur discussion. All this to say that if the NIH's position is that RCT evidence is your standard, then this must change."

8/27 -

Testing is critical and done to protect high-risk persons, that's the purpose of it...period...so we find who is infected, isolate them, treat them, track contacts and deal with those...(and in some instances track the contacts of contacts)...and has to be geared as such, but in a sense, makes no sense to test low risk asymptomatic people in a community. We essentially end up testing, isolating low risk people and prevent them from working etc. If we have the nursing homes locked down and are sensitized with public health messaging and hospitals ramped up, why would we test low risk asymptomatic people???? No doubt we test anyone especially staff who enters a nursing home or a high risk setting...this makes sense...I thus agree with the CDC updated guidance to not test asymptomatic people carte blanche as it makes no logical sense. It only makes sense if there is a reason to test you as an asymptomatic low risk person...testing is not to find asymptomatic infections in low risk people. Especially if granny or other high risk groups are secured and locked down...in high risk settings, like nursing homes and long term care, more stringent and frequent testing of all who enter is a must and as per CDC guidance. Testing of asymptomatic people to seek asymptomatic cases is not the point of testing...forgive me for sharing my thoughts and I wanted to explain why I don't agree with the statement below about testing in schools etc.

Was Dr. Fauci told to shape any of his commentary to news outlets based on these assertions? Have any requests for comment/media appearances from Dr. Fauci/NIAID been rejected by HHS? Does HHS have a comment on Alexander's assertion that there is zero risk to children for spread and illness and that randomized controlled trials should not be the gold standard and that NIH's position "must change" on them?

My deadline is for **12:30 pm today**. I have also sent these questions to NIAID.

Sarah Owerhohle
Health care reporter, POLITICO Pro
c: [REDACTED]

*Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,
Do Not Disclose Without Permission from Dep't of Health and Human Services*

From: [Witkofsky, Nina \(CDC/OD/OCS\)](#)
To: [Kent, Charlotte \(CDC/DDPHSS/CSELS/OD\)](#)
Subject: RE: One MMWR COVID-19 Report "SARS-CoV-2–Associated Deaths Among Children, Adolescents, and Young Adults"
Date: Friday, September 11, 2020 8:59:29 PM

Thanks Charlotte

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Friday, September 11, 2020 8:38 PM
To: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Cc: Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: FW: One MMWR COVID-19 Report 'SARS-CoV-2–Associated Deaths Among Children, Adolescents, and Young Adults'

Nina, per your request, I am letting you know that Dr. Alexander has reached out to me.

Regards,
Charlotte

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Friday, September 11, 2020 6:59 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Caputo, Michael (HHS/ASPA) [REDACTED]; Hubbard, Madeleine (OS/ASPA) [REDACTED]
Subject: One MMWR COVID-19 Report 'SARS-CoV-2–Associated Deaths Among Children, Adolescents, and Young Adults'

Dear Dr. Kent,

Thank you for sharing this upcoming summary of the MMWR report “SARS-CoV-2–Associated Deaths Among Children, Adolescents, and Young Adults.”

We would like to draw your attention to the CDC’s definition of the pediatric population in this report as being persons less than 21 years of age and ask for your consideration of the following:

In its current definition, it is likely that the wide age bands may function to lose granular detail on the events in question, i.e. deaths. It is likely that the deaths accumulate in the higher ages but are represented as coming mainly in the 10-20 year age band. An example: the report summary below stated that 75% of deaths were in the 10-20 year old band. This broad age band does not optimally capture the level of detail that public policy experts and parents require for their evidence-informed decision making.

Even designating persons aged 18-20 as “pediatric” by the CDC is misleading. These are legal adults, albeit young. Another example is when the statement “the pediatric population constitutes 26% of the U.S. population” is conveyed in the summary, it again lumps very young children into more elevated ages, potentially not capturing the finer detail this topic deserves for decision-making and

planning.

Our examination of the PEDIATRICS journal and FDA science in this optimal age-banding issue, captures the age-groups using different cut-points. I believe that these science-based standards will more accurately reflect the data in this important topic covered by the CDC. For example, the FDA's science standards designate the [cut-off age for children at 12 years](#). Moreover, PEDIATRICS journal (see attached) in Table 2, page S157, stipulates that childhood age band designation ends at 11 years old.

Short of seeing the actual CDC data that underpins this report, we are concerned that the deaths are in the older adolescents and young adults, but the wide age bands the report uses makes it appear that the deaths are occurring in younger children. Having additional age ranges similar to that of FDA and PEDIATRICS and defined as such in the CDC report, would help clarify in what ages the deaths are occurring.

We kindly ask if you would consider these FDA and PEDIATRICS science standards and reflect the data accordingly. For your consideration. Thank you.

Dr. Paul E. Alexander, PhD

Dr. Paul E. Alexander, PhD
Senior Advisor to the Assistant Secretary
For COVID-19 Pandemic Policy
Office of the Assistant Secretary of Public Affairs (ASPA)
US Department of Health and Human Services (HHS)
Washington, DC

Tel: [REDACTED] (Office)
Tel: [REDACTED] (Cellular)

Email: [REDACTED]

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Friday, September 11, 2020 1:34 PM
To: Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC)

[REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED];
Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W.
(CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED];
Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED];
King, Veronnica (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria
(CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD)
[REDACTED]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa
(CDC/DDPHSS/CSELS/OD) [REDACTED]; Fisher, Angela H. (CDC/DDPHSS/CSELS/OD)
[REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Heldman, Amy B.
(CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC) [REDACTED]; Games-
McCollom, Molly (CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR)
[REDACTED]; Bedrosian, Sara (CDC/OD/OADC) [REDACTED]; Gindler, Jacqueline
(CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD)
[REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M.
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[REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows,
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[REDACTED]; Patsch, Joseph (CDC/DDPHSS/CSELS/OD) [REDACTED]; Sen, Oishee
(CDC/DDPHSS/CSELS/OD) [REDACTED]; Casey, Christine G. (CDC/DDPHSS/CSELS/OD)
[REDACTED]; Hoo, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS)
[REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS)
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[REDACTED]; Bialek, Stephanie R. (CDC/DDPHSS/CGH/DPDM) [REDACTED]; Reynolds, Mary
(CDC/DDID/NCEZID/DHCPP) [REDACTED]; CDC IMS JIC Emergency Clearance-2
[REDACTED]; Prozel Berman, Pamela (ATSDR/OPPE) [REDACTED]; CDC IMS 2019
NCOV Response Policy [REDACTED]; CDC IMS 2019 NCOV Response Incident Manager
[REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019
NCOV Response Deputy Incident Manager [REDACTED]; Kadzik, Melissa
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[REDACTED]; Christie, Athalia (CDC/DDPHSS/CGH/OD) [REDACTED]; CDC IMS 2019 NCOV
Response ADS [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications
[REDACTED]; Promoff, Gabbi (CDC/DDNID/NCCDPPH/OD) [REDACTED]; CDC IMS JIC
Lead -2 (cdc.gov) [REDACTED]; CDC IMS JIC Media -2 [REDACTED]; CDC IMS
JIC OAD/ELNO -2 [REDACTED]; Khabbaz, Rima (CDC/DDID/NCEZID/OD) [REDACTED];
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[REDACTED]; Baldwin, Grant (CDC/DDNID/NCIPC/DOP) [REDACTED]; Briss, Peter

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(CDC/DDNID/NCCDPHP/OD) [redacted]; Fox, Kimberley (CDC/DDID/NCIRD/DBD) [redacted]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [redacted]; Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [redacted]; Liburd, Leandris C. (CDC/DDPHSIS/OMHHE/OD) [redacted]; Carter, Melissa (CDC/DDNID/NCEH/DLS) [redacted]; Marandet, Angele G. (CDC/DDID/NCHHSTP/DHPIRS) [redacted]; Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI) [redacted]; Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD) [redacted]; Martin, Laura Yerdon (CDC/DDPHSS/CSELS/OD) [redacted]; CDC IMS 2019 NCOV Response MMWR and Publications [redacted]; Moeller, Chester (CDC/OD/OCS) [redacted]; Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) [redacted]; CDC IMS 2019 NCOV Response STLT Policy and Public Health Partnerships [redacted]; Herrera, Rosa L. (CDC/DDPHSS/OS/OD) [redacted]; Lambert, Stephanie (CDC/CGH/DGHP) [redacted]

Subject: (CUI/SBU) One MMWR COVID-19 Response Early Release Scheduled for Tuesday, September 15

******* CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY *******

ea
virus Majority
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One *MMWR* Early Release related to the COVID-19 Response is scheduled for Tuesday, September 15, with the planned embargo lifting at 1 pm. Please note that the title, content, and timing might change.

SARS-CoV-2–Associated Deaths Among Children, Adolescents, and Young Adults Aged <21 Years — United States, February 12–July 31, 2020

Since February 12, 2020, approximately 6 million cases of SARS-CoV-2 infection, the cause of coronavirus disease 2019 (COVID-19), and 189,000 SARS-CoV-2–associated deaths have been reported in the United States. SARS-CoV-2–associated illness in the pediatric population (persons aged <21 years) is usually mild. The pediatric population constitutes 26% of the U.S. population, and this report describes characteristics of U.S. persons in that population who died in association with SARS-CoV-2 infection. Among approximately 120 SARS-CoV-2–associated deaths reported to CDC among persons aged <21 years in the United States during February 12–July 31, 2020, 6 in 10 occurred in males, 1 in 10 of decedents were aged <1 year, 2 in 10 were aged 1–9 years, 7 in 10 were aged 10–20 years, 1 in 9 were Hispanic/Latinx (Hispanic) persons, 1 in 3 were non-Hispanic Black (Black) persons, and 1 in 20 were non-Hispanic American Indian or Alaska Native (AI/AN) persons. Among these 121 decedents, 3 in 4 had an underlying medical condition. These data show that nearly three quarters of pediatric SARS-CoV-2–associated deaths have occurred in persons aged 10 – 20 years, with a disproportionate percentage among among Hispanics, Blacks, AI/ANs, and children with underlying medical conditions. Careful monitoring of deaths and other severe outcomes associated with SARS-CoV-2 infection among children, adolescents, and young adults remains particularly important as schools reopen in the United States.

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Charlotte Kent, PhD, MPH
Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

From: [Iademarco, Michael \(CDC/DDPHSS/CSELS/OD\)](#)
To: [Kent, Charlotte \(CDC/DDPHSS/CSELS/OD\)](#)
Subject: Re: Requested change in distribution of MMWR COVID summaries
Date: Friday, September 11, 2020 8:23:20 PM

Thanks.

RADM Michael Iademarco
Director CSELS, CDC, HHS
[REDACTED]

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Sent: Friday, September 11, 2020 8:12:50 PM
To: Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: Requested change in distribution of MMWR COVID summaries

Today at 5:44 pm, Nina Witkofsky called me and asked that I remove Paul Alexander from the distribution of MMWR COVID Summaries. I asked if I should leave Michael Caputo on? She said yes.

I said I would remove Dr. Alexander on the summaries starting with the next one on Monday, 9/14.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention

Produced to House Select Subcommittee on Coronavirus Majority
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From: [Kent, Charlotte \(CDC/DDPHSS/CSELS/OD\)](#)
To: [Aleshire, Noah \(CDC/DDPHSS/CSELS/OD\)](#)
Subject: FW: Hi Dr. Kent, the definition of pediatric age differs between 2 recent MMWR reports
Date: Thursday, September 17, 2020 10:27:22 AM

FYI

From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD)
Sent: Thursday, September 17, 2020 10:27 AM
To: Witkofsky, Nina (CDC/OD/OCS) [REDACTED]
Cc: Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: FW: Hi Dr. Kent, the definition of pediatric age differs between 2 recent MMWR reports

2nd email today

From: Paul Elias Alexander [REDACTED]
Sent: Thursday, September 17, 2020 10:25 AM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: Hi Dr. Kent, the definition of pediatric age differs between 2 recent MMWR reports

Hi Dr. Kent, because I read all published work I can get my hands on, in these 2 recent MMWRs, the definitions of pediatric age range appear to differ between the two. This may confuse the readers and I suggest you ask the authors to take a look and reword the definition of one of them. One states pediatric to be 0-21 yrs and the other 0-17 years. I understand what is being said in the report but the reader will be confused and these reports are taken to shape policy. Authorative in some manner.

SARS-CoV-2–Associated Deaths Among Children, Adolescents, and Young Adults Aged <21 Years — United States, February 12–July 31, 2020

vs

https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e3.htm?s_cid=mm6937e3_w

I suggest it may help in the presentation of your results for these reports are quite interesting. For you to consider.

I wanted to ask the authors just as a reader of the second report, if they considered that the spread home could possibly (I say possibly) be due to the parents picking the kids up from school and maybe coming into contact with school staff or parking attendant etc. I was thinking of this for it could be from the children (my read of the body of data says low risk of that but still possible and we have to be open and protect for that) but also from the parents catching it from the school at child pickup??? I can see it happening when my wife picks up the young one. I dont know just thinking and thought I would throw it out to see if this can be inserted in the discussion at least to

broaden the debate but leave for sure the likely from the kids. I think a point like that inserted as a possibility will help drive parents to ensure they mask up and distance when they pick up kids so they dont take it home to the elderly too... this report is so very interesting as drives lots of considerations.

I think the CDC guidance on slowing spread is so very important, so sensible, and changing but so critical that we all follow the guidance...I like it...

Let me close by asking, are these methods type points or suggestions ok for me to share with you in your senior role? I wont if you do not want them. Please advise as do not wish to make suggestions unless you are open to them.

Best,

Paul E. Alexander, PhD
Health Research Methodologist
Evidence-Based-Medicine
Department of Health Research
Methods, Evidence and Impact
McMaster University
Assistant Professor
<http://hei.mcmaster.ca/>
GUIDE Research Methods Group
<http://guidecanada.org/>

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HOUSE COMMITTEE ON OVERSIGHT AND REFORM,
SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS,
U.S. HOUSE OF REPRESENTATIVES,
WASHINGTON, D.C.

INTERVIEW OF: CHARLOTTE KENT, PH.D., MPH

Monday, December 7, 2020
Washington, D.C.

The interview in the above matter was held via Webex,
commencing at 10:03 a.m.

26 Appearances:

27

28 For the DEMOCRATIC STAFF (MAJORITY):

29

30 JENNIFER GASPAR, CHIEF INVESTIGATIVE COUNSEL

31 RUSSELL ANELLO, DEPUTY STAFF DIRECTOR AND CHIEF COUNSEL

32 ALEX KILES, COUNSEL

33 BETH MUELLER, COUNSEL

34

35 For the REPUBLICAN STAFF (MINORITY):

36

37 ASHLEY CALLEN, DEPUTY STAFF DIRECTOR

38 MITCHELL BENZINE, SENIOR POLICY COUNSEL

39 CARLTON DAVIS, CHIEF COUNSEL FOR INVESTIGATIONS

40

41 For the DEPARTMENT OF HEALTH AND HUMAN SERVICES:

42

43 JACK BOYD, OFFICE OF ASSISTANT SECRETARY FOR LEGISLATION

44 KYLE BROSINAN, OFFICE OF ASSISTANT SECRETARY FOR LEGISLATION

45 SEAN KEVENEY, OFFICE OF GENERAL COUNSEL

46 JENNIFER SCHMALZ, OFFICE OF ASSISTANT SECRETARY FOR

47 LEGISLATION

48 JOHN STROM, OFFICE OF GENERAL COUNSEL

49

50 Appearances:

51

52 For the CENTERS FOR DISEASE CONTROL AND PREVENTION:

53

54 DEBORAH TRESS, HHS OFFICE OF GENERAL COUNSEL, CDC BRANCH

55 BARBARA ROGERS, CDC OFFICE OF LABORATORY SCIENCE AND SAFETY

56

57 Ms. Gaspar. Good morning, everyone. This is a
58 transcribed interview of Charlotte Kent conducted by the
59 House Select Subcommittee on the Coronavirus Crisis.

60 This interview was requested by Chairman James Clyburn
61 as part of the committee's oversight of the Department of
62 Health and Human Services and the Centers for Disease Control
63 and Prevention.

64 I would like to ask the witness to state her full name
65 and spell her last name for the record.

66 Ms. Kent. Yes, my full name is Charlotte Kathleen Kent.
67 K-e-n-t.

68 Ms. Gaspar. Thank you, Dr. Kent. My name is Jennifer
69 Gaspar. I'm majority counsel for the Select Subcommittee. I
70 want to thank you for coming in today for this interview. We
71 recognize that you are here voluntarily, and we sincerely
72 appreciate your time.

73 Under the committee's rules, you are allowed to have an
74 attorney present with you. Do you have an attorney present,
75 representing you in your personal capacity today?

76 Ms. Kent. No.

77 Ms. Gaspar. Is there an attorney with you today?

78 Ms. Kent. Yes.

79 Ms. Gaspar. Representing the agency?

80 Ms. Kent. Yes.

81 Ms. Gaspar. Will counsel in the room please state their

82 names for the record?

83 Mr. Strom. John Strom, HHS Office of General Counsel.

84 Ms. Tress. Deborah Tress, HHS Office of General
85 Counsel, CDC Branch.

86 Ms. Gaspar. Can we just get a spelling on that name?

87 Mr. Strom. Strom, S-t-r-o-m.

88 Ms. Gaspar. Sorry, the other OGC?

89 Ms. Tress. It's D-e-b-o-r-a-h T-r-e-s-s.

90 Ms. Gaspar. Thank you. Okay. I recognize that there
91 are a number of people here on the videoconference this
92 morning. So if we could just go through and have everyone
93 who is participating in any active way or observing, rather,
94 state their names for the record one at a time. If you could
95 unmute yourself and maybe let's just start at the top of the
96 list with Alex Kiles?

97 Mr. Kiles. Hi. Alex Kiles, counsel for the majority
98 staff.

99 Ms. Callen. I don't know where we're going. I feel
100 like I might be the next person. Ashley Callen, with
101 minority staff.

102 Ms. Gaspar. There is an alphabetical list on the right-
103 hand side of the Webex. I think the next person is Barbara
104 Rogers, who I understand is with CDC.

105 Ms. Rogers. That's correct. R-o-g-e-r-s.

106 Ms. Mueller. Hi. Beth Mueller, M-u-e-l-l-e-r, with the

107 majority staff.

108 Mr. Davis. Hi. This is Carlton Davis, with the
109 Republican staff.

110 Ms. Gaspar. I think the next person is Jack Boyd, who I
111 believe is with the Department of Health and Human Services.

112 Mr. Boyd. Yes. Jack Boyd, HHS ASL.

113 Mr. Anello. Folks should just jump in if they haven't
114 announced themselves. That might be the fastest way at this
115 point.

116 I'm Russ Anello, with the majority staff.

117 Mr. Brosnan. Kyle Brosnan, HHS ASL.

118 Mr. Benzine. This is Mitch Benzine, with the minority
119 staff.

120 Ms. Schmalz. Jennifer Schmalz, with HHS ASL.

121 Ms. Gaspar. I think I only see one other name. Sean?
122 Sean, is it Keveney. I'm not sure how to pronounce it, but I
123 think with HHS. But maybe he stepped away as well.

124 Mr. Keveney. It's pronounced Keveney.

125 Ms. Gaspar. Keveney, okay.

126 Mr. Keveney. With HHS OGC.

127 Ms. Gaspar. Okay. All right. Well, thank you,
128 everyone. Thanks for bearing with us with the Webex.

129 So before we dive into questions, I just want to go over
130 a few ground rules. So the way we will structure this
131 interview is that the majority and minority staff will

132 alternate asking questions, 1 hour per side per round,
133 roughly. We will go two rounds each, according to our prior
134 agreement, up to 4 hours of questioning. The majority staff
135 will begin. We will proceed for an hour, and then the
136 minority staff will have an hour.

137 We have agreed, of course, that if we are in the middle
138 of a line of questioning, we may end a few minutes before or
139 go a few minutes past an hour just to wrap up any particular
140 topic.

141 In the interview, while one member of the staff may lead
142 the questioning, additional staff may ask questions from time
143 to time. However, just given the logistics of the Webex, we
144 will try to limit that as much as possible.

145 As you're aware, there is a court reporter taking down
146 everything I say and everything that you say to make a
147 written record of the interview. For the record to be clear,
148 please wait until I finish each question before you begin
149 your answer. And I will wait until I finish each question
150 before you begin your answer and so forth.

151 The court reporter -- and particularly the case given
152 the Webex, the court reporter cannot record nonverbal
153 answers, such as nodding or shaking your head yes or no. So
154 it's very important to answer each question with an audible
155 verbal answer.

156 Dr. Kent, do you understand?

157 Ms. Kent. Yes, I do.

158 Ms. Gaspar. Thank you.

159 We want you to answer our questions in the most --

160 [Audio interruption.]

161 Ms. Gaspar. As I was saying, Dr. Kent, if I ask you
162 about a conversation or events in the past and you are unable
163 to recall the exact words or details, you should testify to
164 the substance of those conversations or events to the best of
165 your recollection.

166 If you recall only a part of a conversation, you should
167 give us your best recollection of those events or parts of
168 conversations that you do recall. Do you understand?

169 Ms. Kent. Yes.

170 Ms. Gaspar. If you need to take a break at any time,
171 please let us know. We would be happy to accommodate you.
172 But ordinarily, what we will plan to do is take a 5-minute
173 break at the end of each hour as we're switching questioning.
174 But if you need a break before that, please let us know.

175 I would just ask that if there is a question pending,
176 you answer the question and finish answering before you take
177 a break. Do you understand?

178 Ms. Kent. Yes, I do.

179 Ms. Gaspar. Great. Although you are here voluntarily,
180 and we are not going to swear you in under oath, you are
181 required by law to answer questions from Congress truthfully.

182 This also applies to questions posed by congressional staff
183 in an interview. Do you understand?

184 Ms. Kent. Yes.

185 Ms. Gaspar. In other words, if at any time you
186 knowingly make a false statement, you could be subject to
187 criminal prosecution. Do you understand?

188 Ms. Kent. Yes.

189 Ms. Gaspar. Just a moment. [REDACTED], are you still
190 able to hear?

191 Court Reporter. Yes.

192 Ms. Gaspar. Dr. Kent, is there any reason that you are
193 unable to provide truthful answers in today's interview?

194 Ms. Kent. Did you ask -- I'm sorry. You asked if there
195 was any reason I could not provide truthful answers? There
196 is no reason.

197 Ms. Gaspar. Okay, thank you.

198 Okay. Finally, I would just like to address privilege.
199 The Select Subcommittee on the Coronavirus Crisis is a
200 subcommittee of the Committee on Oversight and Reform. The
201 committee follows the rules of the Committee on Oversight and
202 Reform. So please note that if you wish to assert a
203 privilege over any statement today, the assertion must comply
204 with the rules of the Committee on Oversight and Reform.

205 Committee Rule 16(c)(1) states, "For the chair to
206 consider assertions of privilege over testimony or

207 statements, witnesses or entities must clearly state the
208 specific privilege being asserted and the reason for the
209 assertion on or before the scheduled date of testimony or
210 appearance." Do you understand?

211 Ms. Kent. Yes, I do.

212 Ms. Gaspar. Do you have any other questions before we
213 begin?

214 Ms. Kent. No, I have no other questions.

215 EXAMINATION

216 BY MS. GASPAR:

217 Q So let's just start out talking a little bit,
218 very briefly, about your background. How long have you
219 worked at the Centers for Disease Control and Prevention?

220 Mr. Davis. Hey, Jen. I'm sorry. This is
221 Carlton Davis. Are we starting the hour now? I'm sorry.

222 Ms. Gaspar. Correct, yeah. We'll start the hour
223 from here.

224 Mr. Davis. Okay, thanks.

225 Ms. Kent. Okay. So your question was how long
226 I've worked at CDC? I've worked at CDC for 13 years, and I
227 initially came to CDC as a branch chief in the Division of
228 STD Prevention. I worked a few years over in the Chronic
229 Center, and then I came to MMWR in late April of 2014 in a
230 leadership role.

231 BY MS. GASPAR:

232 Q Is that the same role that you're in now?

233 A Yes. It was initially an acting role, and I'm
234 now the permanent editor-in-chief.

235 Q Who do you report to in your current role?

236 A I report to Admiral Iademarco, the Center
237 Director.

238 Q Anyone else?

239 A No.

240 Q And who does he report to?

241 A He currently reports to the Deputy Director,
242 Ileana Arias.

243 Q And does that person report up to the Director?

244 A I believe that she reports to the Principal
245 Deputy Director, Dr. Anne Schuchat.

246 Q Got it. How many direct reports do you have?

247 A In my -- direct reports? I think it's six. I
248 supervise three -- well, three kind of editors, science
249 editors, a managing editor. We recently, with COVID-19, have
250 a guest associate science editor, and then there's one other
251 person over Vital Signs, which is a component of our
252 communications.

253 Q And how many people are on the MMWR team or in
254 your division in total?

255 A Within the -- we've just been hiring some extra
256 additional staff with the response, and so between

257 contractors and CDC FTE, we have a team of a little more than
258 30 people.

259 Q I'd like to talk briefly about the process for
260 drafting, editing, reviewing, and approving the MMWR, which I
261 understand stands for the Morbidity and Mortality Weekly
262 Report. Can you just give us sort of a basic overview in
263 general terms how -- how an MMWR, how an article that goes
264 into it is developed from beginning to end? Can you just
265 walk us through it briefly?

266 A So, so there's a lot more attention on what's
267 published in MMWR because it does not have a disclaimer. If
268 something is published in another publication, there is a
269 disclaimer. And so MMWR is considered the voice of CDC. So
270 there is extensive review that happens, and then we also have
271 within the team of the 30-odd people who work at MMWR, we
272 have this commitment where we have this where we say "get it
273 right."

274 So that's like so those are kind of two things
275 that are fundamental. We serve as the voice of CDC, and then
276 we have this commitment of our -- you know, our thing of "get
277 it right."

278 So with that in mind, we -- do you want me to
279 just -- there are some things that are a little bit different
280 with COVID-19 than with in general. So I'm going to first
281 talk about in general and then talk about COVID-19. Does

282 that make sense?

283 Q That would be great. Thank you.

284 A Okay. So, in general, you know, programs within
285 the agency or externally, you know, develop an idea. If it's
286 a CDC product, it would be reviewed by the team lead of, you
287 know, the authors. It would then go to the branch chief,
288 then go to the division. And then it goes to the center for
289 review. So there's all these layers.

290 If it's something that's related to another part
291 of the agency, then it goes for what's called "cross-
292 clearance." So that say something that has a relationship
293 between, you know, sexually transmitted diseases and family
294 and reproductive health, so if it originated in Sexually
295 Transmitted Diseases, it would go up all the way to that
296 center, and then it would go over for cross-clearance in the
297 center that has reproductive health. So that's what we mean
298 by cross-clearance.

299 So any time there's a topic that touches on
300 multiple different parts of the agency, it's cross-cleared.
301 And then once it is cross-cleared at the center level, then
302 it is submitted to MMWR, and then we review it to see -- for
303 clarity and style. And we may still have some scientific
304 questions. So that is a process that we go through.

305 It's been provisionally accepted, and before
306 production, there is a summary that has just a short abstract

307 of the report that is sent internally within CDC, and then
308 only the titles of the report are sent outside of CDC. And
309 then the proof, which is the full report -- so much, much
310 longer than the summary -- is then sent for senior reviewer
311 review for the first proof.

312 And the senior reviewers include potentially the
313 Director of the agency, Dr. Redfield; the Principal Deputy
314 Director of the agency, Dr. Anne Schuchat; and then Deputy
315 Directors, such as I mentioned, Ileana Arias, and the
316 Director of the Office of Science, and then the Director of
317 my center, Dr. Iademarco. And then based on their comments,
318 the authors receive those comments, and then a determination
319 is made if it can move forward.

320 During the period of the senior-level reviewers,
321 the reviewers are supposed to label their comments with
322 "Level 1, Level 2, or Level 3." And Level 1 is something
323 that must be addressed or an explanation must be provided
324 before it can move forward. Level 2 are like "please
325 consider this." And Level 3 usually are sort of more
326 editorial comments.

327 So, and you know, it's after all those levels of,
328 you know, review that I've talked about from, you know, the
329 beginning of the team lead all the way to the, you know,
330 highest level of the agency, then it is ready to be published
331 and can be considered to be the voice of CDC. So that's the

332 general principle.

333 With the response, there is a little bit
334 different where the response is serving like a specific
335 program within the agency that's stood up just for the -- you
336 know, the COVID-19 response, and it involves people from all
337 across the agency, you know, to create this kind of new
338 program. And because it's so important to assure and there's
339 so much content potentially coming to MMWR and to other
340 journals, we have required that there is a proposal process
341 that authors, when they have an idea of something they think
342 would be important to convey related to the response, they
343 create a proposal that's in a standard format that is
344 reviewed by their team -- because like there's teams within
345 the response -- and by the Deputy Incident Manager.

346 Then the proposals are put forward, and those
347 proposals are reviewed by myself and part of my team, we look
348 at it; by the response Associate Director of Science, so the
349 response has its own scientific oversight; and then by the
350 Principal Deputy Incident Manager. So that's the person who
351 is sort of like "second in command" for the response.

352 And we make a determination. If we think that
353 this proposal should move forward as an MMWR or should it
354 move forward as for publication in another journal because
355 not everything may be appropriate for MMWR, say if the date
356 is a little old or something. And then we -- so that's the

357 beginning. So that's a formal process that's part of the
358 response.

359 Otherwise, once something has been developed, it
360 kind of goes through all of the levels like, you know, the
361 task force, the cross-clearance. Something that's a little
362 bit different because we're moving so quickly, normally MMWR,
363 without a response, publishes once per week, one time. And
364 with the response, we've been publishing usually about three
365 times a week. So, and that's in order to get information out
366 quickly.

367 So because everything is going so quickly and we
368 want to make sure that everything is as clear as possible, we
369 do -- after it's gone through the task force and cross-
370 clearance, which is the subject matter experts looking at it
371 -- then we do a review, which we call pre-clearance review.
372 And that's not something we typically do for outside of a
373 response, but we do it as part of it makes it go faster later
374 when things are in the proper format and such and the right
375 word limit.

376 And then the thing specific to the response is
377 then it goes through many more layers of review. It goes
378 through -- the Chief Health Equity Officer reviews it, then
379 the Office of the Response Associate Director of Science.
380 Then one of the Deputy Incident Managers reviews it. Then
381 the Principal Deputy Incident Manager or the Incident Manager

382 reviews it, and then it's reviewed by the Office of Science.

383 And it's only after it's gone through all of
384 those layers that it can be submitted to MMWR. And then like
385 we do with all reports, then we review it again for clarity,
386 and things tend to get a little long when everyone is
387 reviewing it so we try to get it cut back down to our word
388 limit. And then it goes through the process I described
389 earlier of being provisionally accepted and then going for
390 senior-level review, you know, with the highest level like
391 the Principal Deputy of the agency and such.

392 Q Thank you. And just to clarify, I take it that
393 when you refer to "the response," you're talking about the
394 coronavirus response?

395 A Yes.

396 Q Okay.

397 A When I talk about the response, I'm talking about
398 the COVID-19 response.

399 Q Understood. Is any of this memorialized in any
400 policies or protocols?

401 A I'm sorry. I'm having some trouble.

402 Q Sure. Is any of the process that you just
403 described, is it memorialized in any policy or protocol?

404 A There is a -- I think we shared with you the
405 outline of the process. So, yeah. So there is -- you know,
406 it is described.

407 Q Yes. Actually, let me refer you to what has been
408 marked as Exhibit 1, which I think references what you're
409 talking about.

410 [Kent Exhibit No. 1 was marked
411 for identification.]

412 BY MS. GASPAR:

413 Q So this is -- do you have it in front of you?
414 This is a September 18th letter to Chairman James Clyburn,
415 signed by Sarah Arbes, Assistant Secretary for Legislation.

416 If you look at the attachment, the document title
417 -- the two-page document title is "Information on the
418 Morbidity and Mortality Weekly Report from the Centers for
419 Disease Control and Prevention." Is this what you are
420 referring to?

421 A Yes.

422 Q I guess my question was just more general. Other
423 than this, is there any policy document or any protocol that
424 references this process?

425 A I think that there certainly are -- for the
426 response, there's a document that describes the clearance
427 process, and that's part of our standard operating procedure.

428 Q Okay. A written standard operating procedure?

429 A Yes, mm-hmm. Yes.

430 Q And is there one separate from the response or
431 just specifically written for this occasion?

432 A I believe in our instruction for authors
433 describes some of the clearance process, and so -- you know,
434 so it is not in the level of detail that I provided you, but
435 it is in our instructions for authors.

436 Q Okay. So referring back to this document,
437 Exhibit 1, the attachment, did you draft this, by the way?

438 A Yes. I -- I went through the -- well, I think
439 that both Dr. Schuchat and I drafted something, and then this
440 is what was created.

441 Q Understood. So you're familiar with it?

442 A Yes.

443 Q And is the topic described here accurate?

444 A Yes.

445 Q Okay. I just have a few questions about a few
446 statements written here. It says, going all the way to the
447 end, "Concurrence: Starting in late spring 2020, concurrence
448 to publish COVID-19 MMWR reports is required from
449 Drs. Redfield and Birx." And then it says, the last
450 sentence, "Drs. Redfield and Birx have never withheld
451 concurrence from a COVID-19 MMWR report."

452 Is that still the case?

453 A Yes, it is.

454 Q Okay. What took place to prompt them to be added
455 to the concurrence or concurrence be required from them?

456 A I don't -- I mean, I don't know all of the

457 details. The response -- I mean, the COVID-19 response is
458 something that is unprecedented. We've never had anything
459 like this in our lifetime. And I think the -- you know, my
460 impression why requiring this level of concurrence, which is
461 novel, is because we need -- we needed to function as a full
462 -- a whole Government. And you know, this response has
463 required more engagement across the entire Government than
464 anything, you know, in the last 50 or 60 years.

465 And so it was in order to make sure that, you
466 know, Dr. Birx, in her role as the head of the Coronavirus
467 Task Force, was not caught unaware about something that was
468 being published.

469 Q Okay. Is this the first -- is that the first
470 time concurrence has ever been required from somebody outside
471 the agency or outside CDC?

472 A Yes. To my knowledge, that is true.

473 Q Okay. Working back up the list in reverse order,
474 Item 7 talks about who reviews the proofs, and there is the
475 second sentence says that "CDC senior leadership review
476 assures that no new policy is announced in MMWR."

477 What -- is there a separate review process,
478 development process for CDC's policies or CDC guidance?

479 A I'm sorry. I couldn't quite hear that part of
480 your question.

481 Q Sure.

482 A I understood about which sentence we're referring
483 to, but it was your question that I would like to rehear,
484 please.

485 Q Sure. So this refers to CDC guidance. Is there
486 a separate review and approval process for CDC guidance?

487 A Yes. There is a separate review process for CDC
488 guidance.

489 Q Are you typically involved in that process?

490 A No. And with -- no, I'm not typically involved
491 in the review of guidance. If the guidance is going to be
492 published in MMWR, then I see it at the time it's, you know,
493 submitted to MMWR.

494 Q Okay, understood. Then just going back to one
495 other point in this document, Item 6 discusses distribution
496 of the summary.

497 A Yes.

498 Q First of all, who typically drafts the summary?

499 A I typically draft the summary based on the
500 report, and it's usually I draft it after the report has been
501 accepted, provisionally accepted by us.

502 Q Got it. Prior to the COVID-19 response, who was
503 the summary distributed to?

504 A Prior to the COVID-19 response, the summaries
505 were -- which, again, are just these short abstracts of the
506 report, were distributed internally within CDC. The abstract

507 did not go outside of CDC.

508 Q So prior to the COVID-19 response, did the
509 abstracts go to anyone at the Department of Health and Human
510 Services?

511 A No.

512 Q When were individuals from the Department of
513 Health and Human Services added to the distribution of the
514 summary?

515 A The first time they were added was in early May,
516 when Dr. Birx was added and her assistant was added. And
517 then Laura Pence from HHS was added. So that was early in
518 May. And then I believe towards the end of May, I think the
519 date was I got an email on August 27th requesting also that
520 Admiral Giroir, Admiral Abel, and Dr. Alexander be added to
521 the summary.

522 Q I'm sorry. I think you said August. Did you
523 mean May?

524 A I meant May. Yes, I misspoke. Thank you.

525 Q No problem. Do you recall who instructed you to
526 add those individuals to the distribution?

527 A Yes. On both instances, the Deputy Chief of
528 Staff, Amanda Campbell, sent me an email with the specific
529 contact information of the individuals.

530 Q Did she provide any reason why those individuals
531 were being added on either occasion?

532 A No. Well, not in the email. I had a -- she
533 called me before we added Admiral Giroir and Abel and
534 Dr. Alexander. I don't really recall the conversation. It
535 was probably just telling me that she was going to add these
536 names. There was not -- I don't recall specific, you know,
537 the reasons why for adding them.

538 Q Did you have any questions or concerns about it
539 at the time?

540 A No, not really. Again, it's with the philosophy
541 that this is an unprecedented time and that we need to be
542 coordinated in our mission.

543 Q Thank you. So moving on from that document, in
544 your general experience at CDC, so prior to the response, how
545 often would you interact with personnel from the Department
546 of Health and Human Services?

547 A I don't recall ever having an interaction with
548 anyone outside of CDC before.

549 Q How often would you interact with personnel in
550 the Director's office? So either the Director him- or
551 herself, or the Chief of Staff, or otherwise.

552 A Before the response, I don't recall ever
553 interacting with the Chief of Staff. Upon occasion, I would
554 have interactions with Dr. Schuchat because of the review
555 process, like if she had a question or something about a
556 report. So upon occasion, you know, I had interaction with

557 her.

558 So, and for example, with the 2014 Ebola
559 response, I upon occasion had an interaction with the agency
560 Director. So it's more common during times when there's a
561 response that there's more level -- you know, more engagement
562 with higher levels.

563 Q How about the CDC Office of Public Affairs or
564 Communications Office? How often would you interact with any
565 personnel working in Public Affairs for CDC?

566 A I have interactions with them fairly often
567 because they collaborate when developing the communications
568 product with the report -- for the report. So, generally, my
569 level -- my level of interaction with them is not that
570 intensive. I have a team who is a communications team that
571 works more closely with them, with the Office of the
572 Associate Director of Communications.

573 Q So, sorry, is that an MMWR-specific
574 communications team?

575 A Yes. So, yes. So MM -- so MMWR has a specific
576 communications team, and like that's the team that has been
577 developing the graphics that are related to our report, and
578 so they work very closely with the communications leads of
579 the authors and with the Office of the Associate Director of
580 Communications. For the response, then they would also be
581 working with the Joint Information -- I can't remember.

582 Joint Information -- well, JIC, which is part of -- is the
583 communications arm of the response.

584 Q The Joint Information Center.

585 A Thank you.

586 [Laughter.]

587 Q And they sit under you, that communications team?
588 Not the JIC, but you have a specific group --

589 A Yes. The MMWR, well, it's technically under the
590 managing editor of MMWR, but she reports to me. And I work
591 very -- I work closely with them.

592 Q Are there public relations efforts in connection
593 with every report that goes into the MMWR, or does it tend to
594 depend? Is it reactive? How does it -- how does it
595 typically work?

596 A So, typically, the way it works is that we in the
597 last years have really been working to enhance the scientific
598 communication of the MMWR report. So we actually have a
599 process for developing communications materials for every
600 report that has been enhanced the last several years.

601 So before the response and where we require, you
602 know, some communications materials for every report, we
603 don't make, for example, a graphic for every report because
604 we just don't have the capacity to do that. But, and so we
605 select some reports that we think will be enhanced by having
606 that additional communications support of a graphic.

607 Q Okay. Well, thank you. I would typically spend
608 more time talking to you about these processes, but I think
609 we should, in the interest of time, start to look at a few of
610 the specific MMWRs that came out earlier this year.

611 A Okay.

612 Q And some specific correspondence. I want to
613 actually refer you to Exhibit 2. If you could take a look at
614 that? This is a -- it appears to be an email chain dated
615 June 22, 2020. The top email is from you to Paul Alexander,
616 and it's Bates stamped SSCCManual-000106 on the first page.

617 Can you just take a second and look at that? And
618 let me know whenever you're ready.

619 [Kent Exhibit No. 2 was marked
620 for identification.]

621 [Pause.]

622 Ms. Kent. Okay.

623 BY MS. GASPAR:

624 Q You mentioned a few minutes ago that you were
625 asked to add Paul Alexander to the distribution of the
626 summary. Let's step back for a second. I take it that the
627 earlier email here on this chain, which is dated June 22nd at
628 4:15 p.m. from you to a large distribution list, is the
629 summary that you're referring to?

630 A Yes, that's correct.

631 Q Okay. You said you had added Dr. Alexander. Did

632 you know Paul Alexander before -- before you were asked to
633 add him to the email distribution list?

634 A No, not at all.

635 Q So in this email here, it looks like in the
636 second email down the chain, he responded to you and had a
637 comment about the -- about this MMWR. And you respond to him
638 saying, "Many thanks for your comments. This is a summary
639 for situational awareness, and the language in the final
640 report will be different."

641 Can you recall whether this is the first time
642 that Dr. Alexander reached out to you in a comment on an MMWR
643 summary?

644 A I would have to look through all of -- I don't
645 recall if this is the first time. I -- you know, I receive
646 so many emails that, you know, I don't know for sure if this
647 is the first one.

648 Q Fair enough. Do you recall having any sort of
649 reaction the first time that Dr. Alexander reached out to you
650 with any sort of comment on an MMWR summary?

651 A I remember that I felt it was important to
652 respond in some fashion. I -- but you know, I don't -- you
653 know, and I think I was probably a little surprised that I'd
654 received a comment, but that's all.

655 Q In your typical practice of distributing
656 summaries, do you receive many comments regarding the

657 summaries?

658 A No.

659 Q You mentioned a second ago that you didn't know
660 Dr. Alexander before he was added to the distribution list.
661 Did you know somebody named Michael Caputo?

662 A I did not.

663 Q I take it you've since become familiar with him?

664 A Yes. I became familiar with him.

665 Q Other than asking you to add Dr. Alexander to the
666 distribution list, did anyone instruct you -- or sorry, did
667 anyone introduce you to either Dr. Alexander or Michael
668 Caputo?

669 A No one introduced me to them. Dr. Alexander
670 would sometimes "cc" Mr. Caputo on his emails to me, and if I
671 responded to Dr. Alexander, I would reply, you know, to the
672 people he had cc'd.

673 Q When Dr. Alexander was added to the email list or
674 at any other time, did anyone give you any explanation of his
675 role or why he was being added to the list?

676 A No.

677 Q How about did anyone -- did anyone give you any
678 instruction about following direction from Mr. Caputo or
679 Dr. Alexander at any point in time?

680 A No one ever gave me such instructions.

681 Q Okay, let's move on to another document.

682 Exhibit 3, which is an email that's dated June 30, 2020, at
683 the top of the chain. It looks like Dr. Alexander actually
684 sent this to himself at the very top, but there's a lower --

685 Mr. Strom. Jen, can we get -- can you give us --
686 Jen, just for clarity, because we printed them out, can you
687 give us the Bates range, just to make sure we're --

688 Ms. Gaspar. I was just about to. Yep. I was
689 just about to.

690 Yeah, so this is Bates stamped SSCC-0007093.

691 Ms. Kent. Okay.

692 Ms. Gaspar. It's an 18-page document.

693 Ms. Kent. Okay.

694 Mr. Strom. Thank you.

695 Ms. Gaspar. Of course.

696 [Kent Exhibit No. 3 was marked
697 for identification.]

698 BY MS. GASPAR:

699 Q So lower down, let's go back in this email chain.
700 If you start at an email actually at the bottom of the first
701 page, you sent an email to three individuals saying, "This
702 one is now for June 29th. Likely will change a bit."

703 Below that, there is some back-and-forth
704 discussion of seems to be regarding the pre-clearance review
705 process for this MMWR and some discussion of the date that
706 it's going to be published and the topic of the MMWR, which

707 is a draft of which appears to be attached at Bates 7097, is
708 titled "Hydroxychloroquine Prescribing Patterns by Provider
709 Specialty in the United States Before and After Initial Media
710 Reports for COVID-19 Treatment, January - April 2020."

711 Do you recall this MMWR?

712 A Yes, I do.

713 Q So in the email that is at June 15th, that you
714 sent June 15th at 3:59 p.m. at the bottom of the first page,
715 you wrote -- this appeared at the top of the second page --
716 as I just said, "This one is now for June 29th."

717 Did this MMWR end up being published on
718 June 29th?

719 A No, I don't -- there were delays to the report.
720 It was not -- no, it was not published on June 29th.

721 Q You mentioned delays. Can you tell us what
722 happened?

723 A Well, the -- you know, the delay from June 29th,
724 this report was delayed internally one time, and there was a
725 decision, as it says here, to add more data. I don't recall
726 that -- you know, I don't recall the details. And this is
727 the first time that I have seen that an email I sent was --
728 you know, that Ms. Witkofsky had sent it. So I was not aware
729 of this.

730 Q Okay. You referenced internal delays because of
731 a desire to get more data. I'm just going to look down at

732 the second page. Adi Gundlapalli, I believe it is, writes on

733 --

734 A Mm-hmm.

735 Q -- Saturday, June 13th at 8:54 a.m., that the

736 May 2020 IQVIA data should be received by June 15th.

737 A Mm-hmm.

738 Q And it seems like that was going to cause some

739 delay of a few days. Is that the internal delay that you're

740 referring to, or are you referring to something else?

741 A No. That's the internal delay I was referring

742 to.

743 Q Okay. Is it fair to say it seems like that was

744 just going to result in a delay of a few days or maybe a week

745 or so?

746 A. Yeah. I think -- I think so. I mean, even the

747 email that you showed in the previous exhibit, Exhibit 2, at

748 the beginning of the chain was delayed. And so it's not

749 uncommon for reports to be delayed because of something

750 that's happening internally, where there's a question that

751 comes up. And that's -- and part of that is because of our

752 commitment to get it right.

753 So that if we identify a problem, then we want to

754 make sure it's right. And this, when this report initially

755 was developed, you know, the clearance process took quite a

756 bit of time. And so they wanted to update it with more

757 current data so that it would be more relevant to what was
758 happening at the time.

759 Q So I guess what I want to figure out is that
760 seems like that contributed to internal delay, but there was
761 a sort of second delay that came from external forces. Is
762 that fair to say?

763 A No. Nothing -- that report was never delayed due
764 to external forces.

765 Q Okay. So the delay from June 30th -- or
766 June 29th target to the ultimate publication on
767 September 4th, can you just tell me a little bit more about
768 why that happened?

769 A This -- you know, I don't know all of the details
770 because I don't always participate in all of the internal
771 deliberations within CDC before something is published. So I
772 do know that it was delayed internally, and then I -- so I'm
773 just looking here that the report was ultimately published in
774 September.

775 I do know that there was a time when it was
776 originally published in September where there was about a 2-
777 week delay in publication because during the review process
778 of the senior-level reviewers, Dr. Schuchat made a comment
779 about how it was characterized where originally in the first
780 proof it said that there was like, you know -- and I don't
781 remember it, but something like an 800 percent increase. And

782 she had suggested that that could be confusing, and she
783 suggested that it'd be like I think it was like an 81-fold
784 increase.

785 And that was something that would change every
786 single table in the report, and we didn't have enough time to
787 fix that in just a couple of hours and assure that we had
788 gotten it right. And so we delayed the report. We had
789 discussion about when would be the best time to publish it,
790 and at this -- I mean, even now we have so many reports that
791 are on the docket to be published. And when you delay a
792 report, it can have this domino effect. And so we had
793 discussion about should we bump another report that is on the
794 schedule, or should we delay the report until there's an
795 opening?

796 And the decision internally was that this report
797 was not more important than other things that we had because
798 it wasn't going to -- it was documenting how the drugs were
799 distributed, but it wasn't talking about a policy change or
800 something that could impact care. And so that we decided to
801 publish it 2 weeks later when there was an opening. So it
802 had nothing to do with any external force.

803 Q Understood. Thank you.

804 So just looking back at this email chain, you
805 mentioned a second ago, referring to the June 29th 4:37 p.m.
806 email from Nina Witkofsky, Michael Caputo, and Paul

807 Alexander, was this -- I take it this was the -- right now is
808 the first time you're aware that they had taken interest in
809 this report?

810 A Yes.

811 Q Did you ever hear any feedback from anyone at HHS
812 about this particular MMWR?

813 A No, I did not.

814 Q Did you ever hear from anyone in the Director's
815 office about this MMWR?

816 A The only time I heard anything from the office
817 about this report was when the first proof went out, you
818 know, in late August, and Dr. Schuchat recommended that we
819 change the framing. It's the exact same scientific thing,
820 but it's just 800 percent versus 80-fold increase. So that's
821 the only time I heard from anyone in the high up about it.

822 Q Okay. So just to clarify, nobody asked you to
823 delay the publication of this report for any other reason?

824 A No.

825 Q Okay. You actually -- you said a second ago that
826 external forces did not cause the delay of this report. Did
827 external forces cause the delay of any other reports?

828 A No. There is one time when there was a request
829 from a communications perspective to delay one report by
830 2 days, and that was by Dr. Redfield asked that. And that's
831 the only time that anyone has asked to delay a report. All

832 the other delays are because we're trying to get it right,
833 and that time was to assure that there was very clear
834 communication, and the communication around the report
835 wouldn't be distracting.

836 Q Understood. Is that -- are you referring to the
837 report about the Georgia summer camp?

838 A Yes, I am.

839 Q Okay. We'll talk about that in a few minutes.

840 A Okay.

841 Q If you want to just go briefly to -- to the
842 document that's been marked Exhibit 4, and this is Bates
843 number SSCC-0007294.

844 A Okay.

845 [Kent Exhibit No. 4 was marked
846 for identification.]

847 BY MS. GASPAR:

848 Q Sure. Take a second and look it over. It
849 appears to be an email chain from Paul Alexander or an email
850 from Paul Alexander to Nina Witkofsky and Michael Caputo that
851 attaches an article from -- that I believe was to be
852 published or was published in the Journal of American -- or
853 in JAMA, titled "Hydroxychloroquine, Chloroquine, and
854 Azithromycin Outpatient Prescription Trends, United States,
855 October 2019 - March 2020."

856 A Okay.

857 Q Have you seen this before?

858 A No.

859 Q So at the top of this chain, Paul Alexander says
860 to Nina Witkofsky and Michael Caputo, "Hi, Michael. Is this
861 not the article we were shelving?"

862 Do you have any idea what he's talking about
863 there?

864 A I have no idea.

865 Q This article that's attached here, it seems to be
866 a similar topic to the MMWR, but I believe it's a separate
867 publication. Are you familiar with it?

868 A I am not familiar with it. Looking at the title,
869 it looks like it's data from October 2019 -- you know,
870 through October 2019 to March 2020. And the data that we
871 published was, you know, looking at more -- you know, through
872 June 2020. So there is a difference there.

873 I did not review this. It's not part of -- it's
874 not in my lane, so to speak.

875 Q Understood. Moving on to Exhibit 5, this is
876 SSCC-0006952.

877 A Okay.

878 [Kent Exhibit No. 5 was marked
879 for identification.]

880 BY MS. GASPAR:

881 Q It's a June 30th email chain, starts with an

882 email from Paul Alexander to Madeleine Hubbard.

883 Q And it says, if you look at the second email, the
884 2:47 p.m. email, Madeleine writes to Nina Witkofsky, "Good
885 afternoon, Nina. I hope all is well. I am reviewing the
886 MMWR on hydroxychloroquine you sent to Michael yesterday."
887 Presumably this references your email that was forwarded.

888 She writes, "There are quite a few edits on it.
889 I forwarded that Word document to Paul, who is going to look
890 over the MMWR." So did you ever receive edits to the MMWR
891 from -- that came from Dr. Alexander?

892 A No.

893 Q Okay.

894 A I did not. And I did not know about this.

895 Q Looking at this now, does it suggest to you that
896 Dr. Alexander at least expressed -- had attempted to make
897 edits to the MMWR or had interest in doing so?

898 A In reading this, it would suggest that he
899 attempted to make edits. I never received those edits.

900 Q Got it. Okay, thank you. We can put these
901 aside.

902 So I'd like to actually move -- jump ahead in
903 time to the other MMWR that you were referencing a few
904 minutes ago about the I think it was published on August 7th.
905 It's titled "SARS-CoV-2 Transmission and Infection among
906 Attendees of an Overnight Camp, Georgia, June 2020."

907 This -- we'll start at Exhibit 7. Exhibits 7
908 through 12, if you want to pull those out, all refer to this
909 MMWR.

910 A So is that 2881?

911 Q It is exactly. So Exhibit 7 is the July 28th
912 email.

913 [Kent Exhibit No. 7 was marked
914 for identification.]

915 Mr. Davis. Hey, Jen. This is Carlton Davis.

916 Ms. Gaspar. Yes.

917 Mr. Davis. Sorry to interrupt. I know you're
918 going off your exhibit numbers that you sent around this
919 morning. I think that this is actually, if you're going to
920 introduce it, it will actually be Exhibit 6 for purposes of
921 the interview. I don't mean to throw off your numbering
922 system. I'm just trying to be precise with exhibits that
923 we're referring to.

924 It sounds like you're referring to Exhibit 7 from
925 your numbering, but it's actually interview Exhibit 6.
926 Unless you're not introducing -- unless you're not
927 introducing it.

928 Ms. Gaspar. We're just going to go ahead and
929 stick with our pre-marked numbers. I think it's going to be
930 a little bit easier for clarity.

931 Mr. Davis. Well, what if I introduce exhibits?

932 How is that going to throw off your numbering if I --

933 Mr. Anello. Why don't you use letters, Carlton?

934 Ms. Gaspar. A, B, C. D.

935 Mr. Anello. You could use letters for your
936 exhibits.

937 Ms. Gaspar. Yeah.

938 Mr. Davis. Okay.

939 Mr. Strom. This is John Strom. Could we just
940 have the court reporter note if there is ultimately no
941 Exhibit 6 listed, that the table of contents or exhibit table
942 for the transcript have that noted?

943 Ms. Gaspar. We can send around a list later.

944 BY MS. GASPAR:

945 Q Okay. So moving ahead, this is Exhibit 7 is
946 SSCC-0002881. It's a July 28th email. So if you look down
947 in the chain here, the bottom of the chain shows that on
948 July 26th, you shared an early release of this MMWR about the
949 COVID-19 outbreak at the overnight summer camp.

950 Would this have been the first time that most of
951 the recipients on the larger email lower in the chain would
952 have seen or learned about this report?

953 A So, so when I first sent the email on July 26th,
954 yes, that has the summary in it, that would have been the
955 first time that most, you know, people on the email -- well,
956 certainly the senior people would be familiar with it.

957 There's many of the people on the list that are part of the
958 clearance. So they would be familiar with it.

959 But, and I don't know -- I know that Dr. Walke,
960 the head of the -- the Incident Manager, the head of the
961 response, likely had talked to Dr. Birx about the report
962 because he updates her about things that are coming. I don't
963 know when he would have done that. So it's possible that she
964 would have heard about this report before the summary email
965 was sent.

966 Q Are you -- is that specific to this report, or is
967 that statement that you just made, would that be true about
968 all of the MMWRs in this time period?

969 A I would say that that's true of all of the MMWRs.

970 Q Okay. Any reason that it stands out to you for
971 this particular MMWR?

972 A Yes. Because I had communication from Dr. Walke
973 that Dr. Birx was very interested in having this published
974 rapidly. And so there's upon occasion, you know, I hear that
975 she's very interested in something and moving it along.

976 Q Did you have any understanding why she was
977 particularly interested in this one?

978 A I mean, that was not discussed with me. I --
979 yeah. So I -- it was at a time where there was a lot of
980 interest in general about children.

981 Q Understood. We'll look back at this document,

982 Exhibit 7, in just a moment. So I want to jump ahead to
983 Exhibit 8. This is Bates stamped SSCCManual-000064 through
984 70. It starts with a July 27th email from Michael Beach to
985 you and Dr. Walke, who I think you were just referring to.

986 [Kent Exhibit No. 8 was marked
987 for identification.]

988 BY MS. GASPAR:

989 Q The lower part of the chain contains the same
990 email and response that we just saw, but if you turn just to
991 -- just to the next page at the very top, at 8:34 a.m. on
992 Monday, July 27th, you wrote to a smaller group, "All,
993 Michael B. suggested I share with all of you the latest draft
994 of the Georgia camp report. MMWR will put report into
995 production this afternoon with proof shared with senior
996 leadership this evening. To do that, we need a plan to
997 respond by early afternoon."

998 A Okay.

999 Q And it seems like what you're planning to do is
1000 respond to an email that you received in reply from
1001 Dr. Alexander with an eight-point reaction. Is that
1002 accurate?

1003 A Yes.

1004 Q Okay. Can you just talk me through? So you
1005 received -- you received Dr. Alexander's email at 1:53 a.m.
1006 on July 27th. So what happened after you received his

1007 response?

1008 A So I -- yeah, so this is a long email from him.
1009 So because this -- to my recollection, this is the longest
1010 email I had received from him, and so I wanted to make sure
1011 that we, you know, responded to it in a way that was factual
1012 and kept, you know -- you know, to the spirit of the report.
1013 I think one thing that you can see is sometimes comments from
1014 him would identify areas where communication could be
1015 challenging about a report because he's not someone who's
1016 part of the, you know, the environment, and that's one of the
1017 things that we find is that we really want to make sure that
1018 we're communicating as clearly as possible to a broad
1019 audience.

1020 And so like every single comment, he would be --
1021 he would make would be taken within the context of that and
1022 thinking about is this something that we're communicating as
1023 clearly as we can? So I guess I engaged my colleagues who in
1024 making sure that anything that I responded to would be
1025 appropriate and part of the, you know, maintaining the
1026 scientific integrity of the -- you know, of the report.

1027 Q At --

1028 Mr. Strom. And Jen, by my clock, you've got
1029 about 2, 3 minutes left of this hour. But go ahead.

1030 Ms. Gaspar. Yeah. So if folks on the minority
1031 side are okay with it, I would -- I can wrap up this topic in

1032 probably about 10 minutes, and then we can switch, if that
1033 works for everyone?

1034 Mr. Davis. Yeah, I mean, we're generally fine
1035 with that. I think we each have an hour and an hour. So if
1036 you want to run over here and kind of chop that out of your
1037 second hour, that's no problem, just for continuity.

1038 Ms. Gaspar. Yep. I think that probably works
1039 better, but I'll try to be efficient here.

1040 BY MS. GASPAR:

1041 Q So moving on to -- sorry --this email chain, at
1042 9:57 a.m., Michael Beach writes, "Folks on the HHS
1043 Secretary's call want to see this MMWR. Do we normally do
1044 this? How do we do this?"

1045 First of all, do you know which -- which call
1046 that you're referring to -- or he's referring to?

1047 A No, I don't.

1048 Q Okay.

1049 A There is a daily call with the Secretary. You
1050 know, I could assume it's that, but I don't know for sure.

1051 Q Do you have any sense of who in HHS wanted to see
1052 it from this email or any other source?

1053 A I don't really know. You can tell from my emails
1054 it was not our practice to share the proof outside of the
1055 agency. I clearly am discovering here that it has -- our
1056 reports have been shared before. So, you know, so this is

1057 where someone is asking my permission to share. So, because
1058 that was my understanding is that things did not go outside
1059 of the agency. I did discuss this with Dr. Schuchat, and she
1060 said that it was appropriate to share.

1061 Q You referenced here that this had been shared
1062 once, or the MMWR had been shared once before after
1063 discussion with her. Do you recall which MMWR had been
1064 previously shared?

1065 A Yes, it was one in late May that was about the
1066 early characterization of the pandemic.

1067 Q Do you know what prompted that one being
1068 shared?

1069 A I know that there was a request from Secretary
1070 Azar to Dr. Redfield to see it.

1071 Q Anything else about that one?

1072 Mr. Strom. At this point, it -- I think those
1073 kind of questions implicate executive branch
1074 confidentiality interests. I think she's answered it
1075 generally. Beyond that, I'm going to instruct her not to
1076 answer.

1077 Ms. Gaspar. Okay. So are you asserting a
1078 privilege?

1079 Mr. Strom. For the purposes of this voluntary
1080 interview, yes.

1081 Ms. Gaspar. Okay. So as I mentioned at the

1082 outset, our committee rules require, to be valid, an
1083 assertion of privilege to be in writing pursuant to Rule
1084 16(c). Are you planning to do that?

1085 Mr. Strom. We will put it in writing.

1086 Ms. Gaspar. Okay.

1087 Mr. Anello. Sorry. Can I ask what privilege
1088 are you asserting, John?

1089 Mr. Strom. I believe, unless I misheard the
1090 question, the question was, what did essentially Secretary
1091 Azar say to Redfield to get the request for this prior --
1092 this May MMWR. If I misheard it or misunderstood, happy to
1093 clarify, you know. To the extent Ms. Kent is able to
1094 answer without implicating the privilege, I've directed her
1095 to do so, but, I mean, that's my understanding of the
1096 question.

1097 Mr. Anello. What's the privilege, John? That
1098 doesn't sound like privileged information to me, so can you
1099 explain what the privilege is, because, otherwise, I think
1100 the witness should be allowed to answer.

1101 Mr. Strom. It's a discussion between the
1102 Secretary and a senior official within the Agency asking
1103 for the reasons why. And we -- again, if I'm mishearing
1104 it, if I'm misconstruing it, asking why he requested the
1105 MMWR. It's delivered --

1106 Ms. Gaspar. So I --

1132 A Iademarco, yeah.

1133 Q Iademarco, that Dr. Birx requested we publish
1134 quickly. She had questions about it in a meeting with
1135 Redfield. Are you familiar with the meeting that's being
1136 referenced here?

1137 A I do not know the contents of that meeting, no.
1138 I mean, I know that Dr. Birx and Redfield routinely meet to
1139 discuss things. I don't know anything about the contents
1140 of this meeting.

1141 Q You referenced this before, but this says,
1142 "Birx requests that we publish quickly." Do you know why
1143 she wanted to publish quickly?

1144 A I can -- I do not know precisely. It was
1145 during a time where there was a lot of interest in
1146 infections amongst children, but I do not know precisely
1147 why she wanted it out quickly.

1148 Q I want to skip ahead to Exhibit -- the document
1149 that's been marked Exhibit 11. This is Bates stamped SSCC
1150 Manual 86.

1151 [Kent Exhibit No. 11 was marked
1152 for identification.]

1153 BY MS. GASPAR:

1154 Q This is also from Monday, July 27th from you to
1155 [REDACTED] copying [REDACTED]. And are they
1156 authors of this MMWR or some of the authors, by the way?

1157 A So I'm sorry. You mentioned [REDACTED].

1158 So I'm sorry. Can you repeat the question? I don't think

1159 I heard it properly.

1160 Q The recipients of your email here, are they the
1161 authors?

1162 A At the beginning of the email at the top of the
1163 page?

1164 Q Yes, at the top of the page. [REDACTED]

1165 A No, those are -- so Admiral Iademarco is my
1166 director, and the -- Dr. Stephens is the head of science
1167 for the -- for the Center, and *Abbigail Tumpey* -- Ms.

1168 Tumpey is the head of communications. And Dr. Iademarco
1169 likes me to keep them informed what -- about anything if
1170 there's going to be a delay or something.

1171 Q I'm sorry. I think we might be referring to
1172 different documents now.

1173 A Okay.

1174 Q I had jumped to Exhibit 11.

1175 A What is the number on it?

1176 Q This is 86, SSCC Manual --

1177 A Oh, okay. So that I have as 10. Okay. Okay.
1178 That'll help. Okay. Okay. So at the top of the page, so,
1179 no, those are not the authors that -- the part that says
1180 "to [REDACTED]" and with a "cc" to [REDACTED] --
1181 [REDACTED], so those are technical writer/editors.

1182 In MMWR, [REDACTED] is the team lead and he
1183 supervises [REDACTED], and [REDACTED] was the
1184 technical writer/editor to help with the production of the
1185 report. She worked directly with the authors, and so I
1186 don't generally work directly work with the authors. The
1187 technical writer/editor does in communicating. So, like,
1188 all of those comments -- all those times in the review
1189 process where Dr. Redfield -- Iademarco could make
1190 comments, the technical writer/editor collates all of those
1191 and shares those with the authors.

1192 Q This email says -- he writes here at the top:
1193 "Two edits from Dr. Redfield. They're highlighted in
1194 yellow. They should be incorporated in proof and are L1."
1195 I think you explained to us earlier that "L1" means must
1196 implement or something along those lines.

1197 A Yes.

1198 Q We unfortunately have not received a copy of
1199 the edits. Do you recall what they were?

1200 A I'm sorry. I don't recall, yeah.

1201 Q Do you recall anything just generally about the
1202 -- whether you had any reaction to receiving the edits?

1203 A I have been very diligent about maintaining the
1204 scientific integrity of things that are published in MMWR,
1205 reports published in MMWR, and there was no cause for alarm
1206 by whatever he -- whatever the comment was. So I feel like

1207 I can say with assurance that that comment did not change
1208 the scientific integrity of the report, that it was most
1209 likely a kind of nuanced, you know, statement that didn't
1210 change the science. So, you know, that's -- I don't
1211 remember the precise thing, but I don't -- I was not
1212 concerned by it.

1213 Q Okay. So I just want to ask very quickly a few
1214 more questions referring to the next few exhibits, and then
1215 we'll wrap up this topic. Exhibit 12 is Bates Number SSCC
1216 Manual 59.

1217 A Okay.

1218 [Kent Exhibit No. 12 was marked
1219 for identification.]

1220 BY MS. GASPAR:

1221 Q And Bates Number 13 is SSCC Manual 46.

1222 [Kent Exhibit No. 13 was marked
1223 for identification.]

1224 BY MS. GASPAR:

1225 Q These two emails relate to each other. They
1226 were both sent within about a minute apart. One is from
1227 you to Michael Iademarco, and it says at the top: "Amanda
1228 called me to say -- request a delay by Dr. Redfield and
1229 HHS. Delay will make for better timing." That's Exhibit
1230 12. On Exhibit 13, four emails down the chain, you write,
1231 "Just got the call. Request a delay until Friday by Dr.

1232 Redfield. Timing will be better." So in any case, this, I
1233 think, is the delay that you've already talked to us about.

1234 A Yes.

1235 Q Do you have any understanding of why was the
1236 timing better?

1237 A The timing was better -- well, one, it was only
1238 a 2-day delay, so it's not a long delay, and it couldn't be
1239 -- because of our production processes, it couldn't be --
1240 it couldn't be released on Thursday because that's when we
1241 do our regular content. So as I understood, that there was
1242 a desire to make the communication about this report, you
1243 know, kind of front and center, that there wouldn't be a
1244 distraction because of other things that were occurring,
1245 and so that was why the delay. Like, when we schedule
1246 reports, we really try to think about the communication
1247 because generally you can only communicate effectively
1248 about one topic, you know. And if there's a lot of other
1249 things that are going to be in the news, then we try to do
1250 -- you know, kind of do things in a smooth way so that
1251 there's not a lot of dissonance. So the -- my
1252 understanding was that they felt it would be more
1253 effectively communicated if it was delayed until Friday.

1254 Q You said other things that were happening. Do
1255 you know what other things?

1256 A I think the -- as I understood, on Thursday,

1257 there was an interview with the congressional Oversight
1258 Committee, and there were some very important things that
1259 they wanted to convey during that meeting.

1260 Q Is this the only time that you're -- that you
1261 can recall at any -- at any point in time during your
1262 response or otherwise where somebody asked you to delay the
1263 publication of an MMWR, other than for a, you know,
1264 scientific review and whatnot?

1265 A This is the only time I -- well, you know, this
1266 is -- I can't say that there wasn't some other time. We
1267 published 163 reports, and I cannot say that there has
1268 never been another time where we decided to delay something
1269 because it would be better from a communications
1270 perspective to release it a little bit later because there
1271 was going to be guidance that was coming out that was going
1272 to be ready, and they, you know, amplified the message. I
1273 certainly would have discussions about that all the time.
1274 This is the only time that I recall getting a request, you
1275 know, that was related to, you know, Dr., you know,
1276 Redfield and communication around him. Because we do try
1277 to be -- again, effectively communicate things and to have
1278 things be -- you know, the timing not be disruptive, it
1279 didn't stand out especially in my mind that this, you know.
1280 And, again, it was only delaying it by 2 days, so. You
1281 know, as we -- as you -- if you go through, we've delayed a

1282 number of reports, but --

1283 Mr. Anello. Jen, do you mind if I just ask one
1284 quick question? I'm sorry to interrupt, and I know -- I
1285 know we're about to wrap up. You mentioned -- you said a
1286 briefing with congressional Oversight. Was that the -- Dr.
1287 Redfield's testimony before the Select Committee that
1288 you're mentioning?

1289 Ms. Kent. I am not -- I'm not -- you know, I
1290 can't recall exactly, you know, if that's the proper, you
1291 know, thing. It was something that was happening on the
1292 Thursday.

1293 Ms. Gaspar. Anything else, Russ?

1294 Mr. Anello. Sorry. Just to follow up on that,
1295 I believe there was a hearing that Friday on July 31st.

1296 Ms. Kent. Oh, okay. So yeah.

1297 Mr. Anello. At which Dr. Redfield testified
1298 before our committee. So is it possible that's what was
1299 being referred to? That was -- that was Friday, July 31st
1300 at 9:00 a.m.

1301 Ms. Kent. Possibly, yeah. Yeah. So, oh,
1302 that's probably it.

1303 Mr. Anello. Okay. Thank you.

1304 Ms. Kent. And then the report would be
1305 released afterward.

1306 Mr. Anello. Thank you.

1307 Ms. Gaspar. Okay. Let's go off the record.

1308 [Off the record at 11:33 a.m.]

1309 [On the record at 11:52 a.m.]

1310 Mr. Davis. I just want to make sure that Jen
1311 and Dr. Kent are ready to go, but we're ready to start
1312 whenever you are.

1313 Ms. Gaspar. We're ready.

1314 Mr. Davis. Okay, great. Well, I'll just --
1315 I'll dive in.

1316 EXAMINATION

1317 BY MR. DAVIS:

1318 Q So, Dr. Kent, my name is Carlton Davis. I work
1319 for the committee Republicans, and I would be remiss if I
1320 didn't tell you that growing up, my dad made it very clear
1321 to me there was only one school I was ever allowed to go
1322 to, and that was Amherst.

1323 A Oh.

1324 Q Yeah, he was Class of 1971, and he loved the
1325 place. Unfortunately, when I went to visit, it was in
1326 March and it was too cold, and I settled on Swarthmore.
1327 But I have a very soft spot in my heart for anybody who
1328 attends a liberal arts college because there are not that
1329 many. So just --

1330 A Okay. Well, thank you.

1331 Q Yeah. So that being said, just a couple

1332 questions clarifying from the first hour you had. You
1333 started at MMWR in 2014 in a leadership role, first acting
1334 and now permanent. Is that right?

1335 A Yes.

1336 Q Okay. And I believe you said MMWR, you said it
1337 was the voice of CDC. Is that a fair representation?

1338 A Yes, that's how it's characterized.

1339 Q Okay. And you have told your team of about 30
1340 you have a commitment to "get it right" is what you want to
1341 do?

1342 A Yes, correct.

1343 Q Okay. I believe you also said that a lot more
1344 attention is paid to the MMWR because it does not come with
1345 a disclaimer. Is that -- is that correct?

1346 A I don't know. It's a lot more internal review
1347 within the Agency because it doesn't have a disclaimer.

1348 Q Okay. And under your watch, being in charge,
1349 editor-in-chief of the MMWR, do you ever let anything
1350 affect the scientific integrity of the MMWR?

1351 A That's correct. I am very committed to
1352 maintaining the scientific integrity of MMWR.

1353 Q Okay. In the interest of your time, we'll
1354 forgo the rest of our hour of questioning, and we can move
1355 on to round two. Thank you very much.

1356 A Thank you.

1357 Mr. Strom. You don't need a break --

1358 Ms. Kent. No, thank you.

1359 Mr. Strom. We're good to continue. I don't
1360 know if you guys need -- if anybody else needs to take a
1361 minute.

1362 Ms. Gaspar. No, we are -- I'm happy to pick
1363 up.

1364 EXAMINATION

1365 Q So if you still have the exhibits in front of
1366 you --

1367 A Yes.

1368 Q -- let's go ahead and turn to Exhibit 14.

1369 A And could you state the number because we have
1370 a bit of a problem.

1371 Q Yes. Yes, yes, yes. So this is SSCC 0005298.

1372 A 5298, got it.

1373 [Kent Exhibit No. 14 was marked
1374 for identification.]

1375 BY MS. GASPAR:

1376 Q This is an August 2nd, 2020 email from Paul
1377 Alexander to a group of people here.

1378 Ms. Gaspar. And I just want to make sure the
1379 court reporter is good. I know we are on record, but I
1380 want to make sure everything is set over there.

1381 Court Reporter. Yes, thank you.

1382 Ms. Gaspar. Okay. Great.

1383 BY MS. GASPAR:

1384 Q Have you seen this before?

1385 A No.

1386 Q If you wouldn't mind, why don't you just take a

1387 -- take a second and look it over?

1388 A Sorry. You'd like me to take a look at it?

1389 Q Yeah.

1390 A Okay. Okay.

1391 Q And let me know when you're ready.

1392 A Okay.

1393 [Pause.]

1394 Okay. I think I have the gist of it.

1395 Q Okay. And actually before turning to this

1396 document, I'd like to refer you to one other. Let's go

1397 back to the document that we've marked as Exhibit 6. It's

1398 Bates stamped 7178, SSCC 7178.

1399 [Kent Exhibit No. 6 was marked

1400 for identification.]

1401 A So you said Number 6?

1402 Q Yeah, so it's going to be much earlier. It's a

1403 July -- it's an attachment to a July 3rd email or, rather,

1404 a July 3rd email --

1405 A Okay.

1406 Q -- from Paul Alexander with an attachment.

1407 A So 7178. Okay. I've got it.

1408 Q 7178. Got it.

1409 A Yeah.

1410 Q And if you could just take a minute and look
1411 that one over as well.

1412 [Pause.]

1413 A Okay. I have the gist of it.

1414 Q Okay. Have you seen Exhibit 6 before?

1415 A No.

1416 Q It appears to be a document that was written as
1417 a response to the hydroxychloroquine MMWR that we discussed
1418 earlier. Does that seem accurate to you?

1419 A Yes.

1420 Q Have you ever seen an occasion before where
1421 anyone at CDC or HHS has written their response to an MMWR
1422 in this fashion?

1423 A No, I haven't -- I haven't seen something like
1424 this before.

1425 Q Looking at Exhibit 6, the second paragraph said
1426 in the first sentence, "This MMWR presents factual
1427 information with an agenda." Would you agree with that --
1428 with that statement?

1429 A I do not agree with MMWR presents factual
1430 information with an agenda. I do not agree with that
1431 statement.

1432 Q Why?

1433 A Because that suggests that we are publishing
1434 things based on something other than trying to characterize
1435 the science, or characterize the response, or to
1436 characterize the risk to people, and that we don't -- we
1437 have -- our mission is to provide information that can --
1438 you know, this is a totally new disease that we knew
1439 nothing about before -- well, we still didn't know anything
1440 really in January. And so trying to understand the disease
1441 so that we can make informed decisions about how best to
1442 respond to it.

1443 Q Staying with this document, if you -- if you go
1444 down to the last paragraph, it says, "An MMWR is known as
1445 the voice of the CDC," as you -- as you stated earlier.

1446 A Mm-hmm.

1447 Q "The information presented in this MMWR is not
1448 timely nor does it contain useful public health information
1449 and recommendations." Do you agree with that?

1450 A I do not agree with that statement that this
1451 information is not timely nor does it contain useful public
1452 health information and recommendations.

1453 Q Do you believe that it's appropriate for
1454 someone else in the Federal Government, whether at CDC or
1455 HHS, to draft a rebuttal to an MMWR?

1456 A I --

1457 Q Well, let me -- let me actually phrase that
1458 slightly different.

1459 A Yeah.

1460 Q Does it bother you? Does it bother you?

1461 A It certainly surprises me to see this. It is
1462 not typical nor does it suggest that we are working as one
1463 to a similar goal.

1464 Mr. Anello. Could I ask a quick follow-up
1465 question here, Jen?

1466 Ms. Gaspar. Sure.

1467 Mr. Anello. Thank you. I just wanted to make
1468 sure I understood --

1469 Ms. Gaspar. For the court reporter, could you
1470 please state your name?

1471 Mr. Anello. Sorry. This is Russ. Just a
1472 quick follow up. There are a few other lines in here.
1473 There's one that says that -- in the first paragraph -- in
1474 the first paragraph that the article fails to live up to
1475 CDC's pledges to provide the highest-quality, you know,
1476 scientific, et cetera. There's also a line that says that
1477 this is not a good use of tax dollars. The question I have
1478 for you is, if this document were published or statements
1479 like this were made publicly, do you think this would help
1480 or harm CDC's efforts to combat the coronavirus pandemic?

1481 Ms. Kent. I think that it could undermine

1482 confidence in CDC and in the quality of science that is in
1483 MMWR.

1484 Mr. Anello. Okay. Back to you, Jen. Thank
1485 you.

1486 Ms. Gaspar. Sure. Thank you.

1487 BY MS. GASPAR:

1488 Q So I'd like to jump ahead and look at some
1489 other responses that you received from Dr. Alexander.

1490 Let's go to Exhibit 15, which is SSCC Manual 000017.

1491 A Okay. Wait. Wait. Let's see. 17?

1492 Q Mm-hmm.

1493 A 16. Oh, here it is. Okay. I got it, yep.

1494 Okay.

1495 [Kent Exhibit No. 15 was marked
1496 for identification.]

1497 BY MS. GASPAR:

1498 Q It's an August 27th email chain, and take a --
1499 please take a moment and look it over and just let me know
1500 when you're ready.

1501 [Pause.]

1502 A. Okay.

1503 Q So if you turn to the third page, Dr. Alexander
1504 writes to you. He copies Dr. Redfield and Michael Caputo
1505 with some comments regarding an MMWR that is -- the topic of
1506 which was related to four overnight camps in Maine from June

1507 through August 2020. You respond. It appears that you
1508 provided some clarifying information in response to comments.
1509 And then if you go to the top of the second page, Dr.
1510 Alexander writes to you at 10:48 p.m. on August 24th: "Hi,
1511 Dr. Kent. Is there scope for us to collaborate? For us at
1512 ASPA to be more involved in your report?" What was your
1513 reaction to receiving this?

1514 A I think I could say safely that I was surprised
1515 because he comes from a communications arm and we are a
1516 science-based publication, and it's the science that leads
1517 the communication, not the communication that leads the
1518 science.

1519 Q Thank you. Could you -- well, was this the first
1520 time that Dr. Alexander asked to collaborate in this direct
1521 manner, recognizing that he's given you comments on MMWRs
1522 before?

1523 A This is the first time I recall this sort of
1524 overture of asking to collaborate early on.

1525 Q Could you tell us what you did in response once
1526 you received this?

1527 A So I discussed it with, you know, briefly with
1528 Dr. Iademarco. I crafted a response that you see here that
1529 just -- you know, that distinguishes that, you know, that
1530 kind of describes the level of scientific clearance, and that
1531 because he is part of ASPA, that if he wants to be involved,

1532 that he could -- should go through the appropriate, you know,
1533 chain through the Office of the Associate Director of
1534 Communications. We thought it would be better if we were to,
1535 you know, actually respond to this. I wanted to have Dr.
1536 Schuchat weigh in. She didn't weigh in, so we never sent the
1537 response to him. So, in fact, while we -- I had an internal
1538 discussion and prepared something that I think outlined the
1539 position that we ended up choosing not to respond to that
1540 comment.

1541 Q So there was no response ever sent?

1542 A No, so nothing was sent to Dr. Alexander.

1543 Q But you did have phone calls with Dr. Iademarco
1544 about this?

1545 A Yeah, I briefed -- where we just discussed how to
1546 lay out a potential response and to -- you know, that he's in
1547 a different component, that this is -- he's part of the
1548 communications, and, again, that we began with the science
1549 and then from there we develop our communication materials,
1550 not the communications people interjecting.

1551 Q Did you relay concern or surprise to Dr.
1552 Iademarco during that the phone call or phone calls?

1553 A I'm sorry. That last part I couldn't hear well.

1554 Q During your discussion -- I'm not sure if it was
1555 one or more discussions with Dr. Iademarco, but did you --
1556 what concerns did you express to him?

1557 Mr. Strom. We're happy to accommodate the
1558 committee's interest. This would generally fall within
1559 deliberative process. However, to accommodate the facts here
1560 and your inquiry, we're going to allow her to answer.

1561 Ms. Gaspar. Okay. We disagree, but I'm happy
1562 you're allowing her to answer. Thank you.

1563 Ms. Kent. Okay. So thank you. This is the
1564 first time I've ever received something coming from --
1565 externally from a communication chain, you know, asking for
1566 this. And so it was something novel to me, and I just wanted
1567 to, you know, discuss it with someone else, you know, to make
1568 sure that my thinking was in line with the situation. And so
1569 -- and that's, you know -- and we did discuss that because it
1570 was an unusual situation, not like his other comments, that
1571 it would be appropriate for Dr. Schuchat to weigh in. So
1572 that's it.

1573 BY MS. GASPAR:

1574 Q You referenced earlier something about that Dr.
1575 Alexander should go through a chain or a different chain to
1576 give you -- or in order to collaborate. What would that --
1577 what would that chain be?

1578 A Well, because he's part of ASPA, and it's the
1579 Office of the Associate Director of Communication that really
1580 has, you know, direct communication, you know, between ASPA
1581 -- and so, you know, to begin, you know, sharing something --

1582 you know, to begin something earlier, then he needed to be
1583 engaged with them, and it really needed to only be on the
1584 communication point. So I don't think that -- you know,
1585 honestly, I don't think I thought about how this would be
1586 implemented should he go through that path that was
1587 recommended --

1588 Q Why didn't you end up responding?

1589 A Because we never heard back from Dr. Schuchat,
1590 and so it just seemed better not to respond because it wasn't
1591 -- it wasn't a typical thing that we received from him
1592 before. So it -- we just chose not to respond.

1593 Q Did he ever raise it again?

1594 A The time when he raised it again was after he was
1595 no longer part of HHS. He wrote to me twice on his private
1596 email account suggesting that we collaborate, and I didn't
1597 respond to those either.

1598 Q Do you know if at the time that you received this
1599 email, Dr. Iademarco discussed it with anyone or took it to
1600 anybody else?

1601 A I don't know.

1602 Q Or even sitting here today, does Dr. Alexander's
1603 proposal raise concern to you about the scientific
1604 independence of the MMWR?

1605 A No, I was never concerned about the scientific
1606 independence of MMWR, and that's something that we -- you

1607 know, that's my responsibility to ensure -- well, it's
1608 complicated. At least the integrity, the scientific
1609 integrity. So I was never concerned about the scientific
1610 integrity of MMWR.

1611 Q You weren't concerned because of -- well, I'll
1612 just ask why.

1613 A Wait. I'm sorry. What was your question?

1614 Q Why? Yeah, you said you were not concerned, so
1615 what gave you reassurance? Did you think that Dr.
1616 Alexander's proposal, if followed through on, would raise a
1617 concern?

1618 A If we -- if we chose to -- oh, actually there is
1619 one other email. Well, it's not collaboration, but if we
1620 chose to collaborate with Dr. Alexander, there could be a
1621 perception that that was influencing the scientific integrity
1622 of MMWR, and that was something that we were not going to do.

1623 Q Got it. I'm going to move on. Just another
1624 second. Let's go to Exhibit 16. This is a -- this is Bates
1625 stamped SSCC Manual, bunch of zeros, 7 is the first page.

1626 A Okay. Got it. Okay.

1627 [Kent Exhibit No. 16 was marked
1628 for identification.]

1629 BY MS. GASPAR:

1630 Q Okay. So if you look at this email chain, it
1631 looks like -- at the bottom you circulated a summary of an

1632 early release of MMWR titled, "SARS-Cov-2-Associated Deaths
1633 Among Children, Adolescents, and Young Adults Aged Under 21
1634 Years, United States, February 12th through July 31st, 2020,"
1635 and Dr. Alexander writes to you with some reaction. You then
1636 forwarded his email to Nina Witkofsky. What prompted you to
1637 do that?

1638 A Earlier in that -- earlier that day or that --
1639 probably later that afternoon, she had told me that I was not
1640 -- that I shouldn't be receiving any further communication
1641 from Dr. Alexander, and if I should, that to let her know and
1642 that I shouldn't reply to him.

1643 Q Did she tell you why?

1644 A No.

1645 Q Do you -- do you know why she gave you that
1646 instruction?

1647 A Pardon?

1648 Q Do you know why she gave you that instruction?

1649 A I honestly don't know precisely why she gave me
1650 that instruction. So, you know, she did not state why she
1651 gave me that instruction.

1652 Q Okay. It looks like subsequently she asked you
1653 to remove him from the MMWR distribution list. Is that
1654 right?

1655 A I think she probably -- yes, I'm sure she did --
1656 at the time when she told me I shouldn't communicate with

1657 him, she would have asked me to remove him from the
1658 distribution list.

1659 Q And you did so?

1660 A To the best of my recollection, that's true.

1661 Q Any reason given for that?

1662 A No, nothing specific.

1663 Q Okay. I would like to refer you to Exhibit 23.

1664 It is an article that came out in *Politico* that same day. It
1665 does not have a Bates stamp, but it's a September 11th, 2020
1666 article titled, "Trump Officials Interfered with CDC Reports
1667 on COVID-19."

1668 [Kent Exhibit No. 23 was marked
1669 for identification.]

1670 BY MS. GASPAR:

1671 Q Have you seen this before?

1672 A Yes.

1673 Q If you go down to -- it's a 13-page document.

1674 If you go down to the fifth page, there is an email --

1675 Mr. Strom. Jen, did you say 6?

1676 Ms. Gaspar. Five. Page 5.

1677 Ms. Kent. Okay. So it's the one that has an
1678 image of a -- an email?

1679 BY MS. GASPAR:

1680 Q Exactly.

1681 A Okay.

1682 Q I wanted to refer you to that email. So we
1683 don't appear to have this email, but it -- so I don't know
1684 what date it was sent or who it was sent to. But it says
1685 in this image here, "So I request that CDC go back to that
1686 report and insert this, else Michael pull it down and stop
1687 all reports immediately." If you look at the rest of the
1688 context, it probably refers to the earlier report on
1689 Georgia, Georgia summer camp, although it could be another
1690 summer camp-related report. It described the report as
1691 very misleading by CDC and says this hurts any President or
1692 Administration. And then it goes on to say, "It's designed
1693 to hurt this President for their reasons, which I am not
1694 interested in." First of all, let me just ask you, do you
1695 agree with those statements that the -- in particular, the
1696 sentence, "This is designed to hurt this President for
1697 their reasons, which I'm not interested in?" Even not
1698 knowing which MMWR this refers to, would that be true about
1699 any MMWR?

1700 A No MMWR was published with the intent to hurt
1701 the President.

1702 Q Is there any political intent behind any MMWR?

1703 A No.

1704 Q Why not?

1705 A Because our -- that's not part of our mission.
1706 Our mission is to produce science, and, in this case, about

1707 a disease that we knew nothing about so that informed
1708 decisions can be made based on the science.

1709 Q The red site, and if it's -- if it's printed in
1710 black and white, you might not see this, but the first
1711 sentence here is in red where it says, "Michael, pull it
1712 down and stop all reports immediately." I take that as Dr.
1713 Alexander actually trying to stop the publication of all
1714 MMWRs. Is that -- was that ever reported to you that he
1715 wanted to do so before you saw this article?

1716 A While I was on vacation, he sent an email that
1717 contained this, and it would -- you know, based on the
1718 content that's presented here, it would suggest that he
1719 wanted to stop the publication of reports and to change
1720 reports that had been previously published.

1721 Q Who was that email sent to?

1722 A I don't have a copy. I believe it was sent to
1723 me and Dr. Redfield, and I'm not exactly sure who -- it
1724 would -- given, you know, he's addressing Michael, I would
1725 assume it was also sent to Mr. Caputo.

1726 Q You said -- you said that this was sent while
1727 you were on vacation. Do you recall when that was
1728 approximately?

1729 A It was, I think -- I think he sent it -- I
1730 think it was maybe, like, August. It was -- he sent it, I
1731 think, on a Saturday in August around -- I can't -- I don't

1732 remember the date exactly, but, like, August 7th, 8th,
1733 around in there, whatever that Saturday is.

1734 Q You said you don't have a copy. I realized we
1735 haven't given you one because we don't seem to have one.
1736 Did you -- do you still have one in your possession?

1737 A I don't have one in my possession.

1738 Q Why is that?

1739 A While I was on vacation, the woman who was
1740 serving as the acting and editor-in-chief, there was
1741 discussion with her -- her name is [REDACTED] -- and
1742 Dr. Iademarco about this. Dr. Iademarco reached out to Dr.
1743 Redfield, and so Dr. Redfield said we wouldn't be doing
1744 this according to this -- you know, about what I heard from
1745 [REDACTED] who heard from, you know, Admiral Iademarco,
1746 and that we did not -- that I was instructed to delete the
1747 email because it would be part of Dr. Redfield's, you know,
1748 the documentation that he has in his email. So actually
1749 when I went back to delete, it was already gone.

1750 Q Sorry. Who instructed you to delete it?

1751 A I heard from [REDACTED], who, as I understood,
1752 heard from Dr. Iademarco, who heard from Dr. Redfield to
1753 delete it.

1754 Q Sorry. I just want to make sure I understand.
1755 It sounds like you're saying Dr. Redfield told Dr.
1756 Iademarco --

1757 A Yes.

1758 Q -- who told [REDACTED], who told you.

1759 A Yes, right. Yeah. So I did not have direct --
1760 that's what I understood, that it came from Dr. Redfield,
1761 and that it was also stated that it would -- because of Dr.
1762 Redfield, you know, all of his email are part of the public
1763 record, that it would be maintained in that.

1764 Q I see. When you say it was already gone, what
1765 does that mean?

1766 A That means when I went to look for it, it was
1767 not there.

1768 Q Did you go to look for it in response to a
1769 request from our -- the select subcommittee to produce
1770 documents?

1771 A No, I went to look for it after I had been told
1772 to delete it, and it was already gone.

1773 Q Why did you go to look for it?

1774 A Because I had been instructed to delete it, and
1775 so I went to look for it to delete it, and it was already
1776 gone.

1777 Q Oh, I see. You didn't actually delete it
1778 yourself because it was already gone.

1779 A No. No, uh-huh. It was already -- yes.

1780 Q Do you know -- do you know who deleted it?

1781 A I have no idea.

1782 Q Has that ever happened before with any other
1783 email that you're aware of?

1784 A Not to me.

1785 Q Has anybody at CDC or in your professional
1786 capacity there, instructed you to delete emails prior to
1787 this?

1788 A No, this is the only time.

1789 Q Okay. And it's never happened since, I take
1790 it.

1791 A No.

1792 Q Did you -- so you learned while you were on
1793 vacation at this point in August that -- about this email
1794 and Dr. Alexander's efforts to -- you referenced that he'd
1795 wanted to change MMWRs. What else -- did anything else
1796 happen? Did you learn about that through anyone other than
1797 the conversation you referenced with [REDACTED]?

1798 A I mean -- I mean, we just discussed the content
1799 of this email, but, you know, I had been assured, you know,
1800 that Dr. Redfield was not going to -- you know, didn't
1801 think this was appropriate.

1802 Q He didn't think that what was appropriate?

1803 A To comply with the request in this email.

1804 Q Do you know whether Dr. Alexander or Michael
1805 Caputo made other efforts to change MMWRs other than this
1806 email and other emails you received?

1807 A I am not aware of other things. I mean, you
1808 all are -- I'm not aware of other things. You're
1809 presenting me with some things I hadn't seen before, but
1810 I'm not -- I'm not aware of it.

1811 Q Do you recall when [REDACTED] told you to
1812 delete the email?

1813 A It would be the day after it was sent. So as I
1814 recall, Dr. Alexander sent it at night, and she called me
1815 early Sunday morning about it. I think I actually -- I
1816 read it and told her that I, you know, I would be happy to
1817 talk to her whenever she was available.

1818 Q You read what?

1819 A Oh, so sorry. So I read the email early -- I
1820 think early Sunday morning. I believe he sent it late
1821 Saturday, and he -- I just -- and I think she had sent me a
1822 heads up about it. And so she and I talked early in the
1823 morning, and then she talked -- and then she just told me
1824 that Dr. Iademarco and Dr. Redfield will discuss it on
1825 Sunday --

1826 Q Yeah.

1827 A -- at a civil hour, and then I think she
1828 communicated after that discussion. You know, it was sort
1829 of down -- you know, back up, like, that she would -- you
1830 know, after Dr. Redfield talked to Dr. Iademarco, he -- and
1831 told him that, you know, we would not be complying with

1832 this request, that's when she got back to me with that
1833 statement and the request to delete the email.

1834 Q Did you discuss any -- did anyone raise any
1835 concerns to you about the request to delete the email?

1836 A Well, certainly the request is not typical.
1837 It's not something that we would -- you know, it was clear
1838 that the director said he would not comply with it. I
1839 mean, I think it's -- you know, it's surprising, you know,
1840 when you receive something like this.

1841 Q Are you aware of -- have you received training
1842 or are otherwise aware of document retention obligations
1843 for government officials?

1844 A Yes, the -- I'm aware that we are to keep
1845 documents.

1846 Q So when you were told to delete the email --

1847 A Mm-hmm.

1848 Q -- did you discuss with anyone whether that
1849 request raised any concerns regarding those obligations?

1850 A I didn't discuss with anyone. I'm also
1851 familiar with the -- that, you know, the director's email
1852 is something that, you know, is not tampered with. And so
1853 when I was -- I considered this to be very unusual. I
1854 think that the request to -- you know, I do know that, you
1855 know, certain parts of -- persons in the Agency, like
1856 Center directors and the director, their email, you know,

1857 cannot be deleted. So I felt like there -- honestly, I
1858 felt like there were safeguards that if it was needed to
1859 discover this information, it would be readily
1860 discoverable.

1861 Q Is this a type of email that you would've
1862 normally kept under your typical practices?

1863 A Yes, typically it would have been.

1864 Q Okay. Just a second.

1865 [Brief pause.]

1866 Q Are you aware -- you said -- you said before
1867 that this is the only request you've received to delete an
1868 email, but are you aware of any other requests going to
1869 others at CDC to delete emails or other documents?

1870 A No. No.

1871 Q Do you know if anyone other than the people
1872 that you've described in the -- in the chain that was
1873 communicated down to you were aware of the request to
1874 delete that email?

1875 A I am not aware of -- you know, I can't remember
1876 if I discussed it with -- I might've discussed it with the
1877 managing editor of MMWR. It's the sort of thing I
1878 typically would have, but I don't remember if I did for
1879 sure because, technically, I was on vacation. So, but
1880 that, you know, that would've been the only people within
1881 the Agency, other person possibly.

1882 Q I'm sorry. What's the name of that person?

1883 A Her name is Terisa Rutledge.

1884 Q Did anyone ever tell you not to discuss Dr.
1885 Alexander's request?

1886 A I don't recall that. I don't. Yeah, I don't
1887 -- I don't recall that.

1888 Q Did anyone ever tell you how you should address
1889 Dr. Alexander's request? And I'm not talking about prep
1890 for this interview.

1891 A I don't -- I don't recall being given explicit
1892 guidance about, you know, that particular email other than
1893 to delete it.

1894 Mr. Anello. Can I ask one question, Jen, while
1895 you're --

1896 Ms. Gaspar. Yeah. Yeah.

1897 Mr. Anello. -- formulating a question? Was
1898 there ever an instruction or request to you regarding
1899 sharing information with Congress on any of the topics that
1900 we've discussed today or related topics?

1901 Mr. Strom. Russ, you broke up. Can you
1902 repeat?

1903 Mr. Anello. I'm so sorry. I'm sorry, yeah. I
1904 think it's my internet connection here. The question was,
1905 Dr. Kent, whether you were ever given an instruction or
1906 given guidance not to share particular information with

1907 Congress relating to MMWR or relating to the role of HHS or
1908 Dr. Alexander.

1909 Ms. Kent. I was never given any instruction to
1910 not share information. I was instructed to tell the truth.

1911 Mr. Anello. Were you ever instructed or asked
1912 to avoid particular topics or to focus on other topics?

1913 Mr. Strom. Russ, just to clarify, I assume
1914 you're not trying to get into attorney-client discussions.

1915 Mr. Anello. I think my question stands. I
1916 mean, I think you -- the background for it is pretty clear.

1917 Mr. Strom. To the extent you can answer that
1918 without implicating attorney-client discussions, I'll
1919 direct you to answer that question.

1920 Ms. Kent. You know, the instructions I have
1921 received, we're to stay on topic, you know, and to tell the
1922 truth.

1923 Mr. Anello. What do you mean by stay on topic?

1924 Ms. Kent. I mean, I just think that it's --
1925 you know, if I'm asked about a particular thing, to stay on
1926 that topic and not go off into other areas, which is
1927 something scientists like to do sometimes. So I think that
1928 was the instruction I received. It was never to withhold
1929 anything from Congress.

1930 Mr. Anello. Were there are any particular
1931 areas you were asked not to bring up?

1932 Mr. Strom. Russ, I'm going to stop. This all
1933 implicates attorney-client, the fact that you're not
1934 segregating discussions we've had as Agency counsel from
1935 anything else you may have heard. It's an inappropriate
1936 line of questioning, and we're going to direct her to stop.
1937 And I think you know you're at 45 minutes --

1938 Mr. Anello. John, I --

1939 Mr. Strom. -- and I suspect it was done
1940 intentionally at this point.

1941 Mr. Anello. You suspect what was done
1942 intentionally?

1943 Mr. Strom. That you're choosing to -- it
1944 doesn't matter. That you're choosing to end on this note
1945 when we've been transparent. We've accommodated your
1946 questions regarding the clearance processes for MMWR,
1947 regarding the measures that were in place to ensure that
1948 the science was accurate. And here we are the 45-minute
1949 mark, and you're trying to invade attorney-client privilege
1950 in a line of questions. It's totally inappropriate.

1951 Mr. Anello. John, I think we all heard the
1952 same testimony just now, and so if you're instructing the
1953 witness not to answer whether she was told to avoid
1954 particular topics, then that's what we will take back. If
1955 you're going to allow her to answer, then I think you'll
1956 allow her to answer.

1957 Mr. Strom. Well, her answer -- her answer
1958 stands. She's provided it 3 or 4 times now.

1959 Mr. Anello. Well, I just asked a new question
1960 and she was not able to answer, so if you're going to -- if
1961 you'd like her to answer her a fourth time and you think
1962 it's the same question, that's fine with me. If you're not
1963 -- if you're instructing her not to answer, then that is
1964 the instruction that we'll move forward with.

1965 Mr. Strom. I'm instructing you not to answer
1966 that question --

1967 Ms. Kent. Okay.

1968 Mr. Strom. -- to the extent that it implicates
1969 attorney-client privilege. If you can answer that question
1970 without implicating the privilege --

1971 Ms. Kent. I can repeat what I've said that I
1972 was never instructed to withhold any information from the -
1973 - from Congress. I was never instructed to do that.

1974 Mr. Anello. Okay. The precise question that I
1975 asked, and I appreciate that. The precise question I asked
1976 was whether you were instructed to avoid any particular
1977 topics.

1978 Mr. Strom. Is that a yes/no question?

1979 Mr. Anello. I guess it depends what the answer
1980 is.

1981 Mr. Strom. Russ, you're over your 45 minutes.

1982 Mr. Anello. That certainly calls for a yes or
1983 no, and if it can be answered that way, then that's great.
1984 And if not, then let's --

1985 Mr. Keveney. -- interrupt for a second. This
1986 is Sean Keveney. I'm deputy counsel of HHS. I would
1987 remind all counsel on the call of the professional
1988 responsibility obligation not to attempt to actually invade
1989 the attorney-client privilege. That is certainly what it
1990 sounds like to me is going on here, which is a very
1991 legitimate --

1992 Mr. Anello. There's been an instruction to the
1993 witness to address that issue. That's pretty clear, Sean.

1994 Mr. Keveney. Wait. Let me finish. I would
1995 like to finish my statement, okay? I want to make sure the
1996 court reporter hears me. You can ask about what
1997 instructions the witness was given by anybody other than
1998 counsel, but it is incumbent upon the questioner to ask the
1999 question in a way that makes it clear that you are not
2000 intentionally trying to invade the attorney-client
2001 privilege. The witness will answer any question you want
2002 to pose to her about who gave her instructions other than
2003 counsel. But I invite you to take additional time if you
2004 need it to go back over your line of questioning and re-ask
2005 the questions in a way that makes it clear you're not
2006 trying to invade the attorney-client privilege. Thank you.

2007 Mr. Anello. I appreciate the comment, Sean.
2008 The question was pretty clear. Mr. Strom has allowed the
2009 witness to say that she was not instructed to withhold
2010 information from Congress, which I appreciated. The
2011 question I'm asking is a clarification question, which is
2012 simply whether she was instructed to avoid particular
2013 topics. And so I don't -- this probably could be answered
2014 in one word. I'm struggling to understand why this is an
2015 issue, and so I'm just trying to get that one
2016 clarification, and then I think we can move on.

2017 Mr. Keveney. And I'll tell you exactly how a
2018 competent litigator would ask the question so as not to run
2019 afoul of the attorney-client privilege and the Professional
2020 Responsibility Rules. The way to ask the question is to
2021 say, other than instructions from counsel, were you
2022 instructed by anybody not to provide X, Y, and Z. You've
2023 asked the question in a ham-handed way that violates the
2024 Rules of Professional Responsibility.

2025 Mr. Anello. Okay. I've asked my question. It
2026 sounds like you have instructions for the witness, and I
2027 think you should feel free to give those instructions to
2028 the witness, and then the witness can answer the question
2029 to the extent that she has been instructed to do so.

2030 Mr. Keveney. That's fine.

2031 Mr. Anello. I don't think we really need to go

2032 into anything further here.

2033 Mr. Keveney. Can you hear me, ma'am?

2034 Ms. Kent. Yes.

2035 Mr. Keveney. It is entirely inappropriate for
2036 counsel to ask you questions that call for the substance of
2037 communications you've had with Mr. Strom. Counsel knows
2038 that. You can answer his questions, and I ask you to
2039 provide any clarity that you believe is necessary to make
2040 clear who gave you instructions regarding your conduct in
2041 this interview instructions from Mr. Strom. Does that make
2042 sense?

2043 Ms. Kent. I'm sorry. You're a little bit
2044 jumbled, and I had some difficulty understanding
2045 everything, and I would prefer to be very clear about what
2046 you're stating given this -- given this discussion. Could
2047 you please restate it?

2048 Mr. Keveney. Absolutely, yeah. I want to make
2049 sure that I'm being very clear with you as well. I would
2050 like you to go back and clarify your answers and make sure
2051 you tell the attorneys who are questioning you complete,
2052 factual information about any instructions you were given
2053 in connection with your testimony today by anybody other
2054 than counsel for the Agency. Does that make sense?

2055 Ms. Kent. Okay. So what I'm -- what I'm
2056 hearing is the question is, did anyone besides my counsel

2057 give me any instructions about how to answer?

2058 Mr. Strom. Besides Agency counsel.

2059 Ms. Kent. Yeah, that's what I meant, besides
2060 Agency counsel. Is that the question?

2061 Mr. Keveney. That's right.

2062 Ms. Kent. No one besides Agency counsel gave
2063 me any instructions.

2064 Mr. Keveney. And you are not to provide any
2065 information about anything -- any conversations that took
2066 place between you and Agency counsel. Is that understood?

2067 Ms. Kent. I'm not --

2068 Mr. Strom. -- any conversations that took
2069 place between Agency counsel and yourself that your
2070 previous answers did not take into account.

2071 Ms. Kent. Right, yeah. So yeah. So I
2072 received no instructions outside of my, you know, my
2073 instructions from, you know, Mr. Strom.

2074 Mr. Keveney. Thank you. Is there anything
2075 else you need to add to clarify the record in response to
2076 the previous line of questioning, because I want you to be
2077 fully candid with the -- with the interviewers here.

2078 Ms. Kent. I'm stating that I was never
2079 instructed by anyone to withhold anything from Congress.

2080 Mr. Keveney. Thank you, ma'am.

2081 Mr. Anello. Thank you, Dr. Kent. Back to you,

2082 Jen.

2083 Ms. Gaspar. Okay. So I do have a few more
2084 questions that I would like to get through, but since we're
2085 going to be wrapping up early anyway --

2086 Mr. Strom. No, Jen --

2087 Ms. Gaspar. Yeah.

2088 Mr. Strom. We're at 51 minutes. This is a
2089 self-inflicted wound from where I'm sitting.

2090 Ms. Gaspar. No, no, no, not at all. So, first
2091 of all --

2092 Mr. Strom. That's not at all the discussion
2093 that we just had, all the minutes that we just burned going
2094 through that.

2095 Mr. Anello. Why don't you let Jen speak?
2096 Could you just let Jen finish? You cut her off mid-
2097 sentence. Please just let her finish for the record, and
2098 then you can respond.

2099 Mr. Strom. Sure. I apologize.

2100 Ms. Gaspar. What I was going to say is, so you
2101 agreed to 4 hours. We are not going to be taking 4 hours.
2102 It doesn't seem like the minority has a significant number
2103 of questions. I wanted to ask them if they would like time
2104 to ask more questions. I would like to ask 10 to 15
2105 minutes' worth of more questions and limit it at that. I
2106 think we could all avoid a lot of future consternation if

2107 we just ask those questions now instead of having to spend
2108 weeks fighting about whether we'll be allowed a second
2109 opportunity to ask, so I would appreciate that. Pretty
2110 straightforward questions. But before that, I wanted to
2111 see if the minority wanted to take another turn.

2112 Mr. Davis. Thanks, Jen. I think you said at
2113 the beginning that the agreement was each side gets 1 hour.
2114 You've had your 2 hours. I don't -- I'm not familiar with
2115 any rule where you get more time simply because we haven't
2116 used our time. We did that strategically, and so the fact
2117 that you are now bumped up against your 2 hours, I'm not
2118 quite sure what to tell you.

2119 Ms. Gaspar. Okay.

2120 Mr. Anello. Carlton, I can -- I can address
2121 that. This is Russ. So these are -- these are committee
2122 practices, and it's based on our agreements. We agreed to,
2123 I believe, a 4-hour interview, and we're about an hour and
2124 a half, hour and a quarter shy of that. So this is all
2125 based on the agreements of the -- of the folks in the room
2126 here, and I think what Jen is asking for is additional
2127 time. It doesn't sound like it's going to be bumping up
2128 against the time that you're planning to take. And just to
2129 add, because you mentioned you weren't aware of the rules,
2130 it's pretty common practice on our committee and other
2131 committees for each side to give each other the time that

2132 they need to wrap things up. And often that means instead
2133 of going two rounds, you might go three. Sometimes instead
2134 of four, you might go five. It happens fairly frequently,
2135 so in case that's helpful context.

2136 Mr. Davis. Yeah, it is, Russ. Thank you.

2137 I've been on and off the committee for 10 years now.

2138 During our logistics phone call with Jen on Friday, she
2139 made it very clear that the agreement was 1 hour per side,
2140 not 4 hours total. She made it very clear it was 1 hour
2141 per side, and you've reached your 2 hours now. I
2142 understand that it's common practice to, you know, allow
2143 the other side, you know, more time, but this is an
2144 agreement that we had coming in, and now you're trying to
2145 alter the rules. Simply because we did not use our entire
2146 first hour, you're trying to go until 2:00. If you want to
2147 take a 10-minute break and you want us to ask an hour of
2148 questions until we get to 2:00, I'm happy to do that. I
2149 have a lot of questions I can ask Dr. Kent. But I think in
2150 the interest of certainly her time, I think that we should
2151 abide to the agreement that we had, which was 1 hour per
2152 side, times 2, 2 hours per side, and we should conclude
2153 today's interview, and we can pick up again tomorrow
2154 morning.

2155 Ms. Gaspar. Okay. So once again --

2156 Mr. Anello. Carlton, this is not a rule. This

2157 is a request. Go ahead, Jen.

2158 Ms. Gaspar. Yeah. So once again, I'm going to
2159 ask the Agency and the witness if they would stay around
2160 for about 10 to 15 more minutes so we can wrap up all the
2161 questions that we have. We recognize that this is
2162 voluntary, but hopefully you can accommodate it since we're
2163 going to be ending well under the time that you had -- that
2164 we had planned on.

2165 Mr. Strom. The agreement is 2 hours --

2166 Ms. Gaspar. Okay.

2167 Mr. Strom. -- per side.

2168 Ms. Gaspar. Okay. Just to be clear, we have
2169 --

2170 Mr. Strom. There's no reason you can't submit
2171 those questions in writing.

2172 Ms. Gaspar. Okay. We will likely be asking
2173 for additional time with the witness, just so you know, for
2174 approximately 15 minutes' worth of questions.

2175 Mr. Strom. Okay. We'll look forward to that
2176 request.

2177 Ms. Kent. Okay.

2178 Mr. Strom. Jen, are you going to call it off
2179 the record or --

2180 Ms. Gaspar. I would like to dive into
2181 questions, but I guess we will go off the record.

2182 Mr. Keveney. I just want to say thank you to
2183 Dr. Kent.
2184 [Whereupon, at 12:51 p.m., the interview
2185 concluded.]